Therapists increasingly are confronted with the challenge of understanding others with different backgrounds or fundamental approaches to life. One solution to this challenge, unfortunately tried all too often, is to conceptualize people of differing races, genders, cultures, and religious groups within theories devised predominantly by White European/American professionals. In consequence, all aspects of the client that are different from the traditional norm are seen as pathological. The mental health field is filled with examples of this type of practice (e.g., diagnosing African American slaves fleeing the plantation as mentally ill and, more recently, attempting to “cure” people of their homosexuality).

Unfortunately, the unquestioned imposition of mainstream values on clients is not restricted to more egregious examples from the past. Clients who are different from their middle-class therapists often receive more severe (and more stigmatizing) diagnoses (e.g., people with low incomes and the diagnosis of schizophrenia, women and the diagnosis of borderline, African American men and diagnoses of paranoia, among many others; see, e.g., Kutchins & Kirk, 1997). In a similar manner, these clients often are subjected to treatments that are more likely to cause serious side effects (see, e.g., Breggin, 1991). Not surprisingly, the psychiatric survivor movement, founded in the 1970s (Chamberlin, 1978), is growing rapidly and is populated by persons who do not fit into more middle-class views of the good life.

Alternatively, therapists could go to the other extreme and mistake pathology for mere cultural difference. For example, a therapist could ignore or minimize a client's objectification and manipulation of women because, in the client's culture, women are viewed as second-class citizens. As another example, should a therapist diagnose someone as suffering from a mental illness because that person has internalized cultural values that sanction the killing of daughters who have been raped?

Editor J. Christopher Muran takes a third course in the superb book Dialogues on Difference: Studies of Diversity in the Therapeutic Relationship. The volume contains eight dialogues about issues of diversity in psychotherapy. Each dialogue begins with a clinically informed discussion by therapists who are talented in this arena. Two other therapists respond to the initial essay. The dialogue concludes with the initial author responding to and synthesizing the original presentation and the responses. The dialogues deal with issues such as African American psychology and gender (e.g., a White therapist's struggles to understand African American clients, race and gender interactions of male African American clients), sexual orientation, and
nonmainstream U.S. cultures (Latino, Asian, Middle Eastern). The volume concludes with a dialogue on the richness of qualitative scholarship for uncovering greater meaning in psychotherapy. In all of these dialogues, one can see the authors struggle with understanding the interplay between culture and pathology in ways that will speak to clinicians.

Although the initial essays are relatively brief, all are extremely informative and stimulating. For example, I frequently found myself checking the reference section to jot down additional material that I wanted to read on the basis of the initial essay. Even though I had my personal favorites (e.g., the essays on African American client issues and the dialogue on therapy with Asian Americans), these preferences have much more to do with my personal life (e.g., having been raised a White male in the deep South and having a daughter from China) than any lack of quality associated with the other topics. Because the presentations are brief, there obviously are issues left untouched by the author. Interestingly, the issues that I thought the author missed or minimized almost invariably are raised by one of the two responses to the original essay. Thus, each of these original dialogues is simultaneously provocative and informative, and each left me wanting more. I cannot think of a higher compliment.

I would like to raise two criticisms for the authors, though. First, because each initial essay lies somewhere along a continuum from a qualitative study to a clinical discussion, the brevity of these essays can leave the reader confused. Although I personally value clinical illustrations of material, I believe vignettes need greater context and specificity than the authors can provide in this volume. (See Bugental, 1987, for an illustration.) Similarly, qualitative research, particularly if it is to use thick description (Geertz, 1983), needs greater depth of presentation. In other words, in a pluralistic world where each person can hold multiple and differing interpretations of reality, I wished the authors could have had the space to provide more information to help me understand why that person chose a particular construction. Instead, I was left with trusting the authors' conclusions when it seemed that there could be equally viable alternative possibilities. Fischer (2006) offers an excellent example of more in-depth presentation.

Most of the authors tend to use a social constructionist approach to the issues they discuss. They effectively show how what we term “reality” is a socially agreed on set of constructions. However, they also tend to write as if culture were real and inexorable rather than another set of constructions. In other words, they tend to fall into the trap of simultaneously implying that culture is not real and that it exerts a pervasive reality. Interestingly, there is extensive writing in the constructivist literature on theoretical and philosophical ways to avoid this trap (e.g., Kalekin-Fishman & Walker, 1996).

The final dialogue discusses issues such as pluralistic and relational conceptualizations of self and provides a brief overview of the concept of thick description. The authors cite a literature that differs from the postmodern, constructivist literature typically used as a foundation for this discussion (e.g., Gergen, 1991). It is interesting to see modern psychodynamic writings moving in the same direction as these postmodern scholars. Perhaps there is room for cross-theoretical elaboration on the problems and prospects of the death of the unitary self.

The minor criticisms I had notwithstanding, Dialogues on Difference is one of the most informative volumes I have read in recent years. Therapists seeing clients of diverse backgrounds will appreciate the clinical material and issues discussed. In addition, qualitative scholars could use the book as a foundation for important studies into the process of encountering others from backgrounds outside of the mainstream. If so, it could be a valuable reference for years to come.

References
Psychodynamic therapy’s greatest strength is its holistic approach to healing the complete individual. Unfortunately, the trade-off of that is the lack of specificity that some patients need. When someone has a very specific issue, such as a failing relationship or an addiction, their progress may reach a ceiling in psychodynamic therapy until they get the targeted help they need with that issue. How to Find a Therapist. The simplest and most popular route is to search through your insurance provider.