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The challenges of culture to psychology and postmodern thinking

by

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Subjecting the assumptions that underpin the social sciences to a cultural analysis can be a disturbing experience, indeed. Such an analysis will confront the claims of the social sciences, and thus psychology, to knowledge that is independent, neutral, objective and verifiable (Weiten 1995; Habermas 1971). Furthermore, a cultural analysis challenges the claim to an international body of knowledge that is intercultural.

Consider, for example, the language and the metaphors that are used in clinical psychology. The medical metaphors with their words like diagnoses and cures, the biological metaphors with their systemic focus, and of course social science itself, is a metaphor modelled on the physical sciences, and positivist thinking (Harré Hindmarsh 1993). These all combine to create practitioners who search for objective diagnoses, objective causes, objective explanations, and objective cures. Many clinicians have become so attached, in fact, to the scientific metaphor that it is no wonder that psychiatry, psychology, and nursing for example, often rely primarily on the so called objectivity of chemical therapies to heal. They often diagnose only to sort out which chemistry to use. But even when therapy is not that of chemistry, it so often relies on category diagnoses, such as those set out in the Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Association, and the so called scientific medical explanations and cures (Tomm 1990).

It is post-modern thinking in the European world that has challenged all that (Foucault 1971; Maturana & Varela 1980). Of course there has always been scepticism outside the European world to the cold positivist metaphors. Maori and Pacific Island people in New Zealand have seldom voluntarily used the services of therapy. Normally, it was only when they were directed by the Departments of Social Welfare, Justice, or a psychiatric hospital, that they attended. On the whole, these processes have been imposed on them. Faith in the system amongst poor Pakeha (European) has been rather questionable also. But the real challenge to the so called objectivity of the scientific approach within the European world, is with the post-modern developments and particularly critical post-modern thinking.

Post-modernism basically states, that events occur in the physical world, and people give meaning to those events. In this paradigm there is no objective meaning, and no objective explanation. For example, I could walk over to a Maori woman colleague and friend of mine and put my arm on her shoulder. We could take this as an event that has occurred in the physical world. Different people will give different

meanings to that event. Some people might say it's a friendly gesture. Other people might say it's a patronising gesture. Some might say it's a racist gesture. Another person might say it's cross-cultural camaraderie. Another person could label it as violent. Another person could say it's intrusive and sexist. Someone else might say it's connecting closely, and so on. The point is that there is no objective reality in terms of the explanations of events that occur in the physical world.

There are problems with this view, though, as it can suggest that all explanations are simply of equal value. But that is often not the case. The Jewish and Polish experience and explanations and of the Second World (European) War offer quite different meanings, than the Nazi explanations and meanings of those same events, and we would want to treat them differently. The victim/survivors of abuse often give different meanings to the physical events of their abuse than many perpetrators do. We would want to talk critically about the difference in those meanings.

So critical post-modernism talks about preferred meanings (Giroux 1983; Waldegrave 1990; Harré Hindmarsh 1993; Tamasese & Waldegrave 1993), meanings that emerge out of values. For example, we would want to say that gender equity is preferable to male dominance, or that cultural self-determination is preferable to monocultural dominance. Whatever position we take, flavours our view of the world. If there is no objective meaning, simply explanations of meaning, then we have to start assessing our values and ethics in relation to these meanings, particularly when we work with individuals, or a family. The issue of our values becomes essential.

The contribution made by post-modernism is the view that all constructions of reality are simply that. They are *constructions,* and that includes the social sciences. In fact, we could go further and assert that the social sciences simply offer one *cultural* description of events that occur in the physical world. That particular cultural explanation springs out of a world view that centres around concepts of individualism and secularism, which are dominant values in Western Europe and white North America. There are, in fact, many other cultural explanations and descriptions of events. This kind of perspective is a critical post-modern stance, and the sort of stance that we are very involved with at The Family Centre.

Many people remember the days when sexual and violent abuse was looked upon by psychologists, and other therapists, in clinical terms within the old medical, biological, and social science metaphors. Causes were sought, symptoms were

treated, but the abuse was often ignored or considered outside the clinical arena.

Numbers of women politicised the issue however, and clarified the meaning they gave such events (Bograd 1984; Goldner 1985; Pilalis & Anderton 1986; McKinnon & Miller 1987; Kamsler 1990). Psychologists and therapists can no longer act as they did before. The *'abuse'* and the meanings we now give it have changed our practice and our explanations, not to mention the law. The tired old positivist metaphors were simply inadequate to the task. In fact, they contributed to a lot of unethical behaviour. It is the change of meaning, to a *preferred* meaning, that has made the difference. This was not discovered scientifically, it was the result of a political movement that created new awareness by drawing attention to the meanings we gave these events.

Bearing all this in mind, social scientists and clinicians should be more humble in their claims to knowledge. There is very little that we actually know. Take for example, schizophrenia; we don't really know what it is, or how to treat it, but we're very good at labelling people with it. In fact, we know very little in the social sciences about mental health. We've had few successes, in real terms. Failure is more characteristic of our work in mental health institutions, in prisons, and in welfare. The record is quite appalling. It could be said, there is no evidence to show that exorcism, traditional healing, or faith healing is any less successful in its work within the communities embracing such practices.

With that backdrop, let us consider some of the issues that cultures bring. Cultures are all about the meanings people give events. They raise critical issues for psychologists, issues like identity and belonging. Our experience at The Family Centre, working in an organisation, that is structured on cultural lines, in the fields of family therapy, community development, social policy research and education, has led to many new learnings. We work from three cultural sections, Maori, Pacific Island and Pakeha (European), each with workers from those cultures. These are some of our learnings.

Ideas of self versus family

All cultures carry with them history, beliefs and ways of doing things. Cultures particularly carry meanings. We experience practically all the most intimate events in our life, within a culture or cultures. Within our families or intimate groupings, we learn the rules and the accepted ways of doing things. Public

life is also determined by the meanings created by cultures. This is very significant, and indicates that anyone working with people from a culture, different from their own, requires at least a qualitative appreciation and informed knowledge of that culture. Normally the only way you get that is by being a part of that culture, or at least being extremely familiar and under some supervision from someone of that culture.

This is often misunderstood by white people. It is often misunderstood, because most of us in white cultures seldom reflect on our base values, and how much our culture is permeated with the concepts of individualism. Most of the psychological theories, for example, have been developed in western Europe, and white North America. In those cultures, as with Pakeha (European) New Zealand, individual self-worth is very important. Indeed, for practically all clinical psychological and psychotherapeutic theories, the primary goal of therapy is that of *individual self-worth*. That is because destiny, responsibility, legitimacy, and even human rights, are seen to be essentially individual concepts. Concepts of self, individual assertiveness and fulfilment are central to most of these therapies.

If, on the other hand, you come from a communal or extended family culture, questions of self-exposure and self-assertion are often confusing and even alienating. I remember when I was involved in a project with the Pacific Island Section. We were talking and debating about the whole concept of *self* in psychotherapy and psychology. One of the workers said: 'You don't realise what it is like for me as a Samoan, when I'm asked a question like "what do *you* think?" about something in therapy. It is so hard for me to answer that question. I have to think: what does my mother think, what does my grandmother think, what does my father think, what does my uncle think, what does my sister think, what is the consensus of those thoughts – ah, that must be what I think.' That is the way he described it. He explained that for him it was an unnatural question, and an extraordinarily intrusive question.

Questions relating to self often alienate people. They crudely crash though the sensitivities in communal based and extended family cultures. Among individually based cultures, such questions can be quite appropriate. Outside these cultures, however, the questions are often experienced as intrusive and rude. They can rupture co-operative sensitivities among people, and destroy the essential framework for meaning which should be drawn upon for healing.

Some examples in our own practice may help illustrate this. At the Family

Centre, when the Maori Section first decided to develop a Maori therapy, they invited me to dialogue with them. Early in the project, there was a situation where a couple were referred from the Family Court. The issue concerned a custody and access dispute. In those days at the Family Centre there was one Maori worker, Warihi Campbell. He was working as a Maori consultant behind a one way mirror. That has all changed now, and there is a whole Maori Section that does all their own work, but these were the early days.

Warihi and I worked behind the mirror. There was a Pakeha (European) therapist in front with the family. We had all met and been introduced before the interview. It became clear that the mother (and wife) in this family had left, and the father (and husband) was in the family home with their children. The issue of dispute centred around the mother wanting to get back into the house with her children, and wanting the father out.

As we began to talk, it became clear that the father was quite happy for that to occur. Both of them had a lot of experience in the parenting of the children, and both were considered responsible and capable in those areas. The therapist, after discussion for quite some time, discovered that there was one hitch. The maternal grandmother wanted the children and the father to stay in the house together. As the discussion continued, the therapist operating from a Pakeha (European), individualistic perspective, recognised the parents as the primary decision-makers, said, 'Well, if you two agree for this shift, then why don't you (to the father) just move out, and you (to the mother) can move in with your children. Then you can sort of explain it to your mother.'

When the therapist made that move, Warihi became very concerned and tapped on the window to bring the therapist behind with us. He stated that in Maoridom the primary relationship traditionally is between grandparent and grandchildren, not between parent and child as in most Pakeha (European) cultures. 'If in fact you go against the grandmother's wishes, and she will have reasons for wanting this, then you run the risk of alienating this family from the extended family. She is not here to give her reasons. You must not do that.'

We had agreed in this project from the earliest days, that there would be no questioning of any of this sort of cultural direction. So, the therapist was sent in to say what Warihi had said. As soon as that was said, the couple agreed, because they understood the wisdom behind it. They were Maori and it made sense to them. The custody-access situation was solved from that moment onwards. In fact, in time

things changed, and the grandmother, a year or two later, was quite supportive of a variation in that arrangement.

After the interview, we reflected on what had happened, and the psychologists among us realised that we were never taught anything like this in our clinical training. We recognised, that had we gone against that grandmother's wishes, it would have been very disruptive for that family. It may well have alienated them from members of their whanau (extended family). We had never thought of that before. It would have caused much the same problems for them, as if we disregarded the wishes of a parent in a Pakeha (European) family, and simply agreed to a grandparent's view. For most Pakeha (European) that would be experienced as extremely inappropriate and insensitive. We then began to think of how many times that must have happened. If you're not part of the culture, it is something you know nothing about, normally. If you are part of it, it is quite natural.

We then began to think how many times this must have happened in the Justice Department's psychological work, in the mental health area and so on. How many times, with the best of intentions these sorts of things must have occurred. This is because the cultural knowledge has not been seen to be significant in clinical work (Waldegrave 1985; Durie 1986; Boyd-Franklin 1989; Waldegrave & Tamasese 1993; McGoldrick 1994).

Respect, shame and spirituality

Another aspect that has stood out in these projects has been the different notions of respect in therapy. I think amongst most educated Pakeha (European) people, there is a feeling that everyone is the same. There is a liberal approach. We actually don't treat everyone the same, but we try to in therapy. We often avoid attaching respect to status in an obvious way. For example, parents with teenagers or adolescents often come in for help, and are really upset about what is happening at home, or what perhaps the young person is doing. It is quite common in a Pakeha (European) situation to hear the parents concerns respectfully, and then turn to the young person, and say, 'Well, Johnny or Jenny, you heard what your Mum and Dad have said, what are your views?' I have noticed whenever that same question is asked of a Maori or Pacific Island young person, they just lower their eyes and become silent. This is because they are being asked to comment and evaluate what the generation above them has said. This individualises them and discourages the

respect they are taught between the generations. If a young person's opinion on these matters is wanted, there are different processes for gaining that information.

The whole issue of communal shame, especially in areas of abuse, is also a major issue. For example, the process of identifying a person who has been a perpetrator of abuse in a family is quite different. If this is approached directly with a family, the whole whanau (extended family) experiences the shame, including the victim/survivor. As a result the total family often becomes silent. Although it can be quite appropriate to be direct in this manner with a Pakeha (European) family, because it is acceptable to individualise blame, in Maori and Pacific Island families it can further victimise the survivor of abuse. Where identity is experienced collectively, the implications of many therapeutic probes are quite different. There are, of course, acceptable ways of addressing these issues with perpetrators of abuse, but the route is different.

Spirituality is another important aspect that stands out. Social science prides itself in being a secular science. It is suspicious of anything other worldly. Families in these other cultures often share dreams, prayers and numinous experiences that are important to the life of the family and the issues of health and wholeness. When violations are being talked about, there is often a need for spiritual rituals of protection. Those important things that are considered sacred, are often totally disregarded by social scientists and psychologists.

Effects of the predominance of western fundamental values

We often illustrate some of the significant differences, between Pakeha (European) fundamental values and Maori and Pacific Island values in the following way:

Communal	/	Individual
Spiritual	/	Secular
Ecological	/	Consumer
Consensual	/	Conflictual

From an ecological perspective, people's relationship to the environment is very different if they see Mother Earth in terms of who they are and where they stand, as opposed to an investment to be exploited or developed for profit. Although many Pakeha (European) people are environmentally conscious, the values of

consumerism predominate. Currently the pressures of consumerism, and privatisation are increasingly influencing our health services, for example.

In the Pakeha (European) world we often underestimate how confrontational the institutions of our society are. Our political party systems are set up, so that one party puts up a thesis, and the others knock it down. The arrangement in the work places, between employers and employees, is confrontational also. This is quite different from Maori and Pacific Island consensual decision making institutions and structures, like the marae (traditional gathering place for Maori).

The social sciences have grown in an environment where these were central values. Naturally these values permeate the theories and training. Nowadays, nations and cultures, which have quite different values, are expected to qualify their clinicians and research personnel in the western approach. In countries like New Zealand the Accident and Rehabilitation Compensation Corporation (ACC) expect people from cultures that relate to communal, spiritual, ecological and consensual values to gain qualifications in academia that emphasise opposite values. This is quite absurd. It is particularly absurd when you consider that people in western cultures are actually searching for many of these values, themselves, at the moment.

In most western countries, people in indigenous and other cultural groups, who wish to enter one of the helping professions, are expected to gain a qualification in the social sciences to be recognised. Because of the dominance of white values in the social sciences, this often requires people to leave their people and values to study under other people with different values, in order to be qualified to work with their own people again. This sort of learning process is quite disrespectful to other cultures, and worse still may contribute to disabling indigenous and other cultural workers to help their own. For social science to become consistently relevant to people of these cultures, it needs to be developed by them within their own cultural frames.

Conclusion: The need for a Just Therapy

In summary, from our perspective at The Family Centre, the social sciences offer one cultural way of describing events. This is not to suggest that Pakeha (European) people are never communal, spiritual, ecological or consensual, but that the predominant values in most white cultures are individual, secular, consumerist and conflictual. These are also patriarchal values. That is because, until recently,

men alone controlled the developments of science, technology, the markets and institutions of industrialised countries. These are the values in which the social sciences developed.

Cultures differ greatly from each other. People from different cultures have different histories. They can have different experiences of immigration or war trauma. The languages of different cultures promote certain concepts and reduce others. Definitions of what is acceptable and unacceptable behaviour differ from culture to culture. Associated concepts of respect and shame differ. Patterns of thinking and communication (i.e. linear patterns, circular patterns and so on) differ from culture to culture. The degree of affirmation and the degree of subjugation that a culture has experienced impact very differently on the feelings of belonging, identity and confidence, that the people from such cultures have. Family structures, boundaries, and decision-making differ from culture to culture. Culture probably is the most influential determinant of meaning that exists. That is because cultures express the humanity and co-operation of large groups of people over long periods of time. As such, they are sacred and worthy of the greatest respect.

Therapies and psychological practices that do not address cultural meaning webs in informed ways are racist. This may not be intentional, but the dominant values, from the group that controls all the other institutions in society, predominate in a manner that simply continues the process of colonisation. These days, colonisation is not carried out through the barrel of a gun, but through the comfortable words of those who change the hearts, minds and spirits of people. Therapists and teachers have a huge responsibility here. Psychologists, especially those in clinical practice, need to be aware of the significance of their influence.

We, in the social sciences, should know this. We were taught that belonging and identity are the essence of health and human potential. It has been convenient for us to deny this, but the results have been tragic. Those most in need of the health and welfare resources in our societies come disproportionately from cultures that are dominated. They deserve, at the very least, sensitive professional work that allows them to feel culturally safe.

Someone, after a workshop in New Zealand, once said to us, ‘You know a Maori, if he or she want to, they can always learn to be a psychologist, but a psychologist can’t learn to be a Maori’. Cultural knowledge may or may not be accompanied by social science knowledge. Cultural knowledge can stand on its own. Those who possess it, and choose to work in the helping professions, have

gifts our countries desperately need. Our organisations require such people, and they need to be properly resourced, have employment security and control over their work. Other cultural work away from our organisations, also requires adequate resourcing. They can heal their own in ways that we will never be able to. Furthermore, they will almost certainly offer the field rich alternative metaphors and meanings that can free us from the tired old medical, biological and social science ones.

There is a unique opportunity for psychologists and other helping professionals to recognise other ways of describing events, which will lead to creative practices and enable the health and welfare resources to get to those who most need them, on their own terms. It would also enable other people, other workers from other cultures to develop new paradigms, and new shifts in our field. This will not lead to the abandonment of social science, but it will enable that body of knowledge, to sit appropriately along side other realms of knowledge, such as gender knowledge, and cultural knowledge, without dominating. A new experience for the social scientists, but I suspect a liberating one!

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