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Ethnic Tradition: A source of emotional well being or a cause of emotional pain?

Dilemmas in cross-cultural psychotherapy when it is supposed that the patient has been damaged by the culture of origin.

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This paper considers the dilemmas and questions raised in cross-cultural work when it is supposed that patients have been damaged by their culture of origin. First, the legitimacy of such a formulation is tested. Following this the paper critically examines the relation of culture to psyche from two individualistic vantage points – the psychoanalytic, the humanistic. These view points are critiqued from the perspective of a radical group-analytic viewpoint. This discussion is used to throw light on three types of psychological conflict, and this in turn is used to problematize the nature-nurture divide. Finally, it is argued that the power relations within social structures have to be taken into account when trying to comprehend the psychological consequences of the impact of cultures on the individual's state of mind.

Key words: Race, Ethnicity, Culture, Psychotherapy, Counselling, Group, Power.

Introduction

Questioning someone else's cultural beliefs, is a sensitive area in any walk of life – but particularly in the world of psychotherapy. It is a very touchy subject – to some it is anathema to make any comment whatsoever on another's about cultural system, or even allow themselves an emotional response to some culturally sanctioned attitude or behaviour. They tip toe around it. In a short hand, one could call this very cautious stance a kind of 'liberal' position.

Meanwhile some are not fearful at all when they proclaim loudly and proudly: this is our way of doing things, this is our culture, our set of beliefs and practices. These ways make sense to us. You have no authority to speak about us because you do not know us from the inside. This stance we can perhaps call the 'fundamentalist' position. It is an irony that whilst the motivations for each of these positions are quite different, the 'liberal' and the 'fundamentalist' are both are joined in supporting a version of cultural relativism, one from the position of subject (the fundamentalist who says that *you* are not allowed to make any comment on *my* beliefs)) and the other from the position of object (the liberal who says that *I* am not able to have a view on *your* beliefs).

One can imagine that the liberal position is born out of a reaction to the 'cultural imperialist'. This stance is one of showing no respect whatsoever to another system of beliefs – this type shows no hesitation in trampling over another's culture in hob nailed boots. They take over the other's culture, colonize it, and use it serve their own. In plundering and pillaging, the colonialist makes no attempt to understand that culture from within its own terms and so, inevitably finds it wanting. Clearly there are affinities between the imperialist and the fundamentalist, in that both hearken to an absolute – both think that their own belief system is inviolate. One can see then that the fundamentalist lives on a one way street - you are not allowed to say anything about his system, whilst he feels free to say what is right or wrong in your system. The cultural imperialist is a fundamentalist by another name.

These three positions, which in a short hand I have called the 'liberal', the 'fundamentalist', and the 'cultural imperialist' are clearly all problematic. But worryingly, at different times I find myself occupying one or other of these positions.

So what happens when a therapist thinks that some of the patient's difficulties are due to the structures of tradition within the patient's culture of origin? Is the therapist being racist in having such thoughts? Does one ever have the jurisdiction to make judgements on another culture's belief systems? Can one talk of pathological cultures, that is cultures that *damage* the psychological health of the individual? These are some of the questions that the paper will look at.

I will set out a map within which the dilemmas that this topic raises can be considered. The very fact that the subject gives rise to dilemmas, means that in looking we won't find straightforward answers.

Damage

Let me begin with the notion of psychological damage. What is meant by 'damage' in this context? Damage implies that something that was whole is now broken or spoilt in some way. It implies that something that actually was functioning satisfactorily at some point, or had the potential to be functioning, now is no longer. So how did this damage happen? Who or what was the cause of it? And more to the point: *what is it that is being damaged?* The asking of these questions reveals that behind the title is an assumption that cultures and persons are two different things; it assumes that something 'natural' - the person, is contaminated or corrupted by something 'unnatural' - in other words culture. It assumes that there is such a thing as a person that can exist outside culture. At the very least there is an assumption that there is a period early in the developmental history - e.g. the pre oedipal phase - when the infant/child is thought to exist in something more akin to a natural or instinctual state of affairs. This is one kind of model - where culture is something outside and alien to nature. Meantime there are other models that have different views on the relationship between the two. So already we are in considerable hot water. The notion of damage has already become problematic; and instead of getting clearer, the object of the study is getting foggier - just *what* is damaging *what*?

Now because the idea of damage has as its basis the idea of something whole and healthy, one first of all has to agree what that is. Here we come across another problem, which is that depending on the psychological theories we each adhere to, we will each define psychological health in different ways. It seems to me that all theories of mind can schematically be divided into two broad groups, one of which considers conflict to be a hindrance to growth, and the other which makes conflict the very basis of growth. The first of these is the 'growth model', and in the main draws Carl Rogers' person centred psychology and the humanistic psychotherapies under its umbrella; *aspects* of Fairbairn's theory and Winnicott's too can be grouped here. The second is the 'conflict model' and in the main consist of the psychoanalytic tradition which had its beginnings in Freud. So although the different models of mind give differing meanings to conflict - they are all nonetheless obliged to take account of conflict. This then is where I will begin, and describe the three types of conflict that psychotherapy and counselling commonly take account of (Meers, 1973). I am doing this in order to draw out different understandings of the relationship between culture and the person. In effect what is being engaged with is the rather large question: what are the effects of culture in the formation and development of a human being?

Types of conflict

Between internal and internal

The first conflict is purely internal and arises between the two endogenous instincts. This is first of Freud's two conflicts. Broadly speaking, this is the psychoanalytic view which says that we are born divided – and these parts are forever antagonistic and in conflict with each other. This inevitably means that each effects the other – some might say, each *damages* the other. The psychoanalytic term for this damage is of course – neurosis. This conflict is in itself unconscious, and what we are only ever able to see the effects of it externalized. Whilst the vicissitudes of this conflict are the engine that *generates* culture and social life as we know it, in itself it is an asocial conflict – it is outside the domain of culture.

Many theories of racism (e.g. Tan 1993, Timmi 1996) make this conflict central to their understanding of the phenomenon¹. Here, the mechanisms of projection and splitting are given the central explanatory role. The structure in a simplified form is this: parts of the death instinct or some version of internal hatred are split off and projected out into some other object. This results in the object now being experienced as something threatening and dangerous – something to be feared. Thus this object is attacked. The argument then proceeds to say that when the attack is by a whole group on another group along 'socially sanctioned highways' (Timmi 1996) then this is what constitutes racism.

However, to my mind there are fundamental problems with this view when it purports to be a *complete* explanation of racism (see Dalal 1997, Ward 1997). Although these issues cannot be elaborated on here because it takes us a long way away from the subject under discussion, I will mention just one aspect. If these mechanisms are universal in all human beings, then one would expect the world to look more homogenized – for example blacks and whites would be equally available to each other to be projected into. Instead of homogeneity we find asymmetries, where a particular group (say whites) manages to use another group (say blacks) as the containers. It is always the case that the group that are used as containers are always lower in the social hierarchy than those that are said to be doing the projecting. To my mind these sorts of theories cannot give a meaningful explanation for the genesis of the asymmetric differentiations, and the institution of the power differentials between the groups. Indeed, these explications take the external divisions as a given, which are then said to be exploited in the service of an internal mechanism. The theories never engage with how the external divisions come to be there in the first place.

In any case, what we have here is a model of 'damage' being inflicted by one 'tradition' (say whites) on someone of another (say blacks). Our subject instead is one where damage is inflicted by *the culture of origin*. Let us move on to the second of the conflicts.

Between internal and external

In this category we will find ordinary every day conflict. Examples are I am sleepy but I have to work. Or I am hungry but I have no money to buy food. The effect here is something akin to frustration, or some other emotion. But we would not necessarily call the effect 'damage'.

¹ A notable exception to the simplistic use of splitting as an explain-all is Fletchman Smith's excellent paper (1993).

In this category we will also find conflict between an internal desire and a cultural injunction: e.g. I want to drink a beer, but in this country it is not allowed; or, I like beef but there are injunctions against me eating it; or, I want to use contraception and it is not allowed; or, I want to marry X, but my parents think that I should marry Y; or, my neighbour is annoying me and I want to beat him up but it is not allowed in law. These are conscious conflicts between what 'I' want, and what the cultural or authority system says is the good or proper way of behaving. Although the conflict here is conscious, the effects can indeed be very distressing for all concerned. And perhaps these are the types of conflict that come most readily to people's minds when they think about this subject.

Now, if one's model of the developing psyche is a 'growth model' – that is one thinks that there is a 'true, organismic or natural self' that has an actualizing tendency to grow whole and wholesome, then one might be tempted to think of the internal wish as the true wish – the good thing that should be encouraged, and the external injunction as the bad oppressive thing to be resisted. Whilst this might be true on many occasions, to my mind it is too simplistic a model for many reasons, one of which is that it assumes that there is just one wish or desire to be found inside – in other words it makes no room for the unconscious.

Further, it is very possible that in certain circumstances the therapist might well find him or herself agreeing with the external injunction. E.g. if the patient says that the thing that they want to do is to murder someone, then the therapist might well find themselves taking a contrary position (at least internally).

The point is that although we might like to think that we can take a value free position, or that one can keep one's own value system out of the equation, this is never the case. One has the comforting illusion that one is keeping one's value system out of the frame only on the occasions when the value systems of patient and therapist approximate each others.

Internalized conflict

The difficulty is compounded when we come to the next conflict, internalized conflict. This is the second of Freud's conflicts. According to him, at some point between the ages of 3 and 5 the child takes in the rules of society and makes it part of the self. As is well known, he called this structure the superego². The contents of the superego consist of cultural rules or as Freud has said of 'all the time resisting judgements of value'. This is the most problematic of the three conflicts for our purposes. This is because by saying that the rules and social morays are internalized, we are saying that they are now a part of one. These internalized cultural injunctions are not surface phenomena but a deep part of the psyche. So the conflict that was once between the inside and the outside is now between two aspects of the inside. This is the tremendous thing: culture is now inside and part of the person. It has become part of the psychological flesh and tissue, it has become integral. When the superego uses these cultural injunction to successfully inhibit some instinctual urge, as it inevitably must, then this too causes the psychological injury called neurosis.

² The Kleinian version of the superego has a very different genesis to that of the Freudian one as it emerges out of the interplay of the life and death instincts – in other words out of the first of our conflicts: internal conflict.

If you follow the person centred model of Carl Rogers, then you might suppose that it is possible to cut away these extraneous cultural injunctions that are located in the self concept and get back to the organismic self.

Meanwhile from the analytic perspective, psychological conflict and damage are a part of existence itself. Also according to this model – all cultures – all systems of living with other people – inevitably damage parts of the psyche. It cannot be avoided. From this vantage point we would be led to say that different cultural systems cause different sorts of damage to the psyche (i.e. will give rise to different sorts of neurosis), but one can never get into a neurosis free zone.

Thus within this frame, the resolution of the earlier conflict of ‘I want to eat beef but it is prohibited’, is now more problematic. Because now, it is a part of myself thinks that it is wrong to eat beef. How does one work with this? The strategy of saying that one part of the conflict is truer than the other does not work, because this is indeed a true conflict – i.e. both sides of the coin are believed in. So to ‘remove’ or dilute one part is to tamper with something that is integral. This makes the problem more difficult – it is in the true sense of the word - a dilemma.

This is similar to my view of things, however I would like to extend it with a group analytic dimension.

One could say that so far we have delineated two sorts of damage. The first is the damage that cultures cause when *putting* people into their allocated roles and allocated places. The other type of damage occurs when a culture punishes an individual for trying to step out of their place – to move beyond their appointed station in life. However, implicit in both sorts of damage is an idea that individuals can and do live somehow outside society.

The group.

The problem for me with all these theories is that they are theories of the individual. Implicit in all these theories is the idea that to live in groups goes against one’s true nature – because by definition it is thought that groups constrain the individual’s true desires and wishes and in doing so damage some aspect of the individual. Also implicit in these theories is an idea that there is one part of the psyche that is ‘natural’ and outside the social and the cultural in some way. And then inevitably, it is thought, that the social part is something different from this ‘natural’ part.

The ideas of the father of group analysis S.H. Foulkes (1948, 1964, 1990) are a convincing challenge to theories of individualism, in particular, because in their more radical form they legitimize the presence of the political within the clinical setting. Foulkes, at his most radical, says that there is no part of the psyche that is outside the social, and there never was a developmental moment that was outside the social. In other words, there is no division between the biological and the social in the psyche. This makes the resolution of the subject of this paper even more difficult. Because if the psyche has a biological part and an acculturated part, then one can talk about one part damaging the other. However, if they are interwoven, interpenetrating, each forming and informing the other, then what happens to the notion of damage?

From a radical group analytic perspective (Dalal 1998) I would say that the internalization of cultural systems of belief do not so much *distort* true desire, but that they actually *constructs* and *shape* desire. In a sense it ‘tells’ you the kind of things you like and what you want to such a degree that these desires seem natural and inevitable. An ordinary every day example of this are the types of musical scales that sounds tuneful

to my ears in comparison to others – e.g. those of classical Chinese music. One sounds to me tuneful the other not. I do not wish to imply that there is some sort of cultural determinism – a culture imprinting each and everyone in exactly the same way – with the same tastes and so on. My view is similar to that of the Indian psychoanalyst Sudhir Kakar (1993: 307) who says: ‘what is important in the psychoanalysis, say, of an Indian patient, is not ‘Indian’ culture but the culture of the patient, i.e. culture in a particular rather than a general sense’. In other words what is important is *how* the patient has internalized this culture and made it their own. The important point here is that internalized culture shapes desire. There is no pure wish or desire that is not mediated by culture. This idea is critical in helping us understand why it is that when certain cultural practices are patently injurious to the person – it appears that the person readily acquiesces to these practices – and even welcomes and defends their right to them. I will list three reasons why this might be so.

The first reason is to do with power. The power relations might be such that one might not have the emotional, physical or mental resources to even think of an alternative. Freedom of choice being a privilege that one does not necessarily have.

The second reason is that by going through these rituals, painful and damaging they might be, the person enters and is given a place in society. Not to participate in this means that one will be a pariah, an outcast, and will not be allowed to participate in social life at any level. This surely is too much for any to bear. At some level one might ‘decide’ that it is price worth paying given the alternative.

The third reason is born out of the fact that cultural systems structure internal desire. This means that the person will actually want this thing for themselves, despite the fact that it may be frightening or injurious. I am not saying that every person will want these things whole heartedly in exactly the same way, nor am I saying that there won’t be protest – internal or external. All I am saying is that there will be a part of the person that will actually want this injurious thing.

Thus the therapist might well have a view about some of the things that women are subjected to in a particular culture, but might find that the female patient does not appear to have a problem with it. If they do, and it matches the therapist’s idea of the problem, then things are slightly more straightforward. But only slightly, because remember as ever, part of the patient will agree with the cultural ethos, even whilst another part disagrees with it. Thus even if the patient breaks away from the cultural norms it will cost them dearly in pain and distress – because in breaking away they will in effect be trying to amputate something which cannot be, they will be going against a part of themselves.

The notion of culture

Having talked about the psyche and conflict, and about nature and nurture, I will now turn to talk about the notion of culture. It is tempting to think of cultures as monoliths, as homogenous entities. Indeed this what the fundamentalists would have us think. That everyone within a designated culture thinks and feels about things in the same way. And more, if they do not, then there is something wrong with them.

However, if we dare to look within a cultural system, we will not find homogeneity and unity, we will find instead a system of power relations, and a set of ideologies that are used to bolster and sustain the system of power relations. If we look within a cultural system, then we will find some groups doing better than other groups, we will find that

the system of ideologies sets about defining each persons place, and convinces them, to a greater or lesser degree, that they belong there. As is well known, ideology naturalizes the political order. Thus all attempts to break out are defined as bad or mad. In saying this my intention is not to romanticize psychological illness, pain and suffering. Rather, it is to make the point that some groups are better off than other groups in any cultural system, and that cultural systems are more damaging to some of their inhabitants than others³.

For instance, if one takes Hinduism as a cultural system – it is clear that it serves the untouchable less well than it does the Brahmin. The order is naturalized, the status quo maintained by giving it divine authority. It is said that if you are there at the bottom of the pile and suffering then it is because you deserve to be there, you are to blame, and it is because of the sins you committed in your past lives. Moreover it is *only* through suffering that you will purge your sins, and be reborn in better circumstances. Thus one should not avoid suffering – one should welcome it. Similar themes can be found in Christianity and other religious systems: if you want to get into heaven, then stay poor; if you want to get into heaven, then stay in your allocated place, else you commit the sins of hubris, pride and greed. Similar themes are also evident in secular systems. Institutionalized racism has the same effect, of disguising the mechanisms that make it possible for one group to do better than another. It is not unusual for those who protest to be stigmatized in some way – either as immoral, selfish or as having some psychopathology.

A group that fares less well in almost every cultural system – is women in relation to men. Things are of course changing, however, it is a general truth that on the whole it is the men that have access to powerful and prestigious positions. Most world religions are testament to this (for instance consider which gender is allowed to be the priest, and thus the mouth piece of God), as are innumerable secular examples, from politics to industry. So men will internalize a cultural system in a very different way to that of women, purely because they inhabit a different position in the social order. One could say that each will actually internalize a different culture. Thus the effects on each will be quite different.

There are two other complexities to be taken into account. First, no person lives in just one cultural system. We have a multitude of cultural systems within each of us – many of which are antagonistic to each other – and compete with each other for our loyalties. The second complexity is that cultural systems are not mutually exclusive to each other. Cultures overlap and interpenetrate. It is the fact that there is much common ground between so called different cultures that causes so much effort to be constantly being put into separating them out. For example it is astonishing just how much the Jew shares with the Arab in the Middle East. From circumcision to dietary habits to marriage laws.

Without these complexities there would be a neat fit between internal expectation and external circumstance – and there would be no rebellion or protest because everything will appear to be in its appointed place, including the self, and the status quo is accepted. But this is never the case. There is autonomy and multiplicity in the internal world as much as there is in the external world. *Parts* of the self might well accept the status quo, but other parts of the self will not. Additionally, one also has to take into account that some of these parts, or parts of these parts, will be conscious and others unconscious. So there might be conscious acceptance of the status quo and unconscious protest, or *vice versa*.

³ This argument is more fully developed in Dalal 1998

To combat this complexity, which constantly threatens to undo the illusion of stability in the social order, the fundamentalists continually have to police their territory to reassert their beliefs and spread the myth of absolute cultural homogeneity.

Cultural conflict

When considering the 2nd generation children of the so called ethnic minorities in the contemporary British context, there appears to be a specific difficulty. The one that is most often talked about is the conflict arising out of the institution of the arranged marriage. There are occasions when the protagonists are very willing to go along with the arrangements, indeed they welcome and agree with them. We will not concern ourselves with these instances – although they bear examination – and limit ourselves to the occasions when the arrangement is disagreeable to one or other of the protagonists. From the Western perspective it appears that the Asian culture is damaging the man or woman who is being ‘forced’ into something against their will. Meanwhile from the Eastern perspective it appears that the Western system has corrupted and spoilt something that was wholesome. Thus it appears to be a straightforward conflict between just two cultures – between East and West. Whilst there is some truth to this generalization, it is only a very partial and limited truth. First off, as we have already noted, there is not just one western and one eastern culture. The second reason is more complex.

Let us do a thought experiment and imagine ourselves into a state of mind which agrees with the idea that the arranged marriage is a sane and reasonable institution, and that one’s elders are best placed to make the arrangements. Let us take that as true, and assume that it is part of the belief system of the therapist. If this is so, then if someone resists an arranged marriage, it will lead the therapist to ask (at least internally) the not unreasonable question – what is wrong with them? If the arranged marriage is a sensible thing then by definition, the patient is doing something self destructive, something bad for them. This thought might lead the therapist to explore with the patient what lies behind the resistance. And as the exploration proceeds one might discover that this resistance is a displaced protest against the parents or community for some other earlier psychological injury. In other words the protest of not going through with the arranged marriage would then be understood as an acting out. When the earlier grievance is worked through then it might transpire that the person would now cooperate with the arranged marriage, and even welcome it.

I personally am against making people do things against their will. So I am not arguing that patients should be ‘therapized’ in order to enable them to fit back into their cultural system. What I am saying is that one can use a too simplistic notion of culture and of persons to avoid looking at the complexities behind a neat good/bad divide, where the cultural ethos is taken to be the bad thing and the ‘natural’ person as the good thing. The opposite danger we have already noted and occurs when the cultural ethos is thought of as a good thing, and the conflict is thought to be solely caused by a problem in the structure of the individual.

I will now mention an aspect of a case that many will find very familiar. It concerns a young boy in an Asian family. The boy experienced the family as intrusive, controlling and invasive, unable to leave him alone. He said that all he wanted to do was to be able to read his books in peace. The family on the other hand, described him as remote and

insular. Why, they asked, why does he want to keep going into his room and close the door – we never close doors – what is wrong with him? Now, the question is this: if the boy ends up cooperating with their wishes then will their cultural system have injured him?

These questions bring us face to face with a problem that is endemic in all contemporary models of counselling and psychotherapy, in that all of them take individuation and separation to be *the* healthy outcome of the developmental process. Meanwhile, there are some cultural systems that take individuation to be a kind of illness, and in which health would be defined as fitting into the group in the appropriate and allocated place. Thus the metapsychological assumptions in the thought system one used to view the above predicament, would determine which of the phenomena were to be defined as pathological and damaging. The point is that that cultural bias is inevitably loaded into the lens used to view the predicament. So whilst it might be possible to exchange one bias for another, the notion of a ‘pure’ objective view outside the remit of any cultural system is an impossibility.

Syntonic and Dystonic resonances

One way through the difficulty is to think about the context in which the predicament is taking place. This strategy is one which uses the notion of whether something is culturally syntonic to define health and culturally dystonic to define ill health. In other words does a particular behaviour, desire or attitude ‘make sense’ within a particular cultural system, is there a fit between them? So for example a man’s desire to wear a skirt to work would be anomalous and dystonic in the City of London where it would be considered bizarre and perhaps even mad. Meanwhile the same wish would pass unnoticed or certainly with less comment in Edinburgh or Kerela (assuming of course that the skirt was a kilt in the first instance and a lünghi in the second). The notion of cultural syntonicity goes quite deep – as has been said earlier, it shapes desire and aesthetic. Again, using the musical example from earlier, the musical scales that sound melodic to my ear, i.e. that seem to fit and follow ‘naturally’, will be different to someone born and bred in the 1st century Japan say. Some musical systems are literally painful to my ear.

But if this line – of giving weight to the sociological context – is followed too precisely, then it leads into a cul-de-sac – that of a monolithic cultural determinism where it is supposed that *all* in a particular culture can only ever like *one* thing. More accurate would be to say that cultures constrain – not determine (Elias 1994, Elias and Scotson 1994). Thus there is room for variability as to the kind of music one is drawn to - classical or jazz, and indeed it is common enough to like both at the same time! It is also not unusual that a particular metropolitan Londoner develops a taste and liking for a musical system that is not part of the norm. This is another way of saying that we are subject to, and subjected by, many cultures and discourses simultaneously, and there is no simplistic mapping of the outside on the inside. However, this fact leads some to the mistaken proposition that therefore the individual’s true taste is an expression of some pure internal essence that has no basis in the social. On the whole this is the line taken by the ‘growth’ models of the psyche.

Is there nothing 'natural' then? Are there to be no universals? If so, what compasses are left for clinicians to orientate themselves in relation to these problematic issues? This is another way of asking the large question: just what exactly are any of us trying to achieve with our patients in our consulting rooms? It seems to me that the person centred project of attempting to get back to a true organic self is flawed because it assumes, like Rousseau did, that individuals can exist in a state of freedom outside society.

What recourses are left to us to survive in these increasingly turbulent waters of relativity? At these moments, it is not uncommon for biology to be brought into the discussion. It is said that at the very least we all have bodies, and this is surely is a universal. If bodies are universal, then it might be argued that the experience of pain is also a universal – felt by all of whatever culture. Surely the experience of pain (of say a knife in the stomach) is the same whatever the culture? It is argued that syntonicity and dystonicity are irrelevant here. However it seems to me that there is a problem with this appeal to a universal biology that is outside the socio-cultural. The meaning attributed to the act and the reason for it – is likely to have a considerable bearing on how the pain will be experienced. For example whether or not the knife in the stomach is due to ritual suicide for 'higher' causes like family honour in 1st century Japan, or whether it is due to a mugging in the dark streets of 20th century London. In the first instance the act is culturally syntonic but painful for all of that – indeed leading to the ultimate in damage, death. However, what the cultural frame will do is structure the *experience* of the physical pain by giving it a particular meaning, perhaps making it more bearable. As is well known, in certain states of mind, physical pain is not consciously registered.

Ethnic Tradition: Its pertinence to practitioners of psychotherapy and counselling.

Of what relevance are these psycho-sociological excursions to clinical practice where we are faced with troubled human beings who only wish to feel better in some way? Further, it might be supposed by some that these issues are only of relevance when one is faced with a patient from one of the ethnic minorities; in other words, in what might be considered to be a cross-cultural situation. This is because the words 'ethnic tradition' tend to draw one's mind to exotic cultures – African tribes, Indian sects, and so on. Here, examples of damage perpetrated by 'ethnic cultures' readily come to mind, e.g. the binding of women's feet in the Far East to keep them small, with the result that they are in constant pain. Clearly, this is an example of the use of a particular aesthetic by a culture to damage its women folk. One might even speculate that the aesthetic is not so much used, as constructed by men in order to subjugate the women.

However, it is easy enough not to look closer to home and to forget that British-ness is as ethnic as anything else, and that it has tradition as much as anywhere else. This potential 'blindness' might lead one to suppose that the issues and problematics associated with identity, culture, power and the like are of little or no pertinence when both therapist and patient are (say) white British and working in Britain. But whiteness is not of itself a culture, it is an organizing principle (Dalal 1993). Thus it is insufficient to say British culture and leave it at that, we have to ask *which* British culture – working class east end, or rural county? Because we are close up to it we can see that there is not one British culture but several (Dalal 1999). Nevertheless, this multiplicity does not prevent the ethnic traditions of Britain damaging its populace. Consider – the habit of sending children aged 7 years to boarding school. What is the cost of that? The injunction of the Catholic church against abortion and contraception – what damage does that cause

women's bodies. The fact that today, in Britain, anorexia is endemic in the young and not so young; *one could say that anorexia is a wish inside the person to bind – not just their feet – but their entire bodies*. Consider – piercing which is presently so fashionable. Consider - the cultural norm that says the more you are able to damage your liver through drink, the more of a man you are. Consider – the socio-psychological effects of British culture on some of the blacks that live on its shores. The list is endless, as it is for any other 'ethnic' culture. The point being made is that damage caused by cultures to its inhabitants, is not just the prerogative of 'theirs', but also of 'ours'.

However, when it is part of the 'us' then it is harder to see it for what it is – an unconscious strategy for the construction of a particular sort of social order. The fact that it is unconscious means that the attempt to make it conscious will give rise to anxiety, and as such will be more likely to be avoided by both therapist and patient. This point is made by Elias in his magnum opus *The Civilizing Process*, where he demonstrates that however innocuous a particular cultural attitude, injunction or behaviour appears to be, at some hidden, unconscious level it serves a function in the hierarchical ordering of social relations.

Freud has already allowed ideology into the psyche through the notion of the super ego. However, I think that current clinical practice does not take on the socio-political implications that this theory invites. I am arguing that the process of making unconscious ideology conscious is not only part of the legitimate remit of psychotherapy, but also a necessary part. To my mind this is true not only of 'cross-cultural' psychotherapy, but true of psychotherapy in general. Thus anorexia is not to be understood exclusively through the particulars of a relationship between a daughter and a mother, but also by the context in which the both reside, the meanings allocated to thinness and so on.

I will try to substantiate these assertions in the discussion that follows.

The internalization of power relations.

Every culture has a number of rituals that are rites of passage to mark and signify entry into the social order. The individual is required to acknowledge – symbolically or actually – the authority of the symbolic order – be it religious or secular⁴. More often than not this rite requires some form of submission – sometimes psychological, sometimes physical. These are varied in their form and severity, from eating particular foods or dressing in particular clothes, or taking up smoking, to circumcision, facial scarring and clitirodectomies. The Freudian and Lacanian versions of the resolution of the Oedipal Complex are descriptions of this process. Whatever the rite of passage, the end result of each is the same – the authority is now internalized and it results in individuals policing themselves according to the conventions of the time and place.

The fact that some cultures make their rites of passage physical and explicit, result in the rites being visible for all to see. Thus one can see and say clearly that it is the cultural system that is subjugating the individual in a particular way. In contrast other cultures, like the secular one some of us live in today, disguise their demands on their inhabitants – so it looks like it is *individuals* that are perpetuating these self destructive things all by

⁴ Things are actually even more complicated because we enter not just one but many symbolic orders – many of which are antithetical to each other. Further, some of these orders are formal and institutionalized, whilst others are informal and so thought to be of less significance.

themselves. It seems to me that the structure of power relations is such that it often gives the appearance that those who benefit the most from the structure are merely accidental beneficiaries of the system.

This last point is critical to the type of understanding one brings to the patient's distress. Let us take the example of a female patient who has suffered a clitorodectomy. Whilst some women will indeed be deeply traumatized physically and psychically by this mutilation, others might not. There will be other women who will not be against the continuation of the practice, and will defend it as part of their cultural inheritance. What is the therapist to do in this latter case? Before one can answer the question, one has to understand what is going on at an unconscious level – however, the unconscious here is not only a psychological one but also a sociological one.

A psychoanalytic understanding of the motivation for clitorodectomies is to be found in male envy of women's fertility. It is the nature of envy that it seeks to spoil and destroy what it cannot have. (Spellman 1996). Whilst there is much in this formulation, in itself it cannot be anywhere near a complete answer. Because if this male envy is true, there will also be – by definition – the mirror truth of the woman's envy of the male penis. However, there is no institutionalized social practice around the mutilation of male genitalia⁵. This asymmetry in the possible ways one has to vent one's envy is a reflection of the power relations between men and women. And it is in this area that we have to look for the other unconscious element in the dynamic.

Gloria Ogunbadejo (1998) says that although clitorodectomies are the systems way of subjugating the women and perpetuating patriarchy, the men themselves appear blameless and are not tainted by this heinous act of violence. The rite is perpetrated on women *by* women, whilst the men are gathered elsewhere innocuously drinking coffee: their hands are clean; it is the women who have done the bloody work⁶.

But we are now bound to ask why should the women continue to perpetuate this system? Parts of the answer have already been delineated: First, they have *internalized* the cultural norms and so continue to perpetuate them as part of the 'natural order of things'. Second, if one does not go through the rite, then one becomes a social out cast - a pariah. One can continue to build a number of additional psychological hypotheses for this act of violence by women on women: displacement of the hatred they feel for men, doing unto others what has been done to them as a way of managing their own trauma, and so on. Whatever the psychological mechanisms, the end sociological result is that the women subjugate and police themselves, and in so doing do the work for the men.

When the subjugation demanded is a psychological one, as it is in contemporary metropolitan society, then the mechanisms are even more hidden. The effects of this as

⁵ Apart from circumcision which cannot be compared in any way to the degree and severity of mutilation to the female genitalia

⁶ A parallel can be found by going off at a slight tangent to the subject in question to look at the structure of military authority. The Generals that organize the battle do not have to dirty their hands with the killing – this task is carried out by the soldiers on the field. The general need feel no guilt because they have not actually done the killing; whilst the soldier need not feel any guilt because they were only following orders and doing what they were told to. The structure efficiently machines away all guilt from the entire picture. It is an extraordinary sleight of mind that magics away moral responsibility. The machine is not completely efficient, as many soldiers do indeed become traumatized.

ever are to sanitize the structures of power relations and render them invisible. This serves (perhaps accidentally) two functions: first it looks if it is 'they' that are the barbarous ones, whilst 'we' are the civilized ones that do not engage in such horrid behaviour. And secondly, if the power relations are not visible then the only place left to look for explanation for destructive and self-destructive behaviour is *within the individual*. One is forced to do this because to all appearances, no one or no thing is *making* people do these things to themselves and others. Hence the woman who attacks her body by starving it, the violence of inner cities, and so on are all taken to be examples of *individual* psychopathology. No one after all is *making* the woman starve herself, so she must be doing it herself. It is a short step from here to surmising that her behaviour is due to the *function or malfunction of the instincts*, or some perturbation in the developmental process.

The therapist has to be vigilant that he or she does not only see the personal psychopathological elements of the story, because to do so would be to continue to perpetuate and reinforce the subjugation through a particular ideology – albeit unconsciously.

To end, let me come back to the question I posed at the start of the paper – which was why is it difficult or frightening to comment on another's culture. There are two reasons that I can think of.

First, it seems understandable and acceptable that the people of one culture can be damaging and nasty to those of another culture. So we are not too perplexed when we see Zionist soldiers bulldozing Arab settlements. We might not agree with it, or like it, but we can accommodate it because somehow the fact that they are 'different' seems to make it understandable. What is difficult to accommodate is that a cultural system can be damaging to its own kind. Much like it is difficult to comprehend that a family might injure one of its own children. It is difficult to conceive of this until one brings power relations into the equation. Then we can see that the system panders to the welfare of some internal groups, whilst it constrains and damages other internal groups. To my mind this kind of Eliasian analysis of power relations gives the therapist an opportunity for engaging with the patient's world, without necessarily collapsing into either an imperialist stance nor the liberal one where one does not engage at all.

The second reason is this: One can only make comments about another culture from the vantage point of one's own. Thus saying something about another's culture is fearful because one inevitably declares and exposes something about one's own culture, and also one's view of the relationship between the two cultural systems.

To conclude:

I have argued that culture is not a monolithic entity, but a complex system of power relations, that favour some groups over others. I have also argued that damage and conflict are part and parcel of every life. Thus the question is not whether cultures damage, but how they damage. I have said that it is not easy or straightforward to address that damage, because in addressing one damage, we will inevitably cause another. And finally, these difficulties and complexities should not be used as a reason for doing nothing in the clinical setting.

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