

The application of some ideas from anthropology to counselling, therapy and cross-cultural counselling.

by Ian R. Owen.

Summary: This paper takes some ideas from anthropology and applies them to Carl Rogers' client-centred therapy in an effort to widen the awareness of therapists. The author wishes to highlight some areas in counselling where greater awareness is required to create a holistic counselling philosophy and to improve the ethics, power sharing, efficacy and appropriateness of therapy. The intention is to show that culture clash inevitably occurs between all clients and therapists. This paper describes one way of how to understand clients' lives by understanding individual personality type and culture.

The starting point for this discussion is to take four concepts from anthropology, the study of people in cultures, and to apply these to highlight areas in counselling. The four concepts are emic, etic, culture and culture-bound. This discussion takes the notion of cross-cultural counselling and states that when a therapist and client meet there is a cross-cultural communication taking place; regardless of the racial educational or socio-economic similarities between the two parties. I wish to expand therapists' awareness by making this distinction: I propose that the therapist comes from a therapy tribe and the client comes from a lay person's suffering tribe.

I also state that for therapy to be effective for clients, the therapy has to be wholly appropriate for each client. The discussion presented here calls for a holistic view of communication between people, i.e., the use of methods, techniques and therapy procedures between real people. Also, I propose a note that human qualities are part of people's lives and that people are enmeshed in living culture.

So, first of all, I would like to present two words which may be new to you. The first is *etic* and the second is *emic*. An etic study, viewpoint or understanding is one in which information is gathered according to preconceived notions and concepts which were in force before the study was started. In counselling, this is fitting the client to the therapist's constructs. Such an etic approach in counselling produces pseudo client-centred therapy. In the worst case the therapist has only one style of working and doles out the same attitudes and approaches to all clients. Etic therapy is a theoretical science approach to counselling - it creates careful definitions and first principles on which to base its findings. Then it adds on other principles to the first principles.

I propose that culture clash in therapy and cross-cultural counselling is created by rigid *etic* philosophies. The various models, schools or systems of counselling and therapy all propound a certain world view. Examples of the professional therapist's view of clients are found in textbooks and manuals like DSM III. Studies of psychological and social epidemiology and psychopathology are the creations of therapists' stereotypes about clients. Phrases like the "disease process" when applied to a person's life and behaviour are other examples of fragmenting and head-shrinking people and ultimately dehumanising them. The process of categorising and labelling, although often useful, is the creation of a fixed state or box which, in the worst cases, a person is put into. So medical models, psychological models, sociological models spiritual models, moral models, or psychopharmacological models are all limited viewpoints.

I believe that such labelling in counselling can be the basis of prejudice on the part of the therapist. As many psychotherapies are initiated in the United States, I believe there are many philosophical and cultural beliefs inside of American counselling and therapy which do not fit in Britain (Pill & Scott 1982) or Europe, or are shared by many of the citizens of the States who have different values. I think in therapy there can be an exploitation of the client by the more powerful therapist, although such an exploitation is unwitting or unconscious. I ask practitioners to carefully reflect on and give attention to the power play between themselves and their clients.

Psychotherapy and counselling has its own "racism", more correctly ethnocentrism, oppression and discrimination if it scapegoats some attitudes as being wrong, incorrect or irrational. As I have already stated, all counselling is cross-cultural counselling. I propose that the anti-psychiatry school (Cooper 1967) should be at again and its good work continued in re-evaluating counselling.

The other word I wish to introduce to you is *emic*. An emic understanding or viewpoint is a subjective or phenomenological one. Viewing the world through the client's eyes is one of the avowed intentions of many therapists. But to actually take the time or be able to come to such an understanding is a difficult thing. An emic understanding is one where the therapist has elicited the frameworks of meaning, classificatory schemes and ideas of causation of the client. The therapist allows the client to define her problem to her own satisfaction. Such a distinction between emic and etic ways of working with clients was Carl Rogers' breakthrough and pioneering work (Rogers 1951). To provide therapy for the client's needs, the client's views and experiences are paramount. I state that counselling needs to follow Rogers' lead and go beyond Carl Rogers' work. I state that a truly client-centred therapist has a sensitivity to the needs of clients that enables the therapist to provide a variable content of therapy which is appropriate and designed for each client. Such appropriate therapy deals in terms of the subjectivity, psychodynamics and self-healing mechanisms of the client and her social context. Emic therapy is practical and tries to make a better working understanding of first principles. This practical science approach seeks to make a muddle clearer. What therapists need are ways of recognising their own and their client's individuality and cultural

context.

Emic ways of working are the careful appreciation of the client and her words, energies, defence mechanisms, habits and interests in enabling the client to enter therapeutic experiences. When the therapist takes the time to enter the client's world then emic therapy begins. An emic approach is one which is phenomenological subjective, emotional, existential, experiential, aetiological, philosophical and ethical. In this approach therapists' interventions are such that the client can be enabled to make their own interventions. Some aspects of Milton Erickson's work (Hayley 1973) and Freud's free association can be considered as emic. The work of David Grove (Grove & Panzer 1989) is considered by this author to be particularly emic.

A note on resistance is that I state that resistance is created by therapists. If a therapist believes in and expects resistance then the therapy is etic. When etic therapy does not seek to satisfy the client's needs in the ways in which the client's needs require to be satisfied, then the resulting behaviour of the client is called resistant. In emic therapy there is no such thing as resistance because the client leads and the therapist follows.

A starting point for anthropology is a definition of the term *culture*. A metaphor for culture is to imagine a millipede (Mars 1988). Briefly, an anthropologist regards individuals as the legs of a millipede. Each leg moves in accordance with the others. The anthropologist seeks to study the whole creature. The psychologist studies only each leg. Briefly:-

Culture is

- Total way of life of a group of people.
- Shared values, beliefs, norms of a group, rules and meanings.
- Learned, regulated, maintained and shared, gives cohesion to a group.
- Transmitted from generation to generation and group to group.
- People who use the same justifications in interpreting the Shared psychological processes and internal representations.
- Shared way of being in a world shared systems of symbols and

Culture is not

- Genetically inherited or determined.
- Individualistic or idiosyncratic behaviour. Merely ritual or ceremony.
- Racial or biological characteristics.
- Deterministic.
- Easily changed, or only applies to certain selected groups and not the world. host community.
- A shared environment both human and physical.

metaphors.

- Memories, actions, stories, myths

- Static or isolated.

books and objects of a group.

- Changing, evolving, influencing

- Homogeneous or stereotyping.

and influenced by, integrating.

- Ideational and real, how to view the world and behave in it,

- Victim blaming.

- A person's background, how she makes sense of the world, her language, emotions and her groups standard relationships.

- Without a social, economic or political context.

Culture occurs at national, regional, local and neighbourhood levels. There are different influences on culture from economic, religious, financial and political forces. There can be said to be cultures and cultural norms for men and women, for the middle aged, teenager or child. And, to return to one of my original points, there are the cultures of jobs and professions. Each job has its own job culture, norms of behaviour and shared values. To be a counsellor or therapist has its own cultural implications, as all therapists have been indoctrinated by their training.

Also, as mentioned before, most therapies are American and American psychotherapeutic evangelism plays a part in selling American therapies inside and outside the USA. Philosophically and ethically differentiates out of American therapies certain beliefs and attitudes which are assumed to be universal, right and proper for psychotherapeutic and social change. But, first of all, what is most striking is the creeping insidiousness by which indoctrination can take place by a dominating culture. My point is that there are therapy groups and foreign philosophies that are being propounded as truths when they are only one of a series of truths which are in the end alternative opinions. I do not wish to single out American mass culture as a villain, or that moral evangelism is wrong. But it is an easily identifiable trend in the world. This is why choosing to discuss certain selected American philosophies of life and call these in total "sales culture". A similar discussion could be made of other therapies and nations. The Western nations in general and moral entrepreneurs, like myself, are in an unusual position of propounding their beliefs in the hope that others will share them. An entrepreneurial or evangelical approach by a culture, or therapy school, seeks to sell its beliefs and make converts to its cause. The effects on therapy is that a bright new insight into people becomes a dogma that is applied eticly to all people and matters.

The horror (or the glory) of a "sales culture" is that Heinz tomato soup made in Turkey out of different ingredients to other countries) tastes just the same as Heinz tomato soup made in any other

country. A mass "sales culture" destroys individuality and non-conformity. As there are Heinz, McDonalds, Coke, Dallas and Dynasty - so there are the counselling and psychotherapy equivalents of these. The "sales culture" of counselling believes in *self responsibility* and *pragmatism* as forces which *empower* the *individual*. *Technology* is king and *science* is queen in the quest to pour funds and attention into making everything in therapy known and safe. Therapy is based on influencing, persuading and communicating. Personal *achievement* is everything in a fight to do the *latest* and most *effective* and *efficient* therapy. The cultural imperatives are *be an* extrovert and *innovate* for innovation's sake. Sales culture is just one of a series of themes which need to be identified in therapy.

"Sales culture" breeds "sales" therapies. "Sales" culture and sales therapies are in all nations (Seymour-Smith 1986). In a sales culture the therapist says: "I've got just the right therapy for you. Join my group. This therapy is growing quickly. Its new and scientifically proven to be effective in eight out of ten phobias. I teach you skills for use in the here and now. It gets straight to the parts of you that other therapies can't reach". And what the therapist says is met with approval from clients whose enculturation has led them to believe that failure means guilt and regret at missed opportunities, isolation, self-directed anger and despair that they will never achieve their ambitions. Therapy is defined as the achievement of spontaneity, intimacy and having awareness in the present. Therapists are pragmatic, eclectic and critical of other therapies in general. Transactional Analysis is a case in point. Its "drivers" are: try hard, please me, hurry up, be perfect and be strong. I could add to these the other edicts of sales culture - make friends who could be useful to you and be an individual. Problems arise in the pluralistic cultures of the West where there are people from different worlds mutually interacting with mutual misunderstanding.

The importance of culture in personal terms is that our worlds are largely shared, created and maintained by the people around us - our social context. A social learning theory of knowledge, and hence personality, states that we are created with inherent genetically derived qualities, but then the social environment shapes the individual to be similar to others in that environment. This is the process of enculturation - the way of acquiring culture. Central to enculturation is the power of beliefs. Beliefs cause nocebo and placebo (Shapiro 1971) reactions. Nocebo, or the power of negative belief is the mechanism behind voodoo death. Such is the power of socially constructed realities. Beliefs held by groups of people in conflict with one another are the justifications for perpetrating all sorts of actions, therapeutic interventions and wars against one another.

Central to the holding of beliefs by people is how one group of people regard another people's beliefs. I define irrationality as being something you don't believe in. Hence rational thought, behaviour and justifications are *culture bound*. Isabel Briggs-Myers, following Jung, showed how there are 16 personality types in the world all with different logics (Briggs-Meyers & Myers 1980). The 16 types are combinations of extrovert/introvert, thinking/feeling,

sensing/intuiting and the use of judgement or perception. Again, these combinations are a basis for prejudice in cross-cultural counselling, all therapy and between other groups of people. All cultures produce their own therapies, these could be called culture-bound therapies. The problem is these therapies may not travel well to other cultures. "If I, as a therapist, am not willing to understand you, as a client, then I do not value you as a person". This culture clash in therapy (Helman 1981) is a similar process to culture clash in racism (La Fontaine 1986), ethnocentrism, the history of oppression and imperialism. Culture clash exists in sexism, views on sexual orientation, Eurocentrism, Anglocentrism, Americano-centrism and jingoism. If each culture believes that it alone is supreme then there is either conflict; or an acceptance of position like that in *Brave New World* (Huxley).

As finishing remarks I wish to restate the case for extending Carl Rogers' client-centred therapy. As all counselling inevitably involves the meeting of people from different cultures (Glinga 1986, Wright-Mills 1956), backgrounds and beliefs to ourselves, care needs to be taken to provide appropriate care for each client and her cultural needs. Counselling and psychotherapy needs a careful philosophical, ethical and cultural analysis to identify and acknowledge the presence of culture-bound beliefs (Helman 1987). Emic psychotherapy research could make a study of the lay beliefs of clients who are socially and psychologically suffering. Such emic research would take care to elucidate modern archetypes of suffering and find the modern mythologies of causation. Western culture bound disorders which occur rarely or not at all At in other countries are such things as obesity (Ritenbaugh 1982), suicide by overdose (Littlewood & Lipsedg 1987), anorexia (Garner & Garfinkel 1980), stress (Helman 1987) and agoraphobia. These culture-bound illnesses say a great deal about life in the West.

Finally, let us be enriched by meeting with people from diverse cultures, educational backgrounds and socio-economic status. Only when we disregard the bonds of our own logic, truth and life, can we embrace the logics, truths and lives of others.

References

Briggs-Myers, I. & Myers, P.B. (1980) *Gifts differing*. Palo Alto: Consulting Psychologists Press.

Cooper, D. (1967) *Psychiatry and antipsychiatry*. London: Tavistock.

Fontaine, J., La (1986) Countering racial prejudice: A better starting point. *Anthropology Today*, 2(6).

Garner, D.M. & Garfinkel, P.E. (1980) Socio-cultural factors in the development of anorexia nervosa. *Psychological Medicine*, 10, 647-656.

Glinga, W. (1986) *Legacy of empire - a journey through British society*. Manchester: Manchester University Press.

Grove, D.J. & Panzer, B. (1989) *Resolving traumatic memories - metaphors and symbols in psychotherapy*. New York: Irvington Publishers.

Hayley, J. (1973) *Uncommon therapy: the psychiatric techniques of Milton Erickson, MD*. New York: Norton.

Helman, C.G. (1981) Disease versus illness in general practice. *Journal of the Royal College of General Practitioners*, 31, 548-552.

Helman, C.G. (1985) Psyche, soma and society: The social construction of psychosomatic disorders. *Culture, Medicine and Psychiatry*, 9, 1-26.

Helman, C.G. (1987) Heart disease and the cultural construction of time: The Type A behaviour pattern as a Western culture-bound syndrome. *Social Science and Medicine*, 25(9), 269-279.

Huxley, A. (19) *Brave new world*. London: Pan Books, 19.

Littlewood, R. & Lipsedge, M. (1987) The butterfly and the serpent: Culture, psychopathology and biomedicine. *Culture, Medicine and Psychiatry*, 11, 289-335.

Mars, G. (1988). Personal Communication.

Pill, R. & Stott, N.C.H. (1982) Concepts of illness causation and responsibility: Some preliminary data from a sample of working class mothers. *Social Science and Medicine*, 16, 43-52.

Ritenbaugh, C. (1982) Obesity as a culture-bound syndrome. *Culture, Medicine and Psychiatry*, 6, 347-361.

Rogers, C.R. (1951) *Client-centred therapy*. Boston: Houghton Mifflin.

Rosen, R.D. (1977) *Psychobabble*. New York: Avon.

Schafer, J. (1978) *Humanistic psychology*. New Jersey: Prentice Hall.

Seymour-Smith, C. (1986) *Macmillan dictionary of anthropology*. London: Macmillan Press.

Shapiro A. (1971) Placebo effects in medicine, psychotherapy and psychoanalysis. In: A. Bergin & S. Garfield (Eds) *Handbook of psychotherapy and behavior change*. New York: Wiley.

Sue, S. & Zane, N. (1985) The role of culture and cultural techniques in psychotherapy: A critique and reformulation. *American Psychologist*, 42(1), 37-45.

Tafoya, T. (1989) *Befriending demons: Healing across cultures*. Phoenix: Milton H. Erickson Foundation, (Audio Tape).

Toffler, A. (1970) *Future Shock*. London: Pan Books.

Wright-Mills, C. (1956) *White Collar*. New York: Oxford University Press.

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