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**The challenges of culture to
psychology and post-modern thinking**

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Kororia ki te Atua.

Nga Rangatira ma, tena koutou. Mihi nui kia koutou. Tena koe te whaea, Donna. Talofa lava Kiwi. No reira tena koutou, tena koutou, tena koutou katoa.

Thank you to those people who are responsible for this invitation and this symposium. I'd like to congratulate the Psychological Society for choosing to address this whole area of cultural perspectives, so centrally, in this conference. One could say that it has been quite a long time coming. Many other groups in the social science professions have begun to work on these issues a lot earlier. Nevertheless at this conference, the subject is being addressed very formally and very openly.

This is really a dangerous thing for psychologists to do, because most of the cultural analyses confront the social sciences very substantially. They confront the claims the social sciences, and thus psychology, make in terms of independence, neutrality, objectivity and verifiability. Furthermore, the cultural analyses challenge the claim to an international body of knowledge that is inter cultural.

Take clinical psychology for example, and note the language and the metaphors that are used. 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. These all combine to create practitioners who search for objective diagnoses, objective causes, objective explanations, and objective cures. So attached, in fact, have many clinicians become 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 DSM III, and the so called scientific medical explanations and cures.

It is post-modern thinking in the European world that has challenged all that. Of course there has always been scepticism outside the European world to the cold positivist metaphors. Maori and Pacific Island people in this country have seldom voluntarily used the services of therapy or clinical work. Normally, it is only when they were directed by the Departments of Social Welfare, Justice, or a psychiatric hospital, that they have fronted up. On the whole, these processes have been imposed on them. Faith in the system amongst poor Pakeha 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.

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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 Kiwi, who I work with as a colleague and is a friend, 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 its a friendly gesture. Other people might say it is a patronising gesture. Some might say it is a racist gesture. Another person might say it's cross-cultural comraderie. Another person could label it as violent. Another person could say it's intrusive. Someone else might say it's connecting closely, and so on. The point is that there's 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 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 would give different meanings to the physical events of their abuse than many perpetrators would. We would want to talk critically about the difference in those meanings.

So critical post-modernism talks about preferred meanings. Meanings that emerge out of values. For example, we may 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, particularly when we work with individuals, or a family, or in some experimental project. 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. There are in fact many other cultural explanations and descriptions of events. This sort of perspective is a critical post-modern stance, and the sort of stance that we are very involved with at The Family Centre.

Do you 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. Psychologists and therapists can no longer act as they did before. The word *'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.

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 know what it is, or how to treat it, but we're very good at labelling people with it. 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. In fact, there is no evidence to show that exorcism, traditional healing, or faith healing is any less successful in its work within the communities that embrace such practices.

With that backdrop, let's look at 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. And I want to speak here, (as I've been asked to) as a Pakeha (European) psychologist, who works in an agency alongside people from two self-determining sections, a Maori, and a Pacific Island section. I'm speaking from my experience when I've been called in to work on projects with them, to help identify differences, collaborate on Pakeha meanings, and share social science knowledge. These are some of my learnings, which won't be news to people of those cultures, but may be helpful to some of the Pakeha here.

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.

I think this is something that is often misunderstood by Pakeha people. I think it is misunderstood, because we 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 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's 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 through the sensitivities in communally 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 cooperative 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 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 did not want that to occur. 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, individualistic perspective, 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 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 down the track, 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. 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 family, and simply agreed to a grandparent’s view. For most Pakeha 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’s something you know nothing about, normally. If you are part of it, it’s 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.

Another aspect that has stood out in these projects has been the different notions of respect in therapy. I think amongst most educated Pakeha people, there’s 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’s happening at home, or what perhaps the young person is doing. It’s quite common in a Pakeha 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 experiences the shame, including the victim/survivor. As a result, the whole family often becomes silent. Although this can be quite an appropriate process in the Pakeha world, 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.

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, tapu or the like, are often totally disregarded by social scientists and psychologists.

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

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. Although many Pakeha 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 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.

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, who 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 (A.C.C.) expects 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 at the moment.

In summary, from our perspective at The Family Centre, the social sciences are about one cultural way of describing events. I don’t mean to suggest that Pakeha people are never communal, spiritual, ecological or consensual, but that the

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

predominate values in our culture are individual, secular, consumerist and conflictual. These are also patriarchal values. That is because, until recently, men alone controlled the developments of science, technology, colonisation and capitalism.

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 (ie. 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 cooperation 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. It is important to remember that we don't colonise, these days, 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 take note.

Finally I'd like to say that 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 society come disproportionately from cultures that are dominated. They deserve, at the very least, sensitive professional work that allows them to feel culturally safe.

Someone at a workshop in the Waikato once said to us, "You know a Maori, if they want to, 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 institutions we are associated with, have gifts this country desperately needs. All our organisations require such people, and they need to be properly resourced, have employment security and control over their work. Their own work away from our organisations also requires adequate resourcing. They can heal their own in ways that we will never be able to. 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. This also has implications for those in other branches of psychology, including research, experimental and industrial psychology.

There is perhaps a unique opportunity for psychologists in this country of Aotearoa/New Zealand 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!