Psycho-pathology and Culture

Pumla Gobodo

Most professionals in the welfare sector come from an elite in society while most of the people needing to make use of welfare services are black, from both urban working class and rural areas. Professionals and the recipients of welfare services, therefore, often speak different languages and have different cultural backgrounds. The training that professionals have received has generally failed to address these differences. As such, the services offered are often inappropriate to the needs of patients and recipients of welfare services.

The following article looks at the cultural issues that need to be addressed in order to improve appropriateness and effectiveness. The article focuses on mental illness and the interaction between psychologists and their patients. The issues raised are, nevertheless, relevant to various welfare and health settings. These include, for example, relationships between social workers and clients, doctors and patients and administrative personnel and recipients of pensions and grants.

Race and Culture in the Treatment of Mental Illness

Cultural and racial factors have strongly influenced the cause, definition and treatment of mental illness in South Africa. Definition and treatment have been imposed from one culture upon another. This has led to poor understanding as well as inappropriate treatment of mental illness. The challenge is to adapt therapeutic practices so that they can be used across cultures.

For example, it is often assumed that the reason that some African people drop out of therapy at an early stage is due to their preference for diviners or traditional healers. It is, however, necessary to see these patients in a different light, namely that current therapeutic practices are not always appropriate for all cultures. We should not, therefore, try to place all cultures in South Africa into an

imaginary melting pot and, in so doing, ignore cultural differences. We should rather study these differences and adapt therapeutic methods accordingly.

A major barrier to the implementation of effective cross-cultural treatment has been the lack of understanding of African cultures. This raises the crucial need for research which must be aimed at improving our understanding of cultural differences, as well as establishing guidelines for therapists who deal with patients from culturally diverse groups. In other words, we need to spell out precisely how we will be able to take cultural factors into account when making diagnoses and how we can then take the best course of action.

Some psychologists, including a number of black psychologists, have expressed the view that cross-cultural studies are worthless. There are a number of reasons for this resistant attitude, including the fact that a large number of studies are racially biased.

Racist Theories of Black Culture

Some studies have been used to suggest that blacks are genetically inferior. Other studies have tried to argue that the moral nature of the black person is degenerate. In some instances, researchers have done studies as a "good favour" to black people who supposedly cannot define their own philosophy. A particular researcher, for example, clearly revealed his motive to "civilise, educate and raise the Bantu". Studies which make prejudiced generalisations about "black behaviour" have been used to perpetuate racial segregation.

Various studies of mental illness have focussed on locating the causes of illness in the people themselves rather than in the social conditions in which people find themselves. Overcrowding, poor schooling, unemployment, poverty, low self-esteem and hopelessness are, for example, important causes of emotional disorder among black people.

On the other hand, a lot of positive work has been done in culturally diverse communities. People who deny the usefulness of cross-cultural studies have failed to take this into account. Their perspective, in turn, imposes a narrow cultural and class point of view that is not appropriate the majority of Africans in South Africa. With few exceptions, the techniques that are used in the training and practice of clinicians are derived from the dominant minority culture, yet a high percentage of black patients come from urban and rural working class backgrounds. This article argues for the need to address the importance of cultural sensitivity in clinical practice with black people. Their culture is different to the culture of our training. If black clinicians fail to acknowledge the importance of culture, they

Overcrowding, unemployment, low self-esteem, poverty are important causes of emotional disorder among black people. *Photo: Medico Health Project*

may fall into the category of black intellectuals who distance themselves from and sever links with their own racial community.

Black culture and modernist rejection of it

Most of the resistance to cultural studies is based on the belief that African culture is obsolete. There is an assumption that, because of education and enlightenment, we now share the same value system as the whites of this country as well as people anywhere else. This attitude ignores the fact that, no matter how "civilised" we may claim to be, we will still be regulated, in part, by our original culture.

The traditional culture or world view of Africans changes with technology and progress, but the underlying patterns of a particular culture are passed from generation to generation. They are not simply "forgotten" or "left behind" merely because of time. There is continuity of history in the lives of human beings. The broad cultural structure provides some firm ground and rootedness for individuals. Some individuals may be very badly affected if they lose this connectedness to their cultural base.

It is important not to deny one's roots and not to become affixed to them either. The problem as I see it is that many Africans, professionals included, in

their path "away" from oppression, make the mistake of denying the value of their own culture by associating this culture with everything that is past, oppressive and enslaving. I am not suggesting, however, that Africans should stay in their cultures and not integrate with other cultures. I believe Africans should take from other cultures what they need and what compliments their own.

Culture and Communication in Therapy

Racial and cultural factors can lead to a lack of communication between therapists and their patients and, as such, can impede clinical processes. Language, itself, is a cultural medium of communication. The meaning surrounding the use of a particular language in the consulting room may, for example, exclude one of the two people from the cultural experience of the language used. The use of language can, therefore, lead to communication problems and this can hamper the building of rapport between therapists and patients. Black people may, furthermore, lack the necessary verbal skills for "talk therapy", not because of the limitations of their language, but because of the subtle variations in the way that language is used.

The lack of precision in cross-cultural psychology in South Africa has led to mis-communication and poor diagnoses. Clear and appropriate communication is crucial in arriving at correct diagnoses and it thus seems logical that therapists should have an awareness of the background of their patients. This is not only a problem across black and white culture but within black culture itself.

African Tradition and Perceptions

The following example illustrates this point. A young unmarried professional woman was referred to me for "persistent vaginal irritation", for which no physiological cause was found. She was involved in a relationship with a man with whom she was very happy. She claimed that there were no problems in their sex life, but questioning revealed that her partner was not circumcised. The practice of circumcision varies within African culture and she came from a group that practices circumcision. She felt "unclean" and guilty that a woman of her age could sleep with an uncircumcised man.

There was no doubt that culture played an important role in her experience of the problem. Having been socialised into a culture in which the definition of

manhood includes circumcision, her perception of her own womanhood was partially compromised. Culture can be defined as a set of symbols and meanings in terms of which individuals orientate themselves to each other and to the world. This means that a therapist who is ignorant of and insensitive to his or her patient's cultural orientation will not be able to build rapport with that patient.

When evaluating patients, clinicians must be aware of the cultural differences in the way in which psychopathology is expressed. "Hearing voices" is an appropriate experience in certain cultures. Clinicians should be mindful of this cultural fact and a therapist must not assume that his or her patient who hears voices is having "hallucinations" without taking the patient's cultural background into account.

On the other hand, clinicians must not exclude pathology whenever culture is evident. For example, although beliefs in witchcraft are common amongst most African people, overlooking the possibility for a disorder to exist poses the risk of excluding illness in a patient who is actually suffering from delusion. However, although belief in witchcraft might coexist with delusion, the belief itself does not constitute a delusion. So here again, if the clinician does not consider culture, he or she may misinterpret normal cultural behaviour to be abnormal.

Culture should be considered in the evaluation of patients from culturally diverse backgrounds, but it is also important not to "over-diagnose" culture. For example, I once gave a test to a patient in Xhosa so that he would be free to give

A white person may be symbolically perceived as master, authority, better, powerful and/or enemy. *Photo: unknown*

responses in his home language, but he insisted on giving his responses in English. So my "over-awareness" of racial/cultural differences was tantamount to stereotyping the patient.

The cultural dimension will vary, depending on whether a patient comes from a rural area, where culture is defined by traditions which are presumably relatively intact, or from an urban area, where cultural assimilation patterns are more complex. The challenge for the therapist is to be able to make the distinction between these two groups, and also to be able to discern individual dimensions within these variations.

There must be clear communication, verbal and non-verbal, between therapist and patient. If verbal and non-verbal messages are misconstrued, there are likely to be problems with proper assessment. Generally black therapists will be more sensitive to the cultural nuances of their black patients, but breakdown in communication sometimes occurs between therapists and patients from the same cultural environment.

In a racially charged society like ours, white therapists might need to work harder than their black counterparts in clinical work with black patients. This is because skin colour has enormous significance, both at the symbolic and the social levels. A white person may be symbolically perceived as master, authority, better, powerful and/or enemy. This has social consequences, in that a black patient may have an orientation towards a white therapist based on respect, subservience, fear, discomfort and/or hatred.

Notwithstanding the position of the patient or the therapist, it is the responsibility of the therapist, as the professional to whom the patient has come for help, to deal with the racial and cultural dynamics. Otherwise the therapist must refer the patient to another clinician.

It is possible that a white therapist may engage in therapy with a black patient in a manner that defies our normal day to day tensions and biases. It is also conceivable that a black therapist might be psychologically removed from what a patient represents in terms of his or her culture. It is, therefore, my contention that a white therapist may be able to empathise and share in his or her black patient's existential world just as much as, or sometimes even more than, a black therapist.

In the final analysis, the therapist is responsible for being creative and ready to adapt in an appropriate manner. It would be counter-productive for therapists to be so culturally sensitive as to end up using this sensitivity to impose stereotypes on individuals. Therefore, it is necessary for both black and white therapists to recognise culture and to be aware of individual dynamics and differences within each culture.

Conclusion

In the discussion of cross cultural psychology in South Africa, we have seen that diagnosis and treatment are strongly influenced by the variables of race, class and ethnicity, yet all these variables do not preclude the possibility for constructive communication. This will, however, be difficult in a country where racism is institutionalized and in which class differentiation is becoming more deeply entrenched.

As professionals, we have a responsibility to our patients and to society to accept and respect the diversity of human nature. It is not the differences in themselves that prevent us from helping our patients, but it is our attitudes towards these differences. Thus, in opening ourselves to an attitude of acceptance and respect of one another's differences, we are legitimising and validating the true humanity of the other, and this is an important starting point in doing therapy.

Each individual's culture in South Africa should maintain its own uniqueness and remain distinguishable but contribute to a wholeness that is richer than the separate parts. Psychology provides the opportunity for us to broaden our perspective about individuals who are different from ourselves, to a point that goes beyond mere "cultural awareness". If we are able to discern the cultural dimensions of our patients' general orientation to the world, we will be more effective in diagnosing and treating psychopathology in our patients.

Pumla Gobodo is a lecturer in the Department of Psychology, University of Transkei

This is an edited version of her article which was published in the South African Journal of Psychology 1990, 20 (2) under the title "Notions about culture in understanding black psychopathology: Are we trying to raise the dead?"