# *Psychology in the Real World*

# for people from diverse cultural backgrounds

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Employers always seem really pleased to have an Urdu and Punjabi-speaking psychologist working in the service. However, in the seven years that I have worked in NHS psychology services I have only been asked to see an Urdu or Punjabi speaker for individual therapy on four occasions. There are many reasons why people from diverse cultural backgrounds do not to engage with mental health services: research shows these include lack of knowledge about what mental health is and what services have to offer; fear around the consequences of asking for help e.g. getting labelled as 'mad', being sectioned or prescribed medication with unpleasant side-effects; a sense of hopelessness that anything can help; shame around not being able to cope; and practical factors such as lack of transport, child-care and availability of interpreters or multilingual workers. Services are working hard to help people overcome some of these barriers, to educate people, to combat stigma and make it possible for people to talk with someone in their first language (as evidenced by the NIMHE report *Celebrating our Cultures)*. Underlying these efforts seems to be the assumption that people working in services have the knowledge, skills and evidence-based interventions that would help.

But what about those people who *do* know what services have to offer but cannot reconcile this with their understandings of what causes their distress? It would make little sense to a woman who feels trapped in a culture where she would be blamed for the breakdown of her abusive marriage and for the shame this would bring on her family to be offered cognitive therapy to challenge the way she thinks about things or psychopharmacology to alter the levels of serotonin in her brain. She may see more relevance in interventions that might lead to changes in the attitudes in her community, or might provide her with more power such as an education so she could get a well-paid job and be independent, or interventions that led to her family not being so stressed or poor. For such people mental health services can feel so far removed from their worlds that they have little to offer. So rather than spend lots of

resources trying to get people into existing services it seems to me that it would make sense to go to people who are not attracted to these services i.e. to take psychology out into their real world.

My desire to work with people from different cultural backgrounds in a way that seems meaningful, relevant and respectful to them drew me to finding out more about the work that Guy did and the philosophies underlying this. I learned about the groups that he had run, what went well and what didn't go well, and thought about how I might use the ideas. I felt really excited thinking about applying community-based groupwork in ways that would appeal to a culturally diverse group of people. Guy and I agreed to continue to meet to think through and plan how this might be achieved. For me what made these consultations really exciting was that I felt like I had permission. I hoped to be able to facilitate a group where I could share that feeling – permission to ask questions, to not accept assumptions, to try new things, to get it wrong, to think! To facilitate a group where understandings could be shared openly, where everyone's views and contributions might be viewed as of equal value, in a place where no one person (or sub-group) was able to dominate how people should think and what should be done.

One major consideration was whether the group should be open to everyone or solely for people from a specific cultural group. I have worked with South Asian women in the past and know that many of them would be less likely to attend a group which included men (of any cultural group) and non-Asian women. This can be due to cultural disapproval of mixing with male strangers, embarrassment about not being able to speak English well, and a feeling of being different. For South Asian people what John Berry has termed a 'separation strategy of acculturation' – maintaining one's own culture while avoiding participation in the host culture – is often highly valued. This can be motivated by fear of being pressurised to conform to dominant cultural practices and consequent loss of cultural identity for current and future generations. Consequently such people are more likely to live a segregated existence.

Some South Asian women fear suffering prejudice in group situations where they might be with people from different backgrounds. Some hold prejudiced views towards members of other cultural groups. For example, the British norm of

socialising with the opposite sex is often viewed as sinful for women. Many harbour racist views and some demonstrate these very openly; for example, I was told of a Pakistani woman who refused to attend a group 'because it's full of Indians'. The opportunity to be part of a diverse group, in which people are not expected to conform or agree with each other, but instead provided with a safe place from which to explore differences and recognise similarities, has the potential to challenge such fears and prejudices. A more homogenous group can be more comfortable for people, and often offers opportunities for solidarity, support and empathy, but there is less scope for wider understandings to be gained and less potential for life scripts, attitudes and behaviours to others to change.

Conversations with Guy around practical considerations have been really important in helping me to focus on these issues. There is so much to think about, including where the group might meet, at what time, for how long, how structured the group might be, etc. I also needed to think about what to call the group and the impact the name can have on the appeal of the group. How to advertise the group so that it might reach the desired audience has also needed careful consideration. I have come to realise that there will always be pros and cons to any decision and that one group cannot appeal to everyone. It has helped to think about my hopes and aims for the group and how these might overlap with the hopes, aims and needs of people who might attend, and the needs of the cultural groups they come from.

I have also found it helpful to reflect on my practice and the kind of clinical psychologist I want to be. Through discussing *Psychology in the Real World* projects I have realised that, rather than just feeling helpless and frustrated with the limitations of the impact of individual therapy on people's lives which are severely affected by stigma, prejudice and isolation, there is something I can do. Such a project would also provide increased access to psychology for a wider group of people than solely those who meet the stringent criteria for the Community Mental Health Team I work in. I have also reflected on how my style as a one-to-one therapist may contrast with my style as a group facilitator. For example, Guy has talked a lot about the benefits of talking about his own experiences in addressing the imbalance of power between group leaders and group members and in terms of establishing group norms, which has encouraged me to reconsider my stance on self-disclosure.

In the future I am planning to set up a group to explore different experiences and understandings of depression and how these influence people's views on what is helpful in coping with depression. I chose to focus on depression as it is a concept that is increasingly recognised by people from different cultural backgrounds (of all ages, and by men and women). This offers an opportunity for the group to be of interest to and be open to everyone. I hope to attract people from different backgrounds by advertising widely and through contacting people I know who have links with different community groups. I also intend to publicise my ability to speak Urdu and Punjabi in order to attract people from Asian communities. I have begun to think about questions that would facilitate discussions, including exploring ideas proposed by Paul Gilbert around the role of entrapment and shame in depression which have been found to be particularly relevant for South Asian women. Questions might include: Is depression a natural reaction to suffering prejudice? What role does powerlessness play in causing people to be depressed? Why don't people get away from situations that they are unhappy in? There is still a lot to think about and I am sure I will discover more things along the way. For now, I am pleased to have made a start.

**Box 19. Some thoughts on prejudice**

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*Is prejudice a consequence of categorisation?*

It has been argued that prejudices are formed through our tendency to categorise information and to form heuristics (mental short-cuts), which are used to make sense of new information. Thus, the first stage in forming prejudices is the creation of a category into which people are included based on identified characteristics. This then allows us to react to new people based on our existing beliefs. Whilst there are advantages for us in being able to do this, one of the downsides is that it leads to the formation of 'in-groups' and 'out-groups' which can come to be seen as more homogenous than they actually are (e.g. the belief that 'they're all like that'). Members of out-groups are prone to being seen as having less favourable attributes and so prejudices about them are more likely to develop.

*Does prejudice maintain self-esteem?*

This idea suggests that prejudices maintain and enhance self-esteem by allowing people to view the groups of which they are members, and consequently themselves, as superior to out-groups, whose members are seen as inferior; thus people elevate themselves in terms of perceived status and consequently self-esteem. Tajfel (1982) designed an experiment to test this in which strangers were assigned to groups based on arbitrary criteria. He found that people very quickly rated the members of their group more positively and allocated more rewards to them. So, even when the reasons for in-group membership are fairly innocuous, people appear to be motivated to 'win' against the out-group, and this serves to enhance self-esteem for individuals and pride and unity in their group. One result of this, however, is that it can result in the unfair treatment of members of the out-group (discrimination).

*Are we conditioned to be prejudiced?*

Many of our behaviours can be thought of as becoming acquired through conditioning and our views and attitudes might similarly be learned. The repeated pairing of a negative attribute with a specific group might lead to prejudice e.g. 'all schizophrenics are dangerous'. Views acquired in this way by classical conditioning (the repeated pairing of two stimuli e.g. in newspaper articles 'schizophrenia' and 'violence') might be reinforced by operant conditioning processes, such as approval from peers for stating such views or for behaving in a discriminatory way towards someone from that group (e.g. applause from people in a public meeting for stating that 'a residential facility for the mentally ill should not be allowed in our neighbourhood'). In this way, explicit and implicit messages can be transmitted from generation to generation and become part of a general culture of prejudice. Research studies have shown that children can learn prejudiced attitudes from their parents, but these correlations are typically low (e.g. Connell, 1972), suggesting that learning theory may not provide a comprehensive explanation of prejudice.

*Is prejudice caused by competition for limited resources?*

The *realistic conflict theory* (Sherif, 1966) proposed that conflict and prejudice arise when people are competing for limited resources. It has been documented that prejudice, discrimination, and violence against out-group members is positively correlated with times of economic difficulty. This phenomenon may interact with

other processes that lead to prejudice and discrimination (e.g. scapegoating – where a group seeks a simple cause of a social problem in order to easily solve it by getting rid of the cause and therefore the problem). When jobs are scarce, immigrants are more likely to be blamed: 'They come over here and take all our jobs – send them back'.

*Is prejudice a defence?*

In psychoanalytic theory, defence mechanisms are used to cope with uncomfortable feelings and to maintain self-image. The use of some defences (such as projection) may be highly likely to lead to prejudice. Projection occurs when we deny particular characteristics in ourselves that we feel disturbed by or uncomfortable with and project them onto others e.g. sexual attraction that we feel towards members of the same sex might disturb us, we see it as dirty, and we project this onto others, seeing homosexual men or lesbians as dirty and disturbing. The more we fight against our feelings (e.g. the complexities of who and what we find attractive) the more we might need to project out. This can tie in with the process of scapegoating, where if the scapegoat is got rid of (the extermination of gay men and lesbians, as tried in Nazi Germany) then there is hope that the disturbing feelings will also go.

*Are certain types of people more likely to categorise in this way?*

Within the four types of temperament that Keirsey has proposed, *guardians* score highly in terms of 'judging' – they seem to be more wired up to constantly make judgments about what is right and wrong/good and bad than people with other temperaments. This might lead people to readily see groups of people as good or bad e.g. 'black people are lazy' or 'black people are tremendously hard working'. In terms of character (the part of our personality that is shaped by experience), Adorno's work centred on the idea that people with harsh, disciplinarian parents are more likely to develop authoritarian personalities themselves, which includes traits centred on conformity, intolerance, and insecurity. People with this kind of character appear to be prone to holding prejudiced views.

*Do mental health services, through the process of categorisation, add to prejudice?*

Diagnoses regarding physical health problems provide doctors with short cuts for describing people who are exhibiting particular symptoms, but this way of

categorising people appears to lack validity in the area of mental health (see Boyle, 1999). In other areas of medicine the use of diagnosis has enabled access to specialist help that is more effective than home treatment and assisted research that has provided accumulative insights into the underlying causes of health problems. These benefits are not so apparent in the area of mental health, where the disadvantages of diagnosis are significant, for example the prejudice and harm suffered by people thus labelled (which in Nazi Germany involved the easily located 'mentally ill' being given a 'mercy death'). The differences between 'them' (the mad) and 'us' (the sane) can be exaggerated, resulting in a homogenised view of 'the mentally ill', whereas the evidence points to great variation in people's behaviour, even between two people with the same tightly defined psychiatric diagnosis. A 'mental disorder' can come to be viewed as representing a stable characteristic of a person, rather than each individual being seen as unique and whose behaviour largely consists of moment-to-moment reactions to environments. A psychiatric diagnosis can become an explanation for behaviour (rather than solely a description) – ordinary and predictable reactions to extreme situations (e.g. anger and depression about losing one's liberty) may then be attributed to a psychiatric disorder that a person is suffering rather than a fairly predictable outcome attributed to a particular environmental situation. Having formal ways of categorising people as 'mentally ill' or 'sane' perhaps enables the 'sane' to bolster their sense of sanity at the expense of the 'mad', onto whom they can project their fears (e.g. of their own instability, eccentricity or lack of self-control). As social historians such as Michel Foucault have revealed, there is a long history of categorisation, confinement and experimentation on people who behave in ways that disturb, frighten, or create inconvenience for the people with power to categorise and confine, and prejudices with such long histories are not easy for societies to let go of.

*How can prejudice be reduced?*

Allport (1954) proposed that, under the right conditions, interpersonal contact is one of the most effective ways of reducing prejudice. The basic premise is that, as we get to know more about individual people, we will find our ways of categorising them, and our views about the group into which we categorise them, challenged. We will thus come to have views that are more fully rounded than those based on stereotypes and prejudice. According to the *contact hypothesis,* in order for this to occur the following must be present:

1. Mutual interdependence
2. A common goal
3. Equal status of group members
4. Social norms in place that promote equality.

This is an extract from Chapter 53 in the book Psychology in the Real World