

# Addressing cultural diversity, addressing racism

**A**LL social institutions, the BPS just as much as government, need to accept and deal with the complexity of modern populations. This includes much more than 'race': the needs of the powerless must be understood as a step towards divesting institutions of their histories of support for imperialism and exploitation. This provides the foundation stone for our 'action plan':

1. *Issues of race should be considered in relation to culture and ethnicity, gender, age, class and religion, with which they share a great deal.*

In modern Britain one does not have to traverse geographical borders to cross cultures. So for today's member of the BPS we recommend the cross-cultural research concept of 'derived etic' (see Owusu-Bempah & Howitt, 2000). This involves attempts to understand a culture in its own terms as far as is possible for members of another culture to do. This is, of course, alien to the positivist tradition of psychology, which has tried to impose a universalistic psychology, such as the view that there is a single, ideal family structure from which departures are pathogenic, or that intelligence is independent of culture.

2. *The culture of others should be regarded as fundamental to their identity and used sensitively rather than undermined by professional activity.*

There is no simple unitary body of



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with their practical recommendations.

knowledge that can be used to deal with cultural and other forms of diversity, but Pace's (2000) concept of 'active remodelling for congruence' is a useful tool. How best can our concept, framework or method be made to fit the new situation?

3. *Those working with other cultures should be required to demonstrate that their activities fit with those cultures at several different levels.*

Congruence is necessary at various levels (see box below) and at all interfaces between those levels. For example, the interface between the user level and the value level may be incongruent if we attempt to undermine the family authority with clients from a community-oriented culture. For the sake of congruence, adopting parts of the whole may be more appropriate than the whole sometimes. By asking for the component to be congruent, we can remodel frameworks by selecting which components to use, or recombine different frameworks if these fit better with each other or with the new environment.

We will now look at how the different levels of understanding can help psychologists in their provision of services.

## User-service

Psychology traditionally tries to apply the 'scientific' model of inquiry and method of service delivery to meet individual client's needs. This is clearly a contradiction. Almost all world cultures, with their different languages and dialects, religions, belief systems and practices, are represented in Britain, as elsewhere. The task involves making sense of the thoughts, emotions, feelings and actions of these diverse populations.

Psychology as a cultural science is more likely to provide us with greater insight into diversity than psychology as a natural science ever did. It entails a dialogue with clients to discover how their world views may be used to help deal with their problems (Fernando, 1995). In other words, we must seek congruence at the user-service interface. This approach may, and this clearly involves government, help us find effective means of dealing with the

structural causes of clients' problems. It represents an empowering partnership in which the voice of the service user becomes prominent either individually or collectively.

4. *In the provision of services, universalistic strategies (i.e. 'we treat everyone the same irrespective of race') should be regarded as problematic and urgently replaced by a dialogue involving clients or their representatives.*

### Organisation-service

Racism is partly a matter of social and professional values. Hence all organisations should regularly review and revise their values in relation to race and racism. For example, the incorporation of anti-racism/antidiscrimination education into BPS membership requirements and approved training programmes should be a priority. Qualifications for membership should be regularly reviewed in the light of a detailed understanding of racism's pervasive influence. Practitioners should be required to demonstrate their training and enduring professional development concerning issues of race and ethnicity. This is an issue of competence to deal with all clientele, not just a strategy for dealing with racism.

5. *Continuing education and training of those whose work involves clients from other cultures needs to be constantly monitored to ensure competence.*

The use of 'window-dressing' is commonplace in relation to 'race' – policy initiatives and practices that primarily create an impression that all is well, and that racial equality is being given high priority. Often it is the result of race being compartmentalised and not regarding it as a core organisational activity. The employment of staff specifically to deal

## LEVELS OF UNDERSTANDING

- **User level** The user's needs in the context of their living and working setting
- **Service level** The nature of the service we are setting out to design to serve the user
- **Organisation level** The organisational support system – resources, processes and capacity – which ensures that the service is provided
- **Culture level** The cultural and political context of the recipient culture and its members
- **Value level** How we view what there is and what should be done in the context of the system of values that we have embraced

with race and equal opportunity issues and little else, the adoption of equal opportunity policies without effective monitoring of their implementation, and tokenistic use of pictures of ethnic group members are typical examples of this.

6. *All policy initiatives concerning diverse populations should have an appropriate monitoring and back-up system to ensure their effectiveness.*

### Culture-service

An important component of our plan is the view that cultural diversity provides resources that may be used positively to the benefit of service provision. This is different from eliminating organisational antagonism to other cultures as exemplified by anti-racism. In the mental health field they may be described as cultural sources of treatment, such as using traditional healers as resources (Richport-Haley, 1998). Similarly, Peavy (1996) recommends that counselling and psychotherapy be considered forms of cultural practice rather than a 'scientific' undertaking. That is they need to be constructed more out of 'folk wisdom', culturally sensible ways of communicating, local rather than decontextualised knowledge, and aspects

of the knowledge developed through both scientific and humanistic research. It is counterproductive to the therapeutic goal, if not oppressive, to dismiss clients' cultural belief systems regarding their problems and ways of dealing with them. Otherwise, as Hall (1997) and others have admonished, mental health services will increasingly fail as a viable professional resource to the potential clientele.

7. *All policy initiatives concerning diverse populations should have an appropriate monitoring and back-up system to ensure their effectiveness.*

### Value-service

Historically, psychology has served the interest of dominant social, political and economic groups. It continues to serve dominant ideological positions. Psychological theories that have enjoyed the greatest interest and power outside, and within, the discipline are those that both rationalise and exercise the most dearly held and traditions and deeply rooted beliefs of the dominant group (Kirschner, 1990; Schweder, 1991). Examples include Maslow's hierarchy of needs, postulating that growth to full human potential is held back by the failure to satisfy basic biological needs, which is characteristic of economically poorer people.

Consequently, psychology encourages agents of society (such as clinical psychologists) to change individuals defined by society as deviant or abnormal, instead of seeking *societal* changes. Such individuals tend to be from predominantly ethnic minority groups and the working class. We justify our treatment of these groups through theorising and psychometric and 'psychotherapeutic' tools. Reputedly, Voltaire described medicine as 'the art of pumping drugs of which one knows nothing into people of whom one knows even less'.

## THE PLAN IN BRIEF

- Issues of race are tied up with culture and ethnicity, gender, age, class and religion.
- The culture of others should be regarded as fundamental to their identity and used sensitively rather than undermined by professional activity.
- Those working with other cultures should demonstrate that their activities fit with those cultures, minimising mismatches between different levels of the experience.
- In the provision of services, universalistic strategies should be regarded as problematic and urgently replaced by a dialogue involving clients or representatives of clients.
- Education and policy initiatives in issues of culture need to be constantly monitored.
- Professions should not impose dominant values on culturally diverse clientele.

So to what extent do psychologists and other practitioners really know about their clients from different cultural, ethnic and social backgrounds? Services void of relevance to the values of our clientele are only likely to alienate them. The gulf between the needs of practitioners and of their clients has widened, in general. Psychological theories, concepts, principles and models must, therefore, take into account the diversity of populations in order to close this gap.

8. *Professions should avoid the imposition of dominant values on culturally diverse clientele.*

Psychological research should include process-oriented work. A prime aim of this must be to illuminate how social structure and institutional procedures operate to place some groups in dominant positions and others in a submissive status. Subjugating other groups' views of reality to our own precludes us from understanding even ourselves. Teaching and training should acknowledge the limitations of our theories and curricula

revised to take into account the complexity of human experiences; clients have the right to be different both individually and collectively.

Social control should not be seen as the prime function of psychological practitioners. They require an awareness that the low social status of many users of psychological services is a root cause of the problems facing them. Once they understand the causes and effects of the structural factors that adversely affect certain groups in society, professionals may work towards their removal. This leads us

to a conclusion that permeates our whole action plan: that professions working with people in modern Britain need to promote diversity as a basic professional concept, and dealing with it a fundamental skill.

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## References

- Fernando, S. (1995). Social realities and mental health. In S. Fernando (Ed.) *Mental health in a multi-ethnic society: A multidisciplinary handbook* (pp. 11–49). London: Routledge.
- Hall, C. (1997). Cultural malpractice: The growing obsolescence of psychology with the changing US population. *American Psychologist*, 52, 642–651.
- Kirschner, S.R. (1990). The assenting echo: Arab-American values in contemporary psychoanalytic development psychology. *Social Research*, 57, 822–857.
- Owusu-Bempah, K. & Howitt, D. (2000). *Psychology beyond Western perspectives*. Leicester: BPS Books.
- Pace, C. (2000). *Active re-modelling for congruence: Meeting community mental health needs in Malta*. Unpublished PhD thesis. University of Leicester.
- Peavy, R.V. (1996). Counselling as a cultural healing. *British Journal of Guidance and Counselling*, 24, 141–150.
- Richport-Haley, M. (1998). Ethnicity in family therapy: A comparison of brief strategic therapy and culture-focused therapy. *American Journal of Family Therapy*, 26, 77–90.
- Schweder, R. (1991). *Thinking through cultures*. Cambridge, MA: Harvard University Press.