

# Multicultural counselling

Although the drive for increased access to psychological therapies (IAPT) in the NHS focuses predominantly on cognitive behaviour therapy (CBT),<sup>1</sup> it raises important questions not just about CBT but about the relevance of many forms of counselling and psychotherapy in a multicultural society. What appears to be happening 'on the ground' is that where CBT is taken up by Asian and black people the results may be 'unintended benefits' (of having someone to talk to) rather than due to the therapy itself. However, the jury is out on CBT, and we have to wait to see what the experiential evidence of black and minority ethnic (BME) service users produces.

UK society is underpinned to a greater extent than it used to be by traditions from Asia and Africa, adding to the variety we have inherited from Europe over many years of immigration. Unfortunately, racism still undermines how these different cultural forms integrate, but perhaps we have succeeded to a greater extent in this integration than have most other European and North American countries. In the last 20 or so years the different traditions in the UK have begun to fuse – evident in our food, music and dance, for example. So it is not surprising that many service users generally – not just BME people – complain that the spirituality represented in many forms of healing in Asia and Africa is not evident in psychiatry and (western) psychological therapies.

The historical fact is that any hint of religious belief and spirituality were excluded a long time ago as psychiatry and western psychology developed within the so-called scientific paradigm.<sup>2</sup> Psychiatry tends to reject religious ideas as mere superstition; and traditional forms of (western) psychotherapy and counselling are secular – almost anti-religious. Meanwhile, non-secular ways of helping people with problems have continued to thrive all over the world, usually linked to religious ideas and connected with so-called supernatural forces, religious systems or 'healing centres'.<sup>3</sup>

Healing, whether promulgated via medicine, psychotherapy, laying on of hands, attending a religious centre or prayer, is ultimately holistic. The psychological, medical, social and spiritual are all mixed up together, inseparably. Our British multicultural society has incorporated world views from

Asia and Africa only recently (why that is so when Britain had an Empire in Asia and Africa for hundreds of years is another question; one about racism). The natural progression would be for counselling and psychotherapy to join with other 'non-western' ways, often termed holistic and spiritual – ways that are also present in

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western traditions, if we look hard enough. As with music and dance, we should expect psychology and psychiatry to head for cultural *fusion*.

I suggest that one way forward is to combine western forms of counselling and psychotherapy with faith-based healing. There are many potential pitfalls, but we should try. For one thing, it may not be easy to ensure that such a fusion keeps intact the essentials of both the scientific pragmatism of the western as well as the human spirituality of the non-western. Previous attempts to bring about combinations of 'east and west' in Asia and Africa have not been productive because of power relations. Moreover, theoretical issues inherent in the 'scientific' nature of psychiatry and psychology may undermine such fusion.

But on the positive side, it is in just such a society as ours, with a variety of cultural and organisational capital to draw on, that this way forward may be productive. I believe that the motivation is there, service users will welcome it, and the resources should become available through IAPT, linked perhaps to movements like the recovery approach and the promotion of spirituality by the Department of Health.

1. National Institute for Health and Clinical Excellence (2007) *Depression (Amended): Management of depression in primary and secondary care*, NICE clinical guidance 23 (amended), developed by the National Collaborating Centre for Mental Health. Available: [www.nice.org.uk](http://www.nice.org.uk) Accessed: 30 May 2009.
2. Fernando, S. (2010) *Mental Health, Race and Culture* (third edition), Palgrave Macmillan.
3. Fernando, S. (2004) 'Just being there', *Openmind* 127, p. 25.