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Counselling and Psychotherapy as Cultural Work

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For many years in her childhood, Debbie had experienced physical, emotional, and sexual abuse from members of her immediate family. Her strategies for surviving this, then and later, were based on the development of a denial of the possibility of physical pleasure and avoidance of touch or bodily contact. She could not see how she could ever belong, how she could ever become a valued member of a group, how she could ever be physically intimate. In psychotherapy, she began to see that other ways of being with people were possible, but could not see how she could ever achieve these for herself. One week, in therapy, she announced that she had started to attend a martial arts class, and talked with great energy about the bodily excitement of the Aikido exercises she was learning, and the spirit of acceptance in the group.

Alec had been retired for four years from a successful career as a factory manager. He and his wife enjoyed the freedom given by retirement, particularly the chance to meet with friends and to travel. The diagnosis of multiple sclerosis threw Alec into a crisis. He could see his horizons closing in. He began to withdraw from relationships. A conversation with his health counsellor centred on the idea of telling. He told his church minister of the

diagnosis. In a moment of great closeness and meaning, they prayed together. Alec then went on to tell other people in his social circle, and to talk with them about the implications of his illness.

The stories of Debbie and Alec illustrate some of the basic processes involved in an understanding of counselling and psychotherapy as forms of cultural work. Each of these people found themselves at a moment when they were excluded in some aspect of their life, unable to participate in an aspect of everyday social interaction that had meaning for them. They each found a counsellor, a person external to their situation, who was able to help them to gain some perspective on what was happening, in terms of their historic patterns within their life as a whole, and in terms of current patterns of relationship, action, and emotion (McLeod, 1999). At this point, both Debbie and Alec were able to identify cultural resources that could be drawn into service to enable them to make a move back in the direction of personal agency—being in control of their life—and connection with others. These cultural resources were already there. Debbie knew people who were involved in martial arts; Alec was a church member. What was therapeutic was the realisation that, out of all the possible cultural resources that were available to Debbie and Alec at that point, these particular cultural arenas provided the most creative possibilities for moving forward in their lives.

In this chapter I explore the role of counselling or psychotherapy as a means of gaining access to cultural resources that can be used to solve or resolve problems in living, and to construct a life that has meaning and purpose. The concept of cultural resources is briefly examined in relation to therapy, followed by an example of the kind of “cultural work” that can take place in therapy. I then consider some of the implications of these ideas for training, practice and research in counselling, and psychotherapy.

Understanding Culture: Implications for Counselling and Psychotherapy

The idea of culture can be understood from several different perspectives (Williams, 1981), but is used here in a broad sense, to refer to the way that a group of people live their lives. Culture includes tangible physical objects, such as buildings, books and works of art, and observable forms of human organisation, such as institutions (the BBC, the Church of Scotland), family and kinship networks and patterns of behaviour (e.g., greeting rituals). It also encompasses the less tangible ideas, values, and narratives that knit together these objects and activities, and give them some degree of coherent meaning. A useful way of making sense of a culture is to regard it as a *tradition*

(Gadamer, 1975), within which previous ways of living provide sedimented layers of meaning that provide the depth to current activity. A tradition or a culture that is alive and developing always incorporates polarities and tensions, or competing voices, within it (MacIntyre, 1981). Thus, we can view culture then at some level as a conversation about what it means to be human, and how the good life should be defined and lived (Taylor, 1989).

A human being is born into a culture, and is assigned an identity (for example, a name, a birth story, a family role) that is drawn from the identity repertoire available within that cultural system. From the beginning, the way that the child is touched, held, and fed constructs a pattern of relationship and emotional life that replicates the fundamental way of being that is characteristic of the cultural world into which the person has been born. As Williams (1961) puts it, a culture is organised around a “structure of feeling.”

I believe that it is mistaken to regard a cultural perspective on personality as implying any kind of total social determinism. Culture is built upon individual human agency and reflexivity. Cultural values and practices are never static, but shift to reflect the ways that individual members develop strategies for responding to environmental, political, and technological events and processes. From the point of view of the individual, the culture within which he or she lives represents the material with which identity and a life can be constructed in terms of future possibilities, as well as the material from which he or she *has been* constructed, in terms of who he or she is now. A culture is like a traditional marketplace, in which a huge array of identities, virtues, and practices is on offer, but also within which individuals can seek to sell their own cultural products. What is bought and sold within this market is the result of negotiation—culture is always co-constructed. The use of the marketplace as an image of cultural life can also be used to highlight some of the major shifts that have taken place in the cultures of industrial societies in recent years. In a traditional, weekly rural market, the majority of participants are primary producers, of such commodities as vegetables, seeds, and cloth, who meet face-to-face to buy and sell. In contemporary society, markets are increasingly mediated by information technology, with the majority of participants being passive *consumers* rather than producers.

The necessary existence of tensions and polarities within any viable cultural system, as argued by MacIntyre (1981) and others, has important implications for individuals, and for the practice of psychotherapy because it introduces into life the inevitability of *multiplicity*. It would appear that cultural belief systems and mythologies have always incorporated good and bad polarities (angels and devils) that represent a simple way of condensing the different kinds of moral choices that were open to people. It seems likely then, in earlier times, at least in Christian cultures, there was a high degree

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of consensus around what was good, right or Godly, and what was a bad or wicked course of action. At some point in history, associated with the so-called “Enlightenment,” this began to change, and multiplicity became more problematic. The spread of written language provided a powerful means for distancing personal reflection from action and experience (Abram, 1997), and introduced people to a wider range of ideas. Global travel, migration, and trade meant that people were sharply confronted with a whole spectrum of expressions of “other-ness.” As Van den Berg (1974) has pointed out, at some stage during the 1800s, the experience of being human began to be one in which a sense of being divided within oneself was increasingly commonplace. In 1886, Robert Louis Stevenson wrote *The Strange Case of Dr. Jekyll and Mr. Hyde*, the first representation within popular literature of multiple personality. At the same time, Sigmund Freud was developing the psychological theory of the “unconscious,” a hidden part of the self present in every person. By the 1990s, Kenneth Gergen (1991) was describing a “saturated” self, a form of postmodern selfhood organised around a multiplicity of compartmentalised relationships and settings.

In cultural terms, divided experience can be understood as a process of standing within different cultures. Very few of us can claim to be unequivocally a member of a single culture. Our parents, or grandparents, may represent contrasting religious or ethnic communities. The trajectory of our lives may have brought us into contact with different cultural ideas and practices. The psychologist Ingrid Josephs (2002) has described a series of events within her own life that lead to her, a German woman, visiting San Francisco and buying a Hopi silver ring. The ring, and story that she was told about it by the American Indian man who sold it to her, took on great personal significance. She read about Hopi culture and became aware of what she and her friends recognised as “the Hopi in me,” a voice within her that represented strength, security, and harmony in her relationships and in her sense of her personal autobiography. The story told by Josephs is not remarkable in itself—at a time of global communications, travel, and trade, we are all exposed to ideas from other cultures. It offers, however, an example of a positive and life-affirming instance of divided experience, in which the “Hopi voice” gave expression to a set of values and practices that were presumably not readily available in the European culture within which Ingrid Josephs had grown up.

The French postmodern philosophers Deleuze and Guattari (1988) approach the question of cultural life through the metaphor of the rhizome. A rhizome is a plant whose root system extends under the earth, hidden from sight. Separate plants may appear in different places, but underneath they are all joined up, part of a whole. It seems to me that one of the (many) things they are saying is that individuality is more apparent than real. We

may consider ourselves to be autonomous bounded selves (Cushman, 1990), but in fact we are part of a greater whole. They are also saying, I believe, that the elements of thought and feeling that define this system are the same, no matter where we look. The same values, practices, and discourses of modern culture are expressed in furniture design, TV schedules, music, political campaigns, as well as in psychotherapy theories and practices. The study carried out by the anthropologist Victor Turner (1964) into psychotherapeutic healing practices within the Ndembu, an African tribal community, can be used to exemplify this principle.

Turner (1964) vividly describes the climax of a therapeutic ritual that involves all of the members of a village community, during which they engage in music and dance, visit the surrounding forest to collect sacred plants, and express their feelings about the behaviour of the "patient." The therapeutic process is highly collectivist. Everyone takes part, and all facets of the physical world possess meaning in relation to the problem that is being ritually addressed. In a modern setting, by contrast, the "patient" would in all likelihood meet individually with a psychotherapist, and might use his leisure time to consume music and visit the outdoors. The contrast with Ndembu healing ritual highlights the individualised, compartmentalised, and commodified nature of contemporary cultural life, apparent across all three of these seemingly separate elements of modern cultural life (therapy, music, and outdoor pursuits).

This brief outline of some ideas about how culture might be understood has a number of implications for the theory and practice of counselling and psychotherapy. First, a cultural perspective opens up possibilities for new ways of making sense of people who seek therapy, or service users. Most approaches to therapy are based in psychological theories of the person—psychodynamic, humanistic, cognitive-behavioral. A cultural perspective brings with it an image of the person as an actor within social and cultural networks, and draws attention to the ways in which identity is constructed and maintained in relation to these networks. The focus of attention becomes the space *between* the person and the cultural world within which he or she lives, rather than the intrapsychic space *within* the person's "self." The theoretical implications of this shift have been articulated most fully by White and Epston (1990) in their description of a narrative therapy that draws on the post-structuralist philosophy of writers such as Michel Foucault.

A second implication of a cultural perspective is to invite a therapeutic focus on the use of *language* within therapeutic conversations. Language is a primary means through which a culture is represented, and brought into being. The different historical traditions within a culture can be regarded as existing as discourses (ways of talking). The concept of subject *positioning*

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(Harre & Van Langenhove, 1991) presents a powerful tool for exploring the relationship of the individual within the dominant discourses of his or her culture, and additionally for making sense of the ways that client and therapist position themselves, each in relation to the other (McLeod, 2004b). For example, in a case analysed by McLeod and Lynch (2000), the key issues presented by a client could be seen to be grounded in a conflict between competing cultural discourses within which her life was lived out, and her relationship to her therapist was largely organised around her engagement with, and resistance to, the discursive practices of the therapist.

Finally, a cultural perspective invites counsellors and psychotherapists to be curious about the actual cultural worlds of the people who consult them. The narratives of clients can be viewed as “openings” into the cultural world of the client (McLeod, 2002; McLeod & Balamoutsou, 2000), and an approach that encourages and respects storytelling is likely to provide a therapist with rich material about that world. Culturally-sensitive therapists also initiate conversations around the meaning for the person of critical aspects of his or her life space. If cultural life is organised around a principle of interconnectedness, such as Deleuze and Guattari’s (1988) rhizome, then both the tensions and impasses within a person’s life and the potential resources for change and development may be found in many different domains within that life. The notion that the way forward for a person may emerge from any aspect of the life space of the person was illustrated in the stories of Debbie and Alec, at the beginning of this chapter, and is explored more fully in the following section.

The Personal Niche: Assembling Cultural Resources

Culture, as the way of life of a group of people, is about survival. We are able to live because of the other people who live with us, and those who have gone before. Modern society, probably more than any other previous form of human social organisation, relies on a massive amount of interdependence. There are very few of us who could deal with the everyday necessities of food, shelter, and health in the absence of the complex cultural structures that exist within contemporary society. Within these structures, each of us makes our own individual life space within which a life can be lived out. The psychotherapist Juerg Willi (1999) describes this process as that of constructing a personal niche:

The personal niche is the space in which a person develops his or her interactive effectiveness. By this we mean the actual part of the environment with which they truly relate. In this personal niche, individuals relate to the material environment and to other people. The material environment includes

specific objects, homes and furnishings, the place of work, cherished objects, work objects, achievements and products. The people in the niche include partners, significant others, and the representatives of the cultural environment with which the person is currently relating. (p. x)

The materials from which a personal niche can be constructed can be understood as *cultural resources*. Anything that has meaning to a person can be a cultural resource. Within Western culture, the Bible is a pervasive cultural resource, available in almost every home and public building. It provides a way of thinking, a set of narratives, a range of personalities and identities, and a way of talking. A person can draw on this cultural resource in many different ways, in the construction of his or her personal niche. Passages or phrases and concepts from the Bible may be memorised, and brought into conversation. Images from the Bible may be displayed on the walls of the person's home. His or her niche may incorporate visiting a church, reading a newspaper, or watching a television programme—all places within which Biblical ideas may be overtly or covertly enacted.

The Bible is a highly visible, pervasive cultural resource. There are other forms of cultural resource that are more idiosyncratic. In my own study, I have a square glass vase that contains a collection of white pebbles. These pebbles have been collected while walking on the nearby beach with my dog. There is a story that I can tell about why and when I started to collect these pebbles. Visitors to my study have engaged in conversations about these pebbles, and have attributed their own meanings to them. My study is an important space within my personal niche, and this jar of pebbles represents a valued cultural resource within that space. It signifies meanings connected to my relationship with nature, the importance of hope in my life, and my relationships with other people who are close to me. This jar of pebbles is an asset, a source of support, something that helps me to live the kind of life I want to live. Its loss would diminish my life.

There are many types of cultural resources that can be used in the construction of a personal niche: stories, places, objects, art, music, work, sport. People—present, absent, or imagined—are always central to a niche. The cultural world within which a person lives can shape the kinds of personal relationships that are possible. For example, cultures differ a great deal in terms of how they encourage relationships across gender, age, ethnic and social class boundaries. The majority of cities can be viewed as cultural landscapes in which subgroups of people (rich/poor, old/young, Black/White, able-bodied/disabled) inhabit different territories, participate in their own cultural activities, and rarely meet. In many traditional communities (Muslim, Jewish), relationships between men and women are similarly codified and controlled.

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It can be useful to think about counselling or psychotherapy as an arena within which a person can reflect on difficulties within a personal niche, and find new cultural resources, or adapt existing ones that can be used to resolve these difficulties. An example of this process can be seen in the following case, drawn from an ongoing research study of cultural factors in therapeutic change that I am conducting. The study comprises an “enhanced” outcome study, in which routine questionnaire measures of outcome have been supplemented with intensive interviews with clients, and analysis of session transcripts. The client has given permission for this material to be used; information that might allow the client to be identified has been changed or omitted.

Case Example

Ian, a teacher, came to therapy because he “felt stressed and tired all the time.” As in any life, what was happening for Ian was not simple. There were many threads to his story. The brief account presented here specifically highlights ways in which his use of therapy illustrates the culturally-embedded nature of some fairly typical problems in living, and also some of the ways in which the reconstruction of his personal niche, involving the discovery and use of cultural resources, made a difference to him.

Ian described himself as being under pressure at work, “trudging back and forward, like a soldier in the trenches,” just “responding to demands from other people,” with no power to change this pattern. In reflecting on these issues in cultural terms, Ian quickly realised that he was not alone in experiencing the workplace as oppressive. He knew that many other colleagues had similar feelings. He knew that the teaching profession reported one of the highest stress and early retirement levels of any profession. He came across a book by a sociologist, Bunting (2004), that helped him to accept that his exhaustion was not a personal failing, but was in reality characteristic of working life in modern organisations. His therapist drew attention to the harshly critical manner in which he sometimes talked about himself, and introduced the idea of “soothing.” Over time, this theme developed into a discussion of a “masculine” way of being, reflecting images of warfare, in conflict with a silenced “feminine” way of being, which reflected images of creativity and caring.

The key event, the “why now?” of Ian’s life that had brought him to therapy, was his new fear of enclosed spaces: plane journeys, being in lifts, travelling in the underground, attending formal meetings in packed rooms. Encouraged by his therapist to talk about what happened during these panic

attacks, when they took place, and his strategies for coping with them, Ian began to conceptualise fear as an external force, something that he could invite into his life, or not (White & Epston, 1990). In his battle against panic, he used everyday cultural resources that were available to him. He defined it as a project. He made lists and maps, and carried out research. In an internet search, he found CBT-based self-help materials for panic attacks, which he began to practice.

His therapist, who was not a CBT practitioner, continued to invite Ian to report on what it was like to be on a plane and be having a panic attack, to re-experience the panic in the therapy room. "It is like being in a closed box. Outside the box are these monsters. They want to take me with them. They are telling me I need to feel pain, rather than being cut off and locked away." Later, Ian realised that he had seen these monsters before in the Tate Gallery in London, a series of paintings by Francis Bacon, the *Triptych 1944*. He went to view them again, and came back to tell his therapist that he had realised: "there is someone else who has known this."

The outcome of this therapy can be viewed from different perspectives. Assessed in terms of conventional diagnostic categories, Ian represented a "good outcome" case. In his responses to a symptom questionnaire administered by his therapist at the end of treatment, he reported being less anxious, less depressed, more hopeful, and with better social support. From a cultural perspective, other factors were more salient. In his personal niche were a notebook with a list of strategies for preventing panic, a postcard of Bacon's *Triptych*, a blanket, some different stories he told about himself and his work, and some new projects.

While this account of Ian's therapy is undoubtedly subject to "narrative smoothing" (Spence, 1989), and omits important detail, it nevertheless makes it possible to identify some of the key ways in which psychotherapy and counselling can be understood as a form of cultural work. First, the weekly therapy session provided a space outside of his everyday life, from which he could reflect on what had been happening for him. The fixed, ritualised structure of the therapy session made it possible to be active in the use of the weekly space, for example by planning and anticipating issues that he wanted to talk about, and thinking about them in advance, or carrying out "homework" and reporting back at the next session. Second, the therapy operated as an arena in which cultural resources could be considered, or tried out. In the case of Ian, many of the cultural resources that he found helpful, such as breathing exercises to forestall panic, were identified first of all between sessions and then discussed in a therapy session. Other resources, however, were initiated by the therapist, including, for example, the exploration of the "harsh critic/soothing" narrative. This kind of intervention can be regarded as an

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example of the application of what Fairclough (1992) has described as “discourse technology”—the therapist consistently uses a particular way of talking, or discourse, and re-frames the client’s narrative in terms of this set of discursive practices. For example, when Ian talked about his panic attacks, he positioned himself as an external narrator, and reported (in a highly critical style) as if “objectively” observing the scene, who was accounting for his actions to an implicitly judgmental interlocutor. His therapist invited a re-telling of the same event from the position of the experiencing subject, as if sharing the moment with a caring companion. This had the effect of allowing Ian to develop competence in initiating such conversations in other situations, for example telling other people in his life—his wife, friends—directly about his distress, and enlisting their support. This enabled him, after a while, to view strangers in scary places, such as aeroplanes, as potential participants in such soothing conversations, rather than as potential critics. Ian also began to reflect on the occasions when the voice of the harsh critic appeared in his conversations, and to begin to make sense of the broader significance of this voice in his life, including its positive value.

Another important cultural dimension of the case of Ian was the role of art within the change process. In a post-therapy interview, Ian reported that the image of sharp-toothed, open-mouthed monsters crowding into his life space, and the representation of this image in the paintings of Francis Bacon, was a crucial turning point for him. The image captured multiple threads of meaning in his life (fear, threat, constriction, pain, and isolation) while at the same time opening up possibilities for new action (Who or what are these monsters? What do I say to them? What are they saying to me?). This image, and the events that surrounded its creation, were highly memorable, and continued to function as a *source of meaning* many months later. For other clients in therapy, the art work that they create in therapy may be a metaphor, or a speech, a piece of gardening, or an object stolen or borrowed from the therapist’s room (Arthern & Madill, 1999). One of the intriguing hypotheses that a cultural perspective opens up for psychotherapy is that, in each case in which therapy is in some sense successful, the still-point for the person (Jevne, 1988) is crystallised in a personal construction that functions, for that individual, as a personal piece of art. It is clear that this kind of process is built into the arts therapies that make specific use of drama, painting, music, sculpture, and dance (Anderson, 1977). But there is evidence that it also occurs in more conventional talking therapies. Art can be understood as an object or event that discloses something significant of *what it means to be human*. It makes sense, therefore, that the moments in our lives when we are seeking to renew or rediscover our sense of what it means to be human (for example, in therapy) can result in the production of

personal art. Artists, moreover, can be regarded as specialists, experts, or pioneers within a culture in relation to the task of capturing and creating (in images, words, sounds, and objects) still-points in which human-ness is disclosed. While it is undoubtedly the case that art serves many functions, such as that of reinforcing power, class, and gender relationships within a culture (Berger, 1972), it cannot be denied that art is also a fundamental cultural resource that, somehow, traps meaning in a form that can be revisited and remain generative over long periods of time. A cultural perspective on therapy invites consideration and reflection on the role of art-works, and the personal production of art objects, within the life space or niche of the person.

Personal Reflection on the Challenge of a Culturally-Informed Therapy

In my own life and work, I have become increasingly aware of the importance of culture, rather than individual psychology, as the starting point for making sense of my own, and other people's, behaviour and actions. I was born into a working-class family in Dundee, an industrial town on the East coast of Scotland, in which working hard and doing well were core values. I then suffered two major cultural dislocations. After the war, my father got a job with a jute company in Calcutta, and I lived until the age of 6 in India. Returning to Scotland to attend school, I might as well have arrived from another planet. I spoke a different language and operated according to different rules. Then, at the age of 18, I was the first member of my extended family to go to university. Here, I was introduced to another language and set of rules. Each of these biographical events had a major impact on my identity. Much later, reading about research into the family experiences of people who went on to become psychotherapists (Henry, 1977), I experienced a shock of recognition that other people, many other people, had taken a childhood pattern of self-reliance and being a cultural outsider, and found in the role of counsellor or psychotherapist an arena in which survival strategies assembled in early life could be put to good use. I have therefore been able reflexively to make a link between my own cultural positioning and my career choice.

Within the British academic system, the doctoral thesis is a major, self-initiated, self-defining *rite de passage* into the academy. Understandably, in the light of my life experiences, I chose to study the topic of what gives meaning to life. At the time, I thought I was investigating personality change in adulthood. I carried out a qualitative, participant observation study of two sets of people, who were involved either in Transcendental Meditation or in week-long personal development intensive encounter groups. What I learned,

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and wrote about (McLeod, 1981, 1984), was that each of these activities could be viewed as providing participants with entry into a distinctive cultural world, or moral arena, with its own values, bodily practices, and discourse.

My subsequent career involved training in person-centred counselling and psychotherapy (Mearns & Thorne, 1999), and employment as a counsellor and counselling/psychotherapy educator and researcher, within the context of an emerging counselling profession in Britain. My textbook, *An Introduction to Counselling* (McLeod, 2003) can be read as both a map of the culture of counselling in Britain, and also as an attempt to shape that culture in the direction of a more socially critical and politically oriented worldview. In that book, I discussed theories of counselling within their historical and social contexts, included chapters on culture and power, and made reference to sociological and anthropological research. In the 1990s, I became very interested in the idea that therapy is fundamentally a process of storytelling and “re-authoring” (McLeod, 1997), and studied the work of narrative therapists such as Michael White and David Epston (White & Epston, 1990).

I now believe that these theorists are using the term “narrative” in a particular way, which intersects only partially with the wider interest and body of theory and research around narrative and storytelling that has emerged in psychology, counselling, and psychotherapy in recent years (Angus & McLeod, 2004). It seems to me that White and Epston (1990) have developed a form of therapy that is primarily oriented toward social action. It is a therapy that makes heavy use of cultural objects and resources such as letters, certificates, and teddy bears. The ultimate goal, however, appears to be to create new forms of social organisation that sustain alternative, anti-oppressive, ways of being. A good example of this kind of social action is the “anti-anorexia league,” a network of people who come together to challenge and resist the narratives and practices of perfectionism and thinness that control many people, particularly women, in our culture (Epston, Morris, & Maisel, 1995). This is, to me, an attractive and powerful concept. The notion of the personal niche, as articulated by Willi (1999), provides an immensely valuable means of beginning to make sense of the relationship between the person and his or her cultural environment. Although Willi writes vividly about the importance of close, intimate love partnerships in niche-building, he is largely silent on forms of social organisation that extend beyond the couple relationship. The case examples that permeate the narrative therapy literature, by contrast, are full of examples of therapists facilitating the construction of support networks that can involve schoolmates, neighbours, family members, therapy centre users, and other forms of collectivity.

Despite the potential of culturally-oriented approaches to therapy, such as ecological psychotherapy (Willi, 1999) and narrative therapy (White & Epston, 1990), there seems little immediate likelihood that psychotherapy

and counselling practice as a whole might be moving in the direction of becoming explicitly a form of “cultural work.” Returning to my own life story, I observed earlier that my biography, which is probably typical of many people who become psychologists, counsellors, and psychotherapists, involved two stages of turning away from my root culture—once as a result of migration in childhood, and once as a result of professional socialisation at university. My experience has been that these turns have distanced me from everyday culture, while at the same time inducting me into a globalised, international discipline-based “club.” This process has been described by Michael White (1997) in the following terms:

In the culture of the professional disciplines . . . there is an overriding expectation that the membership of a person’s life will be constituted of others who have met the eligibility requirements of the formal organs of these disciplines In this formalisation of the membership of a person’s life, the ‘common’ memberships of life—the ‘ordinary,’ everyday and historical associations—are dishonoured. . . . For example, upon entering the culture of psychotherapy . . . it is not at all uncommon for a person to be subject to systems of understanding that are pathologising of the significant relationships in their lives, and especially of their familial relationships (and, more often than not, of their relationship with their mother). This can be understood as part of an induction or initiation process, one in which the significant memberships that feature in the history of a person’s life are downgraded and frequently disqualified. . . . In this process the associations of the monoculture of psychotherapy are substituted for the diverse, historical and local associations of persons’ lives. (pp. 12–13)

What White calls the “monoculture of psychotherapy” can be overwhelming and total. Training, supervision, continuing professional development, personal therapy, service on committees, keeping up to date with theory and research—all this and more in addition to the day-to-day work of seeing clients. It is hardly surprising that participants in a recent study that explored the perceptions of members of a minority community viewed psychologists and psychotherapists as remote, cold, and not interested in their culture (Thompson, Bazile, & Akbar, 2004).

In my experience, the discourses and practices of psychology have not been consistent with cultural curiosity and the cultivation of cultural resources. The perspective on the world that is inculcated by mainstream psychology education and training, results in what Bruner (1986) characterised as a “paradigmatic” way of knowing, based around the application of abstract, timeless, decontextualised categories and if-then formulas, leading to what McAdams (1996) has described as a “psychology of the stranger.” Cultural phenomena are, ultimately, grounded in what Bruner calls “narrative knowing”—the telling and performance of stories that refer to historically

situated, concrete events, and invoke a moral order. Within counselling and psychotherapy, the growth in interest in cultural dimensions, as exhibited within the last 20 years in the emergence of multicultural approaches to counselling (e.g., Pedersen, 1991), primarily has been driven, I would argue, by a paradigmatic worldview. It has largely focused on an analysis of the culture of the “other,” most of the time from a rather detached stance.

It seems to me that the possibilities of cultural and social understandings in counselling and psychotherapy will only be realised through the pursuit of critical reflexivity by which we, as therapy practitioners and educators, examine the ways in which our own cultural identity shape our practice. The collection of essays by McGoldrick (1998) represents a powerful move in this direction. I also believe that wider use of cultural products—novels, movies, music, art, architecture—as allowable data in psychological inquiry, and as educational materials in therapy training, will be necessary if a truly culturally-informed therapy is to be constructed. Within many training programmes in medicine, for example, students are required to read and discuss works of fiction as a means of enhancing their appreciation of the experience of patients (see, for example, Murray, 1998). The work of Knights (1995) has demonstrated the value of this approach within counselling and psychotherapy training. Further initiatives along these lines would contribute to the development of a deeper appreciation within the counselling and psychotherapy community of what Mair (1989) has described as the *poetics* of human experience. In relation to the important issue of the effectiveness of therapy, it would be valuable to supplement research that was essentially based on data gathered through form-filling, with an analysis of the impact that therapy can have on the engagement and participation in cultural and social life of those who make use of this type of personal learning, such as through life history studies. An acceptance that counselling and psychotherapy are forms of cultural work, rather than quasi-medical interventions, would do much to clear a space for the development of new avenues of inquiry that made use of insights from cultural studies, the humanities, and sociology to construct a knowledge base for post-psychological therapeutic practice (Couture & Strong, 2004; McLeod, 2004a).

Concluding Thoughts

The idea of a culturally-based approach to counselling and psychotherapy is, for me, part of a much larger contemporary movement that seeks to promote a particular vision of psychological and social well-being, and the creation of a better world, along the lines of Illich (1973). Some of the key elements of this movement are: active preservation of nature and the physical environment;

rejection of military solutions to conflict and huge expenditures on armaments; and combating economic systems that are organised around passive consumerism. I suspect that many people would support these principles, even if they have little opportunity to vote for political representatives who might put such ideas into practice. It seems obvious, given the sustained assault that has been made on social capital and community throughout the 20th century, and the increasing disparity between images of wealth that are readily available in magazines and television, set against the reality of most people's lives, that dealing with depression should have become one of the main health priorities in recent years. My own sense is that we live in a culture in which the powerful, decision-making majority—members of the educated professional classes in industrialised societies—live their lives mainly encapsulated within spheres of personal control and pleasure: comfortable cars and homes, nice restaurants, good schools and hospitals, unthreatening television, art, and literature, well-stocked supermarkets, and pensions. Behind this economy of pleasure and personal fulfilment, most of the time hidden from view, are the poverty-ridden populations of producer countries, the erosion of the biosphere, and the loss of myth and tradition.

The argument for an approach to counselling and psychotherapy that views it as a form of cultural work is relatively straightforward. The conditions of modern life are destructive of social capital, historical consciousness, caring, and the ecology of human community. Many thousands of people are treated, in effect, as *waste* (Bauman, 2004). All of this causes emotional pain for the individual and many groups. The solutions that are most readily to hand—medication, consumerism, and psychotherapy—perpetuate an individualism that further erodes community and any sense of a shared culture or structure of feeling. There is, however, the possibility to use counselling and psychotherapy to contribute to a process of culture-building. This is the choice that we face. The work of the Dulwich Centre in Australia (Epston & White, 1992), and the Just Therapy collective in New Zealand (Waldegrave, Tamasese, Tuhaka, & Campbell, 2003) provide models of approaches to therapy that make a positive contribution to the construction of community and cultural life, and demonstrate practical ways in which counselling and psychotherapy can be conducted from a perspective that seeks to support social change.

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