Cognitive Therapy in Cross-cultural Contexts:

making clinical sense of occult beliefs

by

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1 Introduction

1.1 The challenge of ethnic diversity

In the half century that has passed since the end of the Second World War, British society – especially in urban contexts – has undergone a far-reaching change in character. Not only has it become significantly multi-racial, but also much more overtly ethnically and culturally plural. Nevertheless it is by no means clear that the members of Britain's indigenous population have yet come wholly to terms with these developments. Although hostility to the very presence of people of 'colour' has perhaps become rather less intense than it was at the outset, members of the new minorities still frequently find themselves sidelined by racial exclusionism; at the same time the increasingly obvious commitment of most members of these minority communities to sustain the most important elements of their religious, linguistic and cultural heritage tends at best to evoke puzzlement, and at worst outright hostility, from members of Britain's dominant ethnic majority.

Yet although these wider socio-political issues are a constant background to the arguments developed in this dissertation, they are not its main focus. Rather my concern here is to explore the challenges which the growth of ethnic diversity – and hence of the ever-growing salience of a minority clientele – currently presents to the deliverers of public services of all kinds, and most especially to those working in the field of mental health. In doing so my central focus will not be so much on issues of racial disadvantage (about which a voluminous literature is now available, but rather to focus on the skills and understandings, and above all the analytical perspectives which service deliverers must develop if they are to offer as effective a service to their minority clientele as they do to those drawn from the indigenous majority.

1.2 Presenting problems

That the challenge of responding to a plural clientele currently represents a major practical problem is all too plain. Faced with clients whose religious, linguistic and cultural heritage differs radically from English norms and expectations, English, most practitioners – and in my experience Psychologists are no better, and no worse, than anyone else is – not only tend to feel most uncertain as to exactly how they should proceed, but also react with considerable alarm. Moreover those feelings of uncertainty and alarm tend to be particularly intense when their professional task entail getting to grips with the way in which their clients organise their personal and domestic lives – as is by definition the case with all those engaged in CBT.

That they should react in this way is in some senses very understandable. Professional training courses – in whatever discipline – rarely if ever address the extent to which Britain is now a culturally plural society, let alone seek to provide trainees with the skills, competencies and analytical perspectives which might enable them to work effectively in a context where different sub-sections of the population put their lives together in radically differing ways. Nor is there much in the way of easily available literature which might help them to grips with such issues. The best that most Health Authorities have yet been able to achieve is to run courses on anti-discriminatory practice, few, if any of which seriously explore the issue of ethnic diversity, let alone the challenge to established patterns of service delivery that such diversities so often throw up. Other than this the Ministry of Health has sponsored the production of a number of handbooks on "Ethnic Minority Customs" (see, for example, Henley 1983, Mares 1985) which – although undoubtedly much better than absolutely nothing at all – are written at far too great a level of generality to provide any significant guidance as to how one might need to reorganise one's clinical practice in circumstances of cultural plurality. Even the most widely cited work in the field of mental health, (Rack ****) falls into the same trap; although written on a rather more sophisticated level than the "handbooks", Rack is much more concerned to highlight the alterity of ethnic minority customs than to offer a coherent analytical perspective on issues of clinical practice, and of the professional skills needed to resolve them.

In view of all this it is hardly surprising that most service deliverers feel uneasy and uncertain when faced with clients of non-European origin. Moreover their concerns are redoubled when they also feel – as most clearly they do – that to behave in a way which might be adjudged 'racist' is to display the grossest of moral faults. Stuck between a rock and a hard place, my experience suggests that most practitioners immediately reach for avoidance strategies. Since they lack the skills and competencies needed to deal effectively with such clients whilst also needing to demonstrate that they are 'not racist', the only way out is to identify them as

untreatable, or as falling outside service criteria, or better still to refer them onwards to some other agency.

There is now plentiful evidence that these processes are actively at work in the field of mental health. Minority patients are not only much more likely than white patients to enter treatment under section (Reference ****); and regardless of the way in which they enter the system, the treatment which minority patients receive is far more likely to be exclusively pharmacological than is the case with white patients (Fernanado 1994); similarly minority patients are not only severely under-represented in rehabilitation programs, day care centres and so forth, but are even more rarely encountered in 'talking therapy' contexts (Fernando 1995).

1.3   Cognitive therapy and ethnic diversity

Although all my impressions indicate that this is no less the case in cognitive therapy than anywhere else, there are nevertheless very good reasons for believing that cognitive therapy provides a particularly appropriate foundation for developing more effective forms of psycho-therapeutic intervention polyethnic contexts. It is easy to see why.

There are two very obvious reasons why established practitioners experience such acute difficulties working with minority clients. Firstly the far-reaching contradictions which they so often encounter between their own taken-for-granted cultural assumptions (no less at a professional than at a personal level) and those deployed by their clients; and secondly the extreme unwillingness which most professionals display when faced with the prospect of having to put their own presuppositions at least temporarily to one side in order to get to grips with their client's own self-constructed worlds.

To the extent that this is so cognitive therapy should – at least in principle – be onto a winner. To be sure established theory in cognitive therapy rarely makes explicit reference to issues of cultural plurality. Nevertheless where it differs most strongly – and in this context most positively – from virtually all other psychotherapeutic approaches is in its insistence that any attempt to analyse, let alone to remedy, a patient's dysfunctional beliefs and assumptions must be grounded in an understanding of the logic of his or her own self-constructed schemas, and that any attempt by the therapist to impose an *a priori* conceptual schema on that experience is invariably as unhelpful as it is misleading.

Since every culture is a 'self-constructed schema' in this sense, even if it is collectively rather than individually constructed, it follows that at least in principle cognitive therapy is much better equipped to avoid the pitfalls of ethnocentrism than are most other therapeutic traditions. As yet, however, very few cognitive therapists other than Padesky (1995) have made an explicit effort to address these issues.

Having noted that core beliefs and schemas of both the therapist and the patient are powerfully influenced by culture, she goes on to argue that 'an American therapist raised within an individualistic schema can easily misdiagnose and misunderstand a Japanese American holding a group schema' (Padesky 1995: 39). As yet, however, Padesky has not gone much further than pointing to the clinical significance of these issues, although she readily acknowledges that cultural diversity it is a subject which cognitive therapy *ought* to be addressing (Padesky, personal communication 1999). I could not agree more. My own experience of treating patients drawn from South Asian communities suggests that these issues do indeed routinely arise in a British context, and that they do so in many other spheres besides the contrast between individualistic and group schemas which Padesky has highlighted.

However my own experience of work in this area has led me to agree with Padesky that dealing with such issues does not require us to comprehensively re-write the fundamental assumptions of cognitive therapy. Nevertheless I would argue that if CT is to provide the foundations for an approach to theory and practice which is much more explicitly ethnosensitive, those assumptions do need to be very carefully re-visited, not least in an effort to identify how far those assumptions are *themselves* a product of specific (and in this case Euro-American) cultural tradition. However in conducting this exercise I have become increasingly convinced that once these obstacles have been overcome – such that CT is liberated from the shackles of its embedded eurocentrism – it can provide an excellent foundation for the construction of a more ethnosensitive theory of practice.

Yet even though such a goal may be in sight, actually reaching it – as I have discovered in the course of preparing this dissertation – is far from easy. Indeed without conducting a great deal of careful intellectual and analytical housekeeping, we are unlikely to make much progress. Hence the remainder of this dissertation successively explores the following issues:

- Just what should we mean by 'culture', and what is the analytical status of this phenomenon?

- How when and why did Britain become an ethnically plural, and should we expect this condition of such plurality to be a temporary or a permanent feature of our society?

- To the extent that plurality seems likely to be permanent, how and why have South Asian settlers drawn on their linguistic, religious and cultural heritage as a means of survival in an alien and hostile environment, and how far have they succeeded in forming ethnic colonies in so doing?

- Given that most members of the South Asian population do indeed live within such colonies, what is the significance of the extent to which they draw upon occult beliefs and practices to explain, to cope with and ultimately to remedy almost all conditions of severe personal distress?

- To the extent that such ideas and remedies are routinely deployed, how do those people who use them actually fare when they come into contact with western forms psycho-therapeutic intervention?

- And last but not least how might therapeutic services in general and cognitive therapy in particular set about offering a more clinically effective response to such patients?

2   The phenomenon of culture

2.1   What is culture?

Although the term 'culture' forms a part of our everyday vocabulary, there is still a great deal of uncertainty about just how the term itself, let alone the phenomenon to which it refers, should be understood. Hence, for example, the terms 'culture', 'ethnic group' and 'race' are regularly used as if they were wholly interchangeable. Worse still various groups of social commentators – including psychiatrists, sociologists, anthropologists and politicians – have interpreted each and all of these concepts in differing way, largely to serve their own diverse purposes. Since terminological confusion of this kind is a major obstacle in the way of developing sound analytical arguments in cross-cultural contexts, it is worth exploring both how the term culture has been understood, and how it might better be understood, before attempting to develop analytical arguments about the impact which cultural pluralism might have on clinical practice.

Looking firstly a the psychological literature on the subject, we find a number of approaches being adopted. For example Triandis (1980) prefers a broad-brush approach, with the result that he includes the physical as well as the subjective aspects of the world in which we live in his definition of culture. On this basis he argues that environmental features such as roads, buildings and so forth can be seen as constituting the 'physical' elements of culture, as opposed to myths, values and attitudes and so forth which he identifies as its more 'subjective' elements. Similarly Fernando suggests that "in a broad sense, the term culture is applied to all features of an individual's environment, but generally refers to it's non-material aspects that the person holds common with other individuals forming a social group" Fernando (1991: 9). In contrast to this all-inclusive approach, Reber defines culture much more specifically, and in my view much more usefully as "the system of information that codes the manner in which people in an organised group, society or nation interact with their social and physical environment' (Reber 1985: 170). In arguing that cultures are systems and structures that people must learn, he identifies culture quite specifically as a *cognitive* phenomenon.

Interestingly, but unsurprisingly to those who are familiar with working with minorities, Shashidharan (1986) observes that terms like 'culture' and 'ethnicity' are used in a far from neutral way in psychiatric contexts, and are instead allocated a politically loaded meaning.

Fernando (1988) endorses this position, asserting that psychiatrists understand the term 'culture' in such an ethnocentric fashion that non-western cultures are routinely portrayed as both pathological and alien. Within the context of such a mind-set, 'culture' becomes coterminous with 'the problem', so much so that it can be seen as accounting for – rather than a necessary vehicle for the expression of – minority patients' distress.

Psychiatrists are not alone in making such a mistake, which arises partly from adopting a wholly inadequate understanding of the way in which culture conditions human behaviour, and partly from adopting the equally mistaken view that cultures can be ranked as 'better than' or 'worse than' each other, and hence – especially in the case of excluded minorities – as a pathological source of deviance, distress and disadvantage.

2.2   Terms of reference

That said, it is also quite clear that a full discussion of the phenomenon of culture, and of the various ways in which it might be understood could easily be the subject of an entire dissertation. My approach here is quite straightforward. Given that anthropology is the discipline which has paid the closest attention to the phenomenon of culture, I have drawn on anthropological sources to devise the following basic premises, which offer a definition of culture which is not only analytically sound, but which is also particularly appropriate in CT contexts. With that in mind the definition of the term 'culture' as I propose to use it here includes the propositions that:

- Cultures are cognitive structures. Each culture can therefore be regarded as the set of ideas, values and understandings which people in a given social arena use to order their interpersonal interactions, and thus give meaning and purpose to their lives.

- Culture is therefore a phenomenon closely akin to language: it is a code through which meaning is constructed and which enables communication to take place. Familiarity with the relevant code is essential to meaningful communication. Just as speech will remain incomprehensible to hearers who lack the relevant linguistic competence, so those who lack the relevant cultural competence can be expected to misunderstand or misinterpret the significance of any human behaviour which is coded in culturally unfamiliar terms.

- Such codes are learned, not inherited, and are socially rather than genetically transmitted. Nevertheless the capacity to be 'cultured' appears to be a central component in our

biological heritage. Whilst many other species have developed the capacity to interact socially, we alone have gained the capacity to use language and culture to create the terms of our own existence.

- Yet although culture in this sense is universal, the actual content of human cultures, like human languages, is immensely diverse. Since almost every aspect of our behaviour is culturally conditioned, 'normality' is of necessity an elusive concept. What is considered to be normal and conventional necessarily varies from context to context.

- No more than with languages, it is quite impossible to *rank* cultures as inferior or superior to each other. They simply differ. Each cultural system is a strategically adaptive response to a specific local environment. Each can therefore be expected to undergo further adaptation if the environment changes.

- Cultures are not God-given: they are quite literally a human creation. However "traditional" any cultural system may seem, it is quite wrong to conclude that it is a fixed and static entity; all cultural systems are continuously being reconstructed and reinterpreted by their users.

- Nevertheless when ethnocentrically viewed from within a given cultural system, those of all others will seem bizarre at best, and as pathologically misguided at worst. Hence those fortunate enough to occupy positions of privilege often *believe* that their own culture is superior to all others, and especially of those whom they dominate.

- It follows that those in positions of privilege rarely see any need to familiarise themselves with such "inferior" languages and/or modes of behaviour. Hence members of dominated groups therefore tend to be much more familiar with the culture and linguistic practices of their dominators than *vice-versa*.

Taking these propositions as given, let us now turn to If we accept that cultures are continually being adapted and reinterpreted by their users in light of every day experiences then it follows that we must consider how such a process was impacted by the specific experiences of South Asians in Britain.

3 Britain as an ethnically plural society

3.1 Post war immigration

Most migration is dependent on a plentiful supply of employment, which became available in Britain soon after the end of the Second World War. The labour demands precipitated by the post-war economic boom could no longer be satisfied by the reservoirs in Ireland and Eastern Europe on which the British economy had depended during previous periods of expansion, so migrant workers were drawn in from further afield, and most especially from the islands of the Caribbean and the Indian subcontinent.

Although the large scale South Asian presence is a post-war phenomenon, its history began as early as the seventeenth century with the arrival of a few intrepid adventurers (Visram, R, 1986). Numbers numbers began to increase as the British steamships began to hire seamen in Calcutta and Bombay. By the end of the nineteenth century small settlements of Indian seamen searching for re-employment could be found in most of the major British ports, and these in turn provided the bridgehead through which subsequent large-scale inflows took place. (Fryer, P, 1984). From the early 1950's right through to the end of the 1970's there was an acute shortage of labour in Britain, and the total number of South Asian settlers consequently grew rapidly, even if they still only made up a small proportion of the total population.

As a result of rapid industrial decline in the 1980's together with the impact of draconian immigration legislation, the inflow of migrant workers – who were invariably young and male – declined sharply. Nevertheless the inflow from the subcontinent continued on as large, if not a larger scale, but was by now overwhelmingly composed of the wives and children of male migrants who had already established themselves in Britain.

Since most South Asians arrived in Britain as young adults, and most of the settlers' families were large (primarily as a result of wives sustaining high levels of fertility), this section of the population is heavily skewed towards younger end of the age spectrum, with the result that further substantial growth is inevitable. According to Ballard all indications are that the fertility rate is sharply declining, especially in the British born generation. Even so he argues that Britain's South Asian population will eventually stabilise at no less than 6% of the UK population as a whole, and at much higher levels in the major industrial cities where ythey still very largely live. (Ballard, R 1994).

These developments clearly have reaching implications for British society as a whole, and not least for public services. Social policy can no longer ignore the fact that Britain is now a plural society, and likely to remain so for the foreseeable future. Yet just what does that condition of pluralism actually mean? We can best address that issue not by concentrating on the fearful reactions of the indigenous majority, but rather by exploring what is for us the most important issue of all: what were the migrants' own agendas?

3.2 Indian, Pakistani and Bangladeshi settlers

Since migration is an entrepreneurial activity which requires a substantial initial investment, it is an option way beyond the means of the poor and the landless. For them buying a ticket to Bombay, Karachi or Dhaka is the only realistic option for finding employment. Hence whilst the vast majority of Britain's South Asian settlers are indeed of rural origins, they are not drawn from those areas of characterised by grinding poverty which are the foundation of commonplace Western stereotypes. Rather they are overwhelmingly drawn from three main areas: the Punjab – straddling the border between India and Pakistan in the north west; from Gujarat, on the western seacoast north of Bombay; and from Sylhet District in north-eastern Bangladesh.

Whilst the majority of settlers had a peasant farming background, some were craftsmen while a small but socially highly significant minority were urbanites, and so particularly likely to have arrived in Britain with commercial skills and professional qualifications. But whilst many of the latter saw coming to Britain as a step to career advancement, the initial objective of the great majority of settlers was to add to the capital resources of their extended family, and thereby to raise its standing in the social hierarchy of the village. In their case emigration was far from being an individualistic activity. Rather it relied on the active support of the entire extended family, since it was the group as a whole which provided the migrants with the resources and the support they needed to establish themselves overseas. So it was that just as the other extended family members expect to share the fruits of the migrant's labour, so migrants themselves retained all their established roles within family network, which they resumed as of right as soon as they returned.

3.3   From sojourners to settlers

In the phase of the settlement process, the central concern of most sojourners was to earn and save as much as possible as quickly as possible before returning home. However, the longer they stayed the more at ease they felt in Britain. Besides gaining a greater degree of personal autonomy, they also found that their new found role as wealth producers steadily increased their influence within the extended family in. With the fall of prices in air travel in the 1960s it was possible to return home more frequently, retain face to face contact with extended families, oversee investments of their savings and also to return to do another spell of labouring in Britain. Over time the transient sojourners were being transformed into permanent settlers. As the numbers grew rapidly as a result of chain migration, so large parts of many sojourners' kinship networks began to be reconstituted in Britain. Far from being a no-mansland where earning and saving money was their sole objective, Britain gradually became an arena for ethnic colonisation (Desai, R 1963).

Even though all migrants were also acutely conscious of the racial exclusionism, they nevertheless gradually began to feel that material advantages of living in Britain, as well as access to free health care and education were so great that it was worth considering putting down more permanent roots, above all by resuming a family life in their new environment. Even so they still had very mixed feelings about the British: in terms of their own schemas there was much that appeared to be grossly inadequate about their indigenous neighbours' lifestyles. So strong was the English commitment to individualism and hedonism that most seemed to lack any sense of *izzat* (personal honour) in their everyday lives; meanwhile their refusal to acknowledge, let alone to fulfil, the fundamental obligations of emotional and material reciprocity within the extended family seemed, to the settlers, to entail a rejection of the most fundamental human values.

4   Adaptation and survival

4.1   Encounters with racial exclusionism

In the midst of all this the sojourners turned settlers soon found themselves facing all manner of dilemmas. How should they set about organising their everyday lives, and what kind of survival strategies should they seek to devise, it they were to take up permanent residence in the midst of an over-arching social order which was based on values which differed so radically from their own? How, too, were they to survive and to cope with the racial and ethnic hostility which they so often encountered? And why, indeed, were the English so hostile to their very presence?

In historical terms Europeans have long tended to make social classifications on the basis of physical appearance, and to identify people of colour as having a social, cultural and intellectual radically inferior to their own. But although scientific racism became part of the intellectual and cultural mainstream in the latter part of the nineteenth century, once such theories were submitted to empirical scrutiny they turned out to be almost entirely specious. Osborne (1971) summarises the argument by emphasising firstly, that individual differences within any given 'race' are greater than the mean differences between any two 'races'. Secondly, that there is no empirical evidence to support the view that racial groups can legitimately be designated as intrinsically 'superior' or 'inferior' in terms of its members intellectual capacities or in their ability to adapt to environmental differences. Thirdly there is no such thing as a 'pure' race in genetic terms. Fourthly that allegedly 'primitive' physical characteristics – such as wide lips, flat noses and tightly curled hair – can be found in almost in almost every human population. But although notion that human populations can be divided into clearly bounded sub-groups on biological grounds has been exploded as a myth, the fiction still remains popular. Skin colour remains a social marker of the utmost importance throughout contemporary Europe, and routinely triggers exclusionary attitudes and behaviours amongst the indigenous 'white' majority.

Whilst there is no reason to believe that such exclusionary tendencies are any weaker in Britain than they are elsewhere Europe, British racism may well still have its own distinctive characteristics, for as Fernando (1995) points out, the British have never held a favourable attitude towards immigrants, be they visible of invisible. Although they may have been much less easy to identify in physical terms, the experiences of the Jews and the Irish in the last

century closely parallel those of the visible minorities today. But whatever the causes, the outcome is clear: there is now ample literature which shows that the new minorities routinely find themselves marginalised whenever they seek access to housing, employment and public services, and that they consequently occupy a position of systematic disadvantage. Worse still the impact of an actual or perceived threat of imminent racial harassment and/or of physical violence has a strongly negative impact on all aspects of its' victims lives.

4.2 Responses to racial exclusionism: the formation of ethnic colonies

In the face of an external English world whose members were so hostile to their very presence, and whose values were so alien to their own, sojourners-turning-settlers looked to each other for mutual support, and as a positive means of surviving adversity. The resulting self-constructed networks of mutual reciprocity soon facilitated the reconstruction of a more familiar social order in their new surrounding, ordered very largely in terms of their own familiar moral, cultural, religious and linguistic norms. As confidence in the prospect of being able to recreate a morally acceptable social universe in Britain grew, so the resumption of normal family life in an otherwise alien and hostile environment also became a realistic possibility.

The arrival of wives and children radically transformed the character of each community, not least because the large all-male households in which the sojourners had previously lived fragmented as their members purchased their own separate houses in which to accommodate their families. As the sojourners became settlers, lifestyles altered rapidly. According to Ballard (1994) family reunion precipitated a resurgence of religious observance; shared religious (and within that sectarian) commitments consequently became the catalyst around which an ever expanding network of mosques, gurdwaras and mandirs began to be established.

With the emergence of a multitude of religious institutions, together with the increasing vigour of *izzat*-competition within each of the many ethnic colonies which now began to emerge, individuals found themselves under great pressure to conform – or at least to give the impression of conforming – to the ideal norms enshrined in their community's heritage; and as conventional norms were re-established, so those who deviated from those norms, and above all those who sought comprehensively to mimic English ways found themselves the focus of increasingly intense criticism.

But if South Asian settlers looked towards the resources of their cultural heritage both to challenging racial exclusionism, and to build themselves a prouder, more successful and more secure future, they also found that their efforts to maintain a sense of religious and cultural distinctiveness also confronted them with all manner of dilemmas. Hence, for example, they often found themselves split between a feeling that the best way forward was to conserve the resources of their traditional heritage in as comprehensive a manner as possible if they were to cope with the uncertainties and injustices precipitated by racial exclusionism, as against the equally powerful feeling that that very tradition might also need to be comprehensively restructured if its relevance was to be sustained in this new and very different environment.

4.3 The reconstruction of social and religious institutions

Religious institutions soon began to play a critical role in each of the newly established ethnic colonies, for they marked – at long last – the emergence of public arenas in which settlers could interact collectively on their own terms. Not only was the temple a natural gathering point, but a place which they owned, and which operated according to their own familiar rules and conventions rather than those of the surrounding English social order. Each such arena provided a regular opportunity for leisurely socialising in a more acceptable moral and cultural setting, and also facilitated the celebration of the full range of rites of passage – marriages, births and funerals.

Other developments were taking place elsewhere. As ethnic colonies grew ever larger, so patterns of reciprocity within extended kinship networks, as well as the steadily more powerful dynamic of *izzat*-competition led to ever greater levels of expenditure on housing, clothing, luxury items and entertainment. So it was that even so though the original goals of saving remained broadly intact, such that most families organised their economic activities a good deal more frugally than their English neighbours, levels of consumption in Britain steadily increased – and all the more so as local businessmen began to import items of food, clothing, furniture and so forth from back home.

Hence despite the intensely negative impact of the recession in the early 1980s – in which many of the industries on which the sojourners had initially relied for employment were wiped out, families continued to place high premium on social and financial autonomy, even if this required an even more creative approach entrepreneurial activities. Extended kinship structures continued to provide the foundation for many of these initiatives, with the result

that *jati-* (caste) and *biraderi-* (descent group) based networks were given a new lease of life. Nor were these networks confined to Britain alone. In addition to the local network of co-resident kin many settlers also looked to relatives settled elsewhere – whether elsewhere in Britain, back home in the subcontinent, or further afield in Canada and the Middle East – in times of adversity.

On the whole it is these kinship-based networks of reciprocity, which are in turn grounded in the equally specific loyalties of caste, sect and descent-group membership – rather than common religious affiliation to one or other of the much wider Hindu, Muslim or Sikh traditions – that provide the framework for most South Asian settlers' everyday lives. Thus while common religious affiliation has undoubtedly proved an effective vehicle for large-scale mobilisation than mere nationality – as for example over the issue of turbans and crash helmets, and most spectacularly in the 'Satanic Verses' affair – it is networks of reciprocity at the level of *jati* and *biradari* which provide the most important arena within which interpersonal relationship are played out, in which personal crises develop, and where remedies are most usually sought when things go wrong. Hence it is hardly surprising that most South Asian settlers still experience and express their deepest personal feelings *in the vocabularies appropriate to arenas of this kind*.

This is certainly in accord with my own clinical experience. In the course of treating Punjabi patients – and of using Punjabi rather than English as my main vehicle of communication – I have found that that whenever individuals and groups encounter severe emotional distress they routinely turn to popular religious ideologies, and above all to the rich store of ideas about occult processes which Punjabi culture enshrines within itself, as a means of making sense of whatever forms emotional and behavioural distress they have experienced, of explaining their causal origins, and most strikingly of all, of counteracting them. Amongst the ideas upon which they routinely draw are the pathological impact firstly of active and consciously applied malevolent magic (*jadoo* and *taweez)*, secondly of unconsciously precipitated sorcery (*nazar*), and thirdly of possession by malevolent spirits (*jinn, bhut,* and *churail*), set against a background of acknowledgement that all human destinies are ultimately determined by *kismet,* the inscrutable will of God.

On first encountering patients who use these ideas and beliefs to organise, to express and very often to explain their conditions of emotional distress, most western observers are non-plussed. At best such modes of thinking are perceived as irrational, misguided and

superstitious, and at worst they are taken as a clear indication of psychosis. But whilst I would agree that at least some patients who express themselves in this way may indeed be psychotic, I would vehemently reject the view that this is always the case. Indeed if adherence to such belief systems is indeed a first-rank indicator of psychosis, the greater part of Britain's South Asian population would require in-patient treatment at the earliest possible opportunity!

Faced with all this, my own position is very different. In my view there is not only a logic to these sets of culturally conditioned ideas and beliefs, but they can also provide a very effective vehicle for the expressing, exploring, and ultimately for devising remedies to conditions of severe emotional distress. This is certainly true for the patient; it is also true for the traditional spiritual healers who routinely deploy such ideas in offering therapeutic support to those who consult them. And they can also provide – or so I believe – an equally effective, and indeed a *necessary*, foundation for effective CT practice when dealing with patients operating in the context of cultural traditions of this kind.

However to do so successfully – and even to begin to outline how such a success might be achieved – it is essential to be extremely well informed about the cultural context within which such processes take place.

5   The logic of popular religious ideologies amongst British South Asians

5.1   Difference and diversity

At least on the face of it Britain's South Asian population is exceedingly diverse: apart from being affiliated to three different religious traditions – Hinduism, Sikhism and Islam – their ancestral roots lie in widely separated parts of the subcontinent. Moreover the sheer size of the subcontinent's population should never be forgotten, including as it does over 20% of the population of the entire globe. Hence although members of each component of the South Asian population have constructed their own ethnic colonies in response to the common problem of racial and ethnic exclusionism, in doing so each such group has drawn on the resources of its own specific social, religious, cultural and linguistic heritage; and to the extent that there are substantial variations in the precise character of these varied heritages, so the precise character of the trajectories of adaptation devised by each of the many communities and sub-communities of which the British South Asian population is now composed are proving to be extremely varied.

Despite all this variation, some broad patters can still be identified. Firstly the vast majority of migrants came from three relatively compact geographical areas in the subcontinent – the Punjab region in north west India and Pakistan, the state of Gujarat on the seacoast to the north of Bombay, and from Sylhet District in the far north eastern corner of Bangladesh. However not only are around two thirds of Britain's South Asians are of Punjabi ancestry (Ballard, 1994), but since by far the greater part of my own clinical experience has been with patients drawn from this group, it is solely with respect to the religious and cultural traditions of the Punjab that I will develop my most detailed analytical arguments.

5.2   Popular religion in the Punjab: the dharmic domain

Whilst all Punjabi share – and recognise that they share – a wide range of cultural commonalities, and most especially so in terms of language, dress and cuisine, they are nevertheless sharply differentiated in two critical spheres: of caste, and of formal religious affiliation.

In every Punjabi ethnic colony caste remains a crucial feature of social organisation. From our point of view this is of importance in two very different ways. At a level of everyday social practice, the boundaries of caste are primarily sustained by a continued commitment to

endogamous marriage, which has the further effect that all kinship networks – which provide, as we have seen, the foundations of the networks of reciprocity which lie at heart of every ethnic colony – are by definition caste-specific. Hence the universe of social relationships within which South Asian settlers play out the most important aspects of their personal lives are not only ordered by a distinctive set of kinship conventions, but are also caste-specific.

In the second place the idea of caste is a crucial component of a much wider ideological schema, the Hindu notion of *varnashramdharma* – the *dharma* of castes and stages of life. This assumes that the local social order is structured according to the same principles as the divinely ordered Cosmos, and hence that the large number of inter-connecting and inter-dependent parts of which both are composed must all fulfil their proper (and by definition differing) roles if order and prosperity is to be sustained. Caste and all its implications is therefore understood as a comprehensively religious phenomenon, and lies at the heart of what can conveniently be identified as the dharmic order. As he puts it, 'caste provides a vehicle for the maintenance of the *dharmic* order, or in other words as the systematic basis for the pattern of roles and reciprocities which underpin the entire social order ..... the system of moral rules and conventions in terms of which behaviour within any given caste is customarily structured' (Ballard, R nd, p.20)

Although caste in this sense is nominally a specifically Hindu notion, once we turn to popular religious practice in Punjab – as Ballard (1999) also goes on to argue – it is quite clear that *all* sections of the local population, Sikh and Muslim no less than Hindu, not only utilise a very similar ideological schema, but also sustain patterns of social organisation which are virtually identical with those classically associated with the Hindu tradition. To the extent that this is so all sections of Punjab's population can be regarded as sharing a common *dharmic* vision in which they see the caste-specific and community-specific moral universe which they themselves inhabit as a component of a divinely constructed social and cosmic order – regardless of the extent to which more formalistic interpretations of the Hindu, Sikh and Muslim traditions claim that each is grounded in a wholly distinctive, and hence mutually independent, theological outlook.

However once we move beyond the *dharmic* (and hence moralistic) aspects of Punjabi religiosity, and focus instead on it more *panthic* (or spiritual) dimensions, this sense of unboundedness – especially in terms of the popular view that spiritual inspiration simply

cannot be confined within *dharmic* boundaries, such that it can and should flow freely across ethnic and religious divisions – becomes yet more salient still. If the Ultimate is formless, transcendent, but also wholly singular – as all three traditions agree, then Satnam, Brahman and Allah are all equally inadequate verbal representations of the inspirational source of all existence. Moreover if that is so, then from a *panthic* or spiritually-oriented perspective all traces of the *dharmic* differences between the three traditions simply evaporate.

5.3 The *panthic* dimension of Punjabi religiosity

In spiritual and mystical terms, Punjab's Hindu, Sikh and Muslim traditions all consequently share a similar vision of the relationship between the cosmos and its Creator. Whether identified as Paramatama, as Satch, or as Khuda, this formless Source is understood as both cosmically transcendent and immediately immanent in every single corner of created existence; and the central purpose of spiritual activity is consequently to gain a gnostic realisation of that truth.

Abstract and exotic though that theological vision may seem to western observers, it is a commonplace in Punjabi contexts: even the most illiterate and ill-educated village is well aware of the value of gaining such a level of gnostic awareness, and at least in broad terms of the conceptual logic which underpins that vision. But being aware of how the theological symbolism operates and actually achieving a condition of spiritually inspired gnosis are not the same at all: all villagers would readily acknowledge that achieving such a high level of spiritual inspiration is well beyond their own personal capabilities. Nevertheless almost every village in Punjab contains an exceptional individual who has committed him- (and rather more rarely her-) self much more comprehensively to the spiritual disciplines necessary to achieve those experiences. Perhaps best described as 'spiritual masters', such individuals are variously addressed as Baba, Yogi, Sant or Pir; and given their intense commitment to achieving gnostic experiences – which by definition entail becoming ever to, and ultimately become one with the Ultimate – such figures are invariably treated with immense respect, most particularly because their closeness to God is also held to give them occult powers of *siddhi* which not only enables them to interpret the past, but also to foresee and if necessary actively to change the future.

However the acquisition of the level of gnostic awareness which brings such *siddhic* powers is extremely difficult, and certainly far beyond the capacity of most ordinary believers. Hence non-adepts (who of course make up the vast majority of the population) do not seek to acquire these insight and their associated powers themselves, but turn instead to an established spiritual master as a source of advice and assistance – particularly in times of adversity. Finding such a master is very much a matter of choice: devotees seek out a guide with whom they 'click', and often make that choice regardless of the formal (*dharmic*) tradition to which each is notionally affiliated. Hence whilst most devotees do stay within their own tradition (although in the *panthic* sphere each sustains innumerable spiritual masters each with their own distinctive position) it is by no means unusual to find Sikhs and Hindus consulting Muslim Pirs, or Muslims consulting nominally Hindu Yogis and Devis. Nor is all this solely restricted to Punjab. My own clinical experience in Britain has led me to conclude that most UK based Punjabis will have found and established a relationship with such a guide – who is very often also a permanent UK resident – by the time they have reached their mid to late forties.

5.4 The *kismetic* dimension of Punjabi religiosity

What is very striking about the activities of such spiritual guides is that although the advice they offer is invariably couched in spiritual language, the problems about which devotees seek advice from their *pir*, and the interpretations of and solutions to those problems which their *pir* offers are very firmly located in the here and now. Indeed the more I have become aware both of the extent of the activity of such figures, as well as of the insightfulness of interpretations they offer and the sophistication of the solutions which the best of them propose (for charlatans are not uncommon in this sphere), the greater my respect for their therapeutic capacities has become. But before exploring the parallels between the Pir's activities and our own as practitioners of CT, we must first look closely at the conceptual schemas within which they and their clients operate.

How is misfortune to be understood? Faced with severe and wholly unexpected adversity, whether in the form of the serious illness or death of a loved one, a financial disaster or an equally ruinous fire or flood, those involved invariably seek an explanation which will enable them to cope with and make sense of their experience. But whilst the contemporary western view is that such misfortunes are the outcome of mere chance, and are therefore meaningless, most Punjabis reject this philosophy. Instead they take it for granted that all events in a

systematically organised and God-created universe must by definition have both a meaning and a purpose. Hence when disaster strikes they not only look to a religiously and spiritually grounded conceptual framework in search of explanation of the cause of their adversity, but also as a means of identifying some means of holding at bay, and better still of reversing, the malign influences which caused the disaster in the first place (Oberoi, 1994). And the way in which they do so – no less in Britain than in the Punjab – is by looking to the understanding of causality enshrined in popular religion, and when the disaster is particularly severe, by turning to a *pir* for advice and assistance. Hence the *kismetic* dimension of popular Punjabi religion, which Ballard defines as 'those ideas, practices and behavioural strategies which are used to explain the otherwise inexplicable, and having done so to turn adversity in its tracks' (Ballard, R 1999 p10) is now becoming almost as vigorous in a British context as it long has been in Punjab.

5.5   *Explaining adversity: a Punjabi vocabulary*

Although popular Punjabi religion offers an exceptionally wide range of explanations of the possible causes of adversity, these can conveniently be divided into four broad categories:

i)   As the outcome of *kismet* and *karma*, or in other words of the inscrutable will of God.

ii)   As the outcome of the malevolent activities of *bhuts*, *djinns* and *churails¸* disembodied beings who lurk unhappily on the very margins of the social world.

iii)   As a consequence of *jadoo* and *thuna*, or deliberately and consciously plotted black magic.

iv)   As an the outcome of *nazar*, brought down by the wholly unconscious jealousy of envious neighbours.

Each category of explanation has its own logic, and its own set of social and psychological consequences. I shall consider them in turn.

5.5.1   *Kismet* and *karma*

Explanations in this sphere have an extremely powerful spiritual referent, since the causal agent appealed to is the inscrutable will of God. Yet despite the power of such an explanatory framework – for it is grounded in the assumption that whilst everything that happens in the

created world serves a divine purpose, the contents of 'the *kismet* written on my forehead' is something that I myself can never know – it is also one which offers no particular remedy. One cannot appeal against *kismet*: rather one must follow the lesson which God taught Job, and bear one's suffering with dignity. Nevertheless this stance still has some very positive psychological consequences, for the attribution of misfortune to *kismet* not only gives a very effective answer to the question 'why me?', but does so in such a way as to render any sense of personal responsibility and guilt (whether justified or not) in connection with whatever has occurred wholly unnecessary.

Even so my observations suggest that in Punjabi contexts purely *kismetic* explanations are only used as a last resort, and deployed when other explanations – which bring the causal source of misfortune much closer to home – are felt to be inadequate.

5.5.2   *Jadoo* and *thuna*

In contrast to the inscrutable will of God, explanations of misfortune pitched in terms of jadoo and thuna stand right at the opposite end of the scale, for they suggest that some other person (and most usually a close relative) has deliberately and malevolently used black magic to cause the victim harm. Such a diagnosis calls for two very different kinds of counter-measures. On the one hand to obtain an occult counter-measure against the jadoo, usually in the form of a taweez or amulet, usually obtained from a Pir; and secondly by taking steps to cut off all further social intercourse with the person who is accused of having deployed the magic in the first place – and has thereby comprehensively contradicted all the norms of mutual cooperation which are the very foundation of kinship.

The use of accusation of *jadoo* are once again a very effective means of externalising feelings of guilt and/or of personal responsibility, but the identification of close relatives rather God as the causal agent can in certain circumstances be both appropriate and attractive. If, for example, a mother-in-law and her daughter-in-law are at loggerheads in an extended household, then a suggestion that the mother-in-law might be responsible for her grand-child's sickness can powerfully reinforce the daughter-in-law's long-standing demand that she and her husband should split away to set up an independent household of their own at the earliest possible opportunity.

In other words accusations of *jadoo* not only allow individuals to locate causal explanations of adversity in the social networks of which they are a part, but also to use those explanations as a means of remedying – or at least seeking to remedy – any difficulties which they are actually experiencing within them.

5.5.3   *Bhuts, djinns* and *churails*

Whilst *jadoo* suggests that other people are the cause of adversity, such that a change in the pattern of social relationships is ultimately the most effective remedy, beliefs about *bhuts, djinns* and *churails* – disembodied beings who wander on the outer margins of the social order, and who have the capacity to haunt the living, thus causing them to fall sick – allow the finger of causality to be pointed to be pointed in yet another direction again. The remedy is different too: *bhuts* can only be persuaded to leave those whom they have possessed by exorcism – usually achieved with the assistance of the *siddhic* powers of the *pir.* However what is noticeable in a Punjabi context is that just as Lewis reports in the case of spirit possession amongst the Somalis (Lewis ******), the *bhut* invariably allows its victims to 'say the unsayable', and to demand that very practical remedies to her problems should be put in place before it can be persuaded to make itself scarce.

5.5.4   *Nazar*

Nazar literally means sight, and is often described as the evil eye. However in contrast to *jadoo*, where the perpetrator bears conscious ill-will towards his or her victim, and also takes (or is at least held to take) active steps to implement that ill-will, *nazar* is held to operate in a wholly unconscious way, and to be primarily driven by envy and jealousy. So as Pocock (1973) demonstrates, just as those who covet – or are held to covet – other's wealth or beauty or success are held to be likely to bring down active harm on them, so those who are fortunate enough to be wealthy, beautiful or otherwise successful should take great care not to glory in their (ultimately God-given) fortune: those who tempt fate can find their whole universe crashing around their ears. It is for this reason, for example, that young babies are not only never praised for their beauty, but their mothers will usually take care to smudge the baby's face with a black mark to keep the predatory forces of *nazar* at bay. And since *nazar* arises unconsciously a mother looking at her child with great affection will immediately look away, for fear of undermining the child's well being.

5.6   *The logic of occult beliefs and practices*

Much more could be said about all this, but nevertheless it should by now be apparent that the popular Punjabi religion contains a particularly rich set of ideas and practices with which to explain, to cope with and at least in principle to remedy serious misfortune. Moreover however 'superstitious' this mode of thinking may appear from a contemporary Euro-American perspective, the ideas and conceptual constructs so generated provide those who use them with a powerful and effective means of making sense of their experiences of personal disaster. Not only does it offer a wide range of different ways of accounting for misfortune, but it also suggests an equally wide range of remedies and precautionary steps which can be taken to guard against possible future malevolent attacks. Moreover in doing so it provides a particularly rich vocabulary for discussing and debating the ways in which and the extent to which disharmonies in one's inter-personal relationships may have been the precipitating cause personal distress, as well as providing Pirs, Sants, Yogis and Babas with plentiful opportunities to tap into their devotees' experiences and feelings as they seek help in finding a diagnosis of the possible cause of their distress, together with a spiritually inspired remedy for their otherwise insuperable difficulties.

6 Occult beliefs in the context of psychotherapy

What happens, though, when people drawn from Britain's now comprehensively reconstituted Punjabi communities, and who operate in terms of such wholly unfamiliar ideas and ideologies, begin to encounter one arm or another of the established public services? Within the ethnic colony life still continues around much the same premises as it alweays was, despite the passage to Britain. Hence when individuals fall sick, or when they get into personal difficulties they still for the most part conceptualise causation, explanations and remedies along the lines set out in the previous section. But this can, of course, be very confusing to majority practitioners who do not share the conceptual frameworks deployed by such patients. Although such a lack of understanding often leaves them feeling confused and uncertain, the outcome can often be much worse than that: all too often it leads to comprehensive misdiagnosis, and to the implementation of treatment programs which do far more harm than good.

The case study which follows is presented as a means of highlighting the way in which such misinterpretations can all too easily arise, and of suggesting some possible ways forward.

6.1 Case study – Yusuf

Brief background: Yusuf is 28 lives with his parents, and older brother, his wife and children. Yusuf's wife recently arrived in the UK after a 4-year battle with the Immigration Department. Yusuf is a manual labourer recently made redundant. His brother on the other hand is a successful self-employed businessman working in the fashion trade. Yusuf's younger sisters, are happily married living locally and his brother-in-laws, are business partners with his elder brother. Both of his parents are now retired and very keen for Yusuf to either join the family business or take charge of the land and farm back in the Punjab. Yusuf however, is keen to be as successful in his own right often competing with his brother, precipitating tension in the family.

Yusuf increasingly envied his brother's success, he also found himself attracted to his brothers' wife, who in turn as tradition would have it teased and flirted with him. His wife soon learned of her husband's desires and increasingly became hopeless and depressed about the situation, unclear if she dare share her thoughts with any member of her in-laws family.

Incident precipitating hospital admission: Yusuf's parents were out visiting relatives. His brother was out of town on business. Yusuf arrived home after collecting his unemployment benefit from the Post Office. His sister-in-law was in the kitchen cooking for the family's evening meal. His wife sat with his sisters who popped in with their younger children for a chat before they were off to collect the others from school.

Suddenly there was a commotion in the kitchen. Yusuf was shouting at his sister-in-law, accusing her of witchcraft, whilst she in return was in a rage and accusing Yusuf of trying to poison the family. The argument escalated as the other women tried to calm things down. Abusive language, allegations and counter allegations were being banded about. Yusuf picked up an axe from the garden and at his sister-in-laws dare hit her over the head – neighbours called the police and ambulance.

Yusuf was initially taken to the police station then compulsorily admitted under section of the Mental Health Act to the Psychiatric hospital. His sister-in-law received treatment for superficial cuts and shock at the accident and emergency department and discharged home the same day.

Psychiatric assessment: The multidisciplinary team concluded that Yusuf was suffering from a schizophrenic type of illness with paranoid delusions and psychotic features. Since he had attempted to poison his family and attacked female relatives with an axe causing injury to his sister-in-law requiring hospital treatment. And in view of the fact that he believes various members of his family are practising witchcraft. He presents a danger to female members of his family and could present a risk to other females. Hence he is a high risk patient and not suitable for inpatient treatment on an acute ward. Recommendations are therefore for a transfer and further assessment in a secure unit.

Yusuf's account: Yasmin (his sister-in-law) has sought 'tuna and jadoo' to mesmerise everyone in the family. It might not be her fault maybe her family in Pakistan has placed *taweez* on her. Ever since she joined the family Hassan's (his brother) business is improving and that is good but where does all the money go? To Pakistan to Yasmin's family that's where. Since she can't lay hands on my money she's made me lose my job and now forcing me to work with Hassan through my parents.

That day I asked her to cook meat but no she cooked vegetables and *daal* (lentils). She was treating me as if I am nothing, like a piece of dirt on the floor, a no-body to ignore. So I

thought I would teach her lesson and put shoe polish in the food so no one eats the food she has prepared – she puts the 'stuff' in the food.

She is always flaunting herself at me so I decided whilst I am at it I will give her what she's been asking for and forcing me to do – I could not help it. Then Zubaida (his wife) accused me, it was not Zubaida speaking it was what Yasmin forced her to say through the *taweez* she has put on everyone in the house. Even mum and dad think she is the most wonderful person alive, when they can see how she is trying to force me to have sex with her – she is like a 'churail'. That's why it took as long as did to get Zubaida here in this country, and now that she is here I can't sleep with her because Yasmin has made sure we are all possessed. I had to do something.

Yasmin's account: Yusuf has never liked me, no matter how hard I try. Perhaps it's my *kismet* or *nazar*. I don't know why but things have got worse since Zubaida arrived, only *Rabb* (God) knows.

Zubaida's account: There is so much good in this family and I believe someone has placed *taweez* on my husband and he has no idea what he is doing. I am going to see Pir Sahib with my *sas* (mother-in-law) and *ammi jaan* (mother) is going to Datta Ganj Baksh (tomb of the saint) in Lahore to say prayers. I have promised to fast every Friday until my husband is free from this *bhut*.

Parents account: It is clear that our son is suffering – we should have done something earlier, we are sorting things out now. Even if we do not find out who or what is at the bottom of all this, Pir Sahib will, Mashallah (God willing), guides us. It is wrong for the doctors to lock him up but Pir Sahib will show us what to do and deal with the authorities in England, because it was Pir Sahib who assisted us and Zubaida is at long last here even though the Home Office refused her entry. Even though our children grew up in this country and told us it was all mumbo jumbo they have seen for themselves how Allahmian (God) helps even if it is hard for us to understand the mysterious ways this help arrives. We must all follow the advice given by the Pir. In the end it was in our 'kismet' that this should happen so there is no point worrying, it is important to ask for forgiveness and beg help from Allahmian through Pir Sahib.

Pir Sahib – diagnosis and treatment: From my experience of what patients have told me, consultation with a Pir can take several hours to several days at a stretch. There can be just

the single or a series of several separate sessions depending on the depth and intensity of the problem. The patient is encouraged to talk as much as he or she is able to or may wish to, even if the content of the speech is incoherent. Also implicit in this is full permission to 'act out' and say what may otherwise be unmentionable. The Pir will ask questions and extract meaning of what is being said. If a malevolence power is identified the Pir will demand that this spirit identify itself, make explicit in detail grievances and how these might be remedied. Members of the family or significant others may or may not be part of these very intense sessions, followed by relaxation, eating and drinking together. Throughout these informal and formal 'treatment' session the Pir will be using techniques learned from experience over years of practice. Eventually an interpretation will be offered that allows a vocabulary to be shared that is congruent with the person's idiosyncratic meaning and reality not only of a causal explanation but possible remedy. These go onto form 'action plans' and may include counter-taweez, behavioural restrictions and rituals, vows and contracts, pilgrimages to shrines etc.

In the case of Yusuf it was confirmed that *taweez* are at play and affecting the entire household. Since Yusuf and Zubaida were affected much more than the other members of the family, the following explanation was offered. Yusuf was influenced by the presence of a 'churail' that in effect has left him to all intense and purposes impotent in his relationship with his wife. Whereas Zubaida's *sitara* (life force) was eclipsed by Yasmin's *sitara* and until Zubaida's *sitara* came into the light again she would remain depressed and unattractive to her husband.

To help the couple gain strength to fight these influences Yusuf and Zubaida should live separately in their own home. Both will be given counter *taweez* to wear and some precautions to observe for a period of one year. These precautions will be made known to the couple at given intervals during the twelve months as the strength of the 'churails' powers decrease.

Yasmin was also given *taweez* to protect her, she was instructed to observe *purdah* (behave modestly). Yusuf's parents were instructed they should take stock of their kin in Pakistan to ensure that the family land and farm is equally divided amongst Yusuf's uncles. Additionally all the household finances are to be held by Yusuf's parents.

6.2   Discussion

The Pir in this case has very skilfully and subtly guided family members to formulate a causal explanation, which is congruent with their immediate personal circumstances. Once this has been done questions of guilt and blame are effectively set to one side, instead means are sought of relieving what the Pir has identified as the real source of distress. Once this causal explanation was in place there was no need for explicit naming and shaming to take place with respect to Yusuf's infatuation with his sister-in-law and his jealousy of his brother's success, or with respect to his parents' sense of guilt because of their greedy refusal to share what is rightly owed to others, or Zubaida's jealousy of Yasmin's privileged position in the household, even though all these tensions were implicitly acknowledged. Instead the Pir's solution offered an opportunity for all those involved to amend and thus resolve the tension which had grown up within the extended kinship network, and to do so in such a way which would minimise the prospect of the integrity of the network itself being undermined. Moreover the Pir's instructions were fashioned in such a way that members of the local community would be likely to view the changes as being congruent with the maintenance of the family's *izzat*, even though they entailed taking steps which were almost certainly a precursor towards partition of the extended family.

In contrast the mental health services' response to the critical position in which Yusuf found himself appear to have been much more harmful than helpful. In a process which developed from an initial response of crisis intervention, through the application of the stigmatic label of severe mental illness, transfer to a secure unit and finally the continued heavy 'chemical cosh', Yusuf's 'treatment' can best be viewed as the imposition of an increasingly heavy burden on him. It was not the intervention of the mental health service, but that of the Pir that saved Yusuf from this fate, and even then the service did not easily give him up. Even after his discharge from the secure unit he was kept on the books of the community mental health services for many years; and although kept on heavy medication, he received no significant psychotherapeutic input. In seeking – with hindsight – to make sense of why Yusuf was not considered for psychotherapy, I have found it useful to turn to recent approaches to understanding and treating psychosis.

In doing so I have found myself greatly inspired by the arguments initially set forth in Kovacs and Beck (1978) and further developed by Chadwick and Lowe (1994), and by Garety and Heansley, 1994). One of the most central starting points of modern cognitive therapy is the

premise that what people believe affects their emotions, and that the way in which individuals *evaluate* their experiences – rather than the fact that events have occurred – is the principal determinant of their affective and behavioural consequences. Hence it follows that similar experiences can be appraised in quite differing ways, and precipitate quite differing evaluations and meanings. Whilst it is now a commonplace of cognitive therapy that the precise format of such processes of meaning construction are above all a consequence of each individual's specific personal social history, context, and experiences, and that they must therefore be elicited by means of socratic questioning as a precursor to any kind of therapeutic intervention.

What is much less routinely acknowledged, however – even though the argument is wholly congruent with Beck's initial formulation – is that all such processes of meaning construction, and perhaps even aspects of the process of socratic questioning itself – are *also* context-specific, in the sense that they are located and articulated within the (almost invariably unacknowledged) conceptual framework of a contemporary Euro-American cultural tradition. If it was the case that all cognitive therapists, as well as all their patients, routinely operated within that very specific conceptual framework, then even though such a point would be accurate enough in principle, it would nevertheless have such limited relevance in practice that it might reasonably be dismissed as academic. But to the extent that we now live in a religious and culturally plural society, no less in Britain than in North America, such arguments clearly will not wash. Faced with patients such as Yusuf, it is clearly essential – no less on clinical than moral and political grounds – for the mental health services to take such arguments aboard.

Since there can be no dispute that Yusuf was in a condition of severe psychological distress when he attacked his sister-in-law, the Police cannot be criticised for taking him to the Psychiatric ward of the local hospital; moreover there was clearly little alternative but to admit him. But although there was a real possibility of tapping into the religious and cultural conceptual vision within which Yusuf habitually operated, as well as into the schemas which he had himself constructed within that conceptual vision – as is underlined by the Pir's subsequent intervention – doing so was wholly beyond the cultural competence of any of the mental health professionals who became involved in his case. Hence his 'bizarre' beliefs were taken as evidence of psychosis, and treated accordingly. No attempt was made to locate them in an appropriate cultural and religious context. Nor, as so often occurs when the label

'psychotic' is attached to a file, was there any easy release from that diagnosis. Despite all the efforts of the Pir, together with my own suggestion (then as a relatively junior mental health social worker) that Yusuf should be taken off his medication – as the secure unit had recommended – and allowed to return home to live separately with his wife, Yusuf was kept on his medication, with all the consequent negative side-effects.

Sadly enough, Yusuf's experiences are anything but unusual: they are endlessly replicated in every city with a substantial South Asian minority population. Hence the challenge before us is clear: to build upon the undoubted resources of CT's theoretical outlook in such a way as to ensure that patients such as Yusuf get a far more effective level of treatment than they do at present.

7   Conclusion

What can we learn from all this? Work with minority clients is not only an issue with which CT can engage, but with which it *must* engage if the kind of rank mistreatment which Yusuf received from the mental health services is to be avoided. Nevertheless it is quite clear that we still have a great deal of homework to do in the process of establishing just how and on what basis we are to gain the skills required to confront the challenge of ethnic pluralism.

Yet just how large is that challenge? One reason why work with Punjabi patients is so challenging is because the religious and conceptual world within which they operate is so comprehensively alien to anything which those who have grown up within the context of contemporary Euro-American styles, values and expectations are familiar. Nevertheless such worlds are by no means so unusual and exotic as they might seem at first sight: the inhabitants of mediaeval Europe would, for example, have been much less perplexed by the occult vocabulary routinely deployed in a Punjabi context than are their contemporary descendants. Nor are such modes of thinking in any way unusual in the contemporary world: once one moves beyond the bounds of contemporary Euro-American 'civilisation', as well as its offshoots in the small Westernized elites which are now emerging in most third-world cities, one finds that *most* of the world's population uses religious ideas and ideologies, together with all manner of occult beliefs and practice, as a resource within which to understand and to resolve situations of severe personal distress. Nor is there an absence of literature on the subject: there is an extensive anthropological literature on the subject, even if it is rarely if ever accessed by cognitive therapists, let alone by psychologists who operate within other schools of thought.

Moreover although the issues highlighted in this dissertation can be expected to loom particularly large amongst patients who ancestral roots lie in rural parts of the third world, be they Gujarati, Sylheti, Cantonese, Phillipino, Yemeni, Somali, Yoruba, or Afro-Caribbean, it is worth noting that issues which are similar in kind – if rather less dramatic in extent – can also be expected to occur amongst patients from all sorts of other non-English minority groups who take their religion seriously. The Irish Catholics are an obvious (and substantial) example of this.

How, though, are we to equip ourselves with the skills and understandings need to respond to the challenge of dealing with a poly-ethnic clientele? At first sight it seems an exceedingly

daunting task, since the amount of detailed knowledge that one might need to have aboard – given that these cultural traditions are so numerous and so diverse – seems quite mind boggling. However my own experience is more reassuring. In the first place CT's commitment to socratic questioning provides an excellent starting point for coping with cultural diversity, most especially if we use it as a means of establishing the character of the conceptual world within which our clients are actually operating. Yet how are practitioners to cope when, having asked their socratic questions, they are immediately confronted with accounts of the activities of all manner of *bhuts* and *churails*, of spirit possession and magical poisoning, and of wonder-working holy men?

All is not lost. Even though he writes about the Somali population in the Horn of Africa, I have nevertheless I have found reading the works of Lewis provides an extremely illuminating means of getting to grips with logic of the operation of occult beliefs and practices in a Punjabi context – no matter how far removed it may be in cultural terms from Somalia. Similarly the work of Pocock and Ballard has provided me with an invaluable analytical guide to the specific ways in which these issues are played out in South Asian contexts. The books are on the shelves: other could read them too.

So it is that whilst detailed knowledge of the cultural and religious traditions within which one's clients operate is an invaluable asset, it is not a sufficient – and perhaps not even a necessary – prerequisite to being able to be of positive therapeutic assistance. What matters much more is familiarity of the way in which occult beliefs may be deployed in cultural traditions which are far less secular than that constructed by most contemporary Euro-Americans, and most especially of the way in which these provide a particularly effective means of explaining, discussing and debating – and of coping with and sometimes even resolving – situations of acute personal distress and/or disaster.

Nevertheless it would be idle to suggest that much progress has yet been made in implementing such a vision: although I myself have begun to explore these issues in the course of my clinical practice, I would not claim to have done more than to take the first few stumbling steps in this direction. However in doing so I am also very conscious that what I am doing as also a great deal less novel than it seems: after all Pirs and all manner of other spiritual healers have been therapeutic practitioners in this field for centuries.

However apart from the efforts of a few anthropologists such as Lewis, few attempts have yet been made to formally research the way in which spiritual healers such as the Pirs actually set about their therapeutic practice. Were such research to be carried out, all sorts of insights as to how we might best go about treating patients who routinely utilise occult beliefs as a means of articulating their distress would undoubtedly be thrown up. In my view carrying out such research should be an urgent priority, since it would almost certainly provide all sorts of indications as to how CT practice should be rejigged to make it more effective vehicle for service delivery to minority patients.

CT makes it clear that patients do not fit a single model: individuals are by definition diverse, with the result that each person constructs their own schema own distinctive way. What this dissertation has sought to highlight is the extent to which these varied personal constructions are also set within yet another field of variation: that stemming from the religio-cultural tradition within which they habitually operate. Once placed firmly on the agenda, it follows that good CT practice requires us to take as much account of cultural variation as we currently do of individual variation. Our theory must therefore take account of the way in which both these sets of variables intersect in the cognitive constructs which individuals develop both as a source of meaning and a guide to action.

I can best conclude by quoting Lazarus, if only because his words express my own sentiments but so eloquently:

> 'The difficult tasks of finding out how these variables intersect and get disconnected, and moving the client toward a better working arrangement, make psychotherapy the truly remarkable professional challenge that it is. No other occupation demands more in the way of humanity, knowledge, and capacity for intellectual creativity' (Lazarus, RS 1989; 117).

8   Bibliography

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