

Some old problems with the new guidance on counselling people of African ancestry

[BOOK REVIEW]

Mpofu, Elias (ed) (2011) **Counseling people of African ancestry**. New York: Cambridge University Press. ISBN 978-0-521-88722-9 hbk. Pages xix + 332.

Charles Young

Department of Psychology,
Rhodes University,
Grahamstown

The purpose of this book is an ostensibly worthy one, which is to promote Afrocentric understandings and culturally sensitive mental health interventions for Africans and people of African ancestry. The latter includes descendants of the African diaspora – whose ancestors were scattered across the globe, often by violent force, and who retain a cultural affiliation with their ancestral origins.

Representing the work of 48 contributors, and edited by Elias Mpofu, a leading African scholar, **Counseling people of African ancestry** is published by Cambridge University Press. The text is divided into four parts and twenty chapters. The first part sets out the supposedly essential, shared cultural features and assumptions that are relevant when counselling people of an African cultural heritage. Part two describes some of the typical settings or contexts in which this Afrocentric counselling is relevant, and part three focuses on some of the particular problems that are the focus of such treatments. The final part considers how these Afrocentric understandings and approaches to mental health might be advanced.

The broad range of topics comes at the expense of depth. One might have expected a book such as this to have been written for postgraduate students training in counselling or psychotherapy, but the fairly brief chapters and multiple choice questions suggest that it is aimed at an undergraduate rather than postgraduate audience. It might serve as a useful adjunct to the more detailed counselling and psychotherapy texts that are offered to postgraduate students in psychology, but, apparently only available in hardcover, it is prohibitively expensive (\$100 on amazon.com).

The book certainly contains a number of well written and informative chapters. The chapters that describe the working

contexts and the problems that are likely to be encountered are useful. (Perhaps one criticism here is that both of these sections could be expanded.) But much of what I thought to be most useful is not necessarily specific to Africans or those of African ancestry but is rather applicable to people all over the world, especially people who are or have been marginalised, colonised or racially oppressed, regardless of whether they identify with Africa or not. Take the excellent chapter on trauma for instance, which elevates socio-economic contextual factors over cultural ones in the aetiology and course of traumatic stress, and claims that with minor cultural adaptations, interventions drawn from theoretical models that have been developed elsewhere can be effectively used with African clients.

The chapters that are perhaps specific to people of Africa and their descendents, particularly some of the chapters that are located in the first part of the book (with at least one exception being the chapter on racial oppression, colonisation and identity) refer repeatedly to fixed, homogenised, romantic notions of African culture. What troubles me is that the suggestions and tone of some of the chapters, by implying an undifferentiated African population bound by geographical origin and wedded to a common cultural identity, are deeply essentialising. This discounts the fluidity and diversity of African beliefs, ways of being and cultural practices, and how these might overlap with those of people in other parts of the world, including the post-industrial Western societies. Indeed, the emerging sub-discipline of postcolonial psychology problematises these very representations (Macleod & Bhatia, 2008).

For example, two of these chapters claim that narrative therapy is well suited to Africans, apparently because of the African oral tradition, as storytelling is a “naturally occurring phenomenon in Africa” (p 31), and because the approach is “linked to African values”, primarily the humanistic values associated with *Ubuntu* and the supposed emphasis placed on interdependence (p 49). Apart from the fact that these notions are contested (eg, Vogt & Laher, 2009), what these proponents of narrative therapy fail to see is the way in which these discourses position African subjects as fundamentally different to other people, as exotic and primitive. The problem I have here is not about the usefulness of a narrative approach - it is in suggesting that a very heterogeneous group of people share these supposed fixed, essential cultural characteristics. Elsewhere we are told that there is benefit to exploiting “African clients’ natural affinity to group work” (p 31). In discussion of the development of a culturally specific version of the TAT, we are told that “each card captures the lifestyles, physical characteristics, and values of Blacks” (p 50). Now there is, of course, nothing wrong with ensuring that test content and materials are relevant to the people who are to be tested, but the suggestion that there exist uniquely Black physical characteristics, lifestyles and values is obviously problematic. In fact, I thought that this was the very essence of racism, even if well meaning.

Certainly the notion of a relatively uniform African culture does not resonate with the diversity of clients that are seen at the psychology clinic at the university at which I work, which is located in an impoverished and rural region of the Eastern Cape province in South Africa. There we have seen clients ranging from a lesbian township resident who has been subjected to vicious homophobic attacks, on the one hand, to the patriarch who abuses alcohol and his family on the other. I would think that an Afrocentric approach would do well to emphasise rather than minimise the diversity and fluidity of cultural beliefs and practices across Africa, and also emphasise the interplay between culture and context in the development, expression and treatment of mental illness or psychological distress.

In this regard, it is perhaps unfortunate that the book does not deal with the large literature on idioms of distress - the socially and culturally prescribed ways of conveying distress (Nichter, 1981)

that can influence the development and expression of psychopathology- and how an understanding of these can be used to develop culturally salient interventions (Hinton & Lewis-Fernández, 2010). An important point is that idioms of distress are employed in all cultures and their understanding reduces the danger of exoticising others, as some of the chapters of the text risk doing. Also important is that exploring clients' idioms of distress is necessary to obtain any idiosyncratic meanings implicated in their distress and to access their life worlds. This understanding should facilitate empathy, while the idioms of distress are oftentimes the target of interventions (Hinton & Lewis-Fernandez, 2010). Thus, exploring these idioms of distress is not only the task of ethnographic researchers who study mental health in different cultural milieus but also for counsellors who seek to be better equipped to engage clients who are located in social and cultural contexts that are different to their own.

What this involves, then, is the capacity to engage with the unfamiliar. Such a capacity is much more than the narrow idea of multicultural competence as learning snippets of other cultural beliefs and practices to avoid the common cross-cultural misunderstandings that might derail the counselling process. This is because cultural understandings and practices are not fixed, and because culture is used to denote and demarcate not only different customs and ways of life, but a host of other differences between people, including race, gender, sexuality and class (Eagle, Haynes & Long, 2007). This capacity can only be born from experiential practice in community settings that serve diverse client populations (Eagle, Haynes & Long, 2007).

References

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