



How culture impacts on empathy

Jasbinder Singh and Peter Madsen Gubi explore the potential impact of Sikh faith on the therapeutic process

We, as counsellors, hope that we can 'meet' most clients empathically; and it causes us to reflect when we can't. Whilst our difficulties may be about a number of factors, it is worth appreciating that sometimes culture and faith may impact on our ability to be empathic. Western models of psychotherapy – the lens through which therapeutic process is often understood, and on whose ways of 'being' and 'doing' therapy is often based – are not always helpful, particularly when cultural and faith matters are more overtly significant to the context of our client's life.

It is generally accepted that the relationship between the therapist and the client is a vital part of the therapeutic experience. If the client perceives the relationship to be good, and participates in the therapy, then the outcome is often a positive one¹. To achieve the most effective working alliance, consideration should be given to the compatibility of the therapist and client, which suggests that factors such as class, background, culture and ethnicity need to be considered. But does that mean that Peter (a white, liberally Christian man) couldn't work effectively with Jasbinder (an Asian, Sikh woman)? No, but there may be a need for greater awareness of cultural and spiritual aspects to the relationship. In writing

this article, we are aware of the difficulties of expressing concepts in a way that recognise and embrace the uniqueness of each individual. Yet, we appreciate that common experience and context can only be written about in a shared sense, which can be accused of being stereotypical. We honour the fact that not all Sikh clients (nor counsellors) will share what we are expressing, but many will – and heightening awareness of potential issues that may impact on therapeutic process is our intention.

Although multiculturalism has become more accepted by host cultures, there is still a level of misunderstanding, ignorance, preconception, and sometimes mistrust of other cultures. Morris Jackson² points out that even in societies where different cultures live alongside each other, and there is an apparent shared understanding of one another's cultures, they still appear not to be able to relate to each other effectively. Therapists and clients are part of this society. Counsellors and psychotherapists have to be aware of their own beliefs, assumptions and attitudes towards people who are culturally or racially different³.

In Jasbinder's experience, often clients from minority ethnic groups have had to overcome

The Golden Temple at Amritsar, Punjab, India

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barriers such as racism, and as a result of this, make drastic changes to their own beliefs, moral code and values, in order to survive in the host country and to develop their own coping strategies. The client may have expectations of the therapeutic process and outcome, which are far beyond that which are actually achievable. There may be a temptation for the therapist to perceive a client from another culture in a particular way which might unintentionally lead to bias, eg common misconceptions held by the therapist may be that everyone from a particular culture is perceived as sharing the same beliefs, customs, language, and morals or value system (indeed this article may read as if they do!). Yet without some prior knowledge of an individual's culture, it is very difficult for the therapist to be able to offer the core conditions for therapeutic growth, or build any kind of positive therapeutic relationship with the client.

Unconscious judgmental and discriminatory attitudes may well lead to negative therapeutic outcomes. Counsellors need to be willing to explore their own culture and racial origins in order to better understand their own cultural identity, beliefs and values. Any assumptions that the counsellor may unconsciously have, may be received by a client of a different culture from their own as racism – not an aggressive racism, but racism in the form of the ‘assumption’ that it is the culture of the client that is the cause of the problem; because it does not fit a Westernised understanding of self-actualisation or process. The difficulties faced by culturally diverse clients may be quite different to those experienced by clients from the host culture.

Even with some prior knowledge of a client's culture and beliefs, there is still a danger that the counsellor may assume that two clients, who appear to be from the same cultural background or geographical location, will hold the same values and beliefs. Simple things, such as seating and personal space, may be something to be considered, as certain body posture, eye contact and other gestures may be interpreted incorrectly by the client.

Also the support systems that exist within other cultures may have an impact on the therapeutic relationship and process. Support systems such as the family, community,

religious and spiritual institutions, and religious leaders, are all areas of support that clients from South Asian cultures, from which many Sikhs come, may turn to. Many South Asian people are not willing to talk about their emotions, nor are they accustomed to self-analysis⁴ and would expect therapists to be authoritative and directive in their approach; this may compromise some therapeutic models. Some knowledge of the client's culture may be useful to the counsellor; for example, the client's role within the family or community and how this impacts on the client and the issues that are affecting the client. It has been asserted that there has been a tendency by the host nation to try and assimilate immigrants by expecting them to forget about their own culture and adopt the culture of the host nation⁵. In our opinion these are completely unreasonable expectations, as the roots of a person's culture run far too deep for them to be severed so easily; nor should they be expected to in an attempt at integration. Their cultural and religious beliefs, values, rituals, family structure and dietary practices are all part of their upbringing and of what makes them who they are⁵. From a psychological perspective, the family structures, kinship patterns, and rules that govern their daily lives, are important. This includes the role of women, what constitutes abuse in their culture, how children are raised, ways of grieving and mourning, and the role that ritual and religion play in their daily lives.

One of the oldest healing traditions in the world is the Indian healing tradition. As far back as 1300BC, healers and physicians in India had a holistic concept of health, and mental and spiritual health was given significant importance. Even today, many South Asian people who suffer from stress (or other more serious mental illnesses) will often go to their religious place of worship to try to find some inner peace, sometimes turning to the religious leaders within these institutions for guidance. One of the psychotherapy models for use in India was proposed by Neki⁶. This is the Guru–Chela model of the therapeutic relationship and was seen to be ideal for Sikh clients. ‘Guru’ essentially means teacher and or spiritual guide or leader, and ‘Chela’ means disciple. This form of therapeutic relationship sits well with some people of South Asian origin as the relationship puts the Guru in charge of the

mind and soul, and the disciple is happy for the Guru to take them on a therapeutic journey which will alleviate their suffering. This is tenable where self-discipline is to be inculcated into clients, and where direct guidance and advice is sought from the therapist in order to create harmony between the client and society⁶.

The Sikh culture shares certain traditions with the wider South Asian community. It is distinct however in its religious beliefs, spiritual traditions, customs and cultural behavioural patterns. The Guru-Chela model fits well with Sikhism as the teachings of the 10 Gurus are at the core of the religion. The word, ‘Sikh’ means, ‘to learn’, or ‘learner’. The 10 Sikh Gurus taught a philosophy which was far removed from the religious codes and teaching of the other religions that were prominent at the time. These teachings are all within the Sikh Holy Scripture, ‘the Guru Granth Sahib’, which was pronounced as the present day Guru by the 10th living Guru, Guru Gobind Singh. The Guru Granth Sahib (GGS) is the central focus for Sikh worship. The key concepts in Sikhism are: God is one; equality; voluntary service; meditating on the name of God and spiritual liberation; earning by honest means; and sharing with others. In Sikhism, religion and ethics go together. Living a virtuous life in accordance with the five virtues written in the Guru Granth Sahib is vital if spiritual development is to be achieved⁷. The five virtues are: honesty; compassion; generosity; patience; and humility. However, alongside these virtues, the Gurus recognised that the human condition is such that we are open to living a less virtuous life and drawn towards the five sins described in the GGS as: kam (lust); krodh (anger); lobh (greed); moh (attachment); and ahnkar (ego). A worthy and virtuous life can only be achieved through self-discipline which is three-fold: physical, moral and spiritual. The physical discipline includes acts of service and charity, and sharing with others whilst continuing to fulfil family duties. Moral discipline includes righteous living, earning honestly, and rising above selfish desires. Spiritual discipline is about having belief in only one God⁷.

In Sikhism, the ego does not have the same conceptual meaning as it does in the psychoanalytic world. According

to the Sikh worldview, the ego is the major cause of life's suffering as it is experienced as the ‘I’, and as being separate from, or different, to others⁴. The tendency is for humans to gravitate towards an ego-centred world, whereas the Sikh religious goal is to experience unity with one cosmological essence that unifies all. This results in a struggle for permanence and existence. Essentially, suffering is a result of the human existence, and a result of the ego's desire to fulfil four core human needs: security, love, respect, and freedom. In Sikhism, the way to spiritual liberation is to liberate oneself from the ego. In achieving this, one becomes ‘God-centred’, as opposed to being ‘self-centred’. Dr Kala Singh⁸ developed the ‘Sikh spiritual model of counselling’ which outlines the six steps necessary to achieve spiritual liberation. These consist of:

- 1) Understanding what ego is and how it affects us;
- 2) Self-realisation: realising that the ego is the root of the problem and therefore needs to be extinguished;
- 3) Five vices: recognising the five vices, ascertaining which is at the root of the problem and learning how to control these vices;
- 4) Humility: recognising that humility is necessary to counteract the ego;
- 5) Five virtues: whilst the five vices need to be controlled, the five virtues need to be developed;
- 6) Meditation and spiritual liberation: on completion of the five previous steps, true humility has been achieved and one is spiritually liberated. It is this spirituality and meditation that brings peace of mind in all circumstances⁸.

In Sikhism, the ego is said to be at the centre of all life stresses as it is the ego's desire to meet a person's core needs of security, love, freedom and respect, and it is the pursuit of the fulfilment of these core needs that prevents spiritual liberation.

Sikhs, like many other South Asian cultures, do not normally see talking therapies as a way of resolving issues and problems in their lives⁸. There is still some stigma



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attached to mental illness, and counselling would be seen as a last resort, when all else fails. Sikhs would probably prefer to use psychology based on Sikhism, which states that human attachment to the temporal world leads to a person being drawn into the five vices. However, it is possible to live in the temporal world where these five vices exist, without being affected by them. The GGS suggests that Sikhs should keep these vices under control by living as a lotus flower does – taking nutrition from a pond without getting dirty and wet. Practising the five virtues helps to improve and maintain a person's mental health. Spiritual meditation allows the mind to alleviate stress, which is believed to be the primary cause of disease.

How then does all of this impact on the therapeutic relationship and process? The therapeutic relationship between the counsellor and a Sikh client may be identified by the client as a Guru-Chela relationship. This immediately puts the counsellor in a position of power as the client may be expecting the counsellor to work in a directive and prescriptive manner. The client will probably have exhausted all other avenues such as family, community, friends, and the Granthi (teachers) at the temple, before contacting a counsellor, all of whom will have given advice and direction, a major part of which will have been to direct the person to look within the Sikh religion, and teachings, for the answers. The GGS does encourage talking about problems and issues. However, many Sikhs may not want to openly discuss problems because of shame and stigma⁹. Sikhs tend to discuss problems in an impersonal and collective context, quite often in a philosophical manner. Discussing the human condition allows it to be normalised, and therefore receiving support from others whilst living amid suffering (such as bereavement) allows a person to receive the knowledge required to alleviate suffering⁴. An understanding of the Sikh concept of living a meaningful life whilst fulfilling the core needs, would enable the counsellor to gain some understanding of the Sikh client's inner world. This would then allow the counsellor to enter the Sikh client's frame of reference and walk alongside them on their therapeutic journey. Non-verbal communication is

an important way of communicating empathy to a Sikh client, as people of South Asian origin tend to respond primarily to non-verbal communication. Verbal communication of emotions across cultures may be difficult and be open to distortion. Therefore, non-verbal communication may be more appropriate¹⁰. For example Sikhs originate from Punjab which is in the north of India, and, in Punjabi culture, frequent use of hand gestures is the norm. Non-verbal gestures may also be more credible to the client as verbal communication may at times contradict non-verbal communication.

For Sikhs, religion and spirituality are at the core of who they are. We hope that by writing on these issues, counsellors will feel more informed. We also trust that we have been sensitive enough to have honoured Sikhism, and its followers, who may be our clients at some time.

Biographies

Jasbinder Singh has a BA(Hons) in counselling and psychotherapy studies from the University of Central Lancashire and is training to become a person-centred counsellor.



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