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"That's the World Standard": A Critical Ethnography of "Universal" Knowledge

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This paper analyzes how knowledge is reproduced as "universal" in contemporary higher education and how this production of universality influences the application of knowledge. Using a case study of clinical psychology, it describes the results of over two years of ethnographic fieldwork in a university and professional settings in Singapore with short comparative field studies in Australia and the Netherlands. The results provide critical insights into the cultural effects and knowledge contestations within transnational higher education. [anthropology of knowledge, anthropology of psychology, ethnography of education, universal knowledge, transnational education]

> *There are a lot of practitioners [of psychology] who come in and say*
> *"so that's the world standard. You've got to go from where you are to here."*
>
> – Lisa, academic in Singapore, interview 17 April 2014

This paper explores how knowledge is reproduced as "universal" and how this affects knowledge application, through a case study of an academic discipline. The presentation of knowledge as universal is not new in university curricula and practices; indeed, the academic prototype of knowledge is that it is context free, coherent, progressive, and natural; what Fredrik Barth (2002, 2) calls "a knowledge without knowers." In recent decades, higher education has internationalized on a massive scale and universities have become embroiled in a race for world class education. With this change academics and students are expected to have a global outlook and capabilities (Matthews and Sidhu 2005), which has increased the transnational export of certain knowledges that are deemed universally applicable. Problematically, many of these 'universal' knowledges have been critiqued for being rooted in hegemonic Anglo-American academic traditions (Ng 2012; Yang 2006) and historical mappings confirm that some knowledge expands through postcolonial pathways from north to south and from west to east (Geerlings et al. 2014). Thus, university curricula, and the knowledges they present, should be understood as culturally constructed products, and their spread carries the risk of creating epistemological hegemonies.

This paper presents an ethnographic case study of clinical psychology, a domain of knowledge that is often presented as universally applicable. Clinical psychology focuses on the prevention, diagnosis, and treatment of mental illness (American Psychological Association 2017). It is taught as postgraduate programs in universities, and graduates conduct psychological assessments, diagnoses, and psychotherapy in mental health institutions, hospitals, and clinics. As an example of contemporary and problematic "universal" knowledge, clinical psychology models and theories are critiqued within the

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discipline for being predominantly based on research conducted by Caucasian-American researchers, with similar research participants (Arnett 2008; Henrich et al. 2010). This has caused some within the discipline to call their therapies, practices, and diagnostic methods western biased (Fernando 2003; Gerstein et al. 2009; Lange and Davison 2015; Thakker and Ward 1998). Furthermore, education in clinical psychology across the world is increasingly standardized according to American designed training models (Geerlings et al. 2014). Clinical psychology thus potentially illustrates a hegemonic reproduction of "universal" knowledge.

Discussions of hegemony often invoke cultural imperialism as an important theoretical framework; however, the effects of "universal" knowledge resist easy categorization into colonizing and colonized ideas. Postcolonial scholarship has demonstrated that western education was never simply received by colonial subjects; instead, hegemonic knowledge and ideas are actively negotiated and can have unintended effects (Vora 2015). Similarly, categories of thought in contemporary curricula may be marked by European imperialism (Willinsky 1998) but are also subject to locally informed interpretations, appropriations, and contestations (Chatterjee and Maira 2014). In addition, the conceptualization of knowledge as "Anglo-American" or "western" reveals a problematic cultural essentialism. In previous work, we applied Deleuze and Guattari's philosophy of rhizomatics (1977, 1988) to an academic discipline to explain how knowledges are continuously changing as they are taught, explained, interpreted, and re-interpreted (Geerlings and Lundberg 2014). This re-actualization of knowledge takes place at multiple, intersecting levels, including country, university, classroom, group, and individual. Consequently, knowledge is never stable or delineated, and cannot be essentialized into one identity such as "western"; rather, knowledge is subject to interpretation by local actors. Therefore, we propose in this paper that it is more intellectually fruitful to analyze how knowledges are *presented and reproduced as universal* in contemporary higher education and how this production of "universality" influences the application of knowledge. This perspective re-embeds knowledge in the processes of social relations.

The social relations underlying knowledge (re)production have been studied before. For example, the sociologist Michèle Lamont (2009) analyzed the social production of standards for academic excellence in the interactions between "experts" engaged in peer review processes. Taking another perspective, educational scholars Mitchell Stevens and Cynthia Miller-Idriss and anthropologist Seteney Shami (2018) showed that American academics pursue particular lines of inquiry partly due to career pressures within their institutions. These and other works re-embed knowledge in social processes and demonstrate the impact of power (in these examples: academic status and institutional pressures) on these processes. This highlights the continued relevance of Michel Foucault's theorizations of the interrelations between knowledge and power. Through his case studies across madness (mental health), criminality, and sexuality, Foucault revealed that knowledge is interwoven with power relations. Moreover, in specific times and places, particular knowledges are promoted as "truth" while other knowledges are disregarded as mere beliefs. The knowledges that count as "truths" are articulated through discourses, which include knowledge aspects, subjectivities, and power relations (Foucault 1980). Discourses serve as filters through which we perceive the world and our place in the world. They justify particular actions and render alternative actions invalid; promote certain ideas from particular people while silencing other enquiries and people (Geerlings and Lundberg 2018). Thus, an analysis of the social processes of knowledge reproduction in clinical psychology

is also an analysis of power relations in contemporary higher education. There is a need to delve deeper into these issues, for which we turn to the anthropology of knowledge.

Anthropology of Knowledge, Phenomenology, Power/Knowledge

Fredrik Barth is recognized as a leading scholar in the subfield of the anthropology of knowledge. Through his studies of ritual and cosmology in tropical Papua New Guinea and Bali, Barth had come to regard knowledge as central to describing his ethnographic encounters. He defines knowledge as "what a person employs to interpret and act on the world" (Barth 2002, 1). Barth recognizes thoughts and feelings, and tacit, embodied, classificatory, and verbal aspects of knowledge (1995, 66). He notes that a major advantage of this anthropology of knowledge is that it moves anthropologists' attention away from culture as an object of study, which he believed caused misguided analyses of culture as a thing that exists *a priori* to people and of people as cultural artefacts. Instead, Barth maintained, an anthropology of knowledge "points to people's engagement with the world, through action" (1995, 66).

Barth's articulation of an anthropology of knowledge as "people's engagement with the world through action" resonates with Martin Heidegger's phenomenology (1971). In his later work, Heidegger explored the everyday practices of being in the world (ontology), theorizing that it is through using the things of the world, that we come to experience the world. The processes of coming to know (epistemology) take place though everyday practices. In other words, knowledge is not an abstracted and distanced mental calculation; rather, understanding rests in the shared everyday activities of being in the world. Furthermore, Barth (1995, 66) proposed to study people's engagements with the world in situated milieus. Like Heidegger, Barth was aware of the subtle reciprocal workings of human actions and situated milieus, and the importance of these contexts in acting in/on the world. He argued that "in focusing on action, we focus on the locus where people deploy cultural materials to interpret the situation in which they act and design their action to have an effect on the world" (Barth in Borofsky et al. 2001, 436). Thus, by refocusing our ethnographies on people's subjectively purposeful and meaningful acts, we combine ontological and epistemological considerations. Barth advocated a comparative perspective of knowledge. He did this in order to unravel aspects of cultural worlds, which humans are always in the processes of constructing and deconstructing. To this end he maintained that any tradition of knowledge has three interrelated facets: a body of substantive assertions and ideas, communication of these ideas, and their transmission through instituted social relations (2002, 3). A comparative ethnography of these three intersecting aspects of knowledge can reveal how criteria for universal validity and knowledge coherence are generated, as well as potentialities for change (2002, 3). Barth (2002) furthermore maintains that these facets of knowledge appear together in people's everyday engagements with the world through action. Importantly, the study of these interfaces. In the specific case social situations and contexts, reveals openings through which people actively create knowledge and cultures of knowledge. This actor-oriented and processual perspective was common across all his ethnographic work.

Barth was known for the unusually wide range of ethnographic sites in which he undertook fieldwork over a long anthropological career. However, even though geographically and culturally dispersed, his ethnographic interests and fieldwork sites were consistently in the realms of borders. In other words, in the spaces where knowledge and cultural practices meet, touch, transition—and may be appropriated, transformed or

contested. The following case study is likewise an example of ethnographic fieldwork in an interstitial space—that of transnational education.

A Field of "Universal" Knowledge: Settings and Methodologies

The field of clinical psychology with its standardized practices is a particularly strong example of "universal" knowledge. It is a knowledge practice applied across the globe but that mainly depends on ideas developed in western Europe and the USA. The disciplinary spread of "universal" knowledge is through transnational education, and in order to study the effects of this knowledge, ethnographic fieldwork for this study was undertaken for over two years in the global education hub of Singapore, with additional field visits to Australia and the Netherlands. The field visits to Australia and the Netherlands allowed for comparison of the social processes that present knowledge as "universal" in different geographical and cultural settings, which are contextualized by the single historical set of global relations in the production and exchange of knowledge, which is built especially on colonialism.

Case Study Contexts

In Singapore fieldwork was conducted in universities and mental health clinics. A former British crown colony, upon independence in 1965 Singapore adopted "multiracial" social policies that regulate its diversity by recognizing multiple ethnicities (Chinese, Malay, Indian, and Others), religions, and languages (English, Mandarin, Malay, and Tamil). The education system was modelled after the former colonizers, and since 2003, Singapore's higher education sector is increasingly internationalized. Clinical psychology was introduced to Singapore from Australia in 1965 as part of the development scheme called the Colombo Plan (Geerlings et al. 2014). In 1998, the first graduate program in clinical psychology commenced at the National University of Singapore. It was heavily dependent on imported ideas and lecturers who were trained abroad (Singh and Kaur 2002). As we have argued previously (Geerlings et al. 2014), this foreign dependency has taken new shape with the rise of international education. Currently, of the four graduate programs in clinical psychology in Singapore, three are provided (partly) by an Australian university and are accredited by the Australian Psychological Accreditation Council (Geerlings et al. 2014). Given this connection, additional field visits were conducted at universities and mental health clinics in Australia.

Clinical psychology had been transferred by British colonial scholars to Australia early in the nineteenth century and is currently more locally appropriated in that country. Thirty universities provide clinical psychology graduate education, practicing clinical psychologists are required to have a graduate degree accredited by the Australian Psychological Accreditation Council, and they need to register with the Australian Psychology Board (Geerlings et al. 2014). The regional neighbors, Singapore and Australia, are close collaborators in clinical psychology education, and both use English as a medium for instruction and practice. Thus, for a further comparison of the social practices that construct knowledge as "universal" in a different geographical, cultural, and linguistic setting, field visits were conducted in the different context of the Netherlands.

In the Netherlands, clinical psychology education is offered in eight public universities, and Dutch is often the language of instruction, although English is becoming more common. Initially, clinical psychology in the Netherlands was linked to the German psychoanalytic approach; however, American standardizations are increasingly shaping the

country's psychology training and practice (Dehue 1991). Graduates are registered as provisional psychologists with those wishing to practice clinical psychology independently requiring an additional two years of post-master training in a Dutch university (Geerlings, Thompson, Kraaij et al. 2018).

Author Positionalities

The selection of these fieldwork sites was influenced by the authors' positionalities vis-à-vis the research topic. During research, both authors were affiliated with an Australian university in Singapore, the first author as a graduate research student who was supervised by the second author. We combined our cultural understandings of Singapore and the other fieldwork contexts to aid our comparative analyses. One author is Dutch, studied anthropology and psychology in the Netherlands, and had been in Singapore for two years at the start of the fieldwork. The other author is Australian, has conducted anthropological fieldwork in the Malay Archipelago, and worked eleven years in Australian higher education and seven years in Singapore. Both authors are multilingual with their respective native languages Dutch and English. The first author conducted the ethnographic fieldwork and preliminary analysis. This paper was written collaboratively.

Ethnographic Sites and Methods

The first author worked for two years as an administrative assistant in a psychology training clinic attached to the campus of an Australian university in Singapore. In addition to her official work duties, which were divided over one to three days a week and ranged from receiving clients to assisting trainees, the first author often visited the clinic on her off days. She became a confidante to some of the graduate students and academics. The second fieldwork site was the research common room at the same university, which was occupied by clinical psychology graduate students in their final stage of training: dissertation writing. The research common room was out of earshot of academics, which enabled confidential conversations with students. A final category of fieldwork contexts were psychologists' work sites, including hospitals and clinics, and related public places such as lunchrooms. Work visits were often combined with a semistructured interview focused on experiences of practicing clinical psychology (see Geerlings, Thompson, Bouma et al. 2018 for the interview outline). In total, fifteen interviews were conducted in Singapore: five graduate students, five alumni, and five academics of clinical psychology programs. The interviews were recorded and transcribed for analysis (see Table 1).

In Australia, fieldwork was conducted in the psychology training clinics of two public universities in Queensland, a state that is home to different communities of Aboriginal and Torres Strait Islander people (Australian Bureau of Statistics 2012) and multiple migrant groups (Australian Government 2012). The first author spent one week at each university, in a vacant consultation room of the clinical psychology department of one university and in the common room for psychology graduates of the other. These sites enabled casual conversations with graduate students and teaching staff. In addition, semistructured interviews were conducted with eight graduate students and four academics.

In the Netherlands, fieldwork sites were the clinical psychology institutes of two public universities and two private clinics located in two cities. Two weeks were spent in one university in the multicultural urban area of the west, and one week in another university bordering Germany. In addition to fieldwork observations, fourteen interviews were conducted: five graduate students, five alumni of graduate programs who were working as clinical psychologists in the Netherlands, and four academics.

Table 1.
Summary of Field Work Sites, Methods, and Data sources

Sites	Methods	Duration	Data sources
Singapore			
Psychology training clinic	Participant-observation	1–3 days a week for 2 years	Ethnographic field notes
Research common room	Participant-observation	3–5 days a week for 2 years	Ethnographic field notes
Work sites & related public spaces	Observation & conversation	17 visits of 1–2 hours	Ethnographic field notes
	Semistructured interviews	15 interviews	Interview transcripts & notes
Australia			
Psychology training clinic	Observation & conversation	5 days	Ethnographic field notes
	Semistructured interviews	7 interviews	Interviews transcripts & notes
Psychology common room	Observation & conversation	5 days	Ethnographic field notes
	Semistructured interviews	5 interviews	Interview transcripts & notes
Netherlands			
Psychology common rooms in two universities	Observation & conversation	14 days	Ethnographic field notes
	Semistructured interviews	12 interviews	Interview transcripts & notes
Work sites	Observation & conversation	2 visits of 1 hour each	Ethnographic field notes
	Semistructured interviews	2 interviews	Interview transcripts & notes

Informants

In the context of the small pool of clinical psychologists in Singapore, extra care needs to be taken to maintain confidentiality. Therefore, demographic characteristics of the key informants are withheld. Overall, most student informants were Singaporean citizens, while the majority of the academics were not from Singapore and received their graduate training in western countries. The four main cultural groups in Singapore are represented: most informants were Chinese Singaporeans, some Indian Singaporeans, some Malay Singaporeans and foreign others. Most informants were female. The majority of informants in Australia were white Australian; only a few informants did not have Australian nationality. None of the informants identified as being of Aboriginal and Torres Strait Islander descent; we acknowledge that this research would have benefitted from their experiences and perspectives, along with those of other cultural minority groups (Dudgeon

et al. 2010). In the Netherlands, informants were local and international students, while the clinical psychologists were predominantly cultural majority Dutch. Similar to Singapore, the majority of the informants in Australia and the Netherlands were female.

Data Analysis

Ethnographic data consisted of fieldwork notes, interview notes, and transcripts. The first author, who also conducted the fieldwork, coded the data and organized these codes into themes that provide insights into the lived experiences of studying, teaching, and applying clinical psychology knowledge in the fieldwork settings. The progress in coding and analyzing the data was discussed on a monthly basis with the second author to establish interrater reliability. The analysis was informed by phenomenological anthropology, which is reflective and thus extends from the informants' experiences to the first author's personal reflections during fieldwork (Jackson 1996). Additionally, the ethnographic data invoke theory rather than being derived from theory. Phenomenological anthropology thus moves away from distanced analytical approaches that are guided by theory, such as those often used in psychology (Geerlings, Thompson, Bouma et al. 2018; Geerlings, Thompson, Kraaij et al. 2018; Geerlings et al. 2017). In our experience, phenomenological anthropology better equips us to understand the processual nature of knowledge contestation within the social contexts in which they occur. It led us to three main anthropological reflections on the production of "universal" knowledge. Each of these reflections, presented below, is illustrated with quotes from informants or fieldwork diary notes. Quotes are presented verbatim, are italicized, and brackets are used to identify material that was changed for clarification or confidentiality.

Ethnographic Fieldwork Reflections I, II, III

I. White or Colorless? Discourses of Science

> *I'm trying to set up support groups. But we're getting resistance left, right, center, and all that. So, feedback I've been getting is that some patients even said: "I'm not Caucasian, I don't want to talk about my feelings!" So, these are all successful programs that we read about in the literature, that we hear about from overseas. It doesn't make sense why it wouldn't work in the Singaporean context*. Yi Ling, clinical psychologist, Singapore, interview 30 June 2014

Yi Ling chuckles and throws her arms in the air to express her disbelief. We are at her consultation room in a public hospital in Singapore; she is wearing a formal blue shirt and is seated at her desk topped with a computer, papers, and a model of a brain. She is eating during our conversation *("Hope you don't mind I'm having a late lunch? It's been kinda busy today!"*). I am sitting at the other side of the desk, the patients' side, looking at her and feeling my stomach rumble from the ginger and garlic smells of her food. The air conditioner reduces the tropical climate outside to a pleasant temperature, and the window behind Yi Ling is covered with grey blinds to keep out the afternoon sun—as well as curious gazes of passersby. This is the first time I am in Yi Ling's office. I had some trouble locating it in the rather obscurely named "Medicine Department." Upon arrival, I asked Yi Ling why her department is not called the "Psychology Department." She answered, looking away: *"Oh, so that patients don't have to be seen as part of this"* (field notes 30 June 2014).

I understand what she means. Most people in Singapore would not want to be seen entering a Psychology Department due to the stigma attached to mental health issues. In the psychology clinic where I work, it has happened more than once that a new client

asked over the phone if they could *"use the back door"* so nobody would see them enter a mental health facility. Just a few weeks before this meeting with Yi Ling, a friend came into the psychology clinic to take me out for lunch and had giggled nervously: *"Hope people won't think I'm mentally ill!"* (field notes 17 June 2014). There are barriers to people seeking mental health treatment, and the generic name of Yi Ling's clinic is an attempt to ease this. Indeed, in the interview, when we discussed her coursework, Yi Ling told me that she was *"wondering if we would ever get any patients at all, because of the stereotype and the stigma in Singapore on mental health"* (interview 30 June 2014). Fortunately, patients do come. However, applying her clinical psychology expertise in this context of stereotype and stigma is not as straightforward as Yi Ling would hope.

When I asked her about her experiences of putting her coursework into practice in Singapore, Yi Ling noted the resistance she encounters. Her statement quoted at the beginning of this section reveals two contrasting ideas of clinical psychology in Singapore. First, the critique expressed by her Singaporean patients that support groups are "Caucasian" illustrates the perception of clinical psychology as "white," foreign, and Other; and its practices, including disclosing one's feelings or emotions, as non-Singaporean. Indeed, the literature has reported that Singaporeans identify as "Asian" (Yeo 1993, 29)—an essentialized cultural category different from "Caucasian." Thus, Yi Ling's patients do not identify with (parts of) the "western" practice domain of clinical psychology and consider these practices culturally incompatible. According to Yi Ling's patients, clinical psychology might be white people's knowledge. When I prompt her to tell me more about her experience of setting up support groups with her colleagues at the hospital, Yi Ling shows her own ambivalence. On the one hand, she identifies with her patients, and says: "*Well… we Chinese are not used to talking about our feelings, our thoughts, it is more about just doing*." (interview, 30 June 2014). At the same time, her conviction that programs that are successful according the literature should also be successful in Singapore reflects the contrasting perception that evidence-based practices are applicable across cultures. Thus, while Yi Ling understands where her patients—or at least her Chinese patients—are coming from, she devalues the cultural aspect of clinical psychology practice and relies on the discipline's universalist scientific basis for its validity and applicability in Singapore.

The perception of scientific knowledge as noncultural and objective seems common among psychologists in Singapore. In the psychology clinic where I work, graduate students rely on reference books that have "International Edition" written in large font on their covers—almost as if the books boast about their generalizability. A few days after meeting Yi Ling, Valerie, another colleague at the hospital, explains the utility of International Edition reference books in her practice:

> *Psychology is like a science so a lot of it is based on like objective evidence and it is like thoroughly tested through many research trials, you know, in countries where psychology is much more established. So definitely the underlying theories are something that all humans regardless of race or culture go through.* (interview 16 July 2014)

Thus, while Valerie acknowledges that psychology knowledge is constructed in specific countries, she considers the scientific methods (the research trials) sufficient to assume generalizability. Valerie's statement reveals a discourse, powerful among psychologists in Singapore, which regards science as objective and thus value free. This discourse divorces knowledges from their place of conception and renders them applicable across geographical and cultural regions, thereby dismissing the Foucauldian understanding of truth as a social construction of a particular place and time. Clinical psychologists I meet during

fieldwork constantly call upon this discourse of clinical psychology knowledge as a domain of generalizable scientifically validated truths to justify their practices. However, at the same time, Valerie's reference to "*underlying theories*" rather than simply "theories," shows slight hesitance in her acceptance of clinical psychology knowledges as universal.

I wonder if the overabundant use of international reference materials is driven solely by this discourse of scientific knowledge as generalizable and, relatedly, how locally developed resources are regarded. Therefore, I visit the psychology sections in the contemporary libraries of the universities that teach clinical psychology in Singapore. In the large collections of psychology books, I find a dearth of local resources, apart from two small books on Counselling in Singapore. However, in online searches I do retrieve research articles focusing on clinical psychology practice in Singapore. The next day when I ask around in the research common room if such articles have been used during lectures, Ryan, a clinical psychology graduate student who just returned from training in Australia, looks at me with his eyebrows raised: "*Why? Are they even good studies?*" (field notes 17 July 2014). Ryan is questioning the quality of the research conducted in Singapore; perhaps such studies are not discussed in class because the quality is insufficient? Ryan's suspicion towards Singaporean research demonstrates that the imaginary of what constitutes good studies in clinical psychology is limited; good studies are not likely to come from Singapore. Relatedly, when at the Medicine Department I ask Valerie whether cultural considerations for practice are discussed in the classroom, she responds: "*I think it would be very relevant. But I don't know how much research has been done in that area? You know, in the Singapore setting?*" (interview, 16 July 2014). I receive similar responses from students in the psychology clinic: a questioning of the existence of locally developed resources and, upon my confirmation of their existence, a subsequent questioning of their quality. These responses show that locally conducted studies are currently not part of the corpus of clinical psychology knowledge that is communicated through textbooks and transmitted through the social relations institutionalized in classrooms or supervision sessions. This limits the imaginary of what constitutes good scientific knowledge in clinical psychology, silences locally developed knowledges in clinical psychology, and reinforces the reliance on International Edition textbooks that normalize Euro-American research findings. Furthermore, psychology graduates employ a discourse of science as objective, value free, and universal for producing non-locally developed knowledge as "universal."

In Australia and the Netherlands there is a similar reliance on international reference books in clinical psychology. Taking an example from the Netherlands, I notice that the psychologists I interview are aware of the Euro-American centricity of clinical psychology research. While interviewees acknowledge this limitation of the literature, my suggestion to culturally adapt or tailor theories and methods is often strongly dismissed, while defending the scientific foundation for clinical psychology. For example, Paul, an academic staff member in charge of the clinical psychology curriculum at his university responds laughingly: "*We try to teach them evidence-based psychology. Not hugging with [sic] trees! Unless that's proven to be effective!*" (interview 23 May 2014). Paul regards evidence-based therapies as the opposite of "*tree hugging*," denoting practices which are considered irrational or emotive, the domain of shamans or spiritual healers in contrast to the rational, scientific, clinical psychology profession. Thus, clinical psychology knowledge is considered more valid and valuable because it is based on science. This discourse of science validates International Edition textbooks, justifies the application of Euro-American research findings across borders, and silences (in this case by ridiculing) alternatives or adjustments to the instituted knowledge domain of clinical psychology.

II. International, thus Rational Knowledge

> *Because we are such a young country and even today, I don't think we are very grown in this field yet and for that reason I don't think we have enough experience and enough, you know, information […] So because of that I think it is not surprising to hear that we are drawing on practices from all these other places where psychology is much more established.* (Valerie, clinical psychologist, Singapore, interview, 16 July 2014)

In a cafe on the hospital grounds, I ask Valerie about her training experiences. She explains that she completed her clinical psychology training in Singapore. She immediately adds that for "*several reasons*," including the entry requirements of Australian accredited programs and "*family commitments*," she could not conduct clinical psychology training in Australia, suggesting that choosing the Singaporean program requires justification. If circumstances had allowed, she would have completed her training in a country where the discipline is "*much more established*" (see quote at the beginning of this section) and mentions Australia, the United Kingdom, and the USA. She continues that fortunately, in her opinion, she studied reference books from these countries and was supervised by British and American clinical psychologists in Singapore. She feels like she has gotten the best of both worlds. Being trained in Singapore gave her "*a faster sort of route toward the way of what it is like to practice here in the real setting*." Meanwhile, her foreign supervisors:

> *They have had a wider and broader exposure […] So their approaches may be different, and that helps to sort of become less narrow-minded. Even though the approach may not be hosted or applicable here – it gives us a start to think about what else can be done.* (interview, 16 July 2014)

Connoting herself and peers as narrow minded, and her foreign supervisors as experienced and knowledgeable, Valerie puts her international colleagues on a pedestal while devaluing her local peers. Consequently, Valerie regards international collaboration as beneficial to the development of clinical psychology in Singapore.

Valerie is only one of the many informants that express the idea that students, academics, and professionals of clinical psychology in Singapore are less experienced in their practice and less fluent in their psychology knowledge compared to people from other places. Her quote at the beginning of this section portrays Singapore and its inhabitants as an apprentice who needs to learn from the more mature and experienced leading countries in clinical psychology—the empires of knowledge. This discourse of Singapore's external dependency for its development and survival is prominent and powerful in the city-state more generally (Matthews and Sidhu 2005). Among clinical psychologists, it seems to justify a reliance on foreign resources, including literature and experts—thus perpetuating a situation of dependence—and negating the development of local resources. Valerie considers locally trained supervisors less open-minded than their foreign trained peers; likewise, Ryan (in the previous section) questioned the quality of research conducted in Singapore and its utility in the training program. The underlying assumption is that adopting foreign knowledge paves the way for the future of clinical psychology. The knowledge practices of clinical psychology are imagined to be mostly in the minds and hands of foreign "others" in western countries.

The notion that the adoption of clinical psychology ideas and resources from abroad is a step towards modernizing Singapore's mental health care stimulates internationalization. Consequently, some psychologists express gratefulness for the Australian involvement in

clinical psychology education in Singapore. For example, Cheryl, who I meet in another hospital, says that about half of her classmates in Australia were Singaporean (interview, 3 July 2014). I respond by saying I find that a large number. Cheryl thinks about my comment for a while and concludes that apparently Australians "*really want to transfer the knowledge and grow the field of psychology outside Australia by offering their expertise [to Singaporeans]*." I merely nod my head, and when I ask her how the cultural diversity in her class affected her coursework experiences, she replies dismissively: "*the program was very much based on the knowledge that we need to gain, rather than the cultural nuances"* and continues to talk about the positive effects of Australia "*modernizing*" the field of clinical psychology in Singapore (interview, 3 July 2014). After this conversation, I reflect in my fieldwork journal: "*She talks about Australia almost in an old Colombo Plan manner: a return to development aid through knowledge sharing?*" Cheryl's perspective denotes a notion of modernization in terms of development theory, in which Australia is seen as more developed, and therefore as the provider of the "right" knowledge. It suggests that clinical psychology is, ultimately, modern (and thus rational and culture free), and requires little modification in Singapore.

Cheryl, Yi Ling, and Ryan received Australian-accredited education, as approximately three-quarters of clinical psychology graduates in Singapore do each year.[1] The current border-transcending education arrangements between Singapore and Australia rely on the premise of cross-cultural applicability. Three years before Cheryl started, Amirah completed the Singapore-Australian program. She was "*one of the earlier batches [of students]*" to complete the joint program and has since been working as a clinical psychologist in the government sector (interview 4 March 2014). Her recollections of experiences in Australia show how the premise of cross-cultural applicability was explicitly communicated during coursework:

> *One of the things one of my [Australian] lecturers said was like stuck in my head until now. She said that no matter what culture you're from … that the same principles apply, and the same treatment has been found to be effective.* (interview, 4 March 2014)

Perhaps consequently, Amirah did not encounter discussions in the classroom of the cross-cultural applicability of the teaching materials, even though a considerable number of students were international students, and most literature was "*quite written on the US and the European populations*." Amirah didn't ask her Australian lecturer any further questions on the origin and applicability of her curriculum and says: "*I thought that even if I come back to Singapore and there will be Malays, Chinese, and Indians, it should work with them*" (interview, 4 March 2014). Her comment highlights how lecturers can shape the idea of clinical psychology as universally applicable. In the context of international higher education, social interactions between foreign lecturers and foreign students can reproduce the notion of the body of clinical psychology knowledge as globally relevant.

Apart from internationalization of higher education, standardization plays a role in the production of "'universal" knowledge in clinical psychology. During my field visits to Australia I meet Singaporean students who explain the rationale for studying abroad: their accredited degree means international recognition of their skills. Therefore, standardized and accredited degrees are considered higher quality and a more prestigious education. Indeed, Nadia, a Singaporean student who is halfway through her graduate training, explains her reason for choosing to study in Australia rather than in Singapore: "*I thought it didn't make sense for me to go with a very young, unrecognized program when I can be in a more recognized program […] Accreditation gets me up to a better position to practice*

more globalized [sic]" (interview, 11 March 2014). Thus, according to Nadia, rather than the corpus of knowledge itself, the ways of knowledge transmission determine how she is valued socially as a professional. In other words—and reminding us of Barth's three interrelated facets of knowledge—the ways of knowledge transmission and the instituted social relations that come with an internationally accredited degree add value to her clinical psychology knowledge.

These cases of studying in Singapore and in Australia demonstrate the idea that internationalization and standardization of curricula are beneficial for the future development of clinical psychology in Singapore, and for individuals' future careers. However, all the cases indicate friction. Valerie noted that some of the therapeutic approaches introduced by her foreign supervisors in Singapore "*may not be hosted or applicable here*" (interview, 16 July 2014), demonstrating limitations of international knowledge in terms of practical applicability. Cheryl, who trained partly in Australia, reduced cultural considerations to mere "*nuances*" (interview, 3 July 2014), while Amirah's Australian lecturer dismissed cultural considerations altogether (interview 4 March 2014). However, Cheryl also noted that she encountered "*problems in terms of language issues and also whether in terms of, you know… if one practice that would be developed in [the United] States, developed in England, developed in Australia, would be applicable here [sic]*" (interview 3 July 2014). Likewise, when I asked Amirah whether she thought her lecturer was correct in stating that the same principles and treatments apply across cultures, she replied, hesitantly:

> *Uuuuhm… Not really, no."* She smiled and continued: *I had counselling experience already. I worked already for four and a half years before the masters. And I know that the cognitive stuff [cognitive behavioural therapy] is really difficult, you know, for Malays, or Chinese or Indians.* (interview, 4 March 2014)

Similarly, when I said goodbye to Nadia as I left her campus in Australia, she emphasized that she considered my research topic personally relevant: *"I am a Singaporean practicing and learning in Australia and plan to go back to Singapore to practice. So, this is one of my concerns"* (interview, 11 March 2014). These concerns or frictions are at the interstices of a firm belief in an internationally relevant scientific corpus of "universal" knowledge called clinical psychology on the one hand and, on the other hand, the messy reality of applying that domain of knowledge to humans who are each unique and affected by culture.

III. Power in Practice: Knowledge Transmission in a Postcolonial World

> *As trainees, I don't think that we have a very active voice, especially [as] we feel like we don't have avenues to talk about these things because … can you do it in a safe environment in which you feel like it won't affect your grades, so it won't affect the relationship? I'm not sure.* (Jasmin, clinical psychology student, Singapore, interview, 7 March 2014)

Jasmin will receive her clinical psychology degree within the next few months and is currently working as if she is already a certified professional. We are in her consultation room at the mental health clinic in Singapore, both seated on small, yellow children's stools. An apple green table, also at children's height, sits between us topped by sketching paper, colored crayons, and my audio recorder. I regret wearing a skirt today, as my attempt to look modest on this stool forces me into a rather uncomfortable position. At the other side of the table, Jasmin is wearing jeans and a brown top, she has her feet planted at both sides of the stool, elbows resting on her knees. Her relaxed posture shows she has sat at this table before. Jasmin specializes in working with children and their families.

The conversation with Jasmin had started like others I had encountered during this research: Jasmin immediately assumed the interviewee role and politely answered my questions on her clinical psychology training and practice. This is a consequence of fieldwork with clinical psychologists who are trained in the role play embodiments of structured and semistructured interviewing. However, my interview style is informal and flexible, allowing room for change, and as the conversation progresses I feel as if I am witnessing Jasmin's growth from passive student who answers my questions to confident practitioner who introduces the topics she wants to assert. Her voice becomes deeper and increases in volume, she articulates her words better, gesticulates and uses body language, and inserts pauses to emphasize her points—it is almost as if Jasmin increases in size. I listen to her in awe, thoroughly enjoying this toppling of the hierarchy between us. Jasmin starts to direct the conversation, demands my attention, and makes me an insider on thoughts (she confides to me later) that she had been having for a long time but had not felt able to express so explicitly before.

Jasmin tells me how she and her classmates encounter friction between the cultural expectations implicit in clinical psychology teachings and the local cultural expectations to which they are accustomed. She gives an example of living arrangements: in Singapore it is common for people over thirty to live with their parents. Jasmin notes that this might be "*a very strange concept for [our lecturers] who come here from Australia or the UK*." She feels that the foreign lecturers "*lack awareness about the situation and even after they have been taught about the situation…in their mind they just don't understand [it]*." She recalls a situation, which was also encountered by some of her classmates, in which she discussed with her foreign supervisor a case of a client who was an adult living with their parents: "*they keep saying 'oh their relationship is very enmeshed' or things like that, without actually realising that you have to take it from the perspective of a local Asian context, where these things happen. Where this thing is normal*" (interview, 7 March 2014). Jasmin's and her classmates' experiences reveal their perception of their Australian and British lecturers as valuing independence. They regard this cultural expectation to be consistent with clinical psychology theories. However, Jasmin and other Singaporeans may not value independence in the same way and might consequently regard clinical psychology teachings as culturally inappropriate. This highlights that clinical psychology knowledge is not value free and is thus not necessarily transferable across place and time.

When I had enquired whether she or her classmates discuss these differing cultural expectations and values with their lecturers or supervisors, Jasmin responded with the quote at the beginning of this section that clearly reflects the experience of social hierarchies and power differentials in teaching relationships. I prompt her to tell me more, and Jasmin notes that students feel they do not have an "*active voice*" in the classroom (interview, 7 March 2014). Therefore, she and her peers refrain from challenging their lecturers or supervisors, from questioning the status quo, and from introducing their own (culturally informed) ideas into clinical psychology training. As a result, academics' views and interpretations of clinical psychology knowledge, which highlight particular values, are prioritized and go unquestioned, leaving the relevance or applicability of clinical psychology ideas in relation to local cultural expectations undiscussed. This situation clearly shows the importance of social relations in the classroom in the production of knowledge.

Apart from Jasmin, most students and alumni in Singapore seemed very reluctant to critique the knowledge that was transmitted through their academic mentors. However, during fieldwork, I encountered several occasions when students or newly graduated psychologists followed me outside of the fieldwork site of the campus or clinic to share

how they disagreed with their academic supervisors on certain psychology related topics. This reveals that students can consider their workplaces or universities unsafe for expressing critiques of the body of knowledge and demonstrate fear of being overheard by the academics or supervisors who are considered in charge of that knowledge. Here the Foucauldian (1980) interweaving of power/knowledge is evident: academics and supervisors are considered to have more knowledge and thus more power, and because of their powerful positions they remain in a position in which they define knowledge. In other words, through the effects of power/knowledge, academics and supervisors have a greater influence than students in defining and redefining the corpus of clinical psychology knowledge. Students in Singapore silence their ideas and perspectives on the corpus of clinical psychology knowledge because they do not consider themselves experts.

Due to power/knowledge effects, clinical psychology education can be repressive. This is also experienced by some students in the Netherlands and Australia, especially those who have a non-western background or experiences. For example, Maria is a mature student at a Dutch university with several years of working experience in Asia. Like Jasmin, she has nearly graduated and will soon receive her clinical psychology degree. When I ask Maria how she integrates her experiences in Asia with her coursework, she responds: "*No, [the lecturers] were stopping it from me when I was saying things. They were saying no, no, no, no, no*" (interview, 7 May 2014). She recalls an interaction in the classroom between a Dutch student who role played a clinical psychologist and a female actor of non-Dutch origin who role played the client. Maria and her supervisor were observing. After the role play, Maria and the actor both said that the student was too directive, upon which the lecturer responded: "*No! This is the way we're supposed to do it!*" Maria slams her fist on the table as she recounts the incident, remembering how the lecturer presented his instructions as absolutist norms for clinical psychology practice: "*And the way he said it was a very like: It's that there! That! That! We don't do that! It's always like that!*" (interview, 7 May 2014). Maria's experience illustrates power dynamics in classrooms, in this example with a gender aspect, in which a clinical psychology "expert" subjugates ideas and perspectives of those who are considered less knowledgeable. In other words, the power of an academic within the social setting of the classroom provides his/her applications or interpretations of clinical psychology knowledge with a sense of validity.

Back in Singapore, the stories of students and alumni reveal the complexities of knowledge transmission in a postcolonial country. This is another reason I am relieved that Jasmin takes over our conversation; I sense that my white skin color prevents some informants from expressing postcolonial critiques in front of me. Indeed, in the psychology clinic, students only started to utter critical comments about their "Caucasian" supervisors in my presence after I had worked there for over half a year (demonstrating the value of long-term fieldwork). At times such critiques are even accompanied by an apology: "*So [a British supervisor] says my report writing is bad ah? I am working for three years already. Three years! So we all write bad reports in Singapore then? Sorry Lennie, I know you're not like that!*" (field notes 15 September 2014). This demonstrates that I may have become a "safe" white person, accepted to be around when intimacies are discussed among cultural insiders, but I am nevertheless still a white person.

However, Jasmin talks quite openly to me about the postcolonial context of clinical psychology education. She recalls situations in which her non-Singaporean lecturers gave unsolicited cultural critique during their classes, for instance, on the corporeal punishment of children. She states: "*I don't condone it, but it* is *part of the Asian culture*" (interview, 7 March 2014). However, she feels that "*sometimes the supervisors come in or the lecturers*

come in and they have, you know, their western way of thinking." She continues to recall an incident in which a British lecturer critiqued the spanking of children as inappropriate for children's development. She looks at me with her eyebrows raised, and recollects how she thought:

> *So, it is kind of strange when you come into the country, point out things that you don't agree with in the country, and we used to be a colony of yours. So sometimes the students do like, after a session or after the lessons, like, we will talk and kind of say like "oh our lecturer wasn't behaving very appropriately."* (interview, 7 March 2014).

This demonstrates awareness of postcolonial power differentials on the students' part; less so on the lecturers'. Students in Singapore do not openly challenge the ideas of academics, contrary to Maria's case from the Netherlands, but they do engage in critique among themselves after lectures. This shows that cultural aspects of clinical psychology knowledge that are deemed "white," "neocolonial," or otherwise culturally inappropriate are probably only contested outside the social setting of the classroom. In the anthropology of knowledge, we can see here the reciprocal workings of situated milieus and human actions: in the classroom setting students assume a knowledge-receiving role, whereas it empowers academics to take a more knowledge-defining position. However, outside the classroom and out of earshot of their academics, students say to each other: "*[The lecturer] didn't seem to have the cultural context of how he spoke of things without thinking that: oh, I'm a white person, coming from a country that used to rule this country!*" (Jasmin, interview, 4 March 2014).

This call for lecturers to understand the postcolonial context in which they are teaching and to be reserved in their cultural critiques seems to contrast with the idea outlined in the previous section—in Valerie's words: that clinical psychologists in Singapore need to learn from people from "*other places where psychology is much more established*" (interview, 16 July 2014). Thus, a paradoxical situation exists in which, on the one hand, (aspiring) clinical psychologists express a thirst for "universal," scientific and supposedly value free scientific knowledge in clinical psychology delivered by internationally recognized experts or institutions from knowledge empires (the United Kingdom, Australia, and the United States specifically). On the other hand, and at the backstage, (aspiring) clinical psychologists express a resistance towards these situations as they consider them neocolonial. Thus, the question arises: Which norms are regarded as cultural critique, and which are regarded as clinical psychology knowledge? This seems to be person—and situation—dependent. There is no clear border between knowledge considered of clinical value and knowledge perceived as imposed neocolonialism. The example, for instance above regarding punishment of children, can be viewed as clinical advice which recommends not using negative reinforcement on children, or it can be regarded a neocolonial critique of practices of corporeal punishment that are used in Singapore.

It should be noted that some academics actively worked on establishing an egalitarian relationship with their students with differing effects. For example, Lisa, quoted at the start of this paper, is also a "white" academic working in Singapore. When I asked about her experiences with supervising local clinical psychology students, she said that instead of seeing the norms in clinical psychology as a "world standard": "*I am constantly trying to appreciate where [my supervisees] are coming from*" (interview, 17 April 2014). Lisa thus regards clinical psychology as less prescriptive, and more open to interpretation. Similarly, Rachel, an academic from the United States notes about her Singaporean supervisees that: "*They know me well enough to be able to say: 'that is very*

American'" (interview, 7 March 2014). Lisa and Rachel say they receive valuable cultural feedback from their supervisees, which allows them to develop more culturally sensitive knowledge. By actively working on deconstructing the power differential in their supervisory relationships, Lisa and Rachel enabled their cultural awareness to grow and gained insights into cultural adaptations of clinical psychology practices. This demonstrates that the discourses of the neutrality of scientific "truths" (which normalize Euro-American knowledge across borders and justify international application and standardization of the corpus of clinical psychology knowledge), as well as power differentials in instituted social relations (through which this corpus is communicated and transmitted), can be contested.

Conclusions and Openings

The ethnographic encounters analyzed in this paper through Barth's anthropology of knowledge (2002) demonstrate how knowledge is reproduced as "universal" in contemporary higher education. The case studies highlight that "universal" knowledge is *not* an a priori corpus of ideas "out there" but, rather, is communicated and transmitted within specific social relations, settings, and geographies of contemporary higher education.

The ethnographic discussion shows how knowledge is constructed and reproduced as "universal" when it is deemed scientific, and thus neutral, and is delivered by a powerful actor. Hence, in determining the validity of knowledge, it is not sufficient to only analyze *how* knowledge is produced; *who* produces and disseminates knowledge is likewise important. The ethnographic details reveal the uneven power relations of knowledge-producing actors and their ability to establish criteria for the validity of knowledge. For example, academics are more powerful than students, and research from some areas of the world is more likely to be valued and spread transnationally. This is reflected in, for example, the abundance of international edition American textbooks across the three countries and the presence of Australian-accredited curricula in Singapore. This clearly demonstrates that not only are knowledge and power interrelated, but they are linked to geography.

Contemporary higher education reproduces historical geographies of colonial power: knowledges can be perceived as "white" and as value impositions. Invoking Foucault's notion of interwoven power/knowledge, the nexus of power/knowledge and geography is articulated as "geographies of power/knowledge" (Fahey and Kenway 2010). Specific territories at particular times have a privileged power/knowledge position. Knowledge produced in these territories is valued and deemed valid and is more likely incorporated into the corpus of "universal" knowledge. The United States, Europe, and Australia currently hold key positions in the global politics of knowledge of clinical psychology and form an "empire of knowledge" (Fahey and Kenway 2010, 629). Knowledge produced in the "empire" sets the standards and thereby defines "normalcy"– in the specific case of clinical psychology this pertains to both notions of truth and notions of mental health or illness. The empire thus produces a core body of knowledge that can act as a system of oppression that silences 'others' by rendering their knowledges invalid and not universally applicable. Indeed, ethnography reveals that psychology research from Singapore is not transmitted in curricula or communicated in classroom or practice settings and is thus not visible. When the lack of Singapore research was made apparent to research participants by the ethnographer, the quality of locally developed research was put under question. In this way the local remains outside the domain of "universal" knowledge. In short, the validity of a knowledge as "universal" can be considered a result of power/

knowledge effects—and through these effects historical colonial power relations continue to be reproduced.

Higher education is increasingly being recognized as an important subject for investigation in anthropology. This paper illustrates the value of such an investigation and opens up new avenues of anthropological research focusing on academic disciplines and their curricula. It provides ethnographic examples of how "universal" knowledge is cohered through standardization and accreditation. The ethnographic examples detail instances in which informants used similar techniques and theories of clinical psychology across the three case study countries—showing the coherence of the transmission and application of this body of knowledge in these three disparate regions of the world. The evidence further reveals that knowledge coherence is assisted by discourses of the universal truth of science as well as the desire for modernity. This was most evident during fieldwork in Singapore. Psychologists' ideas of the importance of science helped to maintain the coherence of the knowledge presented in textbooks and standardized curricula, despite realizations that not all parts of this knowledge would be applicable or relevant. In addition, discourses of modernization in Singapore also assisted in maintaining knowledge coherence, as they provided a rationale for relying on the body of "universal" knowledge. These insights, derived from ethnography, demonstrate the merit of anthropological investigations of academic disciplines by revealing the role of discursive structures in knowledge reproduction.

The ethnographic encounters also draw attention to the interweaving of higher education with larger political forces, including neoliberalism. The mechanisms for maintaining knowledge coherence, standardization and accreditation, problematically present knowledge as value free and as non-cultural. This is especially problematic for clinical psychology, which prescribes norms of behavior and mental processes that lead to social inclusion or exclusion (Hook 2007). The assumption of the universal validity of clinical psychology knowledge marginalizes the cultural politics that are commonly involved in the definition of normalcy in society. Furthermore, the marginalization of cultural politics extends to higher education. The South-American scholars Claudia Matus and Marta Infante (2011), writing from the perspective of educational development, argue that by marginalizing cultural difference universities are paving the way for the neutrality needed for the enactment of market assumptions and are thus serving the neoliberal agenda. When knowledges are accepted as "universal truths" without questioning their local validity, this results in the production of culturally coherent future citizens (Matus and Infante 2011)—everyone subjected to the same norms and sharing the same values. The neoliberal university thus promotes notions of knowledge as universal and neutral.

However, our analysis of the words and experiences of students, academics, and practitioners of clinical psychology also suggest potentialities for change that arise through the interstices of everyday, locally situated practices. This points to the importance of embedding the study of knowledge in local social contexts in which knowledges are applied and actualized. The ethnographic encounters reveal cracks in the notion of "universal" knowledge. For example, in Singapore, clinical psychology advice given by an experienced academic supervisor can be perceived as a neocolonial value imposition by a local student or professional—questioning if clinical psychology is actually value free. In the Netherlands, a student with international work experience unexpectedly witnesses how a clinical psychology practice taught in the classroom is too directive—worrying whether clinical psychology is appropriate for cross-cultural application. In Australia, a country renowned for its transnational higher education sector, an international student wonders

how she would apply clinical psychology knowledge in her home country—and whether it would be accepted at all. Through these informants' experiences, small openings appear through which diversity may gain voice. In these interstices students, academics and clinical psychology practitioners in the field can begin to produce culturally specific research agendas that enable them to address the topic that has all the while been underlying this paper: the anthropological question of *whose knowledge*? (Fabian 2012).

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1. This estimate includes the graduates of the Australian-accredited programs conducted in Singapore.

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