Employing Psychotherapy Across Cultures and Contexts

Psychotherapy and psychological interventions are practiced across diverse cultural and health settings, for a variety of emotional distress and among very heterogeneous groups of people. Different schools of psychotherapy exist and are employed across regions, contexts, and cultures. However, they have been criticized for the failure to appreciate the ethnocentricity of their approaches.\(^{[1]}\) The apparent contradictions between the theory and methods of individual schools of psychotherapy and their use in diverse social and ethnic environments are often emphasized. Nevertheless, a diligent examination of the issues suggests that many so-called “unresolvable” tensions between the standard psychotherapies and their use in diverse contexts are explained by the form-content dichotomy related to psychological therapy.\(^{[2]}\)

This editorial highlights some issues related to the use of psychotherapy across cultures.

**Imposing structure to resolve conflicts**

Behavior therapy with its focus on learning, classical and operant conditioning, behavioral analysis, identification of maladaptive behaviors, reinforcement schedules and exposure, and response prevention highlights the form and structure of its processes. Such structural analysis is applied across content, situations, regions, and culture. Similarly, cognitive therapies, which emphasize cognition, identify faulty schemas, dysfunctional thought patterns, cognitive biases, and distortions; and employ Socratic questioning, collaborative empiricism, and guided discovery to change beliefs, thoughts, attitude, and practice are applied across contexts and cultures to diverse problems, different stressors, and situations.

Psychodynamic psychotherapies argue that intrapsychic and unconscious conflicts are causal and that resolution of such tensions and the use of mature defenses are part of treatment. Psychoanalysis has its own structure and detail. Similarly, interpersonal psychotherapies, supportive psychotherapy, client-centred approaches, and crisis intervention have their different foci, form and structure, and are used to manage diverse contents across contexts and cultures. Such structural differences in approaches are also found for non-western psychological interventions like yoga and meditation, which are employed across diverse clinical problems and are popular across cultures. The different schools of psychotherapy have different theories and techniques and yet only provide structures for psychological interventions. These are useful in a management of a range of contents in dissimilar contexts, regions, and cultures.

Nevertheless, while the different schools of psychotherapy claim unique theories and argue that specific technique is responsible for improvement, others suggest that they share common approaches, which are reasons for their success.\(^{[3]}\) These common factors (also called nonspecific factors), identified across psychotherapies, are also seen in successful therapists sans background. Unconditional positive regard for the patient is cardinal to success and also used as a vehicle for identification and modeling. Patient and therapist expectancies, treatment, and culturally determined credibility have a major impact on outcome. Mobilizing disaffection for present state, loosening, and modifying contextual threats and dismantling dysfunctional patterns are found in most psychotherapies. The provision of new perspectives and concepts, redefining and reframing issues, providing an orderly account of the situation, conceptualizing change, and confronting problems differently are also universal. The arousal of hope and the provision for success are standard ingredients of most approaches. These factors are not only seen in western psychological interventions but also in oriental and non-western psychological therapies and are characteristics of good therapists irrespective of background.\(^{[2]}\)

**Complexity of culture**

Collective knowledge, shared beliefs, values, language, institutions, symbols, and images result in a shared worldview. These systems have a major impact on psychotherapy. Their interactions are complex and therapy will necessarily have to be tailored to the individual and their context. While the immediate subculture seems to play a big role in determining explanatory models of illness, many patients and
Matching and integrating therapies

Cultural competency in psychotherapy has become an explicit goal. Cultural pluralism, a worldwide reality, demands cultural competence and mandates a cultural formulation, which examines the identity of the individual, societal explanations of the illness, the psychosocial environment and the differences in backgrounds of the patient and the clinician. Therapists need to be aware and enquire about the patient’s self-perceptions and attributions regarding ethnicity, race, social class, and religion.

The diversity of beliefs within cultures, regions, and populations demand the need to understand the individual patient’s perspective and to explore different dimensions of patient experience and is part of all psychotherapy and doctor/therapist-patient interaction. Therapists have to enquire about common explanatory models prevalent in the community and elicit the patient’s causal and treatment beliefs. Common therapeutic factors related to the relationship, expectancy, reorganization, and impact factors, part of most psychological interventions, will necessarily have to be employed. The integration of the apparent contradictions between the patient’s explanatory model with the school of psychotherapy and the negotiation of a treatment plan are cardinal for success. The presentation of the psychotherapeutic framework, the education related to the form and structure of the therapy, and negotiating of a shared model is mandatory for proceeding with therapy and for success.

Nevertheless, locally acceptable and available models and therapies are preferred as they are more easily applicable than new frameworks. However, the structures of the standard psychotherapeutic frameworks can be easily introduced, elaborated, discussed, and employed in diverse settings to treat varied problems, situations, and conflicts. These will necessarily have to be introduced within the context of a strong psychotherapeutic relationship and the specific framework gradually explored with explicit permission from the patient to discuss issues from a different perspective.

The form and structure of the psychotherapy can thus be employed across cultures and are content independent processes. There is a need to integrate knowledge of the unique cultural and religious values and beliefs during assessments and planning of therapy. This is not only true for education related to psychotherapy but also for all doctor/therapist-patient interactions.

Psychotherapy is a specialized form of communication where a therapist adopts specific roles such as teacher, redemptive listener, a guide through the healing process, motivational speaker, and persuader and engages in different types of interactions. These complex tasks mandate cultural understanding and sensitivity. While both psychotherapy standards and culture are not value free, all psychotherapy involves a negotiation between therapist and the patient, where they attempt to understand each other’s points of view. The structure and form of the approach allows the therapist and the patient to analyze the content and context, consider, and implement solutions.

Exploring diversity

These arguments recognize diversity across cultures and suggest the need to adapt psychotherapeutic models to match patients and their contexts. Good therapists are able to employ and adapt their psychotherapeutic models to provide structure while exploring the patient’s issues, stress, personality, coping, context, and culture. Psychotherapies are at their weakest when they attempt to provide explanations across cultures and are at their strongest when they are used as vehicles for engagement with patients. The challenge is to find a common psychotherapeutic language, which attempts to bridge the divide between the issues facing the patient and the armamentarium of the therapist. These different belief systems at the onset of the therapy evolve to common insights between patients and their therapists with the progress of therapy.

Use of contextual understanding

Anecdotes from the ancient mythology and religious texts have been used to highlight psychiatric symptoms, psychological principles, unconscious conflicts, defense mechanisms, automatic thoughts, and cognitive errors. When employed in psychotherapy they can throw light on the issues facing the patient, are powerful examples, increase insight and suggest alternate modes of coping. Ancient texts and myths, widely known to many in the population, contains therapeutic wisdom and are easy to understand and to identify with in
Many therapists practicing in multicultural settings employ pragmatic and eclectic approaches and manage diverse problems. While purists often frown upon eclecticism, its usefulness in clinical practice maintains its popularity. While others have argued for multicultural therapy that lies between culture-specific and universal perspectives, they actually emphasize contextualization, the use of local examples, and cultural sensitivity.\[16\]

CONCLUSION

The form-content paradigm at least partly explains the complexity of the issues within psychotherapy.\[11\] It also allows the therapist to move from the therapy-centric orientation of western approaches to patient-centric orientations required for success in psychological therapies.

The diversity of patients, problems, beliefs, and cultures mandates the need to educate, match, negotiate, and integrate psychological interventions in all cultures and every setting. Many schools of psychotherapy offer specific theory and particular techniques and yet share many common approaches. The individual techniques allow therapists form and structure to treat different clinical problems, discuss diverse content, use it in varied settings, and among people with assorted cultural backgrounds. The heterogeneity within cultures, regions, and populations demands that therapists understand the local and individual reality.

Good therapists review patterns of sharing of information, language, colloquialisms, and conversational style and are able to cross cultural barriers. The heterogeneity within cultures and regions mandates the need for an assessment of each individual and involves offering the choice of the more directive versus the more reflective options, packaged in the local culture for greater acceptability. The apparent contradictions between standard psychological therapies and their use across cultures, when viewed through a form-content framework allows for matching strategies for specific individuals and their distress and for choosing the best treatment options from a diverse therapeutic armamentarium.

K. S. Jacob
Professor of Psychiatry, Christian Medical College, Vellore, Tamil Nadu, India.
E-mail: ks jacob@cmcvellore.ac.in

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