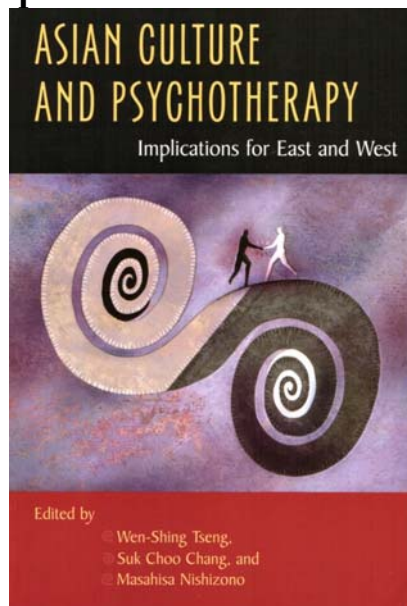


Review Article

Asian culture and psychotherapy
Implications for East and West



Tseng W-S, Chang S-C, Nishizono M (Eds). *Asian culture and psychotherapy: Implications for East and West*, Honolulu, University of Hawaii Press, 2005

WCPRR Apr 2006: 100-105. © 2006 WACP

When I started reading the preface to the book *Asian Culture and Psychotherapy: Implications for East and West*, I surprisingly found myself in Rome and not in Asia, where I expected to be. In fact, the Editors begin the preface to the book with the following words: “The idea for this book began to take shape while we were attending the Cultural Psychiatry Conference organized by the Transcultural Psychiatry Section of the World Psychiatric Association held in Rome, Italy, in 1997. During the conference, the many stimulating presentations and discussions on the relationship between culture and psychotherapy suggested a further, in-depth, comprehensive inquiry.”

As Chairman of that Symposium, I well remember the presentations and discussions focusing on the cultural relativity of psychotherapies. Already at that time, we knew it could be possible to identify, within the ample panorama of therapeutic procedures, the universal elements that are endowed with a highly therapeutic potential. I am therefore very happy that the WPA TP Section Symposium held in Rome contributed to the contents of this book, which I shall review with utmost interest.

Cultural relativism and a flexible clinical approach are the driving principles of this book, as expressed in the Manifesto of Intentions outlined in Chapter I and co-authored by Wen-Shing Tseng, suk ChooChang and Masahisa Nishinozo: *Asian Culture and Psychotherapy: an Overview* (page 7):

“Along with the human rights movements and the concern for ethnic minorities, as well as increased cultural contact through migration, foreign travel, and the expansion of information networks, a greater awareness of the cultural differences among people of diverse backgrounds has developed. From a clinical perspective, it has become almost a matter of common sense to most clinicians that psychotherapy needs to be culturally sensitive, relevant, oriented, and responsive. Recently, the term “cultural competence” has become popular, and cultural competence is required in clinical work in addition to basic clinical competence [...] It is a salient fact that the contemporary, formal mode of psychotherapy has been derived mainly from the West. The theories for understanding human nature that comprise the foundation of the clinical practice of therapy, such as those of human behavior, personality, psychological development, defense mechanisms or coping patterns, psychopathology, and the optimal resolution of problems, are based primarily on the clinical experiences and research of Western scholars and clinicians with Western European and Northern American patients. To what extent these Western-derived theories are universal and can be applied to people of other cultures, particularly in the East, is a challenging issue awaiting vigorous exploration.”

There is no doubt, and it couldn't have been otherwise, that the main direction taken by all the books' Authors in order to correctly perform the task undertaken is an accurate use of the transcultural method:

“Our purpose in doing so was to refine our understanding of why and how the common, universal matrixes of the human mind become shaped in such a way that they contribute to the Asian mind and take on “Asian” patterns of personality, feeling and thinking, and psychopathology, and, consequently, approaches to healing. Examining Asian experiences and perspectives will enable us to better compare them with those of the West, thereby learning from and complementing each other and leading to a more wholesome approach to healing.”

The die is cast! What other option do we Westerners have than to pursue this correct methodological approach in other and more demanding research efforts? How could we now ever avoid focusing on the characteristics of the Western way of conceiving the world?

The Authors have challenged us to take on this task: when will the West finally stop for a second and accept to undergo the very same tenacious verifications to which it has subjected primitive and exotic thinking, or simply any thought process that might differ from its own?

Nonetheless, it is difficult for *Homo Occidentalis* to take up the challenge intrinsically launched in the book: Western psychiatry prevails in any academic training syllabus, biological psychiatry is tightly intertwined with pharmaceutical companies and it is an arduous task to incorporate contributions from different cultural cradles into Western psychiatric training curricula.

The intercultural verification process proposed in the book thus reveals to be a welcome innovation in the international editorial panorama, although it is a process that only becomes viable on applying the method adopted by the Authors: to depict one's own cultural context, in this case the “Asian” one, with a view to avoid trivializing an entire population by simply describing its most patent ways and habits. On the contrary, the Authors perform a highly sophisticated operation: they identify the psychic characteristics of a people so as to enable any Westerner to understand how an Asian thinks.

The Authors' admission (in the Foreword) of the difficulties encountered is of great heuristic value:

“However, there were difficulties. Even though all the chapters' authors were experts in their chosen topics in their native environments and in their own languages, for them to conceptualize and express certain cultural and psychological issues in English posed formidable problems:

Foremost among them was that discussing basic Asian cultural and psychological values in English *was like explaining non-Euclidean space using the corollaries of Euclidean geometry.*” (My italics).

All of the chapters deserve a careful reading if only because they ooze with the effort made to translate the semantics and values of geometries that are not necessarily Euclidean.

For example, in Chapter 15, entitled *Culture-relevant Psychotherapy in Korea*, Kwang-Iel Kim delves into the difference in the perception of the world between Westerners and Asians: “ The first issue is that there is a difference in the way Western and Eastern people perceive the outer world and the self. Westerners are inductive and analytic. They also tend to be oppositional; humans beings are separated from nature, and frequently nature is considered to be in opposition to humans and may even need to be conquered by humans [...] In contrast , the Easterner’s perception is deductive, and harmony is highly valued [...] The self is perceived as ‘us’ in the collective consciousness.”

This is exactly what the book manages to do: it succeeds in integrating apparently irreconcilable structures, thus showing that the tectonic drift of different cultures, in this case the Asian culture that comes to meet the Western one, might not only fail to generate earthquakes but might even create a fusion of knowledge.

It is evident that any encounter aimed at integrating the players requires for each one to start out by stating his identity and concomitantly be prepared to understand his counterpart’s reply. This postulate is entirely complied with in this book, beginning from the very first Chapter. In the paragraph entitled *Common threads found in Asian Culture*, we find the first explanation of the factors characterizing Asian Culture: *Harmony with Nature, Tradition and Continuity, Importance of family, Vertical Relations, Harmonious resolution*, which is later followed up with the attempt to integrate the Authors’ own vision of the world with the vision held by others.

The paragraphs *Synthetic Integration of Differences* and *Interpersonal Relationships* are the most intriguing as they promote demanding comparative analyses with the Western Culture: “For instance, Westerners may be amazed to learn that, in Asian Societies, people allow the coexistence of different religions within a family, such as a father who is agnostic, a mother who is Buddhist, and children who are Christian or something else”.

Moreover, the Authors do not limit their attention to their findings on the flexibility of the microcosm of intra-family religious beliefs but, on the contrary, they underscore the difference with ontological macro-systems: “It has been pointed out that, in contrast to individually oriented Westerners, Easterners are more situation oriented. This means that, instead of taking the perspective of the “self” and asserting one’s rights, benefits, and boundaries, Asians are encultured since childhood to be concerned with others’ opinions and how they will be regarded and received by others.”

The comparison between different psycho-existential models becomes the fulcrum of a debate conducted in psychodynamic terms: I am here referring to parent-child relations and to the theories relative to this crucial existential moment that have been developed both in the West and in the East.

Chapters 4, 5, 6 , 7 for example, develop and illustrate the intra-European relativity of several Freudian constructs such as the Oedipus Complex, which are far from being universal and rather appear to be linked to the family nucleus (page 11): “ [...] that the classic Oedipus complex derived from Greek mythology is only one type of parent-child complex that occurs and needs to be resolved. There are other interpersonal emotional complexes rooted in parent-child issues, as illustrated by the Ajase complex, which involves the mother and son, rather than the father and son; the parent-child conflicts described in the Ganesha complex, in which the son is defeated by the father, rather than conquering him; and the prohibition against a man looking at a woman, which derives from the mother-child relationship”.

In my opinion, amongst the most constructive messages conveyed by the book is the invitation to *Reviewing Traditional Thought and Philosophy as the backbone of therapy*, which implies continuously taking into account the connection between illness and different forms of psychotherapy, insofar as these can't help but depend on the vision of the world that prevails in that particular cultural context (Tseng, 2001; six chapters of which are dedicated to different forms of psychotherapy).

Some of the statements made by the Authors appear to be somewhat more controversial as they illustrate cultural characteristics that permeate the thoughts and behavior of Asian people and that appear to be quite removed from European, and more generally Western, cultural canons.

We in fact read that Asia has been heavily influenced by three traditions: Confucianism, Daoism, and Buddhism (page 13). These three traditional schools of thought are considered to be "philosophies" insofar as they originate from personages who were generated and born of natural birth and whose existence is historically proven.

To this effect, Yan Heqin insists on the fact that Confucian thought "is not a religion" although many Westerners continue to endow it with religious connotations. "The Chinese consider Confucian thought useful for improving human qualities, stabilizing harmonious interpersonal relationships, and cultivating a scholarly manner, particularly when life is going well. However, when a person's life is not successful, the philosophy of Daoism can be helpful, and when a person is suffering, Buddhism can be beneficial".

I think that great care should be taken before considering as a philosophy (namely a school of thought free of revealed dogmas) many of the expressions of human existence that, although they are in no way linked to the notion of divinity, can nonetheless, once they become consolidated in social institutions, lead to a sort of *compulsion to repeat*, this being the secular mask concealing the dynamics underlying certain types of religious worship.

Although most of the stands taken in the text on the characteristics of Asian therapies are carefully confined within the boundaries of the mundane, I wonder if some of the definitions given might not fall within the framework of a meta-philosophy which risks proposing a transcendence comparable to the one suggested by prevailing religions.

For example, even if the *Morita therapy* makes no reference to the domain of the divine and focuses only on mundane operations: "Morita therapy emphasizes discovering a new self and moving forward with life, rather than searching for the reasons for suffering, anxieties, or fears" (page 15), on the basis of our specific clinical experience, I find it difficult to conceive the discovery of a new Self without objectifying the possible causes that might have enfeebled the old Self, and I fear that the search for a new Self without carefully scrutinizing the patient's past medical record might pave the way for easy-to-do neo-spiritual solutions extolling mystic enlightenment or a spiritual plunge into the divine, the Absolute and the natural forces propounded by the New Age movement.

When Suk Choo Chang and Rhee Dong-Shick, in Chapter 10, *Buddhist Teaching: Relation to Healing* (page 161), highlight the synchrony between "egolessness" and Nirvana, this lends to be misunderstood and likened to those religious rappings that promise an embrace with God ensuing from the cancellation of any reference to the subjective predicate: "Nirvana has been commonly translated as "egolessness (or selflessness) and has often been misunderstood. It is the state that cannot be expressed in words because each word conditions and limits its meaning. "The Tao (or Dao) that can be expressed is not the eternal Tao, and all that is said about it is necessarily untrue... All positive description is adding predicates to the All... a limitation of the All... Nirvana is! It cannot be conceived; it can only be experienced.

Even Benedict, the Umbrian monk of the VI Century, with his pragmatic advice of *ora et labora*, entreated people to find new and indefinable existential lifestyles which brought him to sainthood, showing thereby that *ora* prevailed over *labora*.

Should it be over-emphasized that the Buddhist way can transcend the characteristics of the phenomena that affect us: “We suffer because we think that our bodies and minds and all other phenomena belong to us, and we try to control them according to our wills”, we would run the risk of falling into the trap of excessively widening the distance between us and the necessities of our biological bodies and their mental functions, which still remain valid pre-categories of the *secular credo in medicine*.

Having clarified the distinctions between psychiatry and philosophy, it is unarguable that the Authors perform a masterful comparative analysis of the different ways of conceiving the Ego, thus enabling us to find the epistemological solutions necessary to develop a multicultural definition of the Ego and its functions. For example, the assertion made by Tseng, Chang and Nishizono on page 16: “In psychoanalysis, the goal is enriching the ego content and strengthening ego function by the way of the intellect in order to replace and illuminate the darkness and chaos of the unconscious. In Zen, the ego is the obstacle to the workings of the innately healing matrix of the human psyche”, facilitates the process whereby “one’s attention is withdrawn from the outside and directed internally”, which implies enhancing the subconscious functions of the mind instead of exercising a cortex-driven control and possession function over the world.

In drawing a comparison between the Western and the Asian cultures, there is another important consideration to be made: both in the case of Freud and of Zen philosophy, the load-bearing construct underlying the subsequent conceptual structure cannot be proven; on the one side lies the Wicked Subconscious (maybe the devil? Or original sin?) which must be removed and replaced by what Freud thought to be the Ego or the Ideal Ego; on the other side, there is what, according to Zen philosophy, is an innately healing matrix (a spirit? Or maybe angels?).

This ontological aporia is readily solved by the Authors through their continuous application of the method of tracking the connections between specific traditional beliefs and prevailing psychiatric theories in every possible context: “After all, the East and the West are metaphors for the two divided selves that are a common predicament for modern man. They suggest that both the Eastern and Western perspectives have been one-sided. The West, in its valorization of the ego, has neglected his matrix, and the East, in its preoccupation with the matrix, has inhibited the ego.” (page 18).

In conclusion, I think that the principal merit of the publication *Asian Culture and Psychotherapy* is that, by hinging upon facts, it stimulates research into different cultures with a view to finding a way of reproducing the method of study proposed by the Authors.

Whoever might be interested in finding this reproducibility in Western culture, as the case demands, should be prepared to face the very same difficulties encountered by the Authors i.e., to quote them, *explaining Euclidean geometry using the corollaries of non-Euclidean space*.

This is easier said than done.

Can a Western psychiatrist be expected to risk his/her university career by refusing to apply a randomized controlled trial and only rely on clinical or humanistic inference?

How would publishers react in assessing the marketing success of a scientific book written in non-Euclidean terms? The reasoning of the publishers of scientific texts is like that of a theatre director: publishing a book of medicine that is not evidence-based is like introducing the wrong character in a novel or in a play which risks unbalancing or distorting the plot.

Well, allow me to express a wish: Wen-shing Tseng, Suk Choo Chang and Masahisa Nishizono said that the idea that originated in Rome was even better shaped during the Second pan-Asian Pacific Conference on Mental Health (Beijing, China, 12-15 October 1998)¹.

¹ I attended the Second pan-Asian Pacific Conference on Mental Health (Beijing, China, 12-15 October 1998) and presented a paper written under the influence of the expected pleasantness of the atmosphere during the Conference titled: *Transcendence Techniques and Psychobiological Mechanisms Underlying Religious Experience*, which was first published in the WPA Transcultural Psychiatry Section Newsletter (2002), Vol.

The World Association of Cultural Psychiatry Congress (www.wacp2006congress.org) is due to come up soon, in fact in September 2006 in Beijing. Indeed, the time sequence and the red thread of Ariadne linking Rome to Beijing stimulates me to follow it up in Beijing and re-launch the method proposed by the Authors of *Asian Culture and Psychotherapy* in the attempt to envisage a research team and outline a research topic.

Wen-Shing Tseng, Sing Lee and Lu Qiuyun in *Historical trends of psychotherapy in China* (Chapter 17), already expedited a comparative study between Western psychotherapeutic approaches and the Chinese way of accepting or performing this kind of treatment: “In spite of the comments made by some Western researchers in the past, indicating that Chinese patients tend to somatize their problems and are less likely to work on their problems at a psychological level, the reality is that the Chinese people are very psychologically oriented.[...] Clinical experiences with Chinese patients has revealed that the patient’s dynamic complex is relatively transparent and easy to understand by the analytically oriented therapist. In other words, many Chinese patients are not only eager to receive psychotherapy, but it is easy to carry out dynamic psychotherapy with them, as their problems are less defensively covered up.”

At this point, all we Westerners can do is to take a turn at holding the baton in this relay race and try to find applicable methods in analysing the European and Asian Ways to Psychotherapy.

Reviewed by Goffredo Bartocci

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20(1), pages 15-23 and later in *Mental Health Religion & Culture*. I gratefully remember the extraordinary hospitality received and the closely knitted community spirit with which ideas were shared.

An overview, invaluable for understanding some of the nuances of Asian culture, is followed by chapters on Asian personality and psychopathology, Asian psychology (in particular parent-child relations), the impact of Asian traditional thought and philosophy on psychotherapy, the unique psychotherapeutic approach of Asian culture, and psychotherapeutic experiences from various parts of Asia. To treat Asian American women in psychotherapy, one needs to be cognizant of the images they conjure up. Negative images common in the media and literature need to be replaced by empowering ones if we are to be responsive to multicultural and feminist values. The passive, self-effacing, exotic China doll needs to be replaced by the Woman Warrior image, a classic in Chinese mythology. A look at ...Â [Show full abstract] culture. Ethnocultural psychotherapy presumes that culture influences how people conceptualize and experience mental illness, seek help, and respond to treatment. Further, psychotherapy posits that culture influences the assumptions clinicians hold about their work, their role in therapy, their clients, and their overall clinical practice.