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# Introduction

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## *Toward an Inclusive International Psychology*

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**C**ulture colors every aspect of human existence. It presents us with an unspoken guide for determining what is important and how we are to relate to one other and conduct our lives. It includes assumptions about stratified hierarchies in a society, like race, the expected roles of men and women, the manner in which authority figures are heeded, and the sociopolitical structures that order our lives in ways we may not always be aware. Yet another aspect of culture, one that emerges most clearly from the multitude of books written on the topic, is that it is learned (Mukhoopadhyay, Henze, & Moses, 2007). No one is born with a particular culture.

Indigenous approaches to helping people alleviate the stressors of life, reduce debilitating symptoms, and cope with trauma and grief also are learned. These approaches can be handed down from past generations. The timeworn, yet essential, facets that are most associated with psychic healing are maintained, even after thousands of years as with African psychology (Nobles, 1972; Parham, 2009), and metamorphosized to best suit the needs of the contemporary generation. Even with Western hegemony, those influences that come from the United States and Europe that are transported to other nations, cause mental health practice throughout the world to become nuanced, and bring forth the best of what wealthier nations can offer combined with the best of what developing nations can offer. From

the powerful influence of Western culture, we have scientific research that tests approaches and a wealth of scholarship that guides the training of professionals. From developing nations we have generations-long traditions of helping as well as communal rituals and mores that acknowledge the connection of the individual with the broader whole.

The main purpose of this book is to feature the counseling and therapeutic work of mental health practitioners and thus illustrate how highly recognized healers have learned as cultural beings to conceptualize, intervene, and evaluate the effectiveness of their practices with the people who need their help. These revered practitioners are from all over the world; both helper and help seeker alike, in most cases, come from the same region of the world. Although there are indigenous approaches included in the collection of cases, the vast majority of our practitioners make use of a variety of approaches, selecting the best of what they've learned from mostly traditional psychology training programs and devising their own ways of effectively helping the help seekers. Notably, each chapter situates the practitioner and help seeker within a cultural context. Our contributors present rich descriptions of culture, race, and other sociocultural or sociopolitical forces that shape the people in the respective regions and influence the practitioners' assessment and intervention. Our goal is to deepen the readers' understanding of how the cultural context influences client functioning and by extension, practitioner and client interactions. Therefore, we view our collection as a sort of world stage in which mental health intervention is played and where our audience can capture the meaning of sage Martín-Baró's (1994) words, in his book *Writings for a Liberation Psychology*, that psychology is not and can never be seen as being removed from history and context, and that all proclivities to commit such erasures deeply affect everyone who is a member of the particular society. Cushman (1995) agrees, cautioning practitioners who believe that the distillment of Western approaches can viably be exported to other countries, he wrote:

Nothing has cured the human race, and nothing is about to. Mental ills don't work that way; they are not universal, they are local. Every era has a particular configuration of self, illness, healer, technology; they are a kind of cultural package. They are interrelated, intertwined, interpenetrating. So when we study a particular illness, we are also studying the conditions that shape and define that illness, and the sociopolitical impact of those who are responsible for healing it. (p. 7)

Fundamental to each of the case studies is how both practitioner and client come to ascribe meaning to what constitutes adequate or optimal functioning within that society.

Our uses of the terms *mental health* and *healing* or *healer* are deliberately broad to recognize the variations that exist in the practitioner's terminology

particular to their society. We also requested that our contributors label the terms they normally use to refer to the people they treat.

As two international psychologists, we believe that as psychology continues to expand beyond borders, it is vital that we educate would-be practitioners about the resources that already exist in different regions of the world. Moreover, we have a profound appreciation of multicultural psychology, which paved the way for the more recent cross-national psychology (Heppner et al., 2009). Emerging out of the civil rights movement of the 1950s and 1960s, multicultural psychology has a scholarship that examines acculturation, racial and ethnic identity, cross-racial and ethnic discourse in psychotherapy process, cultural equivalence in intelligence and personality assessment, and so on (see Shea & Leong, this volume; Heppner et al., 2009). More importantly, multicultural psychology historically has urged practitioners to examine the contextual forces that give shape to psychological functioning and development—a clear outcry against a U.S. hegemony that has committed physical and psychological violence against people of color (Guthrie, 1998). The thrust of multicultural psychology is to inform and widen understanding of the lifeways, perspectives, and humanity of all people in a manner that is respectful and caring. It is on the pillars of this psychology which we stand. Hence, what we strive to do within these pages is to advance the best of what international psychology has to offer. The goal of international psychology is “to promote communication and collaboration among psychologists worldwide” so that the field of psychology around the world can further develop (Stevens & Wedding, 2004, p. 1). We hope that our book contributes to what international psychology tries to achieve and illustrates how great collaborations among psychologists worldwide can be accomplished.

Our book also contributes to internationalizing the psychology curriculum efforts. In recent years, many organizations, researchers, and instructors have emphasized the importance of internationalizing the psychology curriculum and showed efforts towards accomplishing this goal. For example, the American Psychological Association’s (APA) Division of International Psychology (Division 52) formed a curriculum and training committee to gather and disseminate information about how faculty members internationalize their courses (Grenwald, n.d.). In addition, many textbook authors either wrote new books related to international psychology or updated their existing books to include international content (e.g., Brock, 2009; Denmark, Krauss, Wesner, Midlarsky, & Gielen, 2005; Feldman, 2010; Gerstein, Heppner, Aegisdottir, Leung, & Norsworthy 2009; Gibbons & Stiles, 2004; Malley-Morrison & Hines, 2003; Pickren & Rutherford, 2010; Stevens & Wedding, 2004). These efforts helped the field of psychology to move from “western psychology is universal” to “there are different psychological knowledge bases in every country and culture.”

When we selected the authors for our chapters, we proceeded very carefully. We wanted to have international psychologists who were noted and

senior psychologists who were actively engaged within their professional organizations and who participated in teaching, service, or research activities in other countries. These psychologists were invited to write a chapter by identifying a prominent mental health practitioner in the country from which the case would come. We also instructed all authors to follow research ethics, seek permission from their institutional review boards for research, and follow proper consent procedures for the case. We also shared with the authors our vision for this book and the fact that we wanted the cases to be discussed based on multiculturalism (e.g., Hays, 2007). The authors were to include in their chapters how different factors (race-ethnicity, gender, age, sexual orientation, socioeconomic status, religion and spirituality, etc.) played a role in the client's or patient's mental health and how the very same factors may have influenced the therapeutic relationship between the client or patient and the mental health practitioner. We invited a diverse group of authors and attempted as best we could to include a balance of male and female clients. Our authors have made ample use of references by scholars from their own countries and, specifically, from those who can address the particularities of their clients' distresses. Our striving is to combat the marginalization that too often characterizes the field of psychology with respect to how problems are understood, defined, and treated.

## The Chapters

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Each chapter presented in this book provides an introduction of the authors, detailed information about the practitioner, contextual conditions of the country from which the case came, the presenting problem of the client or patient, the treatment provided, and an evaluation of the treatment. Some chapters also provide suggestions for treating similar clients or patients.

In Chapter 1, Ladislav Valach and Richard Young describe Switzerland's sociocultural and political landscape, as they also share details of their case of Mrs. Kirchberg, a 45-year-old woman who seeks professional help from the first author. As her therapist, Dr. Valach employs mainly cognitive behavioral strategies to help his patient resolve the distress that keeps her from pursuing constructive life goals. Her pursuit of these goals was dramatically hampered after discovering how seriously ill her brother had become and that she, following a pattern in her family, was expected to assume much of his care. Mrs. Kirchberg finds herself emotionally out of sorts, feeling as though she will fail her brother, herself, and her family, and she lacks the energy to accomplish virtually any task. Using contextual action theory as an integrative framework for organizing, planning, and executing therapy interventions, Dr. Valach helps Mrs. Kirchberg by creating and maintaining a solid working alliance throughout the therapy, which is ongoing, intervenes in timely ways to provide the fullest benefit

of the treatment plan, and ensures that in-therapy learning is extended to the patient's life outside of therapy. A richly detailed chapter with multiple sources for readers to consult for further information about the framework, the authors reveal how characteristics of the therapist, combined with an arsenal of well-timed and well-executed skills, result in desirable outcomes for the patient.

The case from Sierra Leone is presented by Ani Kalayjian and Georgiana Sofletea (Chapter 2). The authors describe a very moving story of a child-soldier who was a victim and a perpetrator at the same time. The atrocities described in the chapter and the initiation process the client went through when he was recruited by the Militia are overwhelming. The authors tell of the client's escape from the Militia, his daily struggle to survive as he hid in the forest with other children who also escaped the Militia, and how he came out from hiding when the civil war ended. The client, 24 years of age at the time, received a two-day group treatment, individual face-to-face sessions, and individual phone-session treatments that were based on the Seven-Step Biopsychosocial and Eco-Spiritual Model created by Dr. Kalayjian. The treatment was provided through an organization that Dr. Kalayjian founded. The mission of the organization is to provide a range of outreach activities to people around the world who are affected by natural- and human-created disasters. The treatment the client received was part of the outreach effort to alleviate trauma in former child soldiers and individuals with physical disabilities. The chapter describes how the client was guided in ways of forgiving himself, in finding how to deal with the exclusion he experienced by members of his community, and in pursuing an educational and career path to help him integrate into the society.

Sexual abuse of children, crisis intervention, and advocacy work are portrayed in the chapter from Zimbabwe (Chapter 3). Becoming aware of and then facing children—very young children—who have been sexually abused is an experience so difficult to fathom that not all practitioners are able to take on such cases. Dr. Margaret Rukuni feels she has no other option as child sexual abuse has increased in her native Zimbabwe in the past several years. Like too many instances in which communities are tragically affected by extreme poverty, conflict, and neglect by the world's superpowers as children and families go hungry, there is an unraveling of families and of extended kinships. Dr. Rukuni recounts her therapy work with two children traumatized by repeated sexual abuse by a once-trusted young boy who is the son of the family's landlady. The shock of the news does not result in an immediate removal of the children; the family is at first immobilized, in conflict with each other, and dare we say, afraid of the monetary gains they'll lose in changing their place of residence. Dr. Rukuni is no less jarred by the ugly and bizarre features of this case. She talks of her own needs for restoration. In acting as an advocate for the young girls, she accompanies the family to the court, a system that is not a friend to the victims of abuse.

The practitioner's description of her work, together with Dr. Thompson and Rev. Ajabu's brief description of Zimbabwe's sociopolitical backdrop, gives readers a snapshot of the extent of dedication and skill necessary to help children and families overcome the adversities of violence, the fallibility of parents and parent figures amidst a distressed society, and the significance of assuming two roles, that of therapist and advocate.

In Chapter 4, the case study from Turkey, written by Senel Poyrazli and Mehmet Eskin, the authors point out important cultural and religious consequences to the decision to come out and behave openly as a nonheterosexual person. In this chapter, a bisexual man's attempt to reject his identity as a result of discrimination towards lesbian, gay, bisexual, and transgendered (LGBT) groups present both in law and practice in a Turkish context is described and how this attempt leads to severe psychosomatic symptoms is presented. The client's difficulty resisting the demands of his family as well as resisting the societal expectation that he get married to a woman is described. Dr. Eskin uses a combination of a person-centered approach and cognitive behavioral therapy to help the client eliminate his psychosomatic symptoms and accept his bisexuality. The chapter also discusses some positive developments within the country to help reduce negative attitudes and prejudice towards LGBT persons. The authors of the chapter suggest that for clients who are from a more collectivistic and traditional culture as compared to some of the Western cultures, an approach where the client is helped to find ways to balance his or her needs and goals with cultural expectations will likely lead to a more effective treatment outcome and better mental health for the client.

Our only case from the Arab world comes from Lebanon (Chapter 5). Brigitte Khoury shares the case of a middle-aged woman who is stuck between her own family and her parents. This is a unique case in that it illustrates how the needs of nuclear families can be in conflict with the cultural norms of the extended families to be involved in the nuclear family's affairs. When this conflict is not resolved, it can lead to depression and anxiety just like the case illustrates. Khoury presents a culturally balanced treatment model that helps the patient in this case to find a balance between inserting her individual right to have more freedom related to her own nuclear family, while at the same time attending to the social needs of her parents. Working with Systems Theory, Khoury helps the patient understand how power differences within the extended family likely contribute to the patient's depression and anxiety. Khoury also helps the patient see that while it is important to keep the social support that comes from closeness in the family relationships, culturally appropriate insertion of individual rights is also important, especially if this closeness leads to negative emotions and experiences, causing the individual to have psychological symptoms. Khoury demonstrates that the key to providing successful treatment in Lebanese culture is to find a way to balance between the nuclear family's need for a certain level of

independence and the nuclear family's cultural obligation and allegiance to its families of origin.

In Chapter 6, the case selected by Changming Duan, Xiaoming Jia, and Yujia Lei draws vivid attention to how the counselor's attention to cultural context factors can be interwoven in a (relatively) nondirective therapy with a Chinese client. The authors describe the case of a young male college student whose academic successes, although the foci of praise and family glory, have contributed paradoxically to the client's feelings of isolation and depression. Balancing psychodynamic and person-centered theories, the counselor and supervisor in the case address the significance of familial piety and other cultural qualities that inform their assessment and treatment of the client. Dr. Jia, one of the pioneers of counseling in China, supervises this case with Lei as the counselor. The description of how supervisor and counselor talk about the dynamics that occur within the counseling, including the counselor's feelings about the client's boastfulness and, at one point in the therapy, working through the client's awkward revelations about his sexual desires, help illustrate important topics for future learning on psychotherapeutic care. The authors also note the recent surge of Westernized counseling practices on college campuses throughout the world's most populous country. The authors present wise discussions of how China's modernization in recent years can emerge into greater tendencies toward individualism and the potential costs of this change to the mental health of current-day and future China.

In Chapter 7, Lawrence H. Gerstein, Young Soon Kim, and TaeSun Kim present the treatment of a female Korean client based on the Han Counseling Model, an indigenous model in Korea. The chapter describes therapist Young Soon's search for a counseling model that better fits the Korean culture than Western models. Her search led to the Han Counseling Model which is based on Han ideology. In this ideology, humans are the most important beings; they are a part of the heaven, earth, and universe. By using this indigenous counseling model, Young Soon provides treatment to a middle-aged female client who is having difficulty balancing several roles, experiencing marital conflict, and having problems with her son. The case in this chapter illustrates how, with modernization, women in Korea have more pressure to be nurturing mothers as well as effective workers. In the chapter, we see that the therapist's work with Han counseling creatively intertwines Korean thinking with modern issues to provide mental health treatment. The authors of the chapter point readers' attention to moving away from a Eurocentric perspective of treatment to instead creating and using culturally appropriate models.

Andrés J. Consoli, María de los Ángeles Hernández Tzaquitza, and Andrea González describe the treatment of a Guatemalan teenager in Chapter 8. At the beginning of the chapter, they critically examine the marginalization of indigenous people throughout Guatemalan history, but also point readers' attention to some positive developments in the country

towards valuing ethnic and cultural diversity. The authors inform readers about mental health services in the country as well as social injustices in the distribution of governmental funding for these services, with more funds going to urban settings, resulting in further marginalization of indigenous groups who tend to live in the rural areas. The authors describe the customs of the Mayans, one indigenous group in Guatemala, and how this group relies primarily on spirituality as a means to cope with mental health problems. The case described in the chapter is related to a 17-year-old Mayan female adolescent. She experiences some psychotic symptoms that are based on her spiritual beliefs. The extreme stress she is under leads to her seeing a light in her room, feeling the presence of images and figures, and feeling the pressure of a hand around her neck. In the chapter, we also see the therapist's skillful case conceptualization and the integration of her Western training with her knowledge of Mayan spiritual beliefs to carry out successful treatment. At the end of the chapter, the authors present important suggestions for mental health practitioners working with Mayan individuals.

Disaster Shakti is an organization that responds to people who face the brutal consequences of human and natural disasters—the devastating spread of AIDS in villages leaving unprecedented numbers of children without parents; the horrific physical damage, governmental neglect, and violence targeted to the mostly impoverished residents of Ward 6, New Orleans following Hurricanes Katrina and Rita; and the focus of this chapter, the considerable loss in lives, physical structures, and services in an already beleaguered Haiti in the aftermath of the January 12, 2010 earthquake. Author Gargi Roysircar, in Chapter 9, writes about the needs of a psychological approach to disaster response that is not pathologically based, that is not confined to one or a set of theories (she frames these as “theories wars”), and which fundamentally is ecologically in its reach. Also essential to disaster response is the expertise of mental health providers who can recognize shock and trauma symptoms as well as signs of depression, especially when the residents of the setting may not deem these symptoms as such. But perhaps more important than merely identifying those outward symptoms that signal psychological distress, Dr. Roysircar and her team of students apply the best of what mental health practitioners provide. They recognize what is needed, how to work with others who come to assist in the disaster response, and how to help build on the coping reserves that already exist. How important indeed would it be for those who come to assist the already beleaguered not to exclusively heap on charity but instead to expertly wield all manner of intervention to get to the heart of the problem, capitalize on the strengths of cultural traditions, and take every care to be respectful of world views that may counter those of their own? Dr. Roysircar shares a composite case of a Haitian family whose mother is terminally ill with stomach cancer and who has suffered a bevy of recent tragedies that threaten family stability. In this composite case, the father of



the family is killed from the collapse of a building during the earthquake. The belief that one of the daughter's husbands willed this disaster poses a welcome challenge to Roysircar as she helps the family over the course of a long day.

At the outset, Clay and Thompson note in Chapter 10 that Black men in the United States are among the populations whose images in print and electronic media are painted ominously negatively. As two Black women psychologists who are from the Washington, DC, area and who have close relationships with Black men, Clay and Thompson chime in to recognize the conundrums that can exist between Black men and women and the bombardment of societal messages that can pit them against the other (White & Peretz, 2010). Dr. Clay describes Mr. T, a 59-year-old Black man whose foray into counseling began with a focus on how he wanted to work to overcome his depression and sense of isolation and estrangement from his wife and children. Dr. Clay was inspired by M. Maultsby, a Black psychologist, who developed Rational Behavioral Therapy. Dr. Clay presents with actual raw data from her assessment of Mr. T and reveals how the use of client homework is helpful in relieving his depression and sense of isolation.

In our final international case study, Chapter 11, Shea and Leong situate their case description of Mr. P. and his treatment within the Cultural Accommodation Model (CAM) of psychotherapy (Leong & Lee, 2006). The authors illustrate how the use of the CAM can help guide practitioners in incorporating traditional models of psychotherapy with the yields of a burgeoning multicultural literature to develop culturally sensitive case conceptualizations and treatments. Dr. Shea's client, Mr. P., is a 47-year-old Chinese man who grew up in Hanoi in 1960—in the midst of the very violent, oppressive, and intractable Vietnam War—who presents with auditory hallucinations, grandiose thinking, and other severe psychiatric symptoms. In a chapter that begins with personal revelations about her own experiences as a Chinese woman who immigrated to the United States as a student, Dr. Shea reveals how she eventually became professionally invested in learning how different experiences of immigration have an impact on individual immigrants and notably, how best to help these special clients or patients through the process in her role as psychologist. The author provides a captivating account of how she collaborates with Mr. P. to best discern his needs and the roots of some of his complaints. She also exposes how the hospital staff at Mr. P.'s facility often hastily made decisions about his care based on racial and ethnic generalizations, leading to a failure to probe more fully into the contours of his complaints. The authors discuss the importance of the role of advocacy for patients in settings and provide an example of how there may be a tendency for some hospital staff to medicate patients when they have somatic complaints, rather than probe more carefully and sensitively into their complaints.

In conclusion, we strongly believe that this book is a needed addition to the mental health literature around the world because in it we attempt to show how knowledge about culture, inclusive of sociopolitical issues, ultimately is what we need to improve psychological theory, research, and practice. We believe that this book contributes to the goal of international psychology by giving an opportunity to mental health practitioners from different parts of the world to collaborate and demonstrate that great work can be accomplished through this collaboration. These collaborations are built on mutual respect, certainly a key feature to building solidarity. Each partnership also acknowledges the strengths of a people as well as the challenges that keep the collective from prospering spiritually, socially, and economically. We hope that the readers of this book benefit from the work of our authors as a result of reading the chapters, increasing their knowledge related to different mental health practices around the world, and finding ways to incorporate this knowledge into their research, teaching, consultation, or clinical practice.

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