Book Review


More and more the major barriers to effective cross-cultural psychotherapy are seen as residing in the psychotherapists, who must first be knowledgeable and competent about culture in the clinical encounter. Cross-cultural studies in psychotherapy (Roland, 1988) refer to any comparison of cultural differences (e.g., a cross-cultural study of self in India and Japan) or to situations in which such differences exist (e.g., a cross-cultural therapy setting in America). Whether we are doing cross-cultural research or practicing a clinically oriented intervention across cultural boundaries, we are commonly faced with the questions: where to begin, and how?

Karen M. Seeley’s recent book, Cultural Psychotherapy, is a timely, welcome contribution to the advancement of “intercultural treatment” in psychotherapy. She prefers the term intercultural to cross-cultural. Because, the word intercultural is linked with relations and refers to the actual interaction between people of different cultures. For instance, in a cross-cultural therapy environment, an American therapist and a foreign patient necessarily engage in intercultural, relational treatment. Since no two persons are culturally identical, every psychotherapy is, asserts the author, “intercultural” (p. 14).

The book certainly attempts to be intercultural in its methodology. With its emphasis on providing a forum for psychotherapy patients to speak in their own voices, Part Two, entitled “From the Patient’s Point of View,” provides an elaboration of intercultural treatment that is considerably more helpful than any cross-cultural research that relies almost exclusively on therapists’ points of view. Seeley challenges the idea that locates clinical knowledge solely in the hands of therapists. As she points out, “There is simply no legitimate basis for the conclusion that psychotherapy patients . . . have nothing of importance to convey to clinicians about psychological treatments” (p. 21). Through carefully examining how six foreign and ethnic psychotherapy patients react to their treatment, Seeley has made a serious attempt to group these cross-cultural cases under the general heading of cultural psychotherapy.

Seeley first invites her readers to discover the culture of psychotherapeutic theories. This approach is in keeping with the view of many other clinicians that
all psychotherapeutic theories are culture specific. Seeley goes on to claim that prevailing psychotherapeutic practices have produced Western ideals of selfhood (i.e., individuation or independence) and of cognitive and affective functioning (i.e., logical thinking and emotional expressiveness). Seeley then scrutinizes the cultural specificity of the four psychologies: Freudian psychoanalysis, ego psychology, object relations theory, and self psychology. Seeley crowns her first chapter with a bold statement:

A cultural psychotherapy depends not only on reconceptualizing clinical models of treatment, but on generating culturally informed understandings of the topics that are the usual subjects of clinical encounters, including the mind, the self, emotion, and development. (p. 67)

This is a densely written abstract summary and application of the author’s intercultural methodology. Culturally informed understandings of some clinical topics are masterfully explored in the chapter on psychotherapy and anthropology.

To probe anthropological contributions to psychotherapy, the author next grounds the treatment of culture in contemporary cultural anthropology. Moving beyond cultural generalizations and stereotypes, Seeley is particularly adept at illuminating how clinicians can recognize and explore the precise cultural characteristics of foreign and ethnic patients in clinical encounters. This virtue is a great corrective, particularly for those in danger of dichotomizing and reifying cultures so that Western (e.g., individualist) and non-Western (e.g., collectivist) cultures are the only two alternatives. To incorporate anthropological understandings of selfhood into clinical encounters, for instance, Seeley points to the deficiencies of psychology’s binary models of the self (e.g., the individualist vs. the collectivist self, the egocentric vs. the sociocentric self, and the independent vs. the interdependent self). The author claims that “the culturally specific constructions of the self that are particular to each patient cannot be assumed, but must be discovered anew in every case” (p. 77). Seeley’s clinical line of argument should be commended for reminding us that the features of any models of the self are not in reality “selves” but are cultural narratives/stories of selves.

Culturally informed understandings of clinical topics are further explored in a lively manner throughout Seeley’s patient-oriented analysis of multicultural case studies; these studies examine culturally inappropriate treatment. Seeley’s focus is primarily on the mistreatment of culture in clinical encounters. And yet, the author’s intercultural treatment makes an expanded contribution to interdisciplinary conversations about selfhood across cultures. The implications of recognizing the influence of culture on the construction of the self and emotional experience, which are the most frequent research subjects among academic, cross-cultural psychologists as well as contemporary cultural anthropologists, are discussed in light of clinical practices. It would be well to note that in the clinical encounter it is the individual who is in focus, not the culture.