Psychotherapy and the Cultural Concept of the Person

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Abstract Psychotherapies are distinguished from other forms of symbolic healing by their emphasis on explicit talk about the self. Every system of psychotherapy thus depends on implicit models of the self, which in turn, are based on cultural concepts of the person. The cultural concept of the person that underwrites most forms of psychotherapy is based on Euro-American values of individualism. This individualistic and egocentric concept of the person can be contrasted with more sociocentric, ecocentric or cosmocentric views, which understand the person in relation to the social world, the environment, and the cosmos. Intercultural psychotherapy must consider the cultural concept of the person implicit in therapeutic discourse and practice to determine how well it fits or conflicts with the concepts, values and way of life of the patient.

Key words individualism • intercultural psychotherapy • personhood • self • symbolic healing • values

The conflicts over desire, mortality and meaning experienced by people in urban industrialized centers share much with the predicaments faced by hunter-gatherers living in small-scale societies. One reflection of this commonality is that we can recognize similar elements in the healing practices of very disparate cultures. Many authors have identified universal or 'nonspecific' aspects of healing across cultures, viewing shamanistic practices as the prototype for more complex systems of

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medicine (Frank, 1973; Kakar, 1991; Prince, 1980; Torrey, 1986; Tseng & McDermott, 1975). However, despite the parallels that can be found between contemporary psychotherapy and the great diversity of healing practices, there are distinctive features of western psychotherapy that arise from its cultural history. In particular, the concept of the individual and the values of individualism that characterize Euro-American society are not shared by many other cultures of the world (Marsella, DeVos, & Hsu, 1985; Sampson 1988; Shweder & Bourne, 1982). If the concept of the person varies cross-culturally, then the goals and methods of therapeutic change must also differ.

In this article, I consider some cultural specifics about the concepts of the person and the corresponding ways of experiencing and construing the self that underlie the distinctive forms of psychological healing that have emerged in the western world in the last 100 years. A comparative cross-cultural perspective provides an opportunity to step back from our assumptions about human nature and take a critical look at the ways our psychotherapeutic practices depend on particular cultural concepts and values. This reflection can deepen our understanding of the many processes of healing and guide the adaptation and appropriate use of various forms of psychotherapy in intercultural work.

What Is Psychotherapy?

Although it is easy to draw analogies between indigenous forms of healing and western psychotherapeutic practices, not all forms of healing are 'psychotherapy.' The broad use of the term *psychotherapy* is often justified by the claim that the efficacy of any form of healing is due to nonspecific effects of psychological and social interventions on morale (Young, 1988). This obscures the fact that there are many distinct processes at work in any given therapeutic practice and that each of these processes depends on specifics of social context, patterns of social interaction, expectations, and the mental mechanisms of the participants (Kirmayer, 2004).

Psychotherapies may be distinguished from the wide array of methods of psychological healing in that they use explicit talk about the person's thoughts, feelings, emotions, and relationships to effect change. They thus demand the ability and willingness to participate in a conversation about private experiences or interpersonal events, objectifying the processes of one's own mind. This self-reflection presupposes capacities for self-awareness, which, in unadorned form, are unquestionably human universals (Spiro, 1993). Self-awareness and self-representation emerge in children in disparate cultures by the end of the second year of life (Kagan, 1989). People everywhere can reflect on themselves and others as social agents in conflict and accord, attached through feelings of love and respect

or estranged in hate and fear – this is the basic stuff of social life. However, just as the language of emotion varies widely, giving shape and impetus to the course and conduct of relationships (Kitayama & Markus, 1994; Wierzbicka, 1999), so too do the categories, concepts, narrative structures, and rhetorical force of psychological discourse take different forms according to cultural concepts of mind, self, and person (e.g., Averill, 1985; Shweder & Miller, 1985; White & Kirkpatrick, 1985). The distinctive sense of self we experience as adults is a cultural creation, brought into being through narrative constructions and body practices. In North America, this self is the product of a society that encourages people to become outspoken about private feelings and relationships (Cushman, 1995; Pfister & Schnog, 1997; Rose, 1996).

Much of psychological theory and psychotherapeutic practice has been underwritten by implicit notions of the person in U.S. society. The extraversion of U.S. society leads practitioners and theoreticians to put more emphasis on the said than on the unsaid or unsayable in psychotherapy. But, even when the efficacy of psychotherapy is ascribed entirely to the effects of discourse (as in cognitive therapy or some versions of insight-oriented therapy), it is evident that psychotherapy involves at least two intertwined levels of experience.

The *discursive* level involves self-reflexive or insightful constructions (which in dynamic psychotherapy include reflections on the therapeutic relationship itself) that serve at least five distinct, although often concurrent, functions: (1) Emotional expression and catharsis; (2) moral confession and expiation; (3) narrativizing (making meaningful connections or a coherent story); (4) skill learning (developing useful models, that is, ways of perceiving and acting in the social world) and (5) higher order forms of learning that lead to the ability to imagine alternatives, argue positions, and make commitments (Spillane, 1987).

The *level of bodily felt meaning* involves the unconscious and nonconscious relationship with the patient, which need not be talked about explicitly to yield comfort, soothing, and a corrective emotional experience of attachment and relatedness (Jones, 1983). This dimension of psychotherapy is largely transacted through nonverbal and contextual signals and hence cannot be subsumed by the discursive level. Discourse can 'position' individuals in relationships (Davies & Harré, 1990), but how this position *feels* is not only a matter of talk. Some measure of comfort, trust and attachment is generally a prerequisite for the full efficacy of healing through talk. Much of psychotherapy involves regulating intimacy and interpersonal distance through the form, affective tone and pacing of conversation (Havens, 1988).

Both the bodily felt and discursive levels of psychotherapy aim to reduce negative, overwhelming or disorganizing emotions, free the self from

internal conflicts, give individuals useful information about and ways to work with their own temperament and personality as well as relationships, change their self-image toward one of greater efficacy and esteem, and imbue life with a depth of meaning and value.

While these processes reflect universal aspects of human psychology, in practice, they rely on culture-specific notions of the person. This is easier to see in the case of the discursive level of psychotherapy, which is explicitly mediated by the symbolic codes of culture but it is equally true of the bodily dimensions, which depend on distinctive patterns of child-rearing and social interaction.

Psychological Mindedness

The discursive practices of different schools of psychotherapy vary but most demand some degree of 'psychological mindedness' on the part of the patient. Writing from a psychoanalytic perspective, Coltart (1988) describes seven features of psychological mindedness essential for the patient's participation in psychodynamic psychotherapy, each of which is rooted in tacit knowledge of the social world:

The capacity to give a history which deepens, acquires more coherence, and becomes texturally more substantial, as it goes on. Several different capacities are required here: The narrativizing function that makes coherent stories depends not so much on abstract logic as on causal thinking in the social domain. Notions of social causation give rise to specific narrative conventions (Howard, 1991). The metaphor of depth suggests a voyage down through many layers to reach an inner core; it thus conveys an implicit model of the psyche. The creation of a 'deep' narrative depends on a sense of interiority or hidden motives, which can be invoked to make the narrative advance through layers of progressively more difficult self-revelation. The narrative is made substantial by its complexity, by the different weight given to major and minor life events and, most importantly, by the expression of intense feelings. This feeling-fullness gives the sense that the narrative is sincere and that its truths are hard won.

The capacity to give such a history without needing too much prompting, and a history which gives the listener an increasing awareness that the patient feels currently related in himself, to his own story. This requires that the patient situates himself as a central actor in the story, is skilled in his own self-depiction, and takes charge of the psychotherapeutic encounter to the extent of giving a feelingful account of himself. The process of self-narration must be interesting, important, even vital, for the patient. Only

then will the fresh narratives constructed in psychotherapy be recognized as products of unique personal value.

The capacity to bring up memories with appropriate affects. Here again is the requirement for the appropriate expression of emotion. This is taken as a marker of the individual's ability to recognize what is of psychological significance for himself. What stirs strong emotion is *prima facie* important. Efforts to suppress or ignore feelings to maintain equanimity may then be viewed as inappropriate affect (Wikan, 1990).

Some awareness in the patient that he has an unconscious mental life. The production of affect-laden narratives assumes that the patient experiences no unbridgeable gap between his narrative and his bodily felt convictions. Where such gaps occur they are viewed as evidence of repression or denial. While nonconscious gaps in experience are ubiquitous, the unconscious is not simply the nonconscious. Because it is the repository of what has been repressed (i.e., found personally and social unacceptable and hence pushed out of consciousness), the contours and contents of the unconscious reflect the values of the social world within which the individual's own sense of self takes shape. Freud's notion of the unconscious was constituted as the mirror of a specific form of consciousness, one characterized by the conflict, desire and ambivalence that arise within the *fin-de-siècle* Viennese family. Subsequent historical editions of the unconscious vary with the form of family and social life they mirror.

Some capacity to step back, if only momentarily, from self-experience, and to observe it reflectively. While close to the basic function of self-consciousness or introspectiveness as mechanisms for self-depiction and self-reflection, this 'step back' also involves an objectification of the self, an awareness of the self as one person among others. This objectification means that the patient stands to one side, viewing himself as the therapist does, from the outside. In the process, he becomes aware that his self-depiction is always for some listener and that it changes in response to his relationship with an audience or conversational partner. As the individual becomes aware of the multiplicity of possible accounts of self (or multiple selves) that are created in response to different partners, he is required to work toward the reconciliation of these disparate selves, to ensure a monological, univocal self.

A capacity, or more strongly a wish, to accept and handle increased responsibility for the self. This criterion is explicitly moral. It implies a sense of self-efficacy since the person assumes that knowledge will make for more self-control. It also presupposes a single dominant narrative used to forge

a unitary self. At the same time as self-objectification reveals the multiplicity of the self, the patient is expected to acknowledge one self as superordinate (or 'true'). This core self is usually equated with a rational agency, 'the ego.' The rational ego reins in the passions and binds the person to appropriate social conformity. The moral counterbalance to individual authority and self-efficacy is then an explicit awareness of social responsibility.

Imagination. This implies an ability to play with imagery and unstructured thought. Behind it lies a valuing of the individual for his creativity and idiosyncratic self-expression. Imagination is a form of psychological autonomy that allows the individual to play the trickster, subverting and transgressing the boundaries of conventional forms. Unfettered imagination is possible only when the individual steps back from the social constraints of formality and self-conscious performance. As such, imagination constitutes a threat to rationality and must be kept within narrow confines (Kirmayer, 2007).

Some capacity for achievement, and some realistic self-esteem. These are conventional signs of 'ego strength.' Achievement is, of course, measured by prevailing social standards and, in particular, against the values held by psychotherapists and others of their subculture. In North America, achievement is self-realization, accomplished by the self-made man or rugged individual. Likewise, self-esteem is the valorization of oneself for one's distinctive traits, tastes, and accomplishments.

These features of psychological mindedness have been viewed as prerequisites for psychotherapy but they are also the medium through which it is conducted, as patients engage in a process of constructing narratives about the self that are centered on these implicit values. Patients judged 'not psychologically minded' are rejected for psychodynamic psychotherapy and assigned to behavioral or somatic treatments that, until recently, have had lower social and professional status. Although the status of psychotherapies within psychiatry has changed in the last few decades, with biological modes of explanation and treatment in ascendance, the underlying evaluation of individuals according to their ability to engage in psychological discourse has a broader social basis and will likely persist beyond the eclipse of psychodynamic psychotherapy.

Narratives of the Self

Patients in psychotherapy learn to make their inner experience (or self) and social roles, identity and interaction (personhood) a central topic of

conversation. Under the guidance of the therapist they are expected to (re)discover a self that is not only healthier or better functioning but in some sense more 'true.' This appeal to a true self is one way that psychodynamic psychotherapy transforms the culture-specific values of individualism into tacit facts about the mind. Anscombe (1989) describes how three common uses of the term 'true self' in psychotherapy obscure the sense in which the self is a social construction:

Self as representation. To the extent that the self is spoken of as a container, the contents of the self are self-representations, that is, images, propositions, and root metaphors that concern the subject's picture of himself. The self may be treated as identical with the self-representation when it is construed as a distinctive cognitive schema or concept rather than as a process or mechanism. But there is little evidence that people have a single self-representation. Instead, they appear to have many different domains of self-knowledge, which are always incompletely reconciled and integrated. The self-representation then consists of multiple schemas some of which are chosen or supported by the therapist and patient as more 'true' or representative of core values while others are viewed as false or compromised by internal or interpersonal emotional conflicts. The true self may have been damaged or denied by others and hence may require repair. The notion of true self implies that this repair is reconstruction while the recognition that the self sought by patient and therapist may never have existed suggests that the search for the 'true' self is actually a process of invention. The invocation of the 'true self' then 'creates the benign illusion that there is some hidden moral order that is right for the patient' (Anscombe, 1989, p. 212) when, in fact, patient and therapist are engaged in an active process of moral choice.

Self as subjective experience. The self is sometimes treated as the phenomenological category of that which is self-aware and hence, subject to itself. The self is thus the locus of attribution of conscious experience and of the initiation of voluntary action (Kirmayer, 1990). However, self-awareness can be limited or misleading. The true self is revealed by a form of self-awareness that is not simply introspective or self-focused but that has some other quality that certifies its truth or superiority over alternate experiences of the self. The authority of the true self may be marked by particular bodily experiences (Gendlin, 1997). This notion of true self marks out 'an evanescent self . . . [that is] less some kind of mental thing than the experience of exercising a faculty' (Anscombe, 1989, p. 213). As a faculty, the true self can escape its evanescence by being regularly evoked and exercised. With this commitment, the true self becomes more than a fleeting intuition of integrity or a moment of presence and conviction.

Through the sustained choice to use one's conscious faculties in a consistent way, the true self is made reproducible, reliable, and hence, substantial. Once again, the emergence of the true self is seen to be a consequence of moral choice.

Self as essence. The true self is often viewed as some adamantine and inviolable core of the person that survives the vagaries of personal history (Kirmayer, 2002). The true self is then synonymous with the individual's 'true nature' provided those aspects of the individual that lie outside of awareness are made conscious and appropriated by the subject, that is, incorporated into a self-description. This true nature is sought in the depths of the psyche or in the breadth of the consistency of individual behavior. Anscombe (1989) identifies it with constitution or temperament. The true self then reflects the individual's temperament (e.g., introvert versus extravert), which must be acknowledged and accepted. Rejections of this essential nature (starting, for example, with parents who wish their introverted child to be extraverted) may lead the individual to repudiate or lose awareness of the true self. The unfolding of even complex features of character may be driven by constitutional factors that remain hidden from the individual until he is given the language or concepts with which to perceive and recognize his true nature. This level of the self may not be amenable to cognitive change but self-knowledge allows the individual to adapt appropriately to his constitution.

The therapeutic invocation of the true self appeals to these three notions, each of which is, in some measure, a social construction, fashioned through therapeutic discourse that appeals to implicit cultural knowledge and values. As Anscombe (1989) insists, 'determining what constitutes the true self is as much a process of choice as discovery' (p. 216). In helping the patient to discover his true self, the psychotherapist may, in fact, be constructing a version of personhood that is devalued or untenable within the patient's social world.

Cultural Concepts of the Person

In a seminal essay published in 1935, Marcel Mauss (1935/1985) explored the social history of concepts of self and personhood. For Mauss, the self is the locus of self-awareness, introspection, and imagination. The person is not synonymous with the self; personhood is more completely a social creation, a category in the classification of events and a juridical concept on which hinge questions of moral agency, responsibility, and blame. We see others as persons and experience our own person as a self. While the person may be a category used implicitly in diverse cultures and the

experience of self-awareness a human universal, the concept of the self is a hypostatization given central importance in western psychological discourse (Rose, 1996). In contemporary terms, the self is a center of narrative coherence achieved by a cognitive control system that uses consciousness (specifically, self-consciousness) for adaptive purposes.

The current Western view of the self is agentic, rationalistic, monological, and univocal. On this view, people are preeminently rational actors.[1] They have a private inner self where they can think and imagine and make personal choices. People can take responsibility for their actions and attempt to modify or restrain their behaviour in response to the feelings, requests or demands of others. People have inner workings, partly revealed through their self-descriptions and partly intuited by empathy or reconstructed on the basis of models of psychological dynamics. Thus, the person is, first of all, a category in our system of knowledge that provides us with a specific style of explanation and attribution for action and experience.

But it goes deeper than this. The concept of the person provides not only a set of rationales for behavior but makes us consider only certain paths of action from a much larger potential realm. The person has strengths and weaknesses, areas of awareness and of obscurity. People are usually held responsible only for what they are aware of – if an action occurs without awareness or prior choice, it is usually held to be an accident. Of course, psychological models often seek to expand the domain of personal accountability, reclaiming part of nonconscious experience as the repressed 'unconscious' which has an ambiguous moral status between accident and intention.[2]

The North American concept of the person centers on individualism: To be a person is to be a unique individual (Sampson, 1988). Each individual is autonomous and uniquely deserving of the free pursuit of his or her own private goals. People are valued for how richly developed and articulated their inner sense of self is and how strong and coherent their self-direction. (Ignoring the paradox that this uniqueness is expressed almost entirely through choices of mass-produced food, clothing, automobiles, and entertainment.)

American individualism has itself undergone historical change. Bellah, Madsen, Sullivan, Swidler, and Tipton (1985) detail the transformation of the individualism of the Puritan Biblical ideal – which emphasized the person's unique standing before God based on his strength of character and moral rectitude – to a less religion-centered Republican individualism of rugged, free-thinking, independent men freely choosing to participate in community. According to Bellah and colleagues, the Puritan and Republican forms of individualism, characteristic of the American society of the late 1700s described by Alexis de Toqueville (2000), have been largely

supplanted by two new forms of individualism: Expressive and utilitarian. *Expressive individualism* defines the person in terms of his capacity to articulate and enact his unique experience, particularly expressions of taste and feeling. People who give fuller expression to their emotional life and idiosyncratic esthetic and moral values are thus 'real people,' evincing their full personhood. This vision of the person is reflected in a commonsense psychology that attributes both somatic and emotional illness to holding back (and, consequently, not knowing or showing) one's true feelings. It is central to the theories of client-centered, humanistic, and expressive-cathartic schools of psychotherapy.

The more rationalistic form of *utilitarian individualism* views persons as pragmatic agents who pursue private goals to maximize their wellbeing through instrumental control and the accumulation of material goods and power. This concept fits well with the dominant business and professional ethos of contemporary North America, in which work is not for the community or some higher purpose, or even for the corporation, but for the support of one's immediate family and the advancement of one's own career. Early therapeutic manifestations of utilitarian individualism, in Christian Science and other systems of 'positive thinking' were tempered with a Biblical or Republican ethos that emphasized the individual's role in the community of man and God (Bellah et al., 1985; Cushman, 1995; Fuller, 1982). Today, secular forms of this utilitarian view of the person include the self-optimizing strategies of cognitive psychotherapy, with its rhetoric of the patient as 'scientist' or 'self-manager.'

Participants in this individualistic ethos have difficulty recognizing the self as a cultural construction. Individualism, with its valorization of the self, seems natural or inevitable and we may suspect accounts that claim that people in other cultures do not understand or experience themselves in the same fashion. In part, this is because we mistake individual organisms for egocentric selves. But the egocentric self or person is not equivalent to the isolable biological organism.

The boundaries of the person are not identical in every culture and this is reflected not only in representations of self and other but also in psychological dynamics. For example, Hsu (1971) distinguished several distinct spheres of experience based on their degree of accessibility to the consciousness of self and others. Moving from inside outward, these are the unconscious, preconscious, inexpressible conscious, expressible conscious, intimate society, operative society, wider society and outer world. To the conventional distinctions of psychodynamic theory, Hsu adds a level of private experience – the inexpressible conscious – which, while fully accessible to consciousness, may not be divulged to others without transgressing the social code. In this scheme, the boundary of the biological individual occurs between the expressible conscious and

intimate society. Without disputing that this is an important natural boundary, Hsu goes on to point out that in many cultures, the notion of personhood does not coincide with this boundary of the skin. Hsu redraws Freud's topographical map of the psyche with boundaries that are as much part of a social landscape as they are reflections of psychological processes. In fact, such topographies reify the dynamic creation of boundaries that may be renegotiated or dissolved by changes in social position or cultural context.

Traditional Chinese Confucian culture (along with Japanese, Korean and many Southeast Asian cultures) was sociocentric, including relationships with others in the definition of the person (Tu Wei-Ming, 1985). This is captured in the Chinese word for character or personality, *ren*. A person with *ren* is fundamentally a social being – he or she expresses unique qualities through a mature commitment to family or some larger social group.

To illustrate the psychological reality of this different sense of self, consider the dilemma faced by a young woman born in Canada of Chinese immigrant parents, referred for treatment of a postpartum major depression. She is caught in a struggle between her desire to be a dutiful daughter-in-law, allowing her husband's mother a dominant role in caregiving, and her feeling of being usurped in her own role as mother. She fears her newborn daughter will experience the same devaluation she has suffered as a girl in a traditional family devoted to her younger brother, the only son. Her conflict between autonomy and heteronomy occurs not only interpersonally, but within her self-representation. She can be a good person only as an integral part of the extended family. She describes her protective claims for her daughter as 'selfish', and while she feels considerable anger toward others, her strongest anger is directed toward her own morally deficient self. The problem for any psychotherapy that reframes her 'selfishness' as a need for generational boundaries and aims to support her individualistic self-assertion, is that she experiences this 'selfishness' not as a disqualification by others of her true feelings but as an asocial impulse that alienates her from the only kind of person she can conceive of being. Nor is this only her own idiosyncratic issue: Individualistic self-assertion contravenes the concept of person held by those in her extended family and so poses the very real threat of rejection by husband, in-laws, and parents. Helping her to see herself as an individual caught in opposition to the will of others, would advance the process of alienation from her own family, forcing her outward into the larger society that will support and value this type of person.

The point is that the moral order presented in the concept of the person resides not in some isolated part of the self but at the core of the process of self-definition and valuation.[3] Consequently, psychotherapy

that ignores the internalized concept of the person runs the risk of leaving the patient with no way to continue either the coherent construction of the private experience of self or the social interaction that sustains the self in community.

Developmental lines in the functioning of the self can be described in terms of the differentiation of spheres of privacy, interiority, and interpersonal intimacy with the establishment of boundaries of varying degrees of solidity or permeability. Psychotherapy, whether of the individual, the couple, or the family, is then conceived of in terms of restoring the normal (or developing the ideal) boundaries and connections between spheres. As the Chinese example illustrates, however, the normal, morally 'correct' or psychologically 'healthy' structure of these boundaries may be markedly different in other cultures. Psychotherapy then influences not only intrapsychic processes but also the sociomoral realm. Most of the popular forms of psychotherapy rooted in the Anglo American tradition work from a basically individualistic perspective – making the person aware of the cultural concept of the person and offering them the individual choice of compromise, rapprochement, or divergence from the socially mandated self through a new self-fashioned identity. Individual psychotherapy may then be in fundamental opposition to traditional socially integrated personhood.

Although Hsu's (1971) model of the self in terms of concentric boundaries aims to describe cultural variations in self and person, this image itself may carry cultural assumptions. Nedelsky (1990) argues that the very notion of the bounded self arises from a view, present in the framers of the American Constitution, of individual rights being exemplified by physical property. Spatial boundaries are frontiers to be defended against the incursions of others and of excessive government. By analogy, the boundaries of the self are to be similarly defended against others to maintain one's autonomy. She criticizes this view of the bounded autonomous self as distinctively masculine, western, and patriarchal. In place of a self defined by its boundaries, Nedelsky explores the possibility of a self defined by alternative metaphors of openness, connectedness, and permeability to others.

The notion of a self that is defined in relational terms is well articulated in many cultural concepts of the person, throughout Africa, Asia, and, indeed, most parts of the world. For example, the Hindu concept of the person has been characterized as a 'dividual,' permeable to, and constantly exchanging, the psychophysical substance of others (Bharati, 1985; Marriott, 1976).[4] These cultural variations do not eliminate a concern with boundaries as reflected in notions of caste and ritual purity. Nevertheless, such alternative metaphors situate the value of the self in its social embeddedness and connection to others rather than in its detachment and

inviolability. Thus, the individualistic self that is assumed by psychotherapy can be contrasted with more collectivist selves, as well as with various forms of ensembled individualism (Sampson, 1993). In these sociocentric cultures, systems of healing typically involve rituals that engage the whole family, clan, or community. The healing intervention thus affirms the person's connectedness and aims to repair or reorder relations with others.

The contrast of individualist and collectivist orientations that has been a mainstay of cross-cultural psychology involves caricatures drawn from a western point of view. Beyond the polarizing effect of this Eurocentric perspective, there is no obvious reason why such a simple dichotomy or binary classification should hold. As outlined in Table 1, other variations in the form and function of personhood might include the ecocentric self (oriented toward the land and wildlife) and the cosmocentric self (connected to spirits and ancestors). Each varies in the ways the self is defined, the values that characterize a healthy or ideal self, the locus of agency in explanations of actions and events, the ways of narrating stories about the self, and associated systems of healing. Each is also associated with specific moral and religious systems that contribute to ways of narrating the self.

TABLE 1
Cultural configurations of the self

	Self Defined By	*Dominant Values*	*Locus of Agency*	*Mode of Narration of Self*	*Healing System*
Egocentric	personal history accomplishments	individualism autonomy achievement materialism monotheism	individual	univocal monological	psychotherapy
Sociocentric	family clan lineage community	collectivism interdependence cooperation honor filial piety familism	group	polyvocal dialogical	collective ritual family therapy
Ecocentric	environment ecology	balance harmony exchange animism	animals natural elements	univocal mythological	shamanism
Cosmocentric	ancestors	cosmic order holism polytheism	gods and spirits	polyvocal mythological	possession divination

The ecocentric self, found among indigenous peoples, relates the individual to the environment (Stairs, 1992; Stairs & Wenzel, 1992). People understand themselves to be in constant transaction and exchange with animals and other living creatures as well as with the landscape. The notion of personhood encompasses nonhuman persons, including animals and the elements, which have their own perspectives, motives, and agency (Hallowell, 1955; Tanner, 2004). In shamanism, a system of healing associated with this cultural system, healers derive their powers from animal helpers, who allow the healer to restore the necessary balance and reciprocity between the afflicted person and the natural world (Vitebsky, 2001).

Many traditions think of the person in still larger terms as linked to a cosmic order. Such concepts of personhood may also allow for nonhuman persons in the form of spirits or other supernatural agencies. For example, in Yoruba thought, the person is constituted of the union of the *ara* (body), *emi* (mind/soul) and *ori* ('inner head'), all three of which are brought into being by specific gods (Adeofe, 2004). However, the *emi* has no personal characteristics; the individual's unique qualities and destiny come from the *ori*, which is viewed as a deity. Understanding individuals' personalities, as well as the afflictions that may befall them therefore requires attention to their ongoing relationships with these deities. Systems of healing associated with such cosmocentric concepts of the person typically involve methods of divination to understand what has gone wrong with the individual's relationship with the gods and determine the appropriate actions to propitiate the gods and restore the cosmic order (Corin, 1998). In some traditions, healing involves transactions with the gods in which the person is occupied, possessed, and transformed by a god who speaks through them to demand redress. This sense of the person as containing multiple voices or agencies contrasts with the situation in western societies in which possession experiences are less credible, because they contravene the notion of the univocal, monological self. When individuals do experience themselves as having multiple voices or agencies within, as is the case with dissociative identity disorder, these tend to be experienced and interpreted not as gods or spirits, but as fragments of their own personality (Kirmayer, 1994).[5]

In response to a question about identity, egocentric persons might begin with a short version of their curriculum vitae, listing their own accomplishments at work or in public life. People oriented toward a sociocentric view of the self would tend to respond by identifying their parents, family of origin, lineage, or community. An ecocentric notion of the person leads people to talk about their identity first in terms of place, while those with a cosmocentric sense of self and personhood will tend to

narrate their identity in relation to ancestors, spirits, or larger cosmic or celestial forces.[6]

Of course, these ways of construing the self are not mutually exclusive. Indeed, autonomy can coexist with relatedness (Kagitcibasi, 2005); egocentric and sociocentric views may coexist in an ongoing tension that engenders self-awareness (Shimizu, 2001); and most indigenous concepts of the person encompass both ecocentric and cosmocentric views, in which the natural world is only part of a larger cosmos, and in which ancestors may become spirits (Viveiros de Castro, 1998). Within a given society, people may make use of multiple concepts of the person to think about themselves in different situations (Mageo, 1995). What is distinctive about any culture then are the specific elements brought into play, as well as the relative value placed on these different modes of self-construal. These cultural values, in turn, influence the amount of time each person gives to thinking about themselves in specific terms as well as the social consequences of narrating one's self in ways that are consonant with or challenge the dominant values. While the capacity for self-awareness is universal, the way that self-consciousness is structured, organized, and narrated follows cultural models of self and personhood. These models influence individuals' attributions and interpretations of their own thoughts, feelings and actions, and so they govern the contents and orientation of awareness itself.

Culture and the Form of Feeling

The concept of the person is not simply a cognitive schema, verbally transmitted and more or less accessible to consciousness, that shapes our judgments of others and ourselves. It is also expressed in patterns of child-rearing and the conduct of relationships. Thus, some of our 'knowledge' of persons is not representational or conceptual but procedural or embodied, inscribed on the nervous system as habits and dispositions to respond (Quinn, 2003; Wexler, 2006).

Early affective experience gives rise to ways of responding to the world that are rooted not in cognition or complex cultural symbols but in bodily experiences. This type of cultural influence remains difficult for adults to articulate not because it is repressed but because it continues to lie outside of consciousness, influencing the form of psychological processes as much as their content.

For example, Goldschmidt (1975) described a striking pattern of infant care among the Sebei of East Africa, that was aimed, he suggested, at reducing the intensity of interpersonal affect. Sebei mothers tended to hold their child askance, avoided eye contact, and generally minimized emotional responses to their infants. Goldschmidt found Sebei adults

remarkably controlled and calculating in their social relations. This detachment he tentatively attributes to the muted emotion of the maternal–infant interaction.

In contrast, Japanese child-rearing involves a high degree of affective attunement between mother and child. For the Japanese mother, the infant is a helpless but independent being who must be drawn into the web of social relatedness (Shand, 1988). This is accomplished first through maternal nurturance and later through a continuously affirmed concept of obligation to mother and family. This sense of familial obligation is joined to a pervasive code of reciprocal obligation within the wider social sphere (Smith, 1983). The primary sphere of mother–infant then persists into adulthood as a highly idealized model for the relational self – emotionally attuned, connected, and fundamentally responsible for others (Doi, 1973; Rothbaum, Rosen, Ujiie, & Uchida, 2002).

Compare this with the western concept of the infant as an innately dependent being who requires firm limits and progressive separation to develop a satisfactory degree of autonomy. Young children are expected to learn to sleep alone in their own beds in their own rooms with the door closed in order, as Mead and MacNeil (1959) once put it, 'to build character.' At the same time, in the middle-class norm, children are given endless opportunities to choose between alternatives in food, clothes, and activities to develop their autonomy.

By virtue of these differences in the image of the child and in ideologies and practices of child-rearing, superficially similar social situations come to have different meanings for Japanese and Americans. For example, when American and Japanese children are compared in the laboratory setting of Ainsworth's strange situation – a systematic method of assessing maternal infant attachment – there are no differences in the percentage of securely attached children in the two groups (Miyake, Chen, & Campos, 1985; Takahashi, 1986). However, among the anxious children, there are far more Japanese who fail to be soothed when the mother becomes available once more. This likely reflects the fact that the test situation is inherently more stressful for Japanese infants and mothers than for their American counterparts. Even this type of brief separation is less common in Japan. Such basic differences in the development of the attachment and soothing social interactions are likely to influence the later efficacy of verbal psychotherapy with adults. Indeed, a variety of authors have commented on the difficulty of Japanese patients with the systematic frustration of dependency needs typical of classical psychoanalysis (Tatara, 1982).

As this example of infant care shows, culture can exert its effects at the earliest, most basic level of the construction of the person, influencing not just the concept of how connected individuals are but the bodily felt

experience of being separate or united. This may, in fact, be the most important level at which culture operates to create different sorts of people (Wexler, 2006). But it is also the most difficult to study and hence we lack data on the interaction of culture and biology in the development of human relatedness. Similarly, beyond appeals to the notion of 'corrective emotional experiences,' we have little knowledge about the ability of the psychotherapeutic relationship to heal wounds in the capacity for autonomy – helping people to soothe themselves, feel secure and confident when alone, and able to enjoy intimate and lasting connections with other people. But the importance accorded autonomy as a therapeutic goal is itself a feature of the western concept of the person.

The Goals of Psychotherapy

While the declared aim of psychotherapy is usually the alleviation of psychological distress, psychotherapy, even of severe pathology, always involves subtler normative questions of how to live the good life. Thus, the goals of psychotherapy are tied to the cultural concept of the person. In North America, these goals are framed in terms of a rhetoric of self-fulfillment and individual accomplishment. From the public perspective, they are thought of in terms of individuals' capacity to exercise their rights and liberties. The preeminence of the self over other in both private psychological talk and public moral debate gives rise to an understanding of psychopathology as a failure of individuals to achieve full autonomy, to define their own goals, and to achieve personal success.

American academic psychology has taken for granted the values of self-expression, self-control, and self-efficacy. These values fit with American ideals of expressive and utilitarian individualism. Thus, the goal of therapeutic change is generally to make individuals more able to express emotions, wants, and needs; to help them to feel more 'in control'; and to experience a renewed sense of their value and importance as 'unique' individuals.

American culture values the individual who gives vocal expression to his true feelings. Emotional distress is attributed to a failure to clarify and express one's wants and needs. The cure requires training the individual in self-expression and assertion to produce a person who is self-assertive and takes up more social space. People who are conspicuous or even obtrusive in their self-expression are 'characters,' admired for their colorful idiosyncrasies despite (or even because of) their imposition on others.

In Japan, by way of contrast, a much wider gap between private experience and public display is held to be normal (Lebra, 1976). The face one shows others (*tatemae*) is a valued aspect of the self that is not judged false or demeaning simply because it does not give full expression to the

private world of feeling (*honne*). It is a sign of psychological health and moral maturity to discriminate clearly between *tatemae* and *honne* and present the correct face to the social world. Discrepancies between the two are more likely to be diagnosed as failures to achieve the proper social stance and to require renewed modeling and social pressure to elicit the appropriate context-sensitive behavior. Thus, Lock (1986) describes the hortatory advice offered by a Japanese child psychiatrist to a preadolescent boy with school refusal who, no matter how plain his distress, is told to listen more attentively to his parents and act appropriately for his age. Although emotional distress may be briefly acknowledged, the goal is not expression or ventilation but rather self-composure through the creation of a calm mental state (Reynolds, 1980).

Western psychological techniques aim to enhance the person's sense of self-control. This control is manifested not so much in equanimity, as in the capacity to successfully conduct business and relationships. In American academic psychology, instrumental control of the environment is termed 'primary' while cognitive adjustments to unchangeable circumstances are viewed as 'secondary' forms of control on which individuals must occasionally rely when primary control fails (Weisz, Rothbaum, & Blackburn, 1984).

Again, the Japanese conception of self-control emphasizes not instrumental efficacy – that is, the ability to change the world to suit one's self – but rather, the capacity to adjust one's own aspirations to fit the limits of the situation. The American psychologist's category of secondary control is elaborated in Japanese psychology and morality as a measure of emotional maturity (Azuma, 1984). Thus, Morita psychotherapy, an indigenous Japanese form of psychotherapy, has as its chief method and goal '*aru ga mama*': Acceptance of things as they are (Reynolds, 1976).

In western psychotherapy, the symbolic meanings of distress are to be sought within the individual, in his personal history and idiosyncratic view of the world. The narratives of psychotherapy tend to put the sufferer always at the center as hapless victim or half-knowing perpetrator of his own misery. In the therapeutic soliloquy, others are important mainly for their impact on the individual.

Contrast this with the Japanese practice of Naikan psychotherapy, originally designed for sociopathy but later applied to addiction, depression, and somatic disorders (Reynolds, 1983). The insightful constructions of Naikan direct the sufferer toward recognizing the immense and unrepayable debt he owes his parents and others in his life for their help and care. Meditation on this indebtedness to others engenders both guilt and gratitude, which liberate the sufferer from his self-indulgent ways. It is hard to imagine a similar decentering of the individual meeting widespread acceptance in contemporary North America, although, in a return

to Biblical individualism, there are religious communities that certainly encourage such a reorienting of the self toward duty and obligation.

The individualistic concept of the person has wider social ramifications that impinge on the cloistered space of psychotherapy. In a social world made up exclusively of willful individuals, someone is always to blame for whatever happens. There is no room for impersonal accident since this would challenge the hegemony of the individual. In conjunction with the historical American suspicion of authority, this contributes to the ongoing epidemic of lawsuits in the US that seek to blame every unhappy event on some person or personified institution.

While the core values of individualism cut across European and North American societies, there are important regional variations. For example, Canadians have been slow to adopt the litigious approach now common in the US. Whether because of a traditional deference to authority, a national history not founded on opposition and revolution, or simply long experience with a harsh and capricious environment, Canadians seem more likely than Americans to accept that bad things just happen (Friedenberg, 1980). This results in a view of human agency as usually benign but also limited. Hence, Canadians remain reluctant to attribute untoward events to the carelessness or malfeasance of others. Similarly, when people get sick or troubled it is not always because they have done something wrong, nor need it mean that anyone else has wronged them. These cultural differences also are reflected in the conduct of the doctor–patient relationship.

Conclusion

Every form of psychotherapy rests on particular cultural concepts of the person. In the case of most forms of psychotherapy exported by the US, the underlying concepts and values are those of expressive individualism. As portrayed on TV talk shows and sitcoms, North Americans are more comfortable talking about emotions and relationships than about the detailed functioning of their bodies. We enjoy talking about 'I,' 'me,' and 'mine.' We are comfortable with confession but uncomfortable with open dependency, preferring to view the mature adult as an autonomously functioning individual (Pfister & Schnog, 1997). We measure our individual worth in terms of competitive achievements, material wealth, power, and control.

Psychodynamic psychotherapy aims to cultivate the individual's awareness of the self as an arena of conflict and a locus agency. Self-awareness is particularly important in psychodynamic psychotherapy because it enables a conversation about the relationship of one's private thoughts and feelings to past history and present life circumstances. Other cultures do

not share the assumptions of western psychology and employ self-awareness for somewhat different ends. From many cultural perspectives, the expression of emotion is viewed as potentially harmful both to the person's somatic and psychological equilibrium and to the smooth functioning of the family and society (Wikan, 1990). The mature person anticipates and avoids negative or unduly intense emotions. Confession too, may be viewed as a burden to others or afford little relief from an intransigent situation. The person must strive for acceptance of, and harmony with, the natural world, which is not susceptible to human domination and control. Power and status are measured not by the individual's mastery of the environment but by his ability to calmly acquiesce and adjust to a shifting world. Dependency may be viewed as a sign of relatedness and acknowledgement of the importance of others from whom one draws self-worth. The value of the person lies not in his uniqueness or separateness but in his relatedness to a larger social entity.

Recognizing the diversity of cultural concepts of the person presents the clinician with certain imperatives. Effective psychotherapy must appeal to values that are intelligible in terms of the individual's cultural background even as it articulates the tensions between traditions and new choices or opportunities brought by social change or migration. Every cultural community embodies a distinctive concept of the person and with it a particular vision of the good life. Not all such versions of personhood are equally desirable – some may give rise to forms of life untenable in a pluralistic society (Walzer, 1997). Both clinical ethics and effectiveness demand careful attention to potential discrepancies between the concept of the person inherent in any given therapeutic practice and the cultural models that underwrite patients' self-construal. In some circumstances, a novel concept of the person introduced by a therapeutic intervention may be liberating, but it can also cause harm by destabilizing identities and relationships. We know little about the consequences for mental and physical health of different cultural concepts of the person. Indeed, since the meaning and standards of health and wellbeing may change with definitions of the person, questions about therapeutic outcome and effectiveness require explicit considerations of specific values. Consequently, intercultural psychotherapy must allow for the open exploration of the personal, familial and social consequences of different ways of construing the self. Without such open dialogue and debate, clinicians will be left blindly exporting the norms and values implicit in their therapeutic practices.

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Notes

1. Of course, there is great diversity within and among western societies, with corresponding variations in concepts of personhood and version of individualism. Gaines (1992) has argued that the notion of the person that dominates psychiatric nosology reproduces the norms and values of northern European males. This notion of self and personhood has its roots in religion (Dumont, 1986; Sampson, 2000; Taylor, 1989). The univocal, monological self is the sort of moral agent that monotheism demands. Animistic and polytheistic traditions allow for other ways of construing the self, with corresponding differences in moral thinking and spiritual practice.
2. Despite their recognition of complex causality and gradations of responsibility, clinicians tend to understand psychopathology in dualistic terms (Miresco & Kirmayer, 2006).
3. For this reason, Roland's (1988) attempt to distinguish a cultural and personal self is misleading. The self, insofar as it is coherent, incorporates both personal and cultural dimensions. In situ, the self has public and private faces and these may be differentially valued and set in conflict in different cultural contexts. But most people only become aware of culture as such (and as distinct from ethnicity) when they are in transit between cultures. They can then be taught to partition their self into cultural and personal components but this task is itself a form of intercultural education and self-estrangement.
4. The term *dividual* was coined by the anthropologist Marriott (1976). See also Marriott (1990).
5. In fact, many Christian denominations retain beliefs and practices related to possession (Goodman, 1988); the notion of the monological self is maintained by attributing these experiences to a single agency – either satanic influence in the case of negative possession experiences or divine inspiration in the case of healing experiences or spiritual gifts like speaking in tongues. This contemporary Christian view has transformed the traditional views of many indigenous peoples (see for example, Fletcher & Kirmayer, 1997).
6. Correspondences between the person and the cosmos are central to the concept of the person in traditional Chinese medicine (Porkert, 1974) and Indian Ayurveda (Obeyesekere, 1977). In western tradition, the cosmocentric view that sought harmony between the stars and human experience (as the alchemists put it, 'as above, so below') gradually gave way to an impersonal and inanimate universe from which the person is estranged (Brague, 2003).

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