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ADVANCING CULTURAL-CLINICAL PSYCHOLOGY: REFLECTIONS ON THE SPECIAL ISSUE

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The articles in this special issue of the *Journal of Social and Clinical Psychology* together comprise an initial foray into the domain of cultural-clinical psychology as recently reformulated by Ryder, Ban, and Chentsova-Dutton (2011). This generative reformulation accentuated the conceptual importance of construing the relationship between psychology and culture as one of *mutual constitution*. Moreover, this framework of mutual constitution was extended beyond culture and mind to incorporate the brain into a synthesis of culture-mind-brain that functions as a unitary dynamic multilevel system. The articles in this special issue embrace this expansive vision of cultural-clinical psychology and afford complex and nuanced insights as a result. Nevertheless, the future success of this endeavor will require broad inclusion of psychological researchers and research approaches well beyond the traditions of cultural inquiry in social psychology if the promise of a reformulated cultural-clinical psychology is to be realized.

As a clinically-trained cultural psychologist who engages in methodologically diverse inquiry into American Indian mental health issues, I am struck by the historical endurance of particular professional quandaries at the intersection of clinical practice and cultural difference. For example, more than six decades ago George De-

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vereux (1951) published an article in the *American Journal of Psychotherapy* that grappled with three technical problems in conducting psychotherapy with American Indians whose ancestors had lived the celebrated lives of the bison-hunting equestrians on the Great Plains of North America. On the basis of his psychoanalytic treatment of three "rather extensively acculturated" Indian patients, Devereux contributed fresh observations pertaining to the difficulties of "culturally oriented individual psychotherapy" (p. 422). The first of these observations was that, for these patients, the dynamics of clinical transference were patterned on the Plains Indian guardian spirit complex associated with the vision quest. The second of Devereux's observations was that the dream experiences of these patients could be productively interpreted at the level of manifest content (perhaps even more so than at the level of latent content) owing to cultural sensibilities surrounding the "reality of dreams" (p. 416). Finally, the third and most important of Devereux's insights was that the objective of analytic treatment for Indian patients could not properly aim for the usual restructuring of basic personality owing to the ethnocentrism that dominated the clinical endeavor and the realities of societal discrimination that so severely limited Indian opportunities in U.S. society. Devereux's closing critique of such clinical myopia—which "admittedly goes against the grain of our unconscious cultural narcissism and ethnocentrism" (p. 422)—undoubtedly stemmed from his distinctive vantage point as a psychoanalytically-trained cultural anthropologist hired as staff ethnologist by the famed Karl Menninger at the Winter Veterans Administration Hospital in Topeka during the post-war era.

At the time of Devereux's contributions, the profession of clinical psychology was just coming into its own (Benjamin, 2005), aspiring to transcend the discipline's early role as the "handmaiden" to psychiatry (Humphreys, 1996). Since then, both counseling and school psychology have joined clinical psychology as established professions within the field. Although the conventions of practice, expertise, and training that once differentiated these professional arenas appear to have converged in recent decades (Brems & Johnson, 1997; Cobb et al., 2004), clinical psychology is perhaps most usefully described as the disciplinary subfield dedicated to the assessment and treatment of psychopathology (i.e., psychological dysfunction, disabling distress, or disordered behavior). Alongside the establishment and expansion of clinical psychology beginning after the Second World War, disciplinary awareness of and attention to

the impacts of cultural differences in mind and mentality (Shweder, 2007) on the clinical endeavor have developed as well. The origins of the psychological study of culture more generally appear to be as diverse as the subfields that promoted such inquiry, under a variety of monikers such as cross-cultural psychology, multicultural psychology, ethnic minority psychology, culture and cognition, hermeneutic psychology, discursive psychology, narrative psychology, and so on (Jahoda & Krewer, 1997; Kirschner & Martin, 2010; Triandis, 2007). The specific intersection of culture and clinical psychology can similarly trace its roots to multiple origins, including cross-cultural (Draguns, 1973), multicultural (Bernal & Padilla, 1982), and ethnic minority (Sue, 1988) psychology. Kazarian and Evans (1998) published an edited volume addressed to the unique intersection of cultural and clinical psychology based on contributions from more than two dozen specialists in the field. More recently, Ryder, Ban, and Chentsova-Dutton (2011) proposed a sophisticated synthesis of cultural inquiry and clinical psychology that reformulates this domain by bridging at least two key divides that have polarized disciplinary interest in cultural phenomena.

A REFORMULATED CULTURAL-CLINICAL PSYCHOLOGY

Perhaps the most significant divide bridged by Ryder et al. (2011) concerns the construal of the relationship between psychology and culture. A typical manner in which psychologists have historically discussed this relationship is that minds are merely shaped or influenced by culture, with the clear implication that consideration of culture in psychology is secondary, superficial, and extraneous (or at least optional). In contrast to dominant disciplinary traditions that presume the primacy of mind relative to culture, these authors have instead affirmed the underappreciated claim that mind and culture *mutually constitute* one another. In this view, mind and culture "live together, require each other, and dynamically, dialectically, and jointly make each other up" (Shweder, 1990, p. 1). Thus, minds only develop and function in this or that social context because of the preexisting symbols, patterns, scripts, and routines that comprise culture. Conversely, such inherited orientations, signifiers, and practices have historically originated from minds that were collectively dedicated to solving problems and adapting to circumstances in particular times and places. As a consequence, the

study of mind always entails the study of culture, whether this is properly acknowledged or not. For psychological inquiry in particular, the cost of failing to acknowledge this mutual constitution may well be an unwarranted generalization and erroneous application of disciplinary findings to people who differ substantially in mind and mentality from the typically WEIRD samples (i.e., those drawn from western, educated, industrialized, rich, and democratic societies) studied by psychologists (Henrich, Heine, & Norenzayan, 2010). Ultimately, in endorsing and promoting the concept of mutual constitution, Ryder et al. have bridged the disciplinary divide between numerous camps of culture enthusiasts, including the classic cross-cultural psychologists who compared international samples in search of psychological universals and the constitutive sociocultural psychologists who championed constructionist, discursive, hermeneutic, and dialogical perspectives at the margins of the field (Kirschner & Martin, 2010).

A second important disciplinary divide bridged by Ryder et al. (2011) in their call for a cultural-clinical psychology pertains to their inclusion of the brain within the culture-mind-brain complex. The specific divide in question stems from a desire to reflect and celebrate disciplinary interest in brain processes without simultaneously endorsing an overreaching biological reductionism that simplistically asserts that all mental disorders are brain disorders (Insel & Quirion, 2005). Such currently fashionable trends toward unwarranted forms of biological reductionism (Kirmayer & Crafa, 2014; Kirmayer & Gold, 2012) threaten to reinforce the tangential status of cultural inquiry in psychology. The authors have grappled with this tension by extending the concept of mutual constitution to the biological domain that has so captivated the attention of psychologists. By virtue of incorporating the brain within an overt framework of mutual constitution, Ryder et al. have taken care to ensure that none of the respective components of this complex may be understood in isolation from the others, and that no ultimate causes of clinical problems can be presumed to lie in any one realm. Rather, culture-mind-brain operates as one dynamic multilevel system in which processes at one level may operate according to their own principles and mechanisms while perhaps resisting meaningful explanation at another level. For example, "a conditioned fear that goes on to cause problems in living is a disorder, it involves the brain, but it does not require a disordered brain" (p. 965). Thus, brain phenomena are folded into the cultural-clinical endeavor even as robust

attention to cultural phenomena is preserved because brains—like minds—are understood to develop, adapt, and function in response to particular forms of experience that are culturally constituted. In sum, brains both enable and constrain the development of minds and cultures, just as cultures enable and constrain the development of minds and brains. Although psychological inquiry can be legitimately targeted to one or another facet of the culture-mind-brain complex, no account can ever be complete without encompassing the entire system.

CONTRIBUTIONS OF THE SPECIAL ISSUE

In pursuit of this expansive and exciting vision of a more conceptually sophisticated cultural-clinical psychology, Ryder and Chentsova-Dutton (2014) have curated the six articles in this special issue as an initial foray into this newly sketched domain of inquiry. In response, all of the contributing authors appear to have taken up this call with evident enthusiasm. Indeed, there is much to admire in this fledgling effort.

Lau, Wang, Fung, and Namikoshi (2014) adapted the construct of cultural fit as a predictor of well-being versus anxiety to the intra-personal orientations of individuals such that "personal fit between what one believes to be important (i.e., values and priorities) and one's demonstrated abilities in those areas (i.e., aptitudes and skills)" (p. 855) would be expected to promote well-being and attenuate anxiety. Although they provided a complex and nuanced set of findings, Lau et al. proposed that being attentive to social cues such as the emotional expressions of others "may not always be a liability (for social anxiety) or an asset (for interpersonal attunement)" (p. 863); rather, the outcomes depend on culturally patterned values pertaining to interpersonal goals (such as a collectivist orientation). The assessment of a key construct of interest—emotion recognition—using both self-report and a laboratory task was one notable strength of this study.

Consedine, Chentosova-Dutton, and Krivoshekova (2014) explored acculturation in emotional experience and expression among diverse immigrant samples in Brooklyn, New York, to assess the impacts of differential shifts on somatic health. Their hypotheses received support, but the authors interpreted the absence of some effects as demonstrating that "being 'different' from the mainstream

culture is not, in itself, problematic. Rather, it is being different in particular ways that appears to matter" (p. 880). The sophistication of the design and analysis in this study, the recruitment of community samples for participation, and the framing of differential rates of acculturation among women participants in terms of cultural scripts were especially impressive in this research. This latter idea seems quite useful for the study of cultural processes insofar as it incorporates not only the relevant conceptual information (i.e., cultural knowledge) but also the procedural details (i.e., cultural know-how) and motivational proclivity necessary for (enculturated) action.

Ford, Shallcross, Mauss, Floerke, and Gruber (2014) sought to assess whether prevalent cultural preferences in the U.S. for experiencing happiness might function as a risk factor for Major Depressive Disorder. In order to clearly identify the relationship between a desire for happiness and current depressive symptoms, they conducted two related studies that led them to conclude that specifically valuing happiness is "a trait-like risk factor for a diagnosis and maintenance of depression." These results are quite intriguing insofar as they suggest that pronounced cultural ideals—such as an "extreme valuing of happiness" in the U.S.—may function as risk factors for particular forms of psychopathology that could in fact vary by specific cultural settings.

Zhu, Yao, Dere, Zhou, Yang, and Ryder (2014) explored the implications of the differential cultural configuration of interpersonal processes for the phenomenology of Social Anxiety Disorder (SAD). In contrast to a Western emphasis on social interaction anxiety within the dominant formulation of SAD, these authors sought to similarly attend to anxiety about causing discomfort to others as an additional candidate component of SAD. Indeed, Zhu et al. found support for the claim that anxiety about causing distress to others is much more integral to this form of psychopathology among the Han Chinese than among Euro-Canadians. Importantly, however, this group variation was not evident when comparing the nonsocially anxious outpatient samples, raising sobering questions about the ability to study such differences in analogue samples. Perhaps the most remarkable quality of this study was the care taken by the investigators to ensure cross-cultural equivalence across multiple assessment domains prior to analyzing and interpreting the data.

Norasakkunkit and Uchida (2014) investigated the psychological contours of *hikikomori*, a pattern of social isolation among young

Japanese that has been described previously as a culture-bound syndrome. Rather than pursue the alleged psychopathologies thought to underlie this behavioral complex (such as autism), these authors considered whether *hikikomori* was instead more productively framed as a social pathology. On the basis of their survey responses, they concluded that, although psychopathology is unlikely to produce this syndrome, distress may well accompany the lifestyle of the *hikikomori* as a consequence more so than as a cause. At the highest order of analysis, Norasakkunkit and Uchida have thus grappled with how best to classify and explain conditions of deviance and distress relative to their own (perhaps implicit) conceptual differentiation between endogenous (i.e., "mental disability") and exogenous (i.e., structural forces in society) causal forces. This attention to the conceptual (and even philosophical) question of how to properly think through self-world interactions in the context of distressed and disordered experience was particularly valuable.

Ibaraki and Hall (2014) accessed archival data from a university counseling center to investigate the effects of ethnic match between therapists and clients on counseling content, duration of therapy, and premature attrition. Proposing that ethnic match is really a proxy for cultural match, these authors found that ethnic match predicted a higher number of therapy sessions, and lower likelihood of quitting therapy after one session (albeit with small effect sizes). Moreover, ethnic match also both facilitated and constrained discussion of certain topics in therapy, and the patterns differed by ethnoracial group. A clear contribution of this article is the reportedly unprecedented exploration of ethnic match and therapy content in such a large and diverse sample. In addition, the details attesting to a distinctive patterning of therapy content by ethnoracial group were fascinating. Overall, such nuanced findings are welcome insofar as they refine and complicate longstanding but untested assumptions.

CRITICAL REFLECTIONS ON THE SPECIAL ISSUE

The authors of each of the foregoing articles have expressed exemplary commitments to advancing and complicating knowledge production at the intersection of culture and psychology, as addressed to some relevant aspect of clinical consideration or concern. All ap-

pear to take culture seriously as a compelling component of psychological experience. Their research questions are interesting, their analyses are robust, and their findings are important. Overall, this special issue represents an exciting initial foray into a reconceived cultural-clinical psychology. In carefully considering these contributions, I was left with a few critical reflections about the future prospects of this ambitious endeavor.

In proposing a more sweeping cultural-clinical psychology that considers culture-mind-brain as a single dynamic system, Ryder et al. (2011) have dramatically expanded the conceptual terrain that inquiry within this field must span. In theory this is hopeful and generative, but in practice it must overcome the realities of distinctive sub-disciplinary organization and activity. For instance, despite some noteworthy exceptions, the articles in this special issue continue to reflect the dominant sub-disciplinary commitments of cultural inquiry within the traditions of social psychology. This form of cultural psychology frequently equates cultures with nations (or even entire continents, such as North America or Asia), specifies cultural attributes of societies as analogous to personality traits (e.g., collectivism, holism), privileges east-west comparisons in psychological responses (e.g., Japanese versus American participants), and administers self-report measures to "cosmopolitan college student subjects who happen to come from different national, racial, or ethnic groups" (Shweder, 2007, p. 832). The result is often a form of knowledge production that, in the name of both scientific rigor and methodological convenience, paradoxically skates across the surface of cultural difference by eschewing deeper consideration of the "content, meaning, and context" (p. 832) that is so crucial for any constitutive sociocultural account of psychological experience.

Perhaps as a consequence of these dominant traditions, the professional relevance of some of these contributions is fairly removed from the daily activities of clinical practice. This results, I believe, from the understandably distinctive interests of social psychologists, as well as from the routine use of proxies for the phenomena of greatest interest to clinical psychologists. More specifically, in some of these contributions, undergraduates serve as proxies for clinical populations; race, ethnicity, or nationality serve as proxies for cultural sensibilities and practices; survey responses serve as proxies for expert clinical assessment; self-reports serve as proxies for observed or interpreted behavior; and extreme scores on trait

measures serve as proxies for bona fide psychopathology. There is clearly a need to move beyond the study of proxies to the actual investigation of cultural-clinical phenomena in greater depth. Moreover, absent from much of this work is a more direct and relevant connection to the applied commitments of clinical assessment and psychological service delivery in an increasingly globalized world. Thus, in contemplating the future of cultural-clinical psychology, I foresee the necessity of engaging and including psychological clinical scientists who maintain more direct interests in the investigation of assessment and treatment of psychopathology as crucial for the success of this endeavor. Presumably such incorporation will round out cultural-clinical inquiry in more complete fashion.

Even the inclusion of psychological clinical scientists within this enterprise, however, may fail to remedy the need for thick description and contextualized inquiry that can fully appreciate the situated and meaning-full facets of the experience and expression of psychopathology—and its assessment and treatment—that are mutually constituted by psychology and culture (Gone & Kirmayer, 2010). This is because psychological science more generally privileges variable analytic methods rather than interpretive inquiry. Briefly, variable analytic methods in psychology typically require investigators to predefine relevant constructs and categories, design instruments and coding schemes to measure such constructs, obtain responses under (often artificial) research conditions, evaluate the relationships among variables using established statistical conventions, and interpret these relationships with regard to life experiences that frequently lie beyond those directly assessed under research conditions (i.e., as proxies). In this view of knowledge production, the magic is in the method, and scientific rigor ensures confidence in the results so obtained. And yet, such findings remain incomplete within the expansive vision of a mutually constitutive cultural psychology because methodological parochialism of this kind threatens to restrict or eliminate attention to local meanings that can only be inferred through acts of imaginative human interpretation (Gone, 2011).

As a consequence, there would appear to be a need for inclusion of psychological researchers and research approaches that extend even beyond clinical scientists to include the more humanistic traditions within the discipline. Indeed, as Kirschner and Martin (2010) have reviewed, the explicitly constitutive forms of sociocultural

psychology have primarily been championed by the constructionist, discursive, hermeneutic, and dialogical thinkers in the field. Furthermore, clinical psychology was initially incubated within a very recognizable and specific interpretive tradition, namely, psychoanalysis (Engel, 2008). Whatever the faults and limitations of Freudian knowledge and practice, it makes little sense to discard the interpretive baby with the analytical bathwater. In contrast to the superficialist presumptions of much contemporary research in psychology (in which respondents "tell what they know, know what they are talking about, and keep their answers short"; Shweder, 1996, p. 21), psychoanalysis at least recognized that much that is consequential for the experience of patients is not readily accessible to them. Beyond psychoanalysis, of course, there exist numerous well-developed interpretive traditions within psychology (e.g., Slife & Christenson, 2013; Sugarman, 2009) that could not only synchronize well with the inherently case-based nature of clinical inference and practice, but that could also attend more deeply to the cultural constituents of disordered experience and therapeutic intervention.[1]

CONCLUSION

In closing, as the articles in this special issue attest, there is much to recommend the reformulation of cultural-clinical psychology advanced by Ryder et al. (2011). In this initial foray into this reconceived endeavor, much of the culture of inquiry that characterizes social psychology persists in these studies. Even so, the care and commitment with which these authors have grappled with the cultural foundations of distress and disorder represent noteworthy advances in the sub-disciplinary knowledge base. Nevertheless, the potential of cultural-clinical psychology to shift inquiry toward overt consideration of the constitutive power of culture in the assessment and treatment of meaning-full psychopathology will depend on future inclusion of psychological researchers and research from other, far-flung areas within the discipline in a collective and combined effort to span this broad and fascinating domain of interest.

1. None of the preceding is intended to suggest that interpretive inquiry should supplant variable analytic inquiry in cultural-clinical psychology, but rather that variable analysis—like all forms of inquiry—contains inherent limitations that interpretive inquiry can help to overcome (Gone, 2011).

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