Cultural specifics within therapy

- differing expectations of psychotherapeutic treatment are to be expected, considering differences in understanding and processing of illness between individuals of different cultural backgrounds
- process of perception and interpretation of certain symptoms (i.e., body sensations and emotions) is controlled by cognitive models and social interactions, which are culturally shaped
- this reveal which assumptions about the function of the body, about health in general and about the development of (mental) illness are culturally present and passed on → use of subjective, culturally shaped models of illness for the therapeutic process (e.g., use of specific, culturally shaped metaphors or "*idioms of distress*"), derivation of concrete treatment steps
- *levels of cultural competence in psychotherapy*:
  1. **health care system:** awareness of cultural diversity challenges, guidelines on equality and anti-racism
  2. **staff:** ethnic matching between patients and psychotherapists, use of language/cultural mediators
  3. **intervention:** translation incl. culture-specific expressions, culture-specific meaning of therapeutic relationship, culture-specific explanatory model, context specifics (e.g., therapy in refugee camps)

(siehe auch Heim & Maercker, 2017)

Attitude towards mental illnesses

Traditional society	Western society
- mental problems determined by fate, healer knows problem/treatment - problem is settled with family/community, self-worth should be regained, purification rituals, practice self-control and discipline - suffering is perceived as an external, somatic disorder (fate) - illness gets "removed" - the goal of treatment is social harmony	- mental problems are learned and can be actively worked on - patient defines the problem and the goal of treatment - problem is met by information, practical help, reality testing, confrontation, and solution strategies - suffering is perceived as an internal psychological conflict, as a developmental disorder or as dysfunctional learned behaviour - the goal of treatment is individuation and subjective balance

modified from von Lersner und Kızılhan (2017, p. 49)

Patient-therapist relationship

special factors in the intercultural context:

- cultural differences of disease models
- different value concepts and expectations of the therapist-patient relationship
- stereotyping and language barriers (Schouten & Meeuwesen, 2006)

Patient's perspective	Therapist's perspective
- Psychotherapist is seen as an authority who prescribes solutions to problems → risk that propositions etc. are not questioned (possibly false hypotheses in psychotherapy are not refuted, inappropriate therapy goals) - more important for patients: Therapists with understanding, patience, respect, courtesy, attention, kindness, and openness, than the expertise	- western therapists may misinterpret obedience to authority as passive, avoidant, or dependent - risk of disregarding (personalization) or overemphasizing (culturalization) patients' culture-specific characteristics (Erim et al., 2010)

(Lersner & Kizilhan, 2017)

Specificities and challenges in therapeutic work in an intercultural context

- establishment of a stable therapeutic relationship can be impeded by language mediation
  - paraverbal signals of speech can only be conveyed to a limited extent
  - dialogues are slowed down
  - more frequent communication difficulties and irritations (Raval, 2003)
  - ➢ recommendations for working with language mediation should be followed (see information on "language mediation" and also Morina et al., 2010)

- in collectivist societies, the role of the family system must be considered: if necessary, do first session together with family (half the time or completely); possible reasons for the desired accompaniment can be curiosity, interest in case of not knowing, scepticism/mistrust or support of the patient
- identify/consider patient's position in family system; can affect possible behavioural changes
- proactive handling of non-knowledge: inquiries are perceived positively and honoured

- Therapists need to create awareness of one's own cultural origins
- reflection of stereotypes and judgment processes → stereotypical evaluations can reduce empathy of therapists and thus also the quality of the therapeutic relationship (Haller et al., 2020)
- sensitivity for individual as well as cultural or migration-specific factors (Erim et al., 2010)
- it is important to know the basic values and norms of the patient's respective culture (von Lersner et al., 2016)

- common therapy goals are important for therapy motivation and successful treatment, therefore cultural background should be taken into account when formulating therapy goals (von Lersner und Kizilhan, 2017; see also informative overview "Recommendations for diagnostic interviews")
- psychoeducation is extremely important in the intercultural context to gain understanding for the therapy method and to develop positive expectations for the therapy
- to convey the basis of the treatment and explanatory model, considering cultural understanding
- teaching of self-efficacy beliefs and connection between mind and body
- belief in spirits/magic, religiosity and spirituality can be a resource and can be used for behavioural change

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