

Healing practices in different cultures

A crucial area of competence for a culturally sensitive therapist lies in being able to draw on therapeutic techniques and ideas that exist within the cultural world of the client, and integrate these resources into their work together. The following vignettes offer examples of widely different forms of emotional healing, recovery and forms of therapy in different cultural settings.

Questions for reflection and discussion:

1. As you read the examples of Indigenous or local healing practices described below, reflect on how you might respond if a client with whom you were working, told you that they wanted to use such an approach alongside the counselling/psychotherapy they were receiving from you.
2. Are there other forms of local, traditional and Indigenous healing or therapeutic practices that you are familiar with in your own life, or that friends, colleagues and family members utilise for themselves? Can you see themes and change processes across all of these activities, that are similar to Eurocentric professionalised approaches to therapy? Or – do they offer something that is fundamentally different?

Further reading on general challenges and opportunities associated with integrating healing practices from different cultures:

Moodley, R. and West, W. (eds.) (2005) *Integrating Indigenous Healing Practices into Counselling and Psychotherapy*. London: Sage.

Osazuwa, S., & Moodley, R. (2023). “Will there be a willingness to actually engage with it?”: Exploring attitudes toward culturally integrative psychotherapy among Canada’s African community. *Journal of Psychotherapy Integration*, 33(1), 68-85

Robbins, R. R., Hill, J. and McWhirter, P. T. (2008) Conflicting epistemologies: a case study of a traditional American Indian in therapy. *Clinical Case Studies*, 7, 449–466.

Counselling in the Chinese temple

In Taiwan, people in crisis may choose to visit the temple to seek advice through *chouchien* (fortunetelling through the drawing of bamboo sticks). The *chien* client makes an offering to the temple god, tells the god about their problems, then picks up and shakes a bamboo vase containing a set of *chien* sticks. One of the sticks becomes dislodged, and is selected. The client then throws a kind of die to determine whether they have drawn the correct *chien*. Once sure that they have chosen the right stick, they take it over to a desk in the temple and ask for

the *chien* paper corresponding to a number inscribed on the stick. On the paper there is a classical short Chinese poem describing a historical event. Often the person consults an interpreter – usually an older man – whose role is to explain the meaning of the poem in a way that he feels is helpful to the supplicant.

In one example, a young man asked whether it was ‘blessed’ for him to change his job (Hsu 1976). The interpreter read to him the *chien* poem on the paper he had drawn and then asked several questions before he made any interpretation, including how long he had been in the present job, why he was thinking of changing his job, and whether he had any opportunities for a new job. The young man replied that he had been in his present job for only a month or so, having just graduated from school. He did not like the job because of its long hours and low pay. He had made no plans for a new job and had no idea how to go about it. Upon hearing this, the interpreter said that it was not ‘blessed’ for the young man to change his job at that time, that young people should make more effort than demands, and that if he worked hard and long enough he would eventually be paid more.

Hsu (1976) suggests that *chien* fulfils a number of important therapeutic functions: giving hope, eliminating anxiety, strengthening self-esteem, and reinforcing adaptive social behaviour. Hsu suggests that *chien* counselling is particularly appropriate in the Chinese cultural milieu, in which deference to authority is highly valued, and in which it is considered rude to express emotion in a direct fashion.

Further reading:

Hsu, W. (1976) Counseling in the Chinese temple: a psychological study of divination by *chien* drawing. In W. P. Lebra (ed.) *Culture-Bound Syndromes, Ethnopsychiatry and Alternative Therapies. Volume IV of Mental Health Research in Asia and the Pacific*. Honolulu, HI: University Press of Hawaii.

Ritual healing: an Ndembu doctor in action

Victor Turner was one of the leading figures in twentieth-century social anthropology. His analysis of shamanistic healing in the Ndembu (a traditional community who resided in the areas between what is now Zambia, Congo, and Angola) is one of the most widely read examples of anthropological participant observation research (Turner 1964). A young man within the tribe, Kamahasanyi, had fallen out with other members of the group, and had become ill, complaining of debilitating heart, back, limb, and chest pain. The local doctor or shaman, Ihembi, was called in and, following extensive interviewing of his patient, arranged a complex, sustained ritual event that involved all members of the tribe. The event incorporated drumming, dancing, animal sacrifice, and use of herbal hallucinogens. In the midst of this increasingly intense physical and emotional process, Ihembi encouraged both Kamahasanyi and other members of his family and community to tell their stories about what had been happening in their relationships, and to express their feelings and grievances. The climax of the event was the discovery by Ihembi of a tooth in Kamahasanyi’s body, which he

announced was responsible for his illness because it was a source of ancestral 'shades' or spirits from earlier times. The following day, Kamahasanyi was much better, was able to resume work, and harmony was restored in the village as a whole.

Further reading:

Turner, V. (1964) An Ndembu doctor in practice. In A. Kiev (ed.) *Magic, Faith, and Healing*. New York: Macmillan.

Mental health care in a deprived community in the United Kingdom

For more than 70 years, the United Kingdom has operated a National Health Service that offers free care for across the entire range of mental health conditions. In addition to taxpayer-funded NHS psychological therapies, there are also a large number of third-sector community counselling agencies, as well as a substantial number of private practice therapists. Ecks (2021) carried out a participant observation ethnographic study in a community health and care centre in a UK neighbourhood with a high level of economic deprivation and an average life expectancy of 61 years. The centre offered access to social care, primary care, cancer support, dentistry, midwifery, counselling, and lifestyle, nutrition, and complementary therapy. This study focused specifically on a group of patients who experienced chronic depression. All of these individuals were also suffering from other long-term disorders, and a range of dietary issues (i.e., foods that made them feel worse). All of them were taking multiple forms of medication, including anti-depressant pills. Although the care received by these patients was delivered by highly-qualified practitioners, it was fragmented and uncoordinated, with the effect that their health continued to deteriorate.

Further reading:

Ecks, S. (2021). Depression, deprivation, and dysbiosis: Polyiatrogenesis in multiple chronic illnesses. *Culture, Medicine, and Psychiatry*, 45(4), 507-524.

Dang-ki healing in Singapore

Although Singapore is one of the most technologically advanced and prosperous countries in the world, a significant proportion of its population make use of *dang-ki* shamans or spirit mediums, a traditional type of Chinese medicine found in many Asian societies. In *dang-ki*, the healer is regarded as a deity in human form. A key underlying assumption in *dang-ki* is that sickness is caused by disturbance of the proper harmony of relationships between people, or between a person and the natural world. The healer is regarded as an entity who is able to restore harmony through advice and physical interventions such as acupuncture and herbal remedies. In a consultation, the patient or devotee mainly listens, and follows instructions from a healer who, because of their divine status, already knows what is wrong with them.

Typical examples of advice might be “don’t think too much” or “let nature take its course”. Further information on how *dang-ki* functions can be found in Lee (2016) and Lee et al. (2010, 2020). In addition to consulting a revered healer, a *dang-ki* shrine functions as a community resource, in which people can meet with others seeking help, share stories, and offer mutual support. It makes use of embodied and material therapeutic processes such as providing tokens or talismans that the patient can keep as reminders. *Dang-ki* is highly flexible – shrines are open at all times, which makes this type of psychological treatment more accessible to low income patients who are unable to leave their place of employment during working hours. Many of those who engage with *dang-ki* also make use of Western-trained counsellors and psychiatrists on the basis of adopting a pragmatic approach of going along with whatever is most effective in relation to a particular problem at a particular time (Lee 2023).

Further reading:

Lee, B.-O. (2002) Chinese indigenous psychotherapies in Singapore. *Counselling and Psychotherapy Research*, 2, 2–10.

Lee, B. O. (2016). Transformation in *dang-ki* healing: The embodied self and perceived legitimacy. *Culture, Medicine and Psychiatry*, 40(3), 422-449.

Lee, B. O. (2018). Integrating Asian healing traditions into psychotherapy. In R. Moodley, T. Lo & N. Zhu (Eds.), *Asian healing traditions in counseling and psychotherapy* (pp. 83-95). Sage.

Lee, B. O. (2023). Journeying through different mythic worlds: The healing story of *Jing*. *International Perspectives in Psychology: Research, Practice, Consultation*, 12(2), 96–111.

Lee, B. O., & Bishop, G. D. (2001). Chinese clients’ belief systems about psychological problems in Singapore. *Counseling Psychology Quarterly*. 14(3), 219-240.

Lee, B. O., & Kirmayer, L. J. (2020). *Dang-ki* healing: An embodied, relational healing practice in Singapore. *Transcultural Psychiatry* 57(6): 786–800.

Lee, B. O., Kirmayer, L. J., & Groleau, D. (2010). Therapeutic processes and perceived helpfulness of *dang-ki* (Chinese shamanism) from the symbolic healing perspective. *Culture, Medicine & Psychiatry*, 34(1), 56–105.

Kindness in Glasgow

The Liveable Lives project was a large-scale qualitative study of low-level help and support in three communities in the Glasgow area. People were interviewed and kept daily logs that

documented small acts of support that they received, or offered to others, on an everyday basis (Brownlie 2014; Brownlie & Anderson 2017). The study focused on support between neighbours and acquaintances, rather than close friends and family. Participants in this study described a wide range of different types of acts of kindness, reflecting both practical and emotional support. A retired man buys a newspaper for a disabled neighbour every morning. He hands it over to her and they have a chat. A student puts some money in their flatmate's bank account so their parents would not discover how much money they had spent. A woman leaving a parking area gives her ticket to a stranger who has just driven in, so they can take advantage of the unused time on it. Common threads across these episodes of kindness were that they were spontaneous, the helper did not expect to get anything for themselves, and what was particularly appreciated was a sense of solidarity – just 'being there' for each other.

Further reading:

Brownlie, J. (2014) *Ordinary Relationships: A Sociological Study of Emotions, Reflexivity and Culture*. London: Palgrave Macmillan.

Brownlie, J., & Anderson, S. (2017). Thinking sociologically about kindness: Puncturing the blasé in the ordinary city. *Sociology*, 51(6), 1222-1238.

Healing lament in Finland

In Finland, there is a complex, distinctive, historic Christian faith tradition, allied to a powerful cultural theme of loss and abandonment, reinforced in modern times by experiences of Russian invasion and war. Contemporary Finland is also a society that supports different forms of psychotherapy, alongside a willingness to engage in therapeutic innovation. These strands of cultural life have come together in the revival of the practice of 'healing lament' (*Hoitava Itku*), especially as promoted by an organisation known as 'Those Who Cry With Words' (*Äi-Lamenters*) (Wilce 2011). Weekend workshops are offered, at which participants are trained in crying with words and melody. The majority of those who attend are middle-class women, many of them with professional backgrounds in psychotherapy and healthcare. They report that the experience of learning to lament is 'therapeutic'. They describe entering a trance-like state in which they can express themselves in an authentic way, with a positive and meaningful effect on their life as a whole.

Further reading:

Gamliel, T. (2014). Tears and Ideas: Therapeutic Aspects of "Traditional" Wailing Performance. *Journal of Ritual Studies*, 45-63.

Gamliel, T. (2017). Collective in exile: Utilizing terror management theory to understand women's wailing performance. *Transcultural Psychiatry*, 54(4), 523-539.

Wilce, J. M. (2011) Sacred psychotherapy in the ‘age of authenticity’: healing and cultural revivalism in contemporary Finland. *Religions*, 2, 566–589.

Naikan therapy in Japan

The form of therapy known as *Naikan therapy* reflects a distinctively Japanese integration of Western therapeutic practices and traditional Buddhist beliefs and rituals (Reynolds 1980, 1981a; Tanaka-Matsumi 2004). Naikan therapy – similar in many ways to Morita therapy (Reynolds 1989) – is particularly effective with individuals who are depressed and socially isolated. The person spends several days in a retreat centre, engaging in a process of continuous meditation based upon highly structured instruction in self-observation and self-reflection. The role of the ‘counsellor’ is merely to interview the person briefly every 90 minutes to check that they have been following the specified therapeutic procedure, which consists of recollecting and examining memories of the ‘care and benevolence’ that the person has received from particular people at particular times in their life. Having recalled such memories, the client is then encouraged to move on to recollect and examine their memories of what they have *returned* or given to that person, and the troubles and worries that they have given that person. These questions provide a foundation for reflecting on relationships with others such as parents, friends, teachers, siblings, work associates, children, and partners. The person can reflect their self in relation to pets, or even objects such as cars and pianos. In each case, the aim is to search for a more realistic view of their conduct, and the give-and-take which has occurred in the relationship. The most common result of this therapeutic procedure is an improvement in the person’s relationships, and an alleviation of levels of depression. Murase (1976) suggests that Naikan is effective because Buddhist philosophy (which represents a deeply held core dimension of a Japanese worldview) teaches that human beings receive ‘unmeasured benevolence’ from others and become troubled in life if they do not acknowledge this truth. In addition, elders are respected in Japanese culture to an extent that is not found in contemporary European cultures – to revisit the ‘care and benevolence’ of elders can be, for people who have grown up within Japanese culture, an antidote to depression and hopelessness.

Further reading:

Murase, K. (2015) The art of communication through drawing: the case of ‘Mr. R,’ a young man professing misanthropy while longing for connection with others. *Pragmatic Case Studies in Psychotherapy*, 11 (2), 81–116.

Reynolds, D. K. (1980) *The Quiet Therapies*. Honolulu, HI: University Press of Hawaii.

Reynolds, D. K. (1981a) Naikan psychotherapy. In R. J. Corsini (ed.) *Handbook of Innovative Psychotherapies*. New York: Wiley.

Reynolds, D. K. (1981b) Morita psychotherapy. In R. J. Corsini (ed.) *Handbook of Innovative Psychotherapies*. New York: Wiley.

Reynolds, D. K. (1989) *Flowing Bridges, Quiet Waters: Japanese Psychotherapies, Morita and Naikan*. Albany, NY: SUNY Press.

Tanaka-Matsumi, J. (2012). Japanese forms of psychotherapy: Naikan therapy and Morita therapy. In U.P. Gielen et al (eds). *Handbook of culture, therapy, and healing* (pp. 277-291). Routledge.

Maori philosophy of life

As in many traditional cultures, the New Zealand Maori people are deeply connected both to the land and to their family and community. This is expressed through a philosophy of life that emphasises a spiritual dimension (*taha wairua*) that reflects the interconnection of living people, ancestors, and the natural environment. There are also dimensions that acknowledge the importance of thoughts and feelings (*taha hinengaro*), physical wellbeing (*taha tinana*), and family/social well-being (*taha whanau*) (McRobie and Agee 2017). All four dimensions, taken together, need to be taken into account when dealing with a problem in life. These concepts are also materially expressed in the design and layout of a *marae*, or tribal meeting place. The rituals through which people enter a *marae*, and then interact and speak within it, similarly embody the Maori core philosophy. Taken together, these elements create a highly meaningful and sacred space within which problems can be resolved and healing can take place (Durie 2007, 2011).

Further reading:

Durie, M. (2007) Counselling Maori: Marae encounters as a basis for understanding and building relationships. *New Zealand Journal of Counselling*, 27 (1), 1–8.

Durie, M. (2011) Indigenizing mental health services: New Zealand experience. *Transcultural Psychiatry*, 48, 24–36.

McRobie, S. and Agee, M. (2017) Pacific counsellors' use of indigenous values, proverbs, metaphors, symbols, and stories in their counselling practices. *New Zealand Journal of Counselling*, 37, 103–127.

Native American sweat lodge ceremonies

Healing ceremonies in which members of a community sit in close proximity inside a heated tent or building, and engage in rituals that involve sharing, darkness, and sweating, have been identified in many cultures. In Native American culture, this type of practice takes the form of a *sweat lodge* (Garrett et al. 2011). A lodge is a small, low structure, next to a river or lake.

Participants need to divest themselves of clothing and personal possessions, and crawl in on their hands and knees. What happens once inside can vary, but may include periods of silence, prayer, the passing around of a ritual object such as a pipe, the singing of songs, and discussion. After the ceremony, participants wash in a nearby stream or other water source, and talk. All of the activities are embedded in a set of values and belief system in which all aspects of the sweat lodge experience have meaning.

Further reading:

Garrett, M. T., Torres-Rivera, E., Brubaker, M., Portman, T. A. A., Brotherton, D., West-Olatunji, C. et al. (2011) Crying for a vision: the Native American sweat lodge ceremony as therapeutic intervention. *Journal of Counselling and Development*, 89, 318–325.

Merritt, D. L. (2023). Reflections on 36 years of participation in Lakota Sioux sweat lodge ceremonies. *Ecopsychology*, 15(3), 274-280.

Schiff, J. W., & Pelech, W. (2007). The sweat lodge ceremony for spiritual healing. *Journal of Religion & Spirituality in Social Work: Social Thought*, 26(4), 71-93.

Zermeño, A., & Pirtle, W. N. L. (2021). ‘It’s medicine to me’: Examining coping resources and strategies utilized in the sweat lodge ritual experience to improve health of Mexican Americans. *Wellbeing, Space and Society*, 2, 100059.

Traditional healing in an Indian temple

A study by Sood (2016) describes traditional healing practice offered in the Balaji temple in Rajasthan. The temple is a place where people go when they suffer from ‘spirit afflictions’ associated with crises and conflict in family life. Typical problems reported by visitors to the temple include socially inappropriate behaviour, disturbing thoughts, anxiety, and medically unexplained symptoms. Most visitors are urban, middle-class, and educated, who view the temple as a last resort following the failure of conventional Western medical treatment. A flexible set of activities are offered at the temple, including trance states, religious teaching, and a disciplined and austere daily routine that may include lack of sleep, placing heavy stones on the body and demanding physical labour. Sood (2016) found that the potency of the temple experience had been reduced over the years as a consequence of government regulations, influenced by the views of international experts, that banned key temple activities because they constituted human rights violations.

Further reading:

Raghavan, R., Brown, B., Horne, F., Kamal, S. R., Parameswaran, U., Raghu, A., ... & Dasan, C. (2023). Multiple mental health literacies in a traditional temple site in Kerala: The intersection between beliefs, spiritual and healing regimes. *Culture, Medicine, and Psychiatry*, 47(3), 743-765.

Sood, A. (2016). The Global Mental Health movement and its impact on traditional healing in India: A case study of the Balaji temple in Rajasthan. *Transcultural Psychiatry*, 53(6) 766–782.

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