

BOOK REVIEW

The Essential Common Ground of Cultural Psychotherapy and Psychotherapy Integration: Review of *Cultural Psychotherapy: Theory, Methods and Practice* by Martin. J. La Roche.

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The majority of us are largely inclined to agree with theories and models of culturally sensitive psychotherapy such as those that Prof. Martin La Roche proposes in such a vibrant and accessible form while moving seamlessly between theoretical concepts, treatment strategies, and clinical examples. At the same time, however, we rarely fully acknowledge the idea that theory, research, and applications in the various fields of psychology are always anchored in a cultural context. *Cultural Psychotherapy: Theory, Methods and Practice* not only constitutes a meaningful brick in La Roche's professional and personal lifetime project—to advance the awareness that psychology and psychotherapy are culturally embedded—but is also likely to advance the field by offering a theoretical and practical model for rooting psychotherapy in a broad cultural context, including gender, socioeconomic status, religious aspects, political identifications, and ethnic diversity.

The *Journal of Psychotherapy Integration* is the most appropriate academic forum for reviewing La Roche's volume because the model of cultural psychotherapy he proposes and the stance from within which he acts as a theoretician, researcher, supervisor, and clinician is integrative in the deepest and fullest sense of the term.

La Roche regards psychotherapy as a cultural action comprised of three therapeutic levels: the individual level, which focuses on the client as the basic unit therapy; the relational level, which addresses interpersonal configurations in the client's past and present life, paying special attention to the therapeutic relationship as a major arena for exploring narratives and meaning and promoting of change; and the contextual level, which addresses the context as the unit to which therapy relates in working toward the formulation of experiences, behavior, cognition,

and distress while fostering changes in the context as well as the individual or relations.

According to La Roche, the view of human beings, development, personality, pathology, therapy, and research via these three dimensions—individual, relational, contextual—guarantees that the psychotherapy we offer will be culturally sensitive and integrative. The culture is present and influential on all three levels. In every therapeutic intervention, all three levels are always addressed, determining the therapeutic process and function as channels for potential therapeutic change.

La Roche nevertheless suggests a “three-phased cultural psychotherapeutic model,” each phase addressing all the three levels but focusing more strongly on one in particular. In the first phase, “Addressing basic needs and symptom reduction,” the individual dimension stands at the center, the work focusing around alleviating symptoms and addressing issues of safety and deprivation while deepening the therapeutic relationship and keeping contextual factors continually in mind. In the second, “Understanding the client's experiences,” the relational dimension is central, the key elements being exploring narratives and embracing their meanings while processing past traumas in the context of deepening the psychotherapeutic relationship—the latter becoming a major arena of mutually processing interpersonal interactions, interpretative narratives, and therapeutic ruptures. In the third phase, “Fostering empowerment,” the contextual level is central, the focus lying on awareness of contextual factors and their influences, validation of injustice, empowerment, and encouragement to challenge the contextual situation.

This model interweaves the client's distress, symptoms, personal narratives, interpersonal transactions (including the therapeutic relationship), and social context into an integrative fabric. In the terminology of psychotherapy integration (Norcross, 2005; Gold & Stricker, 2006; Stricker, 2010; Ziv-Beiman & Shahar, in press), it is characterized by theoretical integration—that is, a new, general and comprehensive conceptualization that creates a whole that lies beyond the existing theories that compose the integrative model, in line with the work of Wa-

chtel (1997), Prochaska and DiClemente (2005), and others. From another angle, La Roche's model fosters the common-factors model of psychotherapy integration (e.g., Beitman, Soth, & Bumby, 2005; Duncan, Miller, Wampold, & Hubble, 2010) by sharpening the definition of the cultural factor—itsself constituted by factors (individual, relational, and contextual) that exert a direct transformative influence upon the psychotherapeutic process.

From this perspective, La Roche's integrative cultural psychotherapeutic model highlights one of the challenges the common-factors model of psychotherapy integration faces—namely, inquiring into the complex multidirectional matrix of influence between the factors rather than concentrating on the task of defining them.

La Roche's view of research is similarly essentially integrative, calling for the incorporation of empirical knowledge with qualitative and clinical knowledge, stressing the importance of integrating knowledge from various disciplines (medical anthropology, multicultural counseling, therapy, neuroscience, etc.) and illuminating the importance of research of various assumptions in varied and diverse population groups. This view is consistent with the challenges Goldfried (2010) raised with respect to the integration of research and clinical work and his perception of the role of the psychotherapy integration movement in creating a bridge between research and clinical practice.

The book provides a historical overview of cultural psychotherapy, presenting the field's fundamental ideas. It lays out La Roche's three-phased model, defines and exemplifies the cultural psychotherapeutic formulation, offers culturally sensitive interventions appropriate to each phase in light of its goals, sharpens the contribution of neuroscience to the field—primarily with respect to the vital distinction between implicit and explicit knowledge (to be distinguished from the psychoanalytic concept of the unconscious), and presents the principles and emphases of research in the field and the importance of cultural thinking beyond the clinical work.

I highly recommend Chapter 7, in which La Roche presents his meaningful and effective cultural psychotherapeutic work with Rosa, a Dominican woman who came to a health community center in one of the poorest and most dangerous neighborhoods of Boston during the

first week of La Roche's work there, 16 years ago. Rosa suffered from severe major depression, accompanied by auditory hallucinations, severe urges to burn her hair, and a deep feeling of uselessness. As she said during the first phase of their psychotherapeutic endeavor: "I feel like an old rug that should be thrown away." In superbly didactic and comprehensive yet very poetic fashion, La Roche describes the various phases of their cultural-psychotherapy process, reflecting on his involvement in and identification with Rosa's pains and struggle to find meaning and place in the world. By sharing his integrative and culturally oriented psychotherapeutic work with Rosa, he evinces how integrative cultural psychotherapy pays attention to the cultural aspects of the individual, relational, and contextual levels simultaneously. Skillfully demonstrating how he practices the therapeutic strategies and interventions he describes and recommends in the previous chapters, in Duncan et al.'s (2010) phrase, he thereby conceptualizes and illustrates "the heart and soul of change."

If time constraints force you to choose just one more chapter, I suggest you read the Introduction, which surveys the fundamental issues, ideas, and concepts with which the book deals, including a summary description of La Roche's therapeutic model. This chapter can also serve as a clear, user-friendly, rich, and comprehensive introductory reference for varied teaching needs.

In Chapters 1–3, La Roche translates his psychotherapeutic principles into clinical recommendations for each phase of the treatment briefly described above. Here again he succeeds in offering operative therapeutic interventions without compromising the depth and complexity necessary for practicing psychotherapy. In the first phase, "addressing basic needs and symptoms reduction," which focuses on the individual level—he stresses, for example, the need to understand the client's complaints in a culturally sensitive manner, set the goals and structure of psychotherapy as early as possible, address safety and basic needs, establish a culturally sensitive therapeutic relationship, remain on the experiential level, learn and use the client's language, use indigenous healing practices to address symptoms, use evidence-based psychotherapies, encourage culturally sensitive lifestyle changes, learn and use the client's cul-

tural context, conduct cultural assessment and diagnosis, and enhance affect regulation and psychological flexibility.

In the second phase, “understanding the client’s experiences,” which focuses on the relational level, he suggests, for example, understanding the therapeutic relationship as more than the sum of the client’s/therapist’s characteristics, beginning to explore the client’s life as well as his or her problems, examining the complex and changing nature of meanings, addressing the cultural influence of explicit and implicit systems, continuing to develop a culturally sensitive therapeutic relationship, allowing the therapeutic relationship to become emotionally charged, understanding that ruptures are inevitable, making contact, and using the client’s renewed sense of vitality.

In the third phase, “fostering empowerment,” which focuses on the contextual level, he recommends linking contextual influences to the client’s life, letting clients lead the way, promoting awareness of meanings of symptoms that are frequently culturally dependent, promoting the understanding that cultural differences are assets, creating awareness of social injustice, embracing multiple meanings and narratives, strengthening the message that talking is not enough and that action is necessary, restoring existing connections, and encouraging new ones.

Overviewing the experience of reading and studying the book, I would like to highlight some of the elements I found highly inspiring and contributive and point out other aspects I believe could benefit from further development and reconceptualization. Viewing the psychoanalytic and psychotherapeutic relational perspective as one of the primary pillars of psychotherapy, I was inspired by the deeply relational position from within which La Roche acts within the psychotherapeutic relationship. His involvement, acts, and interventions within the therapeutic dyad are not only characterized by emotional participation and openness. The working alliance he develops with the client both facilitates and is facilitated by culturally sensitive processes of coformulation and mutual inquiry into the client’s and therapist’s experiences from within their dyadic intersubjective space. In relational terms, these processes bear the potential to open up the dyadic states captured in complementary “doer–done to” config-

urations (Benjamin, 2004) and enliven posttraumatic dissociated self-states (Bromberg, 1998). La Roche’s awareness of the multiplicity of the client and his own self (Mitchell, 1993; Bromberg, 1998), his ability to simultaneously listen to himself and the client, his readiness to take responsibility for his wish to influence, his acknowledgment of the variety of his motivations as a person and a therapist, and his capacity to keep in mind that he himself is captured implicitly and explicitly in social values, hierarchies, and power structure—all manifest the core values and central ideas of the relational approach.

I believe that Benjamin’s (1988, 2004) ideas regarding complementary dyadic states and the mutual processes that promote release from their grasp to restore subjective and intersubjective spaces, Bromberg’s (1998) understanding of the intersubjective psychotherapeutic transactions as an attempt to enliven self-states dissociated as a result of traumas, and Bromberg’s (1998) and Mitchell’s (1993) views concerning the multiplicity of self can enrich and deepen the theoretical ground of the relational level of this three-phased cultural psychotherapeutic model.

It is important to note that the perception of the individual as culturally and socially contextual and the psychotherapeutic process as inevitably ideological and political in nature are core principles of the relational approach (e.g., Dimen, 2011; Aron & Starr, 2013)—whether the therapist is aware of these characteristics of the therapeutic endeavor or not. La Roche uses the term *relational* to conceptualize the contributions made by the interpersonal-intersubjective dimension of the psychotherapeutic relationship. He then surveys the contextual level of cultural psychotherapy—without relating to the relational approach—as a central contextual theory that focuses on the contextual as well as the interpersonal level. Although no one owns the term *relational* and each scholar can give it the meaning s/he chooses, I believe that the centrality of the relational approach in the current psychotherapeutic field calls for further clarification of the theoretical ground of La Roche’s use of the term. While he uses it with a focus on interpersonal processes and their potential to promote change, I believe that his theoretical conceptualizations and psychotherapeutic model can be enhanced by the assimilation of the contextual (social and cultural) ideas of the relational psy-

choanalytic and psychotherapeutic approaches as well.

I also posit that greater contextualization of his cultural psychotherapeutic model within the current typologies of models of psychotherapy integration (eclecticism, integrative assimilation, common factors, and theoretical integration) to which I referred above (Norcross, 2005; Gold & Stricker, 2006; Stricker, 2010; Ziv-Beiman & Shahar, in press) could contribute to the integration of the cultural dimension into the models of psychotherapy integration and thus bolster the field of psychotherapy integration. As noted above, La Roche's model offers theoretical integration and/or contributions to the common-factors model of psychotherapy integration.

From the perspective of these two types of integration, I also think the model might benefit from moderating and modifying the impression that the phases are sequential. I agree with La Roche's experience that addressing the symptoms, restoring safety, fulfilling basic needs, validating the client's suffering, formulating the therapy's goals, and establishing the therapeutic alliance are all frequently issues that need to be addressed before exploring narratives, processing past events, embracing the variety of meanings attributed to experiences, and dealing with ruptures in the therapeutic relationship. Great differences between clients exist regarding the sequences of the phases, their duration, and the extent to which they overlap or are differentiated from one another, however.

La Roche stresses that all the dimensions—individual, relational, and contextual—operate simultaneously at all stages of the therapeutic process and cyclically influence one another. He also describes how he renamed the model from a “three-staged model” to a “three-phased model” to mitigate the impression of a definitive sequence. Nevertheless, the use of the terminology “Phases 1–3” and the table representing them leads to a sequential interpretation of the model. Further softening of the presentation of the three-phased model of cultural psychotherapy, maybe renaming it as “three dimensional model,” omitting the tables and focusing on cyclical image (beautifully presented in Figure 1.2) would enhance the comprehensiveness and applicability of the model and promote a deeper confluence between La Roche's model and

other models of psychotherapy integration, such as Wachtel's (1997) Cyclical Psychodynamics.

The model might also be enhanced by expanding the first phase, which addresses the individual level with a focus on fulfilling basic needs and reducing symptoms, to include the formulation of principal internal, interpersonal, and social conflicts and narratives. I suggest that the formulation of internal, interpersonal, and social conflicts and narratives using a variety of theoretical models can be addressed during the first phase from the perspective of the individual level, conceptualizing the client as the basic unit addressed by therapy, whereas the therapist is acting from a professional therapeutic stance, as well as from a relational stance during the second phase, that focuses on interpersonal units, including the therapeutic dyad, as the central channel of change. The therapeutic work on these goals naturally differs at each phase/level.

In conclusion, the importance of the promotion of culturally sensitive psychotherapy cannot be overemphasized. Nor can we overstate the importance of psychotherapy integration. Through this book, which focuses on both theory and practice, Prof. La Roche makes a seminal contribution to these two themes that stand at the heart of the contemporary psychotherapeutic agenda.

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