

# TOWARD EFFECTIVENESS THROUGH EMPATHY

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## Primary Objective

- To provide an overview of the significance and importance of inclusive cultural empathy

## Secondary Objectives

- To reframe the counseling concept of “individualistic empathy” into inclusive cultural empathy
- To develop a more relationship-centered alternative based on Asian ways of knowing and healing

Good relationships in counseling psychotherapy emerge as a necessary but not sufficient condition in all research about effective mental health services. Good relationships depend on establishing empathy. Empathy occurs when one person vicariously

experiences the feelings, perceptions, and thoughts of another. Most of the research on empathy is predicated on the shared understanding of emotions, thoughts, and actions of one person by another. In Western cultures, psychologists typically focus exclusively on the individual, whereas in traditional non-Western cultures, empathy more typically involves an inclusive perspective focusing on the individual and significant others in the societal context. This chapter explores the reframing of “empathy,” based on an individualistic perspective, into “inclusive cultural empathy,” based on a more relationship-centered perspective, as an alternative interpretation of the empathetic process (Pedersen, Crethar, & Carlson, 2008).

The world has changed to make us totally interdependent on a diversified model of society, requiring us to find new ways of adaptation.

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Globalization, migration, demographic changes, poverty, war, famine, and changes in the environment have led to increased diversity across the globe. Our responses to that diversity, through sociotechnical changes, competition for limited resources, and anger and resentment at the intranational and international levels, all of which depend on conventional Western models, have been inadequate:

Powerful global efforts to reduce diversity conflicts by the hegemonic imposition of Western economic, political, and cultural systems is not a solution to the emerging diversity conflict issues. Rather, the “global monoculturalism” being promoted represents an exacerbation of the problem as evidenced by the growing radicalization of individuals, groups, and nations seeking to resist the homogenization pressures. (Marsella, 2009, p. 119)

In this context, empathy—reframed as inclusive cultural empathy—provides an alternative perspective to conventional individualism. We believe that psychologists are part of both the problem and the solution to this dilemma, and we call upon the field to take leadership around the world in applying this inclusive cultural empathy model.

## ■ CULTURAL FOUNDATIONS

Moodley and West (2005) integrated traditional healing practices into counseling and psychotherapy. They described a rich healing tradition from around the world, going back more than 1,000 years, that is being used today alongside contemporary health care. They

explore the complexities of the various approaches and argue for the inclusion and integration of traditional and indigenous healing practices in counseling and psychotherapy. This need to look outside the boundaries of Western psychology is a direct result of the failures of multicultural

counseling or the way psychotherapy is practiced in a multicultural context. It seems that multicultural counseling and psychotherapy is in crisis. (Moodley & West, 2005, pp. xv–xvi)

Mental health care providers and educators can no longer pretend that counseling and psychotherapy were invented in the last 200 years by European Americans in a Western cultural context. The recognition of indigenous resources for holistic healing and the search for harmony have been recognized in the literature about complementary and alternative medicine. The true history of mental health care includes contributors from around the world during the last several thousand years, although these progenitors are seldom if ever mentioned in the textbooks for training mental health care providers. This omission, however unintentional, is inexcusable and has resulted in violations of intellectual property rights and unnecessary misunderstanding. Although Asia and Africa have been struggling to interface traditional approaches with Western approaches for a long time, this task has only recently emerged as a priority in the United States (Incayawar, Wintrob, & Bouchard, 2009).

The practice of psychotherapy is a political action with sociopolitical consequences. Psychologists, counselors, and scholars from Western cultures have presented a history of protecting the status quo against change, as perceived by people in minority cultures (i.e., racial minorities, women, and those who perceive themselves as disempowered by the majority). The lack of trust in people who provide counseling services and the belief that the status quo is being protected are documented in the literature about “scientific racism” and European American ethnocentrism (Pedersen, Draguns, Lonner, & Trimble, 2008; D. W. Sue & Sue, 2003). Cultural differences were explained by some through a genetic deficiency model that promoted the superiority of dominant European

American cultures. The genetic deficiency approach was matched to a cultural deficit model that described minorities as deprived or disadvantaged by their culture. Minorities were underrepresented among professional counselors and therapists, the topic of culture was trivialized in professional communications, and minority views were underrepresented in the research literature. Members of the counseling profession were discredited among minority client populations because they viewed counseling as a tool to maintain the boundary differences between those who had power and/or access to resources and those who did not.

These cultural differences have resulted in *racial microaggressions* in the everyday contacts between groups. “Racial microaggressions are brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults toward people of color” (D. W. Sue et al., 2007, p. 271). Inclusive cultural empathy seeks to minimize or eliminate racial microaggressions from multicultural contacts by emphasizing the importance of context.

## ■ ALTERNATIVE INDIGENOUS PSYCHOLOGIES

There are already indigenous alternatives to individualistic psychotherapy. China provides examples of indigenous alternatives that de-emphasize individualism. Yang (1995, 1999), Yang, Hwang, Pedersen, and Daibo (2003), and Hwang (2006) conceptualized the Chinese social orientation in two ways—first as a system of social psychological interactions and second as a pattern of inclinations or “natural” tendencies based on past experience. This interaction between the person and the environment is demonstrated in the tension between isolated or independent tendencies

and relational or connected tendencies. Although the individuated approach works well in some cultures to facilitate measurement and treatment, for example, it excludes valuable data from other cultures.

Santee (2007) described an integrative approach to psychotherapy that bridges Chinese thought, evolutionary theory, and stress management. This approach provides an

opportunity to view the culturally diverse perspectives of Buddhism, Daoism, and Confucianism in a context that will allow for the integration of these teachings into Western counseling and psychotherapy. This integration will, it is hoped, contribute to resolving the problems facing contemporary counseling and psychotherapy caused by its own ethnocentric perspective and the need to access cultural diversity. It is a move toward embracing a new paradigm. It is a bamboo bridge. (Santee, 2007, pp. 10–11)

The family orientation metaphor constitutes the core “building block” of Chinese society, rather than the isolated individual, as in Western cultures. “The Chinese people tend to generalize or extend their familistic experiences and habits acquired in the family to other groups so that the latter may be regarded as quasi-familial organizations. Chinese familism (or familistic collectivism), as generalized to other social organizations, may be named generalized familism or pan familism” (Yang, 1995, p. 23). This family perspective is significantly different from Western psychology’s focus on the scientific study of individual behavior.

Yang had the dream of an alternative to using inappropriate Western psychology to understand balance in Chinese society. He described the consequences of imposing Western psychology on non-Western cultures:

What has been created via this highly Westernized research activity is a highly Westernized social science that is incompatible with the native cultures,

peoples and phenomena studied in non-Western societies. The detrimental over-dominance of Western social sciences in the development of corresponding sciences in non-Western societies is the outcome of a worldwide academic hegemony of Western learning in at least the last hundred years. (Yang, 1999, p. 182)

Liu and Liu (1999) pointed out that interconnectedness is a difficult concept to pin down because it involves synthesizing opposites, contradictions, paradox, and complex patterns that resemble the dynamic, self-regulating process of complexity theory: “In Eastern traditions of scholarship, what is valued most is not truth. In broad outline, the pursuit of objective knowledge is subordinate to the quest for spiritual interconnectedness” (p. 10).

Yang (1997) described his thinking as it evolved toward understanding North American psychology as its own kind of indigenous psychology, developing out of European intellectual traditions but much influenced by American society. He developed a list of “seven nos” that a Chinese psychologist should not do so that his or her research can become indigenous:

Not to habitually or uncritically adopt Western psychological concepts, theories, and methods;

Not to overlook Western psychologists’ important experiences in developing their concepts, theories, and methods;

Not to reject useful indigenous concepts, theories, and methods developed by other Chinese psychologists;

Not to adopt any cross-cultural research strategy with a Western-dominant imposed etic or pseudo-etic approach . . . ;

Not to use concepts, variables, or units of analysis that are too broad or abstract;

Not to think out research problems in terms of English or other foreign languages; and

Not to conceptualise academic research in political terms, that is, not to politicise research. (pp. 71–72)

Along with the “seven nos” Yang (1997) also suggested “10 yes” assertions to guide the psychologist in a more positive direction:

To tolerate vague or ambiguous conditions and to suspend one’s decisions as long as possible in dealing with conceptual, theoretical, and methodological problems until something indigenous emerges in his or her phenomenological field;

To be a typical Chinese when functioning as a researcher [letting Chinese ideas be reflected in the research];

To take the psychological or behavioural phenomenon to be studied and its concrete, specific setting into careful consideration . . . ;

To take its local, social, cultural, and historical contexts into careful consideration whenever conceptualizing a phenomenon and designing a study;

To give priority to the study of culturally unique psychological and behavioural phenomena or characteristics of the Chinese people;

To make it a rule to begin any research with a thorough immersion into the natural, concrete details of the phenomenon to be studied;

To investigate, if possible, both the specific content (or structure) and the involved process (or mechanism) of the phenomenon in any study;

To let research be based upon the Chinese intellectual tradition rather than the Western intellectual tradition;

To study not only the traditional aspects or elements of Chinese psychological functioning but also the modern ones . . . ;

To study not only the psychological functioning of contemporary, living Chinese but also that of the ancient Chinese. (p. 72)

The consequences of extreme individualism in psychotherapy are very dangerous to modern

societies. Westernized values that became popular in the 19th and 20th centuries have sponsored destructive attitudes and lifestyles; to prevent an ecological disaster, urgent changes are needed in these values. Howard (2000, p. 515) identified nine “killer thoughts” based on Western psychological values and assumptions: (a) Consumption produces happiness; (b) we don’t need to think (or worry) about the future; (c) short-term rewards and punishments are more important than long-term goals; (d) growth is good; (e) we should all get as much of life’s limited resources as we can; (f) keeping the price of energy low is a good thing; (g) if it ain’t broke, don’t fix it; (h) we don’t need to change until scientific proof is found; and (i) we will always find new solutions in time to expand limited resources. The dangers of exclusively imposing dominant-culture values have led psychotherapists to better understand the values of other, contrasting cultures.

One example of imposing Westernized, individualistic, dominant-culture values is the primacy of “self-interest.” Miller (1999) examined the “self-interest” motive and the self-confirming role of assuming that “a norm exists in Western cultures that specifies self-interest both is and ought to be a powerful determinant of behavior. This norm influences people’s actions and opinions as well as the accounts they give for their actions and opinions. In particular, it leads people to act and speak as though they care more about their material self-interest than they do” (p. 1053). The more powerful this norm of self-interest is assumed to be, the more self-fulfilling psychological evidence will be found to support that premise.

## ■ INCLUSIVE CULTURAL EMPATHY

The importance of “inclusion” comes from research in the hard sciences, where quantum physics demonstrates the importance of opposites,

proving that something can be both right and wrong, good and bad, true and false at the same time through “both/and” thinking. The rules of “exclusion” have depended on “either/or” thinking, in which one alternative interpretation is entirely excluded and the opposite is entirely accepted. From this quantum perspective, empathy is both a pattern and a process at the same time.

The intellectual construct of empathy developed in a context that favored individualism and described the connection of one individual to another individual. However, globalization is changing that perspective. The individuated self, which is rooted in individualism, is being overtaken by a more familial concept of self, best described by Clifford Geertz (1975):

The Western conception of the person as a bounded, unique, more or less integrated motivational and cognitive universe, a dynamic center of awareness, emotion, judgment and action organized into a distinctive whole and set contrastively both against other such wholes and against a social and natural background is, however incorrigible it may seem to us, a rather peculiar idea within the context of the world’s cultures. (p. 48)

In the more collectivist non-Western cultures, relationships are defined inclusively to address not only the individual but the many “culture teachers” of that individual in a network of significant others. Being empathetic in that indigenous cultural context requires a more inclusive perspective than that found in the typically more individualistic Western cultures. In identifying the individual, the question should not be “Where” do you come from? but rather “Who” do you come from?

Inclusive cultural empathy is an alternative to the conventional empathy concept applied to a culture-centered perspective of counseling (Pedersen, Crethar, & Carlson, 2008). Conventional empathy typically develops out of

similarities between two people. *Inclusive cultural empathy* has two defining features: (1) Culture is defined broadly to include culture teachers from the client's ethnographic (ethnicity and nationality), demographic (age, gender, lifestyle broadly defined, residence), status (social, educational, economic), and affiliation (formal or informal) backgrounds; and (2) the empathetic counseling relationship values the full range of differences and similarities or positive and negative features as contributing to the quality and meaningfulness of that relationship in a dynamic balance. Inclusive cultural empathy describes a dynamic perspective that balances both similarities and differences at the same time and was developed to nurture a deep comprehensive understanding of the counseling relationship in its cultural context. It goes beyond the exclusive interaction of a counselor with a client to include the comprehensive network of interrelationships with culture teachers in both the client's and the counselor's cultural contexts.

The inclusive relationship is illustrated by the intrapersonal cultural grid shown in Table 1.1. This visual display shows how a person's behavior is linked to culturally learned expectations that justify the person's behavior and the cultural values on which those expectations are based. Table 1.1 shows how each person's cultural

context influences that person's behavior through the thousands of culture teachers from which each person has learned how to respond appropriately in different situations. To understand the person's behavior, one must first understand the cultural context.

Empathy is constructed over a period of time during counseling as the foundation of a strong and positive working relationship. The conventional description of empathy moves from a broadly defined context to the individual person convergently, like an upside-down pyramid. Inclusive cultural empathy moves from the individual person toward inclusion of the divergent, broadly defined cultural context in which that individual's many culture teachers live, like a right-side-up pyramid.

The conventional definition of empathy has emphasized similarities as the basis of comembership in a one-directional focus on similarities that does not include differences (Ridley & Lingle, 1996; Ridley & Udipi, 2002). "The new construct of cultural empathy presented in much of the literature appears to be indistinguishable from generic empathy except that it is used in multicultural contexts to achieve an understanding of the client's cultural experience" (Ridley & Lingle, 1996, p. 30). Inclusive cultural empathy goes beyond conventional

**Table 1.1** Intrapersonal Cultural Grid

<i>Culture Teachers</i>	<i>Behavior</i>	<i>Expectation</i>	<i>Value</i>
<b>Ethnographic</b> (nationality, race/ethnicity, religion, language)			
<b>Demographic</b> (age, gender, sexual orientation, physical abilities)			
<b>Status</b> (social, economic, political, educational)			
<b>Affiliation</b> (formal, such as family or career; informal, such as shared ideas or values)			

empathy to understand accurately and respond appropriately to the client's comprehensive cultural relationships to his or her culture teachers, some of whom are similar to and others of whom are different from the counselor.

By reframing the counseling relationship into multicultural categories, it becomes possible for the counselor and the client to accept the counseling relationship as it is—ambiguous and complex—without first having to change it toward the counselor's own neatly organized self-reference and exclusionary cultural perspective. This complex and somewhat chaotic perspective is what distinguishes inclusive cultural empathy from the more conventional descriptions of empathy. We can best manage the complexity of inclusive cultural empathy in a comprehensive and inclusive framework. This comprehensive and inclusive framework has been referred to as *multiculturalism*.

The ultimate outcome of multicultural awareness, as Segall, Dasen, Berry, and Poortinga (1990) suggested, is a contextual understanding: "There may well come a time when we will no longer speak of cross-cultural psychology as such. The basic premise of this field—that to understand human behavior, we must study it in its sociocultural context—may become so widely accepted that all psychology will be inherently cultural" (p. 352). During the last 20 years, multiculturalism has usually become recognized as a powerful force, not just for understanding "specific" groups but for understanding ourselves and those with whom we work (D. W. Sue, Ivey, & Pedersen, 1996).

## ■ INCREASING MULTICULTURAL AWARENESS

Cultural patterns of thinking and acting were being prepared for us even before we were born, to guide our lives, to shape our decisions, and to put our lives in order. We inherited these

culturally learned assumptions from our parents and teachers, who taught us the "rules" of life. As we learned more about ourselves and others, we learned that our own way of thinking was one of many different ways. By that time, however, we had come to believe that our way was the best of all possible ways, and even when we found new or better ways it was not always possible to change. We are more likely to see the world through our own eyes and to assume that others see the same world in the same way using a "self-reference" criterion. As the world becomes more obviously multicultural, this "one-size-fits-all" perspective has become a problem.

During the last 20 years, multiculturalism has become a powerful force in mental health services, not just for understanding foreign-based nationality groups or ethnic minority groups but for constructing accurate and intentional counseling relationships generally. Multiculturalism has gained the status of a generic component of competence, complementing other competencies to explain human behavior by highlighting the importance of the cultural context. Culture is more complex than these assumptions suggest. Imagine that there are a thousand culture teachers sitting in your chair with you and another thousand in your client's chair, collected over a lifetime from friends, enemies, relatives, strangers, heroes, and heroines. That is the visual image of culture in the multicultural counseling interview.

Psychotherapy in the not-so-far-away future promises to become an inclusive science that routinely takes cultural variables into account. In contrast, much of today's mainstream psychotherapy routinely neglects and underestimates the power of cultural variables. Soon, there will appear in connection with many psychological theories and methods a series of questions:

Under what circumstances and in which culturally circumscribed situations does a given psychological

theory or methodology provide valid explanations for the origins and maintenance of behavior? What are the cultural boundary conditions potentially limiting the generalizability of psychological theories and methodologies? Which psychological phenomena are culturally robust in character, and which phenomena appear only under specified cultural conditions? (Gielen, 1994, p. 38)

The underlying principle of multicultural awareness is to emphasize at the same time both the culture-specific characteristics that differentiate and the culture-general characteristics that unite. The inclusive accommodation of both within-group differences and between-groups differences is required for a comprehensive understanding of each complicated cultural context.

## ■ COMPREHENDING MULTICULTURAL KNOWLEDGE

Accurate information, comprehensive documentation, and verifiable evidence are important to the protection of the health sciences as a reliable and valid resource. Knowledge requires an inclusive understanding of all our multiple selves. By defining culture broadly to include ethnographic variables, demographic variables, status, and affiliations, the construct *multicultural* becomes generic to all counseling relationships. The narrow definition of culture has limited multiculturalism to what might more appropriately be called multiethnic or multinational relationships between groups with a shared sociocultural heritage that includes similarities of religion, history, and common ancestry. Ethnicity and nationality are important to individual and familial identity as aspects of culture, but the construct of *culture*—broadly defined—goes beyond national and/or ethnic boundaries. Persons from the same ethnic or nationality group may still experience cultural

differences that include a variety of within-group differences.

This collectivist understanding of culture is more commonly found in non-Western cultures. There are several assumptions that distinguish non-Western therapies (Nakamura, 1964): (a) Self, the substance of individuality, and the reality of belonging to an absolute cosmic self are intimately related. Illness is related to a lack of balance in the cosmos as much as to physical ailments. (b) Asian theories of personality generally de-emphasize individualism and emphasize social relationships. Collectivism more than individualism describes the majority of the world's cultures. (c) Interdependence or even dependency relationships in Hindu and Chinese cultures are valued as healthy. Independence is much more dysfunctional in a collectivist culture. (d) Experience rather than logic can serve as the basis for interpreting psychological phenomena. Subjectivity as well as objectivity are perceived as psychologically valid approaches to data. In spite of these differences, Western and non-Western approaches are complementary to one another as psychotherapies increasingly include attention to non-Western therapies.

Therapies based on non-Western worldviews provide examples of inclusion in understanding the context for any therapeutic intervention: Ayurvedic therapies from India combine the root of the words for life, vitality, health, and longevity (*dyus*) with the word for science or knowledge (*veda*) and focus on promoting a comprehensive and spiritual notion of health and life rather than healing or curing any specific illness. Ayurvedic treatments are combined with conventional therapies more frequently in Europe than in the United States. Health is treated as more than the absence of disease and involves a spiritual reciprocity between mind and body. Western-based research has documented the efficacy of Ayurvedic therapies.



Yoga has a history of thousands of years as a viable therapy. The word *yoga* is based on the Sanskrit root *yuj*, meaning to yoke or bind the body–mind–soul to God. Yoga has its main source in the *Bhagavad Gita* in understanding the connection of the individual to the cosmos. Research on yoga has demonstrated its benefits in lowering blood pressure and stress levels through meditation, personality change, and therapeutic self-discovery.

Chinese therapies include an elegant array of approaches based on the concepts of the *Tao*, or the way; *ch'i*, or the energy force; and *yin/yang*, or the balance of opposites. The various systems of Chinese therapies are grounded in religion and philosophy by the mystical union with God or the cosmos and nature. The *Tao* describes those patterns that lead toward harmony. *Ch'i* describes a system of pathways called meridians in the body through which energy flows. *Yin/yang* describes the balance of paradoxes, each essential to the other.

Buddhist therapy is based on the absence of a separate self, the impermanence of all things, and the fact of sorrow. People suffer from desiring and striving to possess things, which are impermanent. The cure is to reach a higher state of being to eliminate delusion, attachment, and desire in the interrelationship of mind and body. Elements of cognitive restructuring, behavioral techniques, and insight-oriented methods are involved in the healing process.

Sufism is the mystical aspect of Islam addressing what is inside the person. The outward dimension, or *sharia*, is like the circumference of a circle, with the inner truth, or *haqiqah*, being the circle's center and the path, *tariqa*, to that center going beyond rituals to ultimate peace and health. The goal in Sufism is to enable people to live simple, harmonious, and happy lives. Jung's analytical psychology and Freud's interpretation of the fragmented person are similar but more objective in their emphasis

than Sufism, which seeks to go beyond the limited understanding of objective knowledge.

Japanese therapies of Zen Buddhism, Naikan, and Morita focus on constructive living, and their aim is for people to become more natural. Morita was a professor of psychiatry at Jikei University School of Medicine in Tokyo who developed principles of Zen Buddhist psychology. Yoshimoto was a successful businessman who became a lay priest at Nara and developed Naikan therapy in the Jodo Shinshu Buddhist psychology. Morita therapy is a way to accept and embrace our feelings rather than ignore them or attempt to escape from them. Naikan therapy emphasizes how many good things we have received from others and the inadequacy of our repayment.

Shamanism encompasses a family of therapies involving altered states of consciousness in which people experience their spiritual beings to heal themselves or others. Shamanism is found in cultures from Siberian and Native American cultures to Australian and African cultures, going back perhaps 25,000 years in South Africa. The focus is healing through spirit travel, soul flights, or soul journeys, which distinguish shamans from priests, mediums, or medicine men. These altered states include psychological, social, and physiological approaches that constitute perhaps the world's earliest technologies for modifying consciousness.

Native American healers recognize four main causes of illness: offending the spirits or breaking taboos, intrusion of a spirit into the body, soul loss, and witchcraft. Illness can be a divine retribution for breaking a taboo or offending divine powers, requiring that the patient be purified with song, prayers, and rituals. In the same way, the removal of objects or spirits from the body by a healer restores health. When the soul is separated from the body or possessed by harmful powers it must be brought

back to energize the patient, and sometimes the shaman must travel to the land of the dead to bring the soul back. Finally, witchcraft causes illness by projecting toxic substances into the patient. Elements of dissociative reaction, depression, compulsive disorder, and paranoia are present.

African healing, as described by Airhihenbuwa (1995), is based on cultural values and is available, acceptable, and affordable; even today African divinities, diviners, and healers continue to be popular in a religious or psychosocial dimension of health care that goes beyond medical care. Beliefs include symbolic representations of tribal realities, illness resulting from hot/cold imbalance, dislocation of internal organs, impure blood, unclean air, moral transgression, interpersonal struggle, and conflict with the spirit world. Health depends on a balance both within the individual and between the individual and the environment or cosmos. Similarities with allopathic medicine are evident.

A great variety of other non-Western systems of health care exist, such as Christian mysticism, homeopathy, osteopathy, chiropractic, herbalism, healing touch, naturopathic medicine, *qigong*, *curanderismo*, and Tibetan medicine, among many others. Each of these systems is, in turn, divided into a great variety of different traditions. However, many of the same patterns of spiritual reality, mind-body relationships, balance, and subjective reality run through many if not all of these non-Western therapies.

The cultural context provides a force field of contrasting influences, which can be kept in balance through culturally inclusive empathy. There are several implications of considering culturally inclusive empathy to be necessary for competent counseling to occur. Each implication contributes toward a capability for understanding and facilitating a balanced perspective in multicultural counseling. Can a counselor

hope to know about all possible cultures to which the client belongs? Probably not, but the counselor can still aspire to know about as many cultural identities as possible, just as in aspirational ethics the counselor tries always to do good but never expects to achieve absolute goodness.

Westernized perspectives, which have dominated the field of mental health, must not become the exclusive criteria of modernized psychotherapy. While non-Western cultures have had a profound impact on the West in recent years, many less industrialized non-Western cultures seem more determined than ever to emulate the West as a social model. There is also evidence that the more modernized a society, the more its problems and solutions resemble those of a Westernized society. Although industrialized societies are fearful of technological domination that might contribute to the deterioration of social values and destroy the meaning of traditional culture, less industrialized societies are frequently more concerned that Western technology will not be available to them. The task for psychologists is one of differentiating between modernized alternatives outside the Western model. Otherwise we end up teaching Westernization in the name of modernization. We need indigenous, non-Western models of modernity to escape from our own reductionistic assumptions.

## ■ INCLUSIVE CULTURAL EMPATHY SKILLS

Developing appropriate social action skills depends on accurate assumptions and meaningful knowledge to promote a balanced perspective. Balance involves the identification of different or even conflicting culturally learned perspectives without necessarily resolving that difference or dissonance in favor of either viewpoint. Healthy

functioning in a multicultural or pluralistic context may require a person to maintain multiple conflicting and culturally learned roles or viewpoints without the opportunity to resolve the resulting dissonance.

Chinese indigenous psychologists have worked to adapt Americanized individualism to make it applicable in both the Western individualistic and the Asian collectivist contexts. David Ho (1999) used the term *relational counseling* to describe the uniquely Asian indigenous perspective based on a relational self in the Confucian tradition:

This relational conception takes full recognition of the individual's embeddedness in the social network. The social arena is alive with many actors connected directly or indirectly with one another in a multiplicity of relationships. It is a dynamic field of forces and counter-forces in which the stature and significance of the individual actor appears to be diminished. Yet, selfhood is realized through harmonizing one's relationships with others. (p. 100).

Hwang (2000) has also written extensively on relationalism in his "face and favor" model as a manifestation of Confucianism as part of indigenous psychology in China. The process of indigenizing psychology has become a powerful force for psychological change in counseling (Kağıtçıbaşı, 1996). Western counseling and psychotherapy have promoted the separated self as the healthy prototype across cultures, making counseling and psychology part of the problem, through an emphasis on selfishness and a lack of commitment to the group, rather than part of the solution.

Inclusive cultural empathy recognizes that the same behaviors may have different meanings and that different behaviors may have the same meaning. By establishing the shared positive expectations between and among people, the accurate interpretation of behaviors

becomes possible. The interpersonal cultural grid shown in Table 1.2 is useful in understanding how cultural differences influence the interaction of two or more individuals (Pedersen, 2000b). It is important to interpret behaviors accurately in terms of the intended expectations and values expressed by those behaviors. If two persons are accurate in their interpretations of one another's expectations, they do not always need to display the same behavior. The two people may agree to disagree about which behavior is appropriate and may continue to work together in harmony in spite of their different styles of behavior.

Table 1.2 provides a visual display of these relationships. In the first quadrant, two individuals have similar behaviors and similar positive expectations. There is a high level of accuracy in both individuals' interpretations of one another's behaviors and expectations. This relationship would be congruent and probably harmonious. We are focusing exclusively on positive expectations here. If the two individuals share the same negative expectations ("I hate you") and behavior (attacking the other person), the relationship may be congruent but certainly not harmonious.

In the second quadrant, two individuals have different behaviors (loud/soft, direct/indirect, casual/formal, and so on) but share the same positive expectations. There is a high level of agreement that the two people both expect trust

**Table 1.2** Interpersonal Cultural Grid

<i>Behavior or Action</i>		
	Same Positive	Different Negative
Same Positive Expectation or Intention	I	II
Different Negative	III	IV

and friendliness, for example, but there is a low level of accuracy because each person perceives and interprets the other individual's behavior incorrectly. This relationship is characteristic of multicultural conflict, in which each person is applying a self-reference criterion to interpret the other individual's behavior in terms of his or her own expectations and values. The conditions described in Quadrant II are very unstable, and unless the shared positive expectations are quickly made explicit, the relationship is likely to change toward that in Quadrant III.

In the third quadrant, two people have the same behaviors but differ greatly in their expectations. There is actually a low level of agreement in positive expectations between the two people even though similar or congruent behaviors give the appearance of harmony and agreement. For example, one person may continue to expect trust and friendliness while the other person is secretly distrustful and unfriendly. Both persons are, however, presenting the same smiling, glad-handing behaviors.

If these two persons discover that the reason for their conflict is their differences in expectations, and if they are then able to return their relationship to an earlier stage in which they did perhaps share the same positive expectations of trust and friendliness, for example, then their interaction may return to the type described by the second quadrant. This would require each person to adjust his or her interpretation of the other's different behavior to fit their shared positive expectations of friendship and trust. If, however, their expectations remain different, then even though their behaviors are similar and congruent, the conflict is likely to increase until their interaction moves to one described by the fourth quadrant.

In the fourth quadrant, the two people have different behaviors and also different or negative expectations. Not only do they disagree in their behaviors toward one another, but now

they also disagree on their expectations of friendship and trust. This relationship is likely to result in hostile disengagement. They are at war. If the two persons can be coached to increase their accuracy in identifying one another's previously positive expectations, however, there may still be a chance for them to return to an earlier stage of their relationship in which their positive expectations were similar even though their behaviors might have been very different, as in the second quadrant.

The perspectives of two persons may be and usually are both similar (in expectations) and different (in behaviors). In this way, the interpersonal cultural grid provides a conceptual road map for inclusive cultural empathy to interpret another person's behavior accurately in the context of that person's culturally learned expectations. It is not always necessary for the counselor and the client to share the same behaviors as long as they share the same positive expectations.

The psychological study of culture has conventionally assumed that there is a fixed state of mind whose observation is obscured by cultural distortions. The underlying assumption is that there is a single universal definition of normal behavior from the psychological perspective. A contrasting anthropological position assumed that cultural differences were clues to divergent attitudes, values, or perspectives that were different across cultures and based on culture-specific perspectives. The anthropological perspective assumed that different groups or individuals had somewhat different definitions of normal behavior resulting from their unique cultural contexts. Anthropologists have tended to take a relativist position when classifying and interpreting behavior across cultures. Psychologists, by contrast, have linked social characteristics and psychological phenomena with minimum attention to the diversity of cultural viewpoints.

When counseling psychologists have applied the same interpretation to the same behavior regardless of the cultural context, cultural bias has resulted (Pedersen, 2000a).

Try to imagine a dimension with conventional psychology anchoring the extreme end of the scale on one end and conventional anthropology anchoring the extreme other end of the scale. The area between these two extremes is occupied by a variety of theoretical positions that tend to favor one or the other perspective in part but not completely. There is a great deal of controversy about the exact placement of these theoretical positions. Multiculturalism encompasses a collection of different potentially salient perspectives all along the dimension.

#### ■ THE TRIAD TRAINING MODEL FOR INTERPRETING SELF-TALK

Our internal dialogues are perhaps the most meaningful indicators of our culture, as we listen to our different culture teachers, accepting some of those teachings and challenging others in our internal conversations with them. A measure of empathetic competence is the ability to “hear” what the client is thinking as well as talking about. The more cultural difference there is between the counselor and the client, the more difficult it will be for the counselor to hear what the client is thinking. The triad training model (TTM) helps prepare counselors to be more accurate in their hypotheses about what a culturally different client is thinking but not saying.

In the triad training model, a four-person role-played interview is presented to a counselor trainee in which three conversations will be heard. First, the client and counselor will have a verbal conversation that they both hear. Second, the counselor will have her or his own internal dialogue exploring related and/or

unrelated factors that the counselor can monitor but the client cannot hear. Third, the client will have her or his own internal dialogue exploring related or unrelated factors that the client can monitor but the counselor cannot hear. The counselor does not know what the client is thinking, but the counselor can assume that some of the client’s internal dialogue will be negative and some will be positive.

Internal dialogue is not a new idea. The works of Vygotsky (1962) and Luria (1961) in Russia during the early 1930s on the connection between thought and behavior provided the basis for analyzing “private speech.” The idea of an inner forum (Mead, 1934), self-talk (Ellis, 1962), and internal dialogue (Meichenbaum, 1977) goes back at least as far as Plato, who described thinking as a discourse the mind carries on with itself. As mentioned earlier, each person’s behavior is influenced by as many as a thousand culture teachers in the client’s experiences. The triad training model provides limited access to the influence of these culture teachers by including a *procounselor* and an *anticounselor* in the role-played interview. Through immediate and continuous feedback from the anticounselor, the counselor hears the negative messages a client is thinking but not saying. Through continuous and immediate feedback from the procounselor, the counselor hears the positive messages a client is thinking but not saying.

In the triad training model, the role of the anticounselor is deliberately subversive; the anticounselor exaggerates mistakes by the counselor during the interview by pointing out differences in behavior that drive the counselor farther apart from the client. The counselor trainee can be expected to gain insight in cultural self-awareness as perceived from the client’s culturally different viewpoint. The procounselor is a deliberately positive force to articulate the client’s positive unspoken messages that emphasize the common ground

between the counselor and client. The persons who are role-playing the procounselor and anti-counselor are ideally as culturally similar to the client as possible. As a result of participating in a role-played four-person TTM interview, the counselor can be expected to (a) see the problem more accurately from the client's cultural viewpoint, (b) recognize culture-based resistance in specific rather than vague general terms, (c) reduce his or her need to be defensive when confronted by a culturally different client, and (d) learn recovery skills for what to do after having done the wrong thing with a culturally different client (Pedersen, 2000a, 2000b).

## ■ MULTICULTURALISM AS A FOURTH FORCE

There is a great deal of controversy surrounding the term *multicultural*: “Thus, in the current debate, some advocates in the field strongly support the relevance and necessity of multiculturalism in theory and practice with diverse populations, whereas others have suggested that multiculturalism is of minimal importance and should be treated as a fringe interest so as not to interfere with ‘meaningful’ research and practice” (Reese & Vera, 2007, p. 763). In this chapter we suggest that multiculturalism influences psychotherapy to the same degree that humanism, psychodynamics, and behaviorism influenced psychotherapy in the past and that it therefore presents a “fourth” force or dimension to modern psychotherapy.

A culture-centered perspective that applies cultural theories to the counseling process is illustrated in a book on multicultural theory by D. W. Sue et al. (1996). The book's approach is based on six propositions that demonstrate the fundamental importance of a culture-centered perspective:

- Each Western or non-Western theory represents a different worldview.

- The complex totality of interrelationships in the client–counselor experiences and the dynamic changing context must be the focus of counseling, however inconvenient that may become.
- A counselor or client's racial/cultural identity will influence how problems are defined and dictate or define appropriate counseling goals or processes.
- The ultimate goal of a culture-centered approach is to expand the repertoire of helping responses available to counselors.
- Conventional roles of counseling are only some of the many alternative-helping roles available from a variety of cultural contexts.
- Multicultural theory emphasizes the importance of expanding personal, family, group, and organizational consciousness in a contextual orientation.

As these multicultural theory propositions are tested in practice, they will raise new questions about competencies of multicultural awareness, knowledge, and skill in combining cultural factors with psychological processes. How does one know that a particular psychological test or theory provides valid explanations for behavior in a particular cultural context? What are the cultural boundaries that prevent generalization of psychological theories and methods? Which psychological theories, tests, and methods can best be used across cultures? Which psychological theories, tests, and methods require specific cultural conditions?

Culture is emerging as one of the most important and perhaps most misunderstood constructs in the contemporary counseling and psychotherapy literature. Culture may be defined narrowly as limited to ethnicity and nationality or defined broadly to include any and all potentially salient ethnographic, demographic, status, or affiliation variables (Pope, 1995). Given the broader definition of culture, it

is possible to identify at least a dozen assets that are available exclusively through the development of a multicultural awareness of culture-centered psychology (Pedersen, 2000b; Pedersen & Ivey, 1993):

- First, “accuracy,” because all behaviors are learned and displayed in a cultural context.
- Second, “conflict management,” because the common ground of shared values or expectations will be expressed differently in contrasting culturally learned behaviors across cultures, and reframing conflict in a culture-centered perspective will allow two people or groups to disagree on the appropriate behavior without disagreeing on their underlying shared values.
- Third, “identity,” as we become aware of the thousands of culture teachers we have accumulated in our own internal dialogues from both friends and enemies.
- Fourth, “a healthy society,” through cultural diversity, just as, by analogy, a healthy biosystem requires a diverse gene pool.
- Fifth, “encapsulation protection,” because we will not inappropriately impose our own culturally encapsulated self-reference criteria on others.
- Sixth, “survival,” with the opportunity to rehearse adaptive functioning across cultures for our own future in the increasingly global village where we will live.
- Seventh, “social justice,” because applying measures of justice and moral development across cultures helps us differentiate absolute principles from culturally relative strategies.
- Eighth, “right thinking,” through the application of quantum thinking and complementarity, in which both linear and nonlinear thinking can be applied appropriately.
- Ninth, “personalized learning,” because all learning and change involves some culture shock when perceived from a multicultural perspective.

- Tenth, “spirituality,” because the multicultural perspective enhances the completeness of spiritual understanding toward the same shared ultimate reality from different paths.
- Eleventh, “political stability” in developing pluralism as an alternative to either authoritarian or anarchic political systems.
- Twelfth, a more “robust psychology,” because psychological theories, tests, and methods are strengthened by accommodating the psychological perspectives of different cultures.

The “culture-centered” perspective describes the function of making culture central rather than marginal or trivial to psychological analysis (Pedersen, 2000b; Pedersen & Ivey, 1993). Much of the political controversy surrounding the term *multicultural* can be avoided by the culture-centered description without diminishing the central importance of culture to psychology.

There is considerable resistance to characterizing multiculturalism as a “fourth force.” Tart (1975) claimed that transpersonal psychology was the “fourth force” in psychology, and transpersonal psychologists sometimes resent the movement to describe multiculturalism as a fourth force. Stanley Sue (1998) identified other sources of resistance to the term *multiculturalism* as a fourth force. He pointed out the tendency to misunderstand or misrepresent the notion of multiculturalism and the dangers of that misunderstanding. Since all behaviors are learned and displayed in a particular cultural context, accurate assessment, meaningful understanding, and appropriate intervention require attention to the client’s cultural or, perhaps better yet, multicultural context. All psychological service providers share the same ultimate goal of accurate assessment, meaningful understanding, and appropriate intervention, regardless of cultural similarities or differences.

## ▣ CONCLUSION

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We are at the starting point in developing culture-centered balance as the criterion for inclusive cultural empathy in our comprehension of effective counseling and psychotherapy. Only those who are able to escape being caught up in the self-referential web of their own assumptions and maintain a balanced perspective will be able to communicate effectively with persons from other cultures. The dangers of cultural encapsulation and the dogma of increasingly technique-oriented definitions of social services have been mentioned frequently in the recent rhetoric of professional associations in the social services as criteria for competence (Pedersen, Draguns, et al., 2008).

Moodley and West (2005) attributed recent explorations of traditional ways of healing to failures in the ways that we are practicing multicultural counseling and psychotherapy. We think that such explorations are a direct result of the maturing of such practice and, as such, are not an attack on the fundamentals. Even the proponents of multicultural counseling are not immune to criticism for their failures to have a larger, more international worldview that transcends European American theories and techniques. The inclusive cultural empathy skills and approach that we have described here are a way forward. Mental health care providers and educators have pretended for too long that counseling and psychotherapy were invented in the last 200 years by European Americans in a Western cultural context. Successful global leadership by psychologists must come from an understanding of the complexity of our planet, of the limits of our own worldviews, and of the necessity for redefining our historically quite narrow interpretation of empathy. This, however, is only the beginning of cultural sensitivity and knowledge in our field.

Arthur and Pedersen (2008) provided examples of 19 case incidents of counseling from

different national contexts along with two reactions to each incident articulating positive and/or negative feedback to the counselor for how each case was presented. At least two dozen nontraditional approaches to counseling were included in the case examples incorporating indigenous characteristics of each context. One consistent theme throughout the book was the importance of balance in harmonizing relationships and discovering inclusive cultural empathy. The notion of balance is familiar in Asian cultures—for example, the harmonious tension between yin and yang and the female and male principles of Chinese philosophy. This emphasis on harmonious balance of forces once more underlines the basic theme of this chapter—understanding human behavior in Asian countries requires an understanding of *relational* units as an alternative to the individualistic assumptions of Western psychological theories (Kim, Yang, & Hwang, 2006).

Inclusive cultural empathy as described in this chapter involves increased awareness to prevent false assumptions, increased knowledge to protect against incomplete comprehension, and increased skill to promote right actions. The temptation is to define boundaries in psychology artificially in a homogenization of theories or, worse yet, to impose an Americanization model that presents a partial perspective as the whole field, thereby excluding alternative perspectives. Psychology then becomes only a subset of national/political interests.

While we cannot hope to accumulate all relevant knowledge across national/cultural boundaries broadly defined, we can still aspire to take on the complex task as best we can. The task of being inclusive is to acknowledge the validity of a complex and dynamic balance of tendencies that a competent counselor or psychotherapist can manage in order to measure competence. Like the Greek god Janus, who has two faces, one laughing and the other crying, the Janusian skills



required for inclusive cultural empathy involve managing a comprehensive balance of essential similarities and differences at the same time. Our task is the saving of psychology from the psychologists! Special interests have come dangerously close to capturing and domesticating the field of psychology by excluding the inconvenient data from a larger international context. Mental health care providers and educators have pretended for too long that counseling and psychotherapy were invented in the last 200 years by European Americans in a Western cultural context. Successful global leadership by psychologists must come from an understanding of the complexity of our planet, of the limits of our own worldviews, and of the necessity for redefining our historically quite narrow interpretation of empathy. This, however, is only the beginning.

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