

Can psychotherapeutic interventions overcome epistemic difference?

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Psychotherapy, indeed, the very notion of mental health and its treatment are predicated on a modernist epistemic paradigm (Doucet, Letourneau, & Stoppard, 2010; Kvale, 1992). Modernism became the dominant epistemic paradigm in the Western World in the 17th century when empiricism and reason replaced the idea of direct revelation from God as a way to approach the truth. Modernism in psychotherapy implies a vision of a practitioner who is value free, objective and unbiased. Postmodernism appeared in the 20th century and questions the very notion of objective truth, and as such its influence in psychotherapy involves therapist awareness of operating from within a specific language and sociohistorical frame (Lyddon & Weill, 1997).

George Kelly (1955) noted that patients try to understand what is going on with their lives in much the same way as scientists try to develop hypotheses about the world; patients have constructions of their reality as scientists have theories. If we understand the psychotherapeutic process as one of scientific interchange and as a form of knowledge, we may understand that therapists and patients can play a very different role depending on the epistemic paradigm they embrace (independently of the awareness they have of it).

The German word *Weltanschauung* (worldview in English) has been extensively used in psychology to refer to sets of assumptions that people use to understand and describe their lived experience of “reality”. Koltko-Rivera (2004) defines world views as “*a set of beliefs that includes limiting statements and assumptions regarding what exists and what does not (either in actuality, or in principle), what objects or experiences are good or bad, and what objectives, behaviors, and relationships are desirable or undesirable*”.

We define epistemic mismatch in psychotherapy or counseling as a phenomenon that would occur when the epistemic vision of therapist and patient belong to different paradigms. This phenomenon may happen in the meeting between people of different

cultures whose epistemic views are incompatible (Owusu-Bempah, 2004), a likely scenario in the encounter of a modernist therapist with a patient whose world views collide with rationalism and rather uses mysticism to explain the world. A similar (but not identical) encounter would be when a therapist from a more individualistic culture (governed by autonomy or self-determination) tries to understand a patient from a communitarian culture where a healthy person is seen as one who is most deeply embedded in the community. Epistemic mismatch can hamper the establishment of a good therapeutic alliance, result in therapeutic objectives incompatible with the patient's way of being in the world, or promote a relation based in intellectual hierarchy rather than collaboration.

An older line of research indicates that the contrast of values in the patient-therapist dyad plays an important role (Beutler, 1981; Pepinsky & Karst, 1964). Although some studies have demonstrated that patients undergoing therapy with a therapist whose values are moderately similar show more improvement (T. A. Kelly & Strupp, 1992), value convergence in therapy is associated with the therapist's rating of improvement, but not with the patient's rating (T. A. Kelly, 1990).

But how can therapists deal with the problem of objectivity? Husserl was one of the first to introduce the constitution of objectivity in the study of consciousness, although still from a modernist paradigm (Drummond, 1988). According Husserl's phenomenology, knowledge of "essences"—how things "really are"—would only be possible by "bracketing" all previous assumptions about the existence of an external world (Husserl, 1913). Heidegger addressed the impossibility of disregarding previous knowledge, Gadamer (1960) went in depth arguing that people have an "*historically effected consciousness*" (*wirkungsgeschichtliches Bewußtsein*) by which he means that past experience circumscribes future experience. In this line, T. A. Kelly (1990) stresses that therapists do not remain value free even when they intend to do so. This being the case, therapist disclosure of worldviews to patients could be useful as a means of avoiding hidden clash of paradigms. Although this issue is complex, Henretty and Levitt (2010) suggest that culture may interact with the perception of therapist self-disclosure. In other words, even the disclosure of world views is sensitive to the cultural view of disclosure.

The awareness of subjectivity has been brought into practice in different forms such as constructivism (G. A. Kelly, 1955) cognitive narrative psychotherapy (Gonçalves, 1994) constructionist-systemic therapy (Real, 1990), and intersubjective and relational approaches (S. A. Mitchell, 2000; Orange, Atwood, & Stolorow, 2001; Yonteff, 2002). In the cross-cultural field, Ibrahim & Arredondo (1986; cited in D. L. Mitchell, 1993) urge counselors to adopt a culturally pluralistic attitude. The authors state that this stance doesn't assume that any universally agreed upon world views exists or will ever exist. Nevertheless, D. L. Mitchell (1993) concludes that an ethical decision process should be done when world views clashing are fundamental for the therapist.

According to Kirmayer (2007), if the concept of the person varies cross-culturally, then the goals and methods of therapeutic change must also differ. In this line, Gringer & Smith (2006) in their meta-analytic review, found that Multicultural adaptations designed to be sensitive to many cultural groups are more efficacious than interventions without any cultural adaptations; and the optimal benefit is apparently derived when the treatment is tailored to a specific cultural context. Also Hall (2001) points that " *ethical guidelines suggest that psychotherapies be modified to become culturally appropriate for ethnic minority persons* ", remembering that, however, there is no empirical support for the efficacy of cultural sensitive psychotherapy.

Other orientations such as Morita therapy, a Japanese method of treating neurosis (Kora, 1965) or NTU therapy based on the core principles of ancient African and Afrocentric world views (Phillips, 1990), use an ethnocentric approach emphasizing the critical role that ethnic/racial identity may play in the conceptions of mental illness and the process of psychotherapy.

It is unlikely that there is a suitable approach for all patients. At times epistemic differences can be an insuperable hardship for therapy, while in other cases initial divergence can be transformed into a mutual convergence that is enriching for both the patient and therapist. Various cultural, socioeconomic and clinical factors may mediate the appropriateness of a different approach to each case. Furthermore, often there is no option to choose between different approaches, as access of ethnic minorities to psychotherapy is still full of difficulties. We hope that this reflection can help therapists working with patients whose epistemic views differ, to transform difficulties in mutual

enrichment whether they decide to accept the challenge or if they decide that a cultural specific approach would help better their clients.

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