Abstract
Religious language in psychotherapy has been the occasion of much controversy. On the one hand there are those who argue vigorously for its presence in therapy while others argue just as strongly for its exclusion. This paper will explore the role of religion in therapy from a cultural anthropological perspective. We will assert that religion is, like ethnicity, a social phenomenon. The religious client has the right to have his or her religion respected, validated, affirmed and resourced in the process of healing. Failure on the part of the therapist to validate the religious tradition of the client may undermine the therapeutic alliance, diminish the client’s willingness to disclose deeper issues of significance, increase absenteeism, and lead to generalized resistance. This paper will explore concrete ways in which the therapist can appropriately address religious issues and create a psychotherapeutic culture in which clients feel freedom to use religious language.

Religious Discourse in Psychotherapy

American psychotherapy is experiencing a gradual awakening to the essentialist limitations of its own pretexts. Long indifferent to the implicit Westernization of its clients, the field stirs with a growing realization that for non-Westerners, therapy may reinforce feelings of alienation, confusion, and internal fragmentation. After years of impassioned appeals from cultural psychologists such as Kenneth Gergen, American psychotherapists are faced with a troubling possibility (Gergen, Gulercce, Lock, & Misra, 1996). Western psychotherapeutic paradigms may serve as a form of psychological imperialism when exported to developing countries. Not coincidentally, this complaint is increasingly common among ethnoreligious groups in this country who find that American psychotherapy does not speak their language, meet their needs, or respect their religious heritage. One step toward intercultural sensitivity is the recognition of difference. Each culture develops its own understanding of identity, pathology and healing. To foist our view on other cultures is an act of imposition. It is our contention that a process of imposition is already well underway here in the United States, and as a result, American clients from ethnoreligious groups tend to avoid therapy or find its ideology alien.

While ethnic particularity continues to occupy a prominent place in American psychological literature, the religious question has been largely divorced from its ethnic referent, and is consistently relegated to the furthest margins of psychotherapeutic practice. The silencing of an integrated, ethnoreligious voice has contributed to a feeling of disempowerment for clinicians and clients alike. In the main, psychotherapists continue to avoid religious issues. Whereas the field lately demonstrates a willingness to entertain generic spirituality in therapy, particular beliefs and potentially
exclusive religious practices are pointedly sidestepped. In a therapy of reduced ethnoreligious sensitivity, the clinician’s silence regarding cherished issues of religious faith and ethnic identity may be experienced as invalidation by the client.

Tensions over the place of particularity in therapy are representative of a larger, politicized debate between those who believe that ethnoreligious language has no place in public conversation and those who think it does. Recent contestants in the struggle freely associate their positions with illustrious political figures of the past, usually in the service of democratic ideology. Rorty (1999) takes the view that religion has no place in public discourse. Following Jefferson’s model for an Enlightenment democracy, Rorty allows only for a privatized religion excluded from public exchange. Rorty contends that religious language cannot be understood in the public square and only serves to heighten the cacophony of voices therein. The language of religion in public is an effectual conversation stopper. Religious issues are relegated to the interior space of the personal, much the same as one’s hobbies or musical tastes. Rorty’s secular public converses in a common language about shared issues of interest for the greater good. The achievement of universal imperatives for justice and freedom are best actualized where differing viewpoints agree on a common language that makes commensurability possible.

There is a chorus of voices that opposes Rorty’s argument (Audi & Wolterstorff, 1997; Mouw & Griffioen, 1993; Yoder, 1994). These philosophers, political theorists and ethicists, cite the example of religious justification for abolishing slavery as a counterpoint to the exclusion of religion from public life. Ethnoreligious particularity became publicly familiar through the civil rights movement in the 1960s. Martin Luther King’s speeches were replete with religious allusions that mobilized civic change and charted a course toward moral reparation. Religious images in King’s speeches were imbued with the ethnic struggles of the African people in the United States, creating layers of meaning that were co-constructive. Carter (1994) maintains that, in general, religious language has been trivialized in public debate with serious and lasting consequences. The splitting off of the religious in politics (similar to implicit prohibitions for psychotherapists) hinges on the idea that religious justifications are an imposition, discrete belief systems that must be separated from issues of ethnic particularity.

Just as the language of virtue has been neglected in psychotherapy (Dueck & Reimer, 2003), in this essay we maintain that there is mutual reinforcement between the trivialization of religion in public debate and the silencing of the religious voice in psychotherapeutic conversation. In the world of mental health, critical interaction over issues of ethnoreligious particularity lags far behind the debate in the public square. We are morally compelled to recover this lost ground. In the same manner that the ethnoreligious person has the right to express his or her convictions in the public square, so also the ethnoreligious client has the right to expect that his or her convictions will be deeply respected and integrated into the psychotherapeutic process. It may be that the rich heritage of symbol, tradition, community, narrative, and religion of the ethnic client is difficult to graft into a scientist-practitioner model of psychotherapy that focuses on the universal rather than the particular. Nevertheless, the hard work of ethnoreligious integration into psychotherapy arises from an emerging awareness of implicit risk within the status quo. Beyond the question of ethnoreligious imposition by the clinician, we perceive a
sizeable danger in the imposition of universality in the therapeutic relationship. The hegemony of Western models for ethnicity and religiosity in psychotherapy must be qualified and reinterpreted in order to obviate the potentially toxic effects of this imposition. The danger of requiring a common language in public parallels the danger of imposing an ideology of universality in the therapeutic relationship. The imposition of a common language in public debate or in psychotherapy is an act that violates differences represented by the religious citizen or client.

Frictions between particularity and public access are therefore common to both the political and psychotherapeutic arenas. Consequently, we make a distinction between thin and thick discourse and regard each as useful (Geertz, 1973; Walzer, 1994). We will begin our discussion with an analysis of thin discourse, the language of consensus, applicable across cultures and comprehensible to each. Thinness is reflected in a commitment to scientific generalizations that are acontextual, ahistorical, and perceived as being interculturally sensitive. Religion is thinly framed in terms of morality common to humanity. This position is represented by individuals such as Rorty (1999), Rawls (1972), Kohlberg (1984), and Freud (1961). Thickness weighs in as a commitment to particularity that is unique and historical, grounded in a local community of linguistic distinctives. Here the representatives are Carter (1994), Walzer (1994), Sandel (1982), Hauerwas (1999), Wittgenstein (1958), MacIntyre (1990), and Jung (Jung & Jaffae, 1963).

Within each of these forms of discourse we intend to examine the avoidance or legitimation of ethnoreligious dialogue in American psychotherapy. We are at pains to outline the contours of a thick psychotherapy, believing at the same time that thinner scientific modes of discourse are on occasion useful. Accordingly, we propose a religion-accommodating approach to psychotherapy that is respectful of differences and places greater weight on mutuality in conversational exchange. We contend that thin approaches to psychotherapy, functioning as they do with a preordained script, are vulnerable to the charge of imposition of an Enlightenment ethos on the client. To avoid charges of cultural generalization we require models of psychotherapy that take seriously the thick nosology of ethnoreligious clients, modulating between thick and thin discourse where appropriate.

**Thin Discourse, Thinner Therapeutic Imperatives**

Research findings on ethnoreligious issues in psychotherapy are limited by their own positivistic scope, making broad inferences risky without due attention to the cultural contexts of ethnoreligious being. For our purposes, epistemology, morality, self, and psychotherapy all have a stake in a landscape of ethnoreligious experience and the ensuing conversation over its thin and thick constituents.

The thin emphases of the democratic West are used as a foil in the cultural anthropology of Geertz (1973). Based on the work of Gilbert Ryle, Geertz proposes an exchange between thick and thin in social discourse. A thick understanding of culture assumes that a society develops symbolic systems of meaning that serve as the context of speech and action. Structures of meaning are layered, where symbolic interpretation is not universal but instead remains particular to a given culture. Culture is not defined by the application of universal laws to specific communities. Instead, Geertz notes that “it may be in the cultural particularities of people—in their oddities—that some of the most instructive revelations of what is to be
generically human are to be found” (Geertz, 1973, p. 72). Geertz’s vision for thick, ethnoreligious particularity effectively exposes an agenda of Western thinness implicit even to the anthropological task. Thinness may obscure or even obliterate the integrity of local knowledge. Geertz worries that the unique symbolism of religious structures in tribal peoples will be minimized as a cultural accident in the West. Indeed, thin knowledge is easily transposed into moralities that lack cultural narrative, potentially dehumanizing diverse views of human experience that constitute the greatest single contribution of a people group (Geertz, 1983; Lyotard, 1984).

Geertz’s emphasis on local knowledge is a call to reexamine themes that may, ironically, mask the narrative contribution of Western culture to its neighbors in the developing world, or by extension, the value bestowed upon human dignity in the therapeutic relationship.

**Thin Morality**

In thin traditions morality is a matter of rules that guide the process of becoming virtuous. Morality requires that ordinary persons in all places agree regarding the duties necessary for the survival of society, and do so independently of religious faith. By definition, rules are indicative of universal human experience whereas religious faith adds nothing to what is already known. Thinly speaking, moral theory is assumed to be able to correct the distortions of particularist and provincial religions. Non-Western traditions are treated as superstitious and primitive given their commitment to rules of taboo.

Modern moral philosophy has sought to provide a foundation for thin minimalism and to build a superstructure on this foundation. Minimalism, it was hoped, would supply a few generative rules that guide the construction of complex moral structures. A thin view of equality, though useful, appears to be incapable of addressing the complexity of distributing social goods. Walzer (1994) argues that a thin morality is simply one that reiterates the common features of thick moralities. The hope that universal morality will apply to all cultures fails to reflect our moral experience and pays too high a price for its imposition on thick local cultures. Walzer comments:

The hope that minimalism, grounded and expanded, might serve the cause of a universal critique is a false hope. Minimalism makes for a certain limited, though important and heartening, solidarity. It doesn’t make for a full-blooded universal doctrine. So we march for a while together, and then we return to our own parades. The idea of a moral minimum plays a part in each of these moments, not only in the first. It explains how it is that we come together; it warrants our separation. By its very thinness, it justifies us in returning to the thickness that is our own. The morality in which the moral minimum is embedded, and from which it can only temporarily be abstracted, is the only full-blooded morality we can ever have. In some sense, the minimum has to be there, but once it is there, the rest is free. We ought to join the marchers in Prague, but once we have done that, we are free to argue for whatever suits our larger moral understandings. There is one march, and there are many (or, there are many marches, and sometimes there is one) (Walzer, 1994, p. 11).

Within a thin view of culture, knowledge and morality appear to be connected by a thread of implicit commensurability between all peoples. Thin perspectives are built on a foundation that is assumed to be interculturally viable and universally rooted in human experience.
Hence, the moral prescriptions derived from this encyclopedic morality of the minimum will not be an imposition, but rather a basis for freedom and individual expression.

The Self in Thin Relief
Thin descriptions of the self tend to assume an organization of personality in universal terms—an essential structure of human nature. Examples abound in the psychological literature. Freud believed his model of the self (superego, ego, and id) was universal, as did Jung with his vision of the collective unconscious. Behaviorists assume that shaping of behavior occurs regardless of culture. Thin theories of personality might also include transcultural stages of moral development. Kohlberg generalized his stages of moral development to all cultures, as did Piaget before him in the cognitive and developmental spheres. A pervasive minimalism appears to be implicit to the Western view of human nature as naturalistically consistent in time and space.

Walzer (1994) engages this esteemed tradition by extending his view of thinness to the self. He begins with the assumption that the self is plural and that this plurality reflects the democratic prerogatives of Western culture. Inner plurality includes an internalization of various roles, names, and values that are held more publicly. In a pluralist culture, the social roles (citizen, parent, professional) played in any given day are represented internally. The names for these varied identities include father, mother, deacon, parishioner, accountant, clerk, and many others. Inner personalities associated with these roles may also reflect one’s moral ideals, principles, and values (Dueck, 1995).

The thin self for Walzer is not circular, but rather linear and hierarchical. One voice dominates, a kind of “executive” appointed with the mandate to manage and consolidate plural voices. The executive functions as a single critical “I,” at times repressing or ignoring the other selves. Thin descriptions for Walzer tend to be hierarchical and utilitarian—the upper layers of the human psyche determine lower layers, commending reason over will and personality over biology. This perspective raises an additional issue regarding the relationship of internalized selves to each other, when some are more particular and others are more general. Thick particularity suggests that the self, or the various selves presented in Walzer’s democracy, is nuanced, particular, and ethnically unique. Some internal selves may represent disembodied value positions. It may be that just as ethnic individuals feel embarrassed in the presence of the individuals from the dominant culture, so also thick internal selves are considered negatively by selves that represent the ideological strains of the dominant Enlightenment culture. As such, the self lives between the two worlds of universal and particular experience that define external relationships. The ambivalence associated with this tension carries a significant burden for the integrity of the psychotherapeutic process.

Thin Psychotherapy
It is not lost on us that issues of plurality in psychotherapy reflect a cultural commitment to pluralism, centrally implicating the public square in the private sphere of therapy. The nature and content of the debate about public religiosity may be found in the therapist's response to a client's ethnoreligiosity. The potential ramifications for Rorty's vision of public debate are clearly outlined by Walzer (1994):

In the psychoanalytic tradition, it is the instincts that are universal, while the critical standards by which the instincts are judged are always the standards of a particular culture. The id is the old Adam, and "in Adam's fall/we perished
The superego, by contrast, is a human artifact, a social creation, different in different times and places, enforcing different rules and regulations, with different degrees of rigor and zeal. But these differences make only a marginal difference, for the function of the superego is determined not by its own particularist content but by the universal id, which is always there and always in need of repression. The philosophical view reverses the terms of this argument. Now it is the castigated self that is various in form and parochial in content, the product of this or that local history, while the critical “I” is in touch or at least aspires to be in touch with universal values. Self-criticism for the philosopher is much like social criticism (for the philosopher); it is a kind of reflection in tranquility, a scrutiny of the self sub-specie aeternitatis. I step back, detach myself from my self, create a new moral agent, let’s call him superagent, who looks at the old one, me, as if I were a total stranger. Superagent studies me as one among the others, no different from the others, and applies to all of “them,” including me, [and] objective or universal moral principles (pp. 89-90).

It is therefore possible for one voice to dominate internal discourse. Modern psychotherapists in most cases give priority to the thin discourse of the Enlightenment morality. We would not deny a voice to the therapist or the internalized therapist who takes a universal perspective. Such a voice is concerned about the effects of an agent’s actions on all humanity. However, an internalized voice as powerful as that of the clinician may serve to undermine or suppress the voices of ethnoreligious particularity within the client self. It is the clinician's voice that risks colossal imposition of cultural universality upon the client, with the concomitant hazard that the therapeutic relationship itself becomes a process of enculturation rather than the liberation so assiduously sought within the foundationalist model. Following Carter’s (1994) description of the nature of conversation in the public square, the inner voice that speaks for particularity may well feel slighted and discouraged to speak. A model of public debate that legitimizes thick discourse would imply that, internally, all uniquely particular reasons for an action would also need to be considered and given an opportunity to speak. Insofar as the therapy is successful, one arrives at a historically and morally departicularized self.

Thick Discourse, Thicker Therapeutic Imperatives

In contrast to the thin perspectives described above, we embrace ethnoreligious particularity. We do not begin with religion in general because religions don't function "in general.” Religious communities have histories, memories, rituals, and symbols that differ by tradition. To assume religion is generic or universal seems to be a prevalent perspective, but is potentially hazardous for the departicularized self. For us, religion is not an invisible entity common to all humanity. Rather, it is the expression of a particular confession made by a visible, historical community.

We now present a counterpoint to thinner views of culture, the self, morality and psychotherapy. We begin with an assessment of the effect of mismatching thick and thin therapists and clients. We then follow the same pattern of defining the nature of thickness, assessing the problems of thin universality and exploring a maximalist ethic for a religion-accommodating psychotherapy.
The emergence of thick and thin forms of discourse suggests that thin language is a consequence of difficulties intrinsic to communication between thick cultures. When a fundamentalist Christian, agnostic, Muslim, and secular Jew meet to converse in the public square, each are pressed to speak in a language that all will understand, compromising the uniqueness of their individual languages. In their ethnic embarrassment, these individuals may downplay their particularity for the sake of public acceptance, and because the demands on the hearer are considerable. The sensitive therapist is faced with a similar situation. The therapeutic mandate to heal includes not only using the technical means to achieve this goal, but also to legitimate the deepest, most intimate features of an individual’s narrative. Without this commitment, mental health becomes a structured arrangement of managed interventions impervious to the thick differences a client may bring to the therapeutic conversation.

What preliminary data are available to suggest that a mismatch of thick and thin discourse does in fact affect therapeutic outcomes? Theoretically, it is conceivable that the exclusion of ethnoreligious particularity will undermine the therapeutic alliance, diminish the client’s willingness to disclose deeper issues of therapeutic significance, or keep those disclosures at a superficial level. Additional complications might include client resistance to interventions, absenteeism, premature termination of therapy, or even a diminished ability for the client to imaginatively engage with intervention strategies. In fact, some of these outcomes are already evident in the psychotherapeutic research literature.

Using an emic-etic distinction, Thompson, Worthington, and Atkinson (1994) linked Black female clients with Black or White female therapists who in turn were asked to use verbal statements that were either culturally unique or universally applicable to humanity. The emic approach begins with the cultural reality of the client whereas the etic posture ignores cultural particularity and focuses on what the client shares with humanity. Outcome measures in the study included the number and depth of self-disclosures of the clients and ratings of satisfaction with the clinician (perceived counselor credibility and willingness to self-refer). Using 20 items of the interpersonal, education, and training subscales of the Cultural Mistrust Inventory (CMI), the researchers divided clients into high and low levels of racial mistrust. Clinicians underwent an intensive training period geared toward increasing their levels of awareness of Black clients. The etic, universal model of psychotherapy used in the study, emerged out of Rogerian counseling interventions that focus on general themes of human emotion rather than the contexts affiliated with feelings. Clinicians were instructed to make three cultural content statements such as, “Tell me how your feelings of loneliness reflect your experiences as a Black student on this campus,” or three universal content statements including, “As a student here, you've encountered some difficulties in your effort to make friends,” during the course of therapy. Participants exposed to the cultural content condition indicated a greater willingness to make positive use of the therapist than did the participants exposed to the universal content condition. Moreover, participants disclosed more intimately in the cultural content condition than in the universal content condition.

The literature also suggests that ethnoreligious clients tend either to avoid psychotherapy, refrain from raising religious issues, or translate their personal problems into thin psychological language in order to communicate with the clinician (Larson, Hohmann, Kessler, & Meador, 1988). One
well-known American psychotherapist responded to the first author’s question regarding the presence of religious issues in psychotherapy by noting that “it never comes up.” Religious individuals tend naturally to construe their concerns in religious language. However, when in the strange, seemingly “public” environment of psychotherapy, they may adapt by using neutral language for personal problems, often parroting psychological terminology such as “self-worth,” “personal choice,” and “depression.” Shafranske (1991) reported the case of a successful Roman Catholic professional who lost his faith and reported it as a loss of a vitality to live.

It may be that ethnoreligious clients sense a therapeutic ideology that is different from their own religious tradition. The disparity in religiosity of the American psychological community and the general public is enormous with some 72% of the general population claiming some form of religious faith as compared to only 29% of mental health professionals (Bergin & Jensen, 1990). In fact, a substantial minority of psychologists view religion as irrational and many more continue to view it as an illusion (Ellis, 1990). Post has pointed out that in the Diagnostic and Statistical Manual of Mental Disorders (version 3) religion is portrayed negatively where all 12 references to religion in the Glossary of Technical Terms are associated with psychopathology (Post, 1992).

Tradition is not a popular basis for reflecting on the nature of conversation in the public square, carrying as it does the historical freight of its forebears. One has only to recall the crises in Rwanda, the Balkans, Nazi Germany, and Northern Ireland to be reminded of the bigotry and ethnic cleansing conducted in the name of tradition. Despite this, MacIntyre (1990) calls for a refurbished notion of tradition as an alternative to thinly universal knowledge. Traditions must be evaluated in terms of strengths and weaknesses, and should be assessed from within according to their presuppositions and commitments rather than from external vistas. What the traditionalist refuses to do is to make the morally particular into the rationally universal. It is in this last case that the contemporary emphasis on individual rights is confused with human nature.

A Thicker Morality

MacIntyre’s (1984) argument is reminiscent of his effort to restore an Aristotelian ethic to a place where human telos is central to moral discourse. It is from within this teleological orientation that the traditionalist critiques the universalist for assuming fragments to be wholes. Modern moralities are fragments wrested from traditions, leaving moral debate in an unresolved state until the fragments are restored to the wholes from which they received their parts (Hauerwas, 1983). In the traditionalist perspective, moral rules are integral to the life of the community, and are given not to the oppression of rival traditions but to the longevity of the community and its telos.

Walzer (1994) underscores the salience of thick moral discourse in understanding and supporting thinner forms of morality. He begins with the community that has already forged a history and a set of shared meanings. Thick morality is therefore “richly referential, culturally resonant, locked into locally established symbolic system or network of meanings” (Walzer, 1994, p. xi). This is the language of a teleologically-oriented thickness that engages in thin dialogue, not at the expense of its own identity, but on behalf of the other. When a form of justice that crosses cultures becomes necessary, moral minimalism is invoked. Conversely, when the justice needed is local, a more thickly nuanced morality of justice can serve as the
basis of discussion. The relationship of thick to thin moralities is such that within every thick, particularist morality there are the makings of a thin and universalist morality, even if that universality is never realized. Definitions of justice for Chiapas Indians in Mexico, Kosovar Albanians in the Balkans, and Soweto Blacks in South Africa are necessarily thicker than those of the United Nations or other international interests with a stake in their struggles. Similarly, when Czech citizens debate their health care system, the justice defined is less universal and more a reflection of local history and culture than when the people parade with placards on CNN.

Making Space for the Thick Self

If we begin with a thicker view of discourse and of morality, what then are the implications for the self and the psychotherapeutic process? What if the self is nurtured within a community of teleological thickness? Walzer (1994) states:

The order of the self is better imagined as a thickly populated circle, with me in the center surrounded by my self-critics who stand at different temporal and spatial removes (but don’t necessarily stand still). Insofar as I am receptive to criticism, ready for (a little) castigation, I try to draw some of the critics closer, so that I am more immediately aware of their criticism; or I simply incorporate them, so that they become my intimate worriers, and I become a worried self. I am like a newly elected president, summoning advisors, forming a cabinet. Though he is called commander-in-chief, his choices in fact are limited, his freedom qualified; the political world is full of givens; it has a history that pre-dates his electoral triumph. My inner world is full of givens, too, culturally bestowed or socially imposed—I maneuver among them insofar as their plurality allows for the maneuvering. My larger self, my worried self, is constituted by the sum of them all. I am the whole circle and also its embattled center. This at least is the thick view of the self (pp. 98-99). Walzer suggests that the thin self needs a thick, pluralist, democratic correction. He would prefer that the entire community of selves have a voice and that democratic rules govern the discussion rather than the hegemony of a single voice. As in social and political conflicts, there are many internal critics who are engaged in the internal debate. However, I am not, nor is any one of my self-critics, the sovereign director of these critical wars. The critics that crowd around, speaking for different values, representing different roles and identities, have not been chosen by me. They are me, but this “me” is socially as well as personally constructed; it is a complex, maximalist whole. I am urged to conduct myself, let’s say, as a good citizen, doctor, or craftsman; or I am condemned for not conducting myself as a faithful American, Jew, black, woman, or whatever. Many external “causes” are represented in my critical wars, and the representatives come from and still have connections outside. They have been internalized, in the common phrase, and, if I am lucky, naturalized-adapted to their new environment (my mind and heart) and to the requirements of competitive coexistence. None of them aspires, if I am lucky, to the part of superego or superagent, aiming at singular and absolute domination (p. 96).

We agree in principle with Walzer’s plural understanding of the self but would modify his overly democratic reading of the nature of the internal selves and the governance of their conversation. What is not clear to us is how consensus is realized within the internal community. To Walzer’s use of American democracy, we prefer the
model of the congregation. We suspect that the ordering of the self might reflect the harmony of a congregation that inclusively listens to its members, empowers the weak to speak, affirms giftedness, waits patiently for consensus to emerge, and does all from within an eschatological telos that is the incarnate gift of God (Dueck, 1995). As a consequence, we propose that the thickness of the internal conversation is a gift. It is this inner conversation that is thick with ethnoreligious reference. Such a conversation will fire the imagination or condemn the guilty self in a way that thin morality can never approach. Rather than the bully pulpit of a single, fanatically religious voice in the inner congress of selves, multiple voices of expectation and experience are mediated within the self into representations that can be translated into behavior and speech in the public square.

Religion-Accommodating Psychotherapy

In another context we have outlined an approach we refer to as tradition-sensitive psychotherapy (Dueck & Reimer, 2003). This model assumes the following:

- Tradition sensitive, multicultural therapy involves first and foremost, a validation of ethnoreligious particularity.
- Therapy with ethnoreligious clients can be modeled after cross-cultural models as is apparent in premodern shamanic rituals where the shaman’s diagnosis and treatment functions within the context of the ethnoreligious perspective of the community (Eliade, 1964).
- The clinician assumes that there is no transcendent position that permits assessment of rationality or normality for any client independent of conversation, nor does tradition-sensitive therapy appeal first to transcultural ideals.
- The therapist begins with the client’s particularity, granting special attention to his or her embeddedness in a preexisting historical community.
- In the tradition-sensitive approach to psychotherapy the therapist begins with the local meanings the client brings regarding justice, truth, and the good.
- It recognizes the clients’ unique narrative, his or her developed traditions and symbols, and the unique language and grammar needed to articulate these differences.
- Therapy is not a conversation with a predetermined script or theory about how healing should occur independent of the client’s shared world of meanings.
- Change is a consequence of the conversation rather than a pre-ordained script.
- Thin interventions are often thickly driven by an ideology that may differ from that of the ethnoreligious client.
- Therapy capable of accessing the social network of the client and its thick cultural heritage will manage the pain of human experience from within local narratives.

Several studies reflect this commitment to ethnoreligious sensitivity to the client population. Propst, Ostrom, Watkins, and Dean (1992) utilized two versions of cognitive behavioral therapy—one religious and one nonreligious. Patients were all diagnosed as having nonpsychotic, nonbipolar depression and all 59 patients were religious. A control group was included as well as a group that received standard pastoral counseling. The results indicated that those patients receiving religious cognitive therapy or pastoral counseling scored lower on measures of depression, a difference that persisted when measured again after 3 months and two years. Furthermore, there was greater social adjustment and reduced general symptomatology for religious individuals receiving religious cognitive therapy. Also,
individuals in the pastoral counseling treatment condition significantly improved as measured by the Beck Depression Inventory (BDI). Probst and her group reasoned that there might be a clash in cultural values between traditional cognitive therapy that associates personal autonomy and self-efficacy with religious individuals who value dependence on a divine being.

Using an inpatient population of clinically depressed Christian adults, Hawkins, Tan, and Turk (1999) found that when a client group received a Christian form of cognitive-behavioral treatment, better outcomes were obtained than when the same population was provided with cognitive behavioral treatment alone. We believe that with thick ethnoreligious clients, thinner interventions are less effective than thicker modes because the latter respectfully taps into the resource-rich nature of the ethnoreligious identity of the client population. This study raises the question of replicability across other religious groups, along with the use of other treatment modalities and diagnoses.

If ethnic clients are better understood by tradition-sensitive therapists, then improved therapeutic outcomes are implied by matching the two. Sue, Fujino, Hu, and Takeuchi (1991) found that ethnic match had a significant impact on therapy. Using a large sample (13,439) of Asian-American, African-American, Mexican-American, and White clients in a database of the Los Angeles County Department of Mental Health, the researchers obtained positive outcomes as measured on the Global Assessment scale, and premature termination when match occurred on ethnicity, gender and language. Results were not consistent across all ethnic groups.

As is the case with ethnic similarity and dissimilarity, religious similarity of client and therapist affect variables that are related to therapeutic outcomes, including pre-therapy expectations and trust. Dougherty and Worthington (1982) found that when religious clients were presented with a case and four religious treatment plans, they tended to prefer the religious treatment closest to their own religious beliefs. Participants also indicated a reluctance to use secular therapists. Worthington (1988) suggests that highly religious clients prefer therapists with similar religious values to themselves. Highly religious persons were described as granting significant importance to Scripture or sacred writings, religious leaders, and possessing a primary religious group. More religious persons, he argues, use more religious schemata in interpreting the world. After reviewing the literature, Worthington and his colleagues concluded that highly religious Jews, Mormons, Protestants, and Roman Catholics usually prefer therapy with religiously similar therapists.

**Conclusion**

We have attempted to make a place for thick and thin discourse in the context of psychotherapy, laying out a project of religion-accommodation for the contemporary therapist. The religion-accommodating posture will require more effort on the part of the therapist to create a common language in situ rather than assume it a priori. We can hope for the emergence of ethnically and religiously indigenous psychologies at home and abroad that co-inform and intersubjectively influence the other. It is just such a therapy that is inclusive of the margins, focusing as it does on the interpretation of actions within a cultural context, sensitizing people to a range of actions that are culturally intelligible and given to transformation.
References


