

Psychotherapy Guidebook

# CULTURALIST THERAPY

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## Table of Contents

[DEFINITION](#)

[HISTORY](#)

[THEORY & TECHNIQUE](#)

[APPLICATIONS](#)

# Culturalist Therapy

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## DEFINITION

The culturalist sees personality as emerging from social experience. The culturalist practitioner rejects the Freudian concepts of the id, ego, and super-ego, and the view that human behavior is basically derived from instinctual (mostly sexual) drives; that man is a prisoner of his own biology; that the unconscious is a separate division of the mind and operates independent of the external world. In culturalist psychoanalytic therapy, the therapist recognizes the impact of the cultural milieu as a major force in shaping the personality of the individual, and the need for the disturbed patient to be able to cope in his culture in a new, constructive, and contributing way.

## HISTORY

Alfred Adler was a forerunner of culturalist thinking. He emphasized the equal importance of the individual and the social milieu in the development of the “life-style” of each person. He saw social feeling as a measure of mental health. Although Karen Horney accepted Freud’s concepts of psychic determinism and unconscious motivation, she did not accept the concept of

libidinal drives. In its place, cultural and interpersonal factors were considered the cause of neurosis. Harry Stack Sullivan insisted on formulating his views on the data obtained by observing interactions of an individual with others, with the therapist as a participant-observer. His “interpersonal” methodology put emphasis on the social and cultural context in which personality develops. Abram Kardiner and Erich Fromm, each in his own way, focused on the relationship of man and society; they considered the character of a person as being both developed and measured by how a person relates to the world and its social institutions.

Although the above-noted pioneers laid the foundations for the cultural school of psychoanalysis, each one also postulated “basic strivings,” “inner drives” or “urges” to explain at least part of motivation. Bernard Robbins was possibly the first analyst who did not accept the concept of innate drives. He believed that man is not the blind product of forces either within or around him, but that relationships are established between the person and the outside world and are reciprocal in nature.

## **THEORY AND TECHNIQUE**

The theory of Culturalist Therapy begins with a consideration of the origins of the human being — with a study of evolution and cultural anthropology. Anthropologist Hallowell noted that what anthropologists call

“culture” is not instinctual but learned. It includes the transmission of learned behavior through the symbolic means of language. A system of social interaction was necessary for human evolution. This development could not have taken place without the evolution of the human brain; with advancing cortical development came the ability to use words as symbols for percepts and concepts that are passed on from generation to generation. This ever-accelerating ability to transmit knowledge produced a psychosocial evolution that was thousands of times faster than anything that could have occurred through ordinary biological evolution.

This would indicate that social existence is not only created by man but also continually creates and develops man. This concept is the key to Culturalist Therapy. What is required in therapy is to change the social existence of patients so that they will experience more productive and creative lives. Through new life experiences made possible by therapy, they can be, as it were, “newly created.” The friend, the spouse, the family, the community and the society form a continuum that must be considered for possible change. Thus, the culturalist therapist, although working with individuals, will emphasize family therapy, group therapy, and community mental health programs.

The degree to which therapy can help an individual is limited by the extent to which he can be helped to find a healthy social field for adequate

functioning. The health of the social field, in turn, depends on the extent to which healthy individuals are acting to bring about needed changes. The relationship between social environment and the individual is truly reciprocal.

## APPLICATIONS

An example of a socio-cultural approach to therapy will best illustrate its clinical application. A twenty-two-year-old woman was brought in by her husband because of depression and anxiety. She complained that she was depressed because of frequent episodes of panic during which she was convinced she would die. She was a thin, taut, attractive young woman in obvious panic, with a pulse rate of 144 and rapid breathing. She spoke in a meek, thin, and whining voice and looked away from her husband. She was the only daughter of religious European-born parents who, when she was eighteen, arranged a marriage to a highly religious man. They had two children.

The husband complained that his wife, previously a scrupulously clean, orderly, and attentive housewife, had begun to sulk and to neglect the home and the children. She gradually became more depressed and periodically panic-stricken.

The patient was given a short-acting tranquilizer for a few days to



reduce her panic, hyperventilation, and rapid heart rate. The therapeutic encounter was a difficult one because of her reluctance to reveal her feelings about her personal situation. After some period of confronting her with evidence of her rage and the need to deal with it, she was able to confide her sense of entrapment in a marriage to a man she doubted she loved, her sense of having been placed in servitude, and a bitter resentment about being deprived of an education and a career. The therapist proposed that she continue to clarify the sources of her anger, and that she make moves to correct her situation rather than “go on strike.” Her panic seemed due to her feeling that she was losing everything. Her physical symptoms soon abated but her depression persisted.

As the couple was seen together, she gained the courage to demand an opportunity for education and for fewer religious strictures. The therapist tried to help them come to some agreement on these issues and to develop a more loving relationship. Both the husband’s and the wife’s parents (who were also seen) did not believe that the wife needed a college education or that she should take the time from her home responsibilities. Psychological testing, done to assess her career potentials, revealed a passive, angry person with an intelligence so superior that it almost reached the limits of the test. Her husband finally agreed to her finishing high school and beginning college. However, he soon felt threatened by her rapid progress and began to disparage her. She gradually realized that she really didn’t love him and

couldn't continue to live with him. When she confronted him with this, he became abusive and she had to flee to her parents' home.

The patient required several years of weekly or intermittent therapy to help her deal with her real frustrations and privations and to arrive at partial and gradual solutions. She also required help from community support systems and from her family. Therapy later focused on assertiveness training so that she could deal with people in a full-voiced and firm manner without being competitive or controlling.

The patient is now divorced, has finished college, and is a part-time instructor in college while attending a graduate Ph.D. program. She is now functioning constructively in a changed cultural milieu. She has been caring for her children while she works and studies, and has been able to be compassionate and helpful with her parents. It is interesting that they, because of their specialized cultural values, mournfully view their daughter's present status as a failure. After her divorce her father became depressed and also required therapy.

The therapeutic attempts for this family required close attention to and manipulation of the socio-cultural institutions that had helped shape and limit the lives of the family members. These include, to mention only a few, the limited mobility of women in our culture and other conflicts intrinsic to

the transcultural situation of this particular family.