What can Western psychology offer to non-Western cultures? A non-Western perspective on Clinical Psychology

Thesis submitted by

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Declaration

I, Katriona Taylor, confirm that this research report in my original work submitted in partial fulfilment of the degree of Doctorate in Clinical Psychology and no part of it has been submitted for any other degree or academic qualification.

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Thesis Abstract:

Background:

There has been a recent interest in the internationalisation of psychology as a profession, allowing the exchange of professionals and psychological knowledge across the globe. If international psychology is to be achieved, it is imperative that non-western cultures share an interest in collaboration and exchange with Western Psychologists. The aim of this thesis was to explore the acceptability and utility of Western psychology within non-Western cultures.

Literature Review:

A systematic review of the current qualitative literature was conducted, yielding nine studies which met the inclusion criteria examining the perceptions of non-Western psychological practitioners of the utility and applicability of Western psychological models, theories and interventions and the potential barriers and adaptations needed for implementation within non-Western settings. Thematic synthesis identified four main themes: Utility of Western theories and techniques, Issues with the use of Western psychology, adaptations to Western psychology and Future recommendations.

Research Report:

The report focuses on a thematic analysis which explored the views of 14 trainee/recently qualified non-Western clinical psychologists of the utility of Western psychology, and indeed the demand, reputability and generalisability of the development of international psychology. Six superordinate themes were identified: 'Cultural differences', 'Western psychology has a role', 'adaptations', 'What is Western?', 'considerations' and 'internationalisation of psychology is not only possible, it's happening right now'. The results suggest that Western psychology has a role within non-Western cultures, however it should be used as a framework integrated in line with local practices and values. Participants were positive regarding the potential for reciprocal sharing of knowledge between different cultures that internationalisation can bring, however a number of considerations and barriers were also discussed.

Critical Appraisal:

A reflective account of the research process in included. This aims to maximise transparency and support the consolidation of personal and professional development made during the research journey.

Word Counts

Thesis Abstract	*298*
Literature Review	
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Critical Appraisal	*2921*
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Contents

*Mandatory appendices marked with ***

List of Tables

Literature Review:

Research Report:

SECTION A

Literature review:

Integrating indigenous psychologies: How do indigenous practitioners perceive Western Psychological frameworks?

(Guidelines for publication for target literature review available in Appendix A)

Integrating indigenous psychologies: How do indigenous practitioners perceive

Western Psychological frameworks?

Abstract

Objective. To examine the current literature into perceptions of non-Western psychological practitioners of the utility and applicability of Western psychological models, theories and interventions and the potential barriers and adaptations needed for implementation within non-Western settings.

Method. A systematic literature search was conducted using six online databases (PsycINFO, PsycEXTRA, CINALH, Scopus, Medline and Web of Science). Out of a total of 1421 articles, only nine studies met the inclusion criteria, all of which were included in the current review.

Results. All studies found that certain aspects of Western psychology were useful in their local settings, however they need to be adapted to the local cultures. Adaptions currently being made included the use of local language and metaphors, an increased emphasis on cultural and religious factors and the integration of local practices. Barriers to implementation included resource limitations, the use of medication, religious and cultural beliefs, local healers and socio-economic factors. Future recommendations were also suggested including improving access to good quality training, service re-structuring and the international sharing of knowledge.

Conclusions. From the review of the literature, it appears that Western psychology can be useful within non-Western cultures, however adaptions need to be made to meet the specific needs of the local community. Limitations and implications for future research and practice are discussed.

1. Introduction:

1.1. Background

Psychology is a global profession, however, there is significant variability in how Psychology as a profession is defined, practiced and regulated throughout the world (Lunt et al., 2014). Burgess et al. (2004) argue that if international movement of psychologists was to become more 'fluid', as well as the profession in general, this would allow more understanding of how psychology is practiced across the globe, therefore psychology as a profession could mature into one that better serves the global population, as well as at a local level. With the current number of international migrants reaching an all-time high, with most countries witnessing an increase in the number of migrants (United Nations, 2013), countries around the world are becoming more multicultural. If psychology training, education and practice were to become more globalised and become more knowledgeable surrounding cultural and diversity issues, it would aid us in best supporting populations on a local and international level, rather than forcing our own societal norms and beliefs which may not always be appropriate or effective. Leong and Blustein (2000) argue that in order for psychology to become more multicultural, this needs to take place on two levels: to learn about and appreciate cultural diversity within our own regions and cultural groups, as well as developing a global perspective that recognises, and is open to other cultures within other countries.

International Psychology is concerned with the development and practice of Psychology in different parts of the world. Functions of International Psychology include, but are not limited to: establishing psychology as a global discipline focusing on the psychological study of humanity as a whole; encouraging international research; fostering the exchange of ideas, scientific knowledge and professionals; promoting cross-cultural understanding; facilitating cross-national development of training curriculum and/or allowing collaboration and exchange of professionals and students; and sending psychologists to developing countries to train health service providers (Leong & Blustein, 2000; Pawlik & d'Ydewalle, 1996; Sabourin, 2001; Stevens & Wedding, 2004). The infusion of knowledge from around the world offers an opportunity for intellectual renewal, and suggests that at present, dangerous assumptions are being made about human behaviour due to isolation as models and research findings may not

be being disseminated to wider global populations. For example, most research is published in the English language, and much of the literature from non-Western countries, if published, is not translated to English, and English speakers remain ignorant to potentially important findings and practices. (Burgess, 2004; Leong & Blustein, 2000). Horton (2000) found that clinical investigators from Asia and Africa perceived a number of barriers to publication including, but not limited to poor resources and training in research; language barriers; editorial bias against less-developed countries (including ethical imperialism, where research protocols are scrutinised under 'westernised judgement' deeming research unethical without taking into account socio-political and cultural factors) and difficulties accessing information due to limited access to journals due to high subscription rates.

Global mental health is becoming an increasing priority within global healthcare initiatives (WHO, 2010). The World Health organisation (WHO; 2013) suggest that although 80% of the world's population live in low-and-middle income countries, 90% of mental health resources are in high income countries (HICs), and 76-85% of people living in LAMICs receive no treatment for their mental health conditions (Demyttenaere et al., 2004). The Mental Health Gap Action Programme (mhGAP; WHO, 2010) aims to aid LAMICs in scaling up their mental health services and provides a number of guidelines and training manuals in a bid to help improve access to psychological interventions. However, some have argued that the concept of the 'treatment gap' privileges individualistic, Western forms of treatment whilst failing to recognise the important contribution that non-allopathic forms of support may bring and may therefore also overestimate the treatment gap (e.g. Fernando, 2014; Jansen et al, 2015; White, 2014). Alongside the mhGAP, the Mental Health Action Plan 2013-2020 (mhAP; WHO, 2013) was also established with the aim to 'promote wellbeing, prevent mental disorders, promote human rights and reduce the mortality, morbidity and disability for persons with mental disorders'. The plan proposes that general and specialised health workers are trained to deliver evidence-based, 'culturally appropriate' and 'human rights' oriented mental health services.

These guidelines have been substantively based within Western-models of mental health rather than considering what indigenous models and health beliefs may be prevalent and whether Western models fit well within these. Cox and Webb (2015) highlight that whilst the mhAP highlights the importance of service delivery in a 'culturally appropriate manner', that it is framed by normative predispositions of Western medical and psychological practice bound to a disease model, rather than using a collaborative and person-centred approach which recognises the importance of inter and extra-individual factors. However, recent studies have found that Western manualised psychological interventions have been effective in LAMICs when they have been adapted to be contextually relevant and meaningful within the culture it is being delivered, and that these adaptations are an important step in increasing acceptability of treatment, patient satisfaction and treatment effectiveness. For example, Chowdhary et al. (2014) conducted a meta-analysis of 16 studies which used psychological therapies adapted for use in non-Western cultures and found that these had significantly positive effects compared to various control groups. There were several aspects which did not require adaptations such as phases of treatment, the use of problem-solving techniques and the empathetic and non-specific nature of the therapeutic relationship. These suggest that Western psychological models may be beneficial to non-Western countries if integrated with indigenous and cultural knowledge. Aggarwal (2015) provides a commentary on Chowdhary et al.'s study, highlighting that cultural adaptations were mostly based on implementation rather than revising the core theoretical principles and that future studies need to test the efficacy of culturally adapted psychological treatments against non-adapted treatments in matched patient samples in order to clarify whether improvements were based specifically on the intervention or the use of culturally competent therapists.

1.2.   Rationale and aims of the current review:

Although there has been some research into the effectiveness of evidence-based manualised Western treatments within other cultures, little is known about how mental health practitioners who are expected to facilitate these perceive them. Kirmayer (2012) suggests that evidence-based practices originating from HICs may not be culturally

appropriate, feasible or effective when imported to other cultures. RCTs are often also designed to investigate particular interventions and are often focused on the internal validity and efficacy rather than the broader issues such as the reach implementation fidelity, and sustainability and may inadvertently shift the focus away from relevant local issues which may affect its facilitation or long-term impact (Mills & White, 2017). Aggarwal (2015) also emphasised the need for more information on whether the clinicians delivering such interventions find these adaptations feasible, acceptable, useful or sustainable in practice. Rather than Western psychologists speculating about the acceptability and utility of Western psychology within other cultures, researchers should investigate this through discussions with mental health professionals carrying out psychological treatments within non-Western settings. Therefore, the aim of this literature review is to summarise what research has already been carried out, examining perceptions of non-Western psychological practitioners of the utility and applicability of Western psychological models, theories and interventions and the potential barriers and adaptations needed for implementation within non-Western settings.

2. Method:

A systematic literature search was conducted using PsycINFO, PsycExtra, CINALH, Scopus, Medline and Web of Science databases using search strings generated from key concepts of the research question and involved terminology for: the roles of psychology (in terms of theory, training or practice in healthcare); non-Western countries; Westernisation/globalisation and perceptions/views. As this literature review aims to provide an update of the literature on the globalisation of psychology since Burgess (2004) paper, the database searches were limited to 2005 to the present date and was limited to journal articles. Results from the searches (n=2643) were then imported into EndNote Citation Manager on the 24th December 2017. After duplicates were removed, 1421 articles remained. The titles and abstracts of each paper were then read to determine suitability for inclusion using the inclusion and exclusion criteria. Forty-eight papers were then read in full, only nine of which were deemed suitable for inclusion in the review (see Appendix B for a breakdown of the research protocol).

2.1.   Inclusion and Exclusion Criteria:

2.1.1. *Inclusion Criteria:*

Papers selected for inclusion in this review were journal articles written in the English language which used qualitative or quantitative methodology. Studies included evaluated the perceptions of professionals of the utility or adaptation of Western psychological frameworks in healthcare settings based within non-western countries, or with indigenous populations within Westernised countries. Western psychological frameworks were classed as those which would involve psychological competencies based on those set out by the BPS (Division of Clinical Psychology, 2006) to implement. The inclusion criteria required participants to be nationals of the non-Western cultures being studied, who were professionals working using psychological theories and frameworks rather than solely from a medical model. Studies were not limited to 'Psychologists' as in many non-Western countries, different terminologies are used for those occupying the roles of a what the West considers a psychologist's duty. Studies which involved non-Western professionals working within Western countries were included where the study asked participants about their views of the applicability of Western psychology within their country of origin. Studies which combined results of healthcare professionals with patients and/or carers were included where the results separated out the views of different participant groups.

2.2.2. Exclusion Criteria:

As the aim was to explore the role of psychologists, studies that examined the implementation of Western evidence-based psychological therapies facilitated by lay workers were excluded, as were studies evaluating the implementation of psychological services for non-Western clients within Western contexts. Internationalisation of psychology outside of a healthcare context (e.g. organisational, sport, school psychology) was also excluded. Papers were excluded if they were not written in English language or if they were discursive or case studies.

2.2.   Data analysis

Nine qualitative studies were deemed suitable to be included in the literature review. Barbour (2001) argued that due to the diversity of qualitative methods, it is difficult for a simple checklist or appraisal tool to critique qualitative papers, however that there are benefits of using a critical appraisal tool rather than an unstructured approach. The Consolidated Criteria for Reporting Qualitative Research (COREQ: Tong et. al, 2007) was used to extract information from each paper (see Appendix C). Whilst this tool was developed as a checklist for researchers submitting for publication, it was found to be a helpful tool to extract information regarding the research and analysis protocols used. The quality of the papers identified was then assessed and rated using the CASP qualitative Critical Appraisal Programme tool (CASP, 2014; see Appendix D).

Once the studies were appraised and deemed suitable for inclusion within this review, a thematic synthesis of the data was conducted. Due to the variable styles of authors and depth of analysis, it can be difficult to determine what is 'data' within the studies. Therefore, this review opted a method of thematic synthesis as outlined by Thomas and Harden (2008). Study findings were defined as all of the text which was labelled within the 'results' or 'findings' of the study reports. The synthesis involved three stages, similar to that of thematic analysis of an empirical paper; data from the results sections of studies was read through multiple times and each sentence was then coded enabling translation of concepts from one study to another. Codes were then tabulated and organized into related areas to construct 'descriptive themes'. The third stage of the process was to 'go beyond' the findings and generate additional concepts and understandings, equivalent to 'third order interpretations' by grouping descriptive themes into overarching analytical themes (see Appendix E for an illustration of the analytic process).

3. Critical Appraisal

3.1. Overview of included studies:

A total of nine qualitative studies were included in the current review, all of which were published in the period from 2010 to 2017. The number of total participants varied greatly from five to twenty-nine healthcare professionals, with two studies including patients and carers having much larger total respondents (n=45-92). Four studies were conducted with practitioners from China (one of which also included Taiwanese participants), two with Pakistanis, two with Ugandans and one with aboriginal Australians. All of these studies were conducted in the participant's country of origin, other than Duan et al (2011)'s study where interviews were carried out in the US with four South East Asian practitioners working within the US and four South East Asian practitioners practicing in their home countries. The psychological approach of interest differed over studies including CBT (n=4), "Western-style counselling" (n=2), family therapy (n=1), the use of NICE guidelines (n=2) and one study did not specify a particular model. Table 1 provides a summary of the key characteristics, methodology and findings of the nine studies.

3.2. Aims of the included studies:

All nine studies identified reported their research aims/objectives/questions and shared an overarching aim to explore the perceptions and experiences of practitioners in using Western psychological theories within non-Western cultures. However specific aims varied across studies, with focuses on different cultures, psychological approaches and psychological presentations (see Table 1 for study summaries).

Table 1: Included studies summary table

Author& Year	Country/ region of focus	Psychological approach	Model focus	- Aims and objectives:	Method-ology	Participants	Analysis	Themes
Bennett-Levy et al. (2014)	Aboriginal Australians	CBT	Generic	- Do CBT- trained Aboriginal counsellors perceive CBT to be useful with their Aboriginal Australian clients? - If so, what are the elements of CBT that appear to be effective? - What adaptations might make CBT effective, or more effective, with Aboriginal Australians?	Participatory Action Research (PAR; Kemmis & McTaggart, 2000) 10 focus groups, 2 individual interviews	N=5 2 psychologists, 2 counsellors 1 mental health nurse	Thematic analysis (Kitto et al., 2008)	Is CBT Perceived to be Useful by aboriginal Counsellors who have undergone CBT training? - positive impact on client's well-being; increased therapist knowledge, skills and confidence; personally useful, provides role clarify and boundaries and prevents burnout What elements of CBT are perceived to be effective? - CBT is highly adaptable; Simple interventions can make a difference with complex problems; "low-intensity" CBT can be used opportunistically; CBT structure is containing, safe and focused; CBT is empowering and promotes self- agency; CBT techniques work well with Aboriginal clients What adaptations might make CBT more effective with Aboriginal Australians? - Use a variety of different methods of presentation; Translate CBTs formal language; adapt therapy to informal spaces; develop culturally safe low-intensity interventions; consider which types of intervention may not work or may need adapting for different Aboriginal people of communities
Duan et al. (2011).	South-East Asia (China and Taiwan)	Counselling	Generic	- To understand counsellors perspectives on fundamental role of culture in counselling - Perceptions of cultural assumptions embedded in US counselling theories and practices - Their experiences in transforming and rebuilding existing knowledge to fit the Asian cultures	Semi-structured interviews	N=8 South Asian counselling psychologists trained in the US 4 practiced in the US 4 practiced in Southeast Asia	Grounded Theory (Glaser & Strauss, 1967)	Major assumptions in US counselling psychology that may limit its transferability to Southeast Asian cultures - Individualistic focus; applicability and transferability of US counselling theories and techniques; Ethical considerations Practices in learning, training, and cultural adjusting for future development and internationalisation of counselling psychology Exchange in learning and sharing of information; teaching and supervision; The role of participants as change agents
Hall et al. (2014)	Uganda	None specified	Generic	- To understand how two differed groups of mental health practitioners who had been trained in Western psychological therapies were applying and adapting these to a Ugandan setting - What future training would be most helpful to professionals practising psychological therapies in Uganda	Focus groups	N= 24 PCO focus group n = 13 CG focus group n=11	Thematic analysis. (Braun & Clarke, 2006)	Issues affecting psychological therapy service provision in Uganda - Overwhelming workload; inability to conduct regular therapy; communication and language; cultural beliefs and knowledge of psychological therapy; engaging stakeholders; personal beliefs Cultural adaptations of psychological therapy for Ugandan settings - Language; use of others; traditional beliefs; socialise client to psychological therapy; becoming more flexible Voices of service users
Kane et al. (2016)	Uganda	Implementations of NICE guidelines	Acute stress, PTSD and bereavement	- To describe current standard practices and guidelines used for treating conditions related to stress in Uganda - Identify barriers and challenges associated with implementing the new WHO guidelines - Identify and describe potential strategies for overcoming these barriers and challenges	Semi-structured interviews	N= 19 19 Mental health-care professionals in Northern Uganda 3 psychiatrists 4 psychosocial counsellors 4 social workers 3 psychiatric clinical officers 1 nurse 2 programming officials	Grounded theory (Charmaz, 2006)	Objective 1: identify the common types of conditions related to stress that are treated in this setting and the types of methods used for managing these conditions - Conflict-related trauma continues to affect mental health but ongoing adversities are important; PTSD is often comorbid with other mental health conditions; conditions not related to stress are commonly reported in clinics; holistic assessment; psychoeducation; medication is frequently used in treatment; group therapy is the preferred psychological intervention; populations may have different treatment needs Objective 2: Identify perceptions of barriers and challenges to implementing WHO guidelines - Need for additional training; patient/provider ratio is too high; providing regular and frequent treatment to clients; a preference and expectation for pharmacological treatment; belief that medication is necessary for the management of severe symptoms; culturally acceptability of psychological interventions may be low; poor social, health, and economic situations limit the long-term impact; structural barriers Objective 3: identify strategies for overcoming barriers to guideline implementation

Author& Year	Country/ region of focus	Psycholog-ical approach	Model focus	- Aims and objectives:	Method-ology	Participants	Analysis	Themes
								- Training and capacity building for current mental health staff; additional staff to reduce the patient/provider ratio; resource allocation and task sharing; allowing for guideline flexibility when possible; cultural adaptation of psychological interventions; additional psychoeducation to clients; group therapy delivery of psychological interventions; prioritising staff well-being
Li et al. (2017)	China	CBT	Psychosis	- To gather information that can be used to adapt CBTp in China through exploring the views of patients with schizophrenia, their carers, and the mental health professionals	Semi-structured interviews	N= 45 15 patients, 15 carers, 15 psychiatric residents	Systematic content and questions analysis	Culture and related issues - The need for cultural adaption; importance of language and communication; involvement of the family members; stigma: a significant barrier to help-seeking Issues related to system and resources - Training in CBT for psychosis; referral system & pathways to care Understanding of illness, and beliefs about its causes and its management - Presenting problems and the effect of schizophrenia; causes of illness; awareness of illness; knowledge of treatment and expectations Knowledge of treatment and expectations Assessment, engagement & adjustments in therapy - Barriers in accessing and delivering therapy; what works and which techniques help?; the therapeutic relationship; adjustments in therapy
Naeem et al. (2010)	Pakistan	CBT (trained in REBT)	Depress-ion	- Elicit psychologists experience of CBT and/or their experiences of clients with depression - Identify factors that should be taken into account when developing CBT and the accompanying training manual for use in Pakistan	Semi-structured interviews	N=5 5 Psychologists	Thematic content analysis	Hurdles in therapy - Service issues; dealing with somatic complaints; pills and psychotherapy; homework; beliefs about illness Issues related to therapy - Assessment; commonly used techniques; structure and content of sessions; normalizing techniques Techniques which patients find helpful - Style of therapy; involvement of the family Modifications in therapy
Naeem et al. (2014)	Pakistan	CBT	Psychosis	- To explore views of patients, carers and health professionals to guide CBT for psychosis in Pakistan - To conduct interviews with patients and their carers - Explore their views about psychosis, its causes and treatment - To explore the experience of psychologists and psychiatrists working with psychotic patients	Semi-structured interviews	N=92 33 patients, 30 carers, 14 psychologists 15 psychiatrists	Systematic content and question analysis (Morse & Field, 1996)	Culture and religion Therapy issues - Barriers in therapy; what helps? views about schizophrenia its causes and its management - Presentation problems and the effect of illness; causes of illness - awareness of illness and pathways to care
Quek & Chen (2017)	Eastern China	Family Therapy	Generic	- To explore how Chinese family therapists in-training who have been practicing for at least 2 years construct and reconstruct family therapy and concepts to fit their cultural and societal contexts	Focus groups	N=16 16 Chinese family therapists-in-training.	Thematic analysis (Braun & Clark, 2006)	Family therapy orientations and practices in Chinese context - Emphasis on self-orientation; Differences in Chinese sub-cultures Family therapy concepts with different cultural meanings - Use of day—to-day languages; use of culturally relevant metaphors Emotion expression in therapy as a means to cultural flexibility
Wu et al. (2016)	China	Counsell-ing	Generic	- How do Chinese counsellors perceive the cultural discrepancies between Western based psychological counselling theories and approaches and the Chinese counselling context? - What are their attitudes toward, and what actions do they take to address, these cultural discrepancies?	Semi-structured Interviews	N = 22 22 Counsellors who trained in China	Grounded Theory (Glaser & Strauss, 1967)	Relationship-orientated accommodation - Upholding an authority figure; Being cautious about indirect communication; Accepting overlapping social circles with clients Skill integration Internal focus Identifying commonalities Employing accommodative processes Theoretical integration

3.3. Epistemological stance and reflexivity

Good quality research ensures that the epistemological and theoretical position are clearly stated; either through establishing their distance from the data or defining their proximity through reflexivity (Meyrick, 2006). None of the studies included stated their epistemological stance overtly, however two studies suggested that they were using a realist framework (Hall et al., 2014; Naeem et al., 2014). Five studies discussed use of a reflexive approach to varying degrees such as using reflective tools, memos and discussions in team meetings to reduce bias, however the descriptions provided varied greatly between studies (Duan et al., 2011; Wu et al., 2016; Bennett-Levy et al., 2014; Li et al., 2014).

3.4. Sampling:

All but one of the papers included in the review (Kane et al., 2016) provided information regarding their method of sampling. Only three studies overtly specified their sampling method (Wu et al., 2016; Naeem et al., 2014; Li et al., 2017), all of which used purposeful sampling. Five studies stated data collection had met saturation (Li et al., 2017; Naeem et al., 2010; Naeem et al., 2014; Wu et al., 2016; Bennett-Levy et al, 2014).

3.5. Data Collection.

All of the studies provided a detailed description of their data collection, with variability in transparency and systematicity. Six studies provided a rationale for their chosen method (Bennett-Levy et al., 2014; Li et al., 2017; Naeem et al., 2010; Naeem et al., 2014; Quek & Chen, 2017). Six studies used semi-structured interviews, two studies used focus group methodology, whereas Bennett-Levy et al. (2017) utilised a Participatory Action Research method in which participants met regularly to discuss their experiences. All but one study provided details of their interview schedules (Hall et al., 2014), with two studies providing these in full (Wu et al., 2016; Naeem et al., 2010) and the rest providing examples of themes and questions used within interviews or focus groups (Bennett-Levy et al., 2014; Duan et al., 2011; Hall et al., 2014; Kane et al., 2016; Naeem et al., 2010; Naeem et al., 2014). Six studies detailed the location of data collection, however to varying levels of detail. Five studies reported the duration of interviews and focus groups (Bennett-Levy et al, 2014; Kane et al, 2016; Li et al., 2017; Naeem et al., 2010; Quek & Chen, 2017).

3.6. Analysis

All studies specified their method of data analysis and went on to describe the process of how they derived themes and codes. However, only two provided a rationale for their method of analysis (Naeem, 2014; Wu et al., 2016). Four studies used grounded theory (Duan et al., 2011; 2016; Kane et al., 2016); three used thematic analysis (Hall et al., 2014; Quek & Chen, 2017; Bennett-Levy et al., 2014); two used systematic content and question analysis (Naeem et al., 2014; Li et al., 2017); and one study utilised thematic content analysis (Naeem et al., 2014). All but one study (Naeem et al., 2014) described that two or more members of the research team were involved in the analysis process, increasing the reliability of the findings.

3.7. Results and conclusions:

All nine studies used headings to clearly outline different themes and subthemes, and included direct quotes from participants to demonstrate their findings. Two studies included a table of themes within their results providing a clear visual overview (Bennett-Levy et al., 2014; Wu et al., 2016). All studies discussed limitations of their studies such as lack of generalisability and potential researcher bias. Seven studies clearly provided future implications for their studies, with Quek and Chen (2017) providing a clear list of guidelines for future practice and research.

4. Summary of Thematic Synthesis:

Through the thematic synthesis, four analytical themes were derived: utility of Western theories and techniques; issues with the use of Western psychology in other cultures; adaptations to Western Psychology; and future recommendations.

4.1. Utility of Western theories and techniques:

All nine studies described that some Western theories and/or techniques have some utility in non-Western cultures, two papers describing that due to commonalities over human life experience, that differences within cultures may not be as significant as would be expected (Duan, 2011; Wu et al., 2016).

Five studies described elements of cognitive behavioural therapy (CBT) found to be useful. Bennett-Levy et al. (2014) provided six aboriginal Australian counsellors with 10 days of formal CBT training and evaluated their experience of using it with indigenous clients. Participants felt CBT was consistent with aboriginal aspirations due to its

adaptive, pragmatic and collaborative nature; that it is a simple intervention that can be effective in complex circumstances, and is not re-traumatising due to the focus on the here-and-now. Participants highlighted positive effects that this had on their own wellbeing, noting self-practice could help reduce burnout and that receiving formal training in CBT helped to increase their confidence and knowledge, also highlighted by Hall et al. (2016) in a study in Uganda.

CBT was also found to be useful within Pakistan (Naeem et al., 2010; Naeem et al., 2014) and China (Li et al., 2017; Wu et al., 2016). Useful techniques included: behavioural techniques, social skills training, developing coping strategies and problem-solving. CBT techniques used in Pakistan included the use of monitoring tools such as mood diaries and activity plans, identifying and teaching cognitive errors, cognitive restructuring and working on irrational beliefs (Naeem et al., 2014). Wu et al. (2010) found therapists felt there were similarities between Cognitive therapy and Chinese culture due to its pragmatic nature and the focus on 'Taking cognitive distortions as the source of individual's emotional problems and focusing on cognitive processes to facilitate behavioural modifications' (p319).

Four studies described aspects of systemic models which they found helpful when working with non-Western clients. Naeem et al. (2014) and Li et al. (2017) highlighted that participants found it helpful to use family counselling with clients, however did not provide details regarding what theories or techniques were utilised. Wu et al. (2010) reported that family therapy shared common systemic perspectives with Chinese cultures, however noted the importance of an increased consideration of socio-cultural factors such as traditional roles and family relationships in understanding client problems.

Quek and Chen (2017) studied the applicability of family therapy models within Chinese culture through two in-depth focus groups. Participants agreed that certain systemic theories were applicable to the Chinese context. One focus group explained that Satir and Baldwin's (1984) concept of 'congruent communication' fit well for issues within Chinese personal relationships, as well as its emphasis on self-worth. Low self-worth may be 'maintained by the traditional Chinese cultural expectations and their relations towards each other'. They discuss how this model helps Chinese clients explore

emotions in-context as they become more significant, and may be perceived as 'less selfish' by older generations. Participants felt that systemic models helped clients to express openly with their families in a safe therapeutic environment, often discouraged in the everyday life of Chinese culture.

Three studies identified that psychoeducation was universally identified as the most useful part of work with clients (Naeem et al., 2014; Li et al., 2017; Kane et al., 2016) as 'people know they have gone through trauma but they cannot link it to the symptoms and health problems they are presenting with' (Kane et al., p.6). Kane et al. also outlined a successful daily 'health talk' which involves describing common symptoms, aetiologies and options for self-management and treatment. In addition, Kane et al. (2016) indicated group therapy as the preferred mode of intervention in Uganda as it is more culturally acceptable that group members learn from each other, and it also increase the number of patients able to access support within an under-resourced system.

4.2. Issues with the use of Western psychology in other cultures:

4.2.1. Client-practitioner relationship

Although all of the studies identified found some aspects of Western theories and techniques useful, all studies identified issues with its implementation. Six studies indicated needing a directive, pragmatic approach from therapists, rather than a collaborative style of working more prominent in Western therapies. Clients had an expectation of either being given direct advice or a quick cure (Naeem et al., 2014; Naeem et al. 2010; Li et al., 2017; Hall et al., 2014; Duan et al., 2011). Hall et al. (2014) reported that practitioners often find it difficult to level the power difference between doctor and client in order to be more collaborative in psychological work. Chinese practitioners found that participants felt the need to highlight their authority, make their credentials clear and to quote scientific data (Duan et al., 2011; Wu et al., 2016). However, in contrast Bennett-Levy et al. (2014) found that a collaborative approach worked well with aboriginal Australians.

Particular issues arose for participants from South East Asia and China surrounding dual relationships (Duan et al., 2011; Wu et al., 2016). Whilst it would not be deemed ethical within the US and other Western cultures, 'in Taiwan, so it seems that only through dual-

relationship can the client build trust on you, and then our counselling process will be more effective' (Duan et al., 2011, p36). Wu et al. (2016) also found that participants felt that they needed to accept overlapping social circles and felt that clients believed that they are more reliable if they share a social network.

Six studies covering all four geographical locations of this review, described difficulties using literal interpretations of Western language when trying to implement Western therapies (Hall et al.; Naeem et al.; Naeem et al.; Wu et al.; li et al.; Bennett-Levy et al.). For example, both studies that focused on Pakistani populations found that that literal translation of CBT into Urdu and Punjabi did not work. Naeem et al. (2010) provided an example of trying to translate the concept of cognitive errors:

Sometimes people do not understand the cognitive errors, When I use the term negative thinking they will say "No, no, we have negative thoughts". I think this is because they don't know what negative thoughts are. They think negative thoughts are very bad. Something evil (p.5)

4.2.2.   Religious and cultural differences:

4.2.2.1. The concept of self

The concept of self was another theme applicable to China and Taiwan. This was a main theme discussed by Quek and Chen (2017) who outlined that there can be large variation in how Chinese people construe themselves depending on which generation they belong to. Participants in the focus groups broke these down into three concepts of self; the traditional self (those born before the 1960s who grew up in a conservative, collectivist society) who emphasise the importance of the family as a whole, respect for elders and personal sacrifice for the benefit of the family; the conflicted self (those born in the early 1970s raised by traditional families and experienced the social-political movement by the Mao Zedong political party in order to step away from socialism and towards the 'restoration of capitalism' whilst growing up), who were given mixed messages about their culture; and the individualized self (those born after the 1980s, after the movement) who demonstrated more individualistic traits as they were exposed to the influences in Western social media and globalisation. The study also highlighted that differences in values are seen between urban and rural clients, with families in rural

environments often having more traditional Chinese views with families in urban areas experiencing more of a power shift towards the younger generations taking more of a lead. Participants explained the importance of deciphering which concept of self is in the therapy room and the importance of understanding the family background. They discussed how these different concepts could lead to inter-generational conflicts and that although family therapy could be helpful in order to help different views be expressed in a safe place, this could also lead to difficulties. For example, the Western emphasis on increasing communication and emotional expression may conflict with Chinese ways of expression e.g. through carrying out acts. Duan et al. (2011) discussed how the internal locus of control and dominant individualistic point of view commonly associated with the West conflicted with traditional East Asian values, where more emphasis was placed on community and the importance of family and where your personal success equated with the success of your family.

4.2.2.2. Belief in spiritual/magical causes of mental illness and the use of spiritual healers

Six studies reported that cultural and religious beliefs can influence the patients' understandings of illnesses, causes and treatments, which may cause barriers to providing psychological treatment. Hall et al. (2014) found that mental health professionals felt that clients often believe that their difficulties are caused by witchcraft or spiritual possession. These traditional beliefs regarding the cause can pose challenges to the acceptability of psychological treatments within Uganda (Kane et al., 2016). Naeem et al. (2014) reported that one-third of clients in Pakistan interviewed believed in spiritual and religious causes for their symptoms. Clients often follow a complex help-seeking journey, with almost all patients seeking help from spiritual or religious healers before seeking professional help, often as a last resort (Li et al., 2017; Naeem et al., 2014; Naeem et al., 2010). However, Li et al. (2017) found that although most patients reported seeking help from traditional healers first, clients no longer felt that these were the cause of their symptoms at the time of interview.

4.2.3. Issues effecting access:

Five studies highlighted potential difficulties which can arise due to family involvement. Although studies highlight the positives that family involvement can have such as providing support, families can cause difficulties due to being overinvolved

(Naeem et al., 2010; Naeem et al., 2014; Li et al., 2017), uncooperative, and/or hindering access to services due to their concerns others' will find out that their relative required treatment (Li et al., 2017; Naeem et al., 2014). The emphasis on family within South-East Asia can also impact on treatment and lead to conflicts for the counsellor when the individual's needs conflict with the needs and/or expectations of the family (Duan et al., 2011; Wu et al., 2016).

Five studies highlight difficulties with engagement in psychological therapy due to poor socio-economic status, education and/or illiteracy (Hall et al. 2016; Kane et al. 2014; Li et al, 2017; Naeem et al., 2010; Naeem et al., 2014). Li et al. (2017) found that participants felt that socio-economic background played a significant role in people's attitudes towards psychotherapy in China, with more affluent, educated patients valuing psychotherapy more highly. Similar perceptions were found in Pakistan and Uganda, with participants reporting that clients who were less well-off and had less access to education have less awareness and more difficulty in engaging in psychological therapy, which also led to difficulties using CBT tools such as mood and activity diaries due to education levels and illiteracy within low socio-economic populations (Naeem, 2010; Naeem, 2014; Hall, 2014). Kane et al. (2016) highlighted the impact of poor social, health and economic situations on the long-term impact of interventions:

> If you look at this in the camp, the shelters they are sleeping in, the
> beds are not there, some people are sleeping on carpets so they will
> not sleep

Five studies discussed the prevalence and preference for the use of medication to treat mental illness as a barrier to engagement in psychological treatment as clients seeking help often expected to be provided with medication, wanting a quick cure (Hall et al., 2014; Kane et al., 2014; Li et al., 2017; Naeem et al., 2010; Naeem et al., 2017). For example, one participant stated, 'so when they come here and you don't give them medication [snaps fingers] that is the end (Kane et al, 2014; p.8).

4.2.4. Issues related to systems and resources:

Four studies reported that patient-therapist ratios were too high resulting in staff not having enough time to provide regular psychotherapy, resulting in short and infrequent therapy sessions (Hall et al., 2014; Kane et al., 2016; Li et al., 2017; Naeem et al., 2014), with related staff burnout being an issue (Hall et al., 2014; Kane et al., 2016). Four also highlighted an insufficiency of good quality training available (Duan et al., 2011; Hall et al., 2014; Kane et al., 2016; Li et al., 2017).

Six studies highlighted difficulties with access to services for those who live in rural areas and settlements as most clinics are based within urban settings which led to fatigue and time restraints for health professionals when travelling to villages (2014; Bennett-Levy et al. 2014) and difficulties for patients who need to travel long distances to clinics, which contributed to infrequent sessions and high drop-out rates (Hall et al., 2014; Kane et al., 2016; Li et al., 2017; Naeem et al., 2010; Naeem et al., 2014;). Kane et al. (2016) highlighted that access for those living in settlements is often more limited than for those living in urban areas, despite having worse social situations and higher levels of trauma, and that irregular sessions often resulted in diminished effectiveness and extended treatments due to having to repeat content.

4.3.   Adaptations to Western Psychological theories and techniques

4.3.1. Cultural Adaptations

Whilst all studies found that mental health professionals agreed that some aspects of Western psychology can be helpful, all of the studies within this review agreed that adaptations needed to be made for effective use within their specific cultures. Six studies discussed that language needs to be adapted to be culturally relevant (Bennett-Levy et al., 2014; Hall et al., 2016; Li et al., 2017; Naeem et al., 2014; Quek & Chen, 2017; Wu et al., 2016). Bennett-Levy et al. (2014) also discussed that language and structure of sessions would need to 'translate CBT's formal language in culturally appropriate ways' when using it with indigenous Australians, whilst Naeem et al. (2014) reported that participants felt it was important to talk to clients according to religion rather than using literal translations of CBT concepts. Hall et al. (2016) reported that participants used local Ugandan languages to describe psychological

terms, and where there was no linguistic equivalent they would use proverbs, local metaphors or approximate words.

Three-of-the-four Chinese studies discuss the need to make adaptations rather than use literal translation with Chinese populations (Li et al., 2017; Quek and Chen, 2017; Wu et al. 2016). Quek and Chen (2017) discussed the cultural meanings that are attached to words and the use of relevant metaphors to further clarity. They gave an example of the use of the word boundary, a term not commonly discussed within Chinese family relations which needs to be contextualised to the family background. Although Wu et al. (2016) did not discuss language as a barrier, participants described the use of Chinese metaphors and idioms to explain principles of Western therapies within a cultural context to ease understanding and familiarity. An example provided used the Chinese concept of "ying and yang" to explain the principles of dialectical behavioural therapy.

Naeem et al. (2014) and Li et al. (2017) found that practitioners used a bio-psycho-spirituo-social model of psychosis within Pakistan and China respectively, which requires an additional emphasis on being aware of the client's spiritual and religious beliefs surrounding the causes of their illness. Naeem et al. (2010) reported changes need to be made to therapy in order to suit the needs of people in Pakistan, however provided no information in regard to how this could be achieved. Kane et al. (2016) suggested that for WHO recommended interventions to be effective in Uganda, cultural adaptations need to make sense to the average Ugandan for both clients and stakeholders to buy in to the WHO guidelines.

Duan et al. (2011) found that participants felt that Western theories were often applicable across cultures at a conceptual level, however felt that methods and techniques needed to be transformed to fit South East Asian culture. One client talked about the need to be 'brave' in adjusting oneself to different cultural environments, focussing on what they could do whilst respecting local cultural demands. Quek and Chen (2017) found therapists tended to use systems therapy models that although fluid, did not perfectly fit the Chinese context. They suggested adaptations need to

take into consideration urban/rural communities, generational and individual differences.

4.3.2. Integration of Western and Eastern techniques

Three-out-of-the-four South-East Asian studies found that therapists often integrate Western theories and indigenous practice (Duan et al., 2011; Quek and Chen, 2017; Wu et al., 2016). Wu et al. (2016) describe a participant's method of intentionally incorporating their understanding of Chinese cultural characteristics and Western counselling theories to guide their practice; constructing clients' problems within their socio-cultural context, drawing from theories as reference. They also highlighted that participants would often integrate their skills and as well as using Chinese idioms would incorporate Chinese practices and traditional medical approaches and rituals. Participants also spoke about adopting models which have integrated Western approaches and Chinese practices such as Imagery Dialogue Therapy and Chinese Taoist Cognitive Psychotherapy as they were 'more accepted and less resisted' and 'less influenced by cultural factors'.

A number of studies go one step further suggesting that a more person-centred approach needed to be adapted, rather than making across-the-board recommendations to cover an entire cultural group, which may contain a number of subcultures. Bennett-Levy et al. (2014) highlighted the need to be fluid and that considering individual factors was more appropriate than to make across-the-board recommendations for adaptations. They note that most of the adaptations highlighted were not uniquely relevant to aboriginal populations. Participants in Quek and Chen's (2017) study reported that there is no one size fits all approach, with therapists generally adopting few models and adapting these to concepts and challenges encountered and felt that it was important to allow flexibility and to focus on a client-centred approach informed by contextual information brought by the client. All participants of Naeem's (2014) study reported that modifications needed to be made according to the individual's requirements, however the researchers were unable to ascertain further information regarding this.

4.4. Future recommendations.

Four studies elicited responses from participants regarding what should be done to address the current issues with using Western therapies within non-Western cultures. Two studies highlighted the need for additional training for staff working within their local communities. Nearly all participants of Kane's (2016) study believed that more training in specific psychological interventions would be necessary to implement the new guidelines set out by WHO. Many participants suggested implementing a task-sharing, stepped-care approach, with local staff being trained in basic counselling skills, with patients needing additional help being referred on to relevantly-trained practitioners. Hall et al. (2016) also spoke about the need to train primary care staff in mental health, as they speak local languages and have more understanding of their local communities to reduce staff burnout and ensure patients are seen quickly, as well as a desire for additional training in specific mental health problems and therapy models. They also discussed the potential to engage with traditional healers and local leaders, providing them with skills and knowledge about Western practice.

Duan et al. (2011) highlighted training and supervision as a critical area of need in South-East Asian countries expressing a general lack of resources and a great variation in the quality of training available in different regions, explaining that training methods which they were taught in the US do not work and need to be adjusted to fit the learning style of local counsellors.

Bennett-Levy et al. (2014) and Kane et al. (2016) suggested that it could be helpful to implement standalone sessions which could provide patients and communities with psycho-education and skills in self-management. Kane et al. (2016) suggested expanding on their current 'health talks' and providing community sensitization meetings to both increase understanding and acceptance of psychological therapy and promote self-management. They also suggested working with local community leaders and religious healers to advocate for services. Bennett-Levy et al. (2014) suggested that low-intensity CBT can provide a platform for this and can be used opportunistically to provide one-off psychoeducation sessions with difficult-to-reach clients.

One of Duan et al.'s (2011) two major themes encapsulates that 'a willingness to listen, learn, and cooperate is most conductive for learning through exchanging and sharing information'. Participants were optimistic regarding the internationalising of psychology with one participant stating, '… in the process of globalization, I think it is a trend that international development, not totally from Western perspective but also from different cultures will continuously be valued and asserted' (Duan et al., p. 37).

5. Discussion

5.1. Overview of the findings

All of the studies included in the literature review suggested that some aspects of Western psychology may be useful when implemented in non-Western cultures. However, the overwhelming consensus is that no matter which aspect of Western psychology was being utilised, to be helpful, practitioners felt that adaptions are required to optimise effectiveness and acceptability.

Practitioners spoke positively about the utility of CBT in a number of studies within different geographical locations due to its pragmatic nature which appears to fit well with the directive approach sought out by individuals living in these regions. However, it is important to note that four-out-of-the-five studies that described the positive use of CBT described CBT exclusively, and so it is difficult to know whether practitioners would have found other models equally or more helpful with their client groups. In addition, three of these studies specifically researched adaptations to CBT as part of a project to develop culturally-adapted CBT (Naeem et al., 2010; Naeem et al., 2014; Li et al., 2017). Furthermore, participants were not trained in CBT but Rational Emotive Behavioural Therapy (REBT), with generalisations inferred due to similarities between therapies. It may make more sense to investigate the utility and necessary adaptions of therapies such as REBT, which are already being utilised, rather than re-training practitioners to suit interventions outlined by global mental health initiatives. Although a number of studies highlighted that professionals perceived CBT to have some utility in non-Western countries when they have been culturally adapted, there has been little investigation into the use of other therapies within non-Western countries, as it has been purported these are less able to lend themselves to empirical testing (Ingleby, 2014).

The current evidence-base for treatments is biased through economic interests and available resources, as RCTs invoke standards which immediately exclude most local knowledge from lower income areas who do not have the required resources for controlled trials, leading to a lack of contribution to the knowledge base regarding evidence-based treatments (Kirmayer; 2006, 2012). Efforts to 'scale up' mental health services may serve to quash local understandings and alternative systems of healing which either predate Western psychiatry or have developed as alternatives to psychiatry (White & Sashidaran, 2014a). In many areas where formal mental health services are scarce and/or unaffordable, traditional healers are still well used and can provide a valuable source of mental health care; in fact, studies have found that traditional/religious healers, traditional herbal remedies, pharmacological and psychological treatments all have a positive effect on mental health with no significant differences between groups (e.g. Edwards, 2011; Hailburton, 2004). In a review of 32 studies measuring the effectiveness of healers in improving mental health outcomes, Nortje (2016) found that for many people, particularly those with common mental health disorders, moderate benefit can be derived from traditional healers. The authors concluded that for patients with cultural/spiritual beliefs which are not in-line with conventional Western psychiatry, traditional healers may be more appealing as they make use of local knowledge, beliefs and practices and share a common perspective.

Whist some studies highlighted that healers were often a barrier to Westernised psychological treatment due to the tendency for clients to seek treatment for mental health difficulties through religious and spiritual healers, it is important that sufficient consideration is given to the indigenous practice of different religious leaders, local healers and 'counsellors' who are currently providing care for people in non-Western cultures, and that their utility, skills and their effectiveness at treating mental health difficulties are recognised (Fernando, 2014; Forrest, 2010). There is an argument that the narrow focus of the mhGAP initiatives may risk causing more harm than good, and that by scaling up bio-medical psychiatric services, this may extinguish local ways of expressing and dealing with distress, replacing them with Western ways, in turn stifling help-seeking behaviours and increasing the treatment gap (e.g. Jain & Jadhav, 2009;

Jansen, 2015; White & Sashidharan, 2014a). It would be unethical to withhold what Western psychology and psychiatry has to offer because it was invented elsewhere, however rather than scaling up Westernised psychiatric services in LAMICS, it may be that these should be offered alongside other forms of support which are already available and have been found to have a positive impact, despite being not regarded by the West as legitimate services to address mental health, to allow for personal choice in treatment (Jansen, 2015)

A number of studies highlighted the need for a step away from a biological, individualistic approach and the need for an emphasis on socio-economic, cultural and religious/spiritual factors, which some studies deemed as the bio-psycho-spirituo-social model. This fits with criticisms that there is a disproportionally high influence of individualistic, biomedical perspectives which have been used to influence and shape the GMH agenda, leading to the neglect of social, economic and political factors, as well as a lack of emphasis on prevention rather than intervention (Ingleby, 2014). This has also been a criticism of Western models of mental health within their own societies. For example, the UK Division of Clinical Psychology (BPS, 2013) released a position statement in which they called for a paradigm shift away from the 'disease model' and the overuse of diagnostics for difficulties which could be formulated in regard to social and environmental circumstances, and argued for a multi-factorial approach which contextualises distress and behaviour, and acknowledges the complexity of human experience. Studies emphasize that there is not a one-size-fits all approach, and highlighted that differences are apparent within the needs of different sub-cultures within the communities e.g. inter-generational, urban and rural communities, education and socio-economic status and exposure to trauma which requires flexibility on an individual basis.

A number of barriers to implementing Western psychological approaches were identified relating to difficulties engaging lower-income clients. These findings are not unique to the countries within this review, and there are a number of studies to suggest that socio-economic status and lower education increase the risk of drop out from therapy in Western cultures (e.g. Olfsen et al., 2009; Sharf et al., 2010). Hall et al. (2016) also highlighted that for those living in poverty, treatments are often ineffective

as patients return to the same environment which they do not have the power to change. Kirmayer (2006) argued, 'there is a danger that focussing on mental health only serves to divert attention from more difficult social problems that demand political and economic solutions. Psychiatry may collude with those who benefit from the status quo, neutralizing political challenges by reframing aspects of individuals who are, after all, expressing the pain of a system out-of-joint' (p. 138). Fernando (2014) suggested that the best approach to promoting mental health is in poverty reduction and increasing social support.

Rather than assuming that Western, empirically-based treatments are best practice, it would make sense to instead integrate, and use these different methods alongside each other, allowing for choice in treatment options to reflect what individuals deem most beneficial to them. Enriquez (1993) suggested that there are two routes to indigenisation of psychology; from without (modifying and adapting theories to fit a local cultural context) and from within (developing internal theories and methods on the basis of indigenous information). Leung and Chen (2009) suggested that in order for indigenisation to be successful, both routes need to be taken. An example of integration of Western and Indigenous approaches is Chinese Taoist cognitive psychotherapy (CTCP; Zhang et al., 2002), which combines a Taoist formula with cognitive and behavioural principles, and which was found to be effective for the treatment of anxiety and depression (Yang et al., 2005).

5.2. Limitations:

Due to the paucity of research in to the perceptions of non-Western psychologists into globalisation the literature, studies which were included in this review varied in regard to their methodologies, populations, and psychological theories which were being studied. Some of the studies were not limited to the views of psychologists but also clients, carers and other mental health professionals including psychiatrists who, although trained in psychological therapies may hold a different stance on their utility. This review covered only nine studies from four geographical regions. Caution should be taken not to generalise the results to wider populations. Another limitation is the use of only English language studies. This decision was made in part due to practicalities that the author is not bi-lingual, however it would also be felt that to translate the context

may have led to misinterpretations and loss of meaning of findings. It may be possible that studies which have been published within English-speaking journals are more likely to be more positive regarding Western psychology due to not only publication bias, but also authors and participants potentially having more exposure to the Western world. It is important to acknowledge the difficulty in defining what is Western/non-Western and what constitutes Western psychology, and this led to broad-ranging and diverse terms being used in searches. However these terms are not universally understood, and large differences within these broad conceptualisations exist which may be influenced by a person's experience and exposure to these.

It is also difficult to determine whether the interests of researchers and professionals interviewed biased the way in which the utility of models and theories were discussed. For example, as mentioned previously, three of the studies which looked into CBT specifically researched adaptations to CBT as part of a project to develop culturally-adapted CBT (Naeem et al., 2010; Naeem et al., 2014; Li et al., 2017), suggesting potential vested interests in positive outcomes that support the implementation of such programmes. Similarly, participants of other studies may have felt coerced to speak positively where they had an already existing relationship with researchers who may have provided training, collaborative links and may be perceived as important resources.

5.3. Conclusion:

From reviewing the literature, it does appear that non-Western practitioners perceived that Western psychology can be useful within non-Western settings, however that adaptions need to be made. Barriers to Western psychology included a lack of trained staff, difficulties engaging poorer populations and clients' beliefs surrounding their difficulties. It is therefore important that services are adapted to fit the local population and an increased emphasis is placed on cultural, socio-political and religious factors. There is a paucity of research into the topic, and it is recommended that further research is carried out into the role of psychology within different cultures, as well as of perceptions/acceptability of internationalisation of psychology through the use of ethnographic, qualitative research.

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What can Western psychology offer to non-Western cultures? A non-Western perspective on Clinical Psychology

What can Western psychology offer to non-Western cultures? A non-Western perspective on Clinical Psychology

Abstract:

Introduction: There has been a recent influx of global mental health movements which aim to improve access to mental health services for those in low-and-middle income countries through evidence-based guidelines and 'culturally adapted' manualised psychological treatments. However, there is a paucity into the literature regarding local practitioners' experiences of, and perceptions of the import of Western psychology into non-Western countries and of internationalisation of psychology. The current study aims to provide some insight into the utility of Western psychology, and indeed the demand, reputability and generalisability of the development of international psychology from the perspectives of non-western trainee and newly qualified psychologists

Method: A mixed methods design was used consisting of online questionnaires and online interview interviews with trainee and recently qualified non-Western clinical psychologists. Fourteen participants completed the online questionnaires, with five participants completing the online interview phase. This data was then analysed using thematic analysis.

Results: This report focuses on the results of the qualitative analysis. Thematic analysis generated six superordinate themes which consisted of: 'Cultural differences', 'Western psychology has a role', 'adaptations', 'What is Western?', 'considerations' and 'internationalisation of psychology is not only possible, it's happening right now'.

Conclusions: The results of the study suggested that Western psychology has a role within non-Western cultures, however it should be used as a framework and extended and integrated in line with local practices and values and they felt positive regarding the potential for reciprocal sharing of knowledge between different cultures that internationalisation can bring. However, it is important that Westerners interrogate their position and consider the historical context in which Western psychology lies. Strengths and limitations of the study as well as implications for future practice and research are also discussed.

1. Introduction:

1.1. Psychology across the globe:

Psychologist is a term broadly used throughout the world, and great variation can be seen in terms of training, and practice. In some countries, psychotherapeutic and psycho-diagnostic roles are reserved for those with medical training, and psychologists take a more auxiliary role, or may be exclusively trained in the use of psychometrics or hired within research roles (Swancott et al., 2014). In some countries where training in, or understanding of psychology may be limited, people may seek support from religious leaders, or spiritual healers before seeking out psychologists (Edwards, 2014; Swancott et. al., 2014).

Burgess et al. (2004) argue that if international movement of psychologists was to become more 'fluid', as well as the profession, and if Psychology training, education and practice were to become more globalised, it would aid us in better supporting populations on a local and international level. Burgess et al. (2004) investigated international training models in professional psychology across the globe and found a large variation among training models and processes of accreditation and concluded that although the development of a global training curriculum in professional psychology would be complex, it is worthy of pursuit. They also suggested that it would be useful for a global accreditation body to be developed to provide recognition to individual training institutions and suggest that the World Health Organisation (WHO) may be an appropriate international organisation for the job.

This could potentially tie in with efforts of the current agenda for Global Mental Health (GMH) which arose from influential anthropologists and transcultural psychologists which highlighted human rights violations, lack of treatment, and rising incidents of mental health disorders in LICs (Dejarlais et al, 1995). Five years later, for the first time in their history, WHO made mental health the topic of their annual 'World Health Report', placing it as a priority within its agenda (WHO, 2001). Satcher (2001) proposed that the USA should 'take a leadership role that emphasizes partnership, mutual respect, and a shared vision of improving the lives of people who have mental illness and improving the mental health system for everyone'. The Lancet Group have published a

range of papers which highlighted the need for action to build capacity for mental health within LAMICS (e.g. Lancet, 2007), and from this *The Movement for Global Mental Health* (MGMH) was launched, and at present has gained a membership of around 200 institutions and over 10000 individual members (White, 2017). [2]

Coinciding with the 'call to action' by MGMH, WHO launched initiatives aimed at reducing the burden of mental health on a global level such as the Mental Health Gap Action plan (mhGAP) which provides a number of guidelines and training manuals for use in LAMIC countries in a bid to help improve access to psychological interventions and reduce the current treatment gap. WHO (2013) report that between 76–85% of people with severe mental health disorders worldwide receive no treatment (Demyttenaere et al., 2004), and that only 36% of those living in low-income countries (LICs) are protected by mental health legislation in comparison to 92% of those living in high-income countries (HICs). Alongside this, in 2013, WHO also launched the Mental Health Action Plan 2013-2020 (WHO, 2013) which aims to 'promote wellbeing, prevent mental disorders, promote human rights and reduce the mortality, morbidity and disability for persons with mental disorders'(p.1) on a global scale through training local health workers to deliver evidence-based, manualised treatment programmes.

Despite current Global Mental Health (GMH) movements, globalisation is a topic that has been relatively neglected by psychology (Melluish, 2014). The current literature on GMH is dominated by research conducted from the standpoint of biomedical Western psychiatry which has caught the attention of a number of critics who question the intentions of some of those advocating for GMH initiatives (e.g. Bemme De Souza 2014; Patel, 2014; White et al., 2017). Fernando (2014) argued that reliable information is lacking on current active and culturally appropriate systems for mental healthcare in LAMICs, with current data potentially being misleading due to Western diagnostic systems which may be biased towards highlighting needs of those in HICs rather than being culturally relevant.

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[2] A more descriptive account of the history and development of GMH health be found in White et. al (2017) *Situating global mental health: socio-cultural perspectives.* In: White et. al (eds.) *The Palgrave Handbook of Sociocultural Perspectives on Global Mental Health.* Palgrave Macmillan, pp. 1-27

1.2. Western Interventions and adaptation

Patel (2014) pointed out that there has been a large bulk of GMH research that has focussed on psychosocial interventions which explicitly acknowledge the social determinants as targets for action through addressing things such as developing interpersonal skills in people and mobilising community resources. Recent studies have also found that Western manualised psychological interventions have also been effective in low and middle income (LAMIC) countries when they have been adapted to be contextually relevant and meaningful within the culture in which it is being delivered, and that these adaptations are an important step in increasing acceptability of treatment, patient satisfaction and treatment effectiveness (Chowdhary et al., 2014). This suggests that Western psychological models may be beneficial to non-Western countries if these are integrated with indigenous and cultural knowledge. In order for a globalised training model for professional psychologists to be established, which is likely to have its roots within current Western training models, it is imperative that non-Western cultures share an interest in the exportation of Western knowledge and practice (Burgess, 2004).

1.3. Potential barriers to Internationalisation

There are a number of barriers to the internationalisation of psychology. Western diagnostic models of mental health have been scrutinised for their medicalisation of human problems and their inability to incorporate subjective experiences and intra and extra- personal factors (Cox & Webb, 2015; Ventevogel, 2014). The literature highlights the importance of both the East and West having an awareness of assumptions they may hold in regard to the other which may impede their ability to come together and work collaboratively. Chakkareth (2010) argued that Western psychological ideologies transmit the ethnocentric assumption that the Western view is right, and Psychology as it is known in the West, was developed during periods of slavery and colonisation, and it is important that Westerners are mindful of their history, and do not enforce their psychological beliefs and theories onto others in a way which may parallel colonialism (Brown, 2014). Forrest (2010) suggests that as international movements gain momentum, this calls for Western Psychologists to challenge their Eurocentric knowledge base and to question the generalisability to other parts of the world.

1.4. Importance of Indigenous Psychologies

It is also important to acknowledge the utility of indigenous practice such as the use of religious leaders and local healers, and recognise the effectiveness of these in the treatment of mental health difficulties (Fernando, 2014; Forrest, 2010). It may make sense to integrate, and use these different methods alongside each other, allowing for individual choice in treatment (Flisher et. al., 2009; Edwards 2011). Exporting Western mental health expertise can be challenging as it evolves within a Western ethical, legal and institutional standpoint, and it cannot be presumed that Western ethical principles parallel those in other countries. Ethical professional code exported from the West may also not fit well within other countries, for example, the counsellor-client relationship (Duan et. al., 2011). In collectivist countries such as Taiwan, dual relationships with clients are known to build trust, and it is customary to give gifts as gratitude. Similarly, the concept of self is not synonymous, and the boundaries of a person are not identical across cultures. The typical Western concept of self is often individualistic, whereas in collectivist cultures, the notion of personhood does not coincide with the boundary of the skin and concerns others within their social circles and wider society, and these different conceptualisations are important to consider when engaging in psychotherapy (Kirmayer, 2007).

It appears there may be a role for Western-style psychology within non-Western cultures, however it is important that Western psychology respects indigenous psychology culture and practice and does not impose their theories and practices onto others. Instead, current literature points to an integration of contemporary Western psychology and indigenous approaches, and the need for reciprocal learning rather than forcing (or imposing) our own cultural beliefs onto others. In practice, international collaborations have largely amounted to concerted efforts to export the practices of British and Anglo-American psychiatry and that despite good intentions, Western mental health models are liable to function less to enhance human well-being than to expand professional power, global capitalism and the pharmaceutical industry (Cox & Webb, 2015; Kirmayer, 2006). If Westerners plan to develop an international training programme and to work internationally, it is important that they are open to listening to the concerns and views of those within the countries that they are advocating the

implementation of such a programme to. Kirmayer (2006) suggested that the future of cultural psychology lies in advancing a broad perspective that: is inherently multidisciplinary with an integrative view of culture as a core feature of human biology; attends to psychological processes yet understands these as not exclusively located within the individual but as including fundamentally discursive processes; and one that in the meantime critically examines the interaction of local and global systems of knowledge and power.

1.5. Non-Western Perspectives:

Despite numerous discursive papers, often written from Western perspectives in regards to the import of Western psychology into other countries, there appears to be a paucity of research which directly aims to gather the perspectives of non-Western psychologists on the matter. In a qualitative study, Duan et. al. (2011) interviewed eight counselling psychologists originally from South-East Asia and found two main themes: (a) major assumptions in US Counselling Psychology that may limit its transferability to South East Asian cultures (such as the professional-client relationship and the individualistic focus of Euro-American models which may not fit comfortably within collectivist cultures) and (b) practices in learning, training, and cultural adjustments for future development and internationalisation of counselling psychology, highlighting the importance of experiential learning regarding different cultures, international exchange and collaboration. Overall, the findings suggested that there is a role for Western-trained counsellors in South-East Asian regions, however that theories and methods need to be adapted when used in practice to suit their cultural understandings and values. In the present study, the views of non-Western trainee and recently qualified clinical psychologists are explored.

1.6. Aims and Objectives:

The current study aims to provide insight into the utility of Western psychology, and indeed the demand, reputability and generalisability of the development of international psychology from non-Western perspectives of psychologists who have trained and practiced across the globe. The study seeks to add to the currently scarce literature regarding the roles of professional psychology within non-Western cultures, and the potential strengths, limitations and barriers which may exists when considering

implementing Western practices, and the integration on Western and indigenous psychologies. Due to the large variation in psychology both within and across cultures, the study will focus on 'clinical psychology' (psychologists working within mental health) to narrow the focus of the study.

2. Method:

2.1. Research Design:

The study utilised a mixed methods design, however, this report will focus on the qualitative aspect of the study in order to allow a more in-depth understanding of non-Western psychologists experiences and perceptions of Western psychology, The qualitative data were analysed using thematic analysis, an approach developed by Braun and Clarke (2006).

2.2. Epistemological position:

Although this report focuses on the results from the qualitative data analysis, the study used a mixed methods approach for data collection. Mixed method designs can pose difficulties when adopting an epistemological position as they are often underpinned by different philosophical assumptions (Hall, 2013). Creswell & Plano-Clark (2011) argue that it is possible to draw from multiple epistemological approaches, shifting according to the method in use and this can allow for the researcher to draw upon the strengths of each method and allow for them to be kept separate. For the quantitative aspect of this study, a position of critical realism was adopted, and for the qualitative aspect a position of contextual constructivism. The epistemological positions have been outlined in further detail in Appendix F.

2.3. The researcher

Due to the contextual constructivist approach adopted, it is important to acknowledge the characteristics of the researcher. The researcher is of British nationality and had lived in the UK for the duration of their life, completing their undergraduate, Masters' and doctorate studies in psychology within the UK, therefore this will have shaped their understanding of psychology within Western theories and systems. They also sought out international experiences and had an interest, openness and curiosity of other countries and cultures. The researcher had regular supervision and kept a

reflective diary in which they reflected on their own knowledge and standout points in order to reduce any bias within the interviews, analysis and interpretation of the results.

2.4. Participants:

2.4.1. Sampling:

Participants were recruited through a mixture of purposeful and opportunity sample. Participants contacting the psychology departments of non-Western universities, as Western universities which were known to accept international candidates and asking them to circulate the study to potential participants.

2.4.2. Inclusion and exclusion criteria:

Inclusion Criteria:

The inclusion criteria for the present study required participants:

- To have completed their training in any country, inclusive of the Western countries defined below.
- To be psychologists in training or who had recently graduated within the past 2 years.
- To be nationals of a non-Western country, and who had resided within their country of origin for at least 50% of their lives, allowing for the vast majority of education and culturally formative experiences to be within their country of origin. For the purposes of this study Western countries were limited to the United Kingdom, Ireland, United States of America, Australia, New Zealand or Canada. This was due to these countries being known to share similar values and perspectives, training ethos and models, and being considered as Westernised countries. Participants from other countries, for example those within Europe which may be considered Western were still included as the study aimed to gather multiple perspectives on the utility of Western theories outside of predominantly English-speaking Western countries where the majority of global mental health movements have been instigated.
- To be proficient in English language in order to be able to complete the questionnaire.

For this study, clinical psychologists are defined as professional psychologists working primarily within mental health. The study was limited to trainees and newly qualified psychologists as these participants should have been trained in the most recent advances and evidence-based approaches in psychology. It is also hoped that this also allowed for their training to still be relatively well recalled, and therefore that they would be more likely to be aware of any adaptations needed to make their practice relevant to working within their home culture. This is still true for those who may be training in non-Western countries, as many newer Clinical Psychology courses in non-Western cultures have input from Western Universities and utilise several Western models.

Exclusion criteria;

Potential participants were excluded from the study if they were:

- Nationals of the United Kingdom, Ireland, United States of America, Australia, New Zealand or Canada, or if they had resided within these countries for over 50% of their lives.
- Professional psychologists or trainees working primarily in fields other than healthcare such as school or occupational settings.

2.4.3. Final sample

A total of 21 participants consented and commenced the questionnaire, however only 17 of them continued past the demographic information, 14 of which completed the open-ended questions. Of the 14 participants who completed the online questionnaire, 11 participants agreed to be contacted regarding the online interview phase, and six participants consented to participate in this phase. All six of these participants began the interviews, however one participant only answered the first three questions, and despite prompts did not return to the conversation. The data which they provided was still included within the analysis as it added depth to their previous responses on the questionnaire. Table 2 summarises the demographic information of the participants included in this analysis.

2.5. Procedure:

2.5.1. Recruitment:

Participants were approached by e-mail. E-mails were sent to administrators/head of Psychology departments at universities asking them if they would be able to circulate an e-mail providing information regarding the study and a link to the online survey to current and recent alumni trainees who may fit the eligibility criteria. Further recruitment was also sought through the researchers' personal contacts with international trainees and courses.

2.5.2. Online questionnaire

Prior to the beginning of the questionnaire, full participant information was provided regarding the study and participants were asked to consent to participate in the study as part of the questionnaire information and consent form (Appendix G). Participants were asked to provide basic demographic information regarding themselves, their country of origin, their current role and their training programme, and were asked to rate the prevalence of different theoretical models and roles of psychology within their home cultures. They were also asked eight open ended questions regarding their perceptions of the role of psychology within their own culture and their perspectives of the use of Western psychology. Participants were not asked for personal identifiable information and were allowed to skip questions if they did not wish to answer them (See Appendices H & I for the online questionnaire and logic flow respectively).

Participant summary	Number of participants
Total number of participants:	**n=14**
Completed questionnaires:	14 (100%)
Completed online Interviews:	5 (36%)
Incomplete online interview:	1 (7%)
Gender:	Female, n=9 (64%); male, n = 5 (36%)
Age:	18-24, n = 3 (21%); 25-34, n = 8 (57%); 35-44, n=4 (28%)
Current professional status:	Trainee psychologist, n=10 (71%); Qualified, n=4 (29%)
Studied professional psychology:	
In home country: Abroad:	N=5 (36%); South Africa, n=4 (29%), Norway, n=1 (14%) N=9 (57%); United Kingdom, n=6 (64%); United States of America (21%)
Country of origin:	
South Africa	4 (29%)
South East Asia:	4 (29%)
- Hong Kong	1 (7%)
- Singapore	1 (7%)
- China	1 (7%)
- Philippines	1 (7%)
Mauritius	1 (7%)
India	1 (7%)
Iraq	1 (7%)
Norway	1 (7%)
Greece	1 (7%)
Questionnaire attrition:	
Consented interview:	11
Number followed up:	*10*
Number who agreed after follow up:	6 (60%)
Number who dropped out after consent:	1 (16%)
Diagnostic frameworks used in home country:	DSM, n=11 (78.6%); ICD-10, n=9 (64.3%); not sure/unclear, n=2 (14.3%)

2.5.3. Online interviews:

At the end of the online questionnaire, an information sheet for the online interview phase of the study was provided and participants were asked to provide contact information if they would be happy to be contacted regarding the interview phase of the study (Appendix J). Those who provided their contact details were then sent an e-mail inviting them to participate, including a copy of the study information sheet.

Online text-based interviews were used in this study for a number of reasons. Meho (2006) detailed the advantages of using online text-based mediums for conducting interviews in populations which are hard to reach, such as those who may be geographically dispersed, have limited internet access or who are located in dangerous or politically sensitive areas. In addition, it can enable interviewing of people who find it difficult to express themselves as well orally as they do in writing, especially when the language used is not the participants' first language. Not only are there advantages of this method for the interviewee, it also has several advantages for the researcher as it reduces the time needed for transcription and allows multiple interviews to be conducted at one time (Meho, 2006).

Participants were given an option of interview method including e-mail and text-based messaging services. Participants were able to either reply to questions at their convenience (asynchronous) or arrange a time to carry out a live interview (synchronous). Participants were sent a reminder via their choice of platform after 48 hours if they had not responded. The decision to leave the method of response open to participants was to increase their ease of participation. Out of the six participants who agreed to be interviewed, four participants were interviewed through e-mail correspondence, one via WhatsApp messenger and one via Skype Messenger. This method was similar to that outlined by Hussain and Griffiths (2009) who found that using these online interviewing methods led to higher levels of candidness from respondents, which may have been due to a lack of non-verbal and paralinguistic cues leading to more honest and less sociably desirable responses (Joinson, 1999)

Interviews were semi-structured, consisting of eight questions regarding the participant's perceptions of Western psychology and internationalisation of psychology

and they were guided by an interview schedule (Appendix K). This schedule was adapted from Duan et al.'s (2011) interview schedule, incorporating questions surrounding the applicability of Western mental health frameworks, roles of psychology within non-Western cultures and the strengths and barriers of globalisation and integration. When closed questions were asked, or a short answer given to an open-ended question, further probes were used to elicit further details.

2.6. Data Analysis:

Qualitative data collected through the questionnaires and interviews were analysed using Thematic Analysis, following the guidelines set out by Braun and Clarke (2006). Each transcript (from the qualitative sections of the online questionnaires, and interview transcripts) was read numerous times, and each sentence coded in relation to the key meaning(s) delivered. These codes were then collated into potential themes and subthemes where codes share similar characteristics. Themes were checked to ensure that the initial codes fit, and that the themes accurately represented the data. Themes were continuously refined until an overall narrative fit the data (see Appendix L for an illustration of the coding process).

2.7. Ethical Considerations

The study was approved by the University of Leicester's Ethics Sub-Committee for Psychology in February 2017 (Appendix M). Participants were given detailed written information prior to both phases of the study to allow them to provide informed consent to participate in each phase, with interview information being re-sent prior to participation. The online questionnaire was created using www.esurveycreator.co.uk which abides to the data protection guidelines set out by the University of Leicester. The questionnaire did not request any identifiable information, however participants who were happy to be contacted for an interview were asked to provide contact details which were deleted once data collection was completed. Raw data extracted from the questionnaires and the transcripts of the interviews were stored in a secure computer file which was only accessible by the investigator. Any personal material from the interviews or questionnaires was quoted anonymously and any identifiable materials removed.

2.7.1. Subject Matter:

As a Western Trainee Clinical Psychologist it was important that whilst conducting this study, the investigator showed neutrality during the interview. The West has a difficult relationship with many non-Western countries and it was important that the investigator did not come across as attempting to impose Western theories upon non-Western cultures, but rather demonstrated non-biased curiosity in order to allow participants to feel that they could answer questions honestly. This meant not asking questions framed in a Eurocentric way and coming across as curious regarding the utility of Western frameworks from the participants' perspectives. Online interviewing was chosen to help address this issue as it can eliminate interviewer effects which may result from visual or verbal interviews (e.g. race, gender, age; Kim et al, 2003).

3. Results:

A total of 14 participants completed the questionnaires in full and are included in the analysis. The data presented here was derived from the data collected from those participants who completed the full questionnaire. A summary of each participant is detailed in Table 3. Due to this small sample size, it was deemed that it would not be helpful to conduct quantitative analysis on these data due to the low power and high variance within the responses which would not be deemed valid, and therefore this report focuses on the results of the qualitative analysis, however a summary of the quantitative data is provided in Appendix N.

The analysis of the qualitative data from 14 participants and the dataset included 14 questionnaire responses, five completed interviews and one incomplete interview (see Table 2 for participant information and Key). This analysis generated six superordinate themes and fourteen subthemes (Appendix O). These themes inevitably overlapped and are not mutually exclusive of each other (see Appendix P for a thematic map which demonstrated how codes, sub-themes and subordinate themes interlinked)

Table 3: Participant information summary

Participant	Gender	Participation:	Method of Interview	Age Range	Professional title	Nationality	Training	Accreditation required	Plan to return to home country?	WP fit with NW countries Scale of 0-100
HK	Female	Questionnaire, Interview	e-mail	35-44	Trainee clinical psychologist	Hong Kong	Western	Optional	Unsure	50
MEXICO	Female	Questionnaire, Interview	Skype	25-34	Trainee clinical psychologist	Mexico	Mexico & Western	Optional	Unsure	21
MAURITIUS	Female	Questionnaire, Interview	e-mail	25-34	Clinical psychologist	Mauritius	Western	Not Sure	Already returned	42
SINGAPORE	Male	Questionnaire, Interview	e-mail	25-34	Clinical psychologist	Singapore	Western	Yes	Likely in the future	49
SA1	Female	Questionnaire, Interview	WhatsApp messenger	18-24	Registered counsellor/ MA psych research student	South Africa	South Africa	Yes	Trained in home country	11
SA2	Male	Questionnaire, Partial interview	e-mail	18-24	Intern counselling psychologist	South Africa	South Africa	Yes	Trained in home country	41
SA3	Female	Questionnaire	n/a	25-34	Practitioner psychologist	South Africa	South Africa	Yes	Trained in home country	12
SA4	Male	Questionnaire	n/a	25-34	Counselling psychologist	South Africa	South Africa	Yes	Trained in home country	14
GREECE	Female	Questionnaire	n/a	25-34	Trainee clinical psychologist	Greece	Western	Yes	Not likely	50
PHIL	Male	Questionnaire	n/a	35-44	Student clinician/ psychology associate	Philippines	Western	Yes	Return – part of ministry training	60
NORWAY	Male	Questionnaire	n/a	25-34	Trainee clinical psychologist	Norway	Norway, 6 months Western	Yes	Return – 6 months overseas placement in US	66
CHINA	Female	Questionnaire	n/a	25-34	Trainee clinical psychologist	China	Western	No	Unsure	61
INDIA	Female	Questionnaire	n/a	18-24	Trainee clinical psychologist	India	Western	Not Sure	very likely	31
IRAQ	Female	Questionnaire	n/a	25-34	Trainee clinical psychologist	Iraq	Western	Yes	did not state	21

3.1. What is Western?

This theme was derived early in the data collection process when the first participant indicated they found it difficult to complete the questionnaire as they were unsure as to what was being referred to when asked their views on 'Western psychology'. As a result, an additional question was added to the questionnaire which yielded some interesting responses, and proved to be an important and meaningful additional question, as the definition of Western psychology was unclear to many, but discussion elicited two main themes: Western psychology is Just that, Western psychology and inter-Western differences

3.1.1. 'Western psychology is just that, Western psychology'

Three participants stated that the utility of Western psychology was mainly within white, middle class, Europeans (SA1, SA4, IRAQ). Whereas INDIA described that Western psychology 'relies heavily on the history and context of the time around which psychology was developed'. SA4 elaborates on both of these points below:

> Western psychology is similar to Euroamerican psychology in the sense that it is about lifeworlds of, in particular whites, Europeans. It is developed from and is about the lifeworlds of people in those contexts. As I have said earlier Western psychology develops primarily to resolve issues of Europeans and is then universalised thorough colonialism and neo-colonialsim to other parts of the world… The concern of maintaining anxiety and depression comes out of neoliberal capitalist societies that focus on the individual as needing to master their environment. This is not to say that other countries, contexts, or places do not see the rise of such things as anxiety largely however the concerns that are inherent within the Western psychology are borne out of the problems that are found in neoliberal societies, which includes, for instance present-day South Africa.

3.1.2. Inter-Western Differences.

Another issue with the term Western psychology which was highlighted was that the term covers a broad range of models and concepts, in part due to the vast differences

in values and practices between some Western countries, and even in the categorisation of Western and non-Western countries. As put by HK 'the terms 'Western' and 'non-Western' actually can be confusing and arbitrary':

> [Western psychology is] based on western philosophy and societal standards. It is however difficult to define what these norms are, as what one defines as a western culture would vary greatly (e.g. would Norway be defined as western?). Not only that, but within western society, there are so many differences between countries, that it would be hard to find common ground on what constitutes Western psychology. (NORWAY)

Indeed, HK argued that Psychology in the US may in fact have more similarities to psychology in Hong Kong, a country which has adopted Western ideals, than in the UK:

> Actually I also find it a bit hard to put American and British cultures in the same category… in terms of mental health care, there may be more compatibility and similarity between Hong Kong and the US than with the UK. When BPS takes such a strong stand against DSM-5, I don't think these two approaches can be grouped as coming from the same culture.

3.2. Cultural Differences:

In order to understand what may or may not fit within other cultures it is important that we consider what cultural differences there may be which may impact on the accessibility or applicability of certain models when used to make sense of their worlds. This theme is derived of three subthemes; collectivist vs. individualist, inter-cultural diversity, and service differences:

3.2.1. Collectivist v. Individualist

The values which were held by participants varied, however there were a number of similar themes which did emerge, focusing around collectivist values. All five of the interview participants and three additional questionnaire respondents commented on the emphasis on collectivist views associated within many non-Western countries in

relation or in contrast to the individualistic focus found in the West, and spoke about the importance of family, community and Religion. For example:

> I think we believe that if you take good care of yourself and your family, that's the foundation of taking care of the community. There's actually a saying in Chinese which is something like: To govern the country (and bring peace to all), one should first be able to bring order to one's family; to bring order one's family, one should first learn to cultivate oneself.(HK)

In fact a number of participants spoke about how the importance and positives of family, community and religious support should not be ignored but integrated more into Western societies, for example, 'I wonder if we could explore the positives of collectivism such as the cohesiveness and the sense of camaraderie, leverage on them in a therapeutic manner… I think to look at the positives of collectivism and utilise them in therapy would be a departure from "fixing" something.' (SINGAPORE)

3.2.2. Inter-cultural Diversity

Another sub-theme which emerges was the difficulty in being able to collectively describe one's home cultures values and traditions, with INDIA highlighting that 'human beings come from a variety of backgrounds and hold a multitude of intersecting identities'. SA1 and MAURITIUS both describe the difficulty in defining the cultural values of their countries, however were able to identify particular values that felt were encapsulated over sub-cultures:

> Firstly before we attempt to answer it we need to realise that in South Africa there is such cultural diversity that trying to describe South Africa as one culture won't be correct. Each culture has its own tradition I think an underlying value is family and that South Africans experience a hybrid culture… you as much an individual as you are a part of a group (SA1)

> The variety of cultures coexisting in Mauritius does make it a bit hard to define it as a unique "Mauritian culture" with specific characteristics. Of course, there are commonalities in terms of values that are respected by all cultures within the country (MAURITIUS)

HK and MAURITIUS also discuss existing inter-generational differences depending on which socio-political movements they lived through, with those from older generations holding greater value on the importance of family, and younger generations starting to question these values which can lead to intergenerational conflicts.

3.2.3. Service differences:

As highlighted earlier within the descriptive data, the roles of psychology within different countries appear to have both similarities and differences with the roles of psychology within Western countries, with the main role which was discussed by all interview participants being within the roles of talking therapies and assessment. Participants also highlighted a lack of regulation which can make it difficult to know what the quality and roles of other clinical psychologists practicing are, and therefore a lack of platforms for psychologists to share knowledge and ideas. For this theme, the roles of psychology shall be broken down into their countries of the five countries discussed within the interview phase of the study:

Mauritius:

MAURITIUS discussed how psychology is currently at its dawn in Mauritius and that at present most of those who seek help are treated with medication and only occasionally referred to psychology, with many individuals consulting religious advisors to 'relieve them of their problems' rather than accessing services. She discussed her worries about the lack of legislation regarding psychology and the difficulties in practising as a psychologist within 'unestablished professional boundaries'. She also reflected on how this has led to a lack of opportunities for supervision, a component of Western practice which she highly valued.

Hong Kong

HK discussed how Hong Kong focuses much more on efficiency and problem solving, whereas whilst training within the UK she noticed that practitioners take more time to validate patient's feelings and concerns and systems and are more patient-centred. She noted that there are positives and negatives to both approaches: 'When you try to make things more humanised and patient-centred, I guess sometimes efficiency has

been compromised... I appreciate its comprehensiveness but inevitably that would take more time... to just reach the patient'. She suggested that due to the emphasis on 'getting things done' within Hong Kong 'there's not space in the system for reflection'. Although reflection is encouraged, it can be perceived as contradictory to professionalism to acknowledge one's own difficulties and limitations'.

Although there is a Hong Kong Psychological Society, there is no statutory regulation for clinical psychologists. There are two master's level training courses in Hong Kong, and recently a collaboration has been established with a US university to offer doctorate level training. However, there are concerns surrounding the level of supervision on this course and it is not recognised by the HKPS, leading graduates to establish their own association, and whilst they are unlikely to be hired by the public health care system, 'a lot of psychologists are also employed by non-profits and in a private setting. Laymen just can't tell the difference of these qualifications. So now one big issue in Hong Kong is also about statutory regulation but the government doesn't want to be bothered.'

Singapore

SINGAPORE felt that Psychologists in Singapore generally work in government subsidized hospitals with good resources and that access to a psychologist can be much quicker than in the UK as service users have to pay a small fee. He described that the role of psychologists in Singapore is similar to that of psychologists in the UK:

> Psychologists in Singapore mainly try to alleviate mental health difficulties for service users by providing talking therapies and also promoting psychological well-being in general. They also do psychometric assessments such as IQ assessments, teaching, supervision and also research.'

However, he noted that there may be disparities between the use of formulation over psychologists, depending on where they trained: 'Similarly, I do think psychologists in Singapore do formulation especially those trained in the UK or Australia. I think US trained psychologists might be a little different as they do 'diagnose' clients.

South African training courses appear to follow similar training patterns to Western psychology training courses, focusing on DSM-V classifications, assessment and Western therapeutic methods such as CBT, psychodynamic approaches and community psychology. SA1 felt that psychology in South Africa has a long way to go and that 'a lot of the times South African psychology defines itself with the description it has been given by Western psychology'. She further explained that 'psychology has been judged in South Africa as having two forms, one for the rich and one for the poor. The latter focusing on critical community psychology. The treatments are best that focus on treating the presenting problems and balancing available resources.' Participant SA2 provided an example of a community initiative that is being set up within South Africa at the moment in order to reach clients within rural and underprivileged areas called 'The Phelophepa Train' which travels to communities to provide various healthcare services, including psychology. He felt that psychology has an important role in South Africa and 'aims to educate people around a number of disorders and sexual health'. Although in South Africa, clinical supervision is mandatory during training and was felt to be 'the greatest source of learning', it is not mandatory once qualified and 'the trend in SA seems to be for registered psychologists to enter into their own therapeutic relationship with a psychologist where this kind of resembles the supervisory alliance'(SA2)

Mexico

MEXICO explained that only an Undergraduate degree is needed in order to work as a psychologist in Mexico, resulting 'too many psychologists, all working in the private sector, but most of which I would not recommend for my loved ones'. In terms of the roles of psychology she noted that 'formulation does not quite exist as such, except for the hot cross bun in CBT', however, that they have a role in assessment and diagnosis'. The role of research within clinical psychology is also limited in Mexico which was a cause for concern as she explains:

> I just saw too many clinicians that practiced as they deemed best because in
> their opinion their style worked well, without following any model or

anything, or other hard core psychodynamic therapists that saw their clients for years without any improvement... It's an abuse of power, and research can be one way to help.

3.3.   Western psychology has a role:

All participants agreed that Western psychology has a role within Western countries, reporting that that is what they have been doing anyway, that it can provide a framework for understanding the human experience and that the scientist-practitioner model fits well within the values with some non-Western countries.

3.3.1. Western psychology provides a framework

All five participants who were interviewed, and four additional participants from the questionnaire responses described that Western psychology provides a framework for understanding human behaviour, psychopathology and potential pathways for treatment and/or ideas for service delivery, which can then be conceptualised and adapted to fit with societal and cultural differences as demonstrated in the below quotes:

> Established psychological models in the Western world do give a reassurance that we do not have to reinvent the wheel and that we can always rely on this evidence base for support, ideas and inspiration. Nevertheless, it is important to promote indigenous models of psychology that are owned by and relevant to the people of the country. (MAURITIUS)

> Conceptualization may be a little different because of societal and cultural differences, but western models provide helpful templates to carry out attempts to integrate holistic thinking into treatment in non-western cultures. (INDIA)

These quotes highlight that Western psychology should be used as a framework, rather than being taken as wholesale, which is also discussed by SINGAPORE. It is important to ensure that indigenous ideas are not lost, however incorporated along

with these ideas. Two participants commented on how there are bound to be commonalities over human experience and therefore, although conceptualizations may be different and framed within a person's cultural identities, that psychological ideas will be based within universalized concepts of human functioning:

> I think we are humans after all, and as we know from psychology research, there are six basic and universal emotions across all cultures. What I am getting at is, there are bound to be a similar way of mental functioning after peeling away the onion layers of culture and language etc. (SINGAPORE)

> [H]uman suffering is international, and research has actually shown that there are primary emotions that people across countries show (e.g. anger, sadness). Hence, I think equally there may be some simple trans theoretical models that may be applied universally (e.g. experiential avoidance perhaps). (MEXICO)

3.3.2. *'That's what we've been doing anyway'*

Both interview participants from South East Asia felt that psychology within their home countries was already Western, with HK explaining that psychology as a discipline was introduced after World War II and was introduced to universities in the 1960's and 'has always taught 'Western things' and almost always in English'. SINGAPORE explained that he feels psychologists working in Singapore often trained abroad and therefore tend to use a range of Western models in their practice, however that specific models varied depending on which country they trained in. Participant MEXICO initially trained in Mexico and practiced as a Clinical Psychologist there prior to coming to the UK to complete her postgraduate training and described that psychologists were taught mostly Western models with the most common models being psychodynamic, CBT, humanistic and systemic, however there were concerns relating to the lack of local research into their efficacy. UKIRAQ felt that although Western psychology has a role in their home country that is was not necessarily a positive thing, but merely the result of colonialism, however did not go into further detail.

Participants described a number of different western models which were already being utilized in their home countries including: cognitive behavioural therapy, systemic and family therapy, attachment and developmental models, psychodynamic, Rational Emotive Behavioural Therapy, Solution Focused Therapy and the use of neuropsychometric tests developed in the West. South African participants also noted the utility of community psychology in order to try to reach more rural communities.

3.3.3.   The Scientist-Practitioner model

One of the benefits of Western psychology felt by participants was the emphasis on being a scientist-practitioner and the use of research to ensure that treatments which are being used are measured and evaluated and based on what works rather than what practitioners want to use:

> It offers a way to measure and evaluate if it works or not. I guess that's the attraction of 'Western psychology' or 'science' in general. In each culture I believe they have their own way or wisdom in understanding and relieving human suffering. Just that there may not be a clearly defined way to tell what it is about, how it works and how to evaluate the outcomes. Science by definition should be able to meet these criteria. This is especially appealing to a society that emphasizes efficiency and cost effectiveness (HK)

This was a theme strongly felt within the discussion with MEXICO who was frustrated by the lack of local evidence-based research which was taught and/or carried out on the models which are being used in Mexico:

> I have bought into the science-practitioner model… I now feel much more strongly about using proper research to explore if what we're doing actually works. Research has many pitfalls and does not provide all the answers, but I think it can really make the difference

In addition, HK, SINGAPORE and SA1 all highlighted that short-term, evidence based and pragmatic treatments such as CBT work well within their home countries due to the fact that they are seen as economical and fitting with the pragmatic values seen

within their home countries, where patients often just want a quick fix rather than to delve into their difficulties:

> [T]he treatments are best that focus on treating the presenting problems and balancing available resources… a lot of research has being conducted into treatment plans which had proved to be helpful eg. that the use of short term CBT treatments as opposed to longer psycho analytical forms of treatment is helping by being more economical and fitting the nature of the presenting problems in South Africa. (SA1)

> I guess CBT has a lot of "doing" in a shorter number of sessions… which is in line with Singapore's culture of needing a quick fixed and also to have more tangible sort of therapy. (SINGAPORE)

3.4. Adaptations:

Whilst all participants appeared to agree that Western psychology has a role within their home cultures, all participants agreed that adaptations were required in order to make these models applicable to their cultural context, it was suggested that Western concepts should be used flexibly and as a starting point, adapted to the specific culture, and then researched to ensure they are evidence based.

3.4.1.   Cultural adaptations:

Despite the majority of participants highlighting that Western psychology needs to be adapted in accordance to the specific culture, only three of the interviewees and one questionnaire participant described specific adaptations which would be needed.

MEXICO felt that 'overall human suffering has more in common across cultures than differences in my opinion, but there are still adaptations needed which I will have to re-adapt to, if I ever go back'. She highlighted small changes which would need to be made to fit with Mexican clients such as limiting the use of letters, thought records and relaxing boundaries. She also stressed adaptions of seemingly greater significance such as working more with the family more systemically, respecting different values, and working with spiritual beliefs, explaining that she found that Western practitioners

'seem to avoid working with [spiritual beliefs] and tell people to work with the chaplain if anything spiritual comes up, while I think it would be more valuable to work with them, perhaps alongside a priest or chaplain.'

Participants described that language can also be an issue when using Western psychology in other countries. SINGAPORE noted that even within Singapore, where their first language is English, that conventional English can lead to confusion due to their use of an amalgamation of American and British English so it is important that psychologists are aware of the prominent terms used within the country they are working within and ensuring that questions which are culturally based within psychometric testing. MAURITIUS also highlighted the difficulty in using Psychometric tests developed in the West whilst working within a multi-lingual country:

> English could be a challenging language to understand for the Mauritian child. I may end up with an underestimation of the child's cognitive capacity due to language barriers. [However], My translation to Mauritian Creole or French might also be prone to errors and the validity of the assessment could be questioned.

MAURITIUS also reflected on her time training within the West and being provided with opportunities to translate service leaflets and to facilitate interpretation during psychology sessions facilitated by her supervisor:

> My role was also to facilitate the conversation along with my supervisor through translating Hindi language to English and vice versa when necessary… However, the translation process had not been a straightforward one. I observed that the stories and feelings of these clients were more potent within their native language than when translated in English. Sometimes it was difficult to find English words that could convey the intended meanings of the native language.

Even if Western psychological therapies were to be conducted in local languages, this still poses some questions. In some countries different communities speak different languages and it may be difficult to find a therapist with the same first language as

their client. In this case it may be difficult for the poignant messages which the client is trying to express within a session to be conveyed. However, she felt that therapies tools from Cognitive Behavioural Therapy may be easily translated to other languages due to their simplicity.

3.4.2. Expand rather than adapt

As mentioned previously, participants felt that Western psychology has a role as it allows for an initial framework and understanding of human behaviour. However, a number of participants took this idea further and stated that Western psychology can be used as a basis for integrating and developing their own psychological models using local knowledge which would better encompass the populations of non-Western countries:

> It's simply not enough to translate Western psychology to other countries without adapting and developing further research to – eventually- create our own models (MEXICO)

> Much of the concepts of psychology used in India, in my opinion has been borrowed by American Psychology and has very little to do with the psychology of Indian communities. It would be interesting to take back flexible concepts from the west and apply it to cultures back home that cannot work with just one way of thinking and may need the incorporation of non-conventional techniques that are based in more philosophical thought than scientific thought. (INDIA)

An interesting point was highlighted by two interview participants. Towards the end of our conversation, MEXICO reflected 'I also wonder if I think the main models of Western psychology is applicable in Mexico, simply because there are no other models developed for Mexico within Mexico, so where there are no other option'. This was also reiterated by SA1 stating, 'Western psychology is used as a starting point but only because there's no other starting point.' She goes on to explain that Western models do not yet exist, are relatively young, or may have previously been ignored and dismissed. She argues that it is important that non-Western psychology should stop

trying to frame their identity from Western perspectives and to develop their own identity.

3.4.3.   There is no one-size-fits-all

As described earlier, it can be difficult to pinpoint the exact values which will be present within a community and values will often be shaped by that individual's experience and the different intersecting identities - people do not always fit into rigid models and rather than making cultural specific adaptations, it may be more important to use a person-centered approach based on the needs of the specific client:

> Human beings come from a variety of backgrounds and hold a multitude of intersecting identities which may or may not fit into rigid models of Western psychology. There is no one size fits all model. This is why inclusion of diversity and multiculturalism seems very important in any form of mental health services, in my opinion. (INDIA)

> Even within the realm of 'Western psychology' there also seems to be a spectrum of approaches… You just have to understand what suits your client. (HK)

3.5. Considerations

A number of issues were highlighted in regard to both the use of Western psychology within non-Western cultures and the internationalisation of psychology. These issues often appear interlinked and therefore the potential issues, barriers and difficulties of the use of both have been combined under the superordinate theme of considerations and divided into two subthemes: ignores the socio-religious-political and global politics and power.

3.5.1.   Ignores the socio-religious-political

This subtheme relates back to the observation of Collectivist vs. Individualist. Participants highlighted that the majority of Western models focus on the individual and have little emphasis on environmental factors such as family, poverty, community and religious factors.

with the theoretical models we are given to apply it sometimes does not capture or have a description for things like cultural elements, example in some African cultures there is a belief in ancestors so as a student and an African it can be difficult in trying to use psychology to describe what is happening in the clients world or your own. (SA1)

Two participants commented that although there are a number of Western systemic approaches, that these a 'merely look at family dynamics/interactions (complementary escalation etc.), as something rather technical' (SINGAPORE). HK reflected on her observations of systemic therapy in the UK stating, 'Given the narrow focus of the systemic approach that I have observed [in the UK], I can't see its relevance to anywhere in the world unless there were the same NHS in a parallel universe.'

All participants reported that integration of Western and indigenous psychologies would be beneficial, however 'the population's unique cultural worldviews and practices must be considered' (SA3) and that it is important to 'steer clear of cultural mainstreaming or essentialising certain cultures as this will reinstate cultural binaries or dissolve cultural relevance to folklore or cultural caricatures' (SA1). Similarly, HK stated when the 'Western' approach doesn't work, we will definitely try other things or mix things together. I guess that's when 'culturally appropriate adaptations' will come into play and can become funny'. The consensus appeared to be that rather than expecting non-Western cultures to adapt to foreign models and to reduce the likelihood of cultural stereotyping within cultural adaptations, Western ideas and local ways of understanding and treating mental health should be integrated. However SA4 notes, 'the successful integration is possible only when the imposition of knowledge from the West is curtailed and there is balance in how, when and where knowledge is consumed within and out of psychology'.

Five participants (three interview participants and two questionnaire respondents) highlighted that the medical model can pose difficulties as it ignores potential cultural, social and environmental factors. HK reported that a 'con' of the Hong Kong healthcare service was that it is medically dominated which may leave individuals more reliant on healthcare. However, she felt that if psychologists were to come from a purely

formulation approach, that this could lead to confusion within Hong Kong and that rather than arguing about the diagnostic terms, it is more important to think around this in regard to how they can be helped. She also spoke about how due to the pragmatic nature of Hong Kong, people prefer a quick fix and often only seek help in order to get medication. SINGAPORE highlighted the importance of not accepting diagnosis as wholesale without considering the individual's cultural backgrounds and beliefs. As SA3 states 'As a result of various cultural practices and beliefs, diagnosis and intervention becomes challenging', and PHILLIPINES discussed the need to refrain from quickly pathologizing experiences which may be salient to particular cultures (e.g. spiritual beliefs, bereavement processing). IRAQ added that 'The way culture and certain dynamics are made "unhealthy" within non-Western countries... unfortunately, due to colonization, most of the psychological terms of diagnosis and treatment in non-western countries are Westernised'.

3.5.2. Global Politics and Power

A number of participants discussed the power-imbalance between the West and the rest of the world, in particular with regard to the history of colonialism within a number of non-Western countries. This theme was most apparent from South African participants, due to its dark Apartheid history, and participants described how this leads to issues when attempting to implement Western ideas due to their association with oppression of members of its culture. Participant SA1 provided an insight into the dark history of psychology and mental health professionals being perceived as supporting the Apartheid regime, and how international psychology continued to interact with South African psychologists during the Apartheid when this was prohibited. This highlights the importance that psychologists advocating for Western psychological ideas to be rolled out within other countries to consider and reflect on the historical context in which they sit. This is not to say that Western psychology does not have a role within South Africa and other countries with a history of colonialism, but the importance in engaging in reflexivity and ongoing refinement of local psychologies, and the need for the West to 'interrogate their own positions' (SA4):

> Although Western psychology has served to alienate and petrify Africans it does hold some value…. Psychology broadly defined as the study of human behaviour, experience, and internal lifeworlds has much to offer the world through knowledge exchange. This is only possible when the "asymmetrical relationship" between Western countries and the rest of the world is addressed…' (SA4)

HK also highlighted the potential motivations of organisations who may adopt the terms 'Western' or 'Eastern' for political purposes in order justify what they want:

> 'Some adaptations have also been driven by the preference of practitioners or organisations. I'm therefore more skeptical if people just use the term 'culture' to do things in their own interest or to reinforce stereotypes (e.g. Chinese culture emphasises filial piety so you should not be homosexual to [not] upset your parents and to produce offsprings for your family - don't be silly please!)… they will also use the 'Western' medical discourse to tell you that homosexuality is 'cured' by certain therapy. So you see what I mean, it's not 'Westerners' or 'Easterners' but everybody can use the word 'culture' in their own way, sometimes even in contradiction, to get what they want. (HKUK)

HK also discussed potential issues with evidence based guidelines such as whose suggested by the mhAP, as well as ethical issues surrounding their implementation in LICS:

> Whilst I like having evidence-based guidelines on mental health or psychology practice, I'm also cautious if those things would actually limit the possible development of different approaches… However, in places with less resources and depend on foreign aids, there may be some ethical issues as they have no choice regarding what they can receive. (HK)

MEXICO also considered that 'the economic situation of a country and their overall power influences massively on the contribution they make to psychology. At the moment in psychology, like in all other science, this is biased towards the West.'

3.6. 'Internationalising of psychology is not only possible, it is happening right now!'

This theme was named using a quote from SINGAPORE, who showed enthusiasm for the globalisation of psychology. HK pointed out that with the influence of organisations such as WHO, APA, BPS, that there is a general trend in the internationalizing of psychology and mental health which is already in action: Despite reservations highlighted in the previous theme, participants generally appeared optimistic about the possibilities that can develop from globalisation and reciprocal sharing of knowledge.

3.6.1.   Globalisation

A number of participants felt that internationalisation of psychology was inevitable due to the society we all now live in, where the increase of the global market, and the increasing exposure to other countries through social media, television and travel, and as put by SA1, 'globalisation is forcing psychology to become internationalised'. MAURITIUS explains how younger generations living in Mauritius are more exposed to Western ideas, and there is a push by governments to 'modernise' systems and practices through replicating Western structures. Similarly, HK comments that as a country that always aspires to be international, 'that there is a tendency to try to benchmark with the 'state of the art' or international standard' of everything'. SINGAPORE speaks very positively of the opportunity for the globalisation of psychology:

> 'I think the world is fascinating and with the advent of technology, globalising of knowledge, practising has become quick and easy… As with how in the past Silk was unique to China, Spices to India, Fish and Chips to the UK (thought I will add this as a bonus), all these can be found throughout the world now!'

3.6.2.   Collaboration/sharing of knowledge

Most participants felt positive about the possibility of international exchange of knowledge internationally and the opportunities which this could lead to, so long as this sharing of knowledge was reciprocal, with the West also learning from the East and incorporating what they learn into their own practice and theories (for example,

participants highlighted that the West could learn from an incorporation of positive aspects of collectivism within their practice.

> I don't see why we should remain insulated within our own cultures. Just like how much we can learn from the West, the West took something from the East, for instance, Mindfulness! (SINGAPORE)

> It's important in a globalised society to learn from one another, what works and what don't, but it would also be wrong to apply the norms of a different culture without a serious debate within changing culture. (NORWAY)

Indeed, one participant SINGAPORE highlighted that by carrying out their training abroad that they are part of the global psychology movement. As more students study internationally, this allows for more knowledge to be taken back and shared within their own country. This can also be seen within MAURITIUS's responses. Whilst she discussed finding it difficult to settle back in to a country with a lack of regulation and structure for psychology, she spoke about feeling optimistic about the possibility of using the knowledge from her training to help to develop service provisions in Mauritius. In addition, all of the international trainees interviewed discussed how training abroad helped them to reflect on their own assumptions, allowing them to be curious and to learn about how different healthcare systems work.

4. Discussion:

The current study explored fourteen trainee/newly qualified non-Western clinical psychologist's perceptions of Western psychology and the internationalisation of psychology. The main objectives were to explore the perceived strengths, limitations and barriers which may exist when implementing Western practices or integrating them within non-Western cultures, as well as the acceptability, utility, demand and generalizability of the development of internationalizing psychology from a non-Western perspective. Six superordinate themes were derived from the analysis: Cultural differences, Western psychology has a role, adaptations, considerations,

'internalisation of psychology is not only possible, it's happening right now' and What is Western?

4.1. An overview of the findings

All participants identified that there are cultural differences between Western cultures and their home culture, highlighting more of an emphasis on 'traditional' values such as the importance of family, community and religion which have their roots developed within collectivist societies than the West. Participants felt that Western countries tended to be more individualistic and that they also tended to ignore socio-environmental factors pertinent within their home cultures. Although systemic theories have been developed in Western societies, it was highlighted by South-East Asian participants that these theories are often narrow and technical. This view was also shared within a study by Wu et al. (2010) who found that although family therapies aligned with common Chinese systemic perspectives, that they require an increased consideration of socio-cultural factors such as traditional roles and family relationships when trying to understand the problems of their clients. Clients also highlighted difficulties with the use of Western diagnostic frameworks which fail to account for socio-cultural factors and the potential dangers of pathologising experiences which may be salient to particular cultures or deeming cultural practices 'unhealthy'. Ventevogel (2014) highlights that over recent decades, there has been a trend to pathologise dysphoric states that are often tied to life circumstances and socio-economic factors which is a rising concern for LAMICs. Although Western classifications systems are making attempts to account for diversity in culture, that cultural aspects only appear to be linked with classifications of non-Western disorders (provided as an appendices), and may not be representative of African communities, as only two of 47 psychiatrists were involved in its development were from the African continent (Ventevogel, 2014; White & Sashidharan, 2014b). Edwards (2014) provides an example of a psychiatrist diagnosing a spiritual-cultural experience (ukutwasa) as schizophrenia on the grounds that the patient was claiming to hear ancestors calling on her.

The present study suggests that there may be a role for Western-style psychology within non-Western cultures. However, it is important that Western psychologists

respect indigenous psychology, culture and practice and do not impose Western theories and practices onto others. Instead the findings suggest that Western psychological theories can provide a framework, or base for people to understand human functioning which can then be expanded by integrating local cultural understanding and practice.

Global Mental Health initiatives have their guidelines substantively based within Western-models of mental health, and the concept of the treatment gap favours individualistic, Western models of mental health intervention without due consideration of whether Western models fit well within other cultures, and without consideration of what indigenous models, health beliefs and non-allopathic forms of support which may already be prevalent, which may therefore overestimate the treatment gap (Cox & Webb, 2015; Fernando, 2014; Jansen et al., 2015; White & Sashidharan, 2014a). These guidelines may also, as highlighted within this study quash the ability for the development of culturally acceptable and effective indigenous treatments.

Findings highlight that there is not a one-size-fits all approach to mental health and there is a need for a step away from a biological, individualistic approach and to consider socio-economic, cultural and religious/spiritual factors. This was congruent with criticisms that there is a disproportionally high influence of individualistic, biomedical perspectives which have been used to influence and shape the GMH agenda, leading to the neglect of social, economic and political factors, as well as a lack of emphasis on prevention rather than intervention (Ingleby, 2014; White & Sashidharan, 2014b). The UK Division of Clinical Psychology (BPS, 2013) released a position statement in which they called for a paradigm shift away from the 'disease model' with its overuse of diagnostic labels in lieu of formulation, which describes very human, and complex, interactions and contextualisation of mental health difficulties in relation to experiential, social and environmental circumstances and more recently, the BPS released the Power Threat Meaning Framework (Johnstone et al., 2018) which provided 'a new perspective on the dilemma about the application of Western psychiatric classification systems to non-Western cultures and expressions of distress, both within the UK and around the world, since it predicts and allows for the existence

of widely varying cultural experiences and expressions of distress without positioning them as bizarre, primitive, less valid, or as exotic variations of the dominant diagnostic paradigm.' This suggests that not only are there criticisms of the use of Western classification systems within global mental health, but these are also becoming more apparent from psychologists working within Western cultures.

Participants felt that not only was internationalisation of psychology possible, but that it was already happening, and inevitable within a global society. This is consistent with the finding of Duan et al. (2011)'s study where South-East Asian counsellors were optimistic about international psychology, seeing themselves as change agents, reiterating the importance of reciprocal learning, international exchange and collaboration, and They concluded that the success of internationalisation goes beyond the sharing of knowledge and can only be achieved when indigenisation is promoted and a true international perspective adopted. It is important that Western psychology not only imparts knowledge onto others but is willing to listen and learn from different perspectives, and that reciprocity in knowledge exchange across the world aims to improve mental health and wellbeing across low, middle and high income countries (White & Sashidharan, 2014b). A number of links between Western and non-Western universities have been established in recent years which have helped to create discussion regarding mental health approaches and how these can be best integrated (Hutchinson et al., 2014; Powell, 2014). However, difficulties have also been reported in terms of a lack of resources, clinical placements and supervisors in order to put theory into practice (Powell, 2014; Swancott et. al, 2014). As GMH movements gain momentum, it is hoped that this will increase pressure on governments in LAMICs to increase funding for psychological care.

One issue which became apparent in this study was the need for the West to interrogate their position and consider the historical context in which Western Psychology was developed. This theme was particularly pertinent in South African clients, where psychologists were seen to actively support Apartheid and was focused on serving the white middle class. The 'relevance debate' which emerged in South Africa during the late 1980s. One of the main concerns of the debate is that psychology is too Eurocentric, decontextualized and individualized to be relevant to the South

African context, and that psychology will only become relevant once it embraces indigenous forms of knowledge and traditional healing (Cornell, n.d; de la Rey & Ipser, 2004). Edwards (2014) stresses the importance of harmonizing old and new, African, Eastern and Western forms of psychology in health practice in order to reflect the countries rich, diverse cultural history and diverse population. However, this premise is not unique to South Africa and was echoed in the responses of multiple participants.

4.2. Strengths and Limitations of the current study:

The literature into globalisation and the utility of Western mental health frameworks is currently scarce. Although some studies exist which discuss the implementation of Western mental health frameworks in general, most qualitative studies have focused on psychiatry rather than psychology, and although there is discursive literature on the subject, most appears to be written from Western perspectives. Many of the themes derived within this study resemble those in the wider literature and allow a more in-depth insight of the views of psychologists from non-Western cultures.

However, there are a number of limitations to this study. The study was unable to recruit enough participants for a meaningful quantitative analysis to be conducted on the quantitative data provided on the questionnaires, and the sample size for the interview phase of the study was also low. There are varying guidelines for determining the number of participants needed for thematic analysis. Fugard and Potts (2015) suggested a model in which the number of participants can be predicted in a population beforehand based on theme (or variable) prevalence. Braun and Clarke (2016) argued that Fugard and Pott's model does not work 'for the fully qualitative logic and procedures of 'organic' [thematic analysis], where coding and theme development processes are organic, involving active, creative and reflexive researcher engagement', and where patterning across data is important, but relevance of addressing the question is key. In fact, Braun and Clarke (2016) argued that with a bigger sample, researchers run the risk of failing to do justice to the nuance of the data and that a smaller sample size allows for the participants narratives to be told. However due to the nature of this study, the small sample size limits the generalisability of the findings as patterning of data across participants from the same country of origin was not possible.

Whilst there may have been advantages to focusing on psychologists within particular countries of origin, it was felt that due to the paucity of research looking into the perceptions of psychologists in regard to the internationalisation and import of Western psychology, that a heterogenous sample was consistent with the notion of 'international psychology' and allowed for the identification of themes which may be prevalent across practitioners or which may differ in various geographical regions. However as discussed, due to the small heterogeneous sample, it would be unwise to generalise the findings to wider populations as variance in responses from small numbers of participants in each location result in a lack of generalisability. This study aimed to provide a snapshot of the views of the participants within this study, with the hope that future research may carry out more in-depth studies with larger, more homogenous samples in order to address pertinent issues which may be relevant to particular regions and how they could be addressed locally.

Many participants reported that they felt that their countries had already been exposed to Western concepts which are starting to be integrated into their infrastructure. None of the participants were from LICs who have less exposure to the Western world, despite information being sent to universities based within these. There may be a number of reasons for the lack of response within LICs and countries which have been less exposed to the West such as lack of access to the internet and difficulties in completing questionnaires and interviews in the English language. Although participants who have been trained in 'Western-approaches' were included as it was felt that this would aid their understanding, this may have also led to some bias. For example, international participants who studied abroad may have a greater interest in Western psychology and culture than their locally trained counterparts and therefore this may not reflect the views of other psychologists working in their country of origin. However, participants reported that international experience allowed them to reflect more critically and reflexively on cultural differences and similarities.

The analysis included responses from different data collection methods: open ended questionnaire data, synchronous and asynchronous data. Whilst this allowed for a higher number of respondents, with the interviews were used to gain more in-depth information from participants who had already completed the questionnaire. This led

to great variance in the amount of information provided by different participants, and even within the interviews this varied greatly, with some participants providing very detailed accounts and others providing more succinct, less rich data. However, the questionnaire allowed for additional participation for participants who may not have participated in an interview, e.g. it allowed for complete anonymity of responses and did not require access to e-mail or messaging platforms.

Online synchronous and asynchronous interview methods have been reported to provide high quality data and share common principles with more traditional methods, whilst having their own nuances (Hinchcliffe & Gavin, 2009; Kitchen, 1998); however there are some key differences between the two methods. Synchronous interviews allow for a real-time exchange similar to that in a face-to face interview which allows for a greater spontaneity in responses which may lead to more honest responses (Chen & Hilton, 1999). Conversely, asynchronous methods allow for participants to respond at their own convenience and they can spend time considering their responses and can be useful for allowing reflective processes assuring rigour (James & Busher, 2006). Whilst asynchronous and synchronous methods have their own limitations and strengths, these often complement each other, and both methods allow participants to have more control over how their thoughts are represented. Kazmer and Xie (2008) suggested that where possible participants should have as much choice as feasible in order to increase retention and rapport, particularly with hard to reach populations.

Whilst it is common practice to have a second rater for qualitative studies, due to the constraints of this study, only the primary researcher was involved in the qualitative analysis. May and Pope (1995) argued that a significant criterion for assessing the quality and reliability of qualitative research was by organizing an independent assessment of transcripts and comparing the agreement between the raters. Whilst Glaser and Strauss (1967) argued that the virtue of inductive processes was that they ensured that theory was closely related to the daily reality, there is also a contrary position by 'post-modernist' qualitative researchers who suggest that it is unrealistic to expect multiple researchers to have the same 'insights' from a limited database and that a qualitative account cannot be held to 'represent' the social world. Raw data may

yield a consensus on number of basic themes, however these may be used to construct different stories depending on the experiences of the observer (Armstrong et al., 1997). As this study came from a contextual constructionist approach, it was deemed that having only one rater was still appropriate; it does not seek to find an "objective truth", but instead seeks to theorise the socio-cultural contexts and enable a narrative for the individual accounts provided (Braun & Clarke, 2006).

One limitation which does need to be addressed within this study is the ambiguity of the terminology 'Western psychology'. It became evident early on within this study that this term can be defined differently depending on people's experiences and their own identity in relation to the West. Within the literature a number of terms may be used to discuss similar themes e.g. Western and non-Western, Global North and Global South, HICs and LAMICs etc. However, in reality, due to the diversity of psychology both within countries and between countries, both Western and non-Western or however one wishes to define or divide the world geographically, it may be difficult to pinpoint what is actually meant, especially as globalisation begins to take hold and different cultures amalgamate. In addition, two of the participants who completed the questionnaire were from European countries and both participants identified themselves as Western and reported difficulties with answering some of the questions which were relating to the use of Western theories in their own country of origin. Whilst this was due to a rationale of wanting to evaluate practitioners from a diverse range of cultures, it may have been better to have used a term such as Anglo-American psychology and/or to have provided participants with a definition of what was meant by this term for the context of this study rather than asking them to define this in order to streamline responses. However, by asking participants to define this themselves, this also led to important findings within this study. Future studies need to be clear regarding the terms which they use and the definitions that are provided, carefully considering the intended participants.

4.3. Implications for practice and recommendations for future research:

Despite the limitations of this study, as one of the only studies which looks into the perceptions of non-Western psychologists on this topic, it has opened up some interesting avenues for further exploration, as well as provided some food for thought

regarding the implementation of Western psychology within other cultures. Western psychology needs to ensure that rather than imposing their psychological theories in a way which could re-enact colonialism, the West should take a stance of curiosity, collaboration and mutual respect. Care needs to be taken when promoting 'culturally adapted' manualized treatments which have their evidence base within non-Western cultures. More local research needs to be carried out into the efficacy of these therapies, and research should include collation of the views of those who are the intended delivers and receivers of such treatments.

It is recommended that further research is carried out into the role of psychology within different cultures, as well as the acceptability of internationalisation of psychology of non-Western psychologists on a larger scale. Future research needs to attempt to reach out to more difficult to access populations such as those in LICs and those who may not be able to communicate in English through either the use of local researchers or interpreters. However, it is important that any future researchers are mindful of their position whilst carrying this out and thoughtful consideration of research methodology.

4.4.   Conclusion:

It does appear that there may be a role for Western Psychology within non-Western cultures, however that it should be used as a framework and built upon using indigenous knowledge and practice, with local research being conducted in order to evaluate its effectiveness and enable continual development. Western psychological models can be effective within non-Western cultures, however adaptations are needed in order to make them culturally relevant such as adaptations to language and an emphasis on systemic and/or collectivist factors such as family, community and religion. However, it is important that Western psychologists interrogate their position, respect indigenous psychology, culture and practice and do not impose Western theories and practices onto others. Participants highlight the importance of reciprocal learning and knowledge sharing in efforts to work towards internationalising Psychology and interrogate their position.

There is currently a paucity of research into the area and this review may be limited by its use of discursive and opinion-based literature which may be prone to bias. Therefore,

it is recommended that further research is carried out into the role of psychology within different cultures, as well as of perceptions/acceptability of internationalisation of psychology. In addition, participants within this study highlighted aspects of indigenous cultures and practices which the West could learn from, so rather than asking what Western psychology offer to non-western cultures, perhaps the question that should be in fact be asked is 'what can non-Western cultures offer Western Psychology?'

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SECTION C:

Critical Appraisal

Critical Appraisal

1. Introduction

Although there is recognition within social sciences of the importance of *being* reflexive whilst carrying out research, reflexivity is not always been translated into research practice in terms of *doing* (Mauthner et al, 2003). For example, it is acknowledged that interpretation of qualitative data is a reflexive exercise in that you create meaning, reflexivity has not been translated into the research process; the hitches, realities and methods of doing research). In reality, the researcher, methods, and data analysis can never be completely separate from each other as every decision in the research process, beginning from an initial idea, carry the epistemological, ontological and theoretical positions of the researcher (Alvesson & Sköldberg, 2000). Therefore, this critical appraisal aims to provide both personal and professional reflections made during the research process from the initial decision-making process which led me to this project to its completion. It has been derived from discussions and supervision notes from meetings with my supervisor, as well as a reflective diary and field notes written over the course of the project.

2. What led me to this project?

My interest into this area of research stemmed from an experience whilst I was in South Africa over the summer before I started my clinical training. Once I had been accepted to the course, I made the decision to go travelling for 5 weeks, and two of those weeks were spent in South Africa, somewhere where I had longed to visit for many years however had never been able to due to my commitment to trying to get the experience to become a trainee clinical psychologist. This was my chance. When I told my friends that I was going to South Africa, some seemed baffled by why I was so desperate to go there. At the time, my answer was simple. I wanted to go for the animals. In the 15 days I was there, I went on a tour of the Garden Route, I saw seals, penguins, whales, lions, warthogs, dung beetles, baboons, and so much more in their natural habitat. I hugged an elephant, petted a cheetah at a sanctuary and I even rode an ostrich. However, the most life-changing part of the trip happened before my adventure had even begun. The hostel at which the tour began and finished also provided a number of community volunteering opportunities within the local

townships. I got talking to some of the volunteers and staff one day before my tour had started about the work that they were doing, and I asked if I could tag along for the day before my tour started. My day of volunteering was at a township called Wolverivier, and I spent the day at the nursery, set up by the organisation to provide care for the children who lived there. These children had (what I perceived as) nothing. They lived in poverty and many had witnessed horrendous sexual and physical violence within their homes. Families had been moved from their old settlement, placed miles from their jobs and old lives, away from the public eye. Yet, they were the happiest children I had ever met. The more I learnt about it, the more I wanted to help. I had discussions with the project leader who appeared exuberant at the fact I was due to begin training on my return home. She welcomed me to come back in the future, telling me about the lack of mental health provision available for those living in the local townships; those who have experienced the most trauma and hardship; those who were in need of the most help and continued to be oppressed by the state, decades after the apparent fall of apartheid. This experience did not leave me when I left South Africa, and I was desperate to return to do something to help. I started to fantasise about moving to South Africa once qualified in order to help. I went for the animals, but I wanted to return for the people.

However, when I began to look into it, I noticed that it was not so simple. Despite the fact that in South Africa, they only require a Masters' in Clinical Psychology to practice, it did not appear as simple as I had imagined to be recognised as a clinical psychologist there with my UK qualification. As this trip had peaked my interest in travelling and discovering other cultures, I then began to look at where else I may be able to go and again, aside from a few other Westernised countries (even then it proved difficult), it appeared that my qualification would not be enough to just simply begin to practice in another country.

During the first few weeks of my training, potential supervisors began to pitch their research interests. My supervisor had previously carried out a research project as part of his training a decade earlier regarding the internationalisation of psychology and was interested in a trainee carrying out a follow up study (Burgess, 2004). In this study, he carried out questionnaire research, which found significant variations in training,

minimal qualifications and the roles of professional psychologists and concluded that a regionally flexible, but collective training curriculum could be developed to create a globalised professional psychology. As somebody with a flame ignited within them to work internationally, this research project called to me and I was excited at the potential implications that such research could have on not only psychology as a profession, but my own ability to work internationally as a psychologist in the future. This was the initial aim of my research; to look into the current training and roles of psychologists around the globe, however it became so much more. Four months after my first trip to South Africa, at the end of my first term of training, I returned to volunteer at the township over Christmas. It was from here that I submitted my research preferences, and I knew that this was the project that I wanted to do.

3. Shifting motivations; from Eurocentric to cultural relativism.

For my first-year literature review, in order to scope out the research area, I wanted to investigate the acceptability of Western psychology and its potential roles within non-Western cultures. To my surprise, I only found one study within my literature search, and found that the majority of papers into the subject were discursive and written from a Western perspective. I discovered the majority of research into globalisation of mental health was heavily influenced by psychiatry, and whilst there were studies which looked at randomised control trials of 'culturally adapted' CBT-like interventions, there was little qualitative information regarding the views of those implementing them; and the majority of discursive literature on the topic appeared to be written by western practitioners. Despite my initial enthusiasm for the globalisation of psychology, I began to learn that it was not so straightforward; that I was looking at the topic through a Eurocentric lens, rather than being ethnographic. From the initial literature review through to the write up of this thesis, I found myself increasingly reflecting on the privilege that I was born into (being a White British citizen), and my lack of knowledge surrounding my country's dark history of colonialization. In addition, I realised the potential of forcing Western psychology to constitute a re-colonialization and the power in which the West is still perceived by other countries.

With this shift, my motivations and aims for the research started to shift. I was no longer as interested in the technicalities of the globalisation processes, but in whether

or not indigenous cultures actually wanted what appeared to be being pushed onto them through global mental health movements such as the World Health Organisation's mental health Action plan (mhAP; WHO, 2013). And from this, the preceding project was born.

4. Participant recruitment:

The development of my research proposal, in collaboration with my research supervisor appeared to go relatively smoothly and, reflecting back may have lulled me into a false sense of security. My ethics submission was accepted within two days of submission and my online questionnaire was live a few days later, whilst many of my cohort were still trying to jump through the hoops required for NRES approval which I did not require. I was so enthusiastic about the project that I felt that this feeling would be mutual within other trainee psychologists who I either knew or had contacts for. However, I soon realised that the recruitment process would be much more difficult than I had imagined. Although my study only yielded 14 complete questionnaire responses, which were included in this report, I had in fact spent many days compiling list of all universities in the United States, Canada and the UK which were open to international students, as well as many non-Western psychology departments that I could find and their contact information. In total I must have e-mailed approximately 150 different universities and organisations, some of which I had to jump through additional hoops in order to gain access to their students.

I had also felt confident that due to the University of Leicester's links to other courses abroad (and the international placements on offer) that I would be able to source participants. In my first year of the Doctorate programme, I was given the opportunity to go to Ethiopia on a two-week placement to visit the University of Gondor (where they have recently established a new Master's programme in Clinical Psychology) and to visit the mental healthcare provisions on offer including inpatient and community provisions. Unfortunately, three weeks before we were due to visit and after we had already purchased our flights, Ethiopia was deemed unsafe due to local conflicts and the trip had to be cancelled. Not only was I disappointed as I was looking forward to finding out more about their provisions, but I was also looking forward to the potential contacts, which I would make to provide rich data for this project, through interviews

with Ethiopian students. The following year, I was offered the opportunity to visit the University of Holguin's psychology department in Cuba. This was an incredible experience, which allowed us to gain insight into how mental health services worked within Cuba, a relatively poor, communist country, as well as the profound differences within some of their cultural values and traditions. Whilst on this trip, I was given the opportunity to present our research proposals at an international conference. Again, I was excited about the networking opportunities, which this could yield, and the potential participants I could seek out – My study was live, and I was ready to start recruiting. However, two difficulties were apparent; firstly, internet use in Cuba is restricted by the government, making access to an online survey in a practitioner's own time tricky; secondly, a language barrier existed, and we relied heavily on translators, excluding their participation. However, the experience itself was invaluable in the process of increasing my knowledge of other cultures and systems. I was amazed at the provisions on offer in such a poor country, and the systemic and personable impression of the healthcare system, where clients would attend a 'polyclinic' where practitioners would get to know their clients and their families, understanding them as part of their systems.

Although I did not get to visit Ethiopia, I had made contact with the Course Director, as he had visited our course during 'international fortnight'. He had left the University of Gondor by the time my project started, but he put me in contact with the new Course Director. As I was aware that the course primarily taught in English, and so the language barrier would be less apparent, I e-mailed him asking him if he would be able to distribute my questionnaire to the Master's students and he enthusiastically responded that he would do this. However, as time went on I received no responses from Ethiopia. Although I was aware of the potential constraints such as the difficulty in accessing internet and resources available to them, again having limited access to the internet use in their free time, I still could not help but feel disappointed. Similarly, I asked a course staff member if they could share my study with a newly set up course in India which she did, however again, I received no responses.

The largest proportion of participants who did respond to my questionnaire were nationals of and studying within South Africa. Whilst the diverse mix of cultures within

South Africa fascinated me as participants would be able to reflect on the inevitable integration and conflicts between Western and African ideals, I was also cautious. I was aware of my own interests in South African culture, having visited twice in the 12 months prior to submitting my proposal, and the influence, which my time there had had on my choice to undertake this study. When interviewing the South African participants, I was very aware of the potential to make assumptions based on a mere month spent there within primarily one geographical location, and it made me conscious of putting these assumptions to one side and listen to the participants own story.

The response from South Africa also made me wonder about the motivation of participants to participate in the study, and potential bias; if a participant is to feel neutral towards the internationalisation of psychology, then perhaps they would be less likely that they would take the time to respond to lengthy questionnaires and interviews? I reflected on my own tendency to overlook e-mails received from other researchers requesting participation. How even when I read the information and feel it would be an interesting study, I often put it to one side and get waylaid by the other demands placed on me as a trainee, the same population which I was trying to reach out to. Indeed, the ability to juggle the demands of not only the different aspects of the thesis, but of the course and my own personal life simultaneously, a point that I will come back to later in this appraisal.

5. The merging of the Literature review and the empirical study

My thesis led on from my literature review, being born from what I had discovered in my first literature review, with the interview schedule from Duan et. al (2010) – a study included in both literature reviews - being adapted for use in this study. Whilst I liked the cohesiveness and how the literature review allowed for a clear demonstration of, and argument for the aims of this research project, it posed challenges. I was collecting the data for the empirical piece simultaneously whilst conducting the literature review, and I often found myself becoming confused as to the origin of findings. Whilst coding the data for my empirical piece, I noticed that my codes had significant overlap with the codes derived from the literature review. Due to the similar aims of these two pieces of academic work, I found it difficult to know

whether I was inadvertently coding my participant data using my previous knowledge derived from the findings of the literature review, or whether this would have been inevitable due to the similarity to the studies reviewed. It was only after taking a step back from the data analysis and then returning to the transcripts separately, that I was able to separate these findings.

6. Reflections on professional and personal development:

The ability to juggle the demands of not only the different aspects of the thesis, but of the course and my own personal life simultaneously was probably the greatest challenge that I had to overcome. Over the course of the research process, I have felt fluctuations in how immersed in the process I have felt, sometimes feeling propelled forward by my enthusiasm, and at other times feeling as though I was looking down on it from elsewhere, like an out-of-body experience, not sure how to get reconnected. There was a period of time when I had to take a step back from the project as this juggling act became too much, and I was extremely anxious about leaving the project towards the end of the analysis phase. However, it was over this time that I truly began to understand the importance of self-care within the process of being a reflective-scientist-practitioner. Although I had taken a step back from the research, on return I felt that I was able to look at the data with a fresh pair of eyes, almost as if I was my own second data analyst, helping to clarify the main themes from a different perspective.

The research process has been challenging, enlightening, frustrating, and at times soul-destroying. Reflecting back on this experience now, at the end of this process, it has allowed me to see the positive impacts that the experience has had on me both personally and professionally. It has emphasised the importance of considering people within their own personal context and in terms of their own intersecting identities, and the need for a person-centred approach. It has increased my awareness of the inherent white privilege which, whether I like it or not, is apparent, and to consider how this influences my perceptions and the responses of others who I may be working with. And importantly, whilst I still have an interest in hopefully working internationally in the future, I will not come at any such opportunity from a position of

feeling the 'need to help', but rather from a position of mutual curiosity and exchange of knowledge.

7. References

Alvesson, M., & Skoldberg, K. (2000). Reflexive methodology: New vistas for qualitative research. London: SAGE.

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Mauthner, N. S., & Doucet, A. (2003). Reflexive accounts and accounts of reflexivity in qualitative data analysis. *Sociology*, *37*(3), 413-431.

World Health Organization (2013). *Mental Health action plan 2013-2020.* Geneva: WHO

APPENDICES:

Mandatory appendices marked with a *

Appendix A*: Guidelines to authors of the target journal for the literature review and research report:

Name of target journal for literature review and research report:
International Journal of Mental Health (guidelines retrieved July 2018 from
https://www.tandfonline.com/action/authorSubmission?journalCode=mimh20&page=instructions&)

Instructions for authors
About the journal

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Preparing your paper

Formatting and templates

Papers may be submitted in any standard file format, including Word and LaTeX. Figures should be saved separately from the text. The main document should be double-spaced, with one-inch margins on all sides, and all pages should be numbered consecutively. Text should appear in 12-point Times New Roman or other common 12-point font. Do not use the automatic footnoting feature in your word processor. Notes should be indicated by a superscript number in the text, and the note text should be placed as regular running text at the end of the manuscript or in a separate file.

Style guidelines

Merriam-Webster's Collegiate Dictionary (11th ed.) should be consulted for spelling.

References

The reference list should be provided at the end of the paper. The references should be numbered and arranged by appearance in the article, putting the last name of the first author or editor first. All articles, books, etc., referred to in the article (but only those cited) should be indicated in the text by consecutive numbers in square brackets

(or parentheses if brackets are not available). If authors are mentioned in the text and there is more than one, use an ampersand (&) as a connective instead of "and"; if there are three or more authors, a comma precedes the ampersand (e.g., Collins & Smith; Jones, Wing, & Harmon). When referring to a work by more than three authors, use "et al.," such as "Conners et al." If you cite a number of works for a particular statement, consecutive numbers may be expressed as a span connected by an en-dash (e.g., "A number of investigators [5, 16–19] have found . . ."). References should be provided as follows.

References to items in periodicals. These should take the form: author(s), title, journal (italicized), volume and issue numbers, date, inclusive pages. For all authors, last names are given first; likewise for editors, with the names followed by "ed." The name of the last author ends with a period. More than two authors are separated by semicolons. The date is given in parentheses. Example:

Notes: 17. T.H. Davenport and M.C. Beers. (1995). "Managing Information About Processes." *Journal of Management Information Systems* 12, no. 1: 57–80.

18. John Smith. (1999) "Why Economics?" *New York Times*, April 25.

References: Davenport, T.H., and Beers, M.C. (1993) Managing Information About Processes." *Journal of Management Information Systems* 12, no. 1 (summer 1995): 57–80.

Smith, John. (1999) "Why Economics?" *New York Times*, April 1: 25.

References to books. Author(s) are specified in the same style as for periodicals. In the title, all principal words are capitalized and the title is italicized or underlined. The title ends with a period and is followed by city, ":", publisher, year. Example:

Notes: 19. J. Nonaka, *The Knowledge-Creating Company* (New York: Oxford University Press, 1995), 65.

References: Nonaka, J., and H. Takeuchi. *The Knowledge-Creating Company*. New York: Oxford University Press (1995).

Checklist: what to include

1.   **Author details**. Please include all authors' full names, affiliations, postal addresses, and email addresses on the cover page. Where appropriate, please also include ORCiDs and social media handles (Facebook, Twitter or LinkedIn). One author will need to be identified as the corresponding author, with their email address normally displayed in the published article. Authors' affiliations are the affiliations where the research was conducted. If any of the named co-authors moves affiliation

during the peer-review process, the new affiliation can be given as a footnote. Please note that authorship may not be changed after acceptance. Also, no changes to affiliation can be made after your paper is accepted. Read more on authorship here.

2.   **Abstract.** This summary of your article is normally no longer than 250 words. Read tips on writing your abstract.

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4.   **Funding details**. Please supply all details required by your funding and grant-awarding bodies as follows:

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For multiple agency grants

This work was supported by the <Funding Agency #1> under Grant <number xxxx>; <Funding Agency #2> under Grant <number xxxx>; and <Funding Agency #3> under Grant <number xxxx>.

5.   **Disclosure statement**. With a disclosure statement you acknowledge any financial interest or benefit that has arisen from the direct applications of your research. Further guidance, please see our page on what is a conflict of interest and how to disclose it.

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7.   **Figures.** Figures should be high quality (600 dpi for black & white art and 300 dpi for color). Figures should be saved as TIFF, PostScript or EPS files. Figures embedded in your text may not be able to be used in final production.

8.   **Tables.** Please supply editable table files. We recommend including simple tables at the end of your manuscript, or submitting a separate file with tables.

9.   **Equations**. If you are submitting your manuscript as a Word document, please ensure that equations are editable. Please see our page on mathematical symbols and equations for more information.

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Empirical studies will be peer reviewed only if they note in the Methods section which research ethics authority approved the study protocol

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Appendix B: Literature review search terms and protocol.

Literature search conducted on 24th December 2017

Search terms inputted to databases (Abstract, title and keyword search)

((CBT OR "cognitive behavio*" OR "cognitive-behavio*" OR "global psycholog*" OR "professional psycholog*" OR "role of psycholog*" OR "psycholog* service*" OR "psycholog* practitioner*" OR "psycholog* theor*" OR "psycholog* belief*" OR "clinical psycholog*" OR "counsel* psycholog*" OR "psycholog* treatment" OR "psycholog* provision*" OR "psycholog* training" OR "psycholog* practice*" OR "psycholog* program*" OR "psycholog* concept*" OR psychother* OR "psycholog* assessment*" OR "psycholog* interven*" OR "psychology* formulation*" OR (psycholog* AND "global mental health") OR "health psycholog*")
AND (non-west* OR "non west*" OR east* OR "developing countr*" OR "low-income countr*" OR "low income countr*" OR "middle-income countr*" OR "middle income countr*" OR "global south" OR lamic OR lic OR mic OR indigenous OR "south america*" OR "latin america*" OR "Africa*" OR "asia*" OR arab*)
AND (west* OR global* OR international* OR cross-cultur* OR world* OR "cross cultur*" OR euro-american OR anglo-american*)
AND (percep* OR view* OR opinion* OR perspect* OR idea* OR belief* OR stand* OR position* OR stance OR attitud* OR "frame of mind" OR approach* OR interpret* OR appropriate*))

↓

Limited to:
Journal articles
published from 2005 to present
English language

↓

Search results: n = 2643

PsycINFO: 397   PsychARTICLES: 25   Scopus: 788   Web of Science: 698   Medline:647
CINAHL: 88

→

Inputted into EndNote

Duplicates removed

↓

Screened: 1432

(Titles and abstracts read to determine if meets inclusion criteria)

→ Records excluded:1381

↓

Articles assessed for eligibility: 48

Full articles read

→

Articles Excluded: 39
17- Discursive paper, case studies (not formalised)
8 - Does not discuss views/applications of Western psychology
5 – Discursive responses to included papers
3 - Westerners working with indigenous /minority client groups
2 - participants not psychologist/mental health professional
2 - Unable to access – only able to access abstract via inter-library loans and unable to contact authors
1- Discursive response to excluded paper
1 - Full paper not in English Language

↓

Articles included in literature review:

9

Appendix C: COREQ (COnsolidated criteria for REporting Qualitative research) Checklist

A checklist of items that should be included in reports of qualitative research. You must report the page number in your manuscript where you consider each of the items listed in this checklist. If you have not included this information, either revise your manuscript accordingly before submitting or note N/A.

Study:

Topic	Item No.	Guide Questions/Description	Reported on Page No.
Domain 1: Research team and reflexivity			
Personal characteristics			
Interviewer/facilitator	1	Which author/s conducted the interview or focus group?	
Credentials	2	What were the researcher's credentials? E.g. PhD, MD	
Occupation	3	What was their occupation at the time of the study?	
Gender	4	Was the researcher male or female?	
Experience and training	5	What experience or training did the researcher have?	
Relationship with participants			
Relationship established	6	Was a relationship established prior to study commencement?	
Participant knowledge of the interviewer	7	What did the participants know about the researcher? e.g. personal goals, reasons for doing the research	

Interviewer characteristics	8	What characteristics were reported about the inter viewer/facilitator? e.g. Bias, assumptions, reasons and interests in the research topic	

Domain 2: Study design

Theoretical framework

Methodological orientation and Theory	9	What methodological orientation was stated to underpin the study? e.g. grounded theory, discourse analysis, ethnography, phenomenology, content analysis	

Participant selection

Sampling	10	How were participants selected? e.g. purposive, convenience, consecutive, snowball	
Method of approach	11	How were participants approached? e.g. face-to-face, telephone, mail, email	
Sample size	12	How many participants were in the study?	
Non-participation	13	How many people refused to participate or dropped out? Reasons?	

Setting

Setting of data collection	14	Where was the data collected? e.g. home, clinic, workplace	
Presence of nonparticipants	15	Was anyone else present besides the participants and researchers?	

Topic	Item No.	Guide Questions/Description	Reported on Page No.
Description of sample	16	What are the important characteristics of the sample? e.g. demographic data, date	
Data collection			
Interview guide	17	Were questions, prompts, guides provided by the authors? Was it pilot tested?	
Repeat interviews	18	Were repeat inter views carried out? If yes, how many?	
Audio/visual recording	19	Did the research use audio or visual recording to collect the data?	
Field notes	20	Were field notes made during and/or after the interview or focus group?	
Duration	21	What was the duration of the inter views or focus group?	
Data saturation	22	Was data saturation discussed?	
Transcripts returned	23	Were transcripts returned to participants for comment and/or Correction?	
Topic	**Item No.**	**Guide Questions/Description**	**Reported on Page No.**
Domain 3: analysis and findings			
Data analysis			
Number of data coders	24	How many data coders coded the data?	
Description of the coding tree	25	Did authors provide a description of the coding tree?	

Derivation of themes	26	Were themes identified in advance or derived from the data?	
Software	27	What software, if applicable, was used to manage the data?	
Participant checking	28	Did participants provide feedback on the findings?	
Reporting			
Quotations presented	29	Were participant quotations presented to illustrate the themes/findings? Was each quotation identified? e.g. participant number	
Data and findings consistent	30	Was there consistency between the data presented and the findings?	
Clarity of major themes	31	Were major themes clearly presented in the findings?	
Clarity of minor themes	32	Is there a description of diverse cases or discussion of minor themes?	

Quality Appraisal – CASP ratings

The CASP checklist consists of 10 questions which are designed to help reviewers to consider quality issues systematically which asks you to record an answer of 'yes', 'no' or 'can't tell' for each question. The tool comes with additional prompts under each question to help you to make your decision. For the purposes of this review, answers of "yes" scored one point for each study, and answers of 'no' received a score of zero. A score of zero was also assigned to studies which received 'can't tell' as it is not possible to determine whether the question could be answered from the reporting in the study. The ten questions included in the qualitative CASP checklist are as follows, and the scoring for the papers included in this study are provided overleaf:

1. Was there a clear statement of the aims of the research?
2. Is a qualitative methodology appropriate?
3. Was the research design appropriate to address the aims of the research?
4. Was recruitment strategy appropriate to the aims of the research?
5. Was the data collected in a way that addressed the research issue?
6. Has the relationship between researcher and participants been adequately considered?
7. Have ethical issues been taken into consideration?
8. Was the data analysis sufficiently rigorous?
9. Is there a clear statement of findings?
10. How valuable is the research?

Overview of CASP Scores for included studies:

Study	CASP Questions										Total Score
	1. Clear statement of aims?	2. Qualitative methodology appropriate?	3. Research design appropriate?	4. Recruitment strategy appropriate?	5. Data collection appropriate?	6. Researcher/ participant relationship considered?	7. Ethical issues considered?	8. Rigorous data analysis?	9. Statement of findings?	10. Is the research valuable?	
Bennett-Levy et al (2014)	Yes	Yes	Yes	Yes	Yes	Yes	Not clear	Yes	Yes	Yes	9
Duan et al. (2011).	Yes	Yes	Yes	Yes	Yes	yes	Not clear	Yes	Yes	Yes	9
Hall et al (2014)	Yes	Yes	Yes	Yes	Yes	Not clear	Yes	Yes	Yes	Yes	9
Kane et al (2016)	Yes	Yes	Yes	Not clear	Yes	Yes	Not clear	Yes	Yes	Yes	8
Naeem et al (2010)	Yes	Yes	Yes	Yes	Yes	Not clear	Not clear	Yes	Yes	Yes	8
Li et al (2017)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	10
Naeem et al (2014)	Yes	Yes	Yes	Yes	Yes	Not clear	Not clear	Yes	Yes	Yes	8
Quek & Chen (2017)	Yes	Yes	Yes	Yes	Yes	Not clear	Yes	Yes	Yes	Yes	10
Wu et al (2016)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	10

Appendix E: Illustration of analytic process for Literature review

Initially, I read through the results sections of each of the papers and coded each sentence/paragraph, writing these codes onto the printed versions of the papers. I then typed in each of these initial codes from each paper into Excel.

	Kane	Bennett	Duan
15	alcohol and substance misuse	CBT not retraumatising	theories and techniques
16	anxiety	client focus on current issues rather than past trauma	changes in role as a counsellor
17	psychosis	people want to get on with things'	US theories and techniques useful but
18	Assessment is done in a holistic manner	low intensity can be used opportunistically; one off intervention	theories applicable over cultures
19	physical, emotional and social wellbeing all evaluated	work with indigenous clients needs to be opportunistic; rual area	techniques need adaptation
20	referred to relevant clinicians	allows safe, containing focused space	three stages; exploration, insight and
21	psychoeducation 'health talk significant component	aborognals often have multiple life problems; agenda setting ke	tawian less likely to express thoughts
22	psychoed important in management	focus on there here and now	role as counsellor changed in home cu
23	patients cannot link symptoms to presentation - psyched helps	CBT is empowering and promotes self-agency	how relationships are establishes and
24	medication as requisite for psychological intervention (more sup	teach clients skills they can use throughou life	more hierarchal relationship in asia
25	Group therapy is the preferred intervention	focus on aspects of life they can gain control over	less professional, more warm and app
26	large patient load for small amount of counsellors	consistent with aboriginal aspirations	US more neutral
27	group more culturally appropriate	transmit skills from therapist to client, and client to community	ethical considerations
28	group can learn from each other	CBT works well with aboriginal clients	professional ethics in cultural contexts
29	clinical populations may have different treatment needs	work well; pictorial formulations, socratic questioning, provlem	counsellor-client relationship
30	needs in static clinic often different to outreach work with refug	clients would share techniques with family or community	expectations different
31	PTSD more common in outreach (more refugees)	visual diagrams particularly helpful	dual-relationships builds on trust
32	little access to services for settlement which often has worse soc	collaborative process works well with aboriginal clients	personal relationships in asia complica
33	hard to support when social situation cannot be changed e.g. sle	Adaptations	gifts to express gratuude norm in asia
34	Treatment strategies are perceived to have a great number of ch	language and formal structure needs to be adapted in high inten	practices in learning, training, and cult
35	current treatment plans generally effective	being fluid; considering indigineiy, ethnicity, literacy and age m	exchange in learning and sharing of in
36	shortage of trained and qualified personal	doing interventions opporunistically in informal settings	importance of international exchnage

Once all themes had been inputted, the line-by-line codes were then exported onto another excel sheet alongside the name of the study they had been derived from. Line by line coding was then further refined and simplified and grouped together to form the themes and subthemes which were continuously refined until it was felt that the themes fit a coherent narrative. The image below shows an excerpt of the codes which were organised under the theme 'issues with the use of Western techniques' and their subthemes within this. The use of excel made grouping together themes easier as it allowed for codes to be filtered in order to easily group these codes together under themes and be able to view each initial code which had been organised under each theme, In this example, the last column "issues-subthemes" was filtered to show all but blank responses so that only codes which had been allocated subthemes within 'issues with the use of Western models" were visible.

	Study	line-by-line coding	What works?	Issues with the u	current adjustm	future nee	other	what v	issues - subthemes
508	Naeem 1	begin seeking help from non-medical healers		traditional healers					belief in spiritual/magical causes
509	Naeem 1	almost all patients had seen healers when the illness started		traditional healers					belief in spiritual/magical causes
510	Naeem 1	half of pattients aware of psychological treatments and wished to receive it		awareness					access
519	Li China	lack of time primary constraint		staffing issues					systems and resources
520	Li China	lack of availabilityu of therapy		staffing issues					systems and resources
521	Naeem 2	patient load high		staffing issues					systems and resources
522	Naeem 2	sessions can be only 15 minutes		frequency of sessions					access
523	Naeem 2	less than a third return for dollow up		follow up					access
524	Naeem 2	most patients attend 2-3		follow up					access
526	Naeem 2	issues for drop out:		drop out					access
541	Naeem 2	poor referrals		referral system					systems and resources
553	Li China	importance of language and communication		language	communication				access
554	Li China	expect a directive style rather than collaborative		role of therapist	directive				client-practitioner relationship
568	Naeem 1	directive rather than collaboraive style expected		role of therapist	directive				client-practitioner relationship

Appendix F*: Statement of epistemological position

Willig (2013, p.2.) describes epistemology as a philosophy concerned with 'the theory of knowledge'. In terms of conducting research, it involves thinking about the nature, scope and reliability of the claims of research. It is important that as researchers, that we acknowledge out own values and theoretical positions (our epistemological position) and values in relation to research (Braun & Clarke, 2006; Willig, 2013).

Although this report focuses on the results from the qualitative data analysis, the study used a mixed methods approach for data collection. Mixed method designs can pose difficulties when adopting an epistemological position as they are often underpinned by different philosophical assumptions (Hall, 2013). In order to overcome these difficulties, a single epistemological position of critical realism can be adopted (Hall, 2013; Sayer, 2004) due to its integration of positivism and interpretism and assumes that through the nature of studying reality through human participants, it is unlikely to represent reality in a pure form as perceptions are framed by the researchers' interests and mediated by discourses. (Harper & Thompson, 2012; Sayer, 2004)). However Creswell & Plano-Clark (2011) argue that it is possible to draw from multiple epistemological approaches, shifting according to the method in use and this can allow for the researcher to draw upon the strengths of each method and allow for them to be kept separate. As Sale, Lohfeld, & Brazil (2002, p.50) put it: '[t]he fact that the approaches are incommensurate does not mean that multiple methods cannot be combined in a single study if it is done for complementary purposes. Qualitative and quantitative research methods have grown out of, and still represent, different paradigms. However, the fact that the approaches are incommensurate does not mean that multiple methods cannot be combined in a single study if it is done for complementary purposes. As the study aimed to present the quantitative and qualitative data separately; it was felt that the latter option would be the better option, and would not retract from the rich data sought from the qualitative methodology.

For the quantitative aspect of this study, a position of critical realism, as described above was adopted as it was felt an appropriate paradigm for the aims of the quantitative data: to explore the popularity and frequency of use of different psychological concepts and competencies in different cultures.

For the qualitative data, I opted for a contextual constructionist stance. There is currently very little research in the literature exploring perceptions of Western psychology through the lens of non-Western practitioners, and therefore the qualitative data was sought to obtain rich data on the subject and aimed to do this through exploring a multitude of different perspectives from a multitude of cultures. Braun and Clarke (2006) argue that thematic analysis can be conducted within both realist/essentialist and constructivist paradigms. The essentialist/realist approach can be used to theories motivations, experiences and meaning in a straight forward way due to the assumption that a largely unidirectional relationship between meaning, experience and language however this does not lie with the position of either the researcher or the aims of the study.

 In contrast, a constructionist epistemological stance does not observe that reality is 'true' independently of human perceptions and constructions. Social constructivism argues that an "objective truth" does not exist as our experiences are shaped by multiple realities constructed through social interaction, mediated by language, history and socio-cultural experiences. However, a difficulty arose with using this position due to its focus on the use of language: the research aimed to discover perspectives of non-Western natives, for which the English language would not be the mother tongue for many, and therefore the language used may not allow for a fluent translation of their meaning making. Contextual constructionism allows for a more ethnomethodologically sensitive approach that assumes that claims-making occurs within a context of culture and social structure (Best, 2006). That is: 'construction takes place in a context - a cultural context created by, for example, social and economic class, religion, geographical location, ethnicity, and language' (Cobern, 1993). Braun and Clarke (2006) state that thematic analysis conducted within a constructionist framework cannot and does not seek to focus on motivation or individual psychologies, but instead seeks to theorise the socio-cultural contexts, and

structural conditions, that enable the individual accounts that are provided. This was felt to fit comfortably within the oncological and epistemological position of the researcher and the study aims.

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Non-Western Perspectives of Clinical Psychology

Information Sheet
Title of Study: What can Western psychology offer to non-Western cultures? A Non-Western perspective on Clinical Psychology.

Introduction and purpose of the study:

I am a Trainee Clinical Psychologist at the University of Leicester completing research as part of my Doctorate degree in Clinical Psychology. I am conducting research into perceptions of Western psychology within trainee and newly qualified Psychologists working in Mental Health who do not originate from Western countries (for the purpose of this research, Western countries include: UK, Ireland, United States of America, Canada, New Zealand and Australia). It is hoped that this research will increase understanding of the role of Western psychology within non-Western cultures, its acceptability and the potential strengths and barriers which may exist to implementing Western practices and of integration with indigenous psychologies from a non-Western perspective.

What will happen if I take part?

For this research, I will be asking you to complete a brief online questionnaire regarding your background as well as asking some questions about your views on Western psychology. It is expected that the questionnaire will take approximately 20 to 30 minutes to complete and you can provide as much or as little information as you feel comfortable with.

At the end of the questionnaire it will ask if you would be happy to complete a further interview to gather more detailed information regarding your views on Western psychology and will ask for your contact information if you would be happy to do this. This interview will be carried out online and can be in a format of your choice. There is no obligation to have to complete the interview after the survey.

Am I able to take part?

To take part in this study you must fit the following criteria:

- Be currently completing training as a professional Psychologist OR have been qualified/practicing as a professional

Psychologist for less than two years.

- Your primary interest or practice is in the area of mental health (i.e. not education, occupational, sports, etc.).

- Not consider yourself a national of the United Kingdom, Ireland, United States of America, Australia, New Zealand or Canada,and must have lived outside of the countries listed above for more than 50% of your lifetime.

Do I have to take part?

It is your choice as to whether you decide to take part in this study and participation in this study is completely voluntary. If you give your consent and decide that you no longer wish to complete the survey then you can stop at any time without giving reason. You also have the right to withdraw your data from the study at any time without needing to give reason. If you wish to withdraw your information then you can contact the lead investigator via the e-mail address provided.

How long will it take to complete the survey?

The amount of time it takes to complete the study may depend on a number of factors such as your English literacy level, and the amount of depth that you choose to go into. It is expected that for most participants the questionnaire should take approximately 20 to 30 minutes.

Confidentiality:

Information which is gathered will remain completely confidential and Individual data will not be shared. Any information used in the write up of this study will be completely anonymised and any identifiable information will be removed. No one will have access to the data outside of the research team. Information from the survey will be extracted into a database saved on a secure hard drive which only the lead investigator has access to. The study will not ask you for your name, however we will ask if you would be happy to provide your contact information if you agree to take part in an online interview. If you choose to provide this information it will not be stored with your survey data, it will only serve as a means to contact you, and will be destroyed once you have completed the interview.

What are the benefits of taking part?

There are no direct benefits or incentives for you to take part in the study. However, it is hoped that information gathered from this study will help to aid understanding of non-Western perspectives of Western psychology and internationalisation which is lacking in the current literature.

What are the risks of taking part?

It is not expected that there will be any risks to you taking part in the study. However, the questionnaire will ask you questions regarding your training, practice in your own culture and your views on Western psychological theories which for some people may feel like a sensitive topic for some potential participants. E.g. where there may be some conflicts between your home country and the West. It is hoped that the study will help to understand any difficulties that arise in these areas and help to attempt to address these. The questionnaire has been designed to be confidential so that you cannot be identified, and you are able to skip any questions which you do not want to answer. If you start the questionnaire and feel that you are not comfortable answering any further questions you can stop at any time.

Can I have I copy of the report?

If you would like to know the results of the study then please contact the lead researcher on █████████ who will send you a copy of the report once the study has been completed.

Who has reviewed this study?

This study has been approved by the University of Leicester's University Ethics Sub-Committee for Psychology. If you have any questions or concerns regarding the ethics of this study you can contact the head of the committee at █████████

Who can I contact if I have any questions?

If you would like further information or if you have any further questions, then you can e-mail Katriona Taylor (Lead researcher) at █████████

Consent for Questionnaire

Please tick the box below to confirm that you consent to participating in this study and that you have read and understood the information page. By ticking the box you agree to the following:

I have read and understand the information sheet for the study and have had the opportunity to ask any questions

I understand that my participation is voluntary and I am free to withdraw at any time without giving reason. I understand that should I choose to withdraw then my data will be destroyed.

I understand that my personal information will be kept confidential and that only the research team will have access to this.

I understand that any information reported in future study reports will be anonymised and any identifiable information changed/removed.

I consent to participate in the following study *

◯ yes

◯ no

Appendix H*: Online Questionnaire
Page 3

What is your gender?

○ Male

○ Female

○ Prefer not to say

How old are you?

○ 18-24

○ 25-34

○ 35-44

○ 45-54

○ 55-64

○ 65+

Prefer not to say

What is your nationality *

| Please choose... | |

What is your current professional title? e.g. Clinical Psychologist, Trainee Clinical Psychologist, practitioner psychologist

| |

Have you completed your professional Psychology training *

○ Yes - more than 2 years ago

○ Yes - less than 2 years ago

○ No - I am still carrying out training

Are you required to be accredited by a society or registered body to practice as a professional Psychologist in your country of practice?

○ Yes

○ No

○ Not Sure

○ Optional

How many years did it take (or are you expecting it to take you) to complete your professional Psychology Training?

Please choose...

What level of qualification do you have, or are working towards to allow you to practice psychology in your home country? (please tick all that apply)

- None
- BA
- BSc
- PgDip
- MA

- MSc
- MRes
- PhD
- DClinPsy
- PsyD
- Other, please Specify

Page 4

In what country did you carry out your Professional Psychological training? *

Please choose...

What is your current country of practice? *

Please choose...

If you are currently carrying out training or working as a psychologist in a country other than your home country, how likely is it that you will return to your home country to practice psychology? please explain your answer.

114

Page 5
What psychological theories and therapies are commonly used within your home country?

	Commonly used	Sometimes Used	Rarely Used	Never Used	Not Sure
Behavioural	◯	◯	◯	◯	◯
Cognitive	◯	◯	◯	◯	◯
Neurobiological/medical	◯	◯	◯	◯	◯
Psychodynamic	◯	◯	◯	◯	◯
Systemic	◯	◯	◯	◯	◯
Interpersonal	◯	◯	◯	◯	◯
Humanistic	◯	◯	◯	◯	◯
Developmental	◯	◯	◯	◯	◯
[_____]	◯	◯	◯	◯	◯

What do you think are the main roles of professional psychology within your own culture? Please rank in order of importance (1=most important, 11 =least important)

[⬍ ____ ▾] Therapy

[⬍ ____ ▾] Consultation

[⬍ ____ ▾] Health Policy

[⬍ ____ ▾] Research

[⬍ ____ ▾] Psychological Assessment

[⬍ ____ ▾] Formulation

[⬍ ____ ▾] Psychometrics

[⬍ ____ ▾] Diagnosis

[⬍ ____ ▾] Supervision

[⬍ ____ ▾] Service Evaluation

[⬍ ____ ▾] Teaching

Do you think that the following areas are clear within your culture?

	very clear	slightly	not very	not at all	not sure
Roles of Psychology	○	○	○	○	○
Values of Psychology	○	○	○	○	○
Referral Pathways/how to access	○	○	○	○	○
The difference between psychology And psychiatry	○	○	○	○	○

In what area do psychologists primarily work in your country of origin?

○ Research

○ Clinical (healthcare settings)

○ Policy

○

Other (Please specify)

What frameworks are currently used for diagnosis of mental illness within your country?

☐ Diagnostic and Statistical Manual (DSM-V)

☐ International Classification of Diseases (ICD-10)

☐ Chinese Classification of Mental Disorders (CCMD-3)

☐ Research Domain Criteria (RDoC)

☐ Formulation based

☐

☐ Other

Page 6

116

What does the term 'Western psychology' mean to you? e.g. frameworks, theories, ways of working,

ethos etc. * Your answer will help to add context to further questions

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│                                                         │
│                                                         │
│                                                         │
│                                                         │
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How well do you think that Western models of mental health and psychology fit within non-Western cultures?

Not at all ⟨━━━━━━━━━━━[‖]━━━━━━━━━━━⟩ Fit perfectly

Please provide an explanation. e.g. What aspects of Western psychology do you feel fits well and/or not well within non-Western cultures

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Do you feel that Western psychology has a role in non-Western countries? Please explain your answer

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┌─────────────────────────────────────────────────────────┐
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│                                                         │
│                                                         │
│                                                         │
└─────────────────────────────────────────────────────────┘
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Do you think that integration of Western and indigenous psychologies would be beneficial?

What do you think would need to be taken into consideration for a successful integration?

What do you think that Western psychologists could learn from non-Western psychologies/societies?

Page 7

Do you have any other comments?

Online Questionnaire Logic Workflow

Edit logical workflow

Here you can determine which pages follow each other. If you do not change anything, the survey will run in its ordinary order.

After...	...it continues with page...
Information Sheet	Consent for Questionnaire (standard) ▼
Consent for Questionnaire	Page 3 (standard) ▼
Page 3	Page 4 (standard) ▼
Page 4	Page 5 (standard) ▼
Page 5	Page 6 (standard) ▼
Page 6	Page 7 (standard) ▼
Page 7	Interview Information Page (standard) ▼
Interview Information Page	Page 9 (standard) ▼
Page 9	finish the survey ▼
Page 10	finish the survey (standard) ▼

(x) delete

Questions with Specific Logic Workflow:

I consent to participate in the following study *

○ yes

○ no » continue with Page 10

Edit logical workflow

Have you completed your professional Psychology training *

◯ Yes - more than 2 years ago » continue with Page 10

◯ Yes - less than 2 years ago

◯ No - I am still carrying out training

Edit logical workflow

Would you be happy to be contacted regarding an online interview? *

◯ yes

◯ no » continue with finish the survey

Edit logical workflow

Page 10: redirected when criteria not fulfilled:

Page 10
Unfortunately, from the answers which you have provided you do not fit the criteria to continue with the survey.
Thank you for your interest in this study and for taking the time to complete it.

If you have any questions please e-mail kt188@leicester.ac.uk.

» Redirection to final page of eSurvey Creator

Appendix J*: Interview information page (At the end of the completed online interview)

Interview Information Page

What follows is additional information for participants who are interested in taking part in a more in-depth follow-up interview

Information and background:

If possible, it would be appreciated if some participants would also be happy to participate in a short online interview with the investigator. This will enable them to get some more in depth information regarding non-western perceptions of psychology training programmes worldwide, as well as of the applicability of Western psychology to other cultures. If you agree to take part in the interview you will be asked 8 questions relating to the application of Western psychology and globalisation. There may also be some additional questions which are asked in order to clarify your answers or to gather further information.

How will be interviews be carried out?

Interviews can be completed via your choice of text-based online communication such as e-mail or messaging platform. For email interviews, the investigator will communicate with you via their university e-mail address, and for other platforms the investigator will create an account used exclusively for interview purposes which no-one else will be able to access to ensure confidentiality is maintained. Interviews can be conducted in real time (immediate responses) or you can respond to questions over time when it is convenient. If you do not reply to a question within 48 hours, you will receive a reminder message to respond. If at any point you do not wish to answer a question then you do not have to. You can choose to move to the next question or stop the interview if you no longer wish to participate.

What are the benefits of taking part?

There are no direct benefits or incentives for you to take part in the study. However, it is hoped that information gathered from this study will help to aid understanding of non-Western perspectives of Western psychology and internationalisation which is lacking in the current literature.

What are the risks of taking part?

It is not expected that there will be any risks to you taking part in the interview phase of this study. However, the interviewer will ask you questions regarding your training, practice in your own culture and your views on Western psychological theories which for some people may feel like a sensitive topic for some potential participants e.g. where there may be conflict with the West. It is hoped that the study will help to understand any difficulties that arise in these areas and help to attempt to address these. The interview has been designed to be confidential and you do not have to give any information which will make you identifiable. You are able to skip any questions which you do not want to answer and you may end the interview at any time if you feel that you are not comfortable answering any further questions.

Confidentiality:

Once the interview has been completed, the text will be extracted into a text-based document and any identifiable information will be removed or altered. Any personal material used from individual interviews will be quoted anonymously and identifiable information will be removed so that you cannot be identified. Once the information has been extracted, the original interview text strings on the platform which has been chosen will be deleted. The contact information which you provide will not be shared and will be deleted after the interviews have been completed.

Do I have to take part?

As with the questionnaire, it is your choice as to whether you decide to take part in the interview phase of the research. If you give your consent and decide that you no longer wish to take part in the interview then you can stop at any time without giving reason. You also have the right to withdraw your data from the study at any time without needing to give reason. If you wish to withdraw your information then you can contact the lead investigator via ▮▮▮▮▮▮▮▮

Who can I contact if I have any questions?

Before the interview starts, the investigator will go through this information again with you and give you the opportunity to ask any questions before obtaining your consent to participating in the interview before continuing.

If you would like further information before making a decision or if you have any further questions, then you can e-mail Katriona Taylor (Lead researcher) at ▮▮▮▮▮▮▮

Would you be happy to be contacted regarding an online interview? *

◯ yes

◯ no

Page 9
If you would be happy to be contacted regarding an online interview please provide your contact details for one of the following contact methods and you will be contacted shortly

If you do not wish to be contacted regarding an online interview please leave this section blank.

e-mail address

Skype username

Whatsapp (please include country code)

e-Buddy

Yahoo

Other (please specify what app/platform)

Interview Schedule:

Numbers relate to questions to ask to all participants, letters relate to probes to help gather further information from answers.

1) Describe your professional psychology training
   a. Placements
   b. Teaching
   c. Theories
   d. Research
   e. supervision
2) Do you feel that your experience of training has prepared you to work in your home culture as a psychologist?
3) What is the current role of psychology in your home culture?
4) What do you feel are the major characteristics of your home culture?
5) What do you think are the major differences between your home culture and Western cultures?
6) What do you think you would need to adapt to make it applicable to your home country?
7) Do you think that Western psychology is applicable to other cultures?
   a. What is?
   b. What isn't?
   c. considerations?
   d. ethics
   e. Cautions?
8) Do you think it is possible to internationalise psychology? How do you think globalisation of psychology would work?
   a. Practice
   b. Training
   c. Positives
   d. Negatives
   e. ethics
   f. Barriers/difficulties

Appendix L: Illustration of analytic process

Extract from Coded transcript for MAURITIUS	Initial code	Theme
I: **What do you think are the major differences between Mauritius and Western cultures?**		
MAURITIUS: I think it will be pretty complicated to reply to this one because the variety of cultures coexisting in Mauritius does make it a bit hard to define it as a unique "Mauritian culture" with specific characteristics. Of course, there are commonalities in terms of values that are respected by all cultures within the country (please refer to the ones I had mentioned in my previous answer). Again, I am not sure what you mean by Western cultures and how to understand them because I think, for instance, that there may be fundamental differences between American and European cultures even if they would all be referred to as Western cultures. However, I will attempt to think about a few differences based on my experience of both cultures:	Coexisting diverse culture Values that are respected by all cultures within country Differences between American and European cultures exist	Cultural diversity Commonality of human experience What is Western? Inter-Western differences
• One thing that stands out to me is the difference in the transition out of the family home between our countries. In [country of study], it seems to be generally expected that the young person will be leaving home for university or work in their late teens. However, in Mauritius, it is usually the case that a young person may continue living with their family until they are married or leave home for other reasons. Young people who go abroad to study may take a different course if they decide to migrate to the country of study. However, those who study locally will rarely be living in student or other private accommodation away from their family. Perhaps, this can be partly explained by the small size of our island where there is no necessity to travel long distances to get to university or work.	Transition from family home. M – remain at home Small country – no need to travel for uni or work	Cultural differences Collectivist v. Individualist (importance of family) Cultural differences
• Following on my previous point, I believe Western cultures are felt as more individualist and, in Mauritius, collectivism is highly valued. Even now, young people and adults rely a lot on their immediate and extended family system to have their needs met (e.g. for taking care of children and the elderly, financial support for studies or investments, etc).	WC – more individualist M – collectivism highly valued M-rely on immediate and extended family for care and financial support	Collectivist v. Individualist (Importance of family)
• In Mauritius, marriage is highly valued in contrast to other ways of living together (e.g. cohabitation). I think there are still many taboos around	M - marriage highly valued	Cultural differences

cohabitation and same-sex relationships in the country. These are in contrast to Western cultures which I would view as more liberal and accepting of people's life choices regarding their romantic relationships.	Taboos re:cohabitation/same sex relationships WC – more liberal and accepting of romantic choices	
Having said the above, I think that the current generation of young people are more and more getting drawn to Western cultures (as shown on TV, social media, through the life of celebrities, etc). There is a shift towards resembling how Western people look or dress. The food chains such as McDonald, KFC or Subway are also becoming more widespread. Sometimes young people experience eating these fast food as being more 'modern' and refer to home food as 'too traditional'. Young people are also travelling increasingly and getting more exposed to Western cultures. 'Modernising' the country is on the Government's agenda and usually this results in replicating Western structures and practices with the aim of improving our systems.	Young drawn to WC due to media Shift in appearance to W W food chains spreading Refer to W as modern and home as traditional Y travelling and exposing more to WC 'modernising' on the government agenda – replicating W practices	Cultural diversity Globalisation
I would say there are both pros and cons to these influences. Of course, there is no need to reinvent the wheel when there are so many good practices in the Western world that can be used to the benefit of developing countries. However, the adult generation of the country do seem worried about an erosion of values, where young people are less mingling with their families and friends and more focussing on their social media networks. Some statistics refer to higher rates of divorce between young couples, family discord, violence and abuse among children and young people, juvenile delinquency among others. Not sure how different these may be from Western cultures though...	Pros and cons to WC No need to reinvent the wheel when practiced in W already exist which may benefit Older generation worried about erosion of values	Globalisation Provides a framework Considerations Cultural diversity

University Ethics Sub-Committee for Psychology

04/02/2017

Ethics Reference: ███████-neuroscience,psychologyandbehaviour

TO:
Name of Researcher Applicant: Katriona Taylor
Department: Psychology
Research Project Title: What can Western psychology offer to non-Western cultures? A Non-Western perspective on Clinical Psychology.

Dear Katriona Taylor,

RE: Ethics review of Research Study application

The University Ethics Sub-Committee for Psychology has reviewed and discussed the above application.

1.   Ethical opinion

The Sub-Committee grants ethical approval to the above research project on the basis described in the application form and supporting documentation, subject to the conditions specified below.

2.   Summary of ethics review discussion

The Committee noted the following issues:
Ethical issues are appropriately addressed. You could link to the ethics committee chair (pv11@le.ac.uk) in the consent form, when referring to ethical approval.

3.   General conditions of the ethical approval

The ethics approval is subject to the following general conditions being met prior to the start of the project:

As the Principal Investigator, you are expected to deliver the research project in accordance with the University's policies and procedures, which includes the University's Research Code of Conduct and the University's Research Ethics Policy.

If relevant, management permission or approval (gate keeper role) must be obtained from host organisation prior to the start of the study at the site concerned.

4.   Reporting requirements after ethical approval

You are expected to notify the Sub-Committee about:
- Significant amendments to the project
- Serious breaches of the protocol
- Annual progress reports
- Notifying the end of the study

5.   Use of application information

Details from your ethics application will be stored on the University Ethics Online System. With your permission, the Sub-Committee may wish to use parts of the application in an anonymised format for training or sharing best practice. Please let me know if you do not want the application details to be used in this manner.

Best wishes for the success of this research project.


Yours sincerely,

Prof. Panos Vostanis
Chair

Role of psychology:

Participants were asked to rank 11 different roles associated with competencies of clinical psychology in the UK and asked them to rank from 1(most important) to 11(least important), the results of which are presented in Figure 1. The most prevalent competencies used by participants were therapy, psychological assessment and consultation, and the least important roles included teaching, supervision and service evaluation. However, as the confidence intervals demonstrate, there was large variance within responses.

Figure 1: Graph to show the perceived importance of different roles/competencies of clinical psychology in non-Western countries

Importance of competencies in country of origin (1- most important, 11-least important)
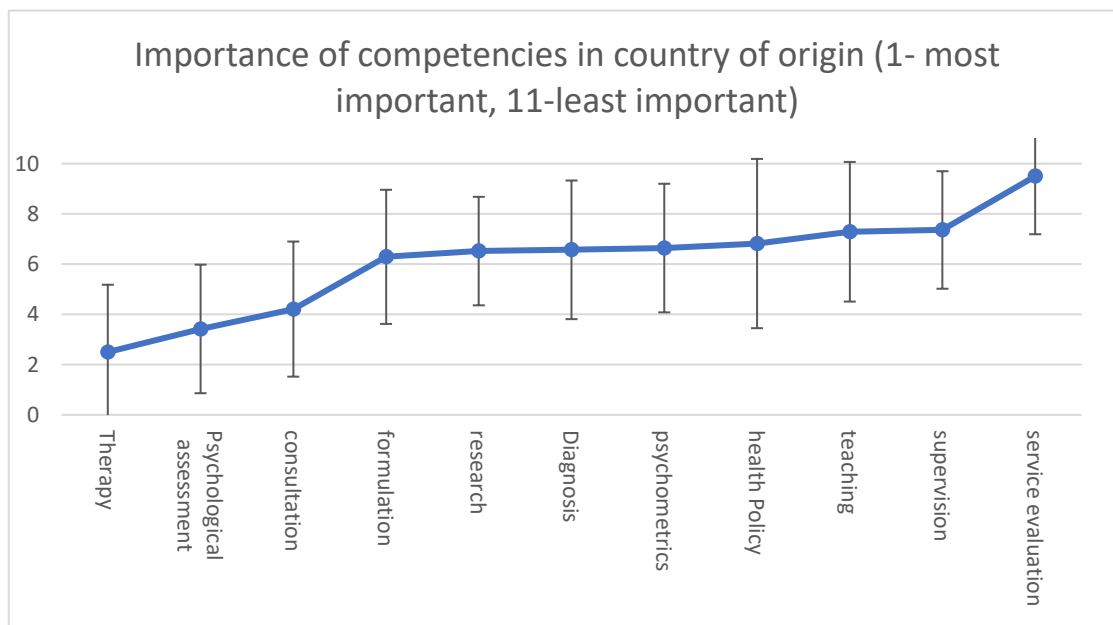
Clarity of psychology within country of origin:

Figure 2 shows the respondents' perceptions of the understanding of clinical psychology within their country of origin. Only half of respondents felt that the roles and values of psychology were clear, and only five participants felt that access routes were clear to service users. The least clear aspect was the difference between psychology and psychiatry, with nine respondents feeling that it was difficult for people to differentiate between these two roles.

Figure 2: Graph to show the clarity of psychology within participant's home countries
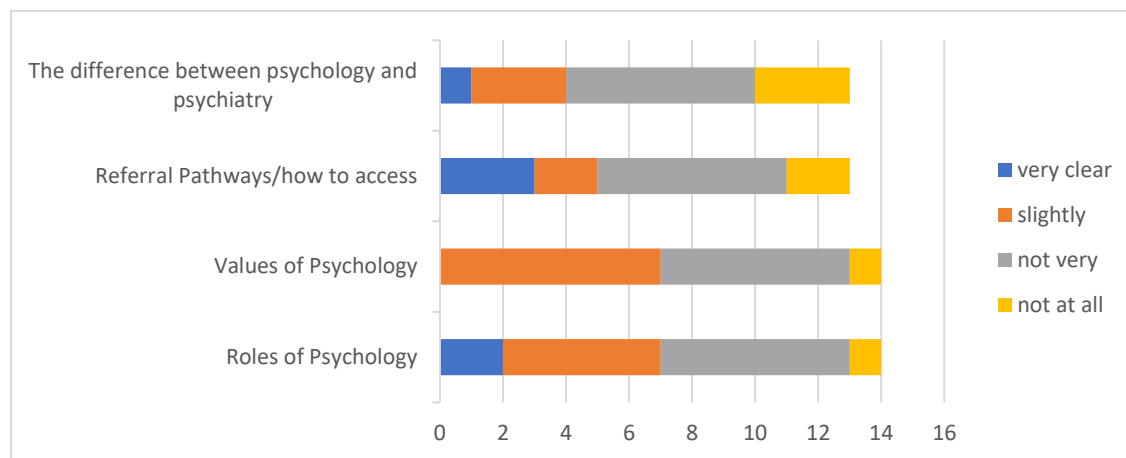
Psychological models used:

Participants reported that the most popular psychological models used within their countries of origin (see figure 3) were Cognitive and behavioural, with nine participants (64.29%) feeling that these models were used commonly, three participants (21.43%) believing that these were sometimes used. Only one participant reported that any theory was never used within their home country, and this was the use of systemic therapy within India.
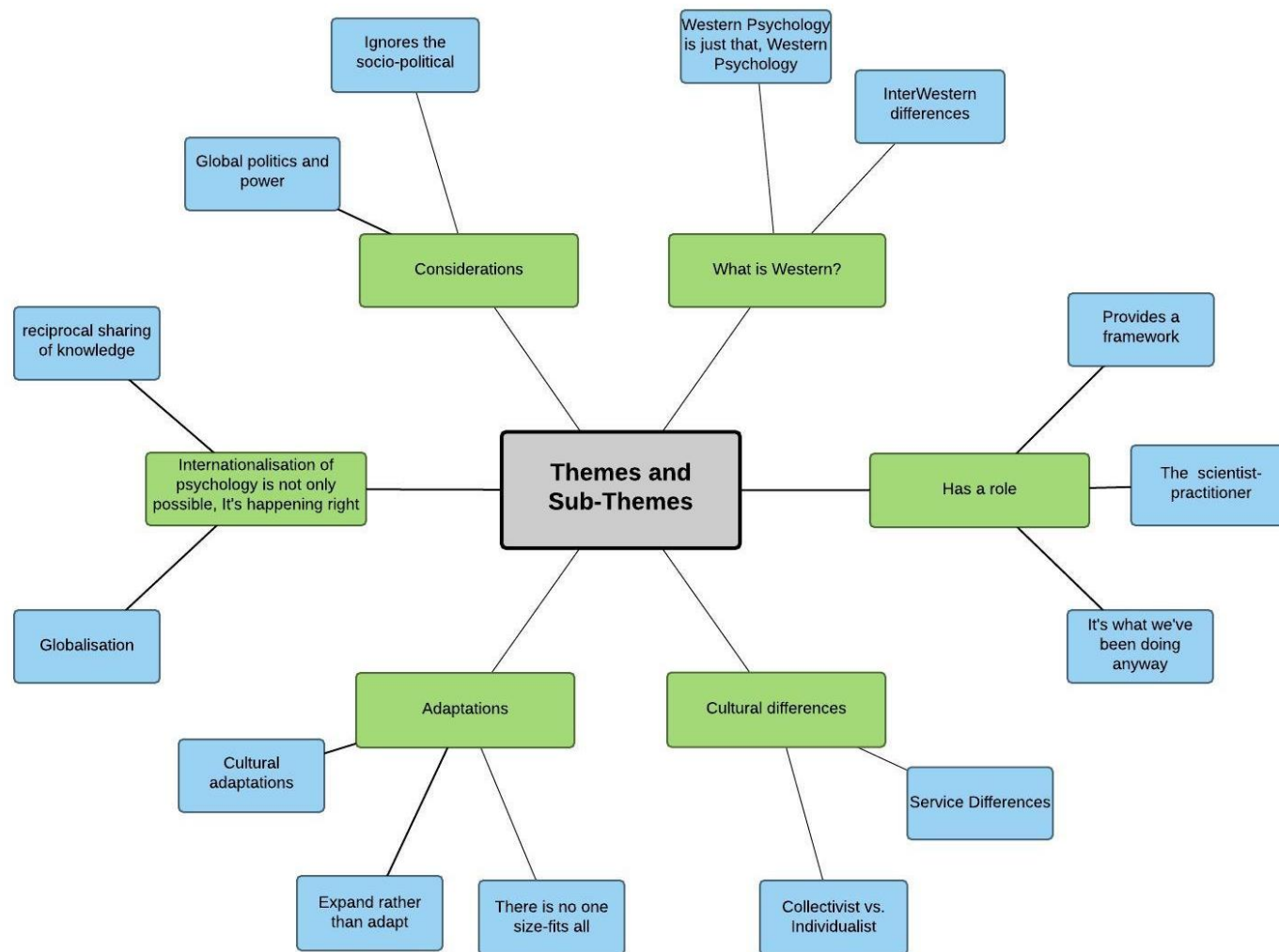
Figure 3: Graph to show prevalence of psychological models

Prevalence of psychological models in country of origin
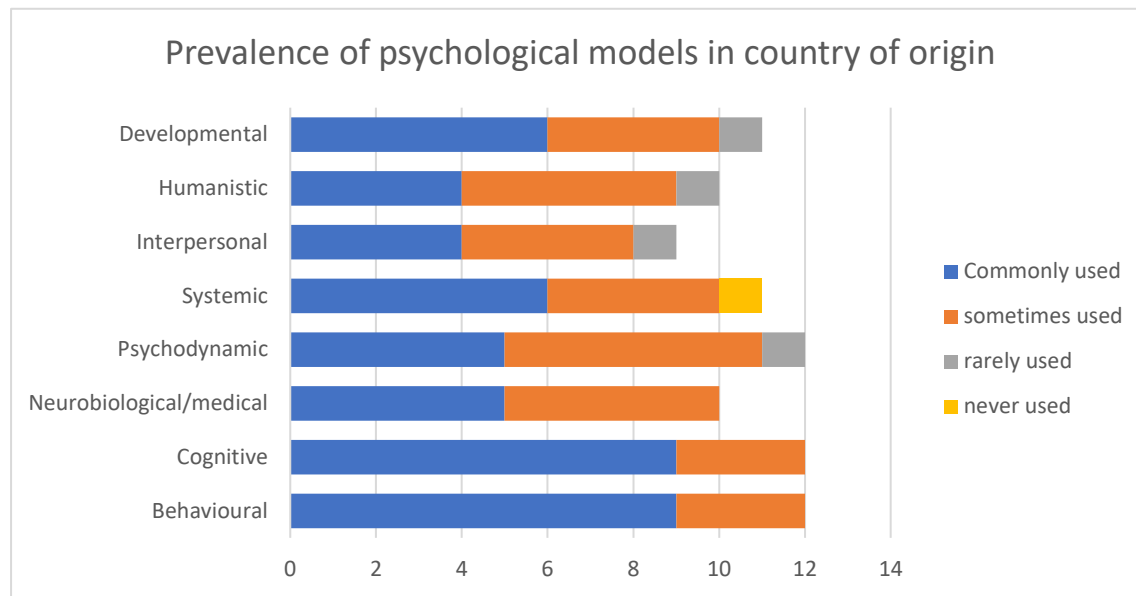
The fit of Western Psychology

Participants were also asked to rate how well they felt Western psychology fits within non-Western cultures on a scale of 0-100 (0 being not at all, and 100 being completely). Responses ranged from 11 (South Africa) - 66 (India), with a mean score of 37.79 (SD= 19.29), suggesting that although participants spoke of the positives of Western psychology, that it is important to consider what elements are useful and what adaptions may need to be addressed in order to make Western psychology palatable if it is to be integrated into other cultures.

Appendix O: Super-ordinate themes and subthemes

Themes and Sub-Themes

- Considerations
  - Ignores the socio-political
  - Global politics and power
- What is Western?
  - Western Psychology is just that, Western Psychology
  - InterWestern differences
- Has a role
  - Provides a framework
  - The scientist-practitioner
  - It's what we've been doing anyway
- Internationalisation of psychology is not only possible, It's happening right
  - reciprocal sharing of knowledge
  - Globalisation
- Adaptations
  - Cultural adaptations
  - Expand rather than adapt
  - There is no one size-fits all
- Cultural differences
  - Service Differences
  - Collectivist vs. Individualist

Appendix P: Mind map of themes, subthemes and codes
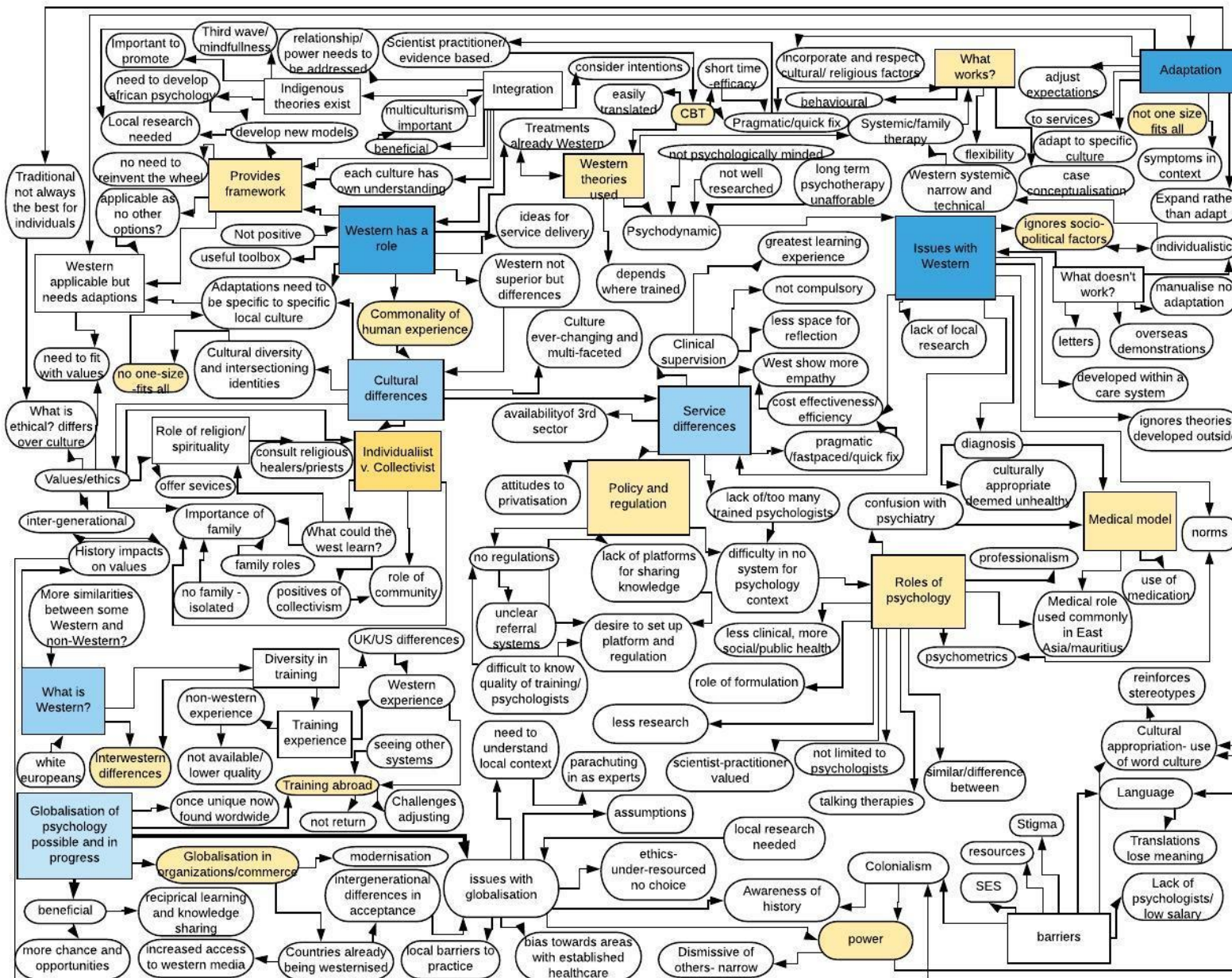
Appendix Q*: Chronology of research process

Research Stage	Timescale
Initial submission of research idea and preferred supervisor	December 2015
Panel Review	June 2016
Preparation for ethics application	June 2016 – January 2017
Application submitted to the University of Leicester Psychology Ethics Committee (PREC)	2 February 2017
Final PREC approval	4 February 2017
Questionnaire participant recruitment and data collection	February 2017-April 2018
Online interview recruitment and data collection	February– April 2018
Data analysis	April – July 2018
Write up of Literature review	December – April 2018
Write up of empirical piece	April – July 2018
Thesis submission	27 July 2018
Prepare literature review and research article for submission in a peer-reviewed journal for publication	September – April
Preparation of research poster for trainee research conference	July-September 2018
Research viva	September 2018
Trainee Research conference	25 September 2018