

Trans-Cultural psychotherapy: Psychotherapeutic Setting in Non-Western (Arabic) Culture

Broude Leonid

MD. Israel. Postal address: P.O.Box 1280, Nazareth Illit, Israel 17111. Email: drleni@netvision.net.il

Modern psychological and psychotherapeutic methods arose in Europe and America in the late 19th- early 20 centuries on the basis of «Western philosophy» that rooted in Renaissance. Historical, social and cultural development of Europe has enabled principles of individualism, democracy, socialism and equality. As a consequence, such concepts as self, self-realization, self-identification, self-mastery and so on emerged and evolved in psychology.

Holistic approach, that was seeing human being as a whole, and predominated up to Middle Ages, was replaced in Europe by Descartes materialistic approach, that divided the world onto material and ideal – onto body and soul.

At the same time the East remained patriarchal, in which a family plays leading role in public structure. Indisputable authority of family, society, government and their power against person did not allow developing of individualism. Collective identification remained primary, when person feels firstly a member of family and society. The process of breakdown of the «big family» to units: «Father-Mother-Child», that occurred in Western society, had little or none influence on East.

«Big Family» is a social unit (and not an individual), which is a part of even greater family – clan. This structure is characterized by broad supportive collaboration within the family on the one hand, and strong dependence on the family, on the other hand. An independent thinking and independence are discouraged from childhood and bring up obedience, collective thinking, self-identification as a member of the family and society. Values of authoritarian and collective society are different from the values of modern western society. Biological needs, as well as universal requirements in security and confidence cannot be achieved without full and frank identification with social values. The need for acceptance as a member of society is a primary need, an essential condition to meet all other needs. Requirements of self-determination, self-mastery, self-identification step back when they come in conflict with the interest of society – reject to preserve social acceptance.

In this article, the author considers the features of «Western» psychoanalytic psychotherapy and psychotherapeutic setting in Eastern society – in Israel's Arab society as example.

Key words: psychotherapy, trans-cultural psychotherapy, culture, society, psychotherapeutic setting.

*«I wish you live in interesting times»
(Ancient Chinese curse)*

We live in the interesting time

This is the time of cultures mix, globalization that introduces all countries in all fields of life. In our time ideals of science have utilized in postmodernism, with its extreme materialistic aspirations. Even people who consider themselves believers and spiritual are influenced by postmodernistic materialism – there are few exceptions only. Moreover, we see the collapse, decline of European culture. [19] At the same time we can see also counter process: the appearance of alternative communities (built on the Russo vision or on eastern philosophical and spiritual principles), religious fanaticism (not just Islamic) and religious wars...

But one thing has remained practically unchanged in this time of changes - a classic psychotherapy with its principles of neutrality, distance, focus on the patient's inner world and ignoring everything that is happening around [15,20].

Human behavior is the result of complex nonlinear interaction between intrapsychic and interpersonal processes with certain family, socioeconomic and cultural factors, with the vast majority of psychotherapeutic methods pay attention only to personality factors associated with the life experience of the patient and influencing on its behavior [2, 15].

Cultural factors are undervalued or mystified [2, 15, 20].

The importance of cultural factors in psychotherapy is enormous [2]. Philosophical ideas about the meaning of life, the essence of disease and health, the concept of normality and common values [2, 16, 20], that are accepted by the patient and therapist both, are defined by their culture. The choice of theoretical approach is most likely based on the culture of the therapist.

Such practical things as a psychotherapeutic setting, understanding the diagnosis, classification, - cannot be independent on cultural background [20].

To be fair to say that competent treatment can be based only on a proper understanding of the patient's culture - it is impossible to understand correctly the patient without taking in consideration his cultural norms: religious convictions and beliefs, concepts of disease, methods of emotional expression, language, attitudes and social norms [1, 3].

Of course, this is not a problem in mono-cultural society, when patient and therapist are the part of the same culture. That is the main reason why the problems and dilemmas of trans-cultural psychotherapy were not paid enough attention until last time (until «victory» of globalization and the onset of intensive mixing of cultures) [20].

The purpose of this article is to review and analyze the influence of Eastern culture to the identity of the patient and the processes



of psychotherapeutic treatment, to consider possible ways to adapt psychotherapeutic setting for non-western patients.

Culture

Culture is a complex of knowledge, beliefs, art, morality, laws, customs and other features and habits acquired and achieved by a member of society from early childhood (through means of parental behavior and education, as well as through the use and transfer language) and define its presentation of the world and about himself [2]. Culture influences the development of personality and individual style of behavior, and identifies ways of behavior regulation and emotional reactions [15].

Modern psychological and psychotherapeutic methods arose in Europe and America in the late 19th-early 20 centuries on the basis of «Western philosophy» that originated in Renaissance. Historical, social and cultural development of Europe enabled principles of individualism, democracy, socialism and equality [7, 10]. As a consequence, they emerged and evolved in psychology such concepts as self, self-realization, self-identification, self-mastery and so on [9, 12].

Holistic approach, that sees human being as a whole has predominated in Europe and in the World up to middle Ages. Then it was changed in Europe to Descartes materialistic approach that divided the world onto material and ideal – onto body and soul.

At the same time the Eastern world remained patriarchal, in which family has a leading role in public structure [9, 10, 12]. Indisputable authority of family, society, government, their power on the person did not allow the developing of individualism. Collective identification remained primary, when a person feels firstly a member of a family and society. The process of breakdown of the «big family» to units: «Father-Mother-Child», that occurred in Western society, had little or no influence on East [10,12].

«Big Family» is a social unit (and not an individual), which is a part of even greater family – clan. This structure is characterized by broad supportive collaboration within the family, on one hand, and strong dependence on the family, on the other hand [9, 12]. An independent thinking and independence are discouraged from childhood and bring up obedience, collective thinking, self-identification as a member of the family and society [10].

Values of authoritarian and collective society are different from the values of modern western society [9, 12]. Biological needs, as well as universal requirements in security and confidence cannot be achieved without full and frank identification with social values. The need for acceptance as a member of society is a primary need, an essential condition to meet all other needs. Requirements of self-determination, self-mastery, self-identification step back, and when they come in conflict with interest of society – reject to preserve social acceptance [9,11].

Psychological Features of Oriental Culture

Personal development takes place on the background of the culture of one's society - and is influenced by it [2, 15, 20]. If in the West the individual is seen as a psychological being and its development is assessed as growing capability of independent functioning, the man in the East is firstly a social being and his development is assessed as growing capacity for social functioning: creating a family, getting work, being accepted and respected in his society [7, 15].

«Eastern» childhood is characterized by strong dependence on the mother, which provides all the material needs of the child - but does not attach much importance to emotional ones [12]! The family adheres to the principle of equality rather than equity (shoes are bought to all the children, when one of them dreams of a new knapsack).

The unexpected end of this «paradise» comes with the birth of the next child and the boy transfers into the adult world with a lot of restrictions and responsibilities [7, 12, 14].

Through the process of child development this parental behavior leads to anger towards parents on one hand, and, most importantly, to the sense of guilt due to possessing on anger from the other hand.

An absolute protective and supporting motherhood doesn't allow developing vital abilities such as postponing immediate satisfaction or high frustration threshold. One can assume that this parental mode leads to the impulsiveness and tendency to see the world as black and white among eastern men (Oriental character) [12, 14].

These traits are very common and resemble borderline personality disorder - but do not reach the sufficient level for diagnosis. And in the case of a real personality disorders of a clinical level, we do not see «schizoid coloring», so typical for Western psychopaths: feelings of emptiness, lack of meaning for life, boredom, suicidal and antisocial behavior or promiscuity [12].

The early childhood of girls has some differences: after the birth of the next child - especially a boy, a girl in the eastern family is moved from the same world of absolute maternal care to the world with high demands, expectations and responsibilities. They learn to ignore and not realize their own feelings and emotions (because their past teaches them that the feelings are useless). However, in the eastern society there are generally accepted forms of emotional expression in women: anxiety and depression. Hence the frequency of these traits is right up to the clinical picture of depressive illness. In this case the woman will receive the full support of all her family. Moreover, depressive and hysterical features are often perceived as an inherent part of the female character [9, 11, 12].

Arabs & South/Easterners and Westerns

Below is an excellent comparison of western and eastern personality that Marwan Dwaity (Professor of Psychology in Israel - an Arab, Muslim) gave in his monograph[10]. (Marwan A. Dwaity, Cross-Cultural Counseling: the Arab-Palestinian case. table 4.2, p.91. The Haworth Press, 1998)

Culture and Psychotherapy

Thus, two personalities with their personal and cultural characteristics meet in the therapist's office. The content and form of psychotherapy is defined by these features - and the more difference is between their cultures, the more misunderstanding is found between them and the more mistakes are done [20]! The only way to avoid mistakes and improve the quality of treatment and reduce the possible harm (Primo non nocere!) is to be familiar with the culture of the patient [2, 13, 16, 20]!

Two important processes occur in our time in the eastern society [7, 10]:

- More and more young people accept the Western values – because of the influence of the media, visits to the West, especially in the education process in the West (Israel is a typical case).

Arabs & South/Easterners	Westerns	
Unindividuated self	Individuated self	Individuation
More collective	More independent	Personality
More social-control	More self-control	Main source of control
Family and community control	Ego and superego control	
More social/interpersonal	More intrapsychic	Main conflict and main source of repression and anxiety
Social approval	Self-actualization	Main source of happiness
More social and cultural skills	More defense mechanisms	Coping
More by norms	More by personality	Prediction of behavior
More contextual	More consistent across situations	Consistency of personality

Arabs & South/Easterners and Westerns

• On the other hand, we see an increasing influence of traditional Islam, which opposes itself to Western values and perspectives.

To select the correct method of psychotherapy is necessary to determine the patient's place in the cultural continuum: from full acceptance and identification of the new Western values (and there are many of such people) - to their complete denial and identification with traditional Eastern ideals [7, 10, 13, 16].

Principles and Setting of an Eastern Patient Psychotherapy

The final purpose of psychotherapy is providing real help. For successful treatment it is necessary to understand the patient's views [20] of many things - especially of those ones the therapist works with and on which the psychotherapeutic setting is based on.

1. Expression of emotions.

Western psychotherapy aims to increase awareness of unconscious impulses and desires, to achieve self-actualization, to build a new balance between the needs of children and parents,

to change family roles and relationships [10, 15]. Eastern culture requires not to be opened to others (nobody has to know intimate things - especially offensive!). Outpouring assessed as unacceptable weakness. Rules of behavior require satisfying others. There is a prohibition of expression of jealousy, envy, hatred, disgust. [9]. There is alienation of emotions from conscious awareness. An expression of common feelings is encouraged: respect for elderly, love for family members, participation in joyful and sad family events (weddings, funerals) - regardless of your real feelings for the «guest of honor» [7, 8, 10]. From the Western point of view, such behavior can be estimated as the development of the «False Self» as a mechanism of adaptation and survival, which includes a refusal to direct expression of aggression, mistrust, and fear and hiding the true feelings and expression of «generally accepted» behaviors [20].

2. Psychotherapeutic process, comprehension and insight.

Western psychotherapy is based on the beliefs that understanding and insight will lead to behavior change [2, 15]. The therapy is based on verbal communication, on the principle of separation between

the physical and psychological, between body and soul. It requires high standard of abstraction, using verbal psychotherapeutic techniques based on logical linear thinking and requires the ability for a deep analysis. It is required from the patient to understand the psychological causes of feelings and behavior (psychological mindedness). The form of session is an open non-directive interview.

An Orient patient was brought up on nonverbal communication [8]. Physical symptoms predominate and are an integral part of illness or psychological stress [12, 16]. In the East, the generally accepted way to mental health is «throw away the heavy thoughts from the head.» There is a difficulty for the Eastern people to understand the link between the symptoms and feelings or conflicts [3, 8, 10]. Since childhood, they were brought up not to trust their own thoughts and feelings and to rely on the opinions and judgments of other (authorities). We see an immediate expectation of magical assistance, but not a readiness for a long gradual process, and the tendency to see the therapist as an authority figure and to expect guidance and practical assistance [3, 10, 20].

Oriental methods of psychotherapy (yoga, meditation) are based on the associative creative thinking and not on logic and verbalization.

3. Language.

Yet in 1950 Greenson said that only the native language may fully refer earlier conflicts, dreams, desires and primary aspirations [17]. The conversation with the therapist in nonnative language leads to problems of expression and understanding, blocks free association, doesn't reveal the hidden parts of the SELF, and may lead to a sense of futility of talks and the development of psychosomatic symptoms [17, 20]. Often the semantic fields of concepts in different languages do not match. Language is not only a tool of communication. Language is an important part of human identity, its culture, its way for perceiving and expressing reality [2, 15]. In Israel (my experience is based on psychotherapeutic work with the Israeli Arabs) Hebrew prevails in the country and in the profession. There are just no psychological terms in the Arabic language (in Israel) [10].

4. Time.

The psychoanalytic concepts (such as memory, forgetfulness, repression, repetition, expectation, the impact of the past to the present in thinking, feeling and behavior, delayed satisfaction, the relationship of past, present and future, transference, a sense of eternity, infinity, or fragmentation) and psychotherapeutic setting (constant time of meeting, its duration and boundaries) are built on the notion of time. The time perception is different in the eastern culture: there is no clear differentiation between present and future; life style is «being», not «doing». [7,12,13] (In Arabic there is not even a single grammatical form for future tense, there is the past tense and the «present-future» tense, when the future has subjunctive tone - «I want to go» and not «I will go»). Typical time distribution during the day: «before lunch» and «after lunch». [3, 4, 11]

In addition, the underdevelopment of social and municipal services in the Arab sector in Israel teaches them «not to hurry - still have to wait for hours in the queue...» [4, 12, 13, 17].

Time boundaries are different: the patient is ready to wait, but does not understand the need not to be late [12, 14, 17].

The requirement to comply with the time frame is perceived as a disregard, the requirement to finish on time - as a lack of interest and desire to help [7].

5. Money.

Eastern culture refers to the money with a certain degree of modesty - demanding money is perceived as a tightwad. The shop can provide goods on credit, even for a stranger - in order not to humiliate oneself demanding money! You can close small deals with a single note about the payment: «Do not quarrel!» This attitude to money is also expected from the therapist. Noting the price of the treatment during the calling for the first meeting produces a negative impression («You only want to receive money, not to help»). Accordingly, the requirement of payment on time for every meeting is seen as greed. Moreover, the work that does not produce concrete material results - is not assessed as serious work. And of course, the fee requirement for the missed meeting - certainly is not accepted.

6. Neutrality and self-disclosure of therapist.

The relation to these important ideals of dynamic psychotherapy in the eastern culture is doubled because «the self-disclosure to another person is dangerous» [10, 12]! Orient patient may choose the therapist who does not belong to his society - for maximum discretion, (and also because of the «conventional» view that the Jewish therapists are better, more professional (self-identification with the aggressor) [12, 13]. But if he chooses the therapist from his society (for better understanding), he will want to get information about him and his family - to check whether he can trust him ...

7. Transference

Arab Society teaches its members to restrain negative feelings and be polite to those who caused these feelings. [9, 10]. Arab patient's negative transference can be expressed in a roundabout way, but when anger of the patient reaches unbearable level, it can result in the form of an uncontrolled explosion. The manifestation of love is also restricted in the Arab culture, so it is difficult to expect a direct expression of positive transference. Additionally, transference of Arab patient reflects his attitude to authority - it is difficult to understand the real feelings of the patient and assess the progress of treatment. For social politeness reasons and the desire to satisfy his therapist the eastern patient reports an improvement even after the first meeting [10].

8. Counter Transference.

Counter transference is also influenced by cultural differences [6, 12]. Lack of experience of the therapist in the transcultural treatment and misunderstanding of its significance can lead to treatment failure - and hence the feeling of incompetence and malice, which leads to the rejection of the patient [17,20]. Political convictions of the therapist - no matter if he feels ashamed and guilty for his involvement in the mainstream, or shared nationalistic prejudices - influence the process of treatment, even if only on an unconscious level, and may lead to latent or open conflicts, deadlock in the treatment and its premature end [3, 5, 17, 20].

9. Political Situation in Israel.

Political situation in Israel adds complexity. There is deprivation and discrimination, lack of developed psychotherapeutic services in the Arab sector [13]. Additionally, the present service is perceived

by many Arabs as a product of Western culture, hence the more stigmatic attitude to it [4, 12, 13]. There is an «expectation» of Jewish psychotherapists from the Arabs «to develop themselves» up to the Western mentality [5, 17], on one hand, and a significant manifestation of the secondary gain of the Arabs and their relationship to social services as to agents of a hostile Jewish government, on the other hand. National pride of the Arab patients is often perceived by Jewish psychotherapists as aggressiveness, low socio-economic level as inferiority [12, 17], realistic suspicion as paranoia [5, 7, 17]...

Two representatives of different cultures and even hostile ethnic groups in extended conflict meet in the therapist's office for the personal therapeutic process. Naturally, they share a primary tendency to avoid slipping to cause heavy feeling; they narrow topics to «personal» level that «free» from external conflict [14, 17]. They try to exclude, to deny a very important part of the mind of both meeting participants [18].

Typical Mistakes and Problems of Trans-Cultural Psychotherapy

1. Psychotherapist's mistakes in understanding the behavior of a patient

Typical error of the therapist who is not familiar with the discussed cultural characteristics is misunderstanding of cultural codes of behavior and their evaluation as personal properties of the individual or the resistance («pathologising» of cultural features) – or – conversely – «overculturalization» of real psychological problems [2,15].

2. Patient's mistakes in understanding the behavior of a psychotherapist.

Emotional neutrality, avoiding direct intervention in the life of patients and reluctance to give specific advice are perceived by the Arab patient as indifference, coldness and unwillingness to help. Require to adhere to time limits and to pay on time is perceived as a lack of interest, greed, and – again – unwillingness to help. Failure of the therapist to give information about himself offends the trust. Often the differences in the assessment of the emotional tone of simple questions of the therapist lead to embarrassment: «why» question is hinting at a negative remark, «I understand» means threatening («I understand your bad intentions») [7, 10].

3. Difficulties with the intention of the treatment

The main instrument (and the intermediated goal) of dynamic psychotherapy is understanding the unconscious impulses and behavioral correction. Eastern society punishes the expression of sexual desires (e.g., awareness of a married woman of her affection for another man), or anger at parents – an awareness of these unconscious desires is unlikely to lead the patient to happiness [9,12]. Moreover, the awareness to internal conflicts and their enactment usually does not resolve the conflict and could complicate it even more – an example of Marwan Dwairy: the young man asked for treatment because of stuttering, which resolved after he got an awareness of his unwillingness to work in a family business with a powerful and overwhelming father. This realization led to the break up with his family. After a period of alienation patient was forced to return to his father with a confession – stuttering returned again.

An adaptation of western psychotherapy to eastern patient – requirements for the therapist:

Transcultural Psychotherapy – a complicated process of «smelting», which involves personal values of two distinct people, theoretical academic representations (including indisputable axioms), two different systems of cultural and religious attitudes and beliefs. Incorrect understanding, rigid stigmatic views of each side about the culture of the other side and uncontrolled emotional reactions lead to inevitable errors [20]. The therapist, in contrast to the patient, is obligated by the choice of his profession to be in a constant search for his mistakes, his «blind» places and unconscious prejudices [2,16] – in order to correct them and improve the quality of psychological care. The therapist must understand the patient's view of the world and his place in the cultural continuum [10, 12].

The above-quoted Professor Marwan Dwairy formulated the following principles of adaptation of western methods of psychotherapy for Eastern (Arab) patients [7, 10]:

- It is important for the therapist to get practical experience in dealing with Eastern culture and to understand that the patient is part of the «collective ego».
- Psychotherapeutic session is not the most suitable place for a confrontation with the culture of the patient's family or society.
- The purpose of psychotherapy is to help the patient solve his problems within his cultural environment, without exacerbation problems between him and his entourage.

For the proper selection of psychotherapeutic method, suitable for an eastern patient it is necessary to evaluate his [7]:

- Power of Ego (Ego strange)
- Ability to deal with external conflict that may arise as a result of awareness of internal conflicts.
- Social identity
- The patient's concern of the values of his culture.
- His place on the continuum between full acceptance of traditional norms and their extreme criticism and acceptance of Western norms.
- Cultural identity
- The proportion between the rigidity of the patient's family and its willingness to change.

Probably, following methods are more appropriate for typical oriental patients [7,8]:

- Short-term psychotherapy with a specific aim.
- Eclectic psychotherapy with a flexible setting.
- Mobilizing family and social authorities for the treatment, including home visits [3, 7].
- Using techniques based on Eastern philosophy (Sufism), metaphorical psychotherapy, etc.

I myself come from the Western culture although I was closely associated with the East for 20 years. I got the Western standards – philosophical, cultural and psychological – with «mother's milk» and subconsciously evaluate it as the most correct and most developed. While meeting with the Eastern patient I sometimes have to remind myself that my patient thinks the same things about his standards and his culture. And I want to remind myself – and remind somebody who is now reading these words – that only 21% of world's population belongs to the European culture [19], and this percentage is steadily declining. Probably, the next article will have to be written about the peculiarities of Yoga and aurovedic psychotherapy for the rest representatives of the «so-called European culture»...

References

1. Abu Baker K., Dwairy, M. Cultural Norms Versus State Law in Treating Incest: A Suggested Model for Arab Families. *Child Abuse and Neglect*, 2003; 27: 109-123.
2. Alarcon R., Westermeyer J., Foulks E., Ruiz P. Clinical Relevance of Contemporary Cultural Psychiatry. *The Journal of Nervous and Mental Diseases*, 1999; 187(8): 465-471.
3. Al-Krenawi A., Maoz B., Shiber A. [Integration of Modern Medical system with Religious- folk medical in the Mental Treatment of Bedouins]. *Sihot*, 1995; 10(1): 42-48. (Article in Hebrew).
4. Al-Krenawi A. Socio-Political Aspects of Mental Health Practice with Arabs in the Israeli Context. *Israel Journal of Psychiatry Related Science*, 2005; 42(2):126-136.
5. Biran H. [Feelings of Inferiority and Superiority: Checkpoints on the Way for Dialogue between Jews and Arabs]. *Imut – Mental Health Workers for the Peace*, 1991; 2: 12-14. (Article in Hebrew).
6. Cnaan R. Social Service for the Enemy? Education for Social Work and the Arab Sector in Israel. *International Social Work*, 1988; 31: 33-43.
7. Dwairy M.A., Van Sicle D. Western Psychotherapy in Traditional Arabic Societies. *Clinical Psychology Review*, 1996; 16(3): 231-246.
8. Dwairy M.A. A Biopsychosocial Model of Metaphor Therapy with Holistic Cultures. *Clinical Psychology Review*, 1997; 17(5): 1-14.
9. Dwairy M.A. Addressing the Repressed Needs of the Arabic Client. *Cultural Diversity and Mental Health*, 1997; 3(1): 1-12.
10. Dwairy M.A. Cross-Cultural Counseling. *The Arab-Palestinian Case*. New York – London: The Haworth Press, 1998.
11. Dwairy M. [Issues in Psychological Assessment of Patients from Collective Cultures: an Arabic Case]. *Sihot*, 2006; 21(1): 26-32. (Article in Hebrew).
12. Gorkin M., Masalha S., Yatziv G. Psychotherapy of Israeli-Arab Patients: Some Cultural Considerations. *The Journal of Psychoanalytic Anthropology*, 1985; 8(4): 215-233.
13. Levav I. et al. Common Mental Disorders Among Arab-Israelis: Findings from the Israel National Health Survey. *Israel Journal of Psychiatry and Related Sciences*, 2007; 44(2): 104-113.
14. Masalha S. The Arab-Jewish Relationship in the Therapeutic Setting: Some Cultural Considerations. *Psychology of the Masses*. European Foundation for Psychoanalysis, 1993; 19(30): 1-8.
15. McGoldrick M. Culture: A Challenge to Concepts of Normality. In: *Culture and Normality*. Monica McGoldrick. New York: Guilford Press, 2002; 1-12.
16. Moldavsky D. The Implication of Transcultural Psychiatry for Clinical Practice. *The Israel Journal of Psychiatry and Related Sciences*, 2003; 40(1): 47-56.
17. Nashef J., Bar-Hanin T. [Social- political context between the therapist – patient, in supervision, in Jewish-Arab diade]. In: *Autism to Activism Brochure: the Peace School Neve-Shalom*, 2010, 57-90. (Article in Hebrew).
18. Perez Foster R. The Clinician's Cultural Countertransference. *Clinical Social Work Journal*, 1998; 26(3): 253-270.
19. Reshetnikov M. [A Subtle Way of the Future: Modeling and Reality. In: *Posthuman: from neanderthal to cyborg*]. Moscow: Algorithm, 2008; 161- 174. (Article in Russian).
20. Tseng W-S., Streltzer J. *Culture and Psychotherapy: a Guide to Clinical Practice*. American Psychiatric Press, Inc., 2001.