World ▮ Cultural ▮ Psychiatry ▮ Research ▮ Review
OFFICIAL JOURNAL OF
WORLD ASSOCIATION OF CULTURAL PSYCHIATRY

Original Article

Proof of concept of investigating psychotherapy as a western cultural healing practice: Assessing its prevalence in western versus non-western countries

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Abstract: *The purpose of this study was to provide proof of concept through preliminary data in support of (a) envisioning psychotherapy as a Western cultural healing practice and (b) the feasibility of quantitatively investigating it as such. Specifically, this study sets out to investigate the acceptance and utilization (i.e., prevalence) of psychotherapy, two implicit indicators of the acceptance of the Western cultural components of psychotherapy, across 15 countries considered Western and 15 considered non-Western based on Hofstede's individualism and power-distance dimensions. Prevalence of psychotherapy per country was determined on the basis of the number of psychotherapy practitioners, membership with psychotherapy organizations, publishing in psychotherapy journals, and the existence of government credentialing for psychotherapists. We hypothesized that all the indicators would be higher in Western countries. All hypotheses were supported. Country wealth was ruled out as an alternative explanation. Psychotherapy appears to be more prevalent in Western culture countries.*

Keywords: cross-cultural psychotherapy, psychotherapy prevalence, psychotherapy utilization, psychotherapy acceptance, Western culture

WCPRR Dec 2023 24-44. **© 2023 WACP**
ISSN: 1932-6270

INTRODUCTION

The ubiquitous nature of the assumption of Western-derived psychological treatments like psychotherapy as mostly acultural with high global applicability (albeit after some relatively minor cultural adaptations) is underscored by the difficulty in locating research that investigates the effectiveness of psychotherapy using country as a moderator. The strong

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possibility that Western psychological treatments might vary in effectiveness as a function of national culture is something that is not usually carefully considered. One meta-analysis did examine whether the effectiveness of culturally-adapted psychological treatments for depression varied across Western versus non-Western countries, concluding a difference: psychological treatments, even when culturally adapted, are less effective in non-Western countries (Chowdry et al., 2014). Another concluded that most of the incremental effectiveness of culturally adapting psychological treatments could be attributed to altering the rationale of treatment interventions to be better in line with cultural beliefs (Benish et al., 2011). There is theorizing and growing evidence consistent with the conclusion that psychotherapy, at its very core, is a practice that is less compatible with many alternative cultural worldviews (e.g., Owen et al., 2011).

Psychotherapy as a western cultural healing practice
Theoretical models

In order to most effectively investigate the possibility of psychotherapy being a Western cultural healing practice, two things are necessary. First, a model or theory is needed that outlines why and how psychotherapy is a Western cultural healing practice. Second, a defensible operational definition of Western culture is needed.

Frank (2004) in his common factors model of cultural healing suggests that psychotherapy, with all cultural healing practices, shares four underlying mechanisms in common that are primarily responsible for their effectiveness: (a) an emotionally-connected relationship between the individual and the healer (e.g., therapeutic alliance, working relationship between a shamanic healer and individual), (b) a social setting ascribed to be therapeutic by the larger culture (e.g. psychotherapist's office, temple), (c) the individual's adoption of the healer's socioculturally-consistent explanation for the cause of the problem (e.g., cognitive-behavioral therapeutic theory, religious scriptures), and (e) the provision of healer rituals or interventions consistent with the explanation provided (e.g., cognitive-behavioral interventions, metaphysical rituals) that the individual believes will help. Psychotherapy reflects the dominant features of Western society such as valuing individual self-fulfillment, pluralism, intellectualism (Frank, 2004; Cushman, 1990) and distributing wealth and promoting equality or equity (Hofstede, 2011). Such values not only predispose a willingness to accept speaking to a therapist privately (and sometimes in secret from family members) as a legitimate avenue for support but also influence how the therapist and client interact with one another. For instance, in a culture that values self-fulfillment, the therapist may regard independent thought and action as a reflection of a client's growth, which should not be the case in a society that emphasizes collectivism and preserving family status and reputation. Frank's

Common Factors Model contributed to the emergence of Wampold's Contextual Model (Wampold, 2001).

The Contextual Model also frames psychotherapy as socioculturally-situated practice. It also does not envision psychotherapy as culturally invariant and universal, but instead as Western healing phenomenon that is integrally intertwined with aspects of Western culture (Wampold, 2001). According to this model, there are three pathways responsible for positive outcomes resulting from psychotherapy (Wampold & Bedi, 2020). First is a real and genuine mutual relationship in which the client can trust and confide in the therapist and the therapist shares responsibility for promoting the client's wellbeing. Cultural conditioning contributes to the legitimacy of this relationship. Second, the therapist helps the client develop positive expectations for the therapy, primarily though enlightening the client how and why psychotherapy can help in a manner that seems sensical or plausible to both the client and therapist. Cultural conditioning will play a role in what the client finds sensical and plausible. Third, the therapist suggests and the client enacts actions that are likely to be beneficial for the client. Out of the three, theory-specific interventions, which form part of the latter pathway, account for only a micro-share of the overall effectiveness of psychotherapy (Wampold & Imel, 2015).

There is ample meta-analytic evidence in direct and indirect support of these models. For example, a meta-analysis of different psychological treatment approaches that have been implemented in China found that treatment efficacy is determined by the degree to which aspects of the type of psychotherapy offered matches the dominant Chinese cultural and philosophical milieu (Xu & Tracey, 2016). The results of numerous other supportive meta-analyses are reported in Wampold (2001) and Wampold and Imel (2015).

Defining "Western"

To propose psychotherapy as a Western cultural healing practice begets the question of what we mean by "Western" and what is the so-called Western culture within which psychotherapy is embedded within. Unfortunately, this is difficult to do because it is a topic largely ignored by psychotherapy researchers. To demonstrate this, we sampled 32 empirical research articles that were obtained in EBSCO PsycINFO located by searching the keywords "Western countr*" and "Eastern countr*" or "non-Western countr*" in the title or abstract and including the word "psychotherapy" or "counseling" anywhere in the record. We then reviewed them for how they defined Western and non-Western/Eastern (see Appendix A for supporting data in tabular form).

Some researchers fail to provide an operational definition of "Western" and examine differences between Western and non-Western countries without

providing any explanation for their categorization. Among studies that do provide an operational definition of Western culture countries, there is no established consensus. Rather, there is a not only huge variability in how the researchers define Western culture countries but also notable inconsistencies in what countries are categorized was Western or non-Western. Ambiguous descriptors, or highly questionable, inaccurate, biased or seemingly invalid indictors were commonplace. Oftentimes countries were classified as Western countries without any reference to cultural factors. It was also common to consider Western culture countries as those that were more economically developed or in North America or Europe (geographical location). Very imperfect correlates of culture were sometimes used to classify countries, such as on the basis of dominant country religion or language spoken. But even here there are blatant discrepancies. For example, three of the four top French (a Western language) speaking countries in the world are in Africa and there are more French Speakers in the Democratic Republic of Congo than in France (Bada, 2018) yet they are not considered Western countries. Middle Eastern countries are amongst the world's wealthiest but also not Western countries. Australia and South Africa are not in North America or Europe yet most would not question their status as Western culture countries.

A big limitation with most of these classification attempts is that they provide little understanding as to what cultural values or conditioning underlie a Western or non-Western culture. A step in the "right" direction is provided by those few articles that identify a particular cultural value (individualism) as the basis for classification. One study (Stankov & Lee, 2008) used the GLOBE model, a model of national culture, to capture differences between cultural groups across nine dimensions resulting in clusters of cultures. Western was defined as countries within Latin Europe culture, Germanic Europe culture, and the Anglo culture, and non-Western was defined as countries within Eastern Europe culture, Latin America culture, Sub-Saharan Africa culture, the Middle East culture, Southern Asia culture, and Confucian Asia culture. Unfortunately, the GLOBE model lacks data on many countries, especially those commonly classified as non-Western, limiting its usefulness for a broader global analysis of psychotherapy. Another study drew upon the World Values Scale (Lee, 2014) but limited analysis of non-Western countries to those within the Confucian Asian region, and thus were silent on what other cultures would fall under the umbrella of non-Western.

Two studies use the Hofstede model, which involves six dimensions to capture national culture: Power Distance, Uncertainty Avoidance, Masculinity/Femininity, Individualism/Collectivism, Long-term Orientation, and Indulgence and Restraint (Hofstede, Hofstede, & Minkov, 2010). In Fukuzawa and Inamasu (2020), seven countries were selected and determined as Western or East-Asian on the basis of Hofstede individualism-collectivism scores. However, non-Western countries are broader than just those of East

Asian culture, so this study provides an incomplete classification of non-Western countries. There are many non-Western countries that can still be classified as individualistic based on the Individualism index alone (Hofstede, 2011). For example, certain classic European countries like Greece and Portugal score lower on individualism than non-European countries like India, Argentina, and Morocco. Forsyth, O'Boyle, and McDaniel (2008) loosely drew upon the Hoftstede cultural dimensions as well as elements of the World Values Scale but relied on a vague description of how countries were classified as Western or non-Western.

Using Hofstede's Model to Conceptualize Western Components of Psychotherapy

Hoftstede's model of national culture provides a useful basis for defining "Western culture" in a manner useful for investigating psychotherapy. Western culture can be operationally defined as countries that score high (above 50) on individualism and low (below 50) on power distance indicated on the Individualism-Power Distance table of the Hofstede model (Hofstede, 2011). In addition to face validity (see Figure 4.1 in Hoftstede et al., 2011), these two dimensions demonstrate high negative correlations, indicating that they provide quite distinct information, making them statistically efficient as predictors.

The Individualism dimension reflects the extent to which members of a society value self-identity and are less reliant and less focused on social groups (Hofstede, 2011). The Power Distance dimension is defined as the degree to which individuals at the lower end of a country's power structure accept and expect the power distribution to be imbalanced (Hofstede, 2011). In high power distance countries, those with less power endorse or widely accept the existing societal inequalities that disproportionately benefit those in power (Hofstede, 2011). According to the Individualism-Power Distance table (a scatterplot of countries across these two dimensions; Hofstede, 2011), countries commonly considered Western (e.g., Canada), reflect high individualism and low power distance.

High individualism relevant for psychotherapy can be reflected in the client's value on establishing somewhat independent thought and action, away from the dictates of community elders, families, and other members of the individuals social/familial circle, which is implied when one visits a therapist. Individualism is also reflected when one works towards self-fulfillment; a value that is championed by American culture. Another consideration is the normative expectation of a one-on-one private interaction between a therapist and a client in psychotherapy (Frank, 2004). This setting is reflective of individualism, in which the client's personal, individual-level privacy is upheld by the confidential nature of therapy.

Table 1
Independent samples t-test Results for Indicators between Western and non-Western countries.

	Region						
	Western		**Non-Western**				
	N=9		**N=8**				
Psychologists	M	SD	M	SD	t	p	Cohen's d
	69.808	39.119	9.215	15.388	4.289	.001**	2.00
	N=12		**N=12**				
Psychiatrists	M	SD	M	SD	t	p	Cohen's d
	22.652	12.017	2.112	2.089	5.834	.001**	2.38
	N=15		**N=15**				
World Council for Psychotherapy	M	SD	M	SD	t	p	Cohen's d
	.039	.050	.004	.008	2.694	.017*	0.98
	N=15		**N=15**				
Society for Psychotherapy Research	M	SD	M	SD	t	p	Cohen's d
	.615	.566	.088	.274	3.247	.004**	1.19
	N=15		**N=15**				
Society for the Exploration for Psychotherapy Integration	M	SD	M	SD	t	p	Cohen's d
	.066	.066	.004	.010	3.586	.003**	1.31
	N=15		**N=15**				
Journal of Psychotherapy Integration	M	SD	M	SD	t	p	Cohen's d
	.035	.058	.000	.001	2.285	.038*	0.83
	N=15		**N=15**				
Psychotherapy Research	M	SD	M	SD	t	p	Cohen's d
	.106	.150	.002	.009	2.668	.018*	0.97

Low power distance is manifest in the way that therapists, the healers of psychotherapy, are not commonly seen as absolute authority figures that dictate what their clients should think, like is more common in high power distance countries like India, which have traditions of healing in which individuals follows the dictates of their spiritual leader, almost unconditionally and without much critical evaluation (Neki, 1973). Additionally, low power distance is reflected in the mutual conversational nature that is enabled by the psychotherapy office, where it is common for the client and therapist to be situated in seats facing each other often with no physical barriers such as a desk or podium in between them to indicate status differences. Further, key elements of psychotherapy, such as discussing one's personal and family issues with a stranger through open and shared goals (implying some degree of egalitarianism), collaborative agreement on tasks, and a deep mutual emotional bond (the therapeutic alliance; Bordin, 1979) only make full sense if one endorses high individualism and low power distance. That is, sufficient

endorsement of individualism and low power distance is necessary in psychotherapy for it to seem sensical as a healing practice. Clients from non-Western cultures should be less likely to use psychotherapy even if reasonably available and thus there should be less of a demand for psychotherapists, psychotherapist credentialing, psychotherapy associations, and psychotherapy research because the underlying element of these things is indicative of high individualism and low power distance, characteristic aspects of Western culture.

Purpose of the Study and Hypotheses

Ample empirical research demonstrates the validity of investigating national cultures on the basis of mainstream or "average" culture (e.g., Minkov & Hofstede's [2012] study of 28 countries and 299 in-country regions). The purpose of this study was to provide proof of concept, that is preliminary data in support of (a) envisioning psychotherapy as a Western (primarily EuroAmerican) cultural healing practice rather than a universal/cross-cultural objective and scientific treatment method, and (b) the feasibility of quantitively investigating it as such. In doing so, it is hoped that this study will provide justification for expediting further quantitative inquiry by researchers into this framework as well as one method for future investigations.

Specifically, this study sets out to investigate the prevalence and utilization of psychotherapy, two implicit indicators of the acceptance of the Western cultural components of psychotherapy, across countries considered Western and non-Western using available archival data. In order to assess acceptability and utilization in a multifaceted manner, and recognizing our reliance on available yet imperfect archival data, we sought to examine the population-adjusted availability of psychotherapy practitioners, the population-adjusted availability of professionals joining large and well-known international psychotherapy associations, the population-adjusted amount of psychotherapy scholarship published in international psychotherapy journals by authors from Western versus non-Western countries, and the existence of governmental regulation on practice.

Table 2
Summary of Linear Regression Analysis for Region Predicting Each Dependent Variable.

Variable	*B*	*SE*	B	*t*	*p*	R^2	95% CI
Psychologists	60.593	14.792	.727	4.096	< .001**	.528	[29.373, 91.813]
Psychiatrists	20.540	3.521	.779	5.834	< .001**	.607	[13.238, 27.842]
World Council for Psychotherapy	.035	.013	.454	2.694	.012*	.177	[.008, .062]
Society for Psychotherapy Research	.527	.162	.523	3.247	.003**	.274	[.195, .860]
Society for the Exploration of Psychotherapy Integration	.062	.017	.561	3.586	.001**	.315	[.026, .097]
Journal of Psychological Research	.034	.015	.396	2.285	.030*	.127	[.004, .065]
Psychotherapy Research	.103	.039	.450	2.668	.013*	.203	[.024, .183]

Summary of Linear Regression Analysis for Gross National Income (GNI) Predicting Each Dependent Variable.

Variable	*B*	*SE*	B	*t*	*p*	R^2	95% CI
Psychologists	.001	.000	.698	3.771	< .002**	.487	[.001, .002]
Psychiatrists	.000	.000	.652	4.034	< .001**	.425	[.000, .001]
World Council for Psychotherapy	<.001	.000	.545	3.439	.002**	.297	[.000, .000]
Society for Psychotherapy Research	<.001	.000	.518	3.205	.003**	.268	[.000, .000]
Society for the Exploration of Psychotherapy Integration	<.001	.000	.576	3.732	<.001**	.332	[.000, .000]
Journal of Psychological Research	<.001	.000	.408	2.362	.025*	.166	[.000, .000]
Psychotherapy Research	<.001	.000	.435	2.557	.016*	.160	[.000, .000]

Drawing upon the framework of psychotherapy as a Western cultural healing practice (Bedi, 2018; Frank & Frank, 1991; Wampold, 2001), we wished to test the hypothesis that psychotherapy will be more accepted and utilized in Western culture countries, as evidenced through the number of practitioners per 100,000 individuals (i.e., psychologists [H1], psychiatrists [H2]), their affiliation with international psychotherapy associations per 100,000 individuals (Society for Psychotherapy Research [SPR; H3], Society for the Exploration of Psychotherapy Integration [SEPI; H4]), World Council for Psychotherapy [WCP; H5]), research productivity in international general psychotherapy journals per 100,000 individuals (i.e., Psychotherapy Research [PR; H6], Journal of Psychotherapy Integration [JPI; H7]), and the existence of formal nationally sanctioned certification, licensure or registration (i.e., credentialing) for psychologists or the practice of psychotherapy (H8). We hypothesized that there would be relatively more psychotherapy practitioners, membership in international psychotherapy associations, and psychotherapy research conducted in Western countries as well as greater prevalence of government credentialing. Hypothesis one, two, and eight (number of psychologists and psychiatrists per 100,000 population and the existence of government credentialing) were considered the primary hypotheses that more directly spoke

to the acceptance and utilization of psychotherapy (reflecting supply) compared to association and publication practices because not all psychotherapy practitioners in a country will join a particular association or publish research and because there is an overabundance of possible membership and publication outlets.

A reasonable "common sense" alternative hypothesis for why there may be relatively more psychotherapy practitioners in a country, greater membership in pay-for-membership psychotherapy societies, greater psychotherapy research output, and greater government regulation could be country income --- that is, the wealthier a country, the more we would expect psychotherapy practitioners, membership affiliations, research, and regulation purely as a function of finances available rather than culture. There is ample indication that Western countries are generally high-income countries (see Appendix A) and thus this could be why psychotherapy is more prevalent in Western countries if this is indeed found to be the case.

METHOD

This study made use of archival data. The requirement of obtaining institutional research ethics board approval was waived because the study made use of publicly available information.

Sampling of Countries and Statistical Power

Prototypically Western and non-Western countries were selected based on their inclusion in the Individualism-Power Distance scatterplot (representing the intersection of standardized scores on these two dimensions) based on Hofstede (2011; see Appendix B). Western culture countries were defined as countries that scored high (above 50) on the Individualism dimension and scored low (below the 50) on the Power Distance dimension. Non-Western culture countries were defined by countries that scored low (below 50) on the Individualism dimension and scored high on the Power Distance dimension (above 50). Therefore, Western countries would fall closer to the bottom left quadrant of the Individualism-Power Distance scatterplot and non-Western countries towards the top right quadrant (See Appendix B). Because this was a proof-of-concept study, rather than a full-scale investigation, and we sought to maximize distinctions between these two groups, we purposively sampled the 15 most and least Western-prototypical countries on the basis of individualism and power distance. The following 15 countries were characteristically selected to represent Western countries: United States, Australia, Great Britain, New Zealand, Denmark, Ireland, Switzerland, Finland, Luxembourg, Estonia, Germany, Sweden, Norway, Netherlands, and Canada. The following 15 countries were

selected to characteristically represent non-Western countries: Guatemala, Ecuador, Panama, Venezuela, Colombia, Pakistan, Indonesia, Malaysia, Singapore, Peru, Vietnam, China, Bangladesh, Thailand, and Chile.

Without performing mathematical calculations, it was obvious that a study of this small sample size would only by sufficiently statistically powered to likely detect a large or very large effect size difference between Western and non-Western countries. Regardless, a small effect size difference, even it was true, would not provide convincing evidence of the underlying hypothesis anyways. Nevertheless, we anticipated that our relatively low statistical power to detect small and moderate effects would be partially compensated for by our purposeful sampling of the most distinct Western and non-Western countries to maximize variation between the two groups.

Indicators

Western/non-Western culture was defined in terms of Hoftede's individualism/collectivism and power distance dimensions. A country's wealth was defined as gross national income (GNI) per capita. Acceptance and utilization of psychotherapy were operationalized in several ways based on available archival data.

Acceptance and utilization as represented by the existence of psychotherapy practitioners was assessed on the basis of number of psychologists per 100,000 individuals in the particular country and number of psychiatrists per 100,000 individuals in the particular country. Acceptance and utilization of psychotherapy as represented by professional affiliation with international general psychotherapy associations was assessed on the basis of membership in SPR per 100,000 individuals in a country (a large international psychotherapy association focused on research), SEPI (a large international psychotherapy association that attracts a lot of practitioners), and WCP (a large international psychotherapy association focused on promoting psychotherapy globally that holds consultative status with the Economic and Social Council of the United Nations). Acceptance and utilization of psychotherapy as represented by the production of psychotherapy research and scholarship was assessed on the basis of publications per 100,000 population in *PR* (an internationally-focused general psychotherapy journal with a large global subscription base that is the official journal of SPR) and publications per 100,000 population in *JPI Research* (an internationally-focused general psychotherapy journal with a large global subscription that is the official journal of SEPI).

Acceptance and utilization as represented by government credentialing was determined by the existence of a government-authorized licensure/registration/certification body for psychologists or psychotherapists.

Data Collection

Data on psychologists and psychiatrists was obtained from the World Health Organization (WHO) website (https://www.who.int/data/collections). In particular, this data was obtained by reviewing the Global Health Observatory database and the World Mental Health Atlas to identify the most recent country report. Membership by country for the different international psychotherapy associations was obtained either by reviewing this publicly available information directly if available on their website or requesting that the association provide a count of members by country if it was not readily accessible online. For each journal, we accessed volumes released from 2015-2020. We determined per-country journal contributions by identifying the first author's affiliation's country. First authors who held multiple affiliations where one (or more) was a Western country and one (or more) was a non-Western country were excluded (n= 6). In order to compare the countries on the same metric and account for population size, association membership and article first authorship were computed per 100,000 population using population data available in the World Bank. We obtained a measure of country's wealth, defined as gross national income (GNI) per capita (for 2017) from United Nations Development Programme Human Development Reports (United Nations, 2022).

We also compiled information on the existence of licensure/registration bodies or certification for psychotherapists in a given country. This process involved three phases: (a) a general online search using various search engines, (b) referring to relevant country chapters in the *Handbook of Counselling and Psychotherapy in an International Context* (Moodley, Gielen, & Wu 2013), and (c) a search on the PsycInfo database. When searching online and through PsycInfo, we used the following search terms: "Licensure"/"Registration"/"License" /"Registration" with "Psychotherapist"/"Psychologist" and the name of the country of interest. We included licensing/registration or certification to practice psychotherapy only if offered by a governmental organization. Multiple researchers reviewed this information independently to ensure that it came from reputable sources and compared answers, going back to the original source together in the event of a discrepancy.

Analyses

All analyses were conducted on SPSS-21. Independent sample t-tests between Western and non-Western countries were conducted on continuous variables. A chi-square test of independence was performed to assess the relationship between the existence of government-endorsed regulatory bodies for psychologists or those who practice psychotherapy and region of the world. A point biserial correlation was used to index the statistical relationship between region of the world and country income. Multiple hierarchical linear regression

was used to test if region of the world and GNI significantly predicted the continuous outcome variables and logistic regression (hierarchical) was used to test if region of the world and GNI significantly predicted the existence of government-recognized credentialing. Posthoc, simple linear regression was also used for region and income separately.

Results

Supporting our hypothesis, a chi-square analysis determined that there was a significant relationship between the existence of regulation bodies and region of the world $X^2(1, 30) = 7.50$, $p = .006$, Cramer's V = .50 with a moderate effect size according to Cohen's (1992) conventions. As shown in Table 1, all seven other hypotheses were supported with statistically significant effects and large effect sizes. There were more psychologists and psychiatrists per 100,000 individuals in Western countries. There were more members of SPR and SEPI per 100,000 individuals in Western countries. There were more first-authored/only-authored research publications in PR and JPI per 100,000 individuals in Western countries. The existence of government-recognized credentialing was more prevalent in Western countries. The correlation between GNI and region of the world was moderately high ($r_{pb} = .51$, $p = .004$).

Tests of assumptions for linear regression were favourable except for some violations of normality of residuals; however, due to the robustness of linear regression analyses in light of violations of normality, especially when there are at least 10 observations per predictor (Schmidt & Finan, 2018), such violations do not preclude justifiable use of linear regression. Additionally, we attempted to use hierarchical multiple regression to assess whether region predicted our quantitative outcome variables beyond the contribution of income. However, the moderately high correlation between region and GNI contributed to each of the seven multiple regressions failing collinearity tests, rendering them unable to validly estimate the separate influence of these two predictors. Collinearity was assessed multimodally on the basis of the correlation between predictors (collinearity is typically judged if the correlation is at or near .70), Cook's distance values (if greater than 1.0), standardized residuals (if more extreme than +/-3), tolerance levels (< 0.1), the variance inflation factor (> 10), and statistical significance of model predictors in the final model (multicollinearity is indicated when the regression F is statistically significant but no predictors reach statistical significance).

As a result of not being able to validly assess GNI and region as separate predictors in multiple regression analyses, we elected to conduct simple linear regressions of both region and GNI and compare the results. This is depicted in Table 2. Region outperformed GNI on all quantitative indicators in variance accounted for (R^2) except for membership in WCP, membership in SEPI, and

authorship in JPI. That is, it outperformed region on the majority of the quantitative outcome measures, and did so on the three that were deemed to best assess acceptance and utilization of psychotherapy.

DISCUSSION

Support of Original Hypotheses

The present study sought to investigate whether psychotherapy is more accepted and utilized in countries with a predominantly Western culture (defined by Individualism x Power Distance) as indicated by the number of practitioners, their professional affiliations, their research productivity, and the existence of government-recognized credentialing. We hypothesized that psychotherapy would be more accepted and prevalent in Western countries as indicated by the rate of population-adjusted psychologists, the rate of population-adjusted psychiatrists, the rate of population-adjusted members of SPR, the rate of population-adjusted members of SEPI, the rate of population-adjusted first/only-authored publications in PR, the rate of population-adjusted members first/only-authored publications in JCP, and the existence of government-recognized credentialing for psychologists or psychotherapy practitioners. All hypotheses were supported. The differences between Western and non-Western countries were large for all outcome variables except credentialing, where it was found to be moderate. Region outperformed country income on most outcome variables in terms of variance accounted, indicating that it was the superior predictor and implying that income is more often only highly predictive of the same outcome variables through its moderately high correlation with region – that is, that it does not frequently exert a direct effect on the outcome variables, but exerts its effect indirectly through region.

The present study illustrates that psychotherapy appears to be more prevalent (i.e., accepted and utilized) in Western culture countries, consistent with the theoretical claim that psychotherapy is a healing practice that communicates elements of Western culture (Bedi, 2018; Frank, 2004; Wampold, 2001). This proof-of-concept study also demonstrates the viability of investigating psychotherapy as a Western cultural healing practice using quantitative methods with Western culture being operationally defined as high individualism coupled with low-power distance (as per Hoftstede, 2011 criteria).

Limitations of the Study and Future Research

Our study involved limitations common to an archival research design (e.g., reliance on data collected by others, reliance on others' definitions of

variables, limited pool upon which to select variables). This study examined only 30 countries. Future research is now called for with a larger sampling of countries to attempt to expand the generalizability of these findings beyond the limited number of countries included in this study. This study utilized a definition of Western culture grounded in two dimensions of the Hofstede (2011) model. Future research can address possible method bias by incorporating different definitions of Western culture, whether this be by including more of Hofstede's dimensions, if they are relevant, or competing conceptualizations, such as those proposed by the GLOBE Scales (House et al., 2014) or the World Values scale (Lee, 2014).

Implications

Defining the concept of Western culture is important because past research often fails to provide a clear or defensible set of conditions that constitute the term "Western" (see Table in Appendix A). The definition of Western culture used in this study provides a defensible operational definition of Western countries for future research. In addition, the results of this study advance non-empirical discourse about what elements of Western culture are necessarily embedded within psychotherapy as well as contribute evidence in support of those who argue against psychotherapy being a cross-cultural/universal mental health treatment (e.g., Bedi, 2018). The results also provide empirical support for both Frank's Common Factors Model of Healing (Frank & Frank, 1993) and Wampold's Contextual Model of Psychotherapy (Wampold & Imel, 2015). Further, this study demonstrates the viability and usefulness of investigating psychotherapy as a Western cultural healing practice and provides procedures and an operational definition for investigating it as such.

Establishing psychotherapy as a Western cultural healing practice calls into question the validity of relying exclusively on access to conventional Western mental health treatments as the basis of defining and measuring a country's mental health treatment gap and instead suggests including access to effective indigenous healers in this metric (see Pham et al., 2021). This idea could redirect global mental health initiatives such as those associated with the World Health Organization's (2008) Mental Health Gap Action Programme (2008) to scale up access to effective indigenous healing practices that are more attractive to local populations (Bedi & Bassi, 2020). The accumulation of evidence in this area also will give credence to Bedi's (2018) postulation that the decision on whether to provide a Western psychological treatment to an individual in a non-Western country should not be done on the basis of a Western evidence-base but be closely tied to how closely that person's cultural values and belief systems align with those elements of Western culture necessarily embedded within psychotherapy (and several assessment tools to determine this

have been found to have predictive validity in Author Ahn et al. [2023]; which is another fruitful avenue for future research).

Providing a culturally incoherent mental health treatment will severely reduce or eliminate the effectiveness of the treatment provided (Frank & Frank, 1991; Wampold, 1991). As such, mandating or pressuring the use of psychotherapy on someone who is not sufficiently westernized or who does not strongly endorse values consistent the Western ones undergirding psychotherapy (e.g., individualism, lower power distance) should result in psychotherapy being much less effective and likely ineffective (Bedi, 2018). For these individuals, referring them to healing methods indigenous to their own culture, many of which are effective (Nortje et al., 2016; Waldram, 2000, 2013) seems warranted and perhaps the most prudent choice given the documented harms that have occurred when imposing Western psychological treatments in non-Western countries (e.g., Christopher et al., 2015; Wesselsss & Kostelny, 2021). Therefore, assessing an individual's westernization seems a necessary prerequisite before providing psychotherapy (Ahn et al., 2023).

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Appendix A

Categories of Definitions for Western Culture.

Western Culture Definition		Articles
Developed Countries		Acharya et al., 2002
		Apfelbacher et al., 2017
		Reiss, Lehnhardt, & Razum, 2015
		Rubin et al., 2008
Hosting Immigrants		Wittkowski, Patel, & Fox, 2017
Geographical Regions	Europe and America	Apfelbacher et al., 2017
		Carr et al., 2020
		Chandra, 2012
		Forsyth, O'Boyle, & McDaniel, 2008
		Hendriks et al., 2019
		Pritchard & Hansen, 2014
		Neeleman et al., 1997
		Yang & Miller, 2015
	Europe	Chon, 2014
		Liao et al., 2019
	Europe, America, Australia, New Zealand	Fazel et al., 2008
Language	English-speaking	Furnham & Hamid, 2014
	English- and French- speaking	Pandurangi & Aderibigbe, 1995
Economic Context	Income Level on World Bank	Chowdhary et al., 2014
		Cuijpers et al., 2018
		Cuijpers et al., 2019
	Membership in OECD	Fazel, Wheeler, & Danesh, 2005
	GDP	Bjarnason, & Arnarsson, 2011
Non-Muslim Majority population		Pritchard & Hansen, 2014
		Wong et al., 2017
		Milligan, Andersen, & Brym, 2014
Individualistic		Dolan & Trevena, 2019
		Nakazato, Nakashima, & Morinaga, 2015
		Neeleman et al., 1997
		Strohmeier et al., 2014
Non-Asian Culture		Alden et al., 2017
No Explanation		Herrman, 2008
		Nannestad et al., 2013
GLOBE Model		Stankov & Lee, 2008
World Values Scale		Forsyth, O'Boyle, & McDaniel, 2008
		Yang & Miller, 2015
Hofstede Model		Forsyth, O'Boyle, & McDaniel, 2008
		Fukuzawa & Inamasu, 2020

Note. Some articles appear in more than one categorization due to overlapping definitions of Western culture.

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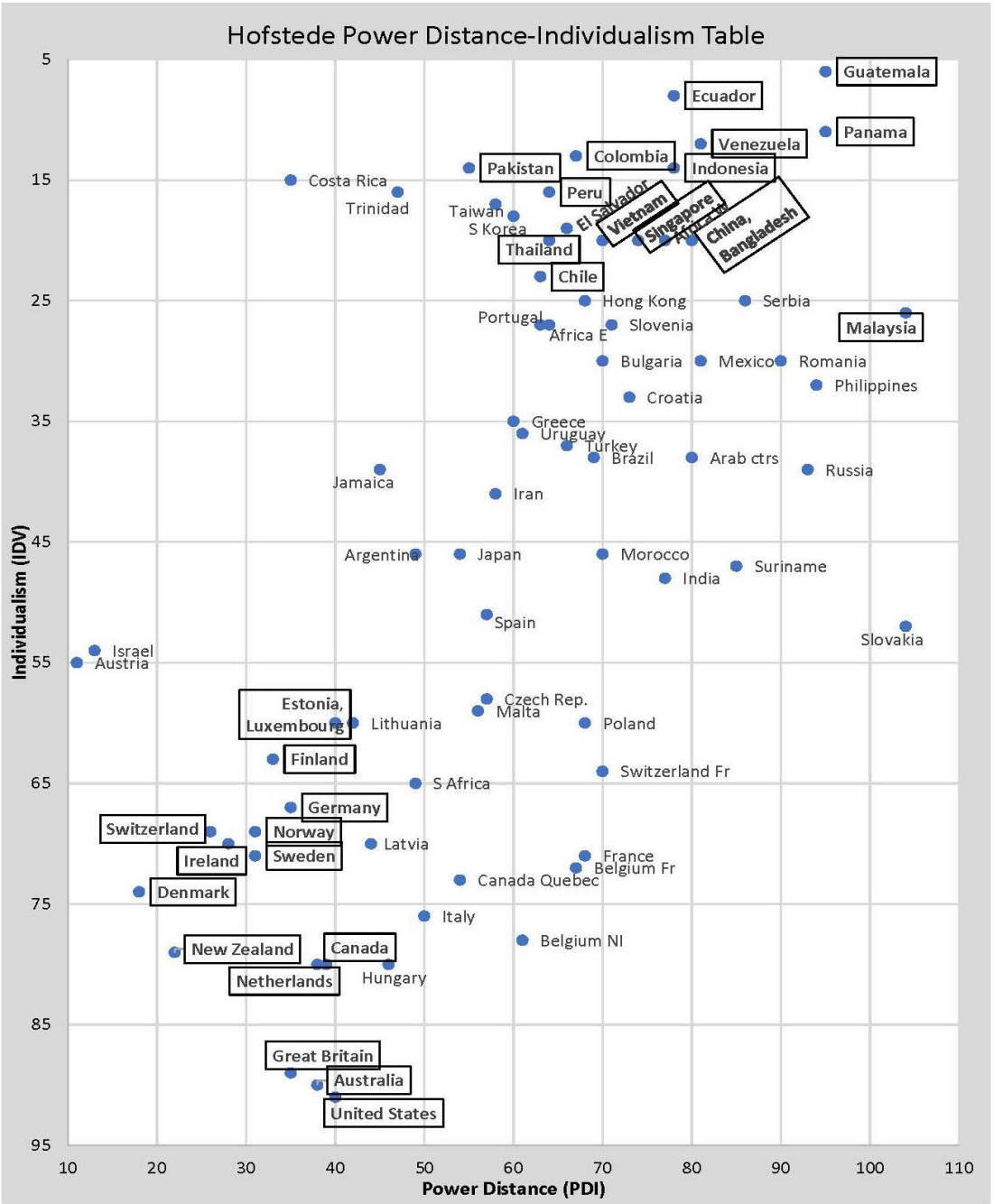
Appendix B

Adapted Individualism-Power Distance Table of the Hofstede Model (2011).



Note. Countries boxed and bolded were selected for the present study. This figure was adapted from a table in Hofstede (2011). Permission was granted to reproduce the original figure in part.