

**A PARADIGM SHIFT IN FAMILY THERAPY IN INDIA:
EXPLORATION FROM SOCIOECONOMIC, CULTURAL
AND SPIRITUAL PERSPECTIVES**

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Abstract

This conceptual Paper critically examines the application of the Western Family therapy concepts and models to the practice of family therapy in India. What might be termed as pseudo transference of concepts from the West to Indian context could have counter productivity. The understanding of Self, world-view, psychosocial and spiritual dimensions, and cultural context of an Indian family and the role of women in family are central to the understanding of family in India, and hence they are central to family therapy practice in India. The importance of integrating Human Rights perspective in the family therapeutic model is emphasized. In multicultural scenario, there has been a paradigm shift towards 'fourth force' that places culture as central rather than marginal to the counselling practice. This Paper aims to go a step further with inclusion of spiritual beliefs and Human Rights perspective in the practice of family therapy. This paradigm shift in 'culture-meaning family therapy model' is discussed from social, economic, cultural, philosophical, spiritual and Human Rights perspectives in India with a case study. Recommendations are proposed for further research in the subject.

Keywords: paradigm shift, multiculturalism, world-view, self, culture-meaning model

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Introduction

The expansion of industrialisation, global market economy and advancement in technology in India have led to changes in lifestyle more in urban and less among rural populations. Sociologically, urbanization has led to fragmentation of joint family system and the establishment of 'nuclear' family in India. Deprived of extended or joint family support, families living in urban areas experience financial and psychological stress. These issues bring to the forefront the need for family therapy. Family counselling in its technical sense was recently introduced in India. And those who practise family counselling in India have been trained in Western model and theoretical approaches. In this paper, therefore, a critical examination of application of Western model to Indian context is carried out. A possible alternative model or paradigm shift, namely 'culture-meaning model' in the context of Indian world-view, cultural, socioeconomic and spiritual perspectives is proposed.

Validity and relevance of Western Model of family therapy in Indian context

The validity and relevance of application of Western model of family therapy in non-Western cultures have been challenged by researchers and scholars. Lago and Thompson (1996) in their book '*Race culture and Counselling*' wrote that the theories in family therapy were culturally and historically bound, and consequently, limited in their applicability to families in other cultures. D'Ardenne (1994) wrote that it was 'necessary to understand therapy itself as very much an expression of white, Western culture' (p. 179). Pedersen, Draguns, Lonner & Trimble (2008) also criticized the Western counseling model saying "Western psychological study of cultures assumed that there was a fixed state of mind....and universal definition of normative behavior" (p.6). Lewis-Fernandez & Kleinman (1994) identified the questionable assumptions of North American values namely egocentricity of the self, mind-body dualism, and argued that this framework, which was used to categorize organic disorders and psychological problems, was culturally biased. They held that culture needed to be more central to the understanding of personality and psychopathology. Sprenkle & Bischof (1994) also challenged the 'theoretical myth of sameness' (p. 13), or universal applicability of Western model drawn from context of white Euro-American middle class nuclear families. Sumari (2008) argued that the two tenets of European American culture underlying counseling literature that could limit its applicability to other cultures were individualism and ethnocentrism. Therefore, Pedersen et al., (2008) argued that multicultural awareness was a required generic competence in counseling across cultures.

Sue & Sue (2003) cautioned that a culturally competent counselor must recognize that what was regarded as good in one culture might be seen as maladaptive in other cultures. In this regard, Wrenn (1962) had cautioned against cultural encapsulation according to which the reality was defined according to one set of cultural assumptions, and therefore, there was no room for cultural variations. Being aware of the danger of cultural encapsulation, the Basic Behavioural Science Task Force of the National Advisory Mental Health Council (1996) highlighted that cultural beliefs influenced diagnosis and treatment of mental illness (as cited in Pedersen, 2001, pp.16-17). Pedersen (2001) cautioned further stating that this cultural bias was reflected in normative behaviour according to which an individual was expected to fit the system, irrespective of whether the system was just and fair.

Individualism-collectivism

The Western therapeutic models and psychological concepts have epistemological and ontological roots in particular history, culture and socioeconomic conditions, and are relevant to Western population. Hence, the need to examine the relevance of Western models in collectivist culture generally prevalent across India.

Triandis, H. C. (1996) described culture as a system of shared norms, beliefs, attitudes, customs, behaviours, and role definitions organised around a theme. Defining culture as more than a social system of customs, rituals, and language, Pang (2005) stated that culture also included assumptions, behaviours, ways of seeing things, doing things, expectations and communications. Implicit in the philosophical orientations of a culture are the world-view and concept of self. The definition of culture could be exclusive, referring only to race and ethnicity, or more inclusive with factors such as gender, age, religion, language and socioeconomic status (Pedersen, 2001).

Meta-analysis studies based on the data of World Values Survey from 65 nations indicated that European and North American nations had high levels of individualism while the Asian countries including India had high levels of collectivism (Inglehart & Baker, 2000). The world was broadly divided into individualism and collectivism. Scholars have been debating on whether individualism and collectivism are bipolar or multidimensional construct. Hofstede (1983) in his study of multiculturalism described Individualism and Collectivism as a bipolar construct. However, some researchers like Triandis (1995) argued for multidimensional concept of individualism-collectivism. According to him, 'the conception of self', 'the goal relationship',

‘relative importance of attitudes and norms’, and ‘emphases on relationships’ were the dimensions in which individualism and collectivism differed. In individualistic societies “people are autonomous and independent from their in-groups; they give priority to their personal goals over the goals of their in-groups, they behave primarily on the basis of their attitudes rather than the norms of their in-groups” (Triandis, 2001, p.909).

Built upon the studies by Triandis, Ramamoorthy & Carroll (1998) developed different dimensions of competitiveness, and described about the value attached to working alone, beliefs about the subordination of individual interests to group interests, and beliefs about the detrimental effects of pursuit of personal goals versus group goals. They held that Indians were more individualistic on the competitiveness dimension but more collectivist on preference for group work and supremacy of group goals. They argued for a mixture of collectivism and individualism in Indian culture. The prevailing overall culture in India is collectivism with possibility of traces of individualism in specific dimensions of one’s life, as pointed out by Ramamoorthy & Carroll (1998). With emerging global economy, the boundary between Western and Eastern culture has narrowed down. Many families in India, who migrate from villages to cities, imbibe Western values of individualism, competition and rationalism while some roots of Indian culture continue to remain at the core of one’s self.

Case study: A few years ago, I was called to counsel a family in the marginalised group. The father of the family had taken to heavy drinking, ensuing in constant quarrel and rift in the family. The mother stood in the corner, mute and in tears. The father of the family seemed defiant, refusing to admit his drinking habit. Rather, he complained that his wife did not obey him and was torturing him. Direct and open communication from the part of wife was considered immodest. Even if she were to muster enough courage to speak, probably she would be beaten up by her husband later on. Her role was to be subservient to her husband. In this case, there were gender and caste issues, underlying assumptions in the family dynamics, unspoken rules and expectations, social pressure, and lifestyle pertaining to the marginalised community. The question is if and to what extent the communication model of Virginia Satir (1983) with its focus on direct and open communication, and Bowenian family system therapy model (1978) according to which the differentiation of self as one of the therapeutic outcomes are applicable.

Multiculturalism – a ‘Paradigm shift’

1980s witnessed a movement towards eclecticism in counselling practice. And, as Patterson (1989) pointed out such a movement should be based on sound and comprehensive philosophical foundations. However, one comprehensive theory of understanding of human nature was not possible as there were basically two divergent and incompatible theories as on one hand human being as controlled (behaviourism, Psychoanalysis) and, on the other, man as becoming (Humanistic and existential approaches). As no unified system of theory was possible, Patterson suggested a paradigm shift.

Pedersen defined 'Paradigm shift' as "changes in the underlying assumptions about psychology moving from a monocultural to a multicultural basis" (Pedersen, 2001, p.15). Sue, Ivey & Pedersen (1996) had rightly argued that culture needed to be in the centre of the counselling process rather than being marginal. The need for culture-centred counselling, called a '*forth force*' is to be understood in the context of existing different world-views and the influence of culture on the definition of problems and goal setting.

Hence, the need was felt not for superficial cross-cultural therapeutic orientation, but rather for a culture-centred counselling. Smith, Harre, & Van Langenhove (as cited in Pedersen, 2001, p.16) emphasised description than statistics, consequences than causation, discourse than numbers, holistic than atomistic perspective, and important of all, subjective meaning than objective meaning. Culture is the context wherein behaviour is learned and understood. Therefore, in the new paradigm, first, "a culturally skilled counsellor is one who is actively in the process of becoming aware of his or her own assumptions about human behaviour, values, and biases", second, "a culturally skilled counsellor is one who actively attempts to understand the world-view of his or her culturally different client" and third, "a culturally skilled counsellor is one who is in the process of actively developing and practicing appropriate, relevant, and sensitive intervention strategies" (Sue et al., 1992, p. 481).

Family therapy in India

Demographic conditions

Out of the total of 1210.2 million populations in India, the size of rural population is 833.1 million (or 68.84% of the Total Population) and urban population is 377.1 million (or 31.16%). Level of urbanization increased from 27.81% in 2001 (Census 2001) to 31.16% in 2011 (Census 2011). 25% to 30% of urban population is constituted by slum population.

Against this scenario, the therapy model that is suitable for urban population might not be suitable for rural population, which is about 69% of India's total population.

World-view and self

In the history of Western thought, right from the time of Greeks, there have been multiple concepts of self, sometimes contradictory in nature. There has been ongoing debate about the definition, knowledge, nature, and permanency of self. In his book "A Treatise of Human Nature", Hume argued against the intelligibility of the idea of immaterial and permanent self (as cited in Traiger, 1985, pp. 51-55). In contrast to Hume, the Cartesian view of self expressed in Descartes' famous dictum "I think therefore I am" stood for a permanent thinking, rational self. The more rational one was the more one was in touch with reality. This has had influence on various dimensions of life in the West such as economics, political philosophy and psychology. Descartes' view emphasized autonomous individual or ego. This individualistic orientation appears to be underlying in Bowenian's (1978) concept of differentiation of self and Minuchin's (1974) concept of enmeshed versus rigid boundaries in their family therapeutic models.

In Indian metaphysical thought and traditions, there are varieties of thinking about the nature of self, namely, 1) the anatta, or "no-self", view of Buddhism, 2) the non-dualist view of Advaita, as the Tat tvam asi, or "you are that (Absolute)", view; 3) and the Vishishta-advaita view of Ramanuja (Dasgupta, 1975).

Contrasting Hume with Buddhism, Paranjpe (1998) contended that Buddhism denied the existence of soul, and promoted a way of life which could result in the ultimate denial of the self. Liberation is the transcendence from the illusion of the self (Jun, 2005).

As Bharati (1985 in Marcella, Devos, & Hsu, eds., ch. 6) pointed out, the understanding of self required recognition of vast diversity of Indian culture, tradition, philosophy and thought. The common thread that runs through diverse Indian traditions is the spiritual interiority of selfhood. In Indian thought, the Self has different meanings. At the outer level is the body (*annamaya*), underneath the body is the vital breath (*pra⁻namaya a⁻tman*), behind this is the self consisting of 'will' (*manomaya a⁻tman*), underneath this is the consciousness (*vijnanamaya a⁻tman*) and underneath all these lies the essence of self, namely pure bliss or consciousness (*anandamaya a⁻tman*) (Dasgupta, 1975, vol. 1, p. 46).

Shankaracharya held that the very essence of the self was chaitanya, or pure and unadulterated consciousness. There was not a plurality of selves, but only one eternal, omniscient Self, which simultaneously existed in all beings (Dasgupta, 1975). This self is the *Atman* different from Western self, which refers to body, personality and social self (Kakar, 1981). Whereas for Shankara, the self was of the nature of pure consciousness, Ramanuja posited consciousness as both the inherent nature as well as one of the distinguishing attributes of the self. The example that Ramanuja gives to explain the distinction between consciousness as substance and consciousness as attribute is that of the flame of a lamp (Dasgupta, 1975). The ultimate aim of existence is *moksha*, a state where the distinction between subject and object disappears and there is unity of finite being with the infinite.

Paranjpe (1998) comparing Western with Indian thought on self and personhood said cognition, emotion and conation were basic aspects of consciousness or psychological conditions of personhood. However, in Indian thought the concept of self is more than the tripartite conditions of personhood. Paranjpe (1998) stated that in Indian tradition emotions had to be understood in its relationship to aesthetics and religious devotion.

Feminine identity in India

Though women play a major role in Indian families, they are at large the exploited section of the populations. Kakar (1981) was of the opinion that women living in male dominated society with taboos against girl children turned their aggression towards themselves and felt inferior and worthless. This was generally prevalent, he said, with except in cases where women had been emancipated. The sense of low self esteem among women presupposed that they lacked sphere of their own (Kakar, 1981). In India, arranged marriages still generally constitute the norm across all social classes. The loyalty of a daughter-in-law for her mother-in-law is upheld high. The young wife must find ways of acknowledging and accepting the older woman's authority (Lau, 1984).

Family organization

Rolland (in Book Reviews by Nakane, Chie, p. 345) spoke of the difference between the 'familial' and the 'individualized' self. The 'familial self' as in Indian culture is the basic, inner psychological organization of family members that enables them to function adequately within the intimate hierarchical relationships of the extended family. The 'individualized self' is characterized by an ability to sharply differentiate between self and other, to function in a

relatively autonomous way and to create one's own self-identity. The husband–wife dyad, usually the central aspect emphasized in the West (Falicov & Brudner-White as cited in Nath & Craig, 1999, p. 395) is contrasted with the extended family in which the elevation of the marital bond is discouraged. If the married couples become too exclusive, they might pose a threat to family members. The nuclear families in the West are encouraged to achieve 'separateness' and in India the goal of families is to promote family harmony, cohesiveness and to protect families from incursions by others (Nath & Craig, 1999). Thus, in Indian families, other intergenerational subsystems such as the mother–son dyad take precedence over the marital dyad (Kakar, 1981).

As family system, dynamics, and structure across India change from place to place with individualistic culture being absorbed more and more in collectivistic culture, the status of women in relationship to her marriage and in-laws is undergoing significant changes across the country.

Family bond

Family bond in India is so strong that loosening of family bond could trigger stress and inner conflict (Kakar, 1981). 'To conform is to be admired; to strike out on one's own, to deviate, is to invite scorn or pity' (Kakar, 1981, p.121). The married man has to play the roles of a son and husband, and his attachment to his wife may be seen as a rival to his attachment to his mother. The wife has to sever her natural bond with her family and join her new 'home' (Sonpar, 2005). And, while triangulation in the West as reflected in Bowen's Family System Therapy may be seen as dysfunctional, in Indian context, this may be perceived as an adaptive healthy resolution for the family. Nevertheless, as values of extended families are being replaced by values of nuclear families, there are new challenges and questions about concepts such as differentiation of self, triangulation, fulfilling one's own needs, open communication and self-actualization.

Family values

Values of dependency, moral obligation, conformity to traditions are cherished in collectivist Indian family. The group goals and values primarily guide an individual's behavior. Self assertiveness is not looked upon well, rather modesty and humility is encouraged (Christopher, 1999). In contrast to Individualistic culture, in collectivist culture, self focused feelings, happiness and wellbeing may be seen as a sign of selfishness (Radhakrishnan & Chan, 1997).

Cross cultural values

Despite the fact that cultural values differ across the world, there seems to be some values that are universally true. In a research study (Schwartz & Bardi, 2001) conducted with teachers and students across 56 nations covering 47 cultures, Schwartz & Bardi attempted to identify the similarities that existed across different cultures. They described ten types of values and the order of importance the participants gave to the values. Benevolence, tradition and conformity were the values the participants rated high in the order of importance.

'Culture-Meaning' family therapy model

Borrowing concepts from the West and randomly applying to the Indian context can do damage to the cultural richness and meaning of the reality. The meaning of a behavior is to be discovered from within, not imposed from outside. A phenomenological approach might be appropriate for discovering the meaning of behaviours of an Indian family. In the new paradigm, namely 'culture-meaning therapy model' it is suggested that one who is part of the culture and imbibes cultural values and traditions is able to understand and appreciate the cultural ramifications and dynamics of behaviour. Psychological concepts are rooted in social and spiritual realities. The stark social reality in India is that large section of the population is still below poverty line. Article 25 of the Universal Declaration of Human Rights by UN calls for the Rights to Health and Well-being. Research studies show that poverty does have a negative impact on psychological factors such as coping strategies, depression, competitiveness, mastery, locus of control and self esteem (Lever et al., 2005). It is suggested that spiritual values and human rights perspectives are integrated in the new paradigm shift. Similar concern was expressed by Alladin (2009).

Characteristics of 'culture-meaning' family therapy model

- 1) Every behavior needs to be defined and understood in collectivist culture and values.
- 2) The interpretation of a behavior needs to take place in a socioeconomic, psychological and spiritual context.
- 3) Mind – body dualism is not advocated; rather a unified understanding of man is propounded with its implications on social and moral obligations in family.
- 4) The intuitive and subjective experience is recommended. Emphasis is on discovering the meaning of a family behavior and dynamics by the client himself/ herself.
- 5) An interpreter from outside the culture may not really and fully understand the 'reality' of a given family behavior. Becoming aware of the culture of the client from outside could be just cognitive in nature.
- 6) The family therapy

model is psychological, spiritual, and social at the same time. 7) The new model advocates phenomenological approach.

The new model would have to incorporate collectivist's values of family harmony, group values, mutual interdependence, sacrifice of personal needs and goals for the sake of family integrity and unity, and the central role of spirituality.

Challenges / Recommendations

The 'culture-meaning' model needs to be grounded on an Indian theoretical philosophical and psychological framework of self, personality and therapeutic approaches. This means evolving Indian concepts and words, and using them in the therapy model and approaches. It also requires to be empirically validated with extensive research and practice. Spiritual values and Human Rights perspective will be integral parts of the new model. The challenge also remains to incorporate in the model the values that are universally present in different cultures across the world such as benevolence, tradition, conformity and security. The challenge is to find a model that is common for diverse cultures in India, and at the same time has flexibility to suit differences in diverse cultures.

Conclusion

Discussion was centred on the relevance and validity of Western model of family therapy in an Indian context. The issues were highlighted against the backdrop of generally broad division of individualistic and collectivistic cultures. The World -view and understanding of self in Indian tradition, and family values in Indian collectivist cultures, which are significantly different from Western world - view and values, calls for an indigenised family therapy model suitable for Indian culture. The paradigm shift in '*fourth force*' is a healthy movement. Supplementing this, the new paradigm shift proposed in the Paper, namely 'culture-meaning family therapy model' attempts to understand family behaviour from phenomenological perspective, looking at culture from within. It also calls for inclusion of spiritual values and Human Rights perspective in the model, considering the socioeconomic conditions of Indian population. The discussion needs empirical verification and an Indian theoretical framework built on Indian concepts.

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