

Symposium | Psychotherapy : [Symposium 93] Cultural Perspectives in Psychotherapy: Integrating Traditional and Modern Approaches

📅 Sun. Sep 28, 2025 1:10 PM - 2:40 PM JST | Sun. Sep 28, 2025 4:10 AM - 5:40 AM UTC 🏢 Session Room 2 (Main Hall B)

[Symposium 93] Cultural Perspectives in Psychotherapy: Integrating Traditional and Modern Approaches

Moderator: Itsuo Asai (Heart Clinic Medical Corporation), Yukie Kurumiya (The Chicago School)

[SY-93]

Cultural Perspectives in Psychotherapy: Integrating Traditional and Modern Approaches

Itsuo Asai¹, Kenneth Fung², Yukie Kurumiya⁹, Kei Nakamura³, Vincenzo Di Nicola^{4,5}, Meryam Schouler-Ocak⁶, Muhammad Irfan^{7,8} (1. Heart Clinic Medical Corporation (Japan), 2. University of Toronto (Canada), 3. The Jikei University Daisan Hospital (Japan), 4. University of Montreal (Canada), 5. The George Washington University (United States of America), 6. Charite-Universitätsmedizin Berlin (Germany), 7. Peshawar Medical College (Pakistan), 8. President-Elect, World Association of Cultural Psychiatry (Pakistan), 9. The Chicago School (United States of America))

[SY-93-01]

Psychotherapy Through a Moment-to-Moment Cultural Lens

*Kenneth Po-Lun Fung¹, *Yukie Kurumiya² (1. University of Toronto (Canada), 2. The Chicago School (United States of America))

[SY-93-02]

Morita Therapy and Buddhism

*Kei Nakamura¹ (1. The Jikei University Center for Morita Therapy (Japan))

[SY-93-03]

Cultural Family Therapy: 40 Years of Integrating Cultural Psychiatry into Clinical Practice

*Vincenzo Di Nicola¹ (1. Université de Montréal (Canada))

[SY-93-04]

Overview of data and facts as well as understanding and explanation of mental health of migrants and refugees

*Meryam Schouler-Ocak¹ (1. Psychiatric University Clinic of Charité at St. Hedwig Hospital (Germany))

[SY-93-05]

Cultural Pathways in Mental Health Care: The Role of Traditional Healers and Spirituality

*Muhammad Irfan¹ (1. Department of Mental Health, Psychiatry & Behavioral Sciences, Peshawar Medical College, Riphah International University, Islamabad (Pakistan))

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Keywords : Culture、Psychotherapy、Cultural Psychiatry、Transcultural Psychiatry、Traditional medicin

Culture profoundly shapes psychotherapy, influencing diagnosis, treatment, and patient-clinician interactions. This symposium explores diverse cultural dimensions in psychotherapy, including theoretical frameworks, traditional healing practices, and intercultural mediation. Experts in cultural psychiatry will present innovative approaches to integrating cultural contexts into mental health care.

Presentations and Speakers: **Kenneth Fung (Canada)** examines cultural dimensions in psychotherapy, introducing the Cultural Contextual Formulation approach to enhance clinical practice. **Kei Nakamura (Japan)** explores Morita Therapy, a psychotherapy rooted in Zen Buddhism, highlighting its cultural and philosophical foundations.

Vincenzo Di Nicola (Canada) presents Cultural Family Therapy (CFT), a model addressing mental health challenges in migrants and refugees undergoing cultural transitions. **Meryam (Germany)** discusses the role of linguistic and cultural mediators in trauma-centered psychotherapy, addressing communication barriers in intercultural therapy. **Muhammad Irfan (Pakistan)** examines the integration of traditional healing practices into modern psychiatry, focusing on ethical and collaborative strategies. **Key**

Takeaways

This symposium provides insights into culturally responsive psychotherapy, offering frameworks and strategies for clinicians working in diverse settings. Attendees will gain practical tools to bridge cultural gaps, enhance therapeutic effectiveness, and develop inclusive mental health models.

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[SY-93-01] Psychotherapy Through a Moment-to-Moment Cultural Lens

*Kenneth Po-Lun Fung¹, *Yukie Kurumiya² (1. University of Toronto (Canada), 2. The Chicago School (United States of America))

Keywords : Psychotherapy、 Outline for Cultural Formulation、 Values、 Relationships

Culture is an inherent and dynamic aspect of every psychotherapeutic encounter. This presentation explores psychotherapy through a cultural lens, identifying transtheoretical, meta-theoretical, and intra-theoretical cultural dimensions of various schools of psychotherapy. A cultural contextual formulation approach will be introduced to complement the DSM-5-TR Outline for Cultural Formulation, incorporating the Cultural Values, Relationships, and Function framework. Practical examples will illustrate how Acceptance and Commitment Therapy (ACT) and mindfulness-based psychotherapy can be adapted to explicitly consider cultural factors. Additionally, the role of psychosocial interventions in addressing sociocultural conflicts and diversity, equity, and inclusion (DEI) issues—such as racism—will be examined.

By the end of this presentation, participants will be able to:

1. Identify transtheoretical, meta-theoretical, and intra-theoretical cultural dimensions across different psychotherapeutic models.
2. Develop a Cultural Contextual Formulation using the Cultural Values, Relationships, and Function framework.
3. Apply psychotherapy strategies to effectively address sociocultural conflicts and DEI-related challenges in clinical practice.

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[SY-93-02] Morita Therapy and Buddhism

*Kei Nakamura¹ (1. The Jikei University Center for Morita Therapy (Japan))

Keywords : Morita therapy、 psychotherapy、 Buddhism、 Zen

Morita therapy is a psychotherapy for anxiety, obsessive-compulsive and related disorders developed in 1919 by a Japanese psychiatrist Shoma Morita. The original method was a unique inpatient therapy founded on bed-resting and occupational therapy, but today it is more commonly practiced in an outpatient form. In Morita therapy, it is regarded that behind anxiety and its root cause, the fear of death, exists the “desire for life”, which is a natural desire of human beings to live well. For us, anxiety or the fear of death and the “desire for life” are two sides of the same coin. Nevertheless, people with anxiety disorders, OCD and so on, in their efforts to eliminate anxiety, end up exacerbating their very anxiety and its symptoms, and become entrapped in them. The core of Morita therapy is to break down these “entrapment” by guiding patients to nurture an attitude of “Arugamama (being as they are)” and “Shizen fukujyu (submission to nature)”. Morita stated that his therapy was not derived from Zen-Buddhism, but was born from the ingenuity and improvement of Euro-Western psychotherapies, but there are also a number of psychiatrists who point out the kinship between Morita therapy and Zen, and some of the successors of Morita therapy have intentionally approached Zen. In this presentation, I will examine the relationship between Morita therapy and Zen Buddhism, and in particular, I would like to highlight the “view of nature” and “mind-body unity” that underlie both. This kind of attempt will lead to a relativization of perspectives and paradigms that have become notable in the West since the modern era, such as the manipulative objectification of nature, including the dualistic paradigm of somatic therapy vs. psychotherapy.

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[SY-93-03] Cultural Family Therapy: 40 Years of Integrating Cultural Psychiatry into Clinical Practice

*Vincenzo Di Nicola¹ (1. Université de Montréal (Canada))

Keywords : family therapy、 culture、 threshold people、 migrants、 culture change

The author presents Cultural Family Therapy (CFT), a synthesis of two approaches pioneered at McGill University where he trained: family therapy and transcultural psychiatry. In numerous publications and international workshops over the last 40 years, Di Nicola has elaborated his model of CFT, first outlined in *Transcultural Psychiatry* (Di Nicola, 1985) and presented in depth in *A Stranger in the Family: Culture, Families, and Therapy* (Di Nicola, 1997), updated in *Letters to a Young Therapist* (2011), and contextualized as a psychiatry of meaning and with the Social Determinants of Health.

CFT weaves together *family stories* that express mental, relational and social suffering with *clinical tools* for conducting therapy. CFT updates notions of “family” and “therapy,” on one hand, and “culture” and “psychiatry,” on the other. CFT deals with “threshold people” undergoing rapid cultural change.

Three basic principles and processes for CFT are reviewed:

- 1) parallels between notions of “family” and “culture”;
- 2) each family bears larger culture(s) while creating its own culture, making the family the vehicle for intergenerational cultural transmission, coherence, and adaptation;
- 3) systemic family theory and sociocultural psychiatry employ relational psychology, inverting theory from self to society, redefining the notions of identity and belonging through relations.

CFT is responsive to working with “threshold people” – families undergoing culture change within/across cultures. With global flows of migrants and refugees, CFT provides clinical tools to understand and treat families experiencing severe stress due to rapid culture change.

CFT examines families in different cultures and social circumstances, from invisible minorities to undocumented migrants and refugees. Current challenges for CFT are to articulate a relational psychology and a theory of change based on the philosophy of the Event in order to construct a new model of Evental Therapy.

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[SY-93-04] Overview of data and facts as well as understanding and explanation of mental health of migrants and refugees

*Meryam Schouler-Ocak¹ (1. Psychiatric University Clinic of Charité at St. Hedwig Hospital (Germany))

Migration and forced displacement are among the most significant social determinants of mental health in the 21st century. Refugees and migrants often face multiple stressors across the migration trajectory: pre-migration exposure to violence, persecution, or poverty; perilous journeys marked by insecurity; and post-migration challenges such as discrimination, precarious legal status, language barriers, and limited access to healthcare. These cumulative risks contribute to elevated prevalence rates of depression, anxiety disorders, post-traumatic stress disorder, and psychosomatic complaints compared to the host population.

At the same time, migration is not only a risk factor but also a resource: resilience, community networks, and cultural strengths shape mental health outcomes in complex ways. Understanding these dynamics requires an interdisciplinary approach that integrates epidemiological data with socio-cultural and clinical perspectives. Current research highlights the importance of structural determinants such as housing, employment, and inclusive health systems, alongside individual-level therapeutic interventions.

This presentation will provide an overview of key data and facts on the mental health of migrants and refugees, clarify the interplay between structural and psychosocial risk factors, and discuss pathways to culturally sensitive and context-specific care. It will also address the role of stigma, racism, and intergenerational effects on mental well-being. By combining evidence with practice-oriented reflections, the talk aims to contribute to a more nuanced understanding of mental health in migration contexts and to highlight strategies for strengthening equitable, sustainable, and inclusive mental healthcare.

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Keywords : Traditional Healers、Mental Health Care、Spirituality、Equity

Traditional healing practices remain an integral part of mental health care in many cultural contexts, offering support through spiritual and indigenous frameworks. However, integrating these approaches with modern psychiatric care presents challenges, including differing explanations of illness, treatment expectations, and communication barriers. Since no single practitioner can be expected to fully understand every cultural belief system, collaborating with stakeholders and having interdisciplinary dialogue becomes essential. Ethical considerations, respect for diverse healing traditions, and the development of culturally inclusive mental health models are key to ensuring equitable access to care while maintaining clinical effectiveness.