Collectivist Societies & Mental Health Treatment

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Collectivist societies (based largely in the Middle East, Asia, South America, Africa, the Pacific, and in some Eastern European countries) are ones in which its members share a strong sense of identity and obligation to their respective families, clans, communities, tribes, and cultures (Triandis, Brislin, & Hui, 1988). A central belief held by members of these societies is that their individual health and well being are fundamentally derived from the health and well being of their collective (Matsumoto, 1996).

In contrast, individualist societies (based mostly in North America, Western Europe, Australia, and New Zealand) are ones in which its members share a strong sense of personal identity and commitment to individual rights. A central belief held by members of these societies is that their collective health and well being are fundamentally derived from the health and well being of their individual members (Matsumoto, 1996).

Because of their distinct cultures, collectivist and individualist societies significantly differ in the ways in which they define the self, establish basic attitudes and values, and set boundaries in their family and social life. In addition, individuals from collectivist backgrounds typically experience certain conflicts in these domains that are not well understood by those from individualist backgrounds. This article contrasts the major cultural differences between these two types of societies, identifies some of the ensuing conflicts that are typically encountered by individuals from collectivist societies, and examines some of the major implications that these conflicts have for mental health treatment.

The Self

Collectivist Societies. The self is largely defined through the collective identity of the family, ethnic, tribal, community, and national elements comprising that society. In these societies, collective identity--particularly family identity--is a significant component of personal identity (Dwairy, 1998).

Individualist Societies. The self is largely defined through the differentiation of the person from his or her family, ethnicity, community, and national elements comprising that society. In these societies, the distinct self-concept of the person (as separate from the self-image of the family-of-origin) is the defining element of that person's identity.

Typical Conflicts. Because confrontation is considered taboo, and because it is often viewed as an undesirable way of solving conflicts in collectivist societies, people from these backgrounds who attempt to stand up for their individual rights, or who attempt to preserve elements of their own unique self-concept, will often be labeled as rebellious, as disobedient, and/or as disrespectful. In addition, when others in their collective domain try to intervene, if the person argues with them or resists the solutions they propose, they will often be accused of not respecting important members of the family and/or community (Abraham, 2000).

Attitudes

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* The concepts and references about collectivist socieites are drawn from M. Haj-Yahia's and E. Sadan's "Issues in Intervention with Battered Women in Collectivist Societies," *Journal of Marital and Family Therapy*, January 2008, 34(1), 1-13.

Collectivist Societies. Attitudes toward basic social components--particularly the family--tend to be highly regarded. Because people in those societies tend to define their identity in collective terms, they attribute considerable importance to family ties and believe that their family's good name and status reflect on their own reputation. Moreover, people in these societies tend to value the importance of hierarchical relationships with authority figures (Dwairy, 1998).

Individualist Societies. Attitudes toward basic social components--including the family--tend to be a mixture of the positive and negative. Because people in these societies tend to define their identity in personal terms, they attribute considerable importance to their differentiation and believe that their status reflects more of their own competence and good fortune than that of their family and community. Furthermore, people in these societies typically prefer more equalitarian relationships with authority figures.

Typical Conflicts. Since it is incumbent on people in collectivist societies to keep in mind what is best for the family and community and to accept the advice of respected family and community members about how to resolve any personal problems they might be experiencing, people in these societies will often keep their personal problems to themselves--especially if their own opinions and experiences are inconsistent with the conventional wisdom and mores of the family and community. Typically, only in severe cases will people experiencing personal problems in these societies seek support from outsiders; and if they do, they may not obtain the understanding and support they desire from their family and community (Haj-Yahia & Sadan, 2008).

Values

Collectivist Societies. The values of harmony, cooperation, respect, loyalty, modesty, and satisfying the needs of others are emphasized. In these societies, status is believed to be determined by ascription where age and gender are supposed to be crucial determinants of a person's standing in the family and community (Matsumoto, 1996; Triandis et al., 1988).

Individualist Societies. The values of free expression, competition, practicality, pride, and remaining true to self are emphasized. In these societies, status is believed to be determined by opportunity and initiative where individual hard work and success are supposed to be crucial determinants of a person's standing in the family and community.

Typical Conflicts. Based on collectivist values, each member of the family is viewed as responsible for the behavior and the life conditions of every other family member. This commitment often leads to denial of individual needs and aspirations, and often causes individual members to subordinate their own needs and interests to those of their families. Because people, and particularly women, in collectivist societies feel that they represent not only themselves but also--and perhaps mainly--their collective, their thinking and behavior are more geared to collectivist values.

Boundaries

Collectivist societies. People tend to identify strongly with their collectivist space and domain--especially with the extended family and with anyone who has a direct or an indirect connection with the family. Accordingly, people in these societies tend to set firmer boundaries around their communal life and tend to conform to expectations that preserve and strengthen their collectivist domain (Ho, 1987; Matsumoto, 1996).

Individualist Societies. People tend to identify strongly with their personal and professional domains--especially those domains related to their leisure and work places. Accordingly, people in these societies tend to set firmer boundaries around their personal autonomy and professional domains and, as a result, tend to view their family and community life as one of several important--but not exclusive--social components to their lives.

Typical Conflicts. People in collectivist societies usually show more subordination to in-group than to out-group authorities, whether they do so out of an internal conviction that their collective is better than the out-group, or whether their behavior is motivated by social pressure. For example, they may be afraid that if they fail to conform to the expectations of their family and community, they will be accused of disloyalty. They may also believe that out-groups are patronizing toward the collective and should never be trusted. Given this perspective, people in collectivist societies are often reluctant to involve external parties, such as mental health professionals, who are not part of their extended family and may not belong to their ethnic and national group. Involvement of outside strangers in trying to resolve personal problems may be perceived by members of the collective as intruding in the family's private affairs, as undermining the family's harmony, and/or as a potential threat to their reputation (Matsumoto, 1996; Triandis et al., 1988).

Mental Health Treatment

Mental health professionals who work with clients from collectivist societies will invariably encounter a variety of difficulties. One of the most commonly encountered difficulties is the untended consequences resulting from the employment of individualist clinical interventions. Because so much of mental health treatment is based on individualist cultural assumptions, it is very hard for well meaning practitioners to avoid the many pitfalls involved in treating clients who live or were raised in collective societies. For example, by indiscriminately encouraging clients to become more differentiated from what these professionals may perceive as overly enmeshed family relationships, they can inadvertently jeopardize their clients' ties to important attachment figures in their lives (Haj-Yahia & Sadan, 2008).

Another related difficulty relates to the price that people in collectivist societies often feel they must pay for revealing their problems to outsiders--albeit professional outsiders. In these situations, the practitioner’s main difficulty is whether to focus on the first principle of intervention, i.e., ensuring the client’s health and well being, or whether to accept their client’s autonomy to determine the type of assistance he or she requires without any judgment or pressure from the practitioner (Haj-Yahia & Sadan, 2008).

Encouragement from the practitioner to comply with prescribed therapeutic interventions may arouse resentment and antagonism among the client's own family and possibly among his or her own community. This of itself may cause the client to discontinue the therapeutic relationship, on the grounds that his or her problems are not a sufficient reason to jeopardize the family's privacy, harmony, and/or unity. In a defensive response to avoid those potential consequences, these clients may come to believe that they have made a mistake, blame themselves, apologize for seeking assistance from outside parties, and/or affirm that they are fully responsible for solving their own problems. Thus, this kind of encouragement from a mental health professional may in the end lead to the isolation of their clients, and may alienate them from the therapeutic process that could help them. In addition, such encouragement may ultimately detract from practitioners' abilities to promote the self-determination and decision-making of their clients.

Still another major difficulty encountered by practitioners who work with women from collectivist societies relates to the choice between focusing on specific emotional and relational problems or addressing more general gender relationship issues (Buchbinder & Asad, 2000). Feminists point out the critical need to address the oppression of women and argue that the inequality between the sexes is responsible for much of the abuse that takes place in families (Dobash & Dobash, 1992). However, one consequence of focusing on these issues is that the men often become intensely threatened when their perceived social right to make decisions and control women is questioned. The point here is that treatment of problems of gender inequality cannot be detached from the social context in which they occur. At the same time, prevailing norms regarding gender relationships in that social context must be confronted and challenged (Haj-Yahia & Sadan, 2008) because in these conflicts the need for the protection of women can far exceed the need to preserve the prevailing customs pertaining to gender and authority in family relationships.

Not withstanding the complexities of addressing such difficult problems as abuse in family relationships, clinical practitioners would do well to address the fundamental questions of to what extent are they aware of the collectivist context in which their clients live, and to what extent are they taking that context into consideration. It is also important to examine the extent to which any interventions are promulgating the well being and health of the clients they are intended to help. The answers to these questions can provide insights into predicting the success or failure in achieving the goals of their clinical interventions.

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