White, R. G. , McGeachan, C. , Miller, G. and Xenophontos, S. (2020) "Other Psychotherapies" – healing interactions across time, geography and culture. *Transcultural Psychiatry*, 57(6), pp. 727-740. (doi: [10.1177/1363461520948997](https://doi.org/10.1177/1363461520948997))

The material cannot be used for any other purpose without further permission of the publisher and is for private use only.

There may be differences between this version and the published version. You are advised to consult the publisher's version if you wish to cite from it.

"Other Psychotherapies" – Healing Interactions Across Time, Geography and Culture

Ross G. White[1*], Cheryl McGeachan[2], Gavin Miller[3], Sofia Xenofontos[4]

[1]Institute of Life and Human Science, University of Liverpool

[2]School of Geographical & Earth Sciences, University of Glasgow

[3]School of Critical Studies, University of Glasgow

[4]School of Humanities, University of Glasgow

*Corresponding author:

University of Liverpool

Institute of Life and Human Sciences

G.10, Ground floor, Whelan Building

Brownlow Hill

Liverpool

L69 3GB

Email: ross.white@liverpool.ac.uk

"Other Psychotherapies"

Author Biographies

Dr Ross White, PhD, DClinPsy, is an Associate Professor of Clinical Psychology at the University of Liverpool, UK. He was lead editor of *The Palgrave Handbook of Socio-cultural Perspectives on Global Mental Health*. Dr White has research collaborations with the World Health Organization and United Nations High Commissioner for Refugees investigating the efficacy of psychosocial interventions for reducing distress experienced by refugees particularly in the context and/or aftermath of humanitarian crises. He also has an interest in the processes involved in the linguistic/cultural adaptation of psychological therapies. Dr White is the Principal Investigator on the ESRC/AHRC funded 'Community-based Sociotherapy Adapted for Refugees' (COSTAR) project that is evaluating the efficacy of a psychosocial intervention for refugees living in Uganda and Rwanda.

Cheryl McGeachan, MA, MRes, PhD, is a Lecturer in Human Geography at the University of Glasgow. Dr. McGeachan researches the geographies of mental ill-health with a specialist focus on Scotland. Her published works focus on the histories of psychiatry and psychoanalysis, including figures such as R.D. Laing and Marion Milner, and the historical geographies of art therapy and 'outsider art'. She currently collaborates with Glasgow Museums, Leverndale Hospital, Barlinnie Prison and Project Ability to work with the Art Extraordinary Collection and uncover the lived experiences of mental ill-health through art.

Gavin Miller, MA Hons, PhD, is the Director of the Medical Humanities Research Centre, University of Glasgow, and Senior Lecturer in English Literature at the same institution. Dr. Miller leads the Wellcome Trust funded Glasgow Medical Humanities Network. His published works focus on the history of psychotherapy and counselling in Scotland, on transcultural issues in psychotherapy, and on contemporary literature, including science fiction and Scottish Literature. His monograph *Science Fiction and Psychology* is forthcoming in 2020 from Liverpool University Press.

Sophia Xenophontos, BA Cyprus, MSt, DPhil Oxford, is a Lecturer in Classics (School of Humanities) at the University of Glasgow. Her research interests are in the Greek literature, philosophy and culture of the Roman Imperial period. She is the author of *Ethical education in Plutarch: moralising agents and contexts* (Berlin-Boston, 2016) and of several articles and

book chapters on practical ethics and the therapy of the emotions in post-Hellenistic philosophical writings. Another strand of her research is the reception of the Greek moral tradition in the late middle ages. Her current book project, undertaken in the framework of a Wellcome Trust University Award in the Medical Humanities, is on Galen's popular philosophy and its interplay with his medical theory and practice.

"Other Psychotherapies"

Abstract

This paper introduces a special issue of *Transcultural Psychiatry,* entitled *"Other Psychotherapies": Healing Interactions Across Time, Geographies and Cultures*. The special issue is intended to highlight that rather than being a modern phenomenon, variants of psychotherapy practice have existed for millennia in diverse sociocultural contexts. To open the special issue, this article explores the historical development of Western psychotherapy and points to the important contribution that Greco-Roman scholars from antiquity made to contemporary understanding of mental states and emotional wellbeing. The ways in which healing interactions have been localized to reflect the local cultural and geographic contexts are highlighted. This allows for distinctions and commonalities between various forms of psychotherapy to be pondered. Consideration is also given to how humans' relationship with technology might influence the future development of psychotherapy. This article serves to foreshadow the themes that are explored in more detail in the collection of articles that make up the *"Other Psychotherapies"* special issue. The various articles that contribute to the special issue are introduced, and the key issues explored by these articles briefly highlighted. The intention of the special issue is to facilitate an opportunity to appreciate the ways in which psychotherapies are a product of the epoch, setting and institutions that shape people's lives.

"Other Psychotherapies"

The term 'psychotherapy' is derived from the ancient Greek words *psyche* (meaning spirit; soul) and *therapeia* (meaning healing; treatment). Walter Cooper Dandy (1794 – 1871) first introduced the term *psycho-therapeia* to capture how physicians might alter the emotional states of the people that they were treating to help bring a resolution to their physical ailments. The psycho-therapeia practiced by Dandy drew on the work of Franz Mesmer (1734-1815) who had developed the theory of *animal magnetism* (also referred to as *Mesmerism*), which proposed that there was a transfer of energy between all objects –inanimate and animate. Amongst the various techniques advocated by animal magnetism was *hypnosis* (a state of consciousness characterised by shifts in awareness and openness to suggestion), which became an important feature of the evolution of psychotherapy in the coming years. Towards the end of the 19th century, a number of German speaking medical doctors including Sigmund Freud (1856 – 1939), Carl Jung (1875 – 1961), and Alfred Adler (1870 – 1937) played a central role in developing various forms of *psychoanalytic* psychotherapy. These shared an interest in how unconscious drives and urges influenced peoples' behaviour. The 20th century witnessed an expansion in theoretical accounts of learning, principally through the contribution that John Broadus Watson (1878 – 1958) and Buurhus Frederic Skinner (1904 – 1990) made to the field of psychology. *Behavioural Therapy* (BT) that placed specific emphasis on classical and instrumental condition proved to be effective at treating anxiety disorders such as phobias. However, a criticism of the approach was that the focus on behaviours that could be witnessed in the external world neglected the potential contribution that aspects of the person's internal world (such as thoughts and emotions) may be making to the difficulties that people were experiencing. In addition, BT did not place specific emphasis on the potential impact that the quality of the relationship between the therapist and the client might have on addressing the difficulties.

Responding to criticisms levelled at BT, Carl Rogers (1902 - 1987) pioneered the development of a humanistic approach to psychotherapy. He placed particular emphasis on the therapist adopting a relationship with the client that was characterised by: 1) unconditional positive regard; 2) genuineness; 3) empathy. Contemporaries of Rogers, including Aaron Temkin Beck (1921 -) and Albert Ellis (1913 – 2007) are recognised as originators of the *cognitive revolution* in psychotherapy with their work on the development of *Cognitive Therapy* and *Rational Emotive Behavioural Therapy* respectively. These forms of therapy placed much more specific focus on the important role that peoples' thoughts can have on influencing their emotions and behaviours. Cognitive behavioural therapies (CBTs) have been extensively researched in

recent years and have evidenced efficacy in the treatment of a variety of mental disorders including major depressive disorder, anxiety disorders, post-traumatic stress disorder, and psychosis (Hofmann et al., 2012; Laws et al., 2018). These approaches have also been adapted for use with in diverse cultural contexts (Chibanda et al., 2015) and for use with ethnic minority populations in Western countries (Degnan et al., 2018). It is however important to note that the development of CBTs, as with psychoanalytic and behavioural therapies before them, has largely been influenced by European/North American sensibilities that were in turn influenced by Greeko-Roman philosophies and epistemiologies that flourished during the Enlightenment. Indeed, Mijares (2014) noted that Western 'psychotherapy' practices share important overlaps with other forms of interacting that have been practiced through the ages.

More recently, there has been the development of what have been referred to as 'third-wave' psychotherapies such as (*mindfulness based cognitive therapy*, *acceptance and commitment therapy*, *compassion focused therapy* and *dialectical behavioural therapy*). To a varying degree these approaches have been influenced by Eastern philosophies, and are characterised by a more experiential/practice-based approach that incorporates a focus on non-judgmental awareness of present moment experiences. Across the globe, forms of talking therapy that draw on religious beliefs are also accessed by people who do not have access, or do not wish to access, secular forms of psychotherapy. An example of this is *Islamic counseling,* which is based on guidance from prominent Muslim texts including the *Quran* and the *Sunnah*.

The 'Dodo Bird Verdict' – Reflecting on common factors in Western psychotherapies

The range of theoretical models that have been proposed to guide psychotherapy practice, and the associated diversity in the strategies and techniques that different schools of psychotherapy espouse, have provoked debate about which approaches may be most efficacious. The *Dodo bird verdict* (or *Dodo bird conjecture*) is the contentious inference that all psychotherapies, irrespective of specific content, demonstrate similar levels of efficacy. Rosenzweig (1936), in his paper entitled 'Some implicit common factors in diverse methods of psychotherapy, was the first to evoke the Dodo bird verdict in relation to psychotherapy when he quoted the line from *Alice's Adventures in Wonderland* (Carroll, 1865): "At last the Dodo said 'everyone has won and all must have prizes'". The Dodo bird verdict came to popular attention when Luborsky, Singer and Luborsky (1975) noted, in one of the first major studies directly comparing different psychotherapies, that there were little difference in outcomes between

them. This is a debate that continues to rage, with there being no clear indication as to whether psychotherapies work through specific or common factors, or both Cuijpers, Reijnders & Huibers (2018).

In an effort to provide a theoretical model for 'common factors' in psychotherapy, Wampold and Imel (2015) have proposed a 'contextual' model of psychotherapy that posits that three pathways account for the benefits of psychotherapy irrespective of the theoretical model that guides. The three pathways involve a) the real relationship, b) the creation of expectations through explanation of disorder and the treatment involved, and c) the enactment of health promoting actions (Wampold, 2015, P270). An important pre-requisite for enabling these pathways is the establishment of a good therapeutic relationship (Wampold & Imel, 2015; Wampold, 2015). Wampold (2015) has proposed that 'psychotherapy is a special case of a social healing practice' (P270).

Global Dissemination of Western Psychotherapy – Opportunities and Challenges

In recent years there has also been a growing appreciation of the need to build capacity for delivering psychotherapy in low- and middle-income countries (LMICs) where the majority of the global population reside and there is a chronic lack of highly trained mental health professionals. This has led to commentators highlighting the role that technology might play in the delivery of 'therapist-free' psychotherapy (Fairburn & Patel, 2014; 2017) i.e. forms of psychological therapy that do not require a human for delivery. Mindful of the limited understanding of processes of change in psychotherapy and the need to retain 'common-factors' relating to the *social healing* aspect of psychotherapy, White et al. (2017) proposed that 'rather than a standardized platform that offers a 'recipe-book' approach to working with distress, online and program delivered interventions will benefit from having the necessary sophistication to respond to the wealth of verbal and non-verbal cues that clients are providing about the nature of their distress and how it is impacting on him/her' (P246). As we move towards a 'post-human' epoch, when artificial forms of intelligence will be available, these considerations will assume growing importance.

Non-Western Psychotherapies

"Other Psychotherapies"

The experience of distress and wellbeing varies according to different cultural contexts. *Culture* has been defined as a 'set of institutional settings, formal and informal practices, explicit and tacit rules, ways of making sense and presenting one's experience in forms that will influence others' (Kirmayer, 2006; Page 133). The term *ethnopsychology* has been introduced to describe the study of how individuals within a cultural group conceptualize the self, emotions, human nature, motivation, personality, and the interpretation of experience (Kirmayer, 1989; White, 1992). In the West, *biomedical* or *biopsychosocial* enthnopsychologies tend to determine how mental health services are designed and configured. However, non-biomedical ethnopsychologies are espoused by large proportions of the global population. Labelled as 'traditional' enthnopsychologies, these approaches include practices from the Indian sub-continent (*Ayurveda, Unani,* and *Siddha*), Chinese traditional medicine, African traditional healing approaches, and faith healing. In general, these approaches seek to 'restore harmony, balance and equilibrium, not only by alleviating physical symptoms, but also by re-integrating the person with his or her community, the earth and the spiritual world' (Ross, 2010). In sub-Saharan Africa, it is estimated that 85% of people with health problems consult traditional healers before seeking help elsewhere (Iwu & Gbodossou, 2000; Morris, 2001).

Efforts to scale-up psychotherapies in LMICs run the risk of being thwarted by a lack of perceived cultural relevance by those intended to access the support. As such it is important to evaluate the efficacy of existing/traditional forms of support that people are prepared to access. Nortje et al. (2016) conducted a systematic review of 32 studies (conducted in 20 different countries) that investigated the efficacy of traditional healers for addressing mental disorders. The review highlighted a need for further rigorous evaluations, but it concluded that traditional healers 'might help to relieve distress and improve mild symptoms in common mental disorders such as depression and anxiety' (Nortje et al., 2016, P154). Similarly, Thirthall et al. (2016) noted that 'systematic reviews of the effectiveness of traditional, complementary, and alternative medicine find several approaches to be promising for treatment of mental illness, but most clinical trials included in these systematic reviews have methodological limitations'.

Eschewing the notion that psychotherapy was introduced to the African continent in comparatively recent times, Lambo (1974) proposed that 'psychotherapy' has been integral to the social fabric of life on the African continent, and has served the purpose of 'positively influencing the human mind' of those living there since the 'traditional time'. Specifically, he stated that 'the methods employed for this purpose are multiple and they vary from individual

to group, from a variety of magico-religious rites to well-formulated and articulated quasi-mathematical procedures...from the use of hypnosis, trances, suggestion and persuasion to mystic invocations to the spirits' (P311). Lambo (1974) highlighted that the focus is on using interactions involving the practitioner, the client, and their family/community with the aim of alleviating distress. Moodley, Sutherland and Oulanova (2008), however, highlighted some unique aspects of local healing practices that distinguish it from Western conceptualizations of psychotherapy. They noted that traditional healing practices can be offered in public as well as private, and that people attend healing practitioners that are known to them. In contrast, Western psychotherapy tends to be delivered in private, or in small groups, by a person generally not known to the individual. They also noted that there is an expectation that traditional healers will provide solutions, which can be contrasted to a more 'Socratic' approach used by Western psychotherapists, where people are facilitated to gain new insights through answering questions posed by the psychotherapist. Providing the example of Tao, a Chinese form of traditional healing, Moodley et al. (2008) highlighted that traditional healing focuses on how the body, mind and psyche are connected, and that 'even if counselling and psychotherapy affirms their worldview and their sense of being, it nevertheless places the body (and spirituality) at the margins of clients' existential questions' (P161).

Harding (2017) noted that in Japan forms of psychotherapeutic healing (*Morita Therapy* and *Naikan Therapy*) developed largely independently of Western variants of psychotherapy. It was suggested that theses approaches flourished due to difficulties trusting and accessing mental health services in Japan. In developing his approach in the 1920s, Shōma Morita (1874–1938) was heavily influenced by the Eastern philosophy of Zen. There are 4 recommended stages of Morita Therapy: 1) Absolute bed rest; 2) Occupational therapy (low intensity); 3) Occupational therapy (high intensity), and 4) Complex activities. Morita Therapy is characterized by assisting people to learn to live with reality as it is (arugamama) (Harding, 2017). In recent decades, Morita Therapy has established a foothold in the West owing in part to the German psychoanalyst Karen Horney (1885 – 1952) who visited Japan and learned about the approach. Naikan (literally translated as 'looking inside') Therapy is a form of structured self-reflection founded by Ishin Yoshimoto (1916-1988) in the years that followed World War II. Naikan Therapy is based on a Buddhist practice known as *mishirabe* (searching oneself) which involved spending a day in solitude without food or water. Naikan practice is based on 3 questions: 1) What have I received from (person x)? 2) What have I given to (person x)? 3) What troubles and difficulties have I caused to (person x). This has evolved into a weeklong

residential therapy featuring periods of solitude interspersed with interactions with 'Naikan guides' (Harding, 2017). Naikan Therapy is also now practiced by a relatively small number of practitioners in the West (Ozawa-de-Silva et al., 2010).

The Role of Research in Determining the Legitimacy of Psychotherapy

Owing to the prominence allocated, in the West in particular, to the *evidence-based medicine* approach, particular research methodologies (such as the randomized controlled trials) are now considered the 'gold standard' of establishing research evidence for the efficacy of complex (i.e. multicomponent) interventions such as psychotherapies (Webb 2001; Timmermans and Berg 2003). This form of evidence is used by bodies (such as the *American Psychological Association, Society of Clinical Psychology (Div. 12)* in the United States of America, and the *National Institute for Health and Clinical Excellence* in the United Kingdom) to determine what forms of psychotherapy interventions should be recommended and supported for particular forms of mental health difficulties. This does much to determine what 'scientific' legitimacy and credibility is attached to psychotherapies. However, criticisms have been made that the evidence generated by methodologies such as RCTs may be overly controlled and too disconnected from the way in which people live their lives in the contexts in which they exist (Bonell et al. 2012; Marchal et al. 2013). Indeed, Mills and White (2017) expressed concerns that 'efforts to promote mental health and well-being are being restricted by the prejudicial attitudes relating to what forms of knowledge actually count' (P200). Kirmayer (2012) proposed that research methods commonly used in the humanities and social sciences can make an important contribution for understanding mental health difficulties and, by inference, what approaches might be effective for addressing these difficulties. There is also growing interest in the possibility of supplementing RCT methodology with *critical realist* perspectives (Porter et al., 2017). Critical realism places specific emphasis on distinguishing between 'social structures (in which resources lie) and human agency (which is at least partly guided by reasoning)...(which views RCTs) as creating artificial closure in order to identify the effects of specific causal mechanisms' (Porter et al., 2017, P133).

In terms of exploring diverse cultural manifestations of "Other Psychotherapies", this special issue features an article by Ooi and Kirmayer that explores how *dang-ki*, a form of Chinese spirit mediumship practiced in Singapore, is used as a transformative practice that benefits the practitioner (medium), the client (devotee) and the community more broadly. Contrasts are

drawn between the interdependent healing impact of dang-ki and the more individualistic focus of Western psychotherapies. Laing in her paper reflects on Ayurvedic psychiatry practitioners in Kerala, India and draws parallels between the emphasis that these practitioners place on integrating 'moral' treatments to the prominence placed in 18th and 19th century Britain on forming good habits and engaging in religious practice. However, unlike in 18th and 19th century British practitioners, Ayurvedic psychiatrists do not make a pronounced distinction between somatic and psychological interventions. As such, it is suggested that Ayurvedic practices transcends distinctions between psychotherapy and pharmacotherapy.

Psychotherapy in the Ancient World

Some people think that any consideration – whether scholarly, clinical or lay-led – of the concept of psychotherapy has to start with an account of its historical origins, which go back to the Greco-Roman world and a period extending from roughly the fifth century BC up to the second century AD (Marks, 2017; Depreeuw et al., 2017). The extent and diversity of the relevant textual evidence handed down to us make us well qualified to draw reliable conclusions about the various ancient practices related to what is generally called the "cure of the soul" (*therapeia tēs psuchēs*), and comment on key issues informing those practices. These issues include, for example, a) the different (professional) groups that acquired responsibility for treating people afflicted by mental illness, b) the nature of the relationship that was established in each case between therapist and patient(s), c) the extent to which the recipient of the therapy had previously experienced acute psychological setbacks, and the implications of this for the kind of advice offered, and d), perhaps more importantly, the semantic flexibility of psychotherapy in ancient times, and, in that respect, the liminal place the latter held at the intersection of religion, medicine, and philosophy. All the above points present both interesting opportunities for comparison with contemporary Western psychotherapeutic approaches and challenges to medical historians and classicists, which points to the need for a comprehensive investigation of the socio-cultural and scientific importance of ancient psychotherapy in antiquity, something that is still a desideratum (Gill, 1985; Roccatagliata, 1986; Harris, 2013; Thumiger and Singer, 2018)

A basic element of ancient psychotherapy, at least in some of its philosophical and medical manifestations, seems to have been the individualisation of the sufferer, which was facilitated by their intimate interaction with the healer, and the development of a therapeutic alliance that

was based on verbal communication. The aim of the latter was to enhance the ability of the patient to become autonomous by exercising rational control and by practising self-introspection with regard to their feelings. Closely linked to this type of verbal remedy for a psychological malady is the so-called "therapy of the word", explored in detail by Chiara Thumiger in this volume, which is mainly targeted at restoring the patient to sanity through the use of persuasion strategies in the course of a very close discussion. The type of therapy just outlined is in stark contrast to the way a number of ancient sources depict ritualistic group psychotherapy, for instance during the Corybantic or Bacchic rites, which relied rather on intense physical activity (e.g. fierce dancing, ecstatic movements, orgiastic elements) to discharge psychological pressure. Other religious cures for mental disturbance focused on bodily purification and incubation in shrines dedicated to the healing god Asclepius, which, apart from emphasising the intervention of the divine as a potential healing agent, also reflect the popular belief that mental illness was principally physical, relying to a large extent on the treatment of the body.[1] This is directly connected with the key debate in Greco-Roman medical and philosophical tradition on the connection between body and soul, which shall be discussed briefly below.[2]

Moving away from purely religious practices, reference must be made to the institutionalised festivals of Greek drama (e.g. the Dionysia) that held a central place in the social and cultural life of the city-state in the fifth and fourth centuries BC. Displaying on stage despondent – often outcast – characters suffering from madness or other delirious conditions was a pervasive theme in several of these plays (e.g. Sophocles' *Ajax*, Euripides' *Bacchae* and *Heracles*). And the realisation of the catastrophic consequences of the hero's actions after he/she is restored to sanity operated in a two-fold manner: a) it offered insights into the psychological intricacies of the disease, as understood by non-expert authors addressing non-expert audiences; and b) by projecting the social responses to mental illness, it urged spectators to manage or defuse their own intense emotions, ignited by the crude description of scenes surrounding the hero's madness, including murders of family members. That is an issue dealt with by Sophie Mills in this volume, who also stresses the acknowledged discrepancy between tragic poetry and (near-

---

[1] Even though we do have accounts in which "temple-sleep" encompasses at least to some extent psychosomatic aspects, see Isrealowich (2012) cf. Petridou (2015). On incubation, see Kirmayer et al. (2003).

[2] Another interesting religious method of "soul healing" was dream interpretation as a form of conveying inner anxieties, fears, and desires (e.g. Artemidorus' [2nd c. AD] *Interpretation of dreams*) see, Meier (2003).

) contemporary medical literature (especially the Hippocratic corpus mentioned below) with regard to the aetiology of mental turmoil and its suggested therapy: in the former, madness came from the gods and was therefore thought to be cured by non-rational means (e.g. magic, prayers, charms); in the latter, the origins of madness were explained in distinctively scientific terms (e.g. humoral imbalance in the body) and had therefore to be treated accordingly.

Unlike the more universal and less specialised appeal of Greek drama (which is often referred to as "folk-psychotherapy" for that reason), in the early phase of Greek medicine a certain degree of scientific specialisation with regard to the symptomatology and taxonomy of illnesses of the mind seems to have existed among medical practitioners. The various authors of the Hippocratic corpus (a collection of around 60 medical treatises, most of them dated to the fifth and fourth centuries BC) provide us with some lucid, medicalised accounts of hysteria, phrenitis, mania etc. However, a distinct or systematic *psychological* methodology for handling mental disease had not yet been advanced, as we can see from the fact that the physiological explanation of mental disorder prompted naturalistic prescriptions for its cure: e.g. exercise and diet forming part of a daily regime, suitable environment, drugs (e.g. hellebore against melancholy), and occasionally invasive methods such as venesection and surgery. It has recently been suggested that the lack of emphasis on the psychosomatic basis of the human being in Classical medicine attests to the collective attempt of Hippocratic doctors to demarcate their professional territory as separate from that of philosophers (Thumiger, 2018).

Whatever the validity of this assumption, it is undoubtedly in the later medical tradition that mental illness will be explicitly connected with the patient's behavioural and emotional condition, thereby necessitating the use of psychological processes to counteract insanity. Caelius Aurelianus, for example, writing in the fifth century AD but drawing to a large extent on the medical author Soranus (early second century AD), recommends regular attendance at plays and philosophical interaction (Polito, 2016), while the Roman doctor Celsus (14 BC–AD 50) proposes reading out loud to educated patients to help them restore their ability to exercise rational self-government. Even more interestingly, Galen (AD 129–c. 200), antiquity's most influential medical author and practising physician, stressed the interdependence between body and soul (e.g. in his essay *That the capacities of the soul follow the mixtures of the body* or in *Preservation of health*), and was extremely interested in composing works specific to the control and therapy of destructive emotions such as anger and grief. In terms of therapy, he advocated both medical interventions (humoral remedies), cognitive therapy, and preventive

measures as part of the patient's life-style (Clark and Rose, 2016). He is an exceptional case among medical thinkers in the ancient world in delving into the medical, psychological, and ethical aspects of the pathology and therapy of the mind/soul, which reflects a wider shift of emphasis in the Roman Imperial period that advocated the need for bridging the gap between or synthesising medicine and philosophy as regards cures for the mind (Xenophontos, 2014; cf. Gill 2010; Singer, 2013). Plutarch (AD 46–120), for example, a key moralist of this age, produced a good many texts dealing with dietetics and health matters alongside his texts on moral philosophy; and, likewise, professional orators wrote on athletics and gymnastics as part of their intellectual agenda which included, inter alia, a good deal of philosophy, rhetoric and politics. References to psychosomatic health are well attested in textual sources of the first and second centuries AD, something encapsulated in Michel Foucault's idea of "the care of the self" as constituting a key feature of Greco-Roman culture in this period (Foucault, 1990, P53).

The tendency to link bodily, mental, and emotional phenomena did not emerge from a vacuum, however. Substantial progress must have been made in the context of the Stoic philosophy of the Hellenistic period (a transitional period between Hippocratic medicine and folk drama on the one hand, and the experimentation and variation of the Roman Imperial period on the other; spanning 323–31 BC) onwards, although earlier signs are found in Classical philosophy too: Plato ([427–347 BC] e.g. *Timaeus*) insisted that moral defectiveness was a sickness of the psyche, an idea which the Stoics elaborated even further in explicating moral vices and suggesting possible cures (notably Chrysippus' [279–206 BC] lost work *On Passions*) using analogies from medicine (Sorabji, 2000; P17-54). Along similar lines, Aristotle (384–322 BC) developed work on psychology and the classification of emotions, built on the use of medicine as a methodological model for his moral psychology. Through their sustained interest in psychological well-being, early philosophers portrayed themselves as doctors of the soul and considered philosophical dialogue, exhortation, and consolation appropriate means for alleviating disturbing feelings, moods and reactions. This sort of therapy, which puts intimate exchanges between patient and therapist at its core, is presumably the closest we can get in this period to psychotherapeutic interaction in the modern sense of the term.

In post-Hellenistic philosophy, the need to give a wider range of readers (although still predominantly male, upper-class, and fairly well-off) an understanding of their passions was made possible in a distinctive kind of popularised philosophical discourse known as "practical ethics" (Xenophontos, 2016; van Hoof, 2010). This included three basic categories of texts: a)

protreptic works, guiding readers towards morally adept courses of behaviour, b) therapy, applying philosophical guidance to particular cases of the treatment of emotions, and c) advice, proposing life-styles through which to achieve happiness by means of the therapy that has already been applied. The main aim of these categories of works was to promote emotional resilience and a positive attitude to life and its setbacks through the application of cognitive strategies. The Stoic or stoically-inspired psychotherapeutic means (most of them revisionary at the time) included: a) premeditation of future calamities, a technique whereby the anticipation of negative experiences might lead to an increased ability to endure them when they came, b) the use of an unbiased "supervisor" to observe and criticise one's moral failings, c) retrospective evaluation – ideally on a frequent basis – of ethical progress, d) contemplation or assessment of aesthetically attractive and unattractive moral choices or effects (Singer, 2018, P394-399). These are elements that feature in various versions in the later Stoic philosophers, for example Marcus Aurelius' (AD 121–180) *Meditations*, whose work has generally been agreed to have informed the agenda of modern CBT or Cognitive-Behaviourial Therapy (Hofmann, 2014)[3]. Self-help and self-mastery also have their roots in ancient psychology and philosophy, which approached the individual as a conscious entity, endowed with the rational ability to monitor and rectify moral passions. This ties in well with the ancient understanding of distress as resulting from mistaken assumptions and evaluations about external conditions, emphasising the active role of the agent in providing a secure basis for individual happiness.

This brief overview of the history of ancient psychotherapy has brought out themes that elucidate the focus of this volume on "other psychotherapies". In terms of ancient psychotherapy "other" can refer primarily to the wide range of methods – verbal and non-verbal – used to cope with psychological or emotional commotion, as noted above. It also adds to our understanding of the connections or lack of connection between the different areas in which psychotherapy featured in the various different aspects of Greco-Roman culture: religion, drama, medicine and philosophy (including both psychology and ethics), in both theory and practice. "Other" also refers to the flexibility in the relevant terminology, particularly with reference to a definition of mental disease that covers anything from acute clinical conditions to cognitive, moral, and behaviourial shortcomings. Similarly, "other" as different or

---

[3] See also "Modern Stoicism", http://modernstoicism.com/category/stoicism-psychotherapy/ (last accessed 18th September 2018), an interesting initiative that advocates the practical application of Stoic psychotherapy today.

alternative is also connected with issues of authority, expertise, and readership, and of individual and communal therapy; or that of regimen as opposed to reactive treatment following the occurrence of the disease, which in turn explains the existence of "other" psychotherapeutic manuals dealing with each of these approaches, e.g. exhortation rather than consolation, with the latter being closer to modern counselling. Otherness in connection with problem-solving and the language of achieving peace of mind did proliferate in antiquity, although the ideas of self-mastery as life-long, of emotions as depending on one's conception of happiness, and of happiness as largely within our power seem relatively consistent across the various philosophical trends.

Mills' paper in the current volume entitled *"Look At It Carefully Now": Athenian Tragedy And The "Talking Cure"* reflects on the how the writing of tragedians such as Euripides in 5th Century BCE, and the masterful works of tragedy that they produced such as *The Bacchae* and *Heracles*, demonstrated a sophisticated awareness of the emotional reactions that the narrative accounts that they produced could have on their audiences. It is suggested that this sensitivity to emotional responding from audiences belies an apparent lack of explicit recognition in Hippocratic texts of the value that 'psychotherapeutic' interventions (versus physical interventions) might have for alleviating the emotional suffering of the characters in the tragedy. A distinction is made between 'therapy' and 'theatre' - the latter context facilitating an exploration of emotions whilst abandoning one's own personal identity. Mills extrapolates that the notion of 'safety' is important for both those exploring emotional experience in both therapy and the theatre. Thumiger in her paper in this volume reflects on how the contribution of key figures such as Galen, and notions of 'therapy' that were intrinsic to their work, invariably introduced consideration and appreciation of normative values. Whilst acknowledging the benefits that this brings, Thumiger also highlights the potentially negative consequences that this can have for introducing 'psychiatric authority' as far as therapy is concerned.

Psychotherapeutic Geographies

As highlighted above and across the papers in this theme issue, psychotherapy has a diverse geography. From its ancient inception, socio-economic development over time and current cultural and political manifestations, psychotherapy and its practices form and take place across and through different sites, spaces and places of the world. From the global to the most intimate

of scales, psychotherapy continuously emerges as an embodied and emplaced set of encounters. These geographies are revealing of its multidimensional nature and matter in untangling psychotherapies rich histories, cultures and practices. An emerging sub-field within human geography that has attempted to 'map' these changing geographies is psychotherapeutic geographies (Bondi, 2005; Pile, 2010). Closely associated with emotional (Davidson, Bondi and Smith, 2007) and psychoanalytic geographies (Kingsbury and Pile, 2014), and emerging from debates regarding 'outsiders' and 'othering' (Sibley, 1995), psychotherapeutic geographies aims to explore the domains of therapy by creating a dynamic portrait of the practices that it operates. For Bondi (2009), although the theories upon which many psychotherapists draw upon may vary widely and generate significant debate between approaches, one thing that unites them is 'their status as practices (not solely theories) and convergence in relation to key aspects of their theories of practice, notably the central importance accorded to the therapeutic relationship'. Much of the work conducted in psychotherapeutic geographies is therefore concerned with exploring the different practices of psychotherapy, alongside the attendant therapeutic relationships, and their connections to the theories and methods used in human geography, but also investigating further the spatial distribution of forms of psychotherapy and psychotherapeutic practice. All of which demonstrates the importance of geography for considering the ways in which psychotherapy shapes, and is shaped by, the lives and worlds of its users and practitioners.

The geographies of psychotherapy

Bondi (2009: 7) notes that 'a wide panoply of psychological ideas and practices including psychotherapy itself have transformed human societies and, in some ways, human subjectivity itself' and therefore the development of psychotherapy and psychotherapeutic practices, and their distinctive geographies, is a key concern for the sub-field. Attention has recently been given to tracing the genealogies of psychotherapeutic practice through an historical lens in order to raise questions regarding the inter-relationships between places and the development of particular psychotherapeutic practices (Morrison, 2017; Callard, 2014) and to aid in situating such lineages in specific cultural contexts (Forrester and Cameron, 2017). In a theme issue in *Environment and Planning D*, concentrating on the history of the 'psy' disciplines, guest editors Gagen and Linehan (2006: 792) argue 'that a geographical focus can illuminate how these forms of knowledge transformed the spatiality of cities, schools, houses, fields and playgrounds, while simultaneously showing how particular spatialities shaped the ongoing

reconfiguration of psychological knowledge'. Freis's paper, for example, in the current volume highlights this first hand by drawing attention to the geographies associated with the fusion of psychotherapy and Jewish mysticism in the first half of the twentieth century. Through tracing Fischl Schneersohn's development of psychological theory through his own biography, a range of sites, spaces and places significant to the emergence of his 'science of man' and the subsequent redefinition of the concept of nervousness come to the fore. What emerges from this examination of Schneersohn's work is a sense that psychotherapy can be an incoherent phenomenon that takes place in a variety of unusual spaces, including within the liminal spaces between the minds and anxieties of those experiencing mental distress and the doctors, psychologists and therapists trying to make sense of mental life. The focus on engaging with the development of (scientific) practice in place (see Livingstone, 2003) and the understanding of how individualised case histories could be considered an important form of localised knowledge production (McGeachan, 2013) leads to the possibilities opening up 'more complex and differentiated accounts of the role of historically and geographically contextualised traditions of psychotherapy in relation to specific cultural landscapes (Bondi, 2009: 9; see also Willis et al, 2014). Smith's paper expands these horizons by exploring the ways in which the ancient psychotherapy of lucid dreaming can be tracked into the newly emerging virtual worlds of modern warfare, offering insights into the fictional and actual worlds of PTSD treatments. Similarly, FS examines 'psycho-expeditions' in order to highlight the deep connections to Hasidism and Schneersohn's spaces of childhood that this psychotherapeutic practice entails. The paper charts the evolution of Schneersohn's work and the way in which values and wisdom drawn from drawn from religious mysticism can be secularized to broaden the application to the psychological functioning of all people.

The spatiality of psychotherapy

Core questions relating to the subjective spatialities underlying psychotherapeutic practices are also of key concern. A focus upon the interpersonal relationships created through the practice of psychotherapy opens up a variety of spaces for consideration. Contradictory spatialities of power sit alongside wider ideas about positions and boundaries leading to a critical consideration of the therapeutic encounter itself. Not only investigating the 'real, material and concrete space' of psychotherapy the spatiality of psychotherapy seeks to co-examine the 'non-real, imagined and symbolic space' that it so often occupies (Bondi and Fewell, 2003:528) This draws attention to the 'imaginative interpersonal landscapes within which care is delivered'

(Bondi, 2003: 868) allowing an excavation of the therapeutic spaces and relations of both practitioner and patient/client. This connects to a number of pieces in this theme issue that explore the varying dimensions of the therapeutic encounter. Ooi and Kirmayer's paper, for example, examines the connections between healing processes, cultural ontologies and notions of personhood. Drawing on a specific form of Chinese spirit mediumship, *dang-ki*, practiced in a specific place, Ooi and Kirmayer open up the multiple spaces of the practice – from healer, client to community - that transcends traditional boundaries. Similarly, Laing examines in detail the clinical practice of Ayurvedic psychiatry highlighting the embodied and social dimensions to the practice in a specific time and place.

A related core concern, linked closely with landscapes and geographies of care, lies in unravelling the complex distribution of psychotherapeutic practices and revealing the uneven patterns of provision that are present in accessing psychotherapeutic services across the world. The development of psychological therapies within 'Western' welfare systems, for example, raises significant geographical questions regarding the mismatch between geographies of provision and geographies of need, the significance of psychotherapy as a form of care within modern welfare systems, and wider debates regarding the meanings of personhood and subjectivity on which welfare practices are affirmed. The Smith and Ooi & Kirmayer papers in this volume both reflect on the place-specific conditions of their discussed therapies, hinting towards the possible disparities in provision that this may entail. For example, in reference to PTSD, Smith notes that it is 'America's endlessly warring culture' that has provided the context and motivation for developing alternative workable treatments for mental health problems associated with modern warfare. However, whilst the imagining of such therapies offer transformative potential the realities of their availability on the ground is almost always lacking. Boundaries and barriers of access and affordability to such therapies can lead to an 'othering' of how forms of provision and care are viewed and imagined in popular culture. Many of the papers in this issue seek to disrupt this 'othering' by showcasing the geographies present in both their inception and utilisation, and endeavour to challenge the various ways in which the usual narratives of psychotherapy are circulated often through 'Western' frameworks.

Subcultural psychotherapy

"Other Psychotherapies"

To discuss 'subcultural psychotherapy' is to recognize the otherness that lies within the High Income Countries of the Global North. The novelty of subcultures, and their association with youthful deviance, may however mean that they are regarded less charitably than the world's various religious and wisdom traditions. How could say, 'geek' or 'Goth' subculture hope to rival the psychological wisdom accrued by Buddhist, Hindu or Classical disciplines? Subculture tends moreover to be associated with risk by empirical investigations. Robert Young et al.'s influential study of suicide attempts and self-harm in Goth subculture, for instance, finds higher levels of these behaviours amongst Goths, even when controlling for confounding variables; this may be because Goth subculture is disproportionately attractive to self-harmers, and/or because of emulation of subcultural peers and celebrities (Young, Sweeting, & West, 2006).

Even where psychiatric investigation suggests salutogenic effects, subculture is often framed as an 'illicit means' to culturally sanctioned goals – an analysis that has its roots in interwar sociology of delinquent urban youth (Merton, 1938). For instance, McCain et al. pursue various hypotheses in their psychological investigation of geek subculture, including the 'great fantasy migration hypothesis' whereby 'narcissistic individuals who are unable to receive the admiration and praise to which they feel entitled […] may turn to a fantasy world where such praise is more easily obtained' (McCain, Gentile, & Campbell, 2015, p. 3). They relate this hypothesis to a rather casual sociocultural analysis whereby

> [i]n the United States, narcissism has been increasing since the 1970s, while traditional ways of supporting narcissism such as prestigious jobs and credit (e.g., the debt bubble collapse) are becoming less viable for the majority of Americans. The result for individuals is discomfort (or cognitive dissonance) with the incongruence between inflated sense of self and deflated reality. (McCain et al., 2015, p. 3)

Leaving aside any justifiable irritation at the near collapse of the global economy, McCain et al. propose geek subculture has flourished because '[o]ne solution for resolving this dissonance is to migrate into a fantasy world via role playing games, fandoms, and fantasy media' (McCain et al., 2015, p. 3). In the fantasy world, one can find narcissistic satisfaction in roleplaying a charismatic or powerful character; one can also receive peer approval for expertise in the accomplishments that are admired by geeks, if not by the mainstream world (McCain et al., 2015, p. 3).

McCain et al. find partial confirmation for the fantasy migration hypothesis through 'a positive correlation between narcissism and geek engagement, as well as a positive correlation between geek engagement and fantasy proneness' (McCain et al., 2015, p. 29). They stress that they do not intend to pathologize geeks: the high levels of constructs such as narcissism and fantasy proneness within the geek population are subclinical, and are harmless or even useful for the individuals concerned (McCain et al., 2015, p. 32). Yet, in a continuing echo of subcultural delinquency, geek affiliation is conceived as a social solution to a problem of adjustment that might otherwise invite an individually psychopathological manifestation of narcissism and grandiosity. Geek subculture has a protective function since it keeps geeks away from obviously deviant behaviour: it is better to dress up as a character from *Star Wars* and memorize endless geek trivia than to plagiarize your schoolwork, fake your educational credentials, or pass yourself off as a police officer, doctor, or pilot.

The preceding analyses illustrate the continuing influence of expert discourses in which subculture is identified, analysed, and explained with a set of concepts and methods presumed to be available only to the educated human scientist. The Marxist 'Birmingham School' successors to Merton and Cohen continued this approach in influential if highly contested (e.g. Sweetman, 2013) accounts of British post-war subculture. The Birmingham School claimed to articulate the class consciousness supposedly conveyed in the pre-linguistic signification of subcultural style. Subcultures

> 'solve', but in an imaginary way, problems which at the concrete material level remain unresolved. Thus the 'Teddy Boy' expropriation of an upper class style of dress 'covers' the gap between largely manual, unskilled, near-lumpen real careers and life-chances, and the 'all-dressed-up-and-nowhere-to-go' experience of Saturday evening. (Clarke, Hall, Jefferson, & Roberts, 2006, p. 37)

The social scientist puts into words a problem and solution that can only be dimly apprehended by the subcultural practitioner, who remains fundamentally unaware of the psychological and sociological explanations for their activity.

Yet 'subculture', like its parent concept 'culture', has migrated from a category of analysis, used by experts only, to a category of practice, one available to and used by the agents under

investigation (Brubaker & Cooper, 2000, p. 4). Such complications are not merely hypothetical, as historical contextualization of McCain et al.'s account of geek culture illustrates. Their account echoes, apparently unwittingly, the diagnosis of science fiction popularised in the mass media of the 1950s by the lay psychoanalyst Robert Lindner's case study of 'Kirk Allen', a patient who maintained an extraordinary fantasy life modelled on a science fiction hero from pulp novels (Lindner, 1954, 1955). Lindner's psychoanalytic account of science fiction implied that science fiction fans were seeking compensatory gratification through fantasy. His diagnosis, however, was taken up within science fiction subculture, where it provoked literary repudiation of this lowbrow aesthetic, particularly in the so-called New Wave of science fiction of the 1960s and 1970s. Norman Spinrad's *The Iron Dream* (Spinrad, 1972), for instance, presented itself as a prize-winning science fiction novel written by an alternate historical Adolf Hitler (a fictional Hitler who had counterfactually emigrated to the US to become a pulp illustrator and author). Spinrad's indictment of pulp science fiction as authoritarian power fantasy was just one of many similar rebukes that reverberated through science fiction (e.g. Le Guin, 1979), a literary genre which had a clear sense of its own subcultural life in which fans, authors, and critics were closely connected (Fleming, 1977). The diagnosis offered by psychoanalysis provoked in part a new aesthetic and criticism in which science fiction was understood as a genre that produced 'cognitive estrangement'. Rather than attempting to predict the future, science fiction used imaginary future settings to offer marvellously transformed versions of our own social world, and in so doing both bypassed, and revealed, our customary ideological legitimations of things as they are (Suvin, 1979). Science fiction subculture was thus a modern artistic practice that sought knowledge of the world through the defamiliarizing gaze of genre fiction. This crucial 'emic' meaning is, though, entirely absent from McCain et al.'s more recent engagement with fantasy in geek subculture.

The subculture concept in cultural psychiatry and psychotherapy has to be rescued from the dominance of the delinquency paradigm. Subcultural practitioners are nowadays reflexively engaged with expert discourse in a way quite unlike the delinquent youths or unselfconscious Marxists of sociology fantasy.

'Subculture' is a category of practice that is increasingly mobilized alongside related concepts such as 'identity'. Science fiction subculture – through a combination of theory and practice – has for instance reworked psychological fantasy proneness from being a disabling 'limit' upon fan identity to an enabling 'parameter' of successful artistic practice (Appiah, 2005, p. 111). Moreover, as Smith's paper shows, contemporary technoscience has

increasingly attempted to incorporate science fiction into the process of technological innovation, while also (mis)using the genre to consolidate an imaginary in which the ideal US combatant is indefinitely repairable, both physically and mentally. The same mainstreaming of a supposed subculture has also been undertaken by the 'mad movement', particularly amongst voice hearers, who have made significant headway by forming strategic alliances with experts from various disciplines (Miller, 2017). Even apparently less tractable conditions such as anorexia nervosa can still make a (more contentious) claim for cultural recognition. Jeannine A. Gailey, for instance, proposes that anorexia is an unrecognized (and predominantly feminized) form of the 'edge work' that is tolerated – and even celebrated – when found amongst masculinized pursuits such as extreme sports or other acts of thrill-seeking play (Gailey, 2009). The problem of subculture as an 'other psychotherapy' is not that subculture is one 'other culture' amongst many that may provide a reservoir of psychotherapeutic wisdom (or a stagnant pool of toxicity). Rather the issue to be more directly addressed is how the culture and subculture concepts have 'othered' complex domains of art, technology, ethics – and much else besides – that take place within apparently marginal affiliations (albeit affiliations that may form strategic alliances with mainstream culture and society). As Adam Kuper remarks with respect to the superordinate culture concept, 'the more one considers the best modern work on culture by anthropologists, the more advisable it must appear to avoid the hyper-referential word altogether, and to talk more precisely of knowledge, or belief, or art, or technology, or tradition, or even of ideology' (Kuper, 1999, p. x).

Conclusion

The articles included the "other psychotherapies" special issue of *Transcultural Psychiatry* serve to eschew the notion that psychotherapy is the product of Western modernity. Importantly, the articles provide opportunities to reflect on the important contribution that the humanities can make to understanding the emergence and evolution of healing interactions in various contexts. The emergence of the evidence-based medicine (EBM) paradigm in recent decades has exerted a powerful influence on what forms of psychotherapy are viewed as credible. International networks for sharing knowledge about scientific research mean that claims about the legitimacy of particular forms of psychotherapy can now be projected globally. However, the extent to which particular psychotherapies might be universally relevant across differing contexts is a matter of important debate. Although there is recognition that psychotherapy has merit for alleviating distress, scientific understanding about key processes

"Other Psychotherapies"

of change in the amelioration of distress and promotion of wellbeing remain poorly understood. The articles highlight that psychotherapy, as with the standards used to judge it, are a product of time and space. With this in mind, tantalising glimpses are provided into how psychotherapy might evolve moving forward.

References

Appiah, K. A. (2005). The Ethics of Identity. Princeton: Princeton University Press.

Bondi, L. (2003) A situated practice for (re)situating selves: trainee counsellors and the promise of counselling, Environment and Planning A 35: 853-870.

Bondi, L. (2005) Making connections and thinking through emotions: between geography and psychotherapy, Transactions of the Institute of British Geographers 30: 433-448.

Bondi, L. (2009) Psychotherapeutic geographies, in R. Kitchin and N. Thrift (Eds.) International Encyclopaedia of Human Geography. Elsevier: Oxford.

Bondi, L. and Fewell, J. (2003) 'Unlocking the cage door': the spatiality of counselling, Social & Cultural Geography 4: 527-547.

"Other Psychotherapies"

Bonell, C., Fletcher, A., Morton, M., Lorenc, T., & Moore, L. (2012). Realist randomized controlled trials: A new approach to evaluating complex public health interventions. Social Science & Medicine, 75(12), 2299–2306.

Brubaker, R., & Cooper, F. (2000). Beyond "Identity". Theory and Society, 29(1), 1-47.

Callard, F. (2014) Consulting rooms: Notes towards a historical geography of the psychoanalytic setting, in P. Kingsbury and S. Pile (Eds.) Psychoanalytic geographies. Ashgate: Aldershot.

Carroll, L. (1865). Alices Adventures in Wonderland. Macmillan: London.

Chibanda, D., Cowan, F. M., Healy, J. L., Abas, M., & Lund, C. (2015). Psychological interventions for Common Mental Disorders for People Living With HIV in Low-and Middle-Income Countries: systematic review. Tropical Medicine & International Health, 20(7), 830-839.

Clark, P. A. & Rose, M. L. (2016). "Psychiatric Disability in the Galenic Medical Matrix." In C. Laes, C. Goodey, and M. L. Rose (eds.), Disabilities in Roman Antiquity: Disparate Bodies a Capite Ad Calcem. Leiden: Brill, 45-72.

Clarke, J., Hall, S., Jefferson, T., & Roberts, B. (2006). Subcultures, cultures, and class. In S. Hall & T. Jefferson (Eds.), Resistance through Rituals: Youth Subcultures in Post-War Britain (2nd ed., pp. 3-59). London and New York: Routledge.

Cuijpers, P., Reijnders, M., & Huibers, M. J. (2018). The Role of Common Factors in Psychotherapy Outcomes. *Annual Review of Clinical Psychology*, 15, 5.1–5.25

Davidson, J., Bondi, L. & Smith, M. (Eds) (2007) Emotional Geographies. Ashgate: Aldershot.
Degnan, A., Baker, S., Edge, D., Nottidge, W., Noke, M., Press, C. J., ... & Drake, R. J. (2018). The nature and efficacy of culturally-adapted psychosocial interventions for schizophrenia: a systematic review and meta-analysis. Psychological medicine, 48(5), 714-727.

"Other Psychotherapies"

Depreeuw et al., B. (2017). Psychotherapy approaches. In S.G. Hofmann (ed.), International Perspectives on Psychotherapy. New York: Springer, 35-67, esp. 36-38.

Fairburn C.G. & Patel V. (2014). The global dissemination of psychological treatments: A road map for research and practice. American Journal of Psychiatry, 171:495–498.

Fairburn, C.G. & Patel, V (2017). The impact of digital technology on psychological treatments and their dissemination. Behaviour Research and Therapy, 88, 19-25.

Freis, D. (2019). Journey to the Centre of the Soul: Fischl Schneersohn's Psycho-Expeditions between Modern Psychology and Jewish Mysticis. Transcultural Psychiatry, in this volume.

Fleming, L. (1977). The American SF Subculture. Science Fiction Studies, 4(3), 263-271.

Forrester, J. & Cameron, L. (2017) Freud in Cambridge. Cambridge University Press: Cambridge.

Foucault, M. (1990). The History of Sexuality, vol. 3, The Care of the Self, trans. Robert Hurley; London: Harmondsworth. P.53.

Gailey, J. A. (2009). "Starving Is the Most Fun a Girl Can Have": The Pro-Ana Subculture as Edgework. Critical Criminology, 17(2), 93-108. doi:10.1007/s10612-009-9074-z

Gagen, E. and Linehan, D. (2006) Guest editorial, Environment and Planning D: Society and Space 24: 791-797.

Gilkeson, J. S. (2014). Anthropologists and the rediscovery of America, 1886-1965. New York: Cambridge University Press.

Gill, C. (1985). Ancient psychotherapy. Journal of the History of Ideas, 46: 307–325.

Gill, C. (2010). Naturalistic Psychology in Galen and Stoicism. Oxford: Oxford University Press.

Harding, C. (2017). Historical Reflections on Mental Health and Illness: India, Japan, and the West. In The Palgrave Handbook of Sociocultural Perspectives on Global Mental Health (pp. 71-92). Palgrave Macmillan, London.

Harris, W. V. (2013) (ed.), Mental Disorders in the Classical World. Columbia Studies in the Classical Tradition 38. Leiden: Brill.

Hofmann, S.G. (2014). The Wiley Handbook of Cognitive Behavioral Therapy. Oxford, UK: John Wiley & Sons.

Hofmann, S. G., Asnaani, A., Vonk, I. J., Sawyer, A. T., & Fang, A. (2012). The efficacy of cognitive behavioral therapy: A review of meta-analyses. Cognitive therapy and research, 36(5), 427-440.

Israelowich, I. (2012). Society, Medicine and Religion in the Sacred Tales of Aelius Aristides. Leiden; Boston: Brill.

Irwin, J. (1970). Notes on the Present Status of the Concept Subculture. In D. O. Arnold (Ed.), Sociology of Subculture (pp. 164-170). Berkeley, CA: Glendessary Press.

Iwu, M.M. & Gbodossou, E. (2000). The role of traditional medicine. The Lancet 2000; 356 (Suppl): S3.

Kingsbury, P. and Pile, S. (Eds) (2014) Psychoanalytic geographies. Ashgate: Aldershot.

Kirmayer, L. J. (1989). Cultural variations in the response to psychiatric disorders and emotional distress. Social Science & Medicine, 29, 327e339.

Kirmayer, L. (2003). Asklepian Dreams: the ethos of the wounded healer in the clinical encounter. Transcultural Psychiatry, 13(2), 254–258.

Kirmayer, L. J. (2006). Beyond the 'new cross-cultural psychiatry': cultural biology, discursive psychology and the ironies of globalization. Transcultural Psychiatry, 43(1), 126-144.

"Other Psychotherapies"

Kirmayer, L. J. (2012). Cultural competence and evidence-based practice in mental health: Epistemic communities and the politics of pluralism. Social Science & Medicine, 75(2), 249–256.

Kuper, A. (1999). Culture: the Anthropologists' Account. Cambridge, MA: Harvard University Press.

Laing, C. (2019). Theory and practice in Ayurvedic Psychotherapy. Transcultural Psychiatry, this volume.

Lambo, A. (1974). Psychotherapy in Africa. Psychotherapy and psychosomatics, 24(4-6), 311-326.

Laws, K. R., Darlington, N., Kondel, T. K., McKenna, P. J., & Jauhar, S. (2018). Cognitive Behavioural Therapy for schizophrenia-outcomes for functioning, distress and quality of life: a meta-analysis. BMC psychology, 6(1), 32.

Le Guin, U. K. (1979). American SF and The Other. In S. Wood (Ed.), The Language of the Night: Essays on Fantasy and Science Fiction (pp. 97-100). New York: G.P. Putnam's Sons.

Lindner, R. (1954, 1 December). The Jet-Propelled Couch, Part I. Harper's Magazine, 209, 49-57.

Lindner, R. (1955, 1 January). The Jet-Propelled Couch, Part II. Harper's Magazine, 210, 76-84.

Livingstone, D. (2003) Putting Science in its Place: Geographies of Scientific Knowledge. University of Chicago Press: London.

Luborsky, L; Singer, B; Luborsky, L (1975), "Is it true that 'everyone has won and all must have prizes?'", Archives of General Psychiatry, 32: 995–1008.

"Other Psychotherapies"

McCain, J., Gentile, B., & Campbell, W. K. (2015). A Psychological Exploration of Engagement in Geek Culture. PLOS ONE, 10(11), e0142200. doi:10.1371/journal.pone.0142200.

McGeachan, C. (2013) Needles, Picks and an Intern Named Laing: exploring the psychiatric spaces of Army life, Journal of Historical Geography 40:67-78.

Marchal, B., Westhorp, G., Wong, G., Van Belle, S., Greenhalgh, T., Kegels, G., & Pawson, R. (2013). Realist RCTs of complex interventions−An oxymoron. Social Science & Medicine, 94, 124–128.

Marks, S. (2017). Psychotherapy in historical perspective. History of the Human Sciences 2017, 30(2): 3–16.

Meier C. A. (2003). Healing Dream and Ritual: Ancient Incubation and Modern Psychotherapy. Einsiedeln Enfield: Daimon; Airlift.

Merton, R. K. (1938). Social Structure and Anomie. American Sociological Review, 3(5), 672-682. doi:10.2307/2084686.

Mijares, S.G. (2014). Modern Psychology and Ancient Wisdom: Psychological and Healing Practices from the World's Religious Traditions. Routledge.

Miller, G. (2017). Madness Decolonized?: Madness as Transnational Identity in Gail Hornstein's Agnes's Jacket. Journal of Medical Humanities. doi:10.1007/s10912-017-9434-8

Mills, C. & White, R. G. (2017). 'Global Mental Health Spreads Like Bush Fire in the Global South': Efforts to Scale Up Mental Health Services in Low-and Middle-Income Countries. In R. White, S. Jain, U. Read, D.M. Orr (eds.) The Palgrave Handbook of Sociocultural Perspectives on Global Mental Health (pp. 187-209). Palgrave Macmillan, London.

Mills, S. (2019). Look upon it closely and learn more clearly: Tragedy and the "Talking Cure". Transcultural Psychiatry, this volume.

"Other Psychotherapies"

Moodley, R., Sutherland, P. & Oulanova, O. (2008) Traditional healing, the body and mind in psychotherapy, Counselling Psychology Quarterly, 21:2, 153-165.

Morris, K. (2001). Treating HIV in South Africa–a tale of two systems. The Lancet, 357(9263), 1190.

Morrison, H. (2017) Henderson and Myer in correspondence: a transatlantic history of dynamic psychiatry, 1908-29, History of Psychiatry 28: 72-86.

Nortje, G., Oladeji, B., Gureje, O., & Seedat, S. (2016). Effectiveness of traditional healers in treating mental disorders: a systematic review. The Lancet Psychiatry, 3(2), 154-170.

Ooi, B. & Kirmayer, L. (2019). Dang-Ki Healing: An Embodied Relational Healing'. Transcultural Psychiatry, in this volume.

Ozawa-de Silva, C., & Silva, B. O. D. (2010). Secularizing religious practices: A study of subjectivity and existential transformation in Naikan therapy. Journal for the Scientific Study of Religion, 49(1), 147-161.

Petridou, G. (2015). Divine Epiphany in Greek Literature and Culture. Oxford: Oxford University Press.

Pile, S. (2010) Emotions and affect in recent human geography, Transactions of the Institute of British Geographers 35: 5020.

Polito, R. (2016). Competence Conflicts Between Philosophy and Medicine: Caelius Aurelianus and the Stoics on Mental Diseases. Classical Quarterly 2016, 66: 358- 369.

Porter, S., McConnell, T., & Reid, J. (2017). The possibility of critical realist randomised controlled trials. Trials, 18(1), 133.

Roccatagliata, G.A. (1986). History of ancient Psychiatry. New York: Greenwood Press, 1986; Spinrad, N. (1972). The Iron Dream. London: Gollancz.

"Other Psychotherapies"

Rosenzweig, S. (1936). Some implicit common factors in diverse methods of psychotherapy. American Journal of Orthopsychiatry, 6: 412-415.

Ross, E. (2010). Inaugural lecture: African spirituality, ethics and traditional healing–implications for indigenous South African social work education and practice. South African Journal of Bioethics and Law, 3(1), 44-51.

Sibley, D. (1995). Geographies of exclusion: Society and difference in the West. Routledge.

Singer, P. (2013). Galen: Psychological Writings: Avoiding Distress, Character Traits, The Diagnosis and Treatment of the Affections and Errors Peculiar to Each Person's Soul, The Capacities of the Soul depend on the Mixtures of the Body. Cambridge: Cambridge University Press.

Singer, P. (2018). Galen's Pathological Soul: Diagnosis and Therapy in Ethical and Medical Texts and Contexts, in C. Thumiger and P. Singer (eds), Mental Illness in Ancient Medicine: From Celsus to Paul of Aegina (Studies in Ancient Medicine, Band 50), 2018, 381-420, at 394-399.

Smith, S. (2019). Rehabilitating the Mind: Avatar (2009) and Inception (2010) and the science fiction imagining of lucid dreaming in the psychotherapeutic treatment of Post-Traumatic Stress Disorder (PTSD) in the American military. Transcultural Psychiatry, in press.

Sorabji, R. (2000). Emotion and Peace of Mind: From Stoic Agitation to Christian Temptation. Oxford: Oxford University Press.17-54.

Spinrad, N. (1972). The Iron Dream. New York: Avon Books.

Stocking, G. W. (1966). Franz Boas and the Culture Concept in Historical Perspective. American Anthropologist, 68(4), 867-882.

Suvin, D. (1979). Metamorphoses of Science Fiction: On the Poetics and History of a Literary Genre. New Haven and London: Yale University Press.

"Other Psychotherapies"

Sweetman, P. (2013). Structure, Agency, Subculture: The CCCS, Resistance through Rituals, and 'Post-Subcultural' Studies. Sociological Research Online, 18(4), 1-10. doi:10.5153/sro.3246/

Thirthalli, J., Zhou, L., Kumar, K., Gao, J., Vaid, H., Liu, H., ... & Nichter, M. (2016). Traditional, complementary, and alternative medicine approaches to mental health care and psychological wellbeing in India and China. The Lancet Psychiatry, 3(7), 660-672.

Thumiger, C. (2018). A History of the Mind and Mental Health in Classical Greek Medical Thought. Cambridge: Cambridge University Press.

Thumiger, C. and Singer, P. (2018) (eds), Mental Illness in Ancient Medicine: From Celsus to Paul of Aegina (Studies in Ancient Medicine, Band 50).

Thumiger, C. (2019). Therapies of the word in ancient medicine. Transcultural Psychiatry, in this volume.

Timmermans, S., & Berg, M. (2003). The gold standard: The challenge of evidence-based medicine and standardization in health care. Philadelphia, PA: Temple University Press.

van Hoof, L. (2010). Plutarch's Practical Ethics: The Social Dynamics of Philosophy. Oxford: Oxford University Press.

Wampold, B.E. (2015). How important are the common factors in psychotherapy? An update. World Psychiatry, 4(3), 270–277.

Wampold, B.E. & Imel, Z.E. (2015). The great psychotherapy debate: the research evidence for what works in psychotherapy. 2nd ed. New York: Routledge.

Webb, S. A. (2001). Some considerations on the validity of evidence-based practice in social work. British Journal of Social Work, 31, 57–80.

White, G. M. (1992). Ethnopsychology. In C. Lutz, G. M. White, & T. Schwartz (Eds.), New directions in psychological anthropology (pp. 21e46). New York: Cambridge University Press.

White, R. G., Gregg, J., Batten, S., Hayes, L. L., & Kasujja, R. (2017). Contextual Behavioral Science and Global Mental Health: Synergies and opportunities. Journal of Contextual Behavioral Science, 6(3), 245-251.

Willis, A., Bondi, L., Burgess, M., Miller, G. and Fergusson, D. (2014) Engaging with a history of counselling, spirituality and faith in Scotland: a readers' theatre scrip, British Journal of Guidance and Counselling 42: 525-543.

Wissler, C. (1929). Foreword. In R. S. Lynd & H. m. Lynd (Eds.), Middletown: A Study in Contemporary American Culture. London: Constable.

Xenophontos, S. (2014). Psychotherapy and moralising rhetoric in Galen's newly discovered Avoiding distress (Peri Alypias). Medical History, 58(4): 585-603.

Xenophontos, S. (2016). Ethical Education in Plutarch: Moralising Agents and Contexts. Berlin-Boston: De Gruyter.

Young, R., Sweeting, H., & West, P. (2006). Prevalence of deliberate self-harm and attempted suicide within contemporary goth youth subculture: longitudinal cohort study. BMJ: British Medical Journal, 332(7549), 1058-1061. doi:10.1136/bmj.38790.495544.7C