

**The Impact of Individualism and Collectivism on Psychotherapy:
Is Therapy in North America Individualistic? Exploring the Infusion of
Collectivism Into Therapy Practices**

by

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Abstract

Western societies, especially in North America, predominantly emphasize individualism, which prioritizes autonomy, independence, and self-reliance. This cultural orientation, embedded within counselling and psychotherapy, may inadvertently exacerbate issues such as social isolation and mental health challenges. In contrast, collectivism—valuing community, interdependence, and group harmony—offers an alternative framework that promotes stronger social connections and potentially more holistic approaches to mental well-being. Through an extensive literature review and critical analysis, this research highlights the limitations of individualism-centric therapy models and advocates for the integration of collectivist principles to create more culturally responsive and inclusive therapeutic practices. The study examines both the positive and negative aspects of individualism and collectivism on mental health outcomes and offers practical recommendations for incorporating collectivist values into therapy. By proposing a culturally informed therapeutic framework, this project aims to foster more balanced and effective mental health interventions, particularly in multicultural contexts where diverse cultural needs must be met. This approach seeks to bridge the gap between individualism and collectivism, ultimately contributing to more holistic and community-oriented mental health care.

Keywords: individualism, collectivism, Western therapy, cultural inclusivity

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Chapter One: Introduction

This capstone project explores the impact of individualism and collectivism on mental health, with a focus on the cultural dimensions embedded within Western therapeutic practices. While Western society predominantly values individualism, emphasizing autonomy, independence, and self-reliance, this research critically examines how these values are reinforced within counselling and psychotherapy, potentially contributing to social isolation and adverse mental health outcomes. In contrast, collectivism, which prioritizes community, interdependence, and group harmony, offers an alternative framework that may foster stronger social connections and more holistic approaches to mental well-being.

Through a detailed literature review and critical analysis, this research highlights the limitations of the individualistic focus in Western therapy and advocates for the integration of collectivist principles to create more culturally sensitive and community-oriented therapeutic practices. The goal is to develop a framework that balances the strengths of both individualism and collectivism, ultimately improving therapeutic outcomes by addressing the cultural and social needs of diverse clients.

Overview of the Topic

Mental health and counselling practices in Western societies have traditionally been grounded in individualistic ideals that emphasize autonomy, personal responsibility, and self-actualization (Freud, 1961; Roger, 1951). This emphasis reflects broader cultural values in North America, where individualism shapes everything from education to workplace dynamics (Hofstede, 2001; Triandis, 2018). However, while these values have informed much of Western therapeutic theory, they may not be universally applicable, particularly for clients from collectivist cultures who prioritize family, community, and interdependence over individual achievements.

The dominance of individualism in therapy raises important questions about the inclusivity and effectiveness of these approaches in increasingly multicultural societies. In North America, mental health issues such as loneliness, social isolation, and anxiety are often

exacerbated by a cultural emphasis on self-reliance and independence (Twenge et al., 2019). As therapy is one of the primary means through which individuals seek to address these issues, it is essential to critically examine whether the current frameworks are equipped to meet the diverse cultural needs of clients.

Despite the growing awareness of cultural competence in therapy, there remains a significant gap in integrating collectivist principles into Western therapeutic models (Matsumoto & Juang, 1996). Most adaptations focus on accommodating non-Western clients within existing frameworks, rather than fundamentally rethinking how therapy can incorporate values like communal support, shared responsibility, and family cohesion. This research seeks to address that gap by proposing a culturally-informed approach that balances the strengths of both individualism and collectivism.

In a globalized world where therapists increasingly work with clients from diverse backgrounds, understanding how cultural orientations influence mental health is more relevant than ever (Duan & Brown, 2015). This study explores the intersection of individualism and collectivism within the context of therapy, offering insights into how integrating these values can lead to more inclusive, culturally responsive, and effective therapeutic practices.

Purpose Statements

The purposes of this research are as follows:

First, to examine individualism and collectivism as a concept and provide examples of how they exist in North American society, along with an overview of the impacts of individualism and collectivism on mental health.

Second, to investigate the prevalence of individualism within Western therapy practices and explore its implications for mental health treatment, with a focus on how therapy may inadvertently perpetuate individualistic ideals.

Third, to explore Western therapy through a collectivist lens and examine strategies for integrating collectivist values into Western psychotherapy to foster more inclusive and effective

therapeutic outcomes.

Fourth, to develop a community-oriented framework infused with collectivist values as a part of therapy to improve mental health.

A literature review is conducted to explore the impact of individualistic values on mental health and the potential benefits of collectivist values and communities. The literature review will serve as a foundation to the development of a community-oriented framework that can be implemented as a part of therapy to improve mental health and foster connection.

Theoretical Framework

The study employs a culturally-informed approach, which emphasizes the need for therapy approaches that are sensitive to the cultural contexts and values of clients, to examine how individualistic values are embedded within Western therapeutic practices and their subsequent impact on mental health outcomes. The framework is rooted in the recognition that traditional Western therapeutic models often prioritize individualistic values, such as autonomy and self-actualization, which may not align with the worldviews of clients from collectivist cultures. By applying principles from culturally-informed therapy, this research advocates for a more flexible and adaptive approach that integrates clients' cultural backgrounds into the therapeutic process. Central to this framework is the idea that therapeutic effectiveness is enhanced when cultural identity, communal values, and social support networks are acknowledged and incorporated into treatment. Drawing on the work of scholars in multicultural counselling and cross-cultural psychology, this study explores how collectivist values—such as interdependence, familial responsibility, and community cohesion—can be harmonized with therapeutic goals to foster more inclusive and effective outcomes. The culturally-informed approach challenges the assumption that individualism is a universal norm and instead promotes a pluralistic perspective that respects and adapts to the diverse cultural realities of clients. This framework serves as the lens through which this research critically examines the limitations of Western therapy and proposes strategies for integrating collectivist principles into therapeutic practice.

The research conducted in this study is grounded in an empirical framework, drawing on published studies, existing literature, and data-driven analyses to explore the intersection of individualism, collectivism, and mental health. By synthesizing empirical findings from diverse disciplines such as psychology, sociology, and cross-cultural studies, the research contextualizes the dominance of individualism in therapy and considers the potential benefits of integrating collectivist principles. This framework allows for a systematic examination of the cultural dimensions that influence mental health, emphasizing evidence-based insights while proposing practical applications for integrating collectivist values into therapeutic approaches. The reliance on empirical data ensures that the research is both rigorous and grounded in established knowledge, while still allowing for critical reflections on existing practices and the development of innovative, community-oriented therapeutic models.

Contributions to the Field

The field of counselling and psychotherapy, particularly in North America, has been predominantly shaped by individualistic ideals and values. Despite the recognized importance of cultural competence in therapy, there is a significant gap in integrating collectivist principles into therapeutic frameworks. Existing research tends to focus on adapting Western therapeutic models to non-Western cultures rather than critically examining and transforming these models to incorporate collectivist values in a meaningful way.

This research seeks to fill this gap by providing a comprehensive analysis of how individualism dominates Western therapy practices and the potential negative impacts this may have on mental health treatment. By examining the limitations of current therapeutic approaches, this study will explore how the integration of collectivist values can lead to more inclusive, culturally sensitive, and community-oriented therapeutic practices. Beyond individual therapy practices, this research has broader implications for mental health policies, particularly in multicultural regions where diverse populations may benefit from services that consider both individual and communal well-being.

The integration of collectivist values in therapeutic settings extends beyond the counselling profession, offering insights that are valuable for cross-cultural psychology, public health, and social work. This interdisciplinary relevance broadens the potential impact of the study, encouraging a more holistic approach to mental well-being. Additionally, this research lays the foundation for future studies that could explore the nuances of balancing individualism and collectivism across different cultural settings, ultimately leading to more refined models that cater to diverse client populations.

The theoretical implications of this research challenge the individualism-centric paradigms that have long shaped Western therapeutic models. By proposing a more balanced approach that incorporates collectivist principles, this study advocates for a more nuanced understanding of mental health that acknowledges the importance of social and cultural contexts. In a globalized world where Western therapeutic practices are often exported to non-Western contexts, this study offers a culturally sensitive framework that can guide more effective mental health interventions worldwide. By developing a therapeutic framework infused with collectivist values, I hope to offer practical strategies that therapists can implement in their work.

Reflectivity and Positionality Statement

I immigrated with my parents to Canada from China when I was a young girl and have had the incredible privilege of growing up surrounded immersed in both Canadian individualistic culture and Chinese collectivist culture. I have also had the opportunity to live and work in China, Japan, Canada, as well as the United States for periods of time, and made acquaintances with people from many different cultural and socio-economic backgrounds. I have come to appreciate the immense gift of being able to grow up and live in a multi-cultured environment. Over the years, I've witnessed the incredible diversity and the thriving, multicultural society that Canada has to offer. My cultural background and personal experiences shape the way I view and navigate the world as a cis-gendered heterosexual woman and first-generation Chinese-Canadian immigrant. I am grateful to have benefited from both the support of a collectivistic family orientation and the individualistic values of independence. But, as I've grown older, I've also noticed something quite profound – the impact of individualism on mental health.

In China, collectivism is deeply ingrained in our culture. We're taught from an early age the importance of community, family, and shared responsibilities. It's a stark contrast to the individualistic nature of Canadian society, where personal success, self-reliance, and independence are often prioritized. While there are certainly many benefits to the Canadian way of life, I've come to realize that it can also have a significant downside when it comes to mental health. I wondered why many issues are so prevalent here, but not elsewhere. The answer I've come to is that the individualistic society is the cause of many of these issues. Families are easily broken apart, which is a catalyst for many more issues to come. Parents, especially single parents, have very little support. Homelessness and substance abuse is rampant.

One element that strikes me is how isolation and disconnection seem to be at the root of many mental health issues in North America. In our fast-paced, individualistic society, people often become so focused on their personal goals and achievements that they inadvertently distance themselves from others. Loneliness becomes a common experience, even in the midst of bustling cities. The pressure to succeed and be self-sufficient can be overwhelming, leading to stress and burnout. And because seeking help is sometimes seen as a sign of weakness, many suffer in silence. This realization has inspired me to explore the intersection of individualism and mental health more deeply. I believe that there's much to learn from the collectivist values I grew up with in China. By fostering a sense of community, social support, and shared responsibility, we can address some of the mental health challenges that arise in individualistic societies like Canada.

My motivation for investigating this topic is deeply influenced by my experiences as a crisis line volunteer and through my counselling practicum. On the crisis line, I frequently encounter callers grappling with mental health challenges such as depression, anxiety, suicidality, and addiction, often rooted in profound social isolation. Many have disclosed that they are on the brink of homelessness but either feel uncomfortable reaching out to their families for help or have been estranged from them entirely. It is striking how callers, who reveal their most intimate secrets and stressors to me—a stranger—feel unable to confide in their loved ones due to fears of burdening them or appearing weak. For instance, I have spoken with mothers who suffer tremendously from witnessing their children's struggles with addiction yet feel powerless to

intervene as they watch their loved ones spiral into self-destructive behaviours. I also frequently interact with callers who reach out daily, not necessarily because they have pressing concerns, but simply because they have no one else with whom to speak.

A concerning trend I have observed is the tendency for individuals in distress to seek help from formal systems rather than from a community. This is often due to discomfort with relying on communal networks or the absence of such networks altogether. Unfortunately, engaging with the system typically results in a frustrating cycle of referrals and lengthy waitlists rather than meaningful solutions, which exacerbates feelings of desperation and hopelessness. While my role as a crisis line worker allows me to offer warmth, empathy, resources, and a supportive ear, I am consistently left with the sense that more profound societal changes are needed. I envision a society where family estrangement is rare, and where everyone can rely on a foundational network of support, or at the very least, from their family.

In my work as a counsellor, certain clients' experiences have illuminated critical shortcomings in mainstream Western psychotherapy. One client, for instance, recounted attending couples counselling when they were barely of legal age, with a partner who was more than three times their age but also married. The therapy sessions focused on navigating the partner's separation from their spouse. During our session, my client reflected on the fact that the therapist at the time never questioned the significant age difference or addressed the ethical implications of the relationship. At that point in their life, my client did not recognize the problematic nature of the situation, but they now believe that if the therapist had posed critical questions, it might have introduced doubt and potentially prevented future harm.

This account prompted me to reconsider the emphasis placed on respecting client autonomy within counselling ethics, which is often presented as a paramount principle. Although ethical guidelines are framed as context-dependent, their application is ultimately subject to the discretion of individual therapists. When faced with the decision to either intervene or prioritize client autonomy without a significant safety risk, the path of least resistance—often the safest legal option—may be chosen, even if it is not necessarily in the client's best interest.

Growing up within a Chinese family, I was instilled with the belief that family members are expected to support one another unconditionally. It is a given that parents will assist their children throughout their education, contribute financially to their weddings and first homes, and in turn, children are expected to care for their parents as they age. Paying for childcare or a babysitter is a foreign idea, since family, friends, and neighbours are all expected to help with looking after children. Influenced by the one-child policy, parents often dedicate substantial time and energy to raising their only child (Jing, 2000), preferring to keep them living at home for as long as possible rather than encouraging early independence. The notion that a parent would refuse shelter or support to a child during times of hardship is virtually inconceivable. Equally unimaginable is the idea that a family would allow one of its members to face homelessness or poverty if others within the family are in a position to provide assistance. Within my own family, I have frequently observed wealthier relatives offering financial aid to those less fortunate, ensuring that all members maintain a decent standard of living. Even in the face of intense conflict—sometimes escalating to verbal altercations or even physical disputes—family members continue to attend gatherings and strive to preserve and repair these vital connections, recognizing their importance for collective well-being.

A significant portion of my clientele is of Asian descent, and many seek therapy specifically to address their familial relationships. Several clients have expressed that they chose to come see me, an Asian therapist, due to previous experiences where they felt misunderstood or pressured to adopt perspectives that conflict with their cultural values. These clients often report frustration with the emphasis that they are victims of child abuse, to sever ties with their families, or to enforce rigid boundaries. They also express weariness at having to constantly explain the cultural nuances of growing up in an Asian household with immigrant parents. This feedback suggests that it is not uncommon for therapists to encourage clients to distance themselves from their families as a means of self-preservation. However, these clients have made the difficult and courageous choice to preserve familial relationships while simultaneously striving to protect their own well-being.

Working with these clients has led me to critically reflect on the values that therapists bring into sessions and how these values may conflict with those of the client. As therapists, we are guided by the ethical principles of beneficence and non-maleficence, yet our interpretations of these principles may differ from those of our clients. Although therapists endeavour to tailor their approaches to meet each client's unique needs, it is ultimately the therapist who determines the direction of therapy based on how they bring themselves to therapy. Within the framework of Western therapy, I question whether the emphasis on setting boundaries and removing toxic relationships can sometimes be excessive, prioritizing individualistic values such as independence and personal happiness over familial cohesion. This approach may inadvertently lead to the loss of a critical support system. Yet, it seems far more culturally acceptable within Western therapeutic practice to support a client in cutting off challenging familial relationships for the sake of mental health than to support a client in maintaining those relationships for the sake of preserving a support network.

The experiences I've had in my personal life, crisis line work, and counselling practicum have led me to reflect on the prevalence of individualism in North American society, and to re-evaluate the role I play as a therapist. I aim to apply the lens of individualism and collectivism in therapeutic practice to help clients contextualize their challenges while offering them a broader range of options. Specifically, I seek to demonstrate that it is possible to cultivate independence and self-protection while simultaneously preserving vital social and familial connections. My aspiration is for therapy to serve as a vehicle for integrating collectivist values into clients' lives, which, in turn, could contribute to fostering these values within society as a whole.

In a way, many areas of society are already collectivist. I have personally experienced life at different economic levels, and despite living on a low fixed income, my family was able to maintain a comfortable standard of living due to the collectivist culture embedded within our community. My parents never had to pay for childcare, since there were free summer day camps in our community led by volunteers who played games with kids in the park, where my parents could leave me for a short period of time. During the holidays, community services would drop

off toys, stationary and a turkey for me and my family. On Saturdays, we attended church, where there was a free dinner. These are all examples of a community coming together to help those in need. These experiences have left a strong impact on me and are memories that I still think of fondly. It gave me the impression that Canada is a warm, caring place, and made our early immigrant years much easier than it would have been had these services not been available.

I want to understand how we can strike a balance – appreciating the personal autonomy and ambition that individualism offers while also recognizing the value of collective well-being. Can we create a society that encourages strong social bonds and connections without stifling individual potential? Through research, conversations, and advocacy, I hope to shed light on the ways in which individualism impacts mental health and how elements of collectivism could be integrated into Canadian society to improve the well-being of its people. It's a journey I'm passionate about, driven by a desire to make a positive impact on the lives of those around me and to create a more compassionate and interconnected community.

Key Terminology

Collectivism

Collectivism is a philosophical and societal ideology that places a strong emphasis on the collective or group over individual interests and autonomy. It is the opposite of individualism, which prioritizes the rights and autonomy of individuals. Collectivism values the well-being of the community, society, or group as a whole and often emphasizes cooperation, interdependence, and shared responsibilities. Key characteristics of collectivism include: group solidarity, common good, social support, interdependence, group identity, shared responsibility, and social cohesion.

Community-oriented framework

Community-oriented framework refers to a therapeutic approach that prioritizes the well-being of the collective, emphasizing social support, shared responsibilities, and interdependence among individuals. A community-oriented approach in therapy seeks to involve

not only the individual client but also their family, social networks, and broader community as integral parts of the therapeutic process. This orientation contrasts with individualistic models of therapy by focusing on relational dynamics, communal ties, and cultural values that promote collective well-being. In this study, community-oriented therapy is seen as a way to incorporate collectivist principles into Western therapeutic practices, and enhancing mental health outcomes through stronger social connections and communal support systems.

Culture

Culture refers to the shared beliefs, values, customs, behaviours, and social practices that characterize a particular group of people or society. It encompasses the way of life and the collective identity of a group, whether that group is defined by nationality, ethnicity, religion, language, geography, or other factors. Culture shapes how people perceive and interact with the world around them and influences their behaviours, traditions, and social norms. Culture is not static; it evolves and adapts over time due to various influences, including globalization, technological advancements, migration, and exposure to other cultures. It is also important to recognize that within a single society or country, there can be multiple subcultures with their own unique beliefs and practices.

Decolonization

In the context of this capstone, decolonization refers to the process of challenging and dismantling the dominance of Western, individualistic frameworks in mental health practices, particularly those that marginalize or overlook the cultural values and healing practices of non-Western, collectivist societies. Decolonization involves critically examining the ways in which colonial histories and power dynamics have shaped contemporary mental health care, often privileging individualism over community-oriented approaches. By integrating collectivist principles—such as community support, interconnectedness, and the recognition of cultural identity—into therapy, decolonization seeks to create more inclusive, culturally responsive, and effective mental health practices.

Individualism

Individualism is a philosophical and societal ideology that places a strong emphasis on the autonomy, independence, and individual rights of individuals. It values the freedom of individuals to make their own choices, pursue their own goals, and prioritize their personal interests. Individualism often contrasts with collectivism, which emphasizes the importance of the community, group, or society over individual desires and autonomy. Key characteristics of individualism include: personal freedom, individual rights, self-reliance, competition, personal responsibility, and meritocracy.

Mental Health

Mental health refers to a person's emotional, psychological, and social well-being. It encompasses various aspects of a person's life, including their thoughts, feelings, behaviours, and the quality of their relationships. Good mental health is characterized by a state of emotional and psychological resilience, where an individual can effectively cope with life's challenges, work productively, maintain healthy relationships, and experience overall life satisfaction. Mental health exists on a continuum. People may experience fluctuations in their mental health over time, and everyone faces challenges and stressors. Mental health issues can range from mild and temporary, such as everyday stress, to more severe and persistent conditions like depression, anxiety disorders, schizophrenia, and bipolar disorder.

Social Isolation

Social isolation refers to a state in which an individual has limited or no contact with other people or social interactions. It involves physical and emotional detachment from social relationships and can result from various factors and circumstances. Individuals experiencing social isolation may not have any supports in place in their time of personal, financial, physical, or emotional need.

Social Support Network

A social support network refers to the individuals, relationships, and resources that provide emotional, practical, and sometimes financial assistance and encouragement to a person in times of need or during various life circumstances. Social support networks play a crucial role in an individual's well-being and resilience, as they provide a sense of belonging, emotional connection, and assistance during challenging times. A social support network could consist of family, friends, romantic partners, peer groups, mentors, religious communities, culture communities, professional networks, and online communities.

Therapy

Therapy, also known as psychotherapy or counselling, is a collaborative process between a trained mental health professional (therapist or counsellor) and an individual or group of individuals. Its primary purpose is to help people improve their mental and emotional well-being, alleviate psychological distress, resolve personal challenges, and develop healthier coping mechanisms. Therapy is often used to address a wide range of emotional, behavioural, and mental health issues.

Western Therapy

Western therapy refers to the dominant approaches to mental health treatment developed in Western, primarily North American, cultural contexts. It is characterized by an emphasis on individual autonomy, self-reliance, and personal responsibility. Western therapy typically focuses on the individual's internal thoughts, emotions, and behaviours. Central to this model is the belief that mental health improvement primarily involves self-awareness, self-actualization, and the development of personal coping strategies. Western therapeutic practices often prioritize informed consent, client autonomy, and individualized treatment plans, which reflect the broader cultural values of individualism, independence, and personal achievement.

Outline of Capstone Project Chapters

Chapter one introduces the central theme of this capstone project—the impact of individualism and collectivism on mental health—by setting the stage for a detailed exploration of how cultural dimensions are embedded within Western therapeutic practices. This chapter also establishes the significance of the study, articulates the research objectives, and presents an overview of the research methodology, including a discussion on the choice of a literature review as a method and how it contributes to the broader understanding of cultural influences on therapy. A reflective positionality statement offers insight into how the researcher’s background influences the study’s focus, and key terminology is defined.

Chapter two provides a comprehensive review of the existing literature on individualism and collectivism, emphasizing their defining characteristics and their manifestations in North American society. The impact of both individualism and collectivism values on mental health is examined. The literature review then dives into the implications of individualism in Western therapy, including its potential to perpetuate social isolation and stress due to an overemphasis on autonomy and self-reliance. This section provides analysis on how therapy may inadvertently perpetuate individualistic ideals, emphasizing self-reliance and autonomy while often neglecting broader social contexts and support networks. This section also examines the way individualism is ingrained into the foundations of Western therapy through the standard practices governing modern psychotherapy, such as informed consent, ethical codes, prominent therapeutic modalities, and reliance on the Diagnostic and Statistical Manual of Mental Disorders (DSM) (American Psychiatric Association, 2022).

The subsequent section on collectivism in Western therapy focuses on strategies for integrating collectivist values into Western psychotherapy. It introduces the concept of infusing therapy with collectivist principles and explores how such values can enhance therapeutic outcomes. This may involve fostering stronger social connections within therapy sessions, recognizing the importance of community support networks, and emphasizing cultural and communal identity.

Chapter three focuses on the practical applications of the research, offering strategies for therapists to integrate collectivist values into their practice. This chapter explores the development of a culturally-informed framework for therapy, grounded in the integration of collectivist values. This section outlines the rationale for incorporating collectivist principles into therapy and proposes practical components for a collectivist-oriented approach. Specific techniques and interventions that can be used to incorporate these values into therapy are explored, including the use of group therapy, the involvement of family members in sessions, and the adaptation of existing therapeutic techniques to be more culturally responsive. This chapter also addresses potential challenges therapists may face when adopting these approaches, such as resistance from clients used to individualistic therapy or the need for additional training to fully understand and implement collectivist principles. The chapter concludes with recommendations for future research and practice, suggesting ways in which the integration of collectivist values can continue to evolve and improve therapeutic outcomes in diverse cultural contexts.

Chapter Two: Literature Review

This literature review explores the cultural dimensions of individualism and collectivism and their impact on mental health, particularly within the context of Western therapeutic practices. As counselling and psychotherapy in North America predominantly emphasize individualistic values such as autonomy, self-reliance, and personal achievement, there is growing concern that these approaches may neglect the communal and relational needs of clients from more collectivist cultural backgrounds. The review begins with an overview of the defining characteristics of individualism and collectivism, examining how these cultural orientations manifest in North American society and shape behaviours, relationships, and mental health outcomes.

Following this, the literature review delves into the implications of individualism in Western therapy, analyzing how the field's prevailing emphasis on self-prioritization and independence may contribute to social isolation, stress, and reduced community support for clients. The review also considers how foundational principles in Western therapy, such as informed consent and the ethical prioritization of client autonomy, may inadvertently perpetuate individualistic ideals that are not universally applicable. In contrast, the benefits of integrating collectivist values into therapy—such as fostering stronger social connections and enhancing communal well-being—are explored as potential strategies for more culturally responsive and effective therapeutic practices.

Through this review, the research aims to engage with existing scholarship on cultural competence in therapy while identifying gaps in the literature related to the integration of collectivist principles. By analyzing both individualistic and collectivist perspectives, this chapter lays the groundwork for developing a community-oriented framework that harmonizes these cultural dimensions within therapeutic settings, ultimately contributing to more inclusive mental health practices.

Overview of Individualism and Collectivism

Characteristics of Individualism and Collectivism

Triandis (2018) defines individualism and collectivism as cultural patterns that significantly shape the behaviours, beliefs, and attitudes of people within various societies. Similarly, Hofstede (2001)'s cultural dimensions model identifies individualism versus collectivism as a key dimension that distinguishes societies based on the relative importance they place on individual versus group goals. These cultural orientations impact various aspects of life, including communication, conflict resolution, and social dynamics.

Individualism is characterized by a cultural orientation where individuals prioritize their personal goals over those of the group, viewing themselves as independent and distinct entities. Key traits of individualistic cultures include an emphasis on personal autonomy, self-reliance, personal achievement, and individual rights (Hofstede, 2001). Social behaviours in these cultures are largely guided by personal attitudes, beliefs, and values, rather than by group norms, and relationships are often seen as voluntary and formed or dissolved based on personal choice (Triandis, 2018).

Conversely, collectivism is defined by a cultural orientation that prioritizes the goals of the group over individual aspirations. In collectivistic cultures, people view themselves as interconnected and interdependent with others. These cultures emphasize group harmony, family, and community, valuing group cohesion and conformity to group norms (Hofstede, 2001). Social behaviours are driven by duties and obligations to the group, with relationships seen as obligatory and enduring, fostering a strong sense of loyalty to the group. These orientations manifest in different societies and impact various aspects of life, such as communication styles, conflict resolution, and workplace dynamics (Triandis, 2018).

Individualism and Collectivism in North America

The cultural landscape of North America, particularly in the United States and Canada, is predominantly shaped by individualistic values (Triandis, 2018). Hofstede (2001) identifies the United States and Canada as among the most individualistic societies globally, with a focus on autonomy, self-reliance, and personal achievement. In these cultures, people emphasize personal freedom, individual rights, and self-expression. The importance of personal achievement and autonomy is reflected in various aspects of life, including education, where students are encouraged to develop critical thinking and independent problem-solving skills, and in the workplace, where individual initiative and innovation are highly valued.

Triandis (2018) also notes that in North America, relationships are often seen as voluntary and based on personal choice, with a focus on individual preferences and needs rather than on group obligations. This is evident in the social mobility and the relatively high rate of changing social groups, whether through moving to new locations, changing jobs, or altering social circles based on personal interests. Moreover, in political and economic contexts, North American societies tend to emphasize democratic values, individual liberties, and market-driven economies, where competition and personal success are seen as driving forces for societal progress. These examples illustrate the pervasive influence of individualism in shaping the behaviours, values, and institutions in North America (Triandis, 2018).

However, while individualism is the dominant cultural norm, pockets of collectivism exist within North America, particularly among indigenous communities, immigrant groups, and certain religious or cultural enclaves. For example, many Asian, Hispanic, and Indigenous cultures within North America maintain strong collectivist values, emphasizing family ties, communal responsibilities, and group harmony (Hofstede, 2001). These groups often experience a cultural tension between their collectivist values and the broader individualistic norms of North American society (Triandis, 2018). Considering the multicultural landscape in Canada, with immigrant and indigenous populations increasing (Government of Canada, 2023; Statistics Canada, 2023), individualism and collectivism should not be viewed as dichotomous, but rather

as dimensions that can coexist within a society, influencing various aspects of social and personal life in complex ways (Schwartz, 1990).

Impacts of Individualism on Mental Health

Individualism, with its emphasis on personal autonomy, self-reliance, and individual achievement, has a complex relationship with mental health. While these values can promote personal well-being by fostering self-esteem and a sense of control, they can also contribute to significant psychological challenges, particularly when the pressures of individualism lead to social isolation, stress, and mental health stigma.

Humphrey and Bliuc (2021) examined the associations between Western individualism and the psychological well-being of young people, and how the cultural emphasis on individualism in Western societies impacts various aspects of mental health and well-being in youth. The results indicated that on one hand, individualism can also promote positive aspects of personal well-being. These include higher self-esteem, greater sense of personal control, and increased motivation for personal growth and achievement. The focus on individual rights and autonomy can enhance a sense of personal freedom and self-determination. Individuals who thrive in an individualistic culture may experience greater life satisfaction as they pursue their own goals and aspirations.

However, the same values that promote autonomy and achievement can also have detrimental effects on mental health, which include higher levels of stress, anxiety, depression, and feelings of loneliness and isolation (Humphrey & Bliuc, 2021). An individualistic culture which emphasizes competition, personal achievement, and hierarchy are associated with higher levels of loneliness, as the competitive and hierarchical nature may lead to social isolation and reduced social support networks. The increased loneliness can further contribute to poorer mental health outcomes, including higher levels of stress and depression (Schermer et al., 2023). A study by Scott et al. (2004) surveyed 276 first-year university students and found that individuals with strong individualistic values tended to face several social and psychological

challenges. These individuals reported having smaller and less satisfying social support networks, lower emotional competence in managing their own and others' emotions, and a reluctance to seek help from family and friends for personal and suicidal problems. Additionally, they exhibited higher levels of hopelessness and suicidal ideation. The study concludes that strong individualistic values within an individualistic culture are linked to significant social and psychological disadvantages, highlighting the need for health promotion programs to address these challenges (Scott et al., 2004).

Moreover, vertical individualism, which emphasizes competition, hierarchy, and personal achievement, is associated with increased mental health stigma. Individuals who endorse these values are more likely to stigmatize mental health issues, viewing them as personal failures rather than conditions needing empathy and support (DeLuca et al., 2022). The presence of mental health stigma associated with vertical individualism can negatively impact individuals' willingness to seek help, adherence to treatment, and overall mental health outcomes, which can lead to increased isolation, stress, and worsening of mental health conditions.

It is also important to take into account that the impact of individualism on wellbeing is context-dependent. It varies based on factors such as the individual's environment, the presence of supportive relationships, and cultural differences. Individualism may have more detrimental effects in highly competitive and isolated contexts, whereas in supportive environments, its positive aspects may be more pronounced (Humphrey & Bliuc, 2021).

The main mental health impacts of individualism can be summarized as follows:

Isolation and loneliness. Individualism, with its emphasis on personal autonomy, self-reliance, and individual achievement, can inadvertently contribute to feelings of isolation and loneliness. In highly individualistic cultures, there is often a strong focus on self-sufficiency, leading individuals to prioritize personal goals and independence over communal ties and relationships. While this pursuit of independence can foster a sense of personal freedom, it can also weaken social bonds and reduce the sense of connectedness with others (Triandis, 2018). As people become more focused on their own success and less reliant on collective support systems,

they may experience a reduction in social interactions and meaningful relationships (Twenge & Campbell, 2009). This social disconnect can manifest in increased feelings of loneliness, as individuals may find themselves without the support networks necessary for emotional well-being. Moreover, the cultural valorization of self-reliance can discourage individuals from seeking help or expressing vulnerability, further exacerbating their sense of isolation (Cacioppo & Cacioppo, 2018). In individualistic societies, there is often less emphasis on social support networks, which can result in a lack of communal support during times of stress or personal crises. The competitive nature of individualistic cultures can also contribute to a fear of failure and increased mental health issues such as depression and burnout (Triandis, 2018). Ultimately, the very traits that individualism promotes—autonomy and independence—can, in the absence of strong social connections, lead to significant emotional and psychological distress, highlighting the importance of balancing individualistic values with communal support.

Emphasis on self-reliance. In individualistic cultures, there is a strong emphasis on self-reliance, where individuals are encouraged to be independent and take personal responsibility for their successes and failures. This focus on autonomy often leads to the belief that one should be able to handle challenges and solve problems on their own, without depending on others for support (Triandis, 2018). While self-reliance can foster resilience and a sense of personal achievement, it can also discourage individuals from seeking help or building strong social support networks. The cultural celebration of independence may cause people to view relying on others as a sign of weakness or failure, thereby reducing their willingness to engage with community resources or ask for assistance from family and friends (Beck & Beck-Gernsheim, 2001). Over time, this can lead to increased stress and a sense of isolation, as individuals face difficulties without the emotional and practical support that a community can provide. The emphasis on self-reliance in individualistic societies can therefore undermine the benefits of collective support, leading to a more solitary and potentially more stressful way of navigating life's challenges.

Mental illness as an individual issue. Mental health is frequently conceptualized as an individualistic issue, where the focus is primarily on the personal experiences, choices, and biological predispositions of the individual (Horwitz, 2002). This perspective emphasizes personal responsibility for mental well-being, often framing mental health challenges as problems that individuals must address through self-reflection, therapy, and self-improvement. Such an approach tends to isolate mental health from broader societal influences, overlooking the significant role that social structures, cultural norms, and community environments play in shaping mental health outcomes (Marmot & Wilkinson, 2005). By attributing mental health issues solely to individual factors, this view can obscure the impact of social determinants such as economic inequality, social isolation, and systemic discrimination, which are crucial contributors to mental health challenges (Patel et al., 2018). As a result, interventions may be narrowly focused on individual treatment, rather than addressing the broader societal conditions that exacerbate mental health problems. This individualistic lens not only limits the effectiveness of mental health care but also neglects the potential for community-oriented approaches that could foster collective resilience and well-being.

Impacts of Collectivism on Mental Health

Collectivism can also have negative impacts on mental health. The pressure to conform to group norms and expectations can stifle individual expression and cause stress, particularly when personal desires conflict with group expectations. Additionally, the prioritization of group goals over individual aspirations can suppress personal needs and desires, leading to frustration and resentment. Mental health issues may be stigmatized in collectivist cultures, where maintaining social harmony is paramount, potentially discouraging individuals from seeking help and resulting in untreated mental health problems (Triandis, 2018).

However, from a positive perspective, collectivist cultures emphasize strong social and familial networks, providing robust support systems that can lead to lower levels of stress and anxiety due to a strong sense of belonging and community support. The shared responsibility and

interdependence typical of collectivist societies can alleviate personal burdens and reduce feelings of isolation, fostering a sense of security and reducing loneliness through high levels of community cohesion and solidarity (Triandis, 2018). Along with lower levels of loneliness, the strong sense of duty and hierarchical relationships in collectivist cultures provide a network of support and a sense of belonging, which can enhance mental health, leading to lower levels of stress and better overall psychological well-being, including lower levels of anxiety and depression (Schermer et al., 2023).

Individualism and Western Therapy

Individualism as Dominant Lens

It is, rather, that we in America have become a society devoted to the individual self. The danger is that psychotherapy becomes a self-concern, fitting what has recently been called a new kind of client, the narcissistic personality (..) we have made of therapy a new cult, a method in which we hire someone to act as a guide to our success and happiness. Rarely does one speak of duty to one's society-almost everyone undergoing therapy is concerned with individual gain, and the psychotherapist is hired to assist in this endeavour. (May, 1992, page xxv)

The idea that counselling is inherently value-laden is widely accepted (Beutler & Bergan, 1991; Hogan, 2015), and counselling theories and practices are deeply influenced by the individualistic values of North America (Cushman, 1996). This influence is evident in the modalities, case conceptualizations, and specific therapeutic interventions used in the field, which often promote individualism. The individualistic nature of Western psychotherapy reflects broader Western cultural values: the prioritization of individual rights, freedoms, and personal achievements, and the capitalist economies and social structures in the West emphasize personal success, competition, and self-reliance (Kirmayer, 2007). This individualistic outlook is problematic primarily because it is perceived as the only rational perspective, rather than one

among many. This narrow view leads us to overlook other morally valid approaches to human living found in different cultures and in our own history.

Fowers et al. (1997) investigated psychologists' preference for individualistic values in their responses to clinical case vignettes. Among 229 practicing psychologists, the majority favoured individualistic responses, particularly those that were utilitarian. The next most common responses involved individualistic themes focused on expression and personal growth. Responses emphasizing social connectedness and responsibility were rare. This preference for individualistic views applied to both socially integrated and isolated clients. For clients overly involved in limiting or exploitative social contexts, focusing on individualism can enhance autonomy and reduce constraints. However, for clients dealing with social isolation, an individualistic approach may worsen their alienation. Despite this, it was expected that psychologists would still favour individualistic approaches even when a more relational or group-centered orientation would be more appropriate for socially isolated clients. The results of this study suggest that therapists have a significant bias toward individualist values. It is no small thing to recognize that counselling theory and practice have adopted contemporary American individualism. This suggests that therapists may need to question their individualistic tendencies in their work with clients and to increase awareness of the importance of our clients' social embeddedness. These results encourage therapists to examine the social role they play and raise questions about the kind of influence they wish to have (Fowers et al., 1997).

Individualism may be at the core of many modern issues faced by individuals, families, and society (Lykes & Kemmelmeier, 2014). Common complaints in counselling, such as anxiety and depression, are linked to feelings of alienation, isolation, powerlessness, and disconnection from a larger purpose, which are prevalent in North American society (Twenge et al., 2019). If counselling and psychotherapy indeed promote individualism, they may inadvertently perpetuate the very mindset that contributes to these problems, placing therapists in the paradoxical position of sustaining the issues they aim to resolve (Fowers et al., 1997).

Emphasis on self-reliance and autonomy

Western psychotherapy often emphasizes personal autonomy and self-determination. Respect for human individuality is a common theme in all major orientations of counselling and psychotherapy. This respect can manifest in different ways: by tailoring treatments to the unique needs of each individual, utilizing unique talents or interests in therapy, or explicitly valuing the richness and actualization of a unique selfhood, particularly in humanistic and existential perspectives (Dollinger et al., 1999). Clients are encouraged to take responsibility for their own thoughts, feelings, and behaviours. This focus on individual agency aligns with broader Western cultural values that prioritize independence and self-reliance. The goals of many Western psychotherapies are centered on individual well-being. Therapies often aim to help individuals gain deeper insights into their own thoughts, feelings, and behaviours; improving an individual's self-esteem and sense of self-worth; and setting and achieving personal goals, whether they are related to mental health, career, relationships, or personal growth.

Individualism is also embedded in the structure of therapy itself. Therapeutic practice in the West often involves one-on-one sessions between the therapist and the client. This format underscores the focus on the individual's unique experiences, needs, and therapeutic progress. Western psychotherapy tends to classify mental health issues through diagnostic categories that emphasize individual symptoms and disorders (American Psychiatric Association, 2022). The treatment plans are typically tailored to address these individual diagnoses, often through personalized interventions. Success in therapy is often measured by individual outcomes, such as reductions in symptoms, improvements in personal functioning, and attainment of personal goals. This individual-centric evaluation can sometimes overlook broader relational and societal factors (Smith & Draper, 2003b).

Many foundational psychotherapeutic theories are rooted in individualism. Psychoanalysis, developed by Sigmund Freud, focuses on the individual's unconscious mind, personal history, and internal conflicts (Freud, 1961). The goal is to bring unconscious thoughts and feelings to consciousness to resolve internal struggles. Humanistic theories such as Carl

Rogers' person-centered therapy stress the importance of the individual's subjective experience and innate capacity for self-actualization (Roger, 1951). Rogers believed that individuals have the potential to understand themselves and solve their own problems within a supportive therapeutic environment. Cognitive Behavioural Therapy (CBT), one of the most widely practiced approaches, focuses on helping individuals identify and change maladaptive thought patterns and behaviours. The emphasis is on personal cognitive processes and individual responsibility for change (Hollon & Beck, 2013). These therapeutic modalities are still widely practiced today, and have served as foundations for many third-wave therapies.

Focus on individual pathology rather than social context

Focusing exclusively on an individual's feelings and issues of self-esteem and self-acceptance in therapy can inadvertently lead to greater misery. The individual might come to believe that they are the center of their moral universe and that being mentally healthy means never experiencing misery. This belief can cause even greater grief when inevitable disappointments in life occur (Smith & Draper, 2003a). The individualistic culture within the psychotherapy profession might prevent recognizing flawed principles in practice. Emphasizing the self over relational perspectives could overlook the importance of connectedness and support from non-clinical relationships. Therapists may inadvertently promote a self-focused perspective by overemphasizing introspection and not addressing clients' concerns in relation to others (Smith & Draper, 2003a).

Loewenthal (2017) outlines three key considerations for counsellors and psychotherapists to reflect upon when broadening the therapeutic application of individual versus collective frameworks. First, therapists should be trained to understand the sociological, anthropological, economic, and political influences on their clients. Second, therapists' values shape their work, and while values of individual autonomy is important, the impact of clients on others and the community is equally important. Third, current confidentiality guidelines are too vague, necessitating clear complaint procedures to address breaches and ensure accountability. The existing system encourages excessive reporting to relevant authorities, which undermines the therapeutic environment as a

safe space for clients. Thus, it is important to train thoughtful practitioners capable of making professional judgements and taking risks to protect clients while considering cultural influences. Without such training, therapists risk becoming part of the problem rather than contributing to individual and collective well-being (Loewenthal, 2017).

For people from collectivist cultures, Western psychotherapy within an individualized environment can further exacerbate confusion and frustration, as the focus on self-improvement and adaptation to the system often overshadows the systemic issues contributing to distress (Zhang, 2022). There exists the notion that one needs to adapt and perform better within their own environment rather than fundamentally challenging the pressures of the system. There may be a pressure to conform to the individualistic ideals of self-reliance and resilience, which may conflict with collectivist values and experiences.

Even positive psychology (Seligman & Csikszentmihalyi, 2000), while aiming to enhance individual well-being, often carries an ethnocentric bias. This bias reflects the individualistic values predominant in Western cultures, which may not be universally applicable or relevant to non-Western, collectivist cultures (Christopher & Hickinbottom, 2008). Positive psychology's focus on personal happiness often disregards the broader social, cultural, and political contexts that influence well-being, which promotes a narrow view of happiness as an individual pursuit and downplays the role of societal factors, resulting in the reinforcement of the idea that individuals are solely responsible for their successes and failures (Cabanas, 2018). Conversely, in collectivist cultures, well-being is often derived from social harmony, family relationships, and community involvement. The paper critiques positive psychology for not adequately addressing these cultural differences. Christopher and Hickinbottom (2008) argue that the individualistic ideology within positive psychology is often disguised as neutral or universally applicable, which can marginalize or overlook the values and well-being practices of collectivist cultures.

Perpetuation of Individualistic Ideals in Therapy

A central question in this research is whether Western therapy perpetuates individualism in its clients. Therapeutic interactions model and encourage individualism. This is evident in the instrumental pursuit of client goals, a non-judgmental attitude, businesslike procedures, economic exchange, and a one-sided interaction where the therapist rarely shares personal information (Bellah et al., 2007). If psychotherapy fosters individualism, it may perpetuate the very difficulties that led individuals to seek therapy in the first place (Treadinnick & Fowers, 1999).

A study by Dollinger et al. (1999) examined the relationship between individualism, therapy, and social disconnection by inviting participants to produce autophotographic essays. The study found a significant positive correlation between therapy experience and levels of individuality as measured through autophotographic photo essays. Participants who had undergone therapy were more likely to produce photo essays that were rated higher in individuality, characterized by creativity, abstraction, self-reflection, and multidimensionality. Dollinger et al. (1999) suggest that therapy may encourage deeper identity exploration and self-examination, which are processes that are closely associated with higher levels of individualism, which may then be reflected in their self-reflections. Although correlation does not necessarily mean causation, the results of this research raise the possibility that individualistic persons may be more inclined to seek therapy due to their openness to self-exploration and psychological introspection. Alternatively, the experience of therapy itself may foster individuality by promoting personal growth and self-awareness (Dollinger et al., 1999).

A few ways in which individualism is part of the practices of Western therapy include the following:

Informed Consent. The legal and ethical standards of psychological professional associations mandate that obtaining informed consent from patients is a fundamental requirement for conducting psychotherapy (Eberle et al., 2021). The informed consent process, while designed to protect client autonomy and give clients choice at every step of their therapeutic journey, is just as much designed to protect the therapist from liability. Originating from medical ethics, the

informed consent process is most prevalent in Western psychotherapy (Hall & van Niekerk, 2017). Informed consent is often highlighted as a risk management strategy to avoid ethics complaints, licensing board issues, or malpractice lawsuits (Knapp et al., 2013). If such situations arise, it is crucial that we have thoroughly fulfilled our informed consent obligations to our clients.

However, can we be certain that client autonomy is always the best choice? Hall and van Niekerk (2017) argue that the informed consent process often neglects the trust and judgment of the clinician. They note that while patient autonomy is crucial, it can sometimes undermine the clinician's expertise and the therapeutic relationship. This suggests that when the result of the informed consent process goes against the clinician's judgement, client autonomy is prioritized to satisfy the client's individualistic goals of doing what they feel is best for them, and the clinician's individualistic goals are satisfied to protect themselves against liability. Moreover, the power differential between client and therapist may lead the client to agree to the therapist without truly considering what it is they are consenting to (Leach & Akhurst, 2023). In such cases, the result is that the informed consent process was done for the therapist to check a box in legal and ethical practice, rather than truly obtaining consent for the client's benefit. Further, in collective cultures, group consent is more common than individual informed consent, which is emphasized in individualistic countries (Leach & Akhurst, 2023). For example, the client's family may play a significant role in the informed consent process, providing insights and actively participating in the treatment process.

A study by Blanchard and Farber (2020) examined the prevalence of clients being dishonest or avoiding certain topics in therapy. Among 798 participants, 21.4 percent reported they would avoid or be dishonest about reporting their suicidal ideation. The reasons for unwillingness to report include fear of unwanted practical impacts such as involuntary hospitalization, and emotional impacts such as stigma or shame, or to avoid unwanted therapeutic outcomes such as the therapist feeling bad or the topic of therapy being derailed. However, 48 percent of those who would hide their suicidal ideation said they would feel more comfortable being open about suicidal thoughts if they were given some form of assurance, explanation, or

control over whether the therapist would share their disclosure with others, along with reassurances about the potential consequences of that reporting. This suggests that the current standard of communicating informed consent regarding suicidality is lacking for clients. Moreover, it is difficult to argue that the informed consent process is purely for the sake of the client when it has led to clients withholding important information, such as suicidal ideation.

Ethical Code. The ethics codes that guide Western psychotherapists often name respect of client's autonomy as a major part of its foundation. However, similar to informed consent as discussed above, many aspects of the ethical code such as emphasis on respecting client autonomy and avoiding dual relationships are established from a Western individualistic perspective. An et al. (2023) note that in China, clients often seek help from psychologists they know or trust, as trust is essential for effective treatment. This "Acquaintance Society" model is also relevant in Lebanon and other Arab countries. The authors suggest that multiple types of relationships might enhance treatment success, as psychologists may be more attentive to clients they know personally. All these factors challenge the Western notions of prioritizing client's individual autonomy and avoiding dual relationships.

The traditional understanding of autonomy in clinical practice and research views individuals as independent, self-interested, and rational decision-makers. This model is deeply rooted in Western, individualistic thought, and is reflected in legal and ethical frameworks which stress the importance of voluntary consent. However, individuals are rarely entirely independent. Instead, people are relational beings whose identities and decisions are shaped by their connections to others (Dove et al., 2017). Ho (2008) argues this approach is too narrow, as autonomy is deeply embedded in social relations and influenced by cultural, institutional, and societal norms. Respecting autonomy requires addressing these broader factors, not just avoiding direct coercion.

Therapeutic philosophies and modalities. Many foundational theories and practices in Western psychotherapy were developed by thinkers who emphasized the individual's internal processes. Carl Rogers' person-centered approach (PCA) and the concept of self-actualization, which emphasizes personal autonomy and independence (Rogers, 1995), provides the foundation of many modern therapeutic practices. These values are central to Western individualistic cultures

but may conflict with the collectivist values prevalent in many non-Western societies, particularly in East Asia. The person-centered approach can still be applicable in non-Western, collectivist cultures if therapists focus on the universal aspects of the actualizing tendency. This includes recognizing that self-actualization can manifest differently depending on cultural context—whether it involves personal independence or relational interdependence. The actualizing tendency, which Rogers described as the universal motivation for growth, is a concept that transcends cultural boundaries. However, the way this tendency is expressed—whether through personal autonomy or through fulfilling relational roles—can vary significantly between cultures. By focusing on the actualizing tendency rather than the specific cultural expressions of self-actualization, therapists can apply the PCA in a way that is both effective and culturally sensitive, accommodating the values of collectivist cultures (Kim, 2018).

Diagnostic and Statistical Manual of Mental Disorders (DSM). The DSM, while a useful tool for clinicians, public health officials and researchers to share a common language and standard way of conceptualization and communication about mental disorders (Regier et al., 2013), also serves as an example of mental health practices that often labels normal behaviours and human experiences as pathological. Over time, the DSM has expanded significantly in the number of diagnoses it includes from its first edition to the fifth (American Psychiatric Association, 2022). Harrist and Richardson (2014) argue that Western psychology's focus on individualism and disease models may not align well with other cultural perspectives. This focus on individualism contributes to the pathologization of normal behaviours and experiences that do not align with societal expectations of individual achievement. As a result, these Western mental health practices, influenced by Western cultural values, may inadvertently contribute to the spread of an individualistic mindset that emphasizes personal responsibility over collective well-being (Harrist & Richardson, 2014).

This strong tendency to label or pathologize behaviours as mental disorders may not apply to all cultures. For example, in China, a collectivist culture, mental health literacy was found to be lower as compared to Western nations (Huang et al., 2019). Western researchers often attribute this difference to a lack of "mental health literacy" in non-Western countries, implying that these countries are less developed or lagging in their understanding of mental health (Jorm, 2012).

However, this view is culturally insensitive and inappropriate. The emphasis on labeling mental illness is a culturally specific approach, and applying it universally without considering cultural differences can lead to harmful misunderstandings (Duan, 2018). For many Chinese, there's no need to know specifically what classification of mental health disorder it is; many behaviours that the DSM would label as symptoms of mental illness are not seen as such by the Chinese. Often, disorders are attributed to common experiences such as "taking things too hard", "being stuck in thinking", being under too much pressure, and stress. Many people believe that things will get better on their own once the environment or circumstances change (Huang et al., 2019). This way of thinking is more incorporating of the impact of external factors on mental health rather than personal factors.

Collectivism and Western Therapy

Western Therapy Through Collectivist Lens

For people of collectivist backgrounds, acculturating to the individualistic society in the West can be challenging. The transition to a Western educational environment often involves encountering conflicting cultural norms, values, and expectations. This can lead to mental health challenges, particularly when the support systems that students relied on in their home countries are no longer available or effective in the new context (Ma et al., 2020). If the therapy experience they have to remedy their mental health challenges is also individualistic, it could bring further stress to an already stressful time. Asian students face intense academic pressure to honour their families, which increases their stress. Cultural norms that value emotional self-control and stigmatize mental illness make it hard for them to seek help. Their collectivist values, emphasizing harmony and group loyalty, often conflict with the individualistic, competitive atmosphere of Western universities, heightening the risk of depression and anxiety. Additionally, the stigma surrounding mental health and discomfort with sharing personal issues outside their close-knit support network further discourage them from seeking help, particularly in the context of unfamiliar Western counselling practices focused on individualism (Ma et al., 2020).

Psychology's limited focus on Western culture means it doesn't reflect the majority of cultures worldwide. This has led to a psychological knowledge base that doesn't easily fit or work

well in different cultural contexts. Even so, Western mental health counselling practices have been broadly spread to other countries, often without taking local cultures into account. Western professionals have the advantage of spreading these culturally specific practices as if they were universally applicable, which has shaped the global development of psychology (Duan, 2018). Further, Duan (2018) points out that the field of mental health counselling, as it has been developed in the West, is deeply rooted in Western cultural values such as individualism, autonomy, and self-actualization. These values may not be universally applicable or beneficial, especially in collectivist cultures like China. Rather than self-actualization and personal wellbeing as a goal of therapy, prioritizing public health, promoting harmony within society, and emphasizing morality and social responsibility are part of the goals of mental health services in China (Duan, 2018).

A study by Shilo and Kelly Jr (1997) sought to investigate clients' preferences for individual or collective counselling and how these preferences relate to a personal individualism-collectivism orientation. The results showed that participants generally did not heavily favour an individualistic approach, but rather preferred different approaches depending on the situation. These findings suggest that a collective approach can be as acceptable as an individualistic one and that clients' preferences are situation-specific. This indicates that counsellors should be prepared to integrate both approaches based on clients' needs and values.

In a study comparing therapy outcomes between an individualistic culture (based in Seattle) and a collectivist culture (based in Bogota), Felstad (2020) found that in collectivist cultures, therapy outcomes are more closely linked to the strength and involvement of social support networks. This contrasts with individualist cultures, where therapy may be more focused on the individual's personal journey and autonomy. Individuals from collectivist cultures might be more reluctant to seek therapy due to the stigma associated with discussing personal problems outside of the family. For clients with strong collectivist values, social support networks play a crucial role in therapeutic progress, and the involvement of family or community may be essential for successful therapy outcomes (Felstad, 2020).

Dela Cruz et al. (2023) examined the effectiveness of third-wave therapies compared to CBT for people of colour (POC) and those of collectivist cultures. It was found that third-wave therapies, particularly those incorporating mindfulness-based strategies, tend to produce better

outcomes for substance use disorders (SUDs) in POC and individuals from collectivist cultures compared to traditional CBT. Specifically, eight of the eleven studies reviewed reported significant improvements in various substance use outcomes when third-wave therapies were utilized. These outcomes included higher rates of abstinence, fewer drug use days, and better readiness to quit among participants from collectivist cultures and POC groups (Dela Cruz et al., 2023).

For people of collectivist cultures, there may be conflict when there is a need to balance or reconcile the individual's desires with the expectations of the collective, such as family, community, or society. The conflict is intensified by the cultural clash between traditional collectivist values and Western individualistic values (Kwan, 2009). If therapy is not conducted in a culturally sensitive manner, it can introduce or exacerbate the collectivist conflict experienced by clients. Kwan (2009) suggests that therapists should focus on helping clients develop a "compromising self." This concept involves finding a middle ground where the individual can meet personal goals while also fulfilling their obligations to the collective. The idea is not to push the client toward complete individualism but to help them navigate their responsibilities in a way that maintains harmony within their social and familial contexts.

The individualistic focus of Western psychology can clash with the collectivist values prevalent in many non-Western societies, where the needs of the community or family often take precedence over individual desires (Taylor, 2019). Many Western therapy models, such as Satir's experiential therapy, emphasize individuality, self-expression, and equality within family roles. These principles may conflict with Chinese values of hierarchy, obedience, and collectivism, where individual desires are often subordinated to the needs of the family (Epstein et al., 2012). Moreover, collectivist cultures often have a strong hierarchical structure, with clear roles and respect for elders and authority figures. This can create tension when Western therapy models, which may promote more equal relationships, are applied without adaptation.

One of the main challenges highlighted by Taylor (2019) is the cultural misalignment between the goals of Western therapy and the values of collectivist societies. For example, therapeutic goals such as self-actualization or boundary-setting, which are common in Western practices, may conflict with the collectivist ideals of self-sacrifice, familial duty, and maintaining interpersonal harmony. Also, in some collectivist cultures, there may be a reluctance to openly

express emotions, especially negative ones, as this can be seen as threatening to group harmony. Western therapies that encourage emotional disclosure and confrontation may therefore be viewed as culturally inappropriate or even harmful. For people with a collectivist background, therapy may be more effective when it takes a relational orientation, focusing on the client's relationships with others rather than solely on the individual's internal experiences. This might involve including family members in therapy sessions or focusing on resolving interpersonal conflicts in a way that preserves group harmony (Taylor, 2019).

Another consideration for collectivist cultures is that mental health issues are often understood in the context of social and familial relationships rather than as isolated individual problems. As a result, Western therapies that focus on the individual might be seen as inadequate or irrelevant because they do not address the social context in which these issues arise (Koç & Kafa, 2019). There may also be skepticism or outright rejection of Western psychological models due to their secular nature and perceived disregard for spiritual and communal aspects of life. For example, Koç and Kafa (2019) note that in Muslim-majority countries, there is often a distrust of psychology because it is seen as a secular science that does not account for the spiritual dimensions of human existence. The emphasis on independence and separation in Western therapy can be seen as disruptive to family cohesion and cultural continuity, leading to resistance from clients and their communities.

Decolonizing individualism in Therapy

Gheorghe (2022) argues that binary thinking, a simplistic and primal way of perceiving the world linked to our 'reptilian' brain, limits our ability to consider a broader range of options and integrate them effectively. This type of thinking is associated with extreme individualism and a colonial mindset, which many societies adopt to stay economically competitive on a global scale. Infusing collectivist values into therapeutic practices represents a crucial step toward decolonizing therapy, challenging the dominance of Western, individualistic frameworks that have historically shaped mental health care (Adams et al., 2015; Millner et al., 2021). By integrating collectivist principles—such as community support, interdependence, and shared responsibility—therapy becomes more inclusive and culturally relevant, particularly for clients from collectivist backgrounds (Gone, 2013). This approach not only acknowledges and respects

the cultural values of diverse populations but also harnesses the strengths of communal bonds to foster healing and resilience. Decolonizing therapy through the infusion of collectivism can lead to more effective interventions (Dudgeon & Walker, 2015), as clients are encouraged to draw on their social networks for support and engage in collective problem-solving.

This shift from an individual-centric model to one that values the community's role in mental health promotes a more holistic understanding of well-being and empowers clients to heal within the context of their cultural and social environments. Dudgeon and Walker (2015) outlined several decolonization strategies that embody collectivist values, such as using the Social and Emotional Well-Being Framework which extends beyond individual mental health to include a person's connection to family, community, culture, land, and spirituality. The effectiveness of Indigenous-led and community-controlled health services, which are designed and managed by Indigenous communities were highlighted, which operate on principles of collective decision-making and shared responsibility, ensuring that mental health care is culturally appropriate and meets the collective needs of the community (Dudgeon & Walker, 2015). These strategies demonstrate how decolonization in psychology can be achieved through the integration of collectivist values, emphasizing the importance of community, culture, and collective well-being in mental health care. By moving away from individualistic models and incorporating these collectivist principles, mental health services can become more effective and culturally responsive for many populations within North America.

Benefits of Collectivism Values in Therapy

Incorporating collectivist values into therapy offers numerous benefits, not only for clients from cultures that emphasize community, family, and social connection. By aligning therapeutic practices with collectivist principles, therapy becomes more culturally relevant and resonant for clients from collectivist backgrounds, fostering stronger client engagement and trust (Millner et al., 2021). For clients who are not from collectivist backgrounds, this can be a way to introduce collectivism values and different ways of thinking (Hofstede, 2001). A collectivism-infused approach recognizes the importance of social support networks in mental health, leveraging the collective strength of families and communities to provide emotional and practical assistance. As a result, clients are less likely to feel isolated and more likely to experience a sense of belonging

and shared responsibility in their healing process (Harandi et al., 2017). Furthermore, collectivist approaches promote holistic healing by considering the individual's well-being in the context of their relationships and cultural identity, which can lead to more comprehensive and sustained recovery. By reducing stigma and reinforcing cultural identity, therapy that incorporates collectivist values not only supports mental health but also empowers clients to draw on their cultural strengths, leading to improved overall outcomes (Millner et al., 2021).

Other benefits of incorporating collectivism values into therapy include:

Building stronger social connections within therapy sessions. Integrating collectivist values into therapy sessions can significantly enhance the development of strong social connections, which are essential for emotional well-being and resilience (Yeh & Inman, 2007). Unlike individualistic approaches that often focus on personal autonomy and self-reliance, collectivist-oriented therapy emphasizes the importance of relationships, community support, and interconnectedness. By encouraging clients to draw on their social networks—such as family, friends, and community members—therapists can help foster a sense of belonging and mutual support (Sue et al., 2012). This approach not only validates the client's cultural values but also leverages the power of communal ties to address mental health challenges collectively. In therapy sessions, collectivist principles can be incorporated through practices such as group therapy, family involvement, and community-based interventions, which encourage clients to share experiences, offer support, and collaborate on problem-solving.

An example of this is a pilot study conducted by Chibanda et al. (2011) to assess the feasibility and effectiveness of a community-based intervention called the "Friendship Bench Intervention" as a treatment for depression and other common mental health disorders. The Friendship Bench is a low-cost, multi-component mental health intervention adapted from problem-solving therapy, delivered by trained female lay health workers with an average age of 58 in primary care settings. The workers were known as "grandmother health providers". The intervention involved 6 sessions of problem-solving therapy, enhanced with activity scheduling, delivered on benches placed under trees located in the grounds within the participating clinics. The benches were made by local craftsmen. Local customs, such as Christian prayer, were also integrated into the intervention. The results of the study showed clinically meaningful reduction in

symptoms of depression and common mental health disorders among participants, which suggests that the intervention is both feasible and effective in a primary health care setting in Zimbabwe. A high response rate and positive feedback from both participants and lay workers indicate that the intervention was well-accepted by the community. The involvement of lay workers, who are trusted members of the community, contributed to the success and non-stigmatizing nature of the intervention. These results suggest that community-based, culturally adapted mental health interventions, like the Friendship Bench, can be highly effective in mental health treatments (Chibanda et al., 2011). By shifting the focus from individual achievement to collective well-being, therapists can create a more inclusive and supportive therapeutic environment that strengthens social bonds and enhances overall mental health outcomes.

Recognizing the importance of community support networks. Incorporating collectivist values into therapy can significantly enhance clients' understanding of the vital role that community support networks play in their mental health and well-being. Collectivism emphasizes the interconnectedness of individuals within a community, highlighting that personal well-being is closely tied to the health of relationships and the broader social environment (Triandis, 2018). By fostering a sense of belonging and mutual responsibility, collectivist approaches encourage clients to see their struggles not as isolated issues but as challenges that can be shared and addressed collectively. This perspective helps clients recognize that seeking and accepting help from family, friends, and community members is not a sign of weakness, but rather a valuable resource that can provide emotional support, practical assistance, and a sense of solidarity (Yeh & Bedford, 2003). By reframing the pursuit of well-being as a communal effort, therapy that incorporates collectivist values can empower clients to actively engage with and strengthen their social networks, ultimately leading to more resilient and sustainable mental health outcomes.

Emphasizing cultural and communal identity. Incorporating collectivist values into therapy can significantly enhance the emphasis on cultural and communal identity, particularly for clients whose backgrounds prioritize collective well-being over individualism (Kuo, 2004). Collectivist approaches in therapy acknowledge and validate the importance of cultural heritage, family ties, and community connections, which are often central to a person's identity in collectivist societies. By integrating these values into the therapeutic process, therapists can help

clients reconnect with and strengthen their cultural roots, fostering a deeper sense of belonging and purpose (Sue et al., 2022). This focus on communal identity can be particularly empowering for clients who may feel disconnected from their cultural traditions due to migration, acculturation, or the pressures of living in a predominantly individualistic society. This approach not only enhances the therapeutic experience by making it more culturally relevant but also reinforces the client's sense of self within the context of their cultural and communal relationships. For example, Dudgeon and Walker (2015) discuss strategies aimed at strengthening cultural identity and resilience, which are inherently collectivist. These strategies include promoting cultural education, preserving language, and reinforcing connections to land and ancestry. By focusing on collective cultural identity, these strategies help individuals maintain a strong sense of belonging and purpose and fosters the preservation and promotion of cultural heritage, which are important for well-being.

Summary and Synthesis

This literature review explored the cultural dimensions of individualism and collectivism and their profound effects on mental health, especially within Western therapeutic practices. Individualism and collectivism were defined as cultural paradigms that shape individual behaviors, beliefs, and attitudes. On one hand, individualism emphasizes personal goals, autonomy, and self-reliance, while collectivism values group harmony, family cohesion, and community orientation. These orientations manifest differently across societies, with North America exemplifying a predominantly individualistic culture where personal achievement and self-expression are highly valued.

In assessing the psychological consequences of these orientations, the review highlighted that individualism, though promoting self-esteem and personal control, can lead to increased stress, anxiety, and social isolation. The pursuit of autonomy and personal success may foster competition, leading to a reduced availability of social support networks, crucial for mental well-being. Moreover, research suggests a correlation between individualistic values and higher rates of loneliness and mental health stigma. In contrast, collectivist cultures, by reinforcing social and familial ties, tend to experience lower levels of stress and anxiety. However, the

pressure to conform to collective expectations can create internal conflicts, especially when personal desires clash with group norms.

The literature review then examined how individualism and collectivism manifest in Western therapy. Grounded in individualistic values, Western therapy often focuses on personal autonomy and self-actualization, potentially neglecting the social and communal contexts of clients. This individualistic lens may inadvertently perpetuate isolation and stress by overlooking the importance of social support networks. The dominant focus on individualism in therapy might not be universally applicable or beneficial, especially for clients from collectivist backgrounds. The review then explored strategies for integrating collectivist values into Western psychotherapy. Potential benefits of adopting a more community-oriented approach were discussed, which includes recognizing the role of family and community in the healing process, fostering stronger social connections within therapy, and emphasizing cultural and communal identity.

This literature review lays the groundwork for developing a collectivist-informed therapeutic framework that balances individualistic and collectivist values. Such an approach could harmonize the strengths of both paradigms, offering a more holistic and culturally sensitive method of mental health treatment. In the next chapter, these findings will be applied to propose practical strategies for integrating collectivist values into Western therapeutic practices, addressing possible challenges that may arise from the integration, and suggesting future directions for culturally inclusive therapy.

Chapter Three: Discussion and Application

Discussion

The aim of this research is to explore the dominance of individualism in Western therapy practices and critically examine how these approaches impact mental health. Following the purpose statements outlined in chapter one, this study sought to investigate whether individualistic ideals embedded in Western therapy may inadvertently perpetuate isolation and psychological distress. The research question posed in chapter one asked: How can the integration of collectivist values into Western therapy improve mental health outcomes and foster more community-oriented, culturally sensitive therapeutic practices?

The literature review reveals that individualism remains a dominant framework in Western therapy, characterized by a strong emphasis on personal autonomy, self-reliance, and independence. While these values promote self-empowerment, they also correlate with poorer mental health outcomes, including increased stress, anxiety, depression, and loneliness, especially when clients lack social support systems. One of the most striking learnings from the literature review is the pervasive isolation that often results from individualistic cultures. This isolation, compounded by societal expectations of self-sufficiency, limits the therapeutic benefits of traditional Western therapy, where success is often measured by individual outcomes rather than communal well-being. By focusing on individual outcomes, Western therapy often overlooks the broader social and economic factors that contribute to mental health issues, such as poverty, discrimination, and lack of access to healthcare. This narrow focus perpetuates societal inequities, as it places the burden of mental health improvement solely on the individual, without addressing the structural conditions that contribute to psychological distress. In contrast, collectivist cultures, such as those found in many Asian societies, prioritize community, family, and social support. These values have been shown to offer protective factors against mental health challenges, particularly by fostering social cohesion and a strong sense of belonging. The literature suggests that incorporating collectivist values into Western therapeutic models could mitigate some of the negative outcomes associated with individualism.

Despite these insights, several limitations emerge in the current literature. First, the empirical evidence on integrating collectivist values into Western therapy remains relatively scarce. While theoretical critiques of individualism in therapy are abundant, there is a significant lack of research that tests the practical application of collectivist values within Western settings. This presents a challenge when attempting to propose concrete, evidence-based strategies for incorporating collectivist values into existing therapeutic modalities. Moreover, the existing research often approaches the topic from a binary lens, positioning individualism and collectivism as opposing forces. This dichotomy may oversimplify the nuanced ways that these values interact in practice, particularly for individuals who exist between cultures. For example, the immigrant experience, as noted in the reflectivity and positionality statement, illustrates the challenge of balancing the autonomy prized in Western societies with the familial and social obligations valued in collectivist cultures. This complexity is often underexplored in the current literature, suggesting the need for more nuanced approaches that address these intersections.

Application

The literature review demonstrates a need for alternative frameworks that Western psychological models can be beneficial in collectivist cultures if they are carefully adapted and integrated with local practices. The future of culturally-informed psychology depends on a reciprocal exchange of knowledge, where both Western and non-Western perspectives are valued and incorporated into therapeutic practices (Taylor, 2019).

This capstone proposes practical strategies on how to challenge individualism and incorporate collectivism into practice, particularly strategies for infusing collectivism values within individual therapy.

Challenging Individualistic Practices

Therapists can push back against the ethical codes and standard of practices ingrained in Western therapeutic practices that have been developed within an individualistic framework, while embracing more collectivist and community-oriented approaches. These expanded

approaches honour both the individual and their social context, fostering mental health in a way that aligns with collectivist values, while still maintaining the ethical standards that safeguard client well-being.

Challenging informed consent. Informed consent is a fundamental component of ethical therapy, but it often emphasizes client autonomy in a way that can feel overly legal and distant. This can undermine the therapist-client relationship and reinforce individualistic ideals, particularly in a collectivist context where decision-making might involve family or community input. To foster a more relational approach, therapists can spend more time on informed consent. For example, adding an extra 10 minutes to the first session can allow for a deeper conversation about the therapeutic process. This time can be used not only to clarify the consent forms but also to explore the client's expectations, concerns, and cultural values, making sure the client understands their rights in a non-rushed manner. Therapists can also be more transparent with clients about situations where reporting may be necessary, such as suicidal ideation and thoughts of harming others, etc. This transparency builds trust and ensures the client feels involved in the decision-making process, fostering a sense of collaboration rather than reinforcing individualistic protection measures. Finally, the informed consent process can be adapted in a culturally-sensitive way by involving others. In collectivist cultures, decisions are often made collectively, with input from family or community members. Therapists could modify the informed consent process to reflect this by allowing (when appropriate) key family members to participate in these conversations, thereby honouring the client's cultural context (Fisher & Oransky, 2008). For example, in a therapy session with a client, the therapist spends time explaining the informed consent process and also involves a trusted family member in the discussion. The therapist explains not only the legalities but also how confidentiality will work in the context of the client's relationships, ensuring that the client feels supported by their family while also maintaining ethical standards.

Challenge dual relationships. In Western therapy, dual relationships (where the therapist has another role with the client, such as being a mentor or community leader) are often

viewed as unethical, since they might blur boundaries or lead to conflicts of interest. However, in collectivist cultures, dual relationships can enhance trust and therapeutic success. In some cultural contexts, being both a therapist and a community leader or mentor may actually strengthen the therapeutic relationship by fostering trust and rapport (Duan, 2018). While dual relationships should be handled with care, therapists can use transparent communication to navigate the boundaries. They can discuss with the client how to manage these dual roles and ensure that they enhance rather than detract from the therapeutic process. Instead of maintaining strict professional boundaries that emphasize individualistic values, therapists might take on a more fluid role—acting as mentors, advocates, or community liaisons. This would shift the therapeutic relationship toward one that aligns with collectivist ideals, where the therapist becomes an integrated part of the client's community, acting as a trusted figure rather than just a mental health provider. For example, a therapist who also serves as a volunteer leader in a community center may work with a client they mentor in that space. Instead of viewing this dual relationship as inherently problematic, the therapist openly discusses their dual roles and co-creates boundaries with the client to ensure mutual respect and understanding.

Challenge mandatory reporting. Mandatory reporting requirements in Western therapy can sometimes clash with collectivist values, where community-driven solutions and shared responsibility are more prevalent. Often, what is considered "reportable" is up to the therapist to gauge, leading to gray areas that can lead to uncertainty for both therapist and client. While mandatory reporting is often necessary to ensure safety, therapists can challenge the individualism within this practice by working with the client to explore community-driven approaches before resorting to systemic interventions (Ashbourne & Baobaid, 2019). This might include involving elders, family members, or trusted community figures in the intervention process. Instead of defaulting to mandatory reporting, therapists can collaborate with the client and their community to create safety plans that address issues like abuse or self-harm within a communal context. This respects the client's autonomy and cultural values while ensuring that appropriate safety measures are in place. Therapists can also play an educational role, helping

communities develop their own methods of addressing crises. This might involve training community members on conflict resolution, child safety, or mental health first aid, thereby reducing the need for external systemic interventions. For example, if a therapist is working with a client who discloses domestic violence but is hesitant about mandatory reporting due to fear of family repercussions, the therapist could work with the client to involve trusted family members in creating a safety plan. Together, they could seek community mediation before involving external authorities, provided the situation allows for this without compromising safety.

Balancing respect for autonomy with therapist insight. Respecting client autonomy is a core value of Western therapy, but collectivist approaches recognize that clients may benefit from more direct input from the therapist, who can act as a mentor or advisor. Therapists can share their own perspectives and insights when they believe it will benefit the client, offering advice while making it clear that the client is free to take or leave these suggestions. This creates a collaborative dynamic, where the therapist's guidance is valued as part of the healing process rather than seen as directive or paternalistic. The therapist can foster a space where the client feels comfortable hearing all perspectives—both their own and the therapist's—before making decisions. In doing so, the therapist offers a broad range of insights without pressuring the client, ensuring that the client feels respected and heard. Therapists can help clients explore multiple angles of a problem, including how their choices might impact their family and community. This helps clients make informed decisions that reflect their cultural values of collective well-being, without forcing an individualistic framework. For example, a client might express uncertainty about a career change that could impact their family. The therapist provides insight on the psychological impact of career transitions but also encourages the client to reflect on how this decision affects their family members. The client is left with a well-rounded perspective that honours both personal and relational considerations.

Infusing Collectivism Values

Incorporating collectivist values into Western therapy can be an enriching process, helping clients feel more connected to their communities while addressing their mental health needs in a culturally sensitive way. This can also help negate some of the issues that may be perpetuated by individualistic values as explored in Chapter Two. This approach allows clients to see themselves as part of a larger system where mutual support and shared success are key to their own mental health and happiness.

Prioritize Interdependence Over Complete Self-Reliance. Excessive focus on self-reliance can lead to feelings of isolation, as clients may feel that they must solve all their problems alone without asking for help. To incorporate more collectivism into practice to combat this, therapists can encourage clients to build interdependent relationships where they can both offer and receive support. This fosters a sense of mutual reliance, reducing the pressure of self-sufficiency while increasing feelings of social connectedness. Therapists can also help clients identify who they can rely on when facing challenges, and work on strategies for building stronger, reciprocal relationships. Instead of framing goals around self-reliance (e.g., "How can you handle this on your own?"), frame them as collective goals (e.g., "Who can you reach out to for support as you work through this problem?").

Emphasize the Role of Community in Well-Being. A sole focus on individual success and achievement can neglect the importance of social bonds, leading to loneliness and disconnection. Therapists can promote active participation in community or social groups as a way to boost mental well-being. Whether it's through volunteering, joining clubs, or engaging in shared hobbies, community involvement helps clients feel connected to something larger than themselves. Therapists can ask, "How can being part of a community help you achieve your well-being goals?" or "What role can community involvement play in reducing your sense of isolation?" Therapists can also suggest activities that involve group participation, such as engaging in community events or volunteer work, that can help clients experience the benefits of collectivism.

De-pathologize Normal Life Struggles Through Collective Support. Western therapy can sometimes pathologize common life struggles such as stress and anxiety as purely individual problems, placing too much responsibility on the client to "fix" themselves. Therapists can reframe common struggles, such as work-related stress or parenting challenges, as issues that many people face and that can be managed collectively. Help clients see that leaning on others, whether family or community, can be an effective and normal way to manage these challenges. Instead of framing struggles as personal failures (e.g., "What can you do better to manage your anxiety?"), therapists can ask, "How can you and your support system work together to navigate this?"

Value Collective Success Over Sole Personal Achievement. The emphasis on personal success (career, financial, or academic) can sometimes overlook the value of collective success, which benefits the group instead of just the individual. Therapists can encourage clients to define success not only by their own achievements but also by the impact they have on their family, community, or social circle. This aligns success with shared goals, reducing the pressure to achieve purely individualistic benchmarks. Helping clients set goals that benefit both themselves and others, such as mentoring, helping family members, or contributing to community development, can not only build personal skills but also foster a sense of communal contribution and belonging.

Incorporate Family and Relationship-Based Therapy Goals. A hyper-focus on independence and autonomy, in addition to clashes between generational and cultural values, can cause rifts between clients and their family. Therapists can shift the focus from solely individual goals to relational goals that involve improving the client's role in their family, friendships, or community. Inviting family members or close friends into therapy sessions can help strengthen communication and support (Kuo, 2004). For clients who may be more independent, therapy can help them learn how to better engage and lean on their support network. With family members present, therapists can explore how each member's mental health is interdependent, focusing on how the family can collectively improve its overall well-being.

Collectivist Goal-Setting and Questioning

Traditional Western therapy tends to focus on personal or individual goals, such as reducing anxiety or improving self-esteem. This can be amended by setting relational goals, where the focus is on improving relationships or fostering community well-being (Kuo, 2004). Therapists can work with clients to create a dual focus in goal-setting, balancing personal growth with relational well-being. For instance, in addition to focusing on reducing stress, the client might set goals related to improving family communication or contributing to community harmony. Approaches like family systems therapy or narrative therapy are particularly well-suited for this type of goal-setting. By focusing on the client's role within their social network, therapists can shift the conversation from "How do you feel about this?" to "How do your relationships affect how you feel, and how can improving those relationships help you achieve your goals?"

For example, a client dealing with anxiety might set a relational goal such as: "I want to improve communication with my partner to better manage my stress at home" or "I want to contribute to my community's wellness by volunteering, which I believe will also help me manage my anxiety." These goals emphasize both personal well-being and the importance of relationships in the therapeutic process.

Below are a list of common therapy goals, as well as alternative, collectivist versions of the questions.

- "Improve self-esteem." Relational Goal: "Strengthen self-esteem by improving relationships with family and friends, and recognizing how supporting others enhances personal confidence."
- "Reduce personal anxiety." Relational Goal: "Reduce anxiety by fostering stronger connections with a social support network and improving family or community communication."
- "Develop greater independence." Relational Goal: "Develop interdependence by contributing to the well-being of others while allowing yourself to lean on your support"

system when needed."

- "Achieve personal happiness." Relational Goal: "Achieve happiness by fostering meaningful relationships and supporting the happiness of family, friends, or community members."
- "Set personal boundaries." Relational Goal: "Set healthy boundaries that promote mutual respect within relationships and balance individual needs with collective well-being."
- "Pursue personal career goals." Relational Goal: "Pursue career goals that benefit both personal growth and the well-being of your family or community, such as mentoring others or contributing to group success."
- "Increase self-confidence." Relational Goal: "Increase confidence by recognizing the value of your contributions to others and the strength of your relationships."
- "Learn to manage stress better." Relational Goal: "Manage stress by building a stronger support network and creating shared solutions with family or community members."
- "Become more self-aware." Relational Goal: "Become more aware of how your behaviours and emotions affect those around you, and how you can improve your relationships."
- "Develop self-care routines." Relational Goal: "Develop care routines that involve your family or community, creating shared activities that enhance well-being for everyone."
- "Overcome personal depression." Relational Goal: "Address depression by deepening connections with supportive people and engaging in community activities that provide meaning and purpose."
- "Improve emotional regulation." Relational Goal: "Improve emotional regulation by fostering better communication and understanding within close relationships, helping you and others navigate emotions together."

- "Enhance self-motivation." Relational Goal: "Enhance motivation by working collaboratively with others to achieve shared goals and finding inspiration in collective success."
- "Increase personal assertiveness." Relational Goal: "Increase assertiveness in a way that fosters healthier, more respectful relationships, ensuring that both personal and collective needs are met."
- "Cultivate a greater sense of self-worth." Relational Goal: "Cultivate a sense of self-worth through meaningful contributions to others and recognizing the role you play in the success and happiness of your community."
- "Improve time management and productivity." Relational Goal: "Improve time management in a way that balances personal productivity with time spent nurturing important relationships or contributing to collective goals."
- "Work on self-acceptance." Relational Goal: "Work on self-acceptance by recognizing how accepting yourself can positively impact your relationships and how being accepted by others can enhance your self-perception."
- "Build resilience and coping skills." Relational Goal: "Build resilience by relying on collective strength, using support from your family or community, and helping others cope as part of a shared process."
- "Achieve personal balance and well-being." Relational Goal: "Achieve balance and well-being by creating harmony between your personal goals and the needs of those around you, ensuring that your well-being contributes to collective harmony."

Shifting the focus of therapy from individual behaviour to collective impact is a critical component of integrating collectivism into therapy. Asking questions that center on how a client's actions affect others aligns with relational autonomy and social responsibility—key elements of

collectivist values. Encouraging clients to consider how their choices impact their family, friends, or community fosters a sense of responsibility and connection. It moves the therapy process beyond a self-focused approach to one that nurtures empathy and social cohesion. Therapists can help clients think through their decisions, not just in terms of personal outcomes, but also in how those outcomes might affect the people around them. This shift encourages clients to think beyond their individual experiences and fosters a deeper sense of relational accountability, empathy, and shared healing.

Below are a list of questions commonly asked in therapy, as well as alternative, collectivist versions of the questions.

- "What are your personal goals for therapy?" Collectivist Alternative: "What goals do you have for yourself and your relationships with others?" "How can therapy help improve both your well-being and your connections with family, friends, or community?"
- "How do you feel about this situation?" Collectivist Alternative: "How do you and those close to you feel about this situation?" "How is this situation affecting your family or community, and how do their perspectives influence your feelings?"
- "What can you do to improve your situation?" Collectivist Alternative: "How can you and your support network work together to improve this situation?" "What can your family or community do to support you, and how can you contribute to helping others?"
- "What are your strengths and weaknesses?" Collectivist Alternative: "What strengths do you bring to your relationships, and how do others in your family or community support you in areas of difficulty?" "How do your strengths help those around you, and how do the strengths of your family or community support you?"
- "How are you coping with this challenge?" Collectivist Alternative: "How are you and your family or community coping with this challenge together?" "What collective strategies could you and your support network use to navigate this challenge?"

- "What do you want to change in your life?" Collectivist Alternative: "What changes would benefit both you and your relationships with others?" "What changes would improve both your personal well-being and the well-being of your family or community?"
- "How do you think this decision will affect you?" Collectivist Alternative: "How do you think this decision will affect your family or those around you?" "How might your decision impact the relationships that are most important to you?"
- "How can you practice self-care?" Collectivist Alternative: "How can you and your family or community practice care for one another?" "How can you contribute to the well-being of your support network while also taking care of yourself?"
- "What do you think is the best solution to your problem?" Collectivist Alternative: "What does your family or community think is the best solution to this problem, and how can you collaborate on it?" "How can the solution benefit both you and those around you?"
- "What is your role in solving this problem?" Collectivist Alternative: "What role can you and your family or community play in solving this problem together?" "How can you contribute to the collective effort to address this issue?"
- "What do you want to accomplish in therapy?" Collectivist Alternative: "What do you hope to accomplish in therapy that will improve your relationships and benefit your family or community?" "How can therapy help you and your loved ones grow together?"
- "What decisions can you make to better your life?" Collectivist Alternative: "What decisions can you and your family or community make to support each other and improve everyone's well-being?" "How can your decisions create positive change for both you and those around you?"
- "What is your personal definition of success?" Collectivist Alternative: "What does success look like for you and your family or community?" "How can success be defined in a way that reflects both personal achievement and the well-being of those around you?"

- "How do you want to grow as a person?" Collectivist Alternative: "How do you want to grow in your relationships with others?" "How can your personal growth positively impact your community or family?"

Challenges

There are potential challenges therapists may face when trying to incorporate collectivist values into their work, especially within a predominantly individualistic framework like Western therapy. Clients accustomed to individualistic cultures or therapy may resist a collectivist approach that emphasizes community and family involvement. They may view therapy as a personal, private process and feel uncomfortable or even threatened by the idea of involving others in their sessions or decision-making. Therapists can introduce collectivist principles gradually, by first exploring the client's relationships and how they impact well-being, and then slowly involving others when the client feels comfortable. Educating the client about the benefits of relational approaches and fostering a sense of trust around communal support may ease this transition.

Conversely, clients who are more collectivist-oriented may prioritize the needs of their family or community over their own, which can lead to self-neglect or personal dissatisfaction. Therapists may face the challenge of helping clients balance self-care and autonomy with their obligations to the group, without reinforcing the potential negatives of collectivism. Therapists can explore the concept of relational autonomy (Walter & Ross, 2014), which emphasizes that autonomy exists within relationships, rather than in opposition to them. Helping clients find a balance between maintaining their relationships and fulfilling their own needs is key.

Another challenge is that many therapists are trained in therapeutic models that primarily focus on the individual, such as cognitive-behavioural therapy, which prioritize personal autonomy and self-actualization (Guo & Hanley, 2015). Adopting collectivist approaches requires an understanding of cultural competence and relational therapy models, which may not be part of their standard training. Ongoing education and professional development in cross-cultural psychology, collectivist frameworks, and community-oriented therapy can help therapists become

more culturally competent. Training in systemic therapies, like family systems therapy or community-based models, could be beneficial for developing a more collectivist approach.

A clinician's cultural background can shape their emotional responses, or countertransference, during therapy. There are several ways countertransference can manifest in culturally influenced therapeutic relationships, including over-identification with clients from similar cultural backgrounds, unconscious denial of cultural issues, and emotional reactions such as guilt, pity, or anger that may arise from the clinician's own unresolved cultural experiences. These reactions can impact the therapeutic process, either facilitating or impeding the work, depending on how they are managed (Namono, 2014). Despite best intentions, navigating the clashing values of individualism and collectivism can lead to distress. Kwan (2009) suggests that therapists should help clients devise strategies to cope with the emotional and interpersonal distress that may arise from making compromises. This might include preparing clients for situations where they might not be able to fully satisfy both their personal desires and their collective obligations.

A particularly sensitive challenge in promoting collectivist approaches lies in acknowledging when familial or community-based harm, such as abuse or neglect, is present. While collectivist values prioritize family cohesion and social harmony, these same dynamics may also perpetuate cycles of harm if abuse is embedded within the family or socio-political structures. Therapists must be attuned to these dynamics and cautious about encouraging further dependence on abusive or harmful systems under the guise of collectivist principles. In such instances, the individual's safety and well-being must take precedence, and therapeutic approaches should be flexible enough to prioritize autonomy and protective boundaries when necessary. Additionally, balancing ethical guidelines—such as confidentiality and informed consent—becomes more complex in collectivist settings. The inclusion of community or family members in therapy introduces questions about whose interests should take precedence and how personal information should be shared or withheld within the group. These issues require careful consideration to avoid compromising the therapeutic process or violating ethical standards.

Reflections on Personal Learning

Throughout the process of researching and writing this capstone, I have gained a much deeper understanding of the complex dynamics between individualism and collectivism, particularly within the context of therapy. One of my biggest realizations is that neither individualism nor collectivism is inherently better or worse than the other. Instead, they offer different but complementary perspectives on well-being. Individualism, which emphasizes personal autonomy, self-expression, and personal responsibility, plays an important role in empowering clients to take charge of their mental health, build self-efficacy, and set personal goals. For many clients, learning to assert their own needs and desires can be an essential part of healing. On the other hand, collectivism underscores the importance of relationships, community, and mutual support, reminding us that well-being is often deeply rooted in our connections with others. One of my key takeaways is that individualism and collectivism should not be seen as opposing forces but as complementary frameworks that can enhance therapeutic effectiveness when used thoughtfully.

Another important insight I gained from this research is how deeply embedded individualistic values are within the education and training of therapists in North America. So much of the therapeutic literature, theory, and practice is rooted in individualism—emphasizing personal autonomy, the importance of individual agency, and the notion that the client must take sole responsibility for their healing. This individualistic lens is so ingrained that it can be difficult for therapists to recognize its influence, and even harder to step outside of it.

For many therapists, myself included, shifting from an individualistic framework to a more collectivist perspective can feel unfamiliar and even a bit uncomfortable. It can raise fears around professional boundaries, client autonomy, and the potential blurring of roles. I have come to see this discomfort as a reflection of how radicalized individualism has become within therapeutic spaces—so much so that any deviation can feel destabilizing. However, this experience has also reinforced how crucial it is to be aware of the individualism-collectivism orientation and to mindfully incorporate collectivist values when appropriate. I've learned that it's not about abandoning individualism, but about recognizing when a collectivist approach might better serve the client's situation.

This might involve something as simple as helping clients explore how their personal goals align with their relationships, or more involved interventions such as bringing family members into therapy sessions or promoting community support networks. The awareness that well-being is relational for many people can help prevent the isolation and self-centered focus that can sometimes arise from a purely individualistic approach to therapy.

Moving forward, I believe there is a need for therapists to receive training that encourages the integration of both individualist and collectivist perspectives. This would equip therapists to work with a wider range of clients and to navigate cultural differences in ways that honour both individual growth and communal well-being. By expanding our educational frameworks to include more collectivist practices, we can ensure that therapy remains flexible, inclusive, and responsive to the diverse needs of our clients.

Individualism and collectivism each have their place, and the true art of therapy lies in knowing how and when to draw from each. As therapists, we are tasked with the responsibility of not only fostering individual empowerment but also nurturing the relational ties that sustain our clients' well-being. I look forward to continuing this journey and incorporating these insights into my future practice.

Conclusions

This capstone explores the complex interplay between individualism and collectivism in therapy, examining how these two orientations influence mental health practices and outcomes. While individualism has long been the dominant framework in Western therapeutic models, this project highlights the potential benefits of integrating collectivist values, especially for clients whose well-being is closely tied to family, community, and social relationships.

The research reveals that individualism, with its focus on personal autonomy and self-reliance, offers significant strengths in empowering clients to take ownership of their mental health. However, this focus can also lead to unintended consequences, such as isolation and excessive self-pressure, particularly when the importance of social support and interdependence is overlooked. By contrast, collectivism emphasizes interconnectedness, mutual support, and the role of relationships in promoting mental health, offering a valuable counterbalance to the

individualistic model.

This capstone explores ways in which therapists can incorporate collectivist values into their work, including promoting relational goals, involving family and community members in therapy, and reframing mental health challenges as collective issues rather than purely individual ones. These approaches have the potential to enrich therapy by offering clients a more holistic and culturally sensitive form of care. However, it is also clear that the shift toward collectivist practices requires careful consideration of ethical boundaries, cultural competence, and the need to balance individual and relational well-being.

In conclusion, this capstone represents both a critique of the limitations of individualistic therapy and a call for greater inclusion of collectivist values in mental health practices. By fostering a balance between individual growth and collective responsibility, therapists can better support their clients in achieving not only personal well-being but also healthier, more meaningful relationships with those around them. This project has been a journey of growth, both professionally and personally, and has deepened my understanding of the nuanced ways in which culture shapes our approaches to mental health. I look forward to continuing this work and applying these insights in my future practice, ensuring that therapy remains a space for both individual empowerment and communal healing.

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