

DEVELOPING CULTURALLY SENSITIVE PSYCHODYNAMIC CASE FORMULATIONS: THE EFFECTS OF ASIAN CULTURAL ELEMENTS ON PSYCHOANALYTIC CONTROL-MASTERY THEORY

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The effects of traditional Asian cultural norms, family roles, and values upon the psychodynamic formulation of a single case are examined in this article. The main tenets of Sampson-Weiss Control-Mastery Theory, a cognitive approach to psychoanalytic psychotherapy, are presented and its Plan Formulation Method is discussed. The need for a more comprehensive consideration of Asian culture, Asian-American identity formation, and acculturative stress in clinical case formulations is presented, including modifications in theory which should help to reconcile differences between the Western values inherent in Control-Mastery Theory and traditional Asian approaches to psychotherapy and mental health.

Betancourt & Lopez (1993) have suggested approaches to the study of culture in mainstream American psychology which would serve to enhance theoretical conceptualizations and hypothesis testing in clinical research. Briefly, they suggested that researchers a) begin with a "bottom-up" approach that selects some particular phenomenon observed in studies of culture and devise a cross-cultural test of this phenomenon as it applies to theories of human behavior; or b) begin with a "top-down" approach which selects a sup-

posedly "culture-free" psychological theory and examines the interactive role of certain cultural elements (social norms, roles, beliefs, and values) with that theory, with an aim toward deepening its cultural sensitivity and broadening its "universal" applicability and theoretical domain. These approaches toward culturally sensitive psychological research appear to parallel two of the three broad approaches to the development of culturally sensitive psychotherapy modalities proposed by Rogler et al. (1987); wherein he called for the "best fit" selection of a traditional therapy treatment according to observed elements of the client's culture, and/or selecting features of the culture and utilizing them to modify available treatment modalities, or even as the basis of an innovative treatment reflective of the client's culture. It is the latter approach to the culturally sensitive application of psychological theory that this article emphasizes. This approach is utilized to study the Control-Mastery Theory developed by Sampson & Weiss (1986), described as a cognitive psychoanalytic theory of therapy, as it interacts conceptually with elements of Asian culture. This discussion will have as its focus clinical case material presented by Persons, Curtis, & Silberschatz (1991), where the case of a 25-year-old single Asian male was formulated using the psychodynamic Plan Formulation Method, a primary tool of Control-Mastery theory.

Rationale for Control-Mastery Theory

Control-Mastery Theory (Weiss, Sampson & the Mount Zion Psychotherapy Research Group, 1986), is the outcome of almost a quarter century of programmatic research into the psychoanalytic process, with a primary focus on changes in ego defenses and the emergence of warded-off mental contents in therapy. Weiss's (1986) theory asserts that pathogenic beliefs are the building blocks of

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psychopathology, as they serve as obstructions to the client's pursuit of life-enhancing goals, particularly in areas of normative psychosocial development. According to the "safety principle" (Weiss, 1971, 1972), the ego perceives the conscious emergence of pathogenic beliefs and the memories of traumatic life experiences that structured them, as being dangerous to self and others, and thus are all defensively warded-off from conscious awareness.

Weiss and the Mount Zion Psychotherapy Research Group have utilized current theories of internalized object representations to suggest that the client unconsciously attempts to disconfirm pathogenic beliefs and master the warded-off impulses, affects, and memories by developing relationships with a psychotherapist and/or significant others, where it is "safe" to experience the warded-off mental contents. The psychotherapist's role in such a situation is to interpret these pathogenic beliefs in an ego-syntonic manner and allow the client to "test" the "danger" of such beliefs in the therapeutic relationship, in what are now referred to as "transference enactments." The manner in which the client unconsciously carries out this process of ego mastery and control of pathogenic beliefs has been termed the patient's "Plan," and has been developed into a structured clinical research tool named the Plan Formulation Method (Silberschatz et al., 1986; Silberschatz, Curtis, & Nathans, 1989; Curtis & Silberschatz, 1991). This psychodynamic formulation as a single case has five parts, developed from clinical material presented in the first three hours of therapy: 1) the client's *goals* for treatment; 2) the client's pathogenic beliefs, or *obstructions* to the above goals; 3) the client's *tests*, or interpersonal behaviors aimed at establishing the safety of the therapeutic relationship vis-à-vis the emergence of each pathogenic belief and its transference enactment; 4) the client's new experiences and *insights* that will be needed to allow for achievement of the above goals; and 5) the client's *key traumas*, or actual events and experiences that the client interpreted in a manner leading to pathogenic beliefs.

A comprehensive example of the Plan Formulation Method was presented by Persons, Curtis & Silberschatz (1991), who reviewed the first three hours of the psychoanalytic psychotherapy of John, a 25-year-old single Asian male, whose chief complaint was of major depression and "difficulty relating to people." John was described as

a technical assistant for an engineering firm who worked 60 hours a week, had no friends, lived alone, and dated no one. His relationship with his parents was described as highly conflictual, and dominated by his father, a business executive who, John felt, was rigid, overcontrolling, and largely uninterested in him. The psychodynamic case formulation developed by Persons et al. (1991) cannot be presented in its entirety due to space limitations, but their clinical hypotheses and ample case material offer a rich source of clinical material from which to explore a variety of cultural elements in psychodynamic case formulation and treatment planning.

Asian Cultural Elements in the Formulation of Goals

What is particularly noteworthy about this example of the Plan Formulation Method is its depicting an Asian-American individual in conflict with his parents, while making almost no reference to Asian family values or to concepts of acculturative stress. This appears to be an example of "culture-blind" research which tends to assume "that the study of culture or ethnicity contributes little to the understanding of basic psychological processes or to the practice of psychology in the United States" (Betancourt & Lopez, 1993, p. 629). Also noteworthy is the lack of mention as to particular nationality of the client and his family, what family generation in America he pertains to, and the legal residency status and level of acculturation of his parents. Such "demographic" data would be an integral part of the case formulation of any culturally sensitive clinician.

Sue & Zane (1987) have noted how the credibility of the therapist suffers if the therapist does not have the cultural knowledge necessary, "to deal with possible cultural discrepancies in conceptualizing the problem, finding means to resolve problems of the client, and setting goals for treatment" (p. 41). Indeed, Sue & Zane (1987) give an example of how a therapist encouraging an Asian client to express anger directly to his father may be quite ego-dystonic to the client, due to shared cultural values emphasizing filial piety. Thus, Plan Formulation goals of being, "able to say 'no' to his parents" are in conflict with Confucian ideals where the individual is "expected to comply with familial and social authority, to the point of sacrificing his own desires and ambitions" (Ho, 1976, p. 196). Indeed, norms of filial piety "preclude any discussion and debate in

a traditional Asian family. The role of the parent is to define the law; the duty of the child is to listen and obey" (Ho, 1976, p. 196).

Plan Formulation goals of being "able to express his opinions freely and comfortably" and "to feel less anxious being envied or praised by others" (Persons, Curtis, & Silberschatz, 1991), appear to be in direct conflict with Asian cultural values emphasizing "the virtues of the middle position, in which an individual should feel neither haughty nor unworthy," and also conflict with the traditional Asian sensitivity to the social milieu, where, "in the interest of social solidarity, he subordinates himself to the group, suppressing and restraining any disruptive emotions and opinions" (Ho, 1976, pp. 196–197). Clearly, there should be considerable resistance in treatment toward achieving such Plan Formulation goals, if only because they require responses from the client which would be in violation of Asian cultural norms and values, which are an integral part of self-image and self-esteem, as well as guides to interpersonal behavior. Faced with such incongruities in treatment goal definition, the therapist must, to maintain credibility with his Asian client, redefine treatment goals in a manner consistent with the client's own understanding of what it means to be healthy in their own ethnic community.

The Plan Formulation clinicians saw John as experiencing conflict over his wish "to feel more comfortable being successful and standing out from others and to feel less responsible for and burdened by his family's problems" (Persons, Curtis, & Silberschatz, 1991). Such a conceptualization can readily be redefined within the context of the experiences of acculturation conflicts by Asian-Americans. Sue & Sue (1971) developed a conceptual paradigm for understanding the three distinct strategies used by Asian-Americans in resolving acculturation conflicts, which were based on whether or not the individual would conform to parental values and adopt a *Traditionalist* stance, or would rebel against parental values and either a) adopt an extremist affiliation with Western values, where self-worth is commensurate with the ability to acculturate into the American lifestyle of "rugged individualism" (termed the *Marginal Person*), or b) attain self-worth through developing a new *Asian-American* identity, which reconciles viable aspects of Asian cultural heritage with American mainstream values. This latter option of reconciling conflicting

value systems through development of a viable bicultural identity seems at face value to be a worthy treatment goal for John, as it encompasses his current interpersonal anxieties and emotional ambivalence, and avoids having client and therapist assess treatment impact and treatment relevance upon divergent, if not indeed contradictory, criteria.

Asian Cultural Elements in the Formulation of Obstructions, Key Traumas and Insights

John's chief depressive symptoms were listed as self-criticism, guilt, fatigue, difficulty in getting things done, and difficulty interacting with others. Considered within an Asian cultural context, his self-criticism and guilt appear to center on his inability to accomplish much at work despite considerable "overtime," his lack of follow-through on his educational ambitions, and his indulgence in masturbation. His primary concern seems to be that his parents would be disappointed in him or, more succinctly, that he would bring shame to his family. The importance of shame as a behavioral influence in Asian cultures cannot be emphasized enough. Ho (1976) asserts, "that if the Asian American is unable to acquiesce to the teachings and commands of family elders, he will suffer a sense of guilt and shame which colors his behavior, not only in his home but in his total society as well" (p. 196). The implications of this shame-based "affect link" between images of the self and other can be as far-reaching as they are paradoxical for psychodynamic psychotherapy, in that, "exploration of self-identity and fulfillment of self-esteem will have less meaning for the client and may actually enhance guilt feelings derived from his inability to subordinate his own desire to live harmoniously with his parents and peers" (Ho, 1976, p. 198).

Indeed, Sue & Sue (1971) note that for the *Traditionalist* individual who conforms to parental values it is primarily the failure to live up to parental values which arouses guilt and shame, and attribution for this lack of success is primarily upon the self. Therefore, it appears paradoxical for the Plan Formulation clinicians to assert that John's "excessive" sense of responsibility for his parents was among the primary "obstacles" to the achievement of his goal of being comfortable with his own success. It is actually John's culturally sanctioned responsibility to his parents to become successful and bring honor to the family. Moreover, the Plan Formulation assertion that he has

avoided graduate school because he believes his parents need him close to home, runs counter to traditional Asian cultural expectations of the role of male children, save possibly for the eldest son, which John is not.

As one reads through the various Plan Formulation Obstructions, Insights, and especially the Key Traumas, one is repeatedly struck by the emphasis on the negative influence of the father in John's life. According to the Plan Formulation, John will benefit from understanding that his discomfort in taking pride in his accomplishments and his failure to achieve his intellectual potential are both due to his guilt over surpassing his father. Indeed, John's difficulty expressing himself and his opinions is interpreted as based on a pathogenic loyalty and compliance with his father's "put-downs," so as to not threaten his "ineffective and vulnerable" father's allegedly "fragile self-esteem" and "need to be in control and on top" (Persons, Curtis & Silberschatz, 1991).

In his review of the literature on counseling and psychotherapy with Asian-Americans, Leong (1986) cited several personality studies which have demonstrated lower levels of verbal and emotional expressiveness among Asian-Americans, relative to whites. Such culturally supported learned behavior creates inherent treatment difficulties in traditional Western psychodynamic models of therapy which call for clients to express themselves openly in expectations of "healthy" self-disclosure, which may seem to a *Traditionalist* Asian as little more than an uncomfortable display of self-indulgence, in opposition to more typical "Asian values of reserve, restraint of strong feelings, and subtleness in approaching problems" (Leong, 1986, p. 197).

The role of the father also appears to suffer from a culturally biased misinterpretation. The father's "need to be in control and on top" may reflect the father's own commitment to Asian values of hierarchical relations between father and son, rather than any personal insecurity. The rigid rule enforcement, the discouragement of his children's self-expression at home, and his restrained, "don't get a swelled head" response to his son's school achievements are all readily recognizable to the culturally sensitive clinician as examples of a traditional Asian father teaching Confucian values by personal example to his son. It is worth emphasizing that the trend in Western psychodynamic therapies, wherein considerable attention is paid to the "faults of the fathers" (and

mothers) and an "victim of abuse" role is conferred upon the client, would be for a *Traditionalist* Asian-American tantamount to a consulting room betrayal of filial piety.

The point being made is that the "insights" that John is eventually to reach in therapy are themselves value-laden with Western concepts of individualism and separation-individuation which have the cumulative effect of pathologizing traditional Asian norms and values and supporting the client's alienation from his family of origin and, by extension, his cultural heritage and ethnic identity. By its own ethnocentric "benign neglect" of such Asian cultural elements as filial piety, middle-position virtue, hierarchical family and social relations, shame as a major behavioral influence, and the ideals of emotional restraint and self-control, this prototypical example of the Plan Formulation Method covertly ignores, or at best minimizes, the importance of incompatible Asian and Western values in the psychological conflicts of Asian-American clients, whose dual identity and conflicted loyalties are common issues in treatment for this population (Leong, 1986). Indeed, one might argue that a probable outcome of such Eurocentric psychodynamic psychotherapy would be to resolve such cultural conflicts by the "over-Westernized" option described by Sue & Sue (1971), creating a *Marginal Person* who rejects all Asian values, discouraging the development of a truly integrative Asian-American identity and value system.

Toward a More Culturally Sensitive Plan Formulation

Persons, Curtis & Silberschatz (1991) assert that "the key ingredient of therapeutic success in the matching of the therapist's interventions to the patient's central underlying psychological problem . . . which we label the formulation hypothesis" (p. 608). Such an assertion appears quite compatible with Sue & Zane's (1987) hypothesis of the role of cultural knowledge and culturally informed interventions in establishing therapist credibility in cross-cultural therapy encounters. Asian values, family structure, and relationship norms need to be integrated into the conceptualizations of key traumas, obstructions, and insights, so as to avoid confusing the client's personal psychological conflicts and maladaptive family relationships with issues of acculturative stress and dual ethnic identity/affiliation, phenomena which can be viewed as normative psy-

chosocial developmental processes in family as well as individual adaptation to a multi-cultural environment.

It is in the formulation of culturally relevant treatment goals that the psychodynamic clinician faces the greatest challenge. The Sampson-Weiss Control-Mastery Theory is no different from other forms of psychodynamic psychotherapy in that it follows traditional Western ideals of "rugged individualism" and the development of autonomy and emotional independence of the individual from childhood attachments. Indeed, Control-Mastery Theory asserts that the individual "tests" out his or her strivings for independence and self-efficacy in the transference relationship, strivings which the therapist interprets and supports.

In his recent article on the significance of the Unconscious Plan for psychoanalytic theory, Rosbrow (1993) asserts that the ultimate goals of Control-Mastery Theory are cognitive rather than relational, and that such goals are consistent with those of the client:

For Weiss (1986), the patient enters treatment when pathogenic beliefs have been challenged or intensified, causing both pain and the urge to disconfirm the belief. . . . The patient is seen as highly motivated to disconfirm the crippling beliefs. . . . The patient is not ruled by dependency but by the will to master trauma, overcome self-blame, and individuate. The theory is not wedded to one particular dynamic, such as reestablishing selfobject ties (p. 526).

The thrust of the present article, however, is that while Control-Mastery Theory may not be "wedded" to any one particular psychodynamic theme, it is wedded to a Western conceptual scheme of human personality development and norms of interpersonal conduct, and the ideals and value systems underlying them.

Bankart et al. (1992) have argued that the ideal of an "isolated-competitive-striving person" inherent to Western psychotherapy models must be reconsidered within the context of more traditional Asian themes of harmony within social relationships and a sense of community. Sampson (1985; 1988) has described the challenge of non-European concepts of societal functioning and a "decentralized" identity to Western models of psychosocial development and object relations, noting how it has become necessary to consider concepts of an "extended" or "sociocentric" self with a complex system of obligations and responsibilities toward others throughout the life cycle. Even beliefs concerning the nature of health and illness flow from such concepts of the self, where,

unlike American society which views health as the absence of a "self-contained" disease, many other non-Western cultures view health as a balance or harmony of forces maintained by the proper observance of social obligations and other interpersonal behaviors.

The Western focus on "self-contained" disease models of psychopathology is echoed in the Control-Mastery theoretical focus on "pathogenic beliefs"—essentially a focus on the negative aspects of interpersonal relations, based on key traumatic childhood experiences. Asian approaches to psychotherapy, by contrast, have been

designed to increase clients' awareness of the emotional and social bonds which connect them to others. The challenge to the client is essentially to re-establish the life-defining connections to the world which give isolated individuals a sense of purpose, power and meaning. (p. 147)

The goal of empowerment remains the same in both Western and Asian approaches to psychotherapy, but its emphasis in Asian traditions is upon empowerment of the individual within a larger social context, which has as its objective a "reasonable" self-assertion which avoids oppositional relationships and maximizes group productivity and harmony (Bankart et al., 1992).

The goals of a culturally sensitive treatment approach with Asian-American psychotherapy clients must attend not only to traditional themes of Asian culture, but also to the cognitive dissonance and emotional stress inherent to the process of acculturation. It is not just what it means to be Asian, but what it means to be Asian in America, that is at issue for these clients. As discussed above, the development of a viable Asian-American bicultural identity appears central to the development of a culturally sensitive treatment, and such an integrative strategy for resolving acculturation conflicts is not only consistent with Asian traditional values of harmony and balance, but also is representative of that segment of acculturation literature (*reviewed in* Rogler, Cortes & Malgady, 1991) which argues that biculturality is associated with optimal mental health and hypothesizes a curvilinear relationship between levels of acculturation and psychological distress, such that extremes of acculturation are associated with greater levels of distress.

If the attainment of a positive bicultural identity is to be one of the primary goals of treatment, how might this impact on the process of psychotherapy? First, the therapist must be able to not only recognize cultural conflicts in the client, but

must be able to realize and assess the developmental nature of cultural identity formation among culturally diverse clients. Toward this end, Sue & Sue (1990) have proposed a five-stage Racial/Cultural Identity Development Model (R/CID) which ranges from a striving to identify with Western society in the Conformity stage, through stages of Dissonance, Resistance and Immersion, Introspection, and finally reaching a stage of Integrative Awareness, where the client is secure within a positive bicultural identity. Second, the therapist's interventions must be focused not only at the level of the individual, nor even of the individual within the family, but also at the level of the family within the culture(s). This awareness of the clinical implications of the "contextual embeddedness" of clients and their families within a multicultural society has been recently proposed by Szapocznik & Kurtines (1993), who have developed a family therapy intervention strategy, called Bicultural Effectiveness Training (BET), which attempts to *detour* family conflicts by making culture the culprit. Such an approach, which works with experiences of acculturative stress at both the level of identity disturbance in the individual and maladaptive family functioning, incorporates both cognitive and object-relational models of psychotherapy in a culturally sensitive manner.

Working from this cultural/contextualist perspective, the "pathogenic beliefs" so crucial to Control-Mastery Theory need not be covertly attributed to a history of traumatic experiences of parental failures in empathy based on parental adherence to "pathogenic" elements of Asian culture, but can instead be attributed to the processes of cultural conflict (making culture the culprit) that both the client and his or her family are struggling with in a culturally diverse milieu. From this perspective the Asian-American client entering treatment is therefore viewed as being highly motivated to disconfirm the pathogenic beliefs arising out of a mutual failure in the family to negotiate the vicissitudes of acculturation, which have resulted in the disruption of traditional family bonds and exacerbation of intergenerational conflicts, in turn leading to traumatic experiences of shame, personal inadequacy, and isolation.

To "reframe" the assertions of Rosbrow (1993), quoted earlier, the Asian-American client is therefore not "ruled by dependency" but by culturally syntonic values of interdependence and

multigenerational family responsibility. The Asian-American client may not need or want "to master trauma," but instead to revise or revision a traumatic history that allows for both individual and family integrity; may not need or want to "overcome self-blame" but instead to negotiate a more positive role and balanced sense of personal responsibility within a familial context; may not need or want to "individuate" but instead to reestablish harmonious relations not only within the family, but within a culturally pluralistic environment.

As a heuristic device, then, let us consider how a revised, more culturally sensitive Plan Formulation for the Asian-American client John might be conceived. Based only on the limited case material presented above, I offer such an example in Table 1, the rationale for which, I trust, has become evident from the foregoing discussion.

Viewed from this proposed culturally sensitive relational-cognitive perspective, the cross-cultural therapist-client encounter becomes not so much a "testing ground" for the client's efforts at separation-individuation, but rather becomes a "testing ground" for the client's efforts at reestablishing an emotional connectedness and group-based identity which maintains cultural values of mutuality and responsibility. The "test items" then are the actual experiences of disharmony and lack of empathic connection between therapist and client enacted in the transference relationship, where they are interpreted and worked through in an atmosphere of safety and mutual respect for multiple meanings of human feelings and perceptions. It is in this sense that the therapist becomes for the Asian-American client, "a symbolic representative of the sorts of caring relationships that the client has experienced as a small child and can reestablish in the larger world" (Bankart et al., 1992, p. 144).

The psychodynamic concepts of the Control-Mastery "safety principle" and "transference tests" are quite applicable and useful in work with Asian-American and other clients from differing ethnic, racial, or societal groups. It is only the formulation of goals, tests, obstructions, and insights that need to be culturally informed and modified in order for the theory to be more culturally responsive. Perhaps the most far-reaching modification of the theory for Asian clients would be in a "reframing" of the Western values expressed in the very name, Control-Mastery The-

TABLE 1. Examples of Revised Plan Formulation Items for John

Goals

- To express himself clearly and with due consideration for others.
- To be able to pursue knowledge and education so that he may develop his character.
- To practice self-restraint and moderation in matters of sexual desire.
- To feel he is worthy of being among his peers at work and in social situations.
- To be able to negotiate more harmonious relations with his parents.

Obstructions

- He believes he cannot meet family expectations of success without violating filial piety.
- He believes that attending graduate school will be an evasion of his filial responsibilities.
- He believes that his masturbation is excessive and a sign of self-indulgence and immorality.
- He believes that his parents' lack of enthusiasm in his accomplishments means that they expect him to be a failure in his future.
- He believes that the only way to manage interpersonal conflicts is through silent withdrawal.

Tests

- He will criticize himself to see if the therapist approves of such self-effacement.
- He will rarely disagree with the therapist and will generally strive to become a model patient.
- He will at times cancel or miss sessions due to work or family-related priorities, to see if the therapist reacts negatively to the separation or is respectful of his responsibilities.
- He will be critical of Asian norms and values, to see if the therapist supports Westernization.
- He will be critical of Western norms and values, to see if this threatens the therapist.

Insights

- To become aware that his failure to pursue graduate education is due to unresolved conflicts over his role in the family, which reflect competing ideals of individual versus family esteem.
- To become aware that his father's "child-rearing failures" were not failures of love, but were his father's attempts to raise him correctly according to Confucian beliefs and practices.
- To become aware that while he is not responsible for his parents' difficulties, he has been affected by them, and is personally responsible for coming to terms with them.
- To become aware that his silent withdrawal from others is an over-reaction to his fears of doing harm to the integrity of others, leading to a mutual "loss of face"—which can be negotiated.
- To become aware that his parents demonstrated their love for him rather than expressed it, and so, by Confucian standards, he has been loved, and therefore is not unlovable.

Key Traumas

These are essentially the same as in the original Plan Formulation items for John, deleting however, the first item regarding the father's actions, which is rather judgemental. The potentially traumatic nature of the other Plan items is reasonably clear, but needs to be appreciated within their cultural context as well as within the client's life-narrative.

ory. The goals of Asian approaches to psychotherapy, as we have seen, are neither control nor mastery, but rather *harmony* within the self and between others, effected through respectful *negotiation* of the complexities of human relationships. A psychodynamic Plan Formulation based on such a "Harmony-Negotiation" Theory would incorporate the various interpersonal and intrapsychic treatment goals listed for John in the Control-Mastery Plan Formulation, but would approach these goals in a more culturally sensitive manner, helping him to negotiate his conflicting personal needs and family loyalties, and to establish a more harmonious relationship between the worlds of his rich Asian cultural heritage and his complex American multicultural environment.

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