Chapter 18
Psychotherapy in Indigenous Context Psychotherapy in Indigenous Context:
A Ghanaian Contribution towards Provision of Culturally Competent Care

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ABSTRACT

This chapter posits that the science of psychotherapy is a culturally defined art. Psychological theories must, of necessity and efficacy, be adapted and responsive to the context within which they are practiced. The Ghanaian cultural context is deeply spiritually-oriented. Socio-religious beliefs in this cultural context define the Ghanaian concept of health, ill health, and health-seeking behaviours. Therefore, effective psychotherapy and culturally competent care must be context specific and suited to the needs, norms, practices and beliefs of the indigenous people. Yet, it is not unusual to find clinicians who practice in one cultural context but were trained in another; a situation that sometimes hinders effective service delivery. The chapter discusses some of the challenges faced by Ghanaian psychotherapists, practicing in Ghana, who were trained in a non-African cultural context. Excerpts of clinical case studies are used to illustrate these issues and suggestions for culturally competent care conclude the chapter.

INTRODUCTION

Many clinicians will agree that the practice of psychotherapy is both science and art (Yalom, 2002). The science of psychotherapy is well established in the numerous empirically validated treatments bequeathed to the field. However, the delivery of these in the actual client-therapy encounter is an intricate art; and the efficacy of it is moderated by the clinical skills, flexibility, and sensitivity of the practitioner to the context-specific needs and best treatment options for clients (Wendt & Gone, 2011). Attentiveness to cultural effects facilitates the development of a therapeutic alliance, one of the most important ingredients in any psychotherapy. Establishing rapport with clients relies partly on culturally determined effective communication, which entails negotiation of differences and nuances in language, communication style, and non-verbal expressions (Yalom, 2002). Challenges notwithstanding, these nuances can be better negotiated by indigenous therapists even though the indigenous therapist may have an added hurdle of combining indigenous knowledges with his or her western knowledge and skills.

In this chapter authors examine some of the challenges inherent in the 'art' of the practice of psychotherapy and focus specifically on how indigenous therapists trained outside of own cultural context can be effective in their service delivery. Authors' insights, shared here, come from own struggles and reflections over years of clinical practice in Ghana having been trained in a western cultural context. Wrestling with questions of application and how to 'unpack' western acquired knowledge and skills for the Ghanaian cultural context brought on a somber realization that there are more questions than ready answers and a strange sense of alienation in own country. These reflections motivated the authors to examine cultural competence challenges of 'foreign-trained-local' clinicians; that is, indigenous therapists who were trained in western contexts but are practicing in own cultural context.

The method of phenomenology, rooted in Husserl & Heidegger's philosophical traditions (Reiner 2012), as an inductive qualitative research, guides this discourse. According to Heidegger's interpretive hermeneutic approach, considered suitable for this discussion, it is impossible to negate own experiences about a phenomenon under study (Giorgi 2007). Therefore, the authors' experience as 'foreign-trained-local' clinicians are not 'bracketed'. Thus, experiences of the authors are presented and exemplified with selected cases, and interpreted to highlight challenges within the Ghanaian cultural context.

Psychotherapists who return to own country after training elsewhere face the challenge of re-acquainting self with indigenous knowledge of health and illness in order to adapt acquired knowledge to own context for meaningful culturally competent service delivery for which a good knowledge and understanding of own cultural context is necessary (Nsamenang, 1995; Mpofu, 2002). The need for awareness, support, and discussion around the issue of alienation and other challenges experienced by some African health professionals who were educated and trained outside their cultural context when they return to practice in own cultural environment cannot be underestimated (Idemudia, 2004; Nsamenang, 1995) and particularly so in this day and age when migration to greener pastures is the norm (Hagopian, Ofosu, Fatusi, Biritum, Essel, Hart & Watts, 2005). Yet there is a paucity of literature on the experiences of 'foreign-trained-local' health practitioners to inform clinical practice in a way that promotes indigenous knowledges and context-specific interventions.

Therefore, the objectives of this chapter are twofold: first, to highlight some of the cultural beliefs that affect psychotherapy in the Ghanaian context and second, to examine challenges experienced by Ghanaian psychotherapists who were 'foreign' trained but who have returned and are practicing in the country. Three steps are taken to actualize these objectives. One, some culture-specific health-related beliefs within the Ghanaian context relative to the practice of psychotherapy are discussed. Two, cul-

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