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The role of cultural beliefs and expectations in the treatment process: Clients' reflections following individual psychotherapy

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Abstract

Qualitative data acquired within the recent Czech part of the independent, multi-site collaborative research project Corrective Experiences are the core basis of this paper. Eight post-treatment interviews with clients of individual therapies were analysed with a special focus on the role of cultural beliefs and cultural expectations in the clients' change of interpersonal attitudes. The methodology of this research is based on in-depth interviews providing data on significant shifts or changes in attitudes toward relationships after the end of therapy. All clients completed their therapeutic treatments prior to the interviews. We monitored the experiences of our participants in the following significant domains: first, how they perceive the aspect of the self and others, including relationships that had been modified, and second, what they perceive as corrective experiences within as well as outside of therapy and in interactions with others. These data were then analysed within the Czech cultural context with the intention of understanding the dynamics of clients' relationships and the role of cultural knowledge in the psychotherapeutic treatment.

Keywords: culture; social scripts; individual psychotherapy; corrective experiences

Introduction

Nature or culture? What determinates a human being's behaviour and shapes our society? The given question seems to have been answered definitively many times in almost two centuries of social research. With certainty we can state that culture plays a significant role, but a human being's biological substance does so as well. The anthropological concept of cultural determinism is suitable to be employed as the very starting position in explaining how culture influences the way we behave and experience life, and moreover, why our behaviour differs from how we experience. In this concept, all that we understand as cultural and what determinates our behaviour and experiencing is analysed as mores, customs, laws and taboos, in general, sociocultural limiters. Culture is then also the answer to the question of why our behaviour differs, more or less, from the way that people experience specific situations. For this reason, it is important to take cultural beliefs and expectations into account in an endeavour to develop an effective therapeutic treatment.

Culture also refers to common ways in which individuals construe the meaning of themselves and their worlds (La Roche & Christopher, 2009). Members of the same culture share similar

knowledge, values, beliefs, rituals, customs and history. The sharing of various cultural elements creates a shared sense of identity and common meanings. Cultural beliefs and expectations are sources of ideas about what should be expected of men and women in a family, at leisure or at work in a particular culture. However, such expectations may sometimes block the therapeutic process because of clients' high identification with roles, strong internalisation of role responsibility and maladaptive insistence on ascribed roles.

This study aims to show how cultural beliefs and expectations enter the therapeutic process and how they contextually frame the clients' change of both personal and inter- personal attitudes. An in-depth, qualitative research design was used for analysis of data acquired within the recent Czech part of the independent, cross-culturally based research project Corrective Experiences, developed by Constantino, Angus and Moertl in 2011.

Monoculturality

The term monoculturality is capable of depicting the relatively specific contemporary situation of the Czech Republic, a monocultural society (Pithart & Spencer, 1998, p. 199). Public census data from the year 2001 quantify the mono-national nature of the country, where 94.3% of population identified themselves as Czechs (90.5%), Moravians (3.7%) and Silesians (0.1%), nationalities historically belonging to the land. The largest minority living in the Czech Republic in 2001 was Slovaks, but with only 1.9% of the population (Bartoňová, 2009). The Czech Republic was one of the most nationally homogenous countries in Europe (after Poland, Albania, Iceland and Malta) in 2001, and this position is with high probability still maintained in the present. Public census data from the year 2011 brought according to the new methodology figures about a roughly 25% decline in the number of citizens reporting Czech nationality, in comparison with the year 2001. Corresponding statistical analysis highlight the fact that 25.3% of respondents ignored the question on nationality (in 2001, only 1.7% of citizens left the question on nationality unanswered) and conclude that the Czech Republic remains a more homogenous state, where aside from the Slovak nationality (1.4%), no other nationalities of citizens of the Czech Republic exceeded the 1% level (Czech Statistical Office, 2014a), and the number of people defined as foreigners has levelled off over last six years at a figure of ca. 434 thousand, while approximately doubling during the past 17 years to ca. 4% of population (Czech Statistical Office, 2014b). Current methodological issues regarding the gathering of public census data in general are inspiringly explained in an article eloquently titled "The twilight of the census" (Coleman, 2013).

Another source provides a global top 50 chart of countries with the "largest percentage of people who identify as atheists, agnostic, or nonbeliever in God" (Zuckerman, 2007, p. 56), where the Czech Republic took sixth position, after three Scandinavian countries, Vietnam and Japan. The mentioned data are in line with a widely shared stereotype describing Czech Republic as being among the most atheistic and secular nations in the world.

These two specific characteristics can help us to understand the contemporary situation of Czech culture, because from abroad, the image of the country is usually perceived as being full of spirituality, mostly Christian, and the capital city Prague is seen as a melting pot of Czech, German and Jewish cultures (Cohen, 1977; Tramer, 1964). But this was its history, drowned in almost five decades of totalitarian regimes, Nazism and communism.

Contemporary Czech society is a transitional one. The Velvet Revolution in 1989 brought sociocultural changes which fundamentally transformed personal and public lives. The emergence of a market economy after the Velvet Revolution started the process of interiorisation of the economic view of the world, self, family and social relations (Kuška, Trnka, & Balcar, 2013). Therefore, prevailing life goals within Czech society have changed into earning money and cumulating material possessions. The process of interiorisation of the economic view of the world and social relations significantly influenced the shift of cultural relationship scripts and interpersonal schemas.

The post-Velvet Revolution situation was typified by the increased value of earning money

and cumulating material possessions in contrast to the low social appraisal of family life (Kuška, Trnka, & Balcar, 2013). For example, one of the most evident phenomena of the post-Velvet Revolution period was the emergence of the double workload of Czech women. Nowadays, the double workload of Czech women is a frequently discussed issue within both public and private discourse. It seems that the crucial factor is the insufficient work participation of husbands in the domestic sphere. Many Czech men expect that their wives will proceed with full-time jobs and that they will also be employed in well-paid jobs (Radimská, 2003). At the same time, the majority of Czech society continues to share the cultural construct of woman as a family care-giver and the expectation that a woman should manage most domestic work. Many women have become more stressed due to the increased demands of the workplace and insufficient participation of husbands in domestic duties (Rychtaříková, 2009).

The Velvet Revolution caused significant changes in the Czech Republic, but it also elicited many new sources of stress and threats for mental health. For this reason, this study aims to explore cultural factors influencing the development and dynamics of therapeutic treatment in Czech clients of individual psychotherapies.

Social scripting theory

Social scripting theory (Gagnon, 1990; Wiederman, 2005) is considered to be a suitable theoretical background for approaching cultural beliefs and expectations in the therapeutic process. The basic assumption is that members of a particular culture follow internalised scripts when constructing the meaning of behaviour, responses and emotions. Social scripts instruct members of a culture about appropriate behaviours in a family, relationships, work and leisure, and they also define sexual legitimacy: a set of sexual practices and norms that are perceived as acceptable and considered to be morally good within mainstream society (Rubin, 2002). Relationship scripts provide guidance for how an individual should feel and behave as well as what the individual should expect from his/her partner. For example, interpersonal schemas are formed in individual members of a culture with the significant influence of cultural relationship scripts. An interpersonal schema is understood to be organised knowledge about the nature and sequence of motives, cognitions, feelings and actions in a self-other relationship (Baldwin, 1992). These interpersonal schemas play a key role in the psychotherapeutic effort, because they can be adaptive or maladaptive for the client's mental health.

Interpersonal schemas are individual and may show differentiated inclusion of elements from relationship scripts, whereas relationship scripts are common for all members of a given culture. Relationship scripts are closely related to cultural beliefs and expectations about the roles of women and men in the society. Furthermore, normative gender roles (Kaufman, 2000), division of household labour (Perrone, Wright, & Jackson, 2009), involvement in family life (Byng-Hall, 1985; Laible, Carlo, Torquati, & Ontai, 2004) but also life satisfaction (Gärling, Lindberg, & Montgomery, 1989; Suh, Diener, Oishi, & Triandis, 1998) are influenced by social scripts, although the degrees of their internalisation differ among. We may interpret them as evaluative standards or social agents prescribing what is considered normative and what is not within a given culture.

Members of a culture learn social scripts during an individual's personal experience and social learning. Social scripts are communicated through the examples displayed by members of the culture who have already adopted the scripts as well as through mass media depictions of how people act and react in particular situations (Wiederman, 2005). Thus, the formation of social scripts is based on common elements shared by most members of a particular culture.

Methods

This research is part of an internationally based network consisting of the University of Massachusetts, York University and Columbia University, which was joined in 2011 by Sigmund Freud University (located in Vienna and Paris) and in 2012 by the Prague College of Psychosocial Studies. The methodology developed under the name "Patients' Perceptions of Corrective

Experiences in Individual Psychotherapy, version 2.1, updated 3.1.11" (Constantino, Angus, Friedlander, Messer, & Moertl, 2011) was used. Both the Interviewer Manual and Interviewer Protocol were translated into Czech. The methodology was fully acceptable for interviewing without any cultural compensation or localisation. An additional protocol for therapist and patient data was created by Moertl, Kuška and Constantino in 2012. The key issue of this research is to explore what is perceived as therapeutically corrective by patients after completing therapy.

The primary research questions include: (1) In reflecting back on the time since beginning, and ultimately completing, therapy, what do patients perceive as aspects of self, other and/or relationships (cognitive, affective, or relational in nature) that got corrected? (2) In reflecting back on the same time frame, what do patients perceive as corrective experiences (i.e., instances in therapy, outside of therapy, or in interaction with others, including possibly the therapist) that fostered what was corrected? (Constantino et al., 2011).

Data gathered in 2013 and 2014 during eight in-depth semi-structured interviews and based on exploratory and narrative techniques were conducted in Prague, Czech Republic. Interviewers were recruited from the third-year students of psychology at the Prague College of Psychosocial Studies. Former clients of individual psychotherapies were contacted by their therapists on the special requests of the chief of a psycho-social clinic collaborating with the College. The participants were six women and two men, all were adults aged from 20 to 68 years old. All of the interviews were audio recorded and then transcribed word to word, including also basic nonverbal cues. The approximate interview duration was 57 minutes. The data were analysed according to Grounded Theory Methodology (Glaser & Strauss, 1967). This method allows investigators to gain a rich understanding of patients' first hand experiences of corrective experiences in psychotherapy i.e., events or insights that the patients believe have meaningfully changed their perspectives, feelings/cognitions or relationships as a result of participating in treatment. In a methodological review, Dourdouma and Moertl (2012) state that the core principle of the Grounded Theory method "intends to generate theory through the exploratory, interested and open-minded examination of material rather than using that material to verify an existing theory" (p. 97). They further state that the method provides a set of systematic coding procedures that facilitate the development of a tailor-made category system: open coding, constant comparison of established codes leading to higher order codes and resulting in a bottom-up concept of the subjective experiences (Dourdouma & Moertl, 2012, p. 99).

The project "Corrective Experiences" and the way of handling clients were originally approved by the ethics committee at York University, Canada, and also by the ethics committee at the Prague College of Psychosocial Studies.

Findings

The findings are presented below within the principle themes identified during the thematic analysis of phenomena. The principle themes that were significantly represented in the data emerged from the analysis. These categories were not created on a pre-determined conceptual framework but were allowed to emerge from the data in the course of analysis. The main findings within each theme, along with paradigm examples of data, are presented in the following sections.

Culturally conditioned upbringing

The way of upbringing and memories from a person's childhood belong among the traditional parts of a therapy course. The process of socialisation, when humans become a part of a culture and society, creates behavioural patterns which enable them to cope more or less effectively with everyday life events. Clients in individual therapies usually reported a surprise when they discovered the causes of their suffering in their own childhood, commonly connected to the role of their mother and/or father:

. . .dad. . . I think that he, that there are some skeletons in the closet there, because he bossed us

around quite a lot as children. You have to score a goal, because I played handball for ten years; you have to attain grade ones; why do you have these threes when she has these grades?; why can't you have straight ones? I feel that he prodded me so excessively in front of friends too, and we always had to be able to know and arrange everything. . . (01)

As a senior, the father of participant 01 expected full-service help from her, especially when he became ill with cancer. The relevant cultural context of this case is also parental expectation that their children or at least some of them will care for them when they get old and need help. The prevalence of such expectations in a consumer society, especially in time of an economic crisis, the ageing of the western population and policies which do not effectively support families with children, causes serious issues.

Another case of culturally determined upbringing is represented in participant 05, reflecting traditional gender norms of the elder generation:

. . .it was a huge internal battle to gain any freedom, because I was brought up completely differently, to essentially be subordinate to my husband, and believing that the wife always has to be the diplomat and has to withstand everything and hold the family together. This is how it was and I started to feel that it was going to end up killing me. (05)

Participant 05 had a long-term unsatisfactory relationship with her husband. They had no sexual contact for many years. After several years of couple therapy, therapists told them that they are not able to help them. After that, a malignant tumour was diagnosed in the participant 05. It was also the reason why she started with individual therapy.

Individual therapy provided to the participant, as she reports, some kind of re-upbringing, which helped her efficiently to cope with a complicated life situation:

. . .[the solution] was about suppressing the fear, improving communications with my husband and a wider sense of independence. Also, greater strength and self-belief and understanding that one shouldn't try to expect the other person to behave in such a way, but rather you have to tell them instead, and if that person does not react the way I expected then I need not have a break down because of that. (05)

After 40 years of marriage, after unsuccessful pair therapy, when she saw the only solution in divorce (either she knew from her low pension that she could not afford to pay rent) and after individual therapy, she perceived freedom, security, self-confidence and she was able to accept her husband and did not want to leave him.

Expectation-like gender stereotype
Cultural belief that a wife/mother must toil and sacrifice is associated with the building up of the cultural scripts described in previous section. The given cultural belief, related to a fair division of duties, typically of household labour, was found in following testimonies:

. . . I really am no longer so 100 percent pushing to the limit. In fact, she taught me how to live. To not be in such a hurry all the time. That it isn't just about getting everything done in, I don't know, ten minutes. That I should plan tasks, break them up and distribute them among the family. It's no longer just me toiling all the time. (01)

This cultural belief could also be specified as the household must be perfectly clean, and the wife is responsible for that:

. . . I taught my children everything to clean up after themselves, the clothes to wear and so forth. But I came to realise that my children and, truth be told, my husband too had gotten used to basically leaving the clothes where they undressed and that mother returned from work, and hurry, hurry,

everything was cleaned, washed, ironed and hung. So I said: no more it cannot continue like this any longer. (01)

Especially in family care, including the care of seniors in the family, another gender determined expectation is identifiable: "the wife should be responsible"/"she is the one upon whom everything depends":

> . . . I was closer to my father, and during that time, I managed to gain a detached view. I am now able to separate myself from him, and not feel so responsible for everything he does. . . I used to have the sense that I was responsible for his happiness over a particular period, because our parents had divorced, and then I spent a great deal of time with him. And during that time I felt that I was the one upon whom everything depended. Now I don't feel that anymore; now he is sort of responsible for what I do for him. Now, us daughters and others are essentially like friends to him, and are happy to help out. Overall, he is happier now too. But I used to have the sense that I was responsible for the weight on his shoulders. (03)

The mentioned expectations were always accompanied before therapy with feelings of responsibility and commitment if the expectations were not fulfilled.

Cultural beliefs about psychotherapy

To be in therapy is still believed as being not okay or to be in some kind of trouble by members of Czech culture. Taking a pill is considered to be more "in" than attending therapeutic sessions, especially in countries like the Czech Republic, where, in comparison with other countries, the law on psychotherapy and also the university curricula in psychotherapy are still lacking. Attending psychotherapy is still sometimes stigmatizing, as one young man reported:

> . . .when I went for the first time, there was a certain tension. As if I should be ashamed for going into therapy. (02)

Therapeutic experience as transferred know-how

A valuable advantage of post-treatment research design is the ability to investigate what is going on with the client when he or she leaves the last session and disappears from therapist's eyes (and ears). Psychotherapy offers clients a set of abilities to cope efficiently with various difficulties, and some clients, as they reported, are spreading this know-how further:

> Now I no longer feel shame; I talk about it with everyone and say that now I am undergoing job therapy. No, what I am really thinking is that it is important for a person to get a positive experience from life. To not always be in such a hurry. To digest for oneself what you have done, what you experience, what is important... A female friend of mine had a nervous breakdown, and we ended up talking a lot and she ended up feeling better. She had problems with her husband, and so we sat down and chatted. I think pray to God that it had a positive effect. And I also think that I have learned a lot, and so I want to be able to help my friend too. (01)

Another participant (06): [C = client; I = inquirer]

> C: For example, even now when I am at school and it is exam time I was talking to a friend and she was very stressed out. . . I was sort of, it's not that I wasn't stressed, naturally I am always stressed out a little, but I view it as something that is not a matter of life and death. Basically, it is an exam and if I do not pass then it is not the end of the world. And so my friend said that she likes my perspective on this, that I seem to have a kind of detached view ((joy in voice)). And I think this is partly the reason.
> I: It is nice that you have utilised what you have learned to such a wide degree among your friends. And you also said that it was a school colleague or friend do you have any other examples for how this has been reflected in your relationships? Perhaps in the family?

C: Certainly. . .And participant 07, a former client and probably a future therapist: Well. . . I am interested. In fact, in the future I would like to do something similar. My training begins in May.

He also adds following evaluation of his own personal therapeutic experience:

> Yes, that once again had a number of phases. . . the first was a kind of I would describe it as "Yalomian", that I incorporated into my own mind the thinking behind standard psychotherapy. . . and now there is the second phase, in which I was exposed to a kind of tantra, work with the body, which again is tinged with Tantrism. . . I would describe it as a kind of spiritual-Buddhist-psychological phase. . . presently, I am familiarising myself with this. . .
> . . .but I was far more interested in the official form of psychology. . . Whether it is Yalom, Jung, various psychological techniques I was always very interested in all of that. . .

Cultural expectations as a prison

Participant 04 reported awareness of cultural norms and relating limitations to their own behaviour in the period before she started with individual therapies. Although she was unable to name it in exact scientific terms, she was able to describe this limitation in common, spoken language. For example, participant 04 used the metaphorical expression "iron shirt":

> . . . during my therapy, I went over habits that a person forms since childhood. . . and I heard an interesting statement: that if a person lives within certain patterns from childhood, then they lack the ability to live any other way. They are used to their particular situation, even if such a situation in some way burdens them, or even if the behaviour and lifestyle don't necessarily leave them happy. . . But if a person wants to change this, then they have to begin the process by themselves, and it is very hard to remove the as the expression goes "iron shirt"; to remove this shirt, when it has so intertwined itself with the person who wears it, is not easy. (04)

She then reported that taking off the iron shirt resulted in her finding the way to herself and an improvement in her mental state.

Therapy as a shift in individual perception of sociocultural limiters

Therapy could also be seen as a process of shifting of the sociocultural limiters which determine an individual's behaviour and experience. The therapeutic effect is then identifiable as a change of interpersonal schemas, from maladaptive ones before treatment to improved ones after therapy. The shifts reported are considered an effective outcome of the therapy:

> I have totally changed. For one, in the clothes I wear I don't always wear dark colours, but rather lighter ones. I derive greater joy from life, don't chase around senselessly, I walk slowly, and at work too I have learned to delegate tasks. . . I like myself better, I take care of myself a lot better, I truly meet my needs 100 percent. I never used to have time for cosmetics, to get my nails done, or to get a massage now I go more often to the hairdresser. (01)

The mere idea of a change of one's individual interpersonal schemata is for clients before therapy unimaginable and can be accompanied by fear:

> . . .I was really afraid of it, because I thought that if I changed this impression of my parents, or of some other people, and create some kind of new template, then something awful will happen. I was really afraid to change any of these templates, because I had the sense that these patterns always had to exist and if I pull back from that then I would not know how to conduct myself. That was one of my biggest fears: what would I do if I discover that I don't want a particular pattern? How will I be able to find a different, better template? (03)

The process of this therapeutic change requires a "safe harbour" provided by therapist, as participant 03 reported.

Discussion and conclusions

Cultural context and cultural knowledge represent important factors that may either facilitate or block the treatment process. Cultural factors not only influence the nature of psychopathology and patients' understanding of psychological and physical health (La Roche & Christopher, 2009), but also almost every aspect of the diagnostic and treatment process (La Roche, Batista, & D´Angelo, 2011). Given this fact, deep understanding of a particular culture is an essential precondition for any effective therapeutic treatment. La Roche and Christopher (2009) proposed the concept of culturally sensitive psychotherapy. Culturally sensitive psychotherapy favours the development of interventions that originate from the characteristics of each cultural group:

> "Culturally sensitive psychotherapy (CSP) is the tailoring of psychotherapy to specific cultural groups, so that persons from one group may benefit more from a specific type of intervention than from interventions designed for another cultural group. Similarly, we understand culturally competent psychotherapy as a process in which the therapist develops an awareness of her own or his own culture and clinical expertise, and subsequently enhances this information by allowing each client to express what is important for them about their culture, as well as their treatment preferences (p. 4) . . . intervention is believed to be more effective for members of the cultural group from which it was developed." (La Roche & Christopher, 2009, p. 6)

The results of this study support this treatment concept. Many culturally specific features of individual psychotherapies have been identified in our previous analysis. These findings may be utilised for possible future use by clinical psychologists and psychotherapists in working with clients. The later formulated cultural match theory (La Roche et al., 2011) also builds on the above-mentioned ideas and suggests that some treatments are more effective when adapted to specific cultural groups. Therapeutic outcomes are more effective, as interventions are more similar to the cultural characteristics of the specific treatment groups. Of course, this does not mean that social scripts are equally internalised by all members of a particular culture. The degree of internalisation of social scripts as well as identification with various roles differs between individuals, and skilled psychotherapists should definitely distinguish such differences in their clients. Moreover, clients own their own corrective experiences, thus having a vital vantage point on them (Heatherington, Constantino, Friedlander, Angus, & Messer, 2012).

When searching for culturally specific features reported by clients of individual psychotherapies in the above-analysed interviews, several interesting phenomena appeared. Strong cultural expectations driven by gender stereotypes guided the perception of the self in our participants. These expectations were related to beliefs about relationships, the division of duties in the family, as well as to identification with a role and role responsibility. Just these factors may be crucial for identification of barriers hindering psychotherapeutic progress.

Some participants also reported abstract awareness of a general influence of cultural norms on their behaviour. Culturally driven limitations were pertinently called an "iron shirt". Culture was perceived as a kind of prison. The psychotherapy alone enabled participants to become aware of the function of culture in guiding the behaviour of its members.

Interestingly, experienced therapeutic treatments motivated some participants to start with their own spontaneous, therapeutic-like activities. This helping behaviour is meritorious; however, it may also represent an additional risk factor for the persons undergoing such folk psychotherapy, because such folk psychotherapists are able to apply only those treatments that have been previously experienced. It may be expected that various psychological problems also need differentiated and suitable therapeutic approaches provided by professionals (Nathan, Stuart, & Dolan, 2000).

In conclusion, let us to return to general cultural theory. If in social scripts theory what is shared by most members of a given society is considered as normative, this does not say anything about the state of health or sickness of the society as a whole. Many authors have diagnosed modern

western civilisation as a sick society (Fromm, 1993) or as a speed-up of life (Toffler, 1971). As Cooper points out, "to be perfectly well adjusted to a sick society is not to be sane . . . Whereas most therapies treated neurosis as an expression of an individual's maladjustment to social norms, Fromm turns that around and defines neurosis as an individual's successful adaptation to a neurotic society" (Cooper, 2008, p. 246).

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References

Baldwin, M.W. (1992). Relational schemas and the processing of social information. *Psychological Bulletin, 3,* 461–484.

Bartoňová, D. (2009). Development of national structure of population in the Czech Republic and impact of international migration of foreigners after 1990. *Acta Universitatis Carolinae Geographica, 1–2,* 145–158.

Byng-Hall, J. (1985). The family script: A useful bridge between theory and practice. *Journal of Family Therapy, 3,* 301–305.

Cohen, G.B. (1977). Jews in German Society: Prague, 1860 1914. *Central European History (Brill Academic Publishers), 10*(1), 28–54.

Coleman, D. (2013). *The twilight of the census. Population and Development Review, 38,* 334–351.

Constantino, M.J., Angus, L.E., Friedlander, M.L., Messer, S.B., & Moertl, K. (2011). *Patients' perceptions of corrective experiences in individual psychotherapy: Multi-site post-treatment interview study: Interviewer manual & interview protocol* (Version 2.1, updated 3.1.11). Amherst, MA: University of Massachusetts.

Cooper, D.D. (2008). *Thomas Merton's art of denial: The evolution of a radical humanist.* Athens, GA: University of Georgia Press.

Czech Statistical Office. (2014a). *Národnostní struktura obyvatel: Analýza* [Ethnic structure of the population: An analysis]. Praha: Český statistický úřad. Retrieved from http://www.czso.cz/csu/2014edicniplan.nsf/t/FC001D2AB2/$File/170223-14.pdf

Czech Statistical Office. (2014b). *Foreigners: Number of foreigners.* Praha: Český statistický úřad. Retrieved from http://www.czso.cz/csu/cizinci.nsf/engkapitola/ciz_pocet_cizincu.

Dourdouma, A., & Moertl, K. (2012). The creative journey of grounded theory analysis: A guide to its principles and applications. *Research in Psychotherapy: Psychopathology, Process and Outcome, 15*(2), 96–106.

Fromm, E. (1993). *The art of being.* London: Constable.

Gagnon, J.H. (1990). The explicit and implicit use of the scripting perspective in sex research. *Annual review of sex research, 1*(1), 1–43.

Gärling, T., Lindberg, E., & Montgomery, H. (1989). Beliefs about attainment of life satisfaction as determinants of preferences for everyday activities. In K.G. Grunert & F. Ölander (Eds.), *Understanding economic behaviour* (pp. 33–46). Dordrecht: Kluwer.

Glaser, B.G., & Strauss, A.L. (1967). *The discovery of grounded theory: Strategies for qualitative research.* New York, NY: Aldine.

Heatherington, L., Constantino, M.J., Friedlander, M.L., Angus, L.E., & Messer, S.B. (2012). Clients' perspectives on corrective experiences in psychotherapy. In L. Castonguay & C.E. Hill (Eds.), *Transformation in psychotherapy: Corrective experiences across cognitive behavioral, humanistic, and psychodynamic approaches* (pp. 161–190). Washington, DC: American Psychological Association Press.

Kaufman, G. (2000). Do gender role attitudes matter? Family formation and dissolution among traditional and egalitarian men and women. *Journal of Family Issues, 21*, 128–144.

Kuška, M., Trnka, R., & Balcar, K. (2013). Two decades of transformation of inequalities: New identities and new fears in post-communist Czech society. In S. Wray & R. Rae (Eds.),

Personal and public lives and relationships in a changing social world (pp. 104–115). Newcastle: Cambridge Scholars Publishing.

La Roche, M.J., Batista, C., & D´Angelo, E. (2011). A content analyses of guided imagery scripts: A strategy for the development of cultural adaptations. *Journal of Clinical Psychology, 1,* 45–57.

La Roche, M.J., & Christopher, M.S. (2009). Changing paradigms from empirically supported treatment to evidence-based practice: A cultural perspective. *Professional Psychology: Research and Practice, 40*(4), 396–402.

Laible, D., Carlo, G., Torquati, J., & Ontai, L. (2004). Children's perceptions of family relationships as assessed in a doll story completion task: Links to parenting, social competence, and externalizing behavior. *Social Development, 4*, 551–569.

Nathan, P.E., Stuart S.P., & Dolan S.L. (2000). Research on psychotherapy efficacy and effectiveness: Between Scylla and Charybdis? *Psychological Bulletin, 6*(126), 964–981.

Perrone, K.M., Wright, S.L., & Jackson, Z.V. (2009). Traditional and nontraditional gender roles and work: Family interface for men and women. *Journal of Career Development, 36*, 8–24.

Pithart, P., & Spencer, M. (1998). The partition of Czechoslovakia. In M. Spencer (Ed.), *Separatism: Democracy and disintegration* (pp. 185–204). Lanham: Rowman & Littlefield Publishers.

Radimská, R. (2003). Slaďování soukromé a veřejné sféry: Partnerské vztahy a pracovní uplatnění mužů a žen [Harmonization of the private and public spheres: Partner's relations and fulfilment of men and woman at work]. In H. Hašková (Ed.), *Rovné příležitosti mužů a žen při slaďování práce a rodiny?* [Equal chances of men and women in harmonization of work with family?]. (pp. 89–101). Praha: Sociologický ústav AV ČR.

Rubin, G. (2002). Thinking sex: Notes for a radical theory of the politics of sexuality. In K. Plummer (Ed.), *Sexualities: Critical concepts in sociology* (pp. 188–241). London: Routledge.

Rychtaříková, J. (2009). Názory české společnosti na postavení muže a ženy v rodině a na trhu práce. [The opinions of Czech society on the position of men and women in the family and in the labour market]. In *Žena a muž v rodině a na trhu práce: Sborník příspěvků XXXIX. konference České demografické společnosti* [Women and men in the family and in the labour market: proceedings of the 39th conference of the Czech demographic society]. (pp. 20–29). Praha: Český statistický úřad. Retrieved from http://www.czso.cz/csu/2012edicniplan.nsf/t/ 0F00395317/$File/rok_2009_xxxix_konf_sbornik_prispevku.pdf

Suh, E., Diener, E., Oishi, S., & Triandis, H.C. (1998). The shifting basis of life satisfaction judg- ments across cultures: Emotions versus norms. Journal of Personality and Social Psychology, 2, 482–493.

Toffler, A. (1971). *Future shock*. New York, NY: Bantam Books.

Tramer, H. (1964). Prague – City of Three Peoples. *Leo Baeck Institute Yearbook, 9*(1), 305–339.

Wiederman, M.W. (2005). The gendered nature of sexual scripts. *The Family Journal, 13,* 496–502.

Zuckerman, P. (2007). Atheism: Contemporary numbers and patterns. In M. Martin (Ed.), *The Cambridge companion to atheism* (pp. 47–68). New York, NY: Cambridge University Press.