



Perspective

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Consideration of culture in interpersonal psychotherapy practice in Asia: a case study

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Abstract: In the realm of precision psychiatry of mood disorders, the evolution of interpersonal psychotherapy (IPT) is gaining momentum, necessitating a personalized approach that also takes into account cultural aspects. This study underscores the importance of incorporating cultural factors into the dissemination and application of IPT in Asia. Through a comprehensive analysis of a case illuminating how cultural influences impact the onset and treatment outcomes of depression, we emphasize the critical need for culturally informed IPT practices in China. This personalized approach not only enhances treatment outcomes but also paves the way for further research on adapting IPT to diverse cultural contexts in Asia.

Key words: Interpersonal psychotherapy; Cultural adaptation; Depression; Personalized approach

1 Introduction

Interpersonal psychotherapy (IPT), a structured, evidence-based psychotherapy designed to treat depression (Klerman et al., 1984), has seen a rapid and substantial dissemination in Asia in recent years (Zheng et al., 2024). Zheng et al. (2024) estimated that in China's mainland alone, more than 2500 practitioners were using IPT by early 2022. IPT is becoming more popular in China, as well as in other areas of Asia, due to its compatibility with Eastern culture, where interpersonal relationships, which are key to the psychological well-being of people, are highlighted in everyday experience. While the advantages and opportunities of IPT are obvious, addressing cultural differences is a major challenge for the future dissemination and development of IPT in Asia.

Practitioners and researchers have long pointed out the importance of cultural factors in psychotherapy

(Hinton and Patel, 2017; Della et al., 2021; Stuart et al., 2021). In our opinion, for IPT to develop in Asia, it is essential to incorporate cultural factors, and we assert that culturally informed IPT should be applied in China by demonstrating a clinical case. The case of this study contrasts two individuals in terms of the influence of attending or missing Chinese keening rituals on later depression among bereaved young adults, indicating the importance of taking culturally specific factors into account to achieve psychotherapeutic benefits of IPT.

Major depressive disorder (MDD) constitutes a substantial mental health risk among young adults aged 18 to 25 years and has an estimated prevalence of 9.6% and multiple negative intrapersonal and interpersonal outcomes (Mojtabai et al., 2016). In China, these negative outcomes are further compounded by cultural factors such as intense academic pressure, filial obligations, and strict family hierarchies, which can exacerbate depression symptoms and complicate treatment (Shao et al., 2020; Zhang et al., 2020; Pan et al., 2023). A prospective study identified bereavement as a significant risk factor for early-onset depression among youths (Pham et al., 2018). Young adults diagnosed with depression who experience the death of a close family member typically exhibit poor mood, tearfulness,

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abnormalities in sleeping and appetite, rumination on the deceased, and feelings of loneliness and/or abandonment (van der Houwen et al., 2010; Mojtabai, 2011). As young people are in a key stage of development and socialization, treating depression among bereaved young people is vital to prevent related adverse consequences (e.g., social withdrawal and impaired interpersonal connections) (Katz et al., 2011).

The protective role of funeral rituals on subsequent emotional issues has been documented by earlier studies conducted in Norway and the United States (Kaldestad and Danbolt, 1991; Silverman and Worden, 1992). In China, mourning practices differ significantly between urban and rural areas, reflecting the country's cultural diversity (Oxford, 2020). While mourning is universal upon the death of a loved one, keening rituals (i.e., wailing to express grief for the deceased) are more prevalent in rural areas than in contemporary cities (Watson and Rawski, 1988). These practices are also influenced by various religious and philosophical traditions, including Buddhism, Taoism, and Confucianism, each having different perspectives on life, death, and the relationship between the living and the deceased (Oxford, 2020). In traditional Chinese culture, keening serves multiple purposes: expressing grief, honoring the deceased, and maintaining social harmony through collective mourning (Tapp, 2001). Prior literature has also observed the positive impacts of Chinese funeral rituals on bereaved people at risk of depression. For instance, Qiu and Yan (2014) found that the keening ritual enabled attendees to release negative emotions in a supportive social context. Similarly, Li et al. (2018) highlighted the emotionally cathartic function of keening, with 21.31% of interviewed mourners reporting that keening facilitated their catharsis of overwhelming feelings and played a psychologically therapeutic role during their mourning period. Although rituals' details vary across different regions in China, keening is part of almost all Chinese funeral rites. On the other hand, omitting keening may cause severe emotional problems, especially for adolescents and young adults who have lost close family members (Pham et al., 2018). However, it is crucial to note that the development of depression following bereavement is influenced by multiple factors beyond ritual participation, including personality traits, coping styles, social support systems, and pre-existing psychological vulnerabilities (Stroebe et al., 2007).

Herein, we present a case study that compares the experiences of two sisters: a younger sister diagnosed with depression two years after missing the keening ritual for her mother and her elder sister, who participated in the keening ritual and displayed no depressive symptoms. The former subsequently sought psychological treatment and received IPT (Weissman et al., 2017) to treat her depression.

IPT conceptualizes depression as a psychological response to interpersonal difficulties, including interpersonal loss. Recent empirical studies have demonstrated the efficacy of IPT in treating depression among older adolescents and young adults (Lemmens et al., 2015; Spence et al., 2016). Moreover, a meta-analysis of 38 studies involving a total of 4356 patients found that IPT effectively treated depressive disorder either alone or in combination with medication (Cuijpers et al., 2011). However, few studies have examined the therapeutic role of IPT specifically in bereaved populations. Miller et al. (1994) found that IPT significantly decreased depressive symptoms among older adults following spousal loss, while Reynolds et al. (2004) demonstrated the effectiveness of combined IPT and drug treatment for bereavement-related depression in later life. From the above, it is clear that research focusing on populations other than older adults seems to be limited.

The current study assessed two individuals with a contrasting experience of either attending or missing a Chinese keening ritual, assessing the effect of such a ritual on later depression among bereaved young adults. The effectiveness of IPT in treating bereavement-related depression was also explored by addressing emotional difficulties in interpersonal contexts and resolving past and current relationship problems related to depressive symptoms.

2 Case presentation

An 18-year-old student visited the mental health clinic with her father and 23-year-old sister. A pre-session examination found that the sisters' mother had died two years earlier. The client (i.e., the younger sister) reported low mood for the previous two years, poor academic performance, and recent distress from interpersonal difficulties. Her symptoms also included difficulty falling asleep, fatigue, excessive guilt, and difficulty concentrating. She presented no suicidal or self-harming

ideations or behaviors. Using the criteria from the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (Battle, 2013), she was subsequently diagnosed with MDD. The psychiatrist ruled out common comorbidities for this client, such as substance-induced depressive disorder, bipolar disorder (depressive episode), psychotic disorder, neurocognitive disorder, and adjustment disorder. A brief clinical interview with the older sister indicated the lack of depression. This interview revealed both sisters' congenial personalities and a shared intimate relationship with their mother.

2.1 Client

Given the younger sister's interpersonal difficulties and depression diagnosis, the therapist decided that IPT was the most suitable psychotherapy. This case was conceptualized as complicated bereavement due to a suppressed emotional response to the loss of a mother-daughter relationship, which in turn hampered the daughter's other important relationships.

The client had a secure attachment to her mother, whom she considered her role model. Their relationship was very close since childhood and based on deep trust: she was willing to share everything with her mother. In contrast, her communication with her father was relatively scarce. She experienced her connection to her elder sister as firm and mutually supportive. However, as both she and her sister had been constantly engaged in their studies, the time available for them to get along and spend time with each other was rather limited. Her mother's cancer had a sudden onset, developed quickly, and took her life unexpectedly only three months after the initial diagnosis. The client was aware of the fact that her mother had cancer, yet she was ignorant of the severity of the disease. Consequently, the time span between the moment she knew about the cancer and her mother's passing was so short that she did not have an adequate process to adapt and react. During the period when her mother was suffering from cancer, owing to her busy academic schedule and the family's avoidance of this topic, the family members seldom discussed her mother's condition with her. Therefore, she had no chance to share her thoughts and emotions with anyone. During those three months, she was studying for her high school entrance exam and could not spend much time with her mother. She was shocked by the news of her mother's passing. In her words, the purpose of her mother's funeral was "to

see her for the last time and cry goodbye." Although she wanted to participate in the funeral, her father and other elders only allowed her to attend the cremation ceremony, but not the keening ceremony. They insisted that she "should not be influenced by the highly negative and intense scenes" of people crying and wailing mournfully. She recalled hiding the intense psychological pain she felt after returning to school that day. This experience affected her ability to communicate her emotions to others, making her unconsciously regard negative and intense emotions as inappropriate to express. She felt her sister and father "drifting apart" from her because sharing feelings about her mother's death seemed to be forbidden in the family. She reported that after entering high school, she felt lonely and had no one to talk to. A letter from her friends on her 18th birthday, wherein they encouraged her to be "more independent as a grown-up," triggered the onset of her current emotional crisis. She felt that this message represented an abandonment by her friends, leading to emotional flooding. After receiving this letter, she refused to attend school.

Her therapist linked her symptoms to unresolved grief and related interpersonal problems and used the IPT framework to help her understand her depression. After preliminary discussions, the sessions explored alternative ways of gaining emotional catharsis to deal with the grief related to her mother's death. The therapist encouraged the client to express her suppressed emotions about her mother to resolve the sorrow she had never expressed after her mother's death. The therapist also proposed other forms of emotional catharsis that could substitute for the missed keening ritual, and designed cathartic exercises to enhance the client's interpersonal support and increase her socialization. The cathartic exercises, conducted both during the treatment in the presence of the therapist and at home with family support, included photo album review (Session 3), workplace visit (Session 4), alternative farewell ritual (Session 5), and peer support (Session 6). These exercises for treatment incorporate Chinese traditional culture and have three key differences compared to the typical mourning process in psychotherapy. First, culturally considering family and social relations to handle grief helps the patient root emotions in a cultural context. Second, regarding the mode of emotion unleashing, after engaging in discussions with the patient, more reserved and culturally

nuanced methods prevalent in traditional Chinese culture are adopted. Finally, while individual recovery matters, in Chinese culture, collective mourning with family is crucial. Therefore, the therapist invited her family members to join her emotional catharsis, strengthening support and enhancing healing via shared experiences.

Photo album review (Session 3): The therapist proposed in Session 3 that the client could review a family photo album with her sister and discuss memories and previous family events without holding back any emotions. She was only comfortable doing this exercise in the presence of her sister, since her habitual way of dealing with emotions was to maintain restraint and avoid excessive outward expression. In Session 4, the client shared that she laughed and sobbed during the exercise, which had a clear cathartic effect. With her sister holding her hands, she reported feeling that she “cried away many feelings in her heart” that became “light-weighted.” This structured activity combined traditional ancestor veneration with family storytelling, allowing emotional expression in a familial context.

Workplace visit (Session 4): Building on the previous success, subsequent exercise pursued other venues for catharsis with family and friends. The exercise assigned in this session was to visit the place where the client’s mother had worked, along with her sister and father. Once there, they talked about the mother purposefully, as suggested by the therapist. The client felt an intimate family bond instead of the alienation she had felt since her mother’s death. Drawing on Chinese beliefs about maintaining connections with the deceased through visiting significant places, this exercise facilitated family bonding and shared grieving.

Alternative farewell ritual (Session 5): During this session, the therapist proposed that the client’s father should hold an alternative farewell ritual exclusively for the sisters at home and then encourage the client to “say goodbye” in her own way to her mother. This exercise is a private ceremony incorporating elements of traditional Chinese mourning adapted to the modern context of this family, providing the emotional release typically achieved through keening.

Peer support (Session 6): In this session, the therapist suggested that the client should speak with her best friend about her mother’s death and its influence on her life. Building on Chinese cultural emphasis on

collectivism and social harmony, this exercise helped the client integrate her substitute keening experience with her close relationships.

Each of the above exercises enabled the client to experience emotional catharsis and consolidate this with interpersonal support. The cathartic effect of these exercises compensated for her absence from the keening ritual, allowing her to undergo the mourning process, resolve lingering grief, and gradually establish genuine and intimate relationships with others important to her.

In the final sessions, the therapist reviewed and acknowledged the client’s accomplishments, finding that her depression had been closely related to her uncompleted mourning over the loss of her relationship with her mother. Missing the keening ritual prevented her from experiencing emotional catharsis in a supportive social context. Activities offering alternative methods of achieving emotional catharsis profoundly alleviated her depressive symptoms and interpersonal difficulties. After completing eight sessions of IPT, she returned to school.

2.2 Client’s sister

Although the client’s sister also underwent the same experience of losing her mother, she participated in the keening ritual and did not subsequently develop major depression. During her clinical interview, she remembered that relatives and family friends gathered together, crying and comforting each other over the three-day funeral ceremony. She cried bitterly during the keening ritual as her memories of her mother were passing through her mind. Her “heart ached,” and she felt that “she cried her heart out.” Surrounded by others crying, howling, and sometimes kneeling on the ground beside her mother’s body, she felt free to express her grief while receiving empathy and social support. She reported experiencing a period of low mood afterwards, but she did not meet the criteria for major depression.

3 Assessment and results

An independent therapist in the clinic used the Chinese version of the Hamilton Depression Scale-17 (HAMD-17) (Licht et al., 2005) to measure the client’s symptoms of depression before each therapy session from June 3, 2019 to July 22, 2019.

The initial results revealed significant depressive symptoms for the client, with HAMD-17 scores of 21 and 20 before the first and second sessions, respectively. The scores decreased drastically at the third measurement and remained relatively low throughout the last five sessions, as shown in Fig. 1.

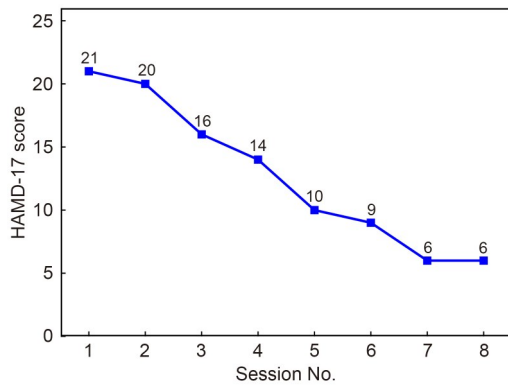


Fig. 1 Changes in Hamilton Depression Scale-17 (HAMD-17) scores during psychotherapy as assessed before each session.

HAMD-17 was also used to assess the client's sister at the initial clinical interview, and her score indicated no significant depressive symptoms.

4 Discussion

The comparison of the client and her sister in the presented case demonstrates the potentially protective role of keening in Chinese funeral ceremonies in decreasing the risk of subsequent major depression among young adults following the death of a parent. This finding echoes previous studies of the psychotherapeutic value of keening for bereaved populations (Qiu and Yan, 2014; Li et al., 2018). Keening rituals likely exert a protective influence by providing a supportive context for emotional catharsis, as indicated by prior findings (Li et al., 2018). Adolescents and young adults diagnosed with depression tend to seek non-pharmacological treatment (Waumans et al., 2024; Zhao et al., 2025). The finding of this study that IPT effectively treated depression among the bereaved young adults not only builds on previous studies demonstrating the therapeutic efficacy of IPT (Miller et al., 1994; Cuijpers et al., 2011; Lemmens et al., 2015; Spence et al., 2016), but also adds to the important role of IPT as one of the non-pharmacological interventions.

By presenting this comparison, this work highlights the importance of culturally specific factors in enhancing psychotherapeutic benefits. This idea is supported by the results of the cognitive behavioral therapy (CBT) study of the Chinese population, where CBT adapted to the Chinese culture showed significantly higher efficacy than non-adapted CBT (Ng and Wong, 2018). As IPT exerts its therapeutic effect primarily through improving interpersonal functioning, culture should be crucial for IPT to be implemented in China. In their pioneering article, Stuart et al. (2021) asserted that culture-specific beliefs and practices can influence how therapists deliver IPT and how patients perceive it. Several cultural factors have been identified in this aspect, including values regarding relationship hierarchy, family cohesion, interpersonal harmony, or high parental expectations (Stuart et al., 2021). This article adds to these observations that cultural practices such as keening rituals can be important factors in maintaining and restoring mental health. Paying attention to and monitoring cultural practices in IPT can be helpful for patients to improve interpersonal communication and social support in a more indigenous way.

The perspective of this study adds to precision psychiatry for depression by highlighting the essential role of incorporating cultural considerations into personalized psychotherapy practices, specifically focusing on IPT in Asia. By emphasizing the significance of tailoring IPT interventions to the cultural context of patients, this discussion underscores the importance of a personalized approach in enhancing treatment outcomes and addressing the unique needs of individuals with mood disorders.

The application of IPT for bereavement-related depression reveals fundamental differences between Western and Asian approaches to death, mourning, and healing. Western funeral practices, heavily influenced by Christian traditions, typically emphasize individual expression of grief and the finality of death, which is reflected in their psychotherapeutic approaches (Rosenblatt, 2008), which contrasts with Asian perspectives on death that continue bonds with the deceased (Park and Halifax, 2011).

Asian funeral practices emphasize collective mourning and ongoing relationships with the deceased, with variations across cultures. For instance, Chinese rituals focus on ancestor veneration, while Japanese Buddhism involves multiple memorial services (Lee

et al., 2013). These differences affect how grief impacts relationships and shape therapeutic approaches. Within Asia, Chinese practices emphasize family hierarchy (Xu et al., 2015) and Japanese customs prioritize emotional restraint (Toshishige et al., 2024), while Korean (the Republic of Korea) traditions blend Confucian filial piety with Western practices (Joo, 2013).

The above cultural variations necessitate careful adaptation of any therapeutic approach. While Western psychotherapy might encourage direct emotional expression, Asian contexts often require more nuanced approaches that respect cultural norms around emotional restraint and family harmony (Rosenblatt, 1993). Our case study is a prime example of how culturally specific elements incorporated into IPT can enhance therapeutic outcomes while respecting cultural values.

We call for future studies to investigate other culture-specific customs and rituals with the potential psychological significance of better understanding how to incorporate cultural considerations in psychiatric practice in different cultures. The good effectiveness of IPT in treating major depression related to a parent's death should prompt future clinical research about and generalized applications of IPT in other bereavement-related psychiatric illnesses in Asia, so that more individuals with mental health problems can benefit from the dissemination of IPT.

Data availability statement

All data generated and analyzed during this study are available from the corresponding author upon reasonable request.

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Author contributions

Manli HUANG, Sarah E. BLEDSOE, and Xiaoyi ZHOU developed the article's conceptualization and framework. Guoxun FENG and Xiaoyi ZHOU led the case collection. Jianbo HU conducted the psychological assessment and processed data. Manli HUANG and Xiaoyi ZHOU gathered case information. Xiaoyi ZHOU and Haoyang ZHAO drafted the initial paper, and Manli HUANG and Sarah E. BLEDSOE provided revision.

All the authors have read and approved the final manuscript, and therefore, have full access to all the data in the study and take responsibility for the integrity and security of the data.

Compliance with ethics guidelines

Xiaoyi ZHOU, Haoyang ZHAO, Guoxun FENG, Jianbo HU, Sarah E. BLEDSOE, and Manli HUANG declare that they have no conflicts of interest.

All procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional and national) and with the 1964 Declaration of Helsinki and its later amendments or comparable ethical standards. The study was reviewed and approved by the Clinical Research Ethics Committee of The First Affiliated Hospital, Zhejiang University School of Medicine (approval No. IIT20240089C-R1). Informed consent was obtained from the patient, her sister, and their father as applicable for being included in the study.

Declaration on the use of generative AI tools

No generative AI tools were used in the preparation of this manuscript.

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