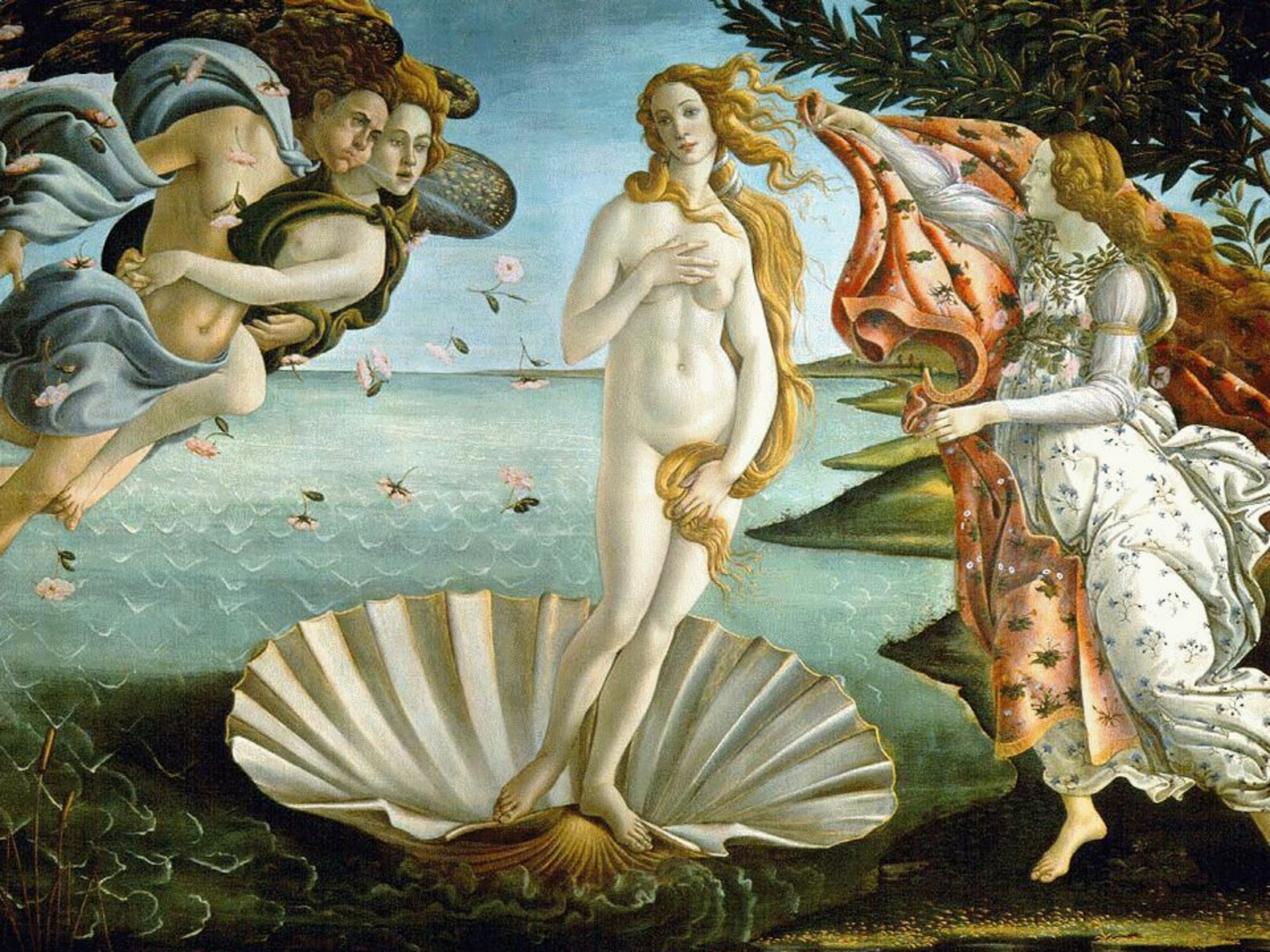# Culture and Mental Illness

Professor Dinesh Bhugra CBE

Questions

- What aspects of your personality may have influenced your decision?

- What aspects of paintings were important?

- Situational Influences?

- ***Cultural perceptions***?

- Polarising approaches?

Cultural Psychiatry

- Cultural psychiatry is primarily concerned with the cultural aspects of human behaviour , mental health , psychopathology and treatment

- Clinical level: culturally relevant care

- Theoretical: cross-culturally valid theories

- Research: cultural factors affect human behaviour, psychopathology and healing

Definitions of Culture

- Culture is conceptualised as the behaviour patterns and lifestyle shared by a group of people which is unique: totality of knowledge, customs, beliefs, values which shape behaviours, emotions and life patterns

- Culture is life style in contrast with ethnicity which is individual group of people self-ascribed, shared ancestry and history

Culture

'learned, shared and transmitted values, beliefs, norms and life ways of a particular group that guides their thinking, decisions, and actions in patterned ways'

Leininger (1991)

Culture

- Culture is broadly defined as a *common heritage or set of beliefs, norms, and values* (DHHS, 1999). It refers to the *shared attributes* of one group. Anthropologists often describe culture as a system of **shared meanings**.

Culture

- The term 'culture' is as applicable to whites as it is to racial and ethnic minorities. The dominant culture for much of the West is focused on the beliefs, norms, and values of Europeans. But today's world is unmistakably multicultural.

Cultural Identities

- And because there are a variety of ways to define a cultural group (e.g. by ethnicity, religion, geographic region, age group, sexual orientation or profession), many people consider themselves as having multiple cultural identities. These are important *micro-identities.*

Culture

- Culture is a concept not limited to patients. It also applies to the professionals who treat them.

- Every group of professionals embodies a 'culture' in the sense that they too have a shared set of beliefs, norms and values.

- Institutional cultures

Culture

- Thus true for health professionals as it is for other professional groups such as engineers and teachers. Any professional group's culture can be gleaned from the jargon they use, the orientation and emphasis in their textbooks, and from their mindset or way of looking at the world called their **'world view'.**

Culture

- Is dynamic
- Changes subtly over time
- Can change acutely
- Culture is integrated in people's lives
- People acquire culture - a number of ways
- Culture ensures generational continuity
- **Influences cognitive and social development**

Disease vs Illness

- Diseases are literally dis-ease and physicians diagnose and treat diseases (Eisenberg 1977)

- Patients suffer 'illnesses' which are *experiences* of disvalued changes in states of being and in social functioning (Eisenberg 1977)

- Sickness, on the other hand, is defined by the society e.g. sick leave
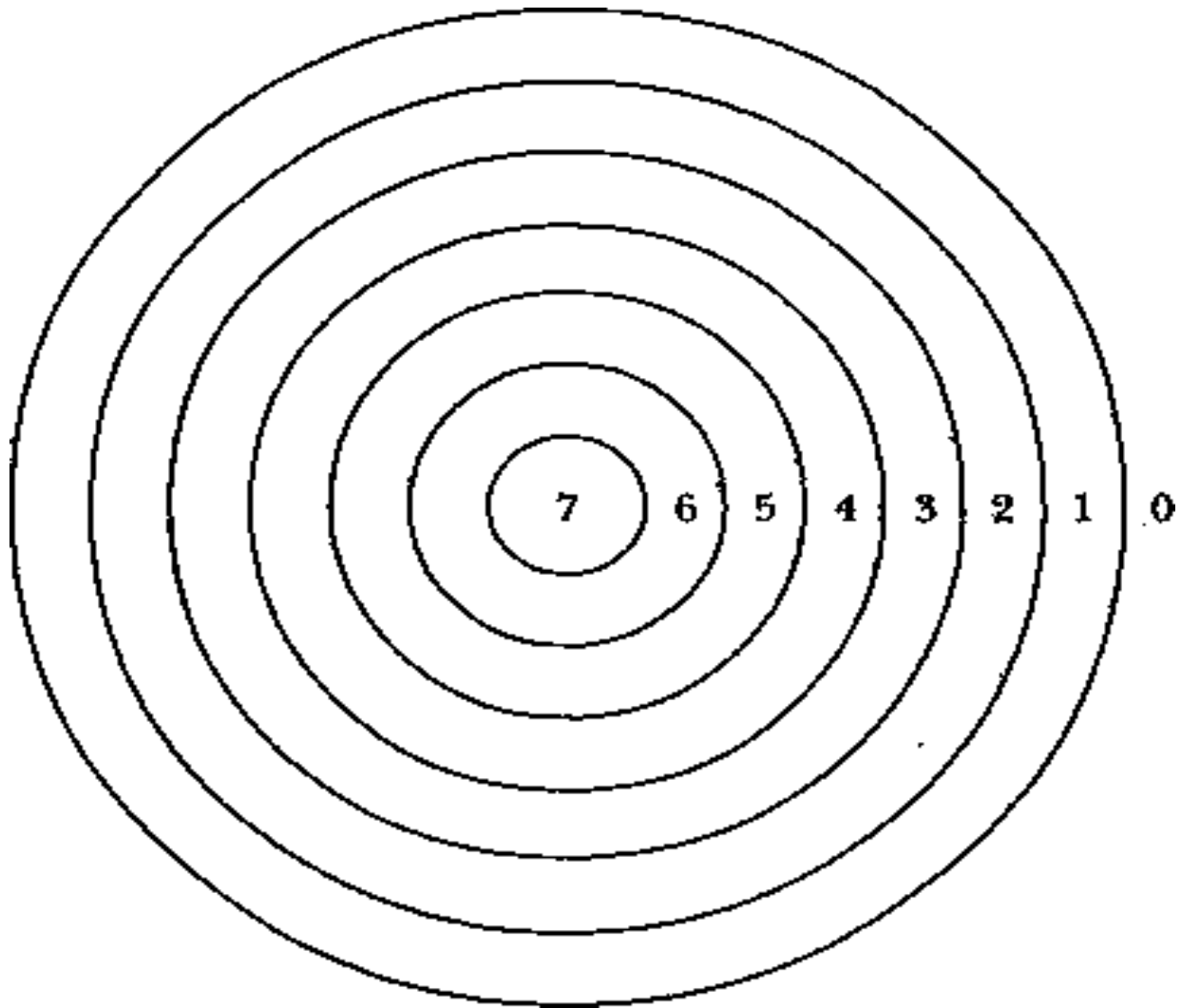
Man, culture and society (Hsu, 1985):
7 unconscious; 6 pre-conscious; 5 unexpressible conscious; 4 expressible
conscious; 3 intimate society and culture; 2 operative society and culture
1 wider society and culture; 0 outer world

Socio-cultural Construction

- Idioms of distress are culturally influenced
- Disease gets converted into illness
- Patients are interested in illness and doctors in disease
- Doctors investigate and manage disease but patients like to manage illness
- Socio-cultural construction thus creates illness experiences

Culture and Mental Health

Culture affects all aspects of the illness:

- Generation of symptoms
- Expression of symptoms
- Experience of symptoms and coping
- Help seeking
- Management of symptoms

Are some syndromes unique to some cultures?

How culture affects mental health?

o Pathogenic (causes symptoms)

o Pathoselective (affects groups of people in specific ways)

o Pathoplastic (modifies symptom presentation)

How culture affects mental health?

o Pathoelaborating (elaborates symptoms)

o Pathofacilitative (exists across but more common in certain cultures)

o Pathoreactive (modifies beliefs and their reactions)

Culture as Pathogenic

- Causes symptoms: situations where culture directly produces symptoms - small number of conditions - are these culture bound syndromes? Yap (1970) described these

- Culture conflict? Cultural bereavement? Culture shock?

Culture as Pathoselective

- Culture affects groups of people in specific ways therefore an individual may select certain patterns of reaction towards stress according to self/personality/education/experience, e.g. symptom content may vary

Culture as Pathoplastic

- Culture modifies symptom presentation: in shaping the contents of symptoms such as the contents of delusions have changed over the years, e.g. mustard gas, CIA, Aliens, Twitter/Facebook

- Culture models clinical picture-guilt versus shame in clinical depression; somatisation

Culture as Pathoelaborating

- Reinforced by culture—culture elaborates symptoms and distress

- Some conditions are not pathological and fulfil certain needs of the individual as well as the society, eg running amok

Culture as Pathofacilitative

- Facilitated by culture - although the disorder potentially exists and is recognised globally but due to cultural factors becomes more prevalent in certain cultures, eg alcohol and substance abuse; suicidal behaviours

Pathoreactive

- Culture affects beliefs and then reaction-clinical picture is coloured by the cultural reaction, e.g. variations in the outcome of schizophrenia across cultures; reduction in rates of conversion and dissociation reactions; less frequent catatonia

Idioms of Distress

- Ways in which different cultures express, experience, and cope with feelings of distress
  - Emotional or psychological
  - Physical symptoms
  - Metaphors
- Idioms are in keeping with cultural beliefs and traditions and shared within the culture
- May not match 'diagnostic criteria'
- Example: somatisation; neuraesthenia

Defining some terms

Ethnicity: Self or social description of belonging to a group – common geographical origins, race, religion

Social group: Characterised by distinctive tradition, common history and maintained across generations

Defining some terms

Race: Biological inheritance, via genetic material, of a physical characteristic or a physical potential or predisposition. Not useful as a social category.

Racism: Using race as a variable to indicate superiority-with additional elements of power. Ideology/belief. Superior race "deserves" privileges e.g. health and education.

Racism

- Using race as a variable to indicate superiority - with additional elements of power. Ideology/belief. Superior race 'deserves' privileges eg health and education.

- *Do not get slaves from Britain because they are stupid, lazy and incapable of learning...(*Cicero 100 BC letter to Atticus)

Institutional Racism

- Enforcement of racism, maintained by legal, cultural, religious, educational, economic, political, environmental and military institutions of society

- Creation of 'the other'---why is that relevant? Allows micro-identities and 'passing'

Impact of Racism

- Misdiagnosis of conditions leading to over-diagnosis
- Under- diagnosis of certain conditions
- Culture bound syndromes
- Management
  - psychoanalysis
  - psychopharmacology

Cultural Competence

'The ability of individuals to see beyond the boundaries of their own cultural interpretations, to be able to maintain objectivity when faced with individuals from cultures different to their own and to be able to interpret and understand behaviours and intentions of people from other cultures non judgementally and without bias'

Walker (1991)

Cultural Competence

1. Understand the concept of culture and how it can influence:

    – Human behaviour

    – Interpretations of that behaviour

    – Evaluations of that behaviour

Cultural Competence

2. Demonstrate an openness/willingness to identify and explore one's own:

   – Cultural base (values, beliefs and attitudes)
   – Emotions and thoughts generated by intercultural interactions

Cultural competence

3. Demonstrate an openness/willingness to explore the same things from the perspective of people from diverse cultures

4. Demonstrate the ability to identify useful and culturally appropriate strategies for working with people from diverse cultural backgrounds

Cultural Competence requires

1. Cultural sensitivity

2. Cultural knowledge

3. Cultural empathy

4. Culturally appropriate interactions

5. Cultural awareness (own)

Pointers in assessments

1. Place of assessment

2. Mode of presentation of problems

3. Style of assessment

4. Verbal interactions

5. Non verbal interactions

6. Using interpreters

7. Examination and diagnostic methods

Cultural Formulation

- Cultural identity of the individual and their beliefs and values
- Symptoms in cultural context
- Relationship with the environment
- Reinforcing factors
- Distress due to the problems and its explanations
- Shared understanding of the problems
- Shared plan for addressing the problems
- The nature of the interaction

Cultural Competence

- Cultural competence is good clinical practice, where the clinician sees each patient in the context of the patient's culture as well as their own cultural values and prejudices. Often it is erroneously assumed that only minority patients have cultures.

Cultural Competence

- It is defined as an ability to understand and be aware of cultural factors in the therapeutic interaction between the therapist and the patient. These include awareness of social, cultural, religious factors, attitudes, behaviours, models and explanations. This should be applicable to all patients and all therapeutic interactions.

Cultural Competence

- Cultural competency constitutes cultural sensitivity, cultural empathy and cultural insight. Cultural competence should be considered at both the individual/clinical level as well as at the institutional level. Cultural knowledge, cultural skills and cultural attitudes should be explored.

Dimensions of Cultures

- Hofstede (1980/2000) includes other dimensions: masculine/feminine; distance from power; uncertainty avoidance and long term orientation of the culture
- These dimensions add a degree of complexity

Health Beliefs

- Vary in different cultures
- Locus of control (Internal Vs External)
- Beliefs in supernatural

Health beliefs influence:

- The types of treatment sought
- Congruence of models of illness between the patient and the doctor

Beliefs about Illness Causation

- Supernatural

- Natural

- Medical/biological

- Psychological

- Social

- Mixture
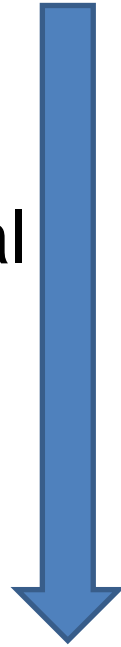
Is it an evolutionary process?

Therapeutic Interaction

Ability to establish a relationship and interaction between the therapist and the patient focusing on cultural similarities and differences.

Managing ethnic/race/culturally related transference and counter-transference.

Psychological measurements

- Category Fallacy----Area and scope
- Problems of administration
- Problems of sampling
- Problems of meaning
- Validity of measurement

How do we resolve?

- Adjusting norms
- Special emphasis on translation-conceptual rather than literal
- Modifications of the test
- Reconstitution

Assessments

- Exploring cultural identity especially micro identities

- Social reality of events which may have racial or cultural tinge is important for individuals

- Therapist must perceive, apprehend and think through primitive feelings of aggression, hatred, humiliation and shame related to conflicts

Tasks for the therapist

- Suspend preconceptions
- Client may differ from other members of the group
- Differences in conceptualisation between the therapist and the patient—of self, of illness and communication styles
- Power/privilege
- Racial transference

Pharmacological Interventions

- Low adherence to medication in ethnic minority groups
- Higher blood levels of anti-psychotics in Asians
- Lower response rates to treatment
- Differences in diet, nutrition, body mass and link to substances
- Differences in use of complementary and alternative medicine

Psychological Interventions

- Most Western psychotherapies –

  ego based

- Cognitive behaviour therapies: adaptable across cultures

- Ethnically matching therapists & patients

- Use of indigenous therapies and their adaptation

Therapist Qualities

- Aware of own likes, dislikes, beliefs stereotypes
- Aware of own identity
- Ability to be neutral and open-minded
- Ability to learn about other cultures
- Awareness that there are differences
- Tendency to idealise one or other cultures
- Strengths and weaknesses of own/other cultures

Some assumptions

- Colour Blindness Assumes minority patient is same.
- Colour Consciousness All problems are due to minority status.
- Cultural Transference Patients feelings to do with therapists race.
- Cultural Counter-transference Therapist feelings to do with patients race.
- Cultural Identification Minority therapists may over identify.
- Identification with Oppressor Minority therapists deny their status.

Self examination

- Do you know your ethnic heritage?
- Mono-cultural? Bicultural? Multicultural?
- What messages do you receive from each cultural group?
- How do these influence your therapeutic work?
- How well do you recognise your abilities, strengths and weaknesses?
- Are you aware of your worldview? discrepancy with the client?

The Explanatory Model (Kleinman)

- How an individual accounts for the distress
- **Some questions:**
  - What do you call your problem?
  - What do you think caused your problem?
  - Why do you think it started when it did?
  - What does your illness do to you?
  - How severe is it? How long do you think it will last?
  - What do you fear most about your illness?
  - What treatments do you think you should receive?

Non Verbal Communication

- Eye contact
- Facial expressions
- Gestures
- Styles of speaking
- Pronunciation
- Rate and volume of speech
- Use (choice) of words
- Emotional tone of voice

Conclusions

- Culture and idioms of distress are linked
- Sensitivity to cultural and spiritual matters is important in engagement
- There are no universal models of psychotherapy or pharmacotherapy
- Patients' and carers' explanatory models are helpful in engagement