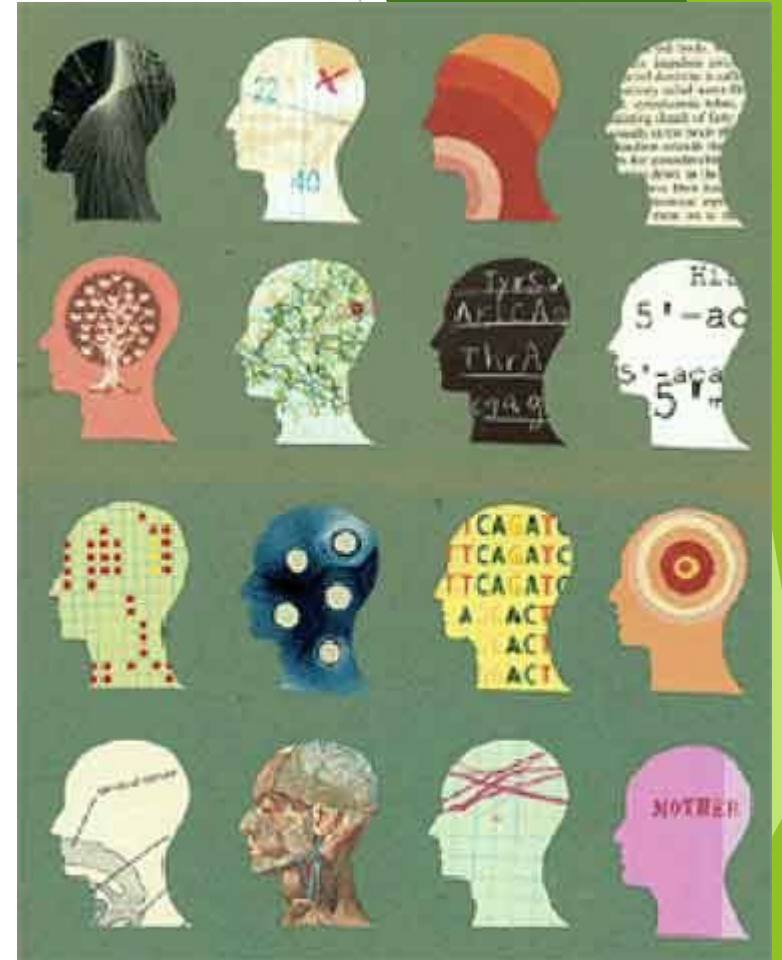


Content

- ▶ Classification of mental diseases
- ▶ Psychopathologies across culture
- ▶ Culture-bound syndromes
- ▶ Culture specific psychotherapy



An example...

Several years ago, a 29-year-old Saudi man began to display unusual symptoms including occasional convulsions and body twists. His behavior rapidly deteriorated and became erratic. Soon he lost the ability to walk. His speech became disorganized. His relatives began to notice that “the voice of a woman” could be heard coming from the young man. The family didn’t call the doctor. Instead, they brought the man to religious scholars who concluded that he was possessed by a jinn—an evil, supernatural creature or spirit. In Islamic tradition, these evil spirits are believed to be invisible but have the power to accept human or animal form. They have bad intentions because jealousy guides them to seek revenge. The scholars suggested that the family should isolate the man, chain him, and read prayers. The family agreed. The man’s father even stated that when he was a little boy himself, a jinn invaded his body too but praying has eventually saved him and he is symptom-free now.



Classification of mental diseases

- ▶ **MENTAL DISORDER** = “a clinically significant behavioral or psychological syndrome or pattern that occurs in an individual [which] is associated with present distress...or disability...or with a significant increased risk of suffering.”



- ▶ *Diagnostic and Statistical Manual of Mental Disorders* **DSM-V** (by American Psychiatric Association)
 - ▶ *Today DSM V has become the main system of classification of psychological disorders*
- ▶ International Classification of Diseases **ICD 10** (by World Health Organization)



Box 17.1 A classification of mental disorders

To facilitate the international reporting of psychiatric illness, the World Health Organization (1997c) has developed an *International Statistical Classification of Diseases and Related Health Problems 10th Revision Version for 2007* (ICD-10).²

Below are the main categories and their codes.

1. [F00–F09] *Organic Mental Disorders*: such as Alzheimer's disease, and dementia (due to such organic factors as Huntington's and Parkinson's disease).
2. [F10–F19] *Mental Disorders Due to Psychoactive Substance Use*: such as alcohol, tobacco, cannabis, sedatives, cocaine and hallucinogens.
3. [F20–F29] *Schizophrenia and Delusional Disorders*: such as paranoia, catatonic schizophrenia and delusions.
4. [F30–F39] *Affective Disorders*: such as manic and depressive mood disorders.
5. [F40–F49] *Neurotic Disorders*: such as phobia, anxiety, obsession, amnesia, multiple personality, hypochondriasis and neurasthenia (fatigue syndrome).
6. [F50–F59] *Physiological Dysfunction*: such as anorexia, obesity, insomnia, sleep walking and sexual dysfunctions (lack of desire, enjoyment or response).
7. [F60–F69] *Personality Disorders*: such as impulsive, dependent personality, problems of gender identity, pathological gambling, fire-setting and stealing; also included are abnormalities of sexual preference (fetishism, exhibitionism, voyeurism, paedophilia, but *not* homosexuality).
8. [F70–F79] *Mental Retardation*: such as arrested mental development (low IQ).
9. [F80–F89] *Developmental Disorders*: such as language, aphasia, and reading problems, autism and hyperkinesis.
10. [F90–F98] *Childhood Disorders*: such as sibling rivalry, tics, bedwetting and stuttering.
11. [F99] Unspecified mental disorders.

The categories of mental disorders as reported in the DSM-IV-TR are different from those reported in the ICD-10. For instance, Neurotic Disorders [F40–F49] are coded separately as Anxiety Disorders and Somatoform Disorders in the DSM-IV.

Biases in the classification system of mental disorders

- ▶ The goal - Reliable and valid classification system
 - ▶ Experience of mental disorder highly subjective -> highly subjective its expression
 - ▶ Depends on The manner, in which the behavioural aspect expressed are acceptable or not in the society
 - ▶ Changes in professional knowledge
- ▶ Example of homosexuality
 - ▶ removed from the category of psychopathology in 1973 in western world
 - ▶ X
 - ▶ abnormal behaviour + criminal offence in other countries (Uganda)
- ▶ == universal classification system difficult to achieve

The link between culture and psychopathology

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- ▶ **Health** = „a state of complete physical, mental and social well-being, and not just the absence of disease or infirmity“ (WHO, 1948)



- ▶ Concept of health differs across cultures

MENTAL DISEASE

Peripheral
symptoms -
culture specific

Central
symptoms -
culture
universal

- ▶ E. Kraepelin
- ▶ start of 20th century
- ▶ Comparative Psychiatry
 - ▶ = sub discipline in psychiatry to study cultural differences in psychopathology.



▶ Western illness perspective - **Biomedical model of mental illness**

- ▶ „psychopathology essentially homogenous, with only superficial variation presentation across people“
- ▶ ->> position of extreme universalism

Definition –

Biomedical Model of Health

- **Focuses on the physical or biological aspects of disease and illness. It is a medical model of care practised by doctors and/or health professional and is associated with the diagnosis, cure and treatment of disease.** (VCAA

HHD Study Design)

Universalism of psychopathology

Extreme universals

- Psychopathological phenomena invariant across cultures in their origin and expression

Moderate universals

- Psychopathology presents in some form in all cultures,
- but subject to cultural influence on factors such as the onset and expression

Culturally relative

- Psychopathology unique to some cultures and understandable only in terms of that culture

Prevalence of some mental health disorders across countries

- ▶ Study Goldberg and Lecrubier, 1995, Ustun and Sartorius, 1995)
 - ▶ Prevalence rate for **Current Depression** - 29,5% in Santiago, 2,3% in Nagasaki, 11,6% in Ankara.
 - ▶ Prevalence rate for **Generalize Anxiety** 0,9% in Ankara and 2,6% in Rio de Janerio
 - ▶ = psychopathology present in all societies + qualification what pathological and expression differ from society to society
 - ▶ Kleinman - category fellacy -
 - ▶ impute the illness categories of their culture to other culture

Psychopathologies across cultures

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Schizophrenia

- ▶ Approx. 1% of the world's population today is affected by schizophrenia
- ▶ cultural practice may affect the apparent prevalence
 - ▶ In US black have relatively higher rates of schizophrenia than whites
 - ▶ Acute and catatonic cases more prevalent in developing countries (compared developed)
- ▶ The contents of delusions varied
 - ▶ Religious delusions and delusional guilt are primarily found in Christian traditions
- ▶ => **Schizophrenia as moderate universal disorder recognizably present in all cultures, but respond to different cultural experience in prevalence rates and modes of expression, and prognosis**

DEPRESSION

- ▶ Huge differences in prevalence and incidence rates across societies
 - ▶ Prevalence rate from 1,0% in Nigeria to 10,3% in the US
 - ▶ Explanation: research artefacts, differential use of diagnosis, variations in pathways to care, health care, attitudes towards physicians, different terminology in language for being depressed
- ▶ Descriptions found in text of ancient civilizations as Egypt, China, in Ramayana
- ▶ „depressed“ has no language equivalent among American Indians , some South Asian groups

DEPRESSION

- ▶ Core symptoms
 - ▶ Dysphoria, anxiety, tension, lack of energy, ideas of insufficiency
- ▶ Peripheral
 - ▶ Headaches in Latino, Mediterranean
 - ▶ Weakness, imbalance, tidiness in China and Asia
 - ▶ Problem of the „heart“ in middle Eastern

DEPRESSION

- ▶ Fear of stigmatization in some countries - other (somatic) diagnosis instead of depression
- ▶ emotional disturbance not taken as mental illness , explained by situational factors (Zimbabwe)
- ▶ Some (affective and cognitive) symptoms underreported - more refer somatic complains
- ▶ Non Western people tend to somatise their distress x Western cultures to psychologize
 - ▶ Physical (somatic) symptoms such as headache more often in non-western countries
 - ▶ Disapproval of strong expression of negative emotions - directing emotional feelings into bodily -complaints is more legitimate
 - ▶ In China neurasthenia (somatoform disorder x depression)

Trauma

- ▶ Traumatic events (terrorism, captivity, torture) produce similar behavioural responses in individuals of different national, cultural and religious backgrounds
 - ▶ -> posttraumatic stress disorder

Culture and suicide

- ▶ US:India (suicide rate) = 2:1
- ▶ Low suicide rate: Syria, Egypt, Jordan and Kuwait
- ▶ High rate: Japan, Singapore, Scandinavian, Central , East Europe
- ▶ Causes such as alcoholism, group pressure, depressive disorder,...
- ▶ Significant relationship between societal complexity and frequency of suicide (Durkheim hypothesis)
 - ▶ Some religious beliefs may prevent from considering self-killing
 - ▶ Some cultural norms increase the social supportiveness among people

Substance abuse

- ▶ Wide cultural variations in attitudes toward substance consumption, patterns of substance use, accessibility of substance and prevalence of disorder related to substance
- ▶ Highest consumption : Argentina, Australia, Northern Hemisphere
- ▶ Low consumption level : Africa, southern Asia, Indian Ocean
- ▶ Europeans consumes 50% alcohol on Earth

Culture-bound syndromes

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- ▶ = recurrent, locality-specific patterns of aberrant behaviour, and troubling experience (that may or may not be linked to a particular DSM-V diagnostic category)
- ▶ Are found only in a particular cultural group
- ▶ A collection of signs and symptoms which are restricted to a limited number of cultures primarily by reason of certain psychosocial features
- ▶ Culturally unique or local expressions of some universal disorders
- ▶ All cultures have separate categories for normal and abnormal behavior
- ▶ Found in the **appendix** of the DSM-IV, but **not** in the ICD-10

TABLE 2 Specific Culture-Bound Syndromes

These are recurrent, locally specific patterns of atypical behavior and troubling experiences that may or may not be linked to a particular *DSM-IV* diagnostic category (*DSM-IV*, p. 844). Culture-bound syndromes are generally limited to specific societies or areas and indicate repetitive and troubling sets of experiences and observations. Consider examples of some culture-bound disorders. Try to find both central and peripheral symptoms in each syndrome.

Amok. Known in Malaysia; similar patterns may occur elsewhere. Amok is a sudden rage in which an otherwise normal person goes berserk, sometimes hurting those in his path. Brooding is followed by a violent outburst; it is often precipitated by a slight or insult. The symptoms seem to be prevalent among men. It was well known to the British colonial rulers of Malaysia and has therefore passed into the English language: "running amok." To this day, cases of amok are reported in Malaysian newspapers (Osborne, 2001).

Ataque de nervios. Also known as "attack of nerves." Common in Latin America and Mediterranean groups. Symptoms include uncontrollable shouting, attacks of crying, trembling, heat in the chest rising to the head, and verbal or physical aggression. *Ataque de nervios* frequently occurs as a result of not only a stressful family event, especially the death of a relative, but also a divorce or fight with a family member. Studies of *ataque de nervios* revealed that 26 percent of people who suffer from this condition had a strong risk factor for other psychiatric disorders. More than 80 percent of these people have symptoms associated with anxiety, mood, suicidal, psychotic, or substance use dysfunctions (Tolin et al., 2007).

Bilis, colera, or muina. Part of a general Latin American idiom of distress and explanation of physical or mental illness as a result of extreme emotion that upsets the humors (described in terms of hot and cold). Other symptoms include tension, headache, trembling, screaming, and so on. Bilis and colera specifically implicate anger in the cause of illness. In Korea, similar symptoms are labeled *Hwa-byung* or *wool-hwa-bung*, or the "anger syndrome." Symptoms are attributed to suppression of anger and include insomnia, fatigue, panic, fear of impending death, indigestion, anorexia, palpitations, generalized aches and pains, and a feeling of a mass in the epigastrium.

Brain fag. Known in West Africa. Sometimes labeled "brain tiredness," this is a mental and physical reaction to the challenges of schooling, a condition experienced primarily by male high school or university students. Symptoms include difficulties in concentrating, remembering, and thinking. Students often state that their brains are "fatigued." Additional symptoms center around the head and neck and include pain, pressure, tightness, blurring of vision, heat, or burning. "Brain tiredness" or fatigue from "too much thinking" is an idiom of distress in many cultures. The symptoms resemble anxiety, depressive

characterized by excessive concern about loss of semen through excessive sexual activity or in the urine. Dhat syndrome presents with weakness, depression, and sexual problems and symptoms, such as palpitations, in a rather nonspecific form; similar to *jiryān* (also in India), *sukraprameha* (in Sri Lanka), and *shenkui* (in China). Symptoms are attributed to excessive semen loss from frequent intercourse, masturbation, nocturnal emission, or urine. Excessive semen loss is feared because it represents the loss of one's vital essence and can thereby be life threatening.

Falling out. Recognized in Southern United States, and "blacking out," as known in the Caribbean. Symptoms: sudden collapse; loss of sight even though eyes remain open. The person usually hears and understands what is occurring around him but feels powerless to move. These symptoms are labeled *obmorok* in Russian culture. May correspond to conversion disorder or dissociative disorder (*DSM-IV*).

Frigophobia. There is a condition that the Chinese call *weihanzheng*, or "fear of being cold." Patients bundle up in the steamy heat, wearing wool hats and gloves. Frigophobia seems to stem from Chinese cultural beliefs about the spiritual qualities of heat and cold; these symptoms are described primarily in the Chinese population of Singapore.

Ghost sickness. Reported in people from Native American Indian. Symptoms include preoccupations with death and the dead, bad dreams, fainting, appetite loss, fear, witchcraft, hallucinations, a sense of suffocation, confusion, and so on.

Koro. Is known to people of Chinese ethnicity in Malaysia; related conditions are described in some other parts of East Asia. Main symptom: People experience sudden and intense anxiety that sexual organs will recede into body and cause death.

Latah. Occurs in Malaysia, Indonesia, Thailand, and Japan. Symptoms include hypersensitivity to sudden fright, often with nonsense mimicking of others, and trancelike behavior. Over time, the person with these symptoms becomes so sensitive that trances can be triggered by a falling coconut. *Latahs* (people who display the symptoms of latah) tend to blurt out offensive phrases, much like sufferers of Tourette's syndrome. (Indeed, Georges Gilles de la Tourette, the French discoverer of the syndrome in the 1880s, explicitly compared it to latah.) *Latahs* also often mimic the actions of people around them or obey commands, including requests to take off their clothes. Afterward, people often claim to have no memory of what they said or did.

Locura. Incidents are known in the United States and Latin America. Symptoms include incoherence, agitation, auditory and visual hallucinations, inability to follow rules of social interaction, unpredictability, and possible violence.

Mal de ojo ("evil eye"). Known in people from the Mediterranean and elsewhere. Sufferers, mostly children, are believed to be under the influence of an "evil eye," causing fitful sleep, crying, sickness, and fever.

Pibloktoq. Known in people from the Arctic and sub-Arctic Inuit communities, such as Greenland Eskimos. The syndrome is found throughout the Arctic with local names. Symptoms include extreme excitement, physical violence, verbal abuse, convulsions, and short coma. During the attack, the individual may tear off his clothing, break furniture, shout obscenities, eat feces, flee from protective shelters, or perform other irrational or dangerous acts. The individual may be withdrawn or mildly irritable for a period of hours or days before the attack and will typically report complete amnesia of the attack.

Qi-gong. Known in China. A short episode of symptoms, such as auditory and visual hallucinations

TABLE 2 Continued

Rootwork. Symptoms are known in the Southern United States and the Caribbean. They include anxiety, such as fear of poisoning or death, ascribed to those individuals who put "roots," "spells," or "hexes" on others.

Sin-byung. Known in Korea. This is the syndrome of anxiety and bodily complaints followed by dissociation and possession by ancestral spirits. The syndrome is characterized by general weakness, dizziness, fear, loss of appetite, insomnia, and gastrointestinal problems.

The sore neck syndrome. This is a syndrome observed in Khmer refugees. The main feature involves a fear that blood and wind pressures will cause vessels in the neck area to burst. Additional symptoms include palpitations, shortness of breath, panicking, headache, blurry vision, a buzzing in the ear, dizziness, and trembling.

Spell. Symptoms are described by some individuals in the Southern United States and elsewhere in the world. This is a trance in which individuals communicate with deceased relatives or spirits. At times this trance is associated with brief periods of personality change. This is not considered psychopathological in the folk tradition; however, this phenomenon is often labeled "psychotic episodes" in Western clinical settings.

Susto. Found in Latin American groups in the United States and labeled "fright" or "soul loss" among some people from the Caribbean. Symptoms are tied to a frightening event that makes the soul leave the body, causing unhappiness and sickness.

Taijinkyofusho. In Japan, it is an intense fear that one's body, body parts, or bodily functions are displeasing, embarrassing, or offensive to other people in appearance, odor, facial expressions, or movements. This malady is included in the official Japanese classification of mental disorders. The symptoms are perhaps similar, in some respect, to social phobia (*DSM-IV*).

Zar. Known in Ethiopia, Somalia, Egypt, Sudan, Iran, and elsewhere in North Africa and the Middle East. This is the belief in possession by a spirit, causing shouting, laughing, head banging, singing, or weeping. Individuals may show apathy and withdrawal, refusing to eat or carry out daily tasks, or may develop a long-term relationship with the possessing spirit. Such behavior is not necessarily considered pathological in local settings.

Psychotherapy across cultures

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Psychotherapy

- ▶ = alleviating the patients suffering due to a psychological problem or disorder
- ▶ = special practice involving a designated healer (or therapist) and an identified client (or patient) with the particular purpose of solving a problem for which the client suffering or promoting the client's mental health. The practice may take various forms, and the fundamental orientation may be supernatural, natural, biomedical, sociophilosophical or psychological (Tseng, 2001)
- ▶ Cultural beliefs and practices usually enter into psychotherapeutic process
 - ▶ - part of the therapist's and patient's understandings of the problem

Psychotherapy

Indigenous

Cross-cultural

Multicultural

Indigenous psychotherapies

- ▶ Shared common culture
- ▶ Indigenous healing practices produce psychotherapeutic effects - „folk psychotherapy“
- ▶ Seen as religious ceremonies or healing exercises related to supernatural or natural powers
- ▶ The mobilization of ones own resources through medico-religious practices that one believes in
- ▶ Indigenous healers
 - ▶ More accessible
 - ▶ Accept patient's description of problems
 - ▶ Empathetic and charismatic - effective healing relationship
 - ▶ Placebo effect

Indigenous psychotherapies

- ▶ Examples: religious healing practice, healing ceremony, shamanism, divination, fortune-telling, voodoo
 - ▶ Morita therapy and Naikan therapy in japan
 - ▶ <http://en.wikipedia.org/wiki/Naikan>
 - ▶ <https://www.youtube.com/watch?v=StSqWdJfX8g>

Cross-cultural psychotherapy

- ▶ across international borders
- ▶ western-based theory and method used to examine persons of other cultures
- ▶ Common core to psychotherapeutic practices but with different historical and cultural roots and highly varied cultural expressions
- ▶ Can medical beliefs and practices from one culture be effective in the healing process in another culture?
- ▶ Griner, Smith (2006) meta-analysis culturally adapted psychological intervention X traditional intervention
 - ▶ Overall positive effect of cult. Adapted therapy ($d=0,3-0,6$)

Multicultural psychotherapy

- ▶ culturally sensitive and appropriate psychotherapeutic methods taking into consideration the **cultural and ethnic backgrounds** of the therapist and client and the acculturating context
- ▶ => incorporation of **culture-relevant and culture-sensitive** information into practice of psychotherapy with diverse clients
- ▶ Cultural adaptation of psychotherapeutic methods that have been proven scientifically to be effective
- ▶ Therapist need to be aware of his own ethnic views and biases and how it may interact

Resources

- ▶ Shiraev, E., Levy D. (2014). *Cross-Cultural Psychology*. Pearson.
- ▶ Berry, J. W., Poortinga, Y. H., et al. (2011). *Cross-cultural Psychology: Research and application*. Third Edition. Cambridge university press.

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Thank You