

Role of Culture in Psychiatric Evaluation and Management

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Abstract: Culture is a set of norms, values, beliefs, traditions, customs, history and folklore, shared by a group of people. Culture plays a complex role in the natural history and psycho-social development of human behaviour. The interaction between culture and its components with clinical phenomenon and psychiatric evaluation and management is broad and multi-faceted. Culture plays an important role in evaluation and management of psychiatric cases but at present the cultural factors are poorly used in psychiatric evaluation. The present paper evaluates and emphasizes the role of cultural factors in psychiatric illnesses.

Keyword: Culture bound syndromes; Social norms; Mores; Cultural Psychiatry

Human behaviour is the outcome of genetic and biochemical characteristics, past learning experiences, motivational states, psychosocial antecedents and cultural context in which it unfolds¹. Culture plays a complex role in the natural history and psycho-social development of human behaviour². Culture is a set of norms, and values or reference points utilized by members of a particular society to construct their unique view of the world, and ascertain their identity. It comprises of customs, religious beliefs, values, knowledge, language, traditions, moral thoughts and practices, gender and sexual orientation, socio-economic status, and skills³. Orlandi (1992)² define culture as shared values, beliefs, norms, traditions, customs art, history, folklore and institutions of a group of people. Social norms, the shared rules, that specify appropriate and inappropriate behaviours⁴; mores, that people consider vital to their well-being and to their most cherished values⁵ and sanctions, the socially imposed rewards and punishments that compel people to comply with norms⁶, constitute important ingredients of a culture. A society which is a cohesive group of people shares all the ingredients of the culture among its members. Keeping pace with the times, this definition has also incorporated elements such as financial philosophies, and the ever-changing realities imposed by technological advances. The range of possible interactions between culture and its components with clinical phenomena in general and psychiatric evaluation and management in particular is broad and multifaceted⁷.

Cultural psychiatry as a discipline uses concepts and instruments from the social and biological sciences, to advance a full understanding of psychopathological events and their management by patients, families, professionals and the community at large^{8,9}.

Culture impregnates every clinical and non-clinical event in any and all diseases^{10,11}.

DIAGNOSTIC EVALUATION IN PSYCHIATRY

By history-taking and observation of psychopathology, psychiatric evaluation aims at reaching a comprehensive perspective of the patient's experience, so that the most appropriate treatment can be offered. Diagnosis is an essential component of epidemiological surveys, of elucidating risk and protective factors, of ascertaining the roles of families and communities, and the basis for policy-making and delivery of services to individuals and the general population¹².

Psychiatric evaluation and management is expected to incorporate cultural elements in the structure, conduction and desired outcomes of the illness process^{13,14} as it is an essential step, perhaps more relevant than in any other field of medicine. It involves assessment of deeply subjective emotional states, and exploration of interpersonal issues and experiences¹⁵. Diagnosis in psychiatry does not have the option of laboratory tests or the pathognomonic ascription of symptoms or "biomarkers" utilized in medical or surgical specialties.

CULTURAL FACTORS IN PSYCHIATRIC EVALUATION AND MANAGEMENT

It is essential for the clinician to understand patient's cultural background. Clinician should identify, recognize and evaluate the impact of culture on mental health. Culture plays an important role in the evaluation process³¹. Cultural factors may have a powerful pathogenic impact as triggers of psychopathology e.g., the role of ghost affliction or supernatural powers in Indian culture and violence in television shows in the development of violent behavior among predisposed children or adolescents³². They can also contribute to higher or lower levels of severity of psychiatric symptoms e.g., delayed help-seeking response to the appearance of acute psychotic symptoms in a family member. They can be agents in the expression of clinical symptoms, reflecting the dominant themes of the historical period in which the illness occurs. They are certainly decisive elements in treatment seeking and choice of the therapist.

At present, culture is poorly used in psychiatric evaluation. Culture in clinical assessments is limited to mentions of race, ethnicity, language or migrant status³³. Culture is too complex in content, and too heterogeneous in nature to be covered by relatively simple clinical interactions³⁴. Literature contributions dealing with culture in clinical practice and diagnosis are mostly descriptive, narrative, and/or colored by sociological, anthropological or even ecological viewpoints³⁵, therefore labeled and dismissed as "soft science" by clinicians and scientists. Many believe cultural factors to be important only for treatment and management issues, perhaps preventive measures, but not for diagnosis per se^{28,34,35}.

Culture-bound syndromes are uniquely related to specific cultural characteristics of the human groups in which they occur; as such, their etiological, pathogenic and clinical manifestations do not correspond to the conventional entities included in mostly Western based nomenclatures. Culture-bound syndromes have, indeed, a venerable history enriched by contributions of notable clinicians and researchers in the last four or five decades^{36,37}. A partial list of culturebound syndromes was included in the Appendix I of DSM-IV, but it did not do justice to the extensive literature on the topic. Practically every region of the world has a set of culture-bound syndromes but the question is, are they nosologically autonomous entities, or do they have enough similarities with existing clinical conditions currently listed in DSM or ICD?

CULTURAL COMPONENTS IN PSYCHIATRIC EVALUATION AND MANAGEMENT

The cultural components of psychiatric evaluation cover a variety of areas. The following are the main aspects about which information must be gathered in the process of a well-structured clinical interview.

CULTURAL VARIABLES

Cultural variables such as language, religion and spirituality, gender and sexual orientation, traditions and beliefs, migration history and level of acculturation should be covered in the initial phase of a clinical evaluation⁷. In traditional Indian society, the patient and the general population often reposes great trust on the treating doctor. The patient often comes with the notion that the doctor knows the best and expects the doctor to make a decision about the treatment. A paternalistic view had been the norm over a long period, though the trends are changing now³⁸. Confidentiality is another culture-specific issue. Patients are often accompanied by family members, who would often be present while clinical history is taken and examination is conducted. The patients often may not object to the family members being told about the medical details. Many times, the information shared may be of sensitive nature, where it may not be in interest of the patient to share the information^{39,40}.

FAMILY DATA

Family is another cultural variable to deserve a special focus. Family history, structure and life provide data about what are called "microcultural" or "micro-environmental" segments in the patient's history. Areas such as raising modalities, roles and/or hierarchies, valueinfusing activities, eating habits, status of women in the family, religious beliefs and moral values and social interactions (e.g., community celebrations) must be inquired about, as part of the whole assessment process. Help-seeking patterns, may not be a strictly a diagnostic component, represent a great deal of family attitude about interactions with the outside world in general, and the health professions in particular⁴¹.

PATHOGENIC AND PATHOPLASTIC FACTORS

The environment (or "macro-environment") is a source of both preventive and harmful factors in the development of any clinical condition. The identification of environmental pathogenic factors is essential. Such factors include family life, the impact of agencies such as media, socio-political structures, rules and values of public behavior, rituals, and the like. Pathoplastic factors refer to the uniqueness of symptom expression. The clinician should recognize the description of the symptoms by patient and relatives, the words and terms used, and the context in which the clinical story evolves. Environment shapes the form of the symptoms: e.g. a delusion is identified in the psychopathological assessment, now and ever since clinical psychiatry became an established discipline; the delusion's content, however, will be different in a 21st century patient growing up in an urban, technologically-dominated world from that of a patient from 200 years ago, living in a predominantly rural, much less complicated environment. The distinction between the appearance of the symptom, its verbal description, and the patient's surrounding reality are the key elements of the evaluation.

EXPLANATORY MODELS

One way of examining the role of culture in psychiatric disorders is to elicit the explanatory models of traditional healers⁴²⁻⁴⁴. Explanatory models offer the idiosyncratic perspective of patient and relatives about the origin (cultural etiology?) of the symptoms, why they occur, and how the process of "getting ill" has evolved (cultural pathogenesis?). This approach is based on the notion that reality is socially constructed. An explanatory model (EM) is defined by Kleinman 1984 as the "notions about an episode of sickness and its treatment that are employed by all those engaged in the clinical process"⁴⁵. The exploration could expand into why has the particular patient become the "target" of such symptoms, and what should be done to overcome them⁴⁶. Culture plays an important role in treatment seeking behaviour. In the traditional Indian society a great majority of patients reach the modern mental health services via faith healers. In their community belief, every body knows that the commonest cause of illness is the invasion of the sick person's body by a supernatural power: this may be the action of a witch, a ghost, or the anger of a god. A healer, in the

people's view, is one who himself has the magical power to exorcize them. For them, modern treatment is incomplete without advice on certain dietary recommendations⁴⁷.

While studying "Explanatory models of mental disorders among traditional healers and their patients in rural south India" it was found that an understanding of local patient perspectives of mental disorders will allow modern medicine to provide culturally sensitive and locally acceptable health care⁴⁸. Stigma of mental illness in the Indian culture leads to social distance, rejection, guilt and responsibility for illness and influences the treatment seeking behavior⁴⁹.

The cultural stamp of these explanations should not be underestimated, as the information is valuable and relevant for both the diagnosis itself, and for aspects of the eventual multidisciplinary (multi-conceptual or multi-dimensional) management process. These models are linked to particular categories of illness and reveal labels and cultural idioms for expressing the experience of illness.

PATIENT'S STRENGTHS AND WEAKNESSES

The mental status examination, part of a clinical history includes now a section outlining the individual patient's strengths and weaknesses as reported by him/her and/or by family members. The cultural nature of this piece of information is undeniable: being the product of self-observation, it reflects issues of self-image and subsequent self-esteem, interaction styles, social disposition and skills, level of performance, even subtly disguised yearnings for change, or clear therapeutic targets⁵⁰. Furthermore, strengths and weaknesses (the latter considered barriers against treatment approaches) configure what is known as "coping styles" of the patient vis-à-vis the adverse events originating, leading to, or aggravating the pathological symptoms. Culture plays an important role both in evaluation and management of a psychiatric case in the following way:

1. **Conception of the etiology of mental illness:** It has been documented in the literature that certain ethnic groups relate the origin of mental illnesses to spiritual or religious factors⁵¹⁻⁵³. Psychiatrists must be aware of this possibility and, thus, recognize and respect it during the evaluation and treatment of patients from different ethnic and cultural groups.
2. **Manifestation of symptoms may vary from culture to culture.** Hispanic American and Indian patients very frequently manifest their anxiety and symptoms of depression through somatization⁵⁴⁻⁵⁵. Therefore, somatic complaints must be understood and integrated as part of these psychiatric conditions, particularly when no objective organic reasons that could explain this type of symptoms are present.
3. **Treatment compliance is influenced by one's culture.** Cultural factors tend to be found often at the core of the problem of treatment compliance⁵⁷⁻⁵⁹. Therefore, psychiatrists need to understand not only the concept of "disease" as a pathophysiological phenomenon but the concept of "illness" as well, with its host and environment connotations⁶⁰⁻⁶¹. Compliance in the psychiatric setting depends primarily on the doctor-patient relationship and, above all, on the therapeutic alliance; cultural factors play a unique role in the development of both.
4. **Need to integrate psychiatric care with religious institutions:** The treating psychiatrist should be knowledgeable about and sensitive to the main aspects of the patient's culture⁶²⁻⁶³.

Success of any treatment in psychiatric disorders calls for due recognition of cultural factors both in evaluation and management.

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