

Illness perception in different cultures

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Case study

A 21-year-old man from Afghanistan suffers from nightmares and has trouble sleeping. Sometimes, he has severe tantrums in which he is physically aggressive and confused. During the tantrum, his speech is unintelligible and it is difficult to talk to him about it afterwards, as he keeps mentioning ghosts (djinns). His care providers wonder if he has a psychiatric problem.

General

1. Assessing psychiatric problems takes time

The **process** of fleeing is a complicated one, involving trauma, displacement, marginalisation... The periods prior to and post migration and also contain many stress factors. It is 'normal' that this can lead to physical and psychological complaints.

2. Addressing the role of culture in illness perception

In addition to applying the general principles for diagnosis and treatment of psychiatric problems, it is important to consider the role of culture in illness perception.

- **Cultural psychiatry** seeks to understand and map the impact of culture on mental health (Kirmayer, 2000).
- **Kleinman's (1988) explanatory models** address:
 - the cause of the illness
 - the onset of symptoms
 - the various symptoms of the illness
 - the prognosis and treatment
 - knowledge and value systems in different population groups
 - ➔ Clinicians' explanations may differ from those of the client. Making a client feel recognised in their culture tends to increase their treatment adherence.
 - perspective client: "My problem is created by the *djinns*."
 - perspective counsellor: "The problem could be a psychosis or post-traumatic stress disorder."
 - ➔ The gap between client and counsellor widens when perspectives differ.
- **Tension between the universalist and relativist view of psychopathology:** *nature* (pathology is innate and universal) versus *nurture* (pathology is determined and shaped by the environment, including culture).

In practice

1. General approach

- Discuss the **symptoms** as well as the potential **resources for help** with the client. Psycho-education around trauma and stress is often the first step in the therapeutic process.
- Define the **problem** and formulate a **therapy proposal** that is meaningful to the client, their family and the clinician.
- Don't focus solely on individual psychiatric syndromes, but consider the client's **social and cultural context**.
- Keep in mind that there is a wide **spectrum of variety** within each cultural group, making each case unique.

2. Kleinman's illness perception questionnaire

Kleinman's illness perception questionnaire is useful during **intake**:

- What do you think the cause is?
- Why do you think it started when it did?
- What do you think the consequences might be?
- How do you expect your illness to progress?
- What kind of treatment do you think you need?

3. Cultural Formulation

- Cultural Formulation is an **addendum** to the DSM IV and DSM V. This **list that can help clarify** cultural aspects in the diagnostic and therapeutic process.
- Cultural Formulation is useful for **individual counsellors** as well as for **teams**.
- **Five main themes** are broken down into many sub-questions:
 - cultural identity of the client
 - cultural explanations of illness
 - psychosocial stressors and cultural characteristics of vulnerability and resilience
 - cultural elements in the counsellor-client relationship
 - cultural determinations for diagnostic and treatment purposes.

Want to know more ?

- Kleinman, A., 1988, Rethinking Psychiatry
- www.pharos.nl (clearly describes various clinical illnesses in different languages)
- Bhugra, D. and Bhui, K., 2007, Textbook of Cultural Psychiatry