

Chapter 9 Summary

- Two perspectives on psychological disorders and culture—relativist and universalist—have been developed in cross-cultural psychology. The relativist perspective on psychopathology puts psychological phenomena in a relative perspective and pays attention to unique cultural context of psychological disorders. According to the universalist perspective on psychopathology, there are absolute, invariable symptoms of psychopathology across cultures.

- Attempting to diagnose and treat an individual, the professional should know the client's reference groups and the ways in which cultural context is relevant to clinical care, including psychotherapy. In particular, the specialist should pay attention to the following: (1) the cultural identity of the individual, that is, his or her ethnic, religious, and other cultural reference groups; (2) the cultural explanations of the individual's illness; (3) the cultural interpretations of social stressors and social supports, such as religion, level of functioning, and disability; and (4) the cultural elements of the relationship between the individual and the clinician.

- American clinicians use a special diagnostic manual (*DSM-IV*) to diagnose mental disorders. Clinicians usually assess information available to them about the individual from the standpoint of five axes, each of which helps professionals to examine the situation from five different viewpoints or domains of information. There are disorders that may or may not be linked to a particular *DSM-IV* diagnostic category. These are recurrent, locally specific patterns of aberrant behavior and troubling experiences that are called culture-bound syndromes. They are generally limited to specific societies or areas and indicate repetitive and troubling sets of experiences and observations.

- Cultural norms, availability of resources, national standards on health, access to technology, social inequality, and many other environmental factors could affect the individual's health and general well being.

- Despite general similar occurrence rates, there are some cultural variations in how schizophrenia is viewed, diagnosed, and treated. There are some substantial ethnic variations in the expression of depression, which are also based on various individual differences, socialization

experiences, cultural definitions of disorders, and stress. There is empirical evidence concerning the links between suicide and religiosity, age, sex, nationality, substance use, and various cultural traditions. There are substantial cultural variations in the expression of anxiety that range from somatic to cognitive to behavioral symptoms. Differences in diagnostic practices account in some way for cross-cultural differences in reported symptoms and could explain great cross-cultural variability for anxiety disorders. It is suggested that personality disorders should be viewed, diagnosed, and treated in the context of each culture's norms and thresholds of tolerance for a particular behavior. There are cultural and national standards for substance use and substance abuse. There are also wide cultural variations in attitudes toward substance consumption, patterns of substance use, accessibility of substances, and prevalence of disorders related to substance use.

- The cultural background of the professional can influence his or her perception of different behaviors. Psychologists are likely to have their own perceptions and attributions about the links of culture, ethnicity, and mental illness. It is also known that doctors can misdiagnose particular diseases due to cross-cultural differences in the perception, attribution, and expression of signs of disease. Psychotherapy across countries has different historical and cultural roots and varied cultural expressions. Different countries have different laws and rules regarding the hospitalization of mental patients. General psychological and cultural factors may affect the cross-cultural relationship between the professional and his client. Different ethnic groups could have various attitude patterns about mental health services. In general, the context of therapy should be consistent with the client's culture to achieve the goal of cultural accommodation.

Key Terms

Anxiety Disorders A category of mental disorders characterized by persistent anxiety or fears.

Central Symptoms Symptoms of mental disorders observable in practically all cultures.

Culture-Bound Syndromes Recurrent, locally specific patterns of aberrant behavior and troubling experience that may or may not be linked to a particular *DSM-IV* diagnostic category. Culture-bound syndromes are generally limited to specific societies or areas and indicate repetitive and troubling sets of experiences and observations.

Depressive Disorder A category of psychological disorders characterized by a profound and persistent feeling of sadness or despair, guilt, loss of interest in things that were once pleasurable, and disturbance in sleep and appetite.

Melancholy The most common label used in many countries in the past for symptoms known today as depression (often spelled *melancholia*).

Mental Disorder A clinically significant behavioral and psychological syndrome or pattern that occurs in an individual and that is associated with present distress (a painful syndrome) or disability (impairment in one or more important areas of functioning) or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom.

Peripheral Symptoms Symptoms of mental disorders that are culture-specific.

Personality Disorders Enduring patterns of behavior and inner experience that deviate markedly from the expectations of the individual's culture.

Psychotherapy The treatment of psychological disorders through psychological means, generally involving verbal interaction with a professional therapist.

Relativist Perspective A view of psychological disorders, according to which human beings

develop ideas, establish behavioral norms, and learn emotional responses according to a set of cultural prescriptions. Therefore, people from different cultural settings should understand psychological disorders differently, and the differences should be significant.

Schizophrenia A disorder characterized by the presence of delusions, hallucinations, disorganized speech, and disorganized or catatonic behavior.

Tolerance Threshold A measure of tolerance or intolerance toward specific personality traits in a specific cultural environment.

Universalist Perspective A view of psychological disorders, according to which people, despite cultural differences, share a great number of similar features, including attitudes, values, and behavioral responses. Therefore, the overall understanding of psychological disorders ought to be universal.