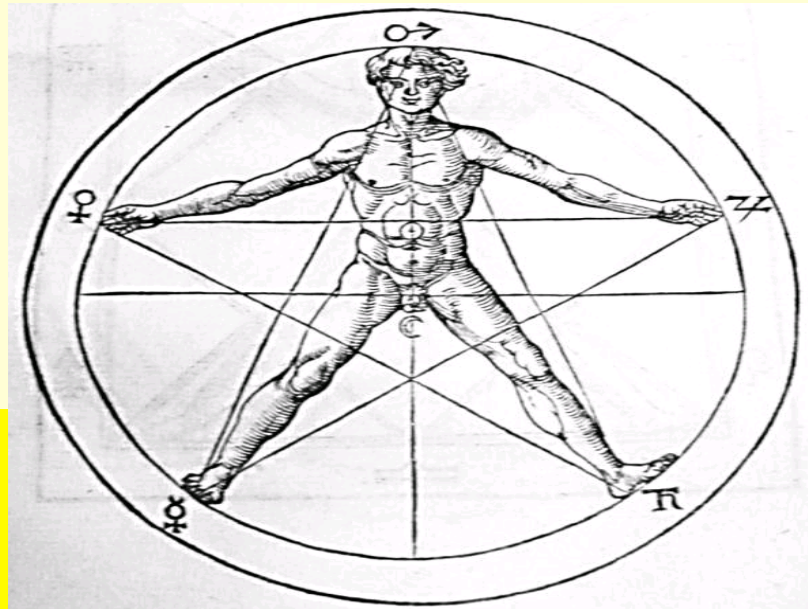


Cultural issues in Asian Mental Health

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University of California,
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Identity

Biology



Explanatory
Models

Doctor-
Patient
Relationship

Stressors
and
Supports

Disclosures

None

*"I don't know who discovered water,
but I'm pretty sure it wasn't a fish."*

*~ Marshall McLuhan (1911-1980),
media critic & writer*



Topic: In what ways does culture influence mental health?

(a broad overview)

*Why understand culture?
What is the clinical relevance?*

DSM: Cultural Formulation

What are the sections of the Cultural Formulation?

- I. Cultural Identity
- II. Explanatory Models of Illness
- III. Cultural Stressors and Supports
- IV. Cultural Elements of the Relationship with clinician(s)
- V. Overall Assessment: Impact of culture on assessment/diagnosis and treatment plan

*Why do a cultural formulation?
What is the clinical relevance?*

Outline

- I. Cultural Identity
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Outline

I. Cultural Identity

II. Explanatory Models of Illness

III. Cultural Stressors and Supports

IV. Cultural Elements of the Relationship with clinician(s)

V. Overall Assessment: Impact of culture on assessment/diagnosis and treatment plan

Clinical relevance?

Identity

What aspects of identity are related to culture?

Individual vs. collective

Acculturation

Communication style

Emotional expressivity

Language proficiency*

Identity

What aspects of identity are related to culture?

Individual vs. collective

Acculturation

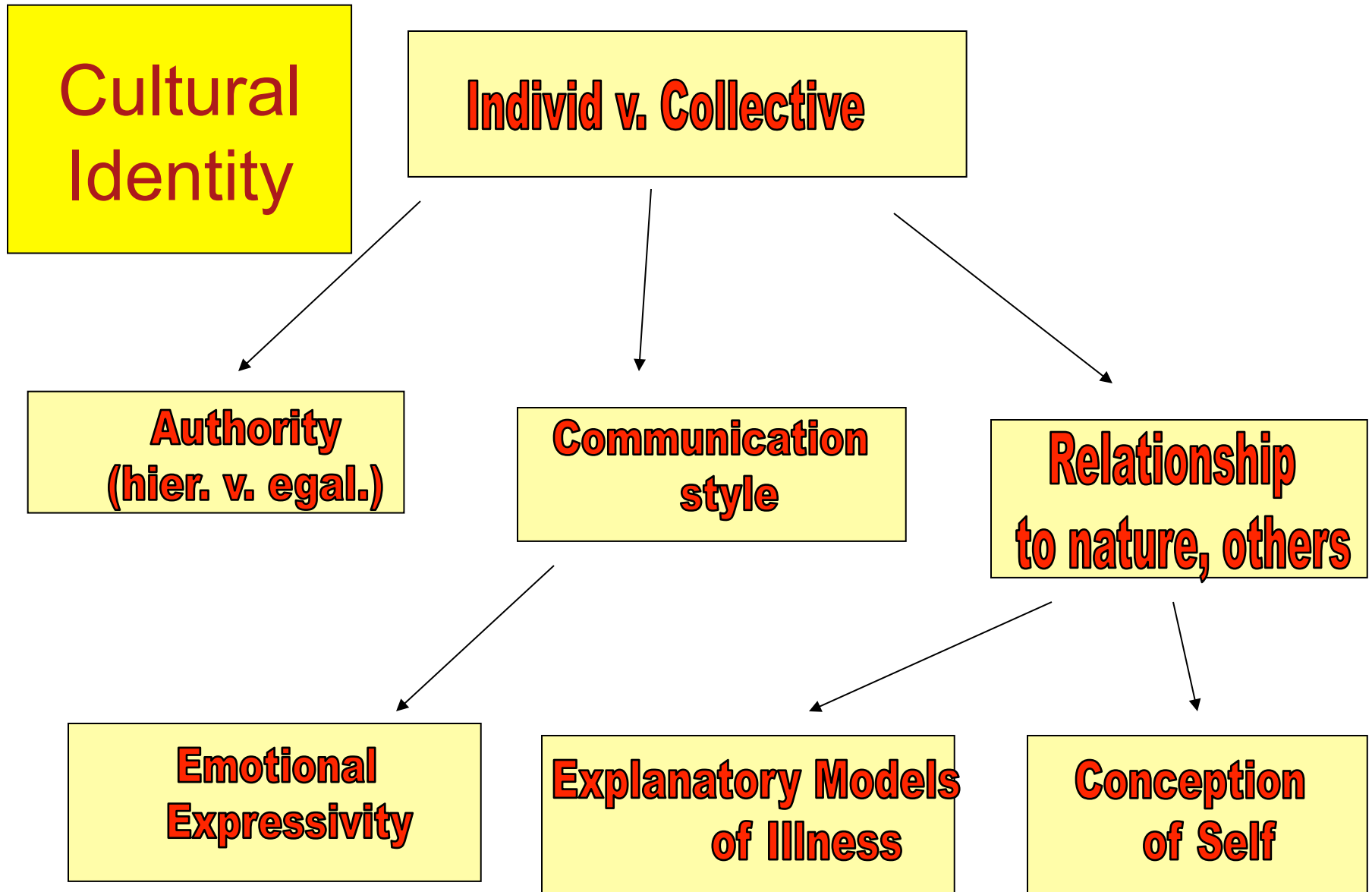
Communication style

Emotional expressivity

Language proficiency*

Individual versus Collective

- The family
- Confidentiality



Identity

What aspects of identity are related to culture?

Individual vs. collective

Acculturation

Communication style

Emotional expressivity

Language proficiency*

Acculturation

What does it mean
to be
acculturated?



*Degree to which an individual conforms to majority
cultural values and norms
May reduce stereotyping
Different levels of acculturation around different
issues*

Chinese-American boy enjoys Swiss
fondue in Argentina

Identity

What aspects of identity are related to culture?

Individual vs. collective

Acculturation

Communication style

Emotional expressivity

Language proficiency*

Communication style (effect on clinical evaluation)

Direct vs. indirect

(Joy Luck Club)

<https://youtu.be/WhtjwGZlaew>

Communication style (effect on clinical evaluation)

Nonverbal vs verbal



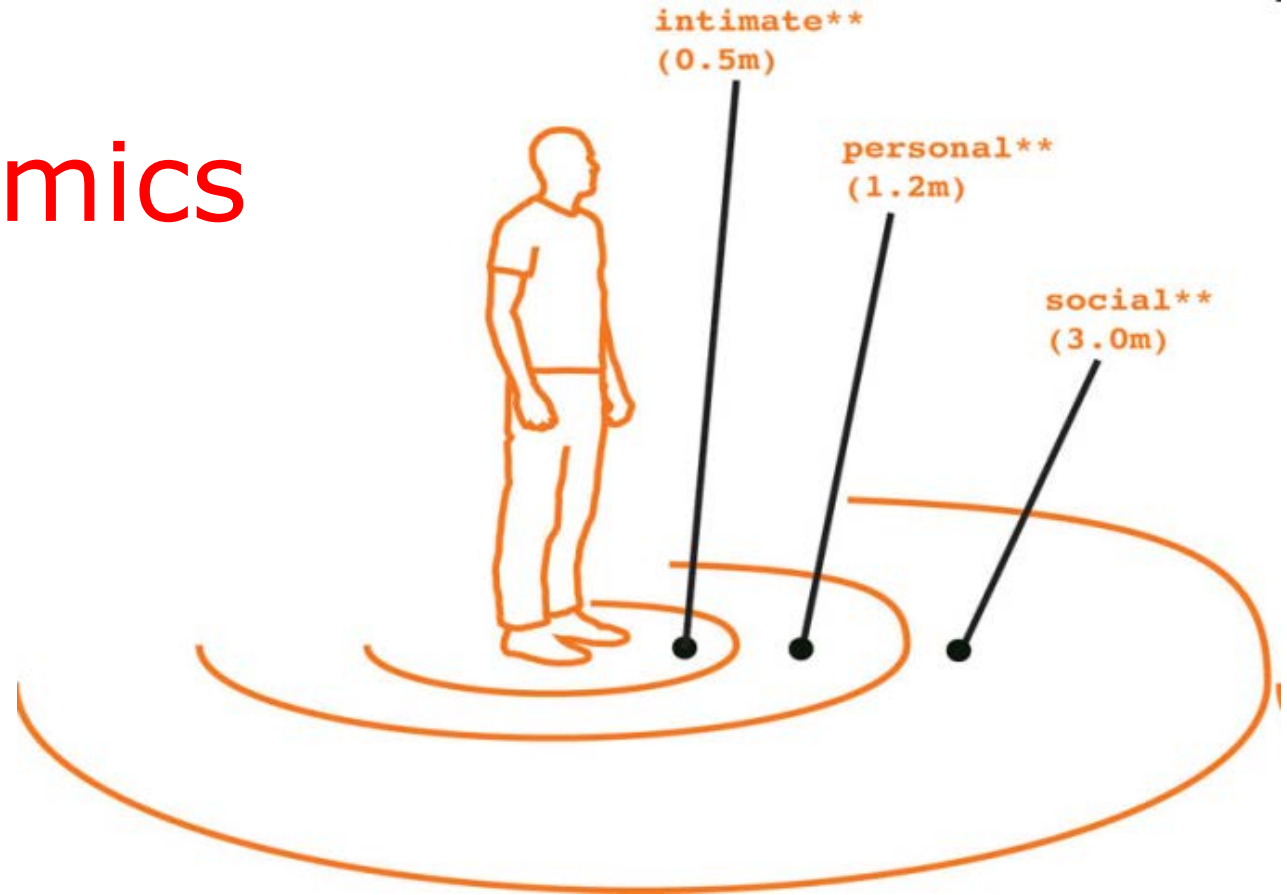
Forms of non-verbal communication

<http://nonverbal.ucsc.edu/>

Kinesics/Haptics



Proxemics



Paralanguage



[Nonverbal Communication in China](https://youtu.be/GADQAUNpwAY)
<https://youtu.be/GADQAUNpwAY>
(5min)

Identity

What aspects of identity are related to culture?

Individual vs. collective

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Communication style

Emotional expressivity

Language proficiency*

Emotional Expressivity



Identity

What aspects of identity are related to culture?

Individual vs. collective

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Communication style

Emotional expressivity

Language proficiency*

Clinical relevance

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Neurasthenia and Depression

In 1980 and Arthur Kleinman in Hunan, China

Evaluated 100 consecutive patients who had been diagnosed with “neurasthenia”

- What is Neurasthenia?

What is neurasthenia?

ICD-10 Diagnostic Criteria of Neurasthenia:

- (a) Either persistent and distressing complaints of **increased fatigue after mental effort, or persistent and distressing complaints of bodily weakness and exhaustion after minimal effort;**
- (b) At least two of the following:
- feelings of muscular aches and pains
 - dizziness
 - tension headaches
 - sleep disturbance
 - inability to relax
 - irritability
 - dyspepsia;
- (c) [not better described by other more specific disorders]

Neurasthenia and Depression: “Scientific Perspective”

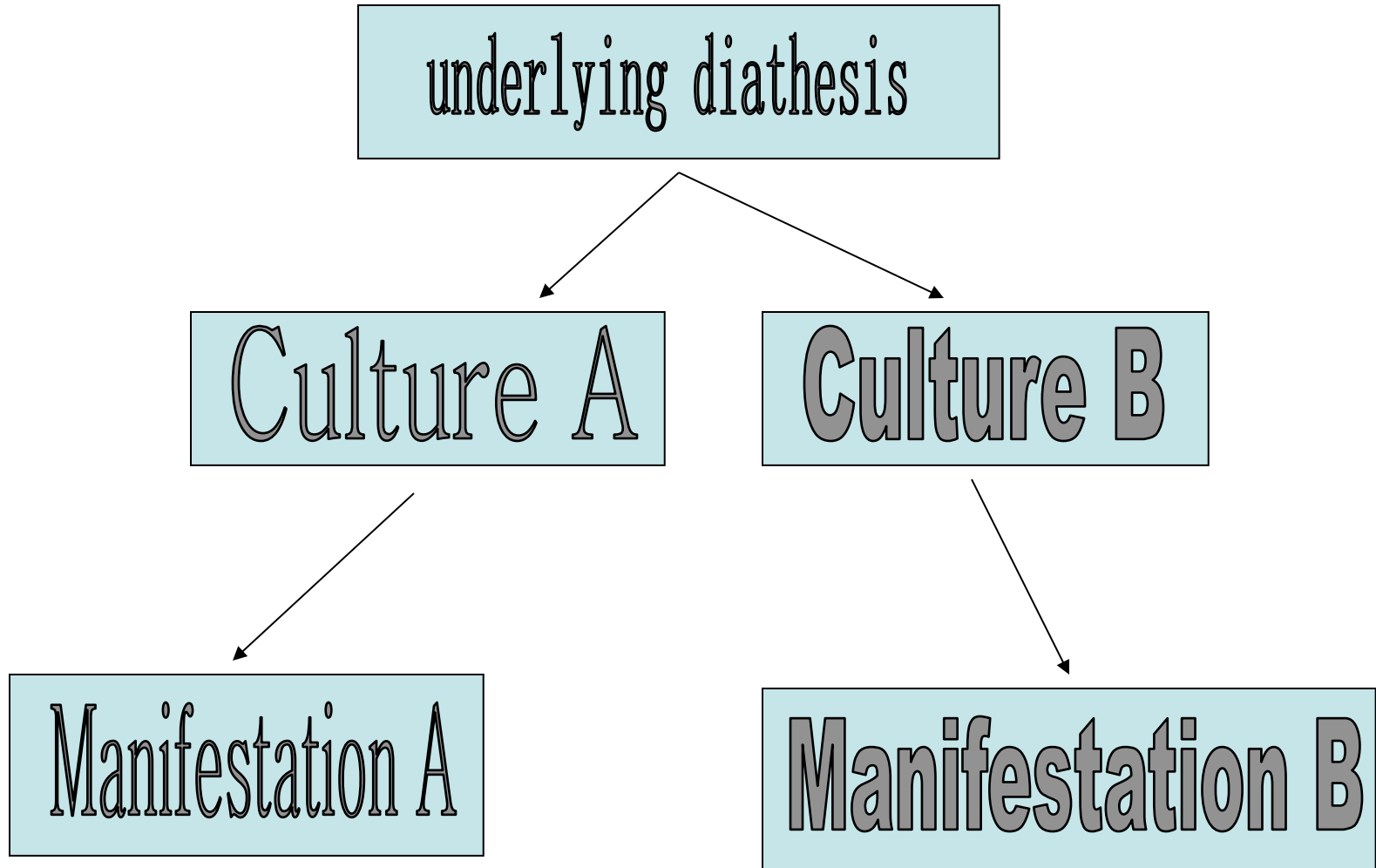
Of 100 neurasthenia patients,
Kleinman diagnosed:
93% with depression
71% with anxiety disorders.

Is depression being misdiagnosed in China as
neurasthenia?

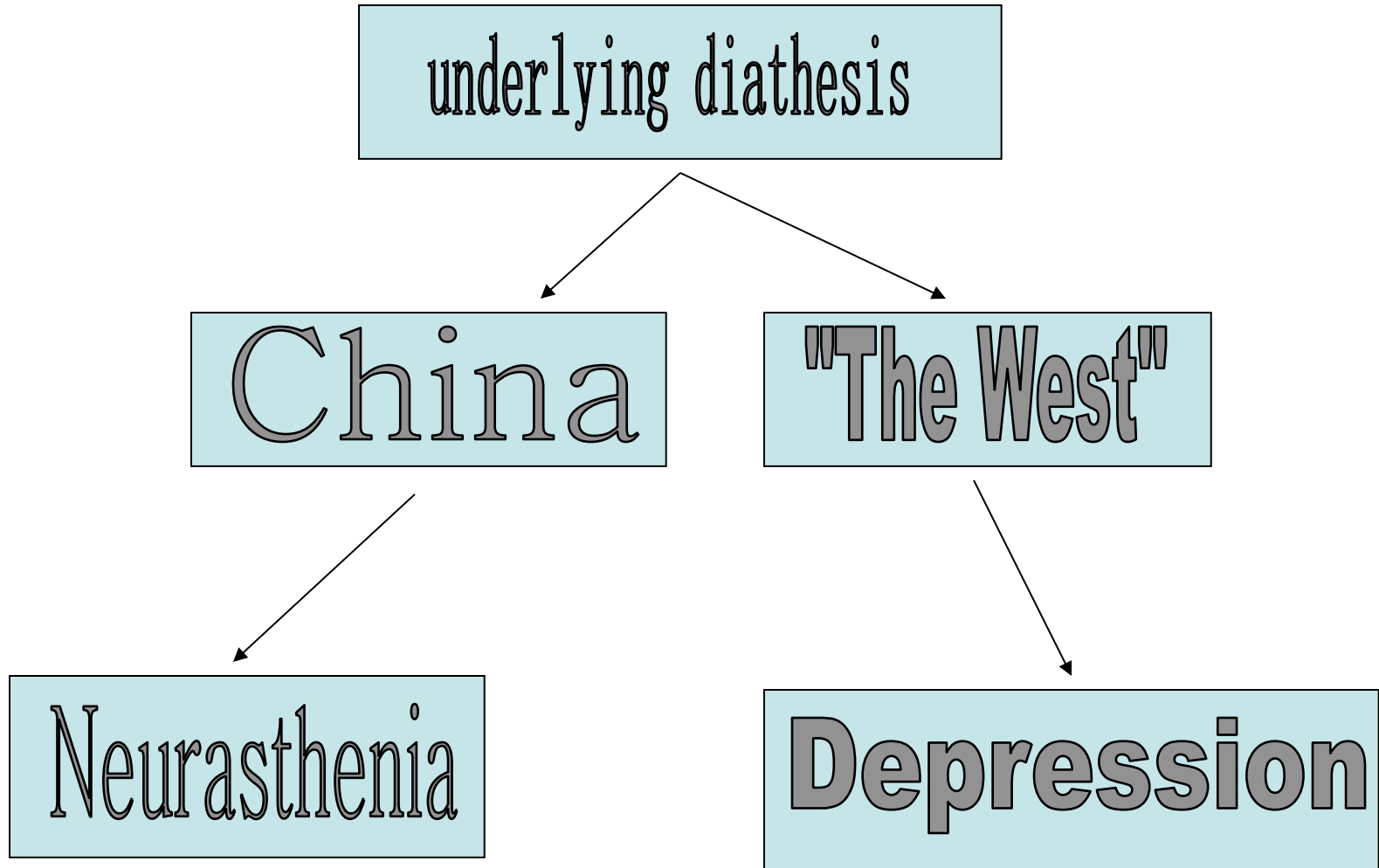
How is neurasthenia related to depression?

Is neurasthenia simply undiagnosed depression?

The Cultural-Relativist Perspective



The Cultural-Relativist Perspective



"hysteria"

```
graph TD; A["hysteria"] --> B["male + culture"]; A --> C["Female + Culture"]; B --> D["Antisocial Personality"]; C --> E["Somatization Disorder"];
```

male + "culture"

Female + "Culture"

Antisocial Personality

Somatization Disorder

Lilienfeld et al: The Relationship of Histrionic Personality Disorder to Antisocial Personality and Somatization Disorders. Am J Psychiatry 143:718-722,1986

Thought experiment:

Could a Chinese psychiatrist come to the US, evaluate patients with a prior diagnosis of depression, and re-diagnose them with neurasthenia?

→ Are American psychiatrists mis-diagnosing U.S. patients?

Explanatory Models of Illness

In this section:

- **Idioms of distress and Somatization**
- Cultural syndromes
- Definition of mental health
- Importance of the patient's perspective

What is somatization?

“the production of recurrent and multiple medical symptoms with no discernible organic cause.”

A bad definition!

We tend to have a perjorative view of patients who somatize. True or False?

What is somatization?

“the tendency to experience psychological distress in the form of somatic symptoms and to seek medical help for these symptoms, which may be initiated and/or perpetuated by emotional responses such as anxiety and depression.

better

We tend to have a perjorative view of patients who somatize. True or False?

Psychologization – the expression of personal and social distress in an idiom of emotions and internally realized affect



Is neurasthenia simply undiagnosed depression?

Or “How many iron filings does a unicorn attract?”



What is a category fallacy?

Questions and Answers

"There are no right answers to wrong questions."

Ursula K. Le Guin

Medicalization

What is medicalization?

- the conceptualization of a social problem as a medical one

Pro's and con's?

Back to Kleinman and the 100 neurasthenia patients:

3 years later, Kleinman returned to China (1983):

- **48** patients with “medical” perception, **33%** decreased their medical utilization
- **52** patients with new “psychological” understanding, **70%** of patients decreased medical utilization

Back to
Kleinman in
China

"Distress"

```
graph TD; A["Distress"] --> B["bodily symptoms"]; A --> C["Psychological symptoms"]; B --> D["Medical Help Seeking"]; C --> E["?psychiatric assistance and problem-solving?"]
```

bodily symptoms

Psychological symptoms

Medical Help Seeking

?psychiatric assistance
and problem-solving?

Explanatory Models of Illness

In this section:

- Idioms of distress and Somatization
- **Cultural syndromes**
- Definition of mental health
- Importance of the patient's perspective

What is a cultural syndrome?



- Disorders that occur only within certain cultures, or subcultures.
- Supported by cultural beliefs
- Recognized as disorders by individuals within the culture, but are often unrecognizable to people from other cultures.

Asian Cultural Syndromes

Shuo-yang or Koro (Chinese)

Shen-Kui (Chinese)

Shen-jing shuai-ruo -- neurasthenia

Hwa-byung (Korean)

Taijin kyofusho (Japanese)

Hikikomori (Japanese)

Fan death (Korean)

“Western cultural syndromes”?

Which of the following are cultural syndromes?

- Eating disorders
- Menopause
- Post-traumatic Stress Disorder
- Dissociative disorders
- Personality disorders
- Body Dysmorphic Disorder
- Substance Abuse

Stern JM. Transcultural aspects of eating disorders and body image disturbance. *Nord J Psychiatry*. 2018;72(sup1):S23-S26. doi:10.1080/08039488.2018.1525642

Avis NE, Brockwell S, Colvin A. A universal menopausal syndrome? *Am J Med*. 2005;118 Suppl 12B:37-46. doi:10.1016/j.amjmed.2005.09.057



Explanatory Models of Illness

In this section:

- Idioms of distress and Somatization
- Cultural syndromes
- **Definition of mental health**
- Importance of the patient's perspective

Definition of mental illness

What is a mentally healthy person?

What is meant by “psychologically minded”?

What is mental illness?

Characteristics of mentally “healthy” person

- Ability to express feelings in words
- High value on insight, understanding one’s emotions
- Highly individuated (Not “enmeshed”)
- Ability to trust (clinician)

→ Very Western!



Explanatory Models of Illness

In this section:

- Idioms of distress and Somatization
- Cultural syndromes
- Definition of mental health
- Importance of the patient's perspective

Explanatory Models of Illness

- Universalism – (“*etic*”)
- Relativism – (“*emic*”)

Explanatory Models of Illness

“What do you think caused this problem?”



Bottom line

You shouldn't overlook cultural components of psychiatric diagnoses

(Nor should you overlook biological components!)

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Cultural Stressors and Supports

US cultural trends

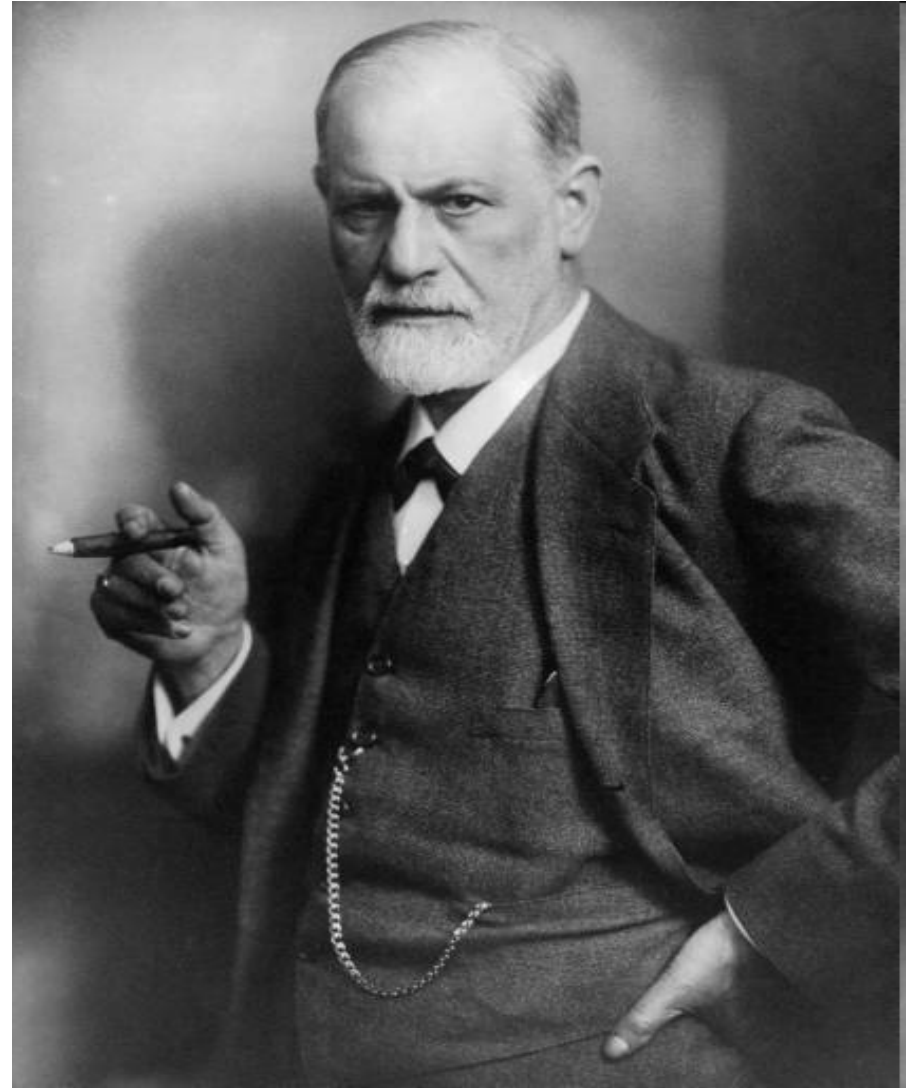
Focus on Asian families + Culture
conflicts

U.S. Culture Trends in 20th Century

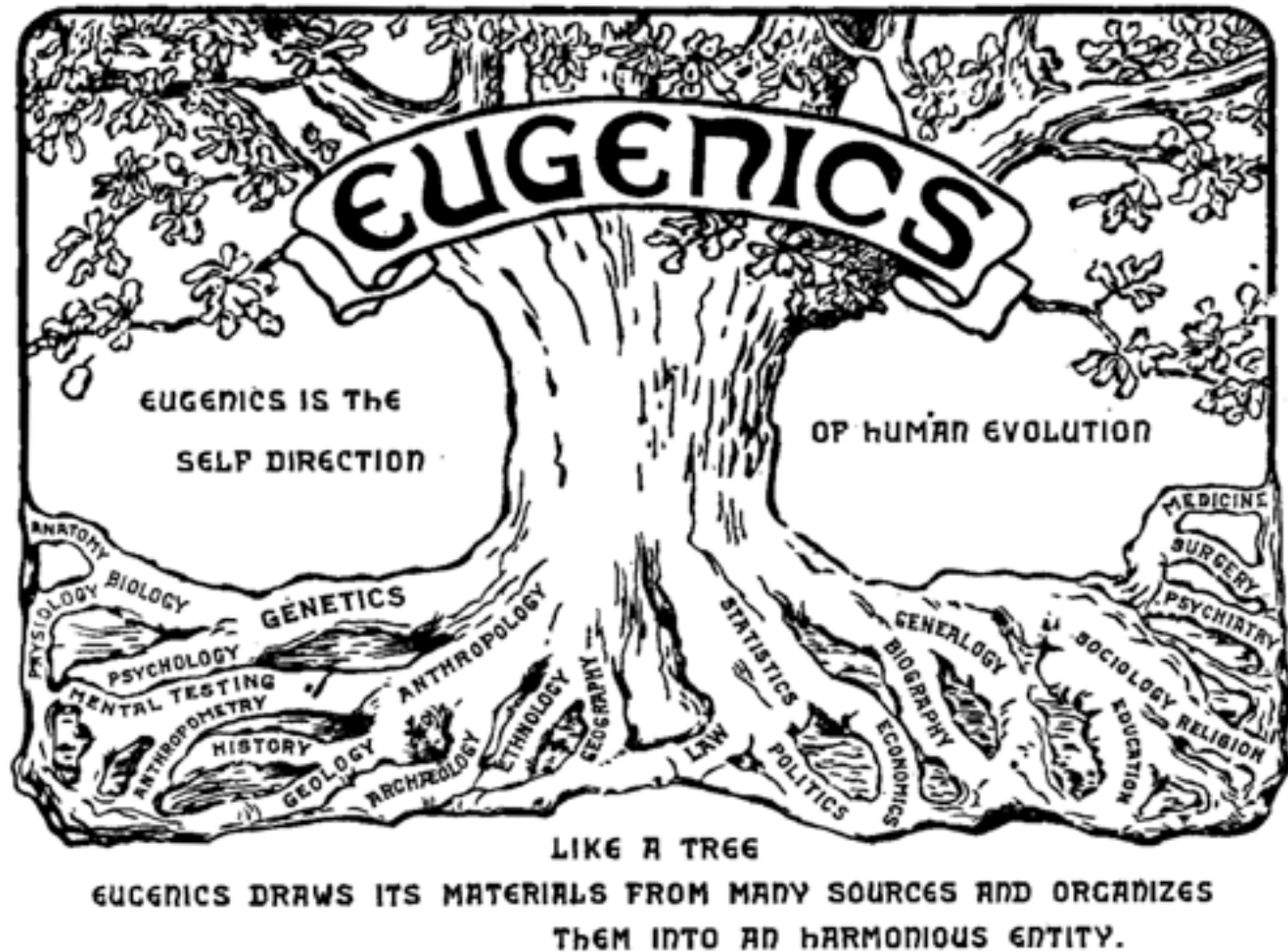
Examples of cultural/political phenomena that have affected mental health care delivery in the U.S.:

- Secularization (Psychologization)
- Eugenics
- Institutional Care and subsequent Community Mental Health and Deinstitutionalization
- (Re)emergence of Biomedical Paradigm

Secularization



Example: Eugenics



Logo of the Second International Congress of Eugenics, 1921.

9 Highland Road

*sane living for
the mentally ill*

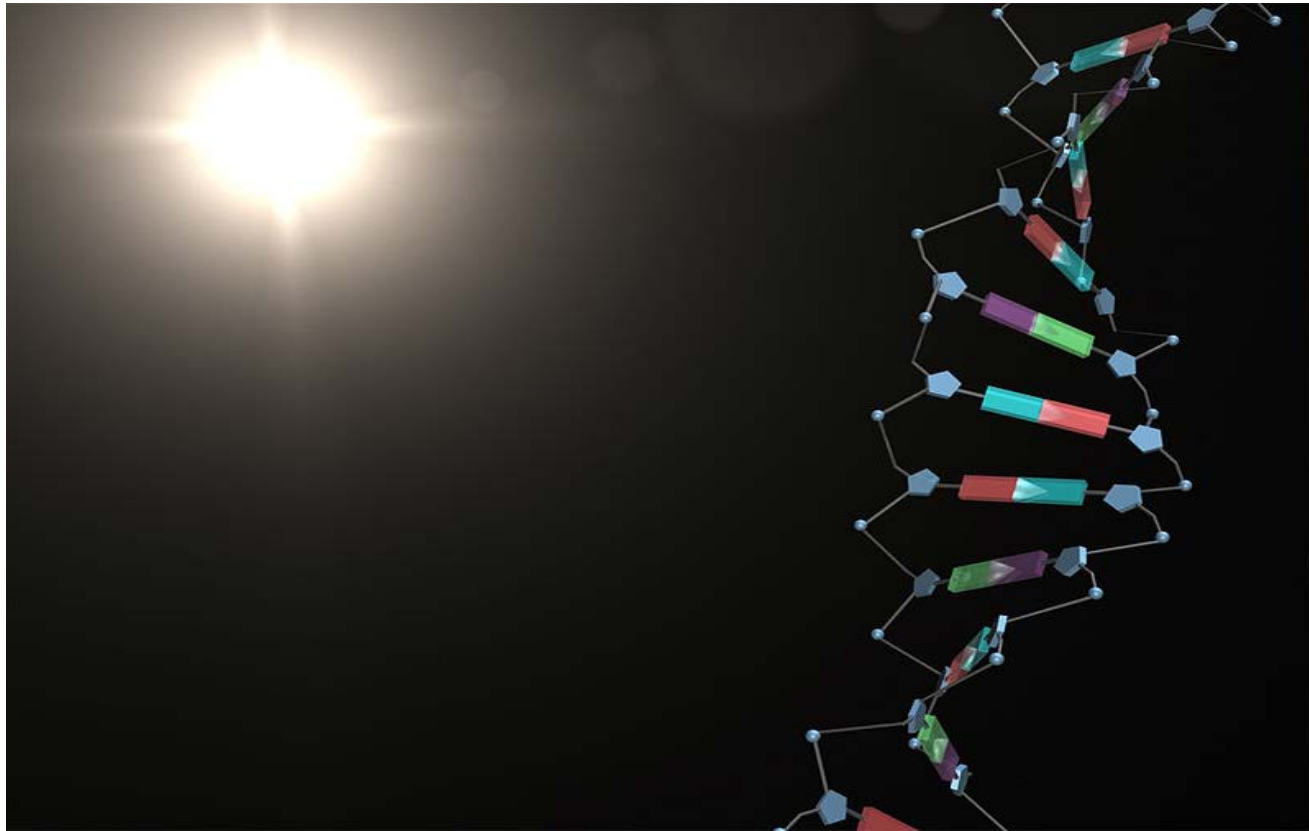


Michael Winerip

"No better, more humane, more respectful but unsentimental book about lives troubled by mental illness has been written." —*The New York Times Book Review*

Community Mental Health and Deinstitutionalization

Reemergence of biomedical paradigm (mid-1970's to now)



(see <http://www.who.int/healthinfo/statistics/bodprojectionspaper.pdf> and Project Atlas: <http://www.who.int/globalatlas/default.asp>)

Cultural Stressors and Supports

US cultural trends

Focus on Asian families +
Culture conflicts

Confucianism

“Wu lun”

family

harmony

golden rule

virtue



Example: “Traditional” Chinese Family



Prescribed
roles

harmony,
inter-
dependence

Patriarchal

Extended
family
structure

Example: “Traditional” Chinese Family



Expectations for
sons+daughters

parent-child
relationship
primary

filial piety

“Loss of face”

Example: Contemporary Chinese American Families

Nuclear family

Biarchal structure:
spousal dyad

Sons and daughters,
both expected to
leave the home

All interact with
outside world



Chinese Child-Rearing Practices

Dependence fostered: physical exploration is discouraged

Love expressed by providing for children -- also expectation that later children will provide for adults

Compliance, self-restraint, and obedience prized

Humility encouraged, praise of others used as a method to admonish children

"the body with its hair and skin is received from parents; do not cause it harm"



(video: Becoming American)
<https://youtu.be/i29MUD7vwX4> (3min)

Interview Tips

- Family support/stress
- Immigration history
- Child-rearing practices

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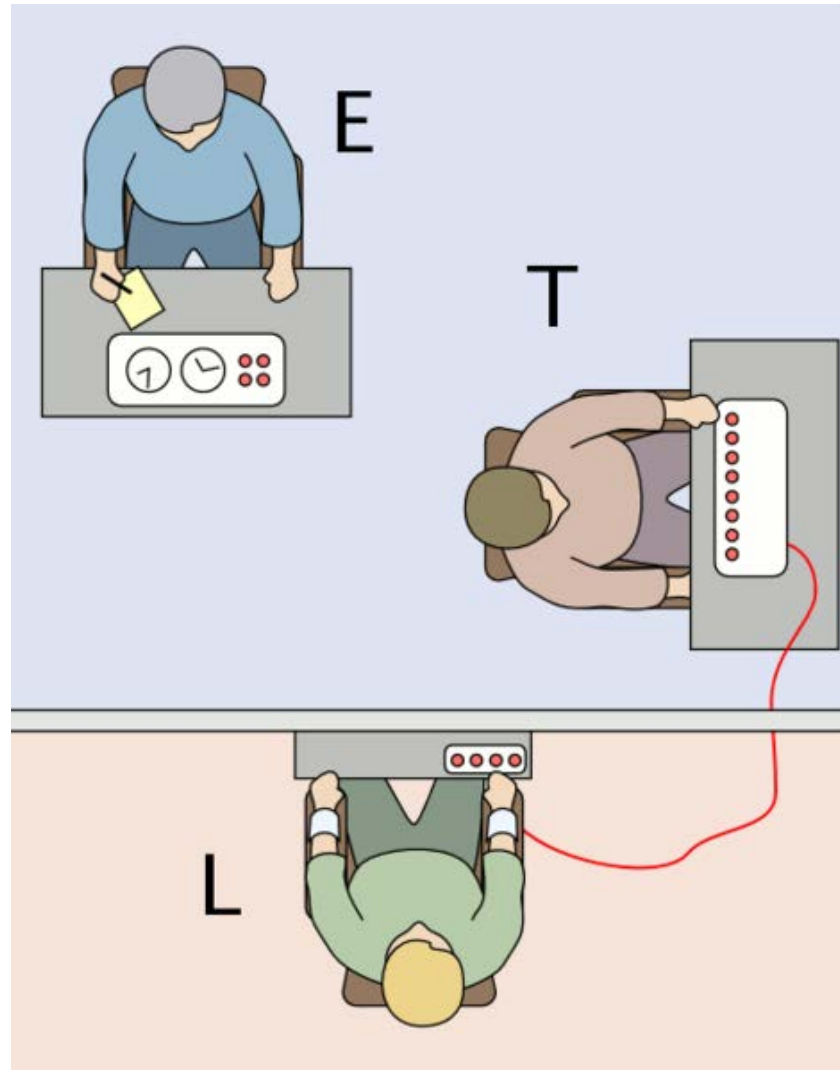
The Doctor-Patient Relationship

Relationship to Authority

Informed consent

Transference and the Self

Authority Issues?





Milgram experiment <https://youtu.be/xOYLCy5PVgM> (5min)

The Doctor-Patient Relationship

Relationship to Authority

Informed consent

Transference and the Self

**INFORMED CONSENT FOR ELECTROCONVULSIVE
TREATMENT
VOLUNTARY OR INVOLUNTARY PATIENT
WITH VERIFIED CAPACITY TO CONSENT**

DO NOT SIGN THIS FORM UNTIL YOU HAVE READ IT THOROUGHLY. YOUR PHYSICIAN HAS ADEQUATELY EXPLAINED TO YOU THE MATTERS MENTIONED BELOW, AND YOU HAVE ALL THE INFORMATION THAT YOU DESIRE CONCERNING ELECTROCONVULSIVE TREATMENT.

PART I—CONSENT INFORMATION

The nature of electroconvulsive therapy has been fully explained to me by Dr. _____ on _____ at _____. I am satisfied with that explanation. I understand all of the following:

1. _____ Date _____ Time _____
The nature and seriousness of my mental condition.
2. _____
The reason for using this treatment, which involves passing a controlled electrical current through my brain.
3. _____
The electrical current produces a seizure in the brain. The amount of electricity used to produce the seizure will be adjusted to my individual needs, based on the judgment of the ECT physician. The medication used to relax my muscles will greatly soften the contractions in my body that would ordinarily accompany the seizure. I will be given oxygen to breathe. During the procedure, my heart, blood pressure, and brain waves will be monitored. Within a few minutes, the anesthetic medications will wear off and I will awaken. I will then be observed until it is time to leave the ECT area.
4. _____
treatments w
5. _____
include a bri
result in a cf
thoughts.
6. _____
sometimes k
continue wit
However, th
7. _____
or in various combinations. These alternatives are not preferable to electroconvulsive therapy because:
8. _____
This treatment may have the following side effects and risks:
 - a. _____
Headache, nausea, and sore muscles lasting from one hour to several weeks after treatment.
 - b. _____
Confusion lasting from an hour or so after each treatment to several weeks after a series of treatments.
 - c. _____
Memory loss lasting from an hour or so after each treatment to spotty losses lasting for several months or years after a series of treatments. Although many of these memories should return during the first few months following my ECT course, I may be left with some irreversible gaps in memory.
 - d. _____
For a short period following ECT, I may also experience difficulty in remembering new information. This difficulty in forming new memories should be temporary and typically disappears within several weeks following the ECT course.
9. _____
There may be serious complications of heart, lung, or brain functioning as a result of the treatments or of procedures used with the treatment.
10. _____
I have the right to accept or refuse this treatment and the right to revoke this consent for any reason at any time prior to or between treatments.
11. _____
Special circumstances that apply to me are: (Enter "None" if there are no special circumstances): _____
12. _____
Anesthesia and muscle relaxants will be used during these treatments to prevent accidental injury. Oxygen will be administered to minimize the small risk of heart, lung, brain malfunction or death as a result of the anesthesia or treatment procedures.

PART II—CONSENT BY PATIENT

I have carefully read and understand the foregoing. I hereby consent to the performance of electroconvulsive therapy. I understand that the required 24 hours have elapsed between my signature and the time the information was provided to me.

Patient:

Print first name, last name _____ Signature _____
Date: _____/_____/_____ Time: _

Witness to Patient Signature:

Print first name, last name _____ Signature _____
Date: _____/_____/_____ Time: _

ECT Treating Physician:

Print first name, last name _____ Signature _____
Date: _____/_____/_____ Time: _

PART III—NOTIFICATION OF RELATIVE

I understand that notifying a relative of my treatment with electroconvulsive therapy is desirable, but I may invoke my right to privacy and request that no relative be notified of this treatment.

Check appropriate box:

I hereby request that no relative be notified of my treatment with electroconvulsive therapy.
I hereby authorize and agree that my relative _____ who is my _____

How might cultural considerations affect informed consent?

Print first name, last name _____ Signature _____
Date: _____/_____/_____ Time: _

ECT Treating Physician:

Print first name, last name _____ Signature _____

The Doctor-Patient Relationship

Relationship to Authority

Informed consent

Transference and the Self

Conception of “the self”

- How do you define the Self?
- Mind-Body split (Descartes)
- Western conception of Self
- Non-Western “self”

Reminder: Characteristics of mentally “healthy” person

- Ability to express feelings in words
- High value on insight, understanding one’s emotions
- Highly individuated (Not “enmeshed”)
- Ability to trust (clinician)



Cultural aspects of the “self”

- Transference
- Unconscious
- Ego functions, ego strength
- Objects

See also: Cultural Psychotherapy: Working With Culture in the Clinical Encounter, by Karen Seeley. Jason Aronson 1999.

The False Self (Winnicott)



Culture and Self Psychology (Heinz Kohut)



I

ME

Outline

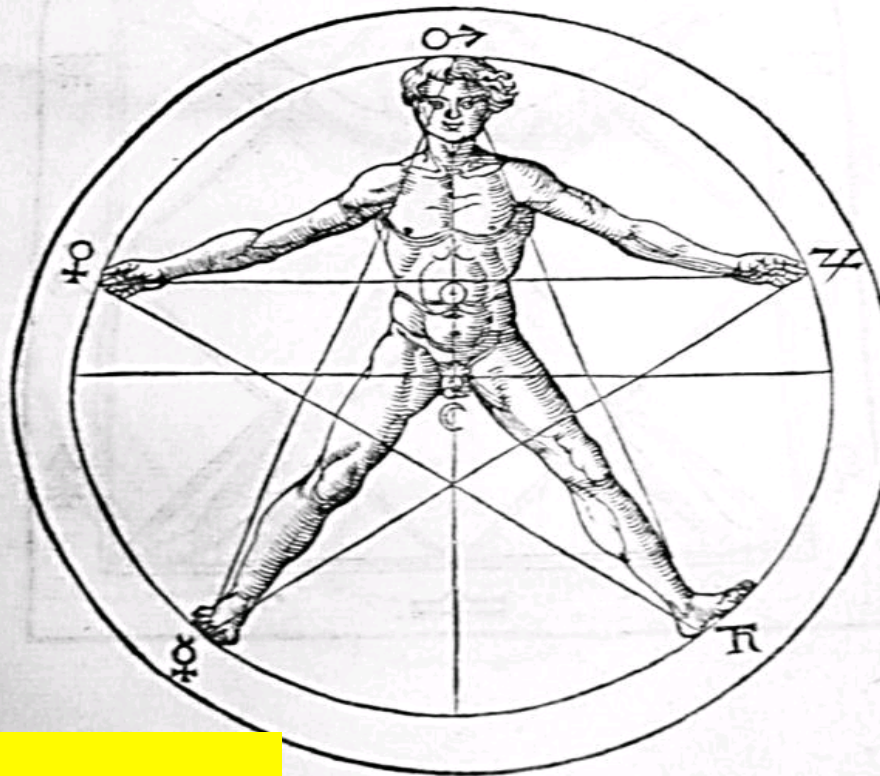
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Film:
“Return to Grace”
(12min)

Outline

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Biology



Explanatory
Models

Doctor-
Patient
Relationship

Stressors
and
Supports

Cultural Identity



Explanatory Models



Cultural Stressors and Supports



Doctor-Patient Relationship



The End

