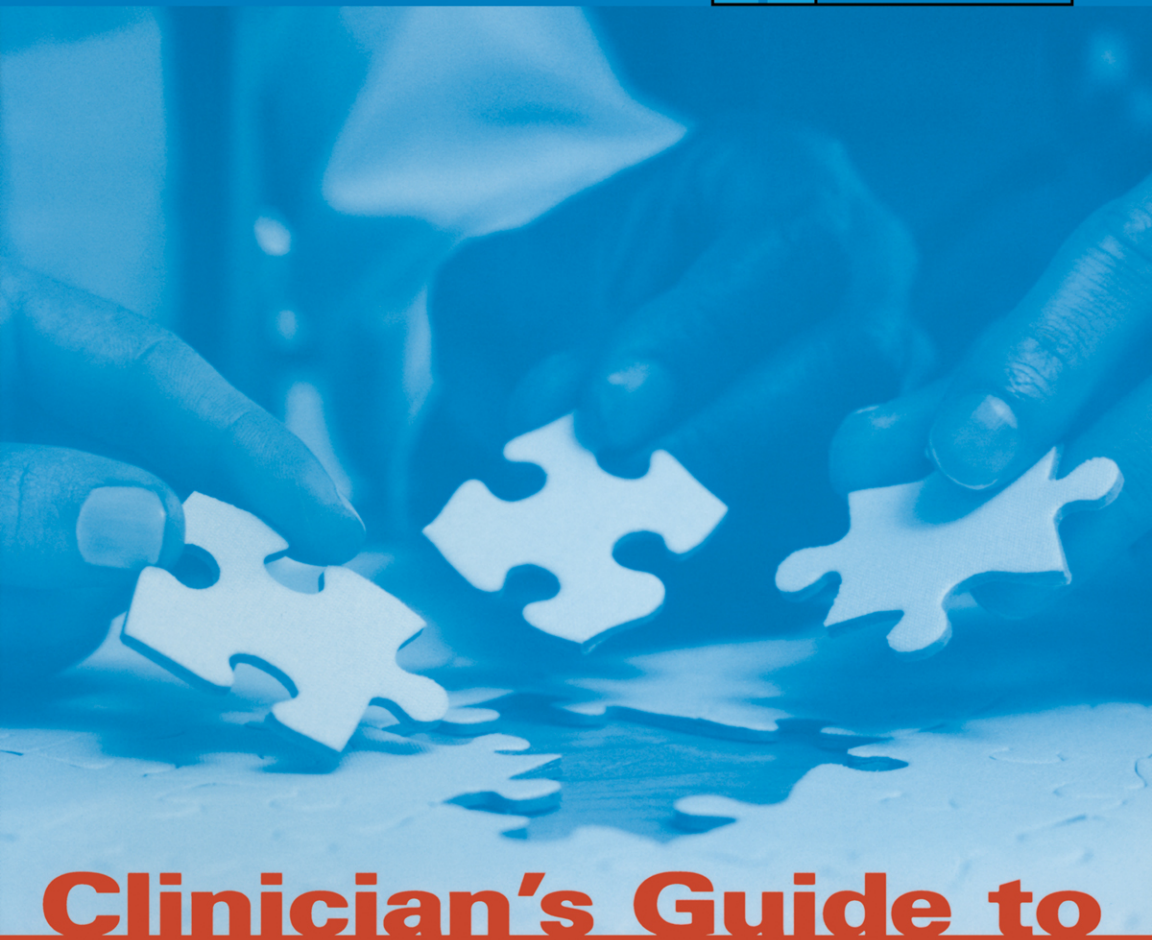
PRACTICAL RESOURCES for the Mental Health PROFESSIONAL



Clinician's Guide to Cultural Psychiatry

Wen-Shing Tseng

AP

Clinician's Guide to Cultural Psychiatry

This Page Intentionally Left Blank

Clinician's Guide to Cultural Psychiatry

Wen-Shing Tseng
Department of Psychiatry
University of Hawaii
Honolulu, Hawaii

ACADEMIC PRESS
An imprint of Elsevier Science

Amsterdam Boston London New York Oxford Paris
San Diego San Francisco Singapore Sydney Tokyo

Cover image © 2003 PhotoDisc.

This book is printed on acid-free paper.

Copyright © 2003, Elsevier Science (USA).

All Rights Reserved.
No part of this publication may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopy, recording, or any information storage and retrieval system, without permission in writing from the publisher.

Permissions may be sought directly from Elsevier's Science & Technology Rights Department in Oxford, UK: phone: (+44) 1865 843830, fax: (+44) 1865 853333, e-mail: permissions@elsevier.com.uk. You may also complete your request on-line via the Elsevier Science homepage (http://elsevier.com), by selecting "Customer Support" and then "Obtaining Permissions."

Academic Press
An imprint of Elsevier Science
525 B Street, Suite 1900, San Diego, California 92101-4495, USA
http://www.academicpress.com

Academic Press
84 Theobald's Road, London WC1X 8RR, UK
http://www.academicpress.com

Library of Congress Catalog Card Number: 2003102256

International Standard Book Number: 0-12-701633-3

PRINTED IN THE UNITED STATES OF AMERICA
03 04 05 06 07 8 7 6 5 4 3 2 1

Contents

Preface xiii

About the Author xvii

1 *Culture, Behavior, and Pathology*

A. What Is Cultural Psychiatry? 1
1. Cultural Psychiatry: Definition and Scope 1
2. Culturally Competent Psychiatric Practice 3

B. How Does Culture Impact Mind and Behavior? 4
1. What Is Culture? 4
2. Marriage and the Family 13
3. Child Development and Enculturation 20
4. Personality and Ethnic Identity 28
5. Customs, Beliefs, and Rituals 36
6. Adulthood, Aging, and Death 40

C. How Does Culture Relate to Pathology? 46
1. Different Ways Culture Contributes to Pathology 47
2. Cultural Impact on Different Groups of Psychopathology 51

References 53

2 *Culture, Stress, and Illness Reactions*

A. Culture and Stress 59
1. Stress Created by Culturally Formed Anxiety 59
2. Stress Induced by Special Culturally Prescribed Roles and Duties 60
3. Stress Produced by Culturally Demanding Performance 61
4. Stress Imposed by Cultural Limitations on Behavior Expression 63
5. Problems Due to Cultural Regulations of Choice 64
6. Problems That Arise from Sociocultural Discrimination 65
7. Problems Induced by Rapid Cultural Change 65
8. Problems Related to Cultural Uprooting or Destruction 66

B. Culture-Shaped Coping Patterns 67

C. Folk Explanations of Mental Problems 69
1. Supernatural Explanations 70
2. Natural Explanations 71
3. Somato-Medical Explanations 72
4. Psychological Explanations 73
D. Traditional Medicine and Concepts of Disorders 74
1. Chinese Traditional Medicine 74
2. *Ayurvedic* Medicine 77
3. Galenic-Islamic Medicine 78
E. Illness Behavior: Recognition and Help-Seeking 79
1. Folk and Professional Mental Disorders Recognized 79
2. Distinction between "Illness" and "Disease" 79
3. Sick Role and the Reactions of Others 82
4. Help-Seeking Behavior and Pathways 84
5. Service Utilization and Compliance 85
References 85

3 *Culture and Psychopathology: Specific Phenomena*

A. Culture-Related Specific Syndromes 89
1. What Are Culture-Related Specific Syndromes? 89
2. Culture-Related Beliefs as Causes of the Occurrence (Pathogenetic Effects) 90
3. Culture-Patterned Specific Coping Reactions (Pathoselective Effect) 102
4. Culture-Shaped Variations of Psychopathology (Psychoplastic Effect) 107
5. Culturally Elaborated Unique Behavior (Psychoelaborating Effect) 112
6. Cultural Influence of Prevalent Occurrence of Disorders (Pathofacilitating Effects) 118
7. Cultural Interpretation of Certain Mental Conditions (Pathoreactive Effect) 119
8. Other Questionable Conditions 121
9. Final Comments 122
B. Epidemic or Collective Mental Disorders 124
1. What Is Epidemic Mental Disorder? 124
2. Some Epidemic Episodes 125
3. Overview: Frequency, Mechanisms, and Dynamic 133
References 136

4 *Culture and Psychopathology: General Disorders*

A. Anxiety Disorders 144
1. Diagnostic Distribution of Anxiety Disorders 144
2. Cultural Aspects of Various Types of Anxiety Disorders 147
B. Depression Disorders 150
1. Introduction and Clarification 150
2. Variations in Clinical Pictures 152
3. Cultural Contribution to Causes of Depression 154

C. Dissociation, Possession Disorders, and Hysteria 155
1. Introduction and Clarification 155
2. Various Types of Disorders 157
3. Hysteria 162
D. Somatoform Disorders, Including Neurasthenia 163
1. Introduction and Clarification 163
2. Cultural Perspectives of Some Forms of Disorders 165
E. Alcohol-Related Problems 169
1. Factors and Problems Related to Drinking 169
2. Drinking and Problems in Various Societies 173
F. Other Substance Abuse 177
1. Introduction 177
2. Historical Episodes or Unique Situations in Some Societies 178
3. Epidemiological Findings from Various Societies 180
G. Eating Problems 183
1. Introduction and Clarification 183
2. Information from Different Sociocultural Settings 185
3. Integration and Comments 188
H. Suicide Behavior 189
1. Committed Suicide 190
2. Suicide Attempts 197
3. Clinical Implications 197
I. Personality Disorders 198
1. General Debates about Personality Disorders 198
2. Cultural Influence on Personality Disorders 199
3. Specific Categories of Personality Disorders 199
J. Sexual Disorders 201
1. Ethology and Anthropological View of Sexual Behavior 202
2. Cultural Aspects of Sexual Disorders 202
K. Schizophrenic Disorder 204
1. Concerning Clinical Manifestation 204
2. Regarding Causative Social Variables 205
3. Studying Frequency of Disorder 206
4. Examining Clinical Prognosis 207
References 209

5 *Culturally Competent Clinical Assessment*

A. The Need for Cultural Competence 219
1. Sharpening of Cultural Sensitivity 220
2. Acquiring Cultural Knowledge 221
3. Enhancement of Cultural Empathy 221
4. Adjustment of Culturally Relevant Relations and Interactions 222
5. Establishment of Ability for Cultural Guidance 223
B. Culturally Relevant Assessment and Diagnosis 225
1. Therapist-Patient Relations 226
2. Interview and Communication 228
3. Assessment and Diagnosis 232

C. Culturally Adjusted Psychological Measurement 246
1. Basic Considerations: Methodological Issues 247
2. Instruments and Cross-Cultural Applications 250
3. Possible Resolution for Transcultural Application 254
References 255

6 *Culturally Competent Clinical Care*

A. Inpatient Psychiatric Care 260
1. General Concerns 260
2. Special Issues 261
B. Outpatient Psychiatric Care 264
1. Overall Issues 264
2. Special Matters 265
C. Psychiatric Emergency Service 267
1. General Problems 267
2. Special Challenge 268
D. Consultation-Liaison Service 269
1. Medical Issues That Need to Be Dealt with 269
2. Culturally Stigmatized Medical Diseases 273
3. Sex-Related Medical Conditions or Issues 274
4. Culturally and Ethically Controversial Medical Practices 275
5. Key Areas for Clinical Attention 276
E. Psychiatric Nursing Care 277
1. General Issues 277
2. Special Issues Relating to Nursing Care 278
F. Mental Health Social Work 280
1. Common Issues 280
2. Special Functions and Services 281
G. Forensic Psychiatric Service 283
1. General Issues 283
2. Cultural Issues 284
3. Clinical Matters 285
4. Comments and Suggestions 286
References 287

7 *Culturally Competent Psychotherapy*

A. Intercultural Psychotherapy: Challenges and Competence 291
1. Orientation to Psychotherapy 292
2. Communication in Therapy 294
3. The Art of Using an Interpreter 299
4. Therapist-Patient Relationship 302
5. Assessment and Understanding of Problems 305
6. Interpretation and Giving Advice 306
7. Goals of Psychotherapy 307

B. Cultural Adjustments of Psychotherapy 309
C. Cultural Considerations in Various Modes of Therapy 311
1. Individual Psychotherapy 311
2. Interpersonal Psychotherapy 313
D. Cultural Application and Supervision of Psychotherapy 317
1. Various Situations in Which Culture Plays a Role in Clinical Cases 318
2. Various Circumstances That Warrant Attention to Cultural Matters 322
3. Transcultural Supervision in Psychotherapy 324
E. Comparison of Folk, Unique, and Common Therapies 325
1. Culture-Embedded Indigenous Healing Practices 325
2. Culture-Influenced Unique Psychotherapies 330
3. Culture-Related Common Psychotherapies 334
4. Comparison and Synthesis 336
5. Integration: Cultural Implications of Psychotherapy 337
References 338

8 *Ethnicity, Culture, and Drug Therapy*

A. What Do We Know about Ethnicity and Psychopharmacology? 343
1. Basic Concepts: Pharmacokinetics and Pharmacodynamics 344
2. Genetic-Related Factors 344
3. Nongenetic Biological Factors 346
B. How Does Culture Affect Giving and Taking Medication? 347
1. Medicine Taking as a Part of Illness Behavior 347
2. Medicine and Mode of Administration 348
3. Meaning of Medication 349
References 351

9 *Culture and Therapy with Special Subgroups*

A. Children 353
1. Cultural Aspects of Development and Psychology 353
2. Culture-Related Special Issues 354
3. Some Mental Health Problems 358
4. Therapeutic Considerations 363
B. Adolescents 365
1. Psychological Development 365
2. Common Psychological Challenges 365
3. Unique Psychological Problems 366
4. Some Mental Disorders Commonly Related to Adolescents 368
5. Fundamental Therapeutic Considerations 369
6. Common Issues to Be Addressed in Therapy 370
7. Some Groups Needing Special Attention 372

C. Aged Persons 374
1. Psychological Problems Encountered 374
2. Psychotherapy for the Elderly 377
D. Women 382
1. General Issues: Cultural Discrimination against Women 382
2. Common Mental Health Problems Relating to Women 383
3. General Psychiatric Problems: Trends for Women 384
4. Some Attention Needed for Therapy 386
5. Special Considerations for Particular Services 388
E. Couples 389
1. Culture and Marital Problems 389
2. Intercultural Marriage 394
3. Cultural Considerations in Working with Couples 397
F. Families 402
1. Formulations of Family and Psychopathology 402
2. Culture-Related Family Problems: Common Issues 403
3. Special Family Problems: Some Examples 404
4. Cultural Considerations of Family Therapy 406
References 408

10 *Culture-Oriented Care of Different Ethnic Groups*

A. African-American Groups 414
1. General Issues 414
2. Mental-Health-Related Problems 416
3. Therapeutic Considerations and Clinical Suggestions 419
B. Asian-American Groups 419
1. General Issues 419
2. Mental-Health-Related Problems 422
3. Therapeutic Considerations and Clinical Suggestions 423
C. European-American Groups 424
1. General Issues 424
2. Mental-Health-Related Problems 426
3. Therapeutic Considerations and Clinical Suggestions 427
D. Hispanic-American Groups 429
1. General Issues 429
2. Mental-Health-Related Problems 430
3. Therapeutic Considerations and Clinical Suggestions 432
E. Native-American Groups 433
1. General Issues 433
2. Mental-Health-Related Problems 435
3. Therapeutic Considerations and Clinical Suggestions 437
References 441

11 *Some Social Phenomena and Therapeutic Considerations*

A. Sociocultural Change, Migration, and Refuge 446
1. Cultural Change 446
2. Migration 448
3. Refugees 451
B. Minorities 454
1. Race or Ethnicity 455
2. Gender 456
3. Sexual Orientation 457
4. Physical Condition 457
5. Young and Old Age 458
6. Social Discrimination 458
7. Therapeutic Implications 461
C. Group Violence and Collective Homicide 462
1. Various Phenomena 462
2. Ethnic or Racial Conflict as the Cause 465
D. Religion 466
1. Major Religions 467
2. Other Religions or Movements in America 472
3. Religion and Psychopathology 474
4. Religion, Mental Health, and Therapy 476
References 482

Subject Index 487

This Page Intentionally Left Blank

Preface

Modern psychiatry has made remarkable progress in understanding human behavior and psychopathology through a well-balanced orientation toward biological, psychological, and sociocultural aspects. This is necessary both in training and in clinical practice. Associated with the awareness that clinical work needs to consider the diverse ethnic-cultural backgrounds of the patients, there is an increased demand for culturally competent psychiatric service. This is becoming a reality for clinicians working in multiethnic/cultural societies such as the United States and many other societies around the world.

Associated with this increased awareness of the need for culture-oriented clinical practice, there is a demand for a book to use in training and practice. This book, *Clinician's Guide to Cultural Psychiatry*, is written to fill that vacancy. The book serves as a practical guide for clinicians in the application of cultural psychiatry to their work, and may also be useful as a text for teaching psychiatrists and clinical psychologists in training. The contents derive largely from the more comprehensive and in depth *Handbook of Cultural Psychiatry* published by Academic Press in 2001. The contents in *Clinician's Guide* have been restricted to the most relevant information to clinical practice, with case vignettes added for clinical illustration. Material has been updated and restructured to be of most use to clinicians in practice and student clinicians. Additional chapters not in the original *Handbook* are included, discussing culturally competent clinical care in a variety of clinical services and settings (Chapter 6) and addressing the culture-oriented care of different ethnic groups in the United States (Chapter 10). For more theoretical issues or detailed research matters, the reader is advised to refer to the *Handbook*.

Throughout this book, there are many photo illustrations to enhance the material presented. Many thanks are due to colleagues and friends who were kind enough to contribute their valuable photographs, which add a very special quality

to the book. Also, a total of 29 actual case vignettes are inserted in various chapters for clinical illustration. The examples were contributed by many practitioners and scholars, and also by residents: Todd Elwyn, Eileen Ha, Shae Locke, Lillian Jones, and Sonia Patel. Based on their actual clinical encounters, these cases have been presented in conferences or seminars at the department of psychiatry at the University of Hawaii, where the author is involved in teaching. In addition, the residents, Tiffany Bender-Niide, Nalani Blaisdell-Brennan, Bettina Haerer, and Brian Tsuzaki studied and presented various major religions during cultural psychiatry seminars in the academic year 2001–2002. Their discussion contributes to the expansion of Chapter 11 on the subject of religion to meet the current demand for clinicians to pay attention to the religious and spiritual lives of the patients. The contribution of these psychiatric residents toward achieving the goal of preparing this book for use in clinical application is much appreciated.

This book focuses heavily on clinical situations in the United States. It aims to meet the new and formal requirement in the United States for cultural competence in psychiatric training. However, as the material is also derived from various cultural settings around the world, this book will still be useful for many societies beyond the United States, and suitable for readers around the world.

When the author was preparing the *Handbook*, preceding this book, more than 30 national and international experts were consulted on various topics. They are (in alphabetical order): Renato D. Alarcón, Goffredo Bartocci, Richard W. Brislin, Joseé Cañive, Ajita Chakraborty, Edmond Chiu, Juris G. Draguns, Keisuke Ebata, F. M. El-Islam, Armando R. Favazza, Edward F. Foulks, Ezra Griffith, Jing Hsu, Wolfgang Jilek, Kwang-Iel Kim, J. David Kinzie, Laurence J, Kirmayer, Joan D. Koss-Chioino, Takie Sugiyama Lebra, Keh-Ming Lin, Tsung-Yi Lin, Roland Littlewood, Francis G. Lu, Juan E. Mezzich, Masahisa Nishizono, Raymond Prince, Norman Sartorius, Shen Yu-Cun, Ronald C. Simons, Jon Streltzer, Eng-Seong Tan, Vijoy K. Varma, Joseph Westermeyer, and Ronald M. Wintrop. Their vast expertise, insights, and valuable input are greatly appreciated.

Special thanks are due to Academic Press for its vision and commitment in undertaking the timely, needed publication of this book, immediately after the publication of the *Handbook of Cultural Psychiatry*. Much appreciation goes to the publisher, Nikki Levy, for her guidance and assistance in preparing the work.

Throughout this academic and personal undertaking, I am very grateful for the endless encouragement given by my wife, Jing Hsu, M.D., as well as our three children, Chau-Wen Tseng, Ph.D., Chien-Wen Tseng, M.D., and Stephanie Shih-Wen Tseng, M.D. for their enthusiastic support and assistance. I appreciate very much Kathy Luter Reimers for her continuous dedication in editing the manuscript through years. I also thank media specialist Gary F. Belcher for preparing the tables and figures and Christine Yoshida, who provided help with the references and index.

There have also been many colleagues who have provided expertise, shared experiences, and inspired me to broaden my knowledge in the clinical application of cultural psychiatry. I am very grateful for their direct and indirect contributions to this book, which I hope will serve as a useful teaching textbook for clinicians for the further development of competent cultural psychiatry.

Wen-Shing Tseng
Honolulu, Hawaii
June 5, 2002

This Page Intentionally Left Blank

About the Author: Wen-Shing Tseng

Wen-Shing Tseng, M.D., is a professor of psychiatry at the University of Hawaii School of Medicine. Born in Taiwan in 1935, he was trained in psychiatry at the National Taiwan University in Taipei and later at the Massachusetts Mental Health Center of Harvard Medical School in Boston. He was a research fellow in culture and mental health at the East-West Center from 1970 to 1971, before being recruited as a faculty member of the University of Hawaii School of Medicine, where he became a professor in 1976, and served as training director for the psychiatric residency training program between 1975 and 1982.

As a consultant to the World Health Organization and for teaching and research projects, he has traveled extensively to many countries in Asia and the Pacific, including China, Japan, Singapore, Malaysia, Fiji, and Micronesia. He served as chairman of the Transcultural Psychiatry Section of the World Psychiatric Association for two terms, from 1983 to 1993. In that capacity, he developed a wide network of colleagues around the world in the field of cultural psychiatry. Relating to the subject of culture and mental health, he has coordinated numerous international conferences in Honolulu, Beijing, Tokyo, and Budapest. He has held the position of guest professor at the Institute of Mental Health, Beijing University, since 1987.

He has conducted numerous research projects, mainly relating to the cultural aspects of assessment of psychopathology, child development, family relations, epidemic mental disorders, culture-related specific psychiatric syndromes, folk healing, and psychotherapy. The studies resulted in the publication of more than 80 articles in scientific journals and book chapters.

He has edited/coedited the books: *People and Cultures of Hawaii: A Psychocultural Profile* (University Press of Hawaii, 1980), *Chinese Culture and Mental Health*

(Academic Press, 1985), *Suicidal Behaviour in the Asia-Pacific Region* (Singapore University Press, 1992), *Chinese Societies and Mental Health* (Oxford University Press, 1995), *Migration and Adjustment* (in Japanese) (Nihon Hyoronsha, 1996), *Chinese Mind and Psychotherapy* (in Chinese) (Beijing Medical University Press, 1997), *Culture and Psychopathology* (Brunner/Mazel, 1997) and *Culture and Psychotherapy* (American Psychiatric Press, 2001). He has authored the books: *Culture, Mind and Therapy: Introduction to Cultural Psychiatry* (Brunner/Mazel, 1981), *Culture and Family: Problems and Therapy* (Haworth Press, 1991), *Textbook of Psychiatry* (in Chinese) (Buffalo Book Co., 1994), *Psychotherapy: Theory and Analysis* (in Chinese) (Beijing Medical University Press, 1994), and *Handbook of Cultural Psychiatry* (Academic Press, 2001).

Presently, he is a member of the Board of Directors of the Society for the Study of Psychiatry and Culture and honorable advisor of the Transcultural Psychiatry Section of the World Psychiatric Association. Because of his research, publications, and experience, he has gained a reputation as an expert in cultural psychiatry, at both the national and international levels.

CHAPTER 1

Culture, Behavior, and Pathology

A. WHAT IS CULTURAL PSYCHIATRY?

1. Cultural Psychiatry: Definition and Scope

Cultural psychiatry is a special field of psychiatry. It is primarily concerned with the cultural aspects of human behavior, mental health, psychopathology, and treatment (APA, 1969). Culture refers to the unique behavior and lifestyle shared by a group of people, and includes customs, habits, beliefs, and values that shape emotions, behavior, and life pattern. Within the framework of bio-psycho-sociocultural approaches in psychiatry, cultural psychiatry is mainly focused on sociocultural aspects. At the *clinical* level, cultural psychiatry aims to promote culturally competent mental health care for patients of diverse ethnic or cultural backgrounds. This includes culturally relevant assessment and understanding of psychopathologies and psychological problems and culturally appropriate care and treatment. In terms of *research*, cultural psychiatry is interested in how ethnic or cultural factors may influence human behavior and psychopathology, as well as the art of healing. On a *theoretical* level, cultural psychiatry aims to expand our knowledge of human behavior and mental problems transculturally to facilitate

the development of more universally applicable and cross-culturally valid theories (Tseng, 2001, pp. 3–19). From actual perspectives the scope of cultural psychiatry covers the following areas:

a. Studying Cultural Perspectives of Human Behavior

As the basis for investigation for mental health and illness-related behavior, as well as for clinical application, the first concern of cultural psychiatry is to study the impact of culture on human behavior, at both universal and culture-specific levels. More precisely, cultural psychiatry may include the study of the interrelation between culture and child development, personality formation, behavior patterns, marriage and family, socialization patterns, and life cycle. It aims to increase knowledge of how culture influences the mind and behavior. In order to comprehend the social aspects of human life, the scope of study may expand to involve the examination of culture-related social phenomena, such as the mental health perspectives of cultural change, migration, minorities, interracial relations, or even religion. Based on such exploration, clinicians will have a better insight into and understanding of the nature of the sociocultural environment and its impact on human life.

b. Investigating Mental Stress and Illness Behavior

Clinicians are always concerned with how an individual, a family, or a collective group encounters stress and deals with problems or conflicts. As an area of cultural psychiatry, there is a need to investigate culture-related stresses and/or culture-induced problems that exist in a society and to learn the coping mechanisms provided or sanctioned by the cultural system. It is also necessary to focus on the cultural dimensions of illness behavior: namely, how patients (or their families) perceive, conceptualize, and present their problems; how they seek help; and what kinds of healing systems are available and utilized within each cultural setting.

c. Examining Psychopathology

It is important clinically to investigate from a descriptive and phenomenological point of view how cultural factors relate to the formation and manifestation of psychopathology, the clinical picture, and the frequency of certain mental illnesses, particularly minor psychiatric disorders and closely related psychological problems, which are influenced predominantly by social and cultural factors (Mezzich et al., 1996). This may also include the study of culture-related specific psychiatric conditions that are heavily influenced by culture. Although descriptive and epidemiological approaches to examining psychopathology are useful, yielding basic information for further investigation, it is important to realize that such approaches are not sufficient from a cultural point of view. A dynamic

approach to examining how various factors work integratively for the formation of psychopathology is more meaningful.

d. Addressing Clinical Practice

Beyond theoretical investigation, it is currently the trend to emphasize the clinical application of cultural psychiatry, regarding evaluation, diagnosis, management, and treatment. The focus on culture is needed when a clinician is dealing not just with patients of minority or other ethnic backgrounds, or from foreign countries but also with patients who are part of the majority population of their own society. This view is based on the assumption that every person's mental life is subject to the influence of culture and that cultural attention is needed even when treating patients from the therapist's own society with the same ethnic-cultural background. Attention is needed not just on the ethnic-cultural background of the patient but equally on the therapist or caregiver. Cultural impact is manifested as a bilateral interaction between the therapist and the patient, rather than a unilateral influence. Thus, the cultural dimensions of communication, relation, and interaction between therapist and patient deserve full attention with every patient a clinician encounters. Every clinician is now expected to provide culturally sensitive, relevant, and effective clinical care and treatment for all of his patients.

2. Culturally Competent Psychiatric Practice

It has been recognized that, in addition to ordinary clinical competence, cultural competence is necessary for contemporary clinicians to provide effective, meaningful, and satisfactory care of every patient, whether the patient belongs to an ethnic minority or majority, with whatever ethnic, racial, or cultural background. The qualities for cultural competence include: cultural sensitivity, cultural knowledge, cultural empathy, culture-relevant relations and interaction, and ability for cultural guidance (see Section 5A, The Need for Cultural Competence, for details). The world is becoming more multicultural everywhere, and cultural competence is becoming a formal requirement in the training of future clinicians.

It can be said that cultural psychiatry emerged initially as the result of investigating "other" cultures, which were mainly prescientific, foreign, or exotic (Prince, Okpaku, & Merkel, 1998). The current trend is to expand the scope of cultural psychiatry into clinical application and to focus on our own society. Attention should be given to worldwide and everyday application.

It is important for us to realize that the behavior of every person or group of people, no matter what his or her ethnicity or cultural background, is always influenced by cultural, as well as biological and psychological, perspectives. Cultural orientation and attention are needed in dealing with ethnic minorities

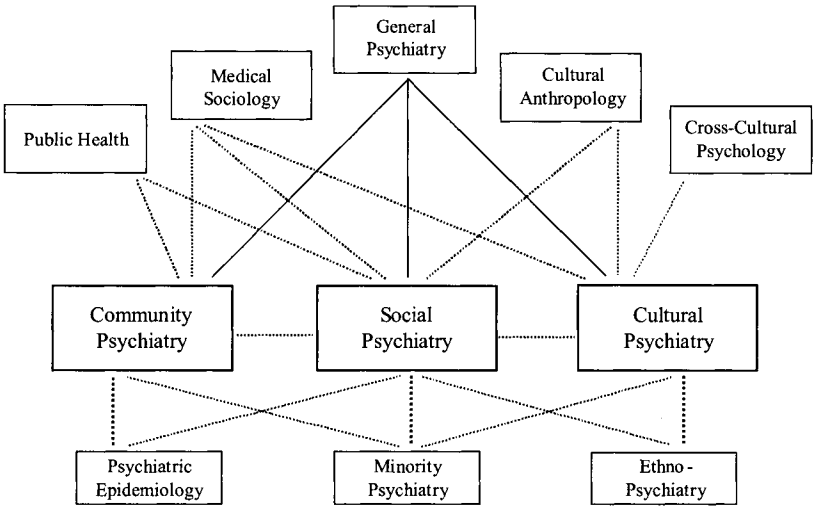


FIGURE 1 Scope of cultural psychiatry and its relation to other fields.

or people from foreign countries, as well as with majority people and people from our own societies.

The cultural aspects of psychiatric practice need more attention. This is because, from a worldwide perspective, there is a continuous increase in international communication, travel, and migration, and many societies are becoming multiethnic. Cultural psychiatry is becoming an essential part of general psychiatry, providing culture-relevant services for people of diverse cultural backgrounds (Favazza & Oman, 1978).

In summary, the core of cultural psychiatry is the analysis of culture and its relation to psychiatry. It is based on the foundation of cultural anthropology, cross-cultural psychology, and medical sociology and exists as a subfield of general psychiatry (see Fig. 1). As a clinical science, cultural psychiatry is interested in scientific research and theoretical investigation, but its final goal is clinical application, providing culturally relevant and competent care for patients of various ethnic/cultural backgrounds.

B. HOW DOES CULTURE IMPACT MIND AND BEHAVIOR?

1. What Is Culture?

In order to explore the field of cultural psychiatry, the concept of culture should first be clarified. Several terms that are closely related in nature, but have differ-

FIGURE 2 Culturally patterned different social greeting behavior. (a) A Japanese student keeps his physical distance and bows deeply to his professor. (b) Two Arab men rub noses. (c) The Latin American *abrazzo* emphasizes emotional expressiveness. [From *Anthropology: The Study of Man*, by E. A. Hoebel. McGraw-Hill, 1972. Courtesy of: (a) Marc Riboud, Magnum Photos; (b) the American Museum of Natural History Library; (c) Rene Burri, Magnum Photos.]

ent meanings, such as race, ethnicity, society, and minority, need to be defined as well.

a. Definitions of Culture and Related Terms

Culture. From the point of clinical application, the nature of culture can be summarized as follows:

a. Culture refers to the unique behavior patterns and lifestyle shared by a group of people, which distinguish it from others (see Fig. 2).

b. Culture is characterized by a set of views, beliefs, values, and attitudes toward things in life (see Fig. 3). It serves as the core of behavior and is expressed in various means of regulating life, such as rituals, customs, etiquette, taboos, or laws, manifested in daily life, and reflected in cultural products, such as common sayings, legends, drama, plays, art, philosophical thought, and religions.

c. Culture is learned by the process of "enculturation" and is transmitted from generation to generation through family units and social environments. Enculturation occurs and is enforced by personal child-rearing patterns, institutionalized education, and the surrounding social system.

d. Although continuity is a basic characteristic of culture, culture may be subject to transient and subtle or even acute and revolutionary changes, which may occur within the culture itself or as the result of the influence of other cultures.

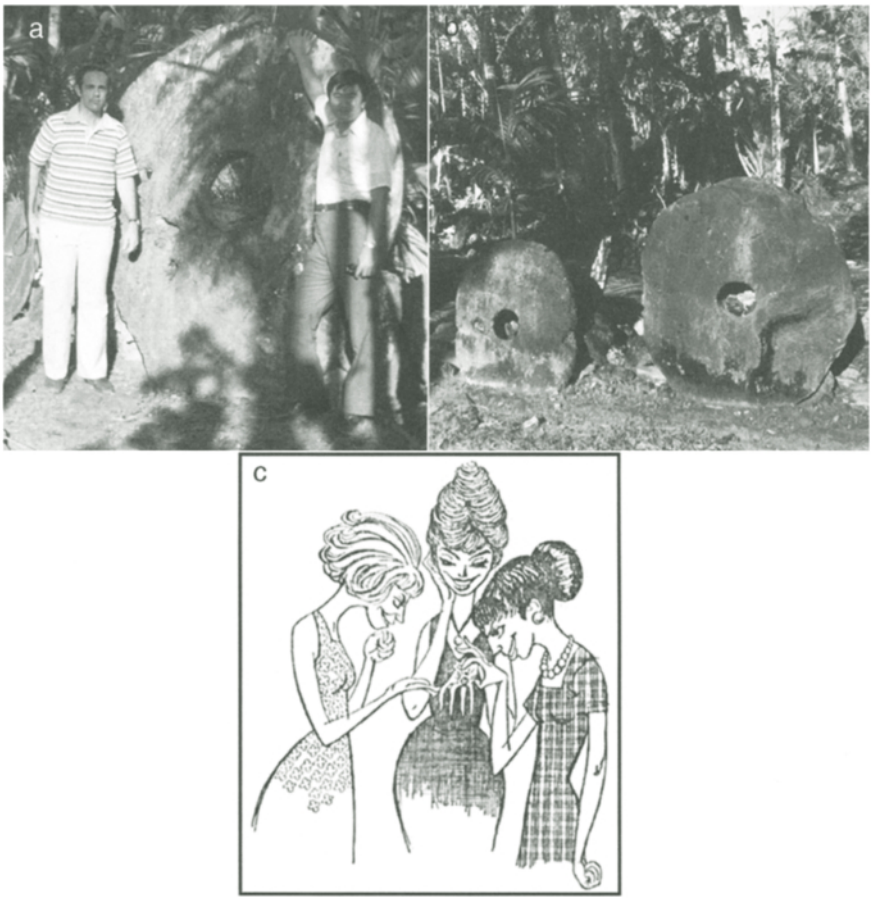


FIGURE 3 Values emphasized in different cultures. (a) A person-sized stone money in Yap, Micronesia, the most treasured "thing" in that culture. (b) People risked their lives sailing several hundred miles away by canoe to another island, worked hard for several years carving the stone by shell, brought it back to their island, and placed it on the roadside in the village once its credibility was established [Courtesy of Paul Dale, M.D.]. (c) A diamond is admired as a forever "thing" in some cultures, but not necessarily in others [From *Invitation to Anthropology*, by Douglas L. Oliver, copyright 1964. Permission from Doubleday, a division of Random House, Inc.].

e. The process of "acculturation" may occur when a person contacts a different cultural system and, under the influence of such an encounter, acquires part of the new or foreign culture. Sometimes, a person acquires the new or dominant culture to such an extent that he or she becomes similar to its members. This phenomenon of "assimilation" may occur voluntarily or involuntarily.

f. Culture shapes people's behavior, but, at the same time, it is molded by the ideas and behavior of the members of the culture. Thus, culture and people influence each other bilaterally and interactionally.

g. Culture exists as a recognizable social or institutional pattern at the macroscopic level, but it also functions as the mode of behavior and the reactions of an individual at the microscopic level, of which the individual may be consciously aware, or which may be operating at a nonconscious level.

Race. Race is quite different from culture. In the past, scholars and laymen have used the term "race" to refer to a group of people that is characterized by certain physical features, such as color of skin, eyes, and hair, facial or body features, or physical size, that distinguish it from other groups. Anthropologists have used the term "geographic race" to indicate a human population that has inhabited a continental land mass or an island chain sufficiently long to have developed its own distinctive genetic composition, compared with that of other geographic populations (Hoebel, 1972). Based on such old concepts, in laymen's terms, African (black), American (Native American), Asian (yellow), Australian, European (white), Indian, and Polynesian are some of the major geographic races recognized around the world.

Based on these traditional views, both scholars and the general public have been conditioned to viewing human races as natural and separate divisions within the human species, based on visible physical differences. However, as indicated in the official statement by the American Anthropological Association (1999), with improvements in genetic study, analysis of DNA among members of different races has shown that there are greater variations *within* racial groups than *between* them.

Thus, races are socially and culturally constructed categories that may have little to do with actual biological differences. The validity of race as a biological term has been discredited. There is a final objection to racial classification based on phenotype (Kottak, 1994, pp. 76–85). Also, given what we know about the capacity of normal humans to achieve and function within any culture, it has been concluded that present-day inequalities between so-called racial groups are not consequences of biological inheritance but rather products of historical and contemporary social, economic, educational, and political circumstances (American Anthropological Association, 1999, p. 713).

Ethnicity. Ethnicity refers to social groups that distinguish themselves from other groups by a common historical path, behavior norms, and their own group identities. The members of an ethnic group are affiliated with and may share a common language, religion, culture, racial background, or other characteristics that make them identifiable within their own group. American anthropologist George De Vos (1975, p. 9) defined ethnic group as "a self-perceived group of people who hold in common a set of traditions not shared by the others with whom they are in contact. Such traditions typically include 'folk' religious beliefs and practices, language, a sense of historical continuity, and common ancestry or place of origin." For instance, Jewish people, based on their common faith and past history, identify themselves (and are identified by others) as the Jewish ethnic group, even though they may be scattered geographically and inhabit different