

The Importance of Knowledge of the Patient's Cultural Background in the Practice of Psychiatry: A Case Report

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ABSTRACT. The first step in the creation of a management plan for the treatment of a patient, irrespective of the medical discipline, is arriving at a proper diagnosis. In the practice of psychiatry knowledge of the patient's culture may be critical to achieving this first step. This case report is an example of just that. It outlines a situation where the lack of knowledge regarding the patient's culture and its symbolic meaning led to an error in diagnosis with the consequent delay in appropriate management. Acceptable cultural behaviors were interpreted as psychosis and antipsychotic medications were used rather than antidepressants which are the appropriate treatment for this case.

Keywords: Psychiatry, Management plan, Diagnosis, Patient's cultural

Introduction

In psychiatry, as in other branches of Medicine, the proper diagnosis represents the initial step in devising an appropriate plan of management. However, psychiatry is somewhat different from other medical disciplines in that it examines the thought processes, emotional feelings and behaviors of the individual rather than the more physical aspects of symptomatology. In order to analyze the thoughts, emotions, and behavior of an individual, the psychiatrist must understand the patient's cultural background. The lack of such understanding may well delay diagnosis and might well disallow the psychiatrist the appropriate analysis, and hence, preclude the appropriate plan of management.

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Culture, with its emotional, cognitive and behavioral elements, represents a significant proportion of the 'personality' and the experiential background of a human being. Thus, knowledge of the cultural background of a patient and the characteristics of that background may be very crucial for arriving at the appropriate diagnosis. The literature pertaining to cultural psychiatry is filled with different issues on the subject, ranging from the effect of social factors on mental illness to the culturally bound mental disorders^[1]. Multiple facets could be explored in relationships between cultures and psychiatric diagnoses. The relationship between race and diagnosis is only one such factor^[2].

The lack of understanding of cultural backgrounds of psychiatric patients may lead to under-estimations or over-estimations of the presenting symptomatology. The study of Lopez and Hernandez considered that the primary such error was mainly under estimation and that this was at least partially precluded by any appropriate consideration of cultural backgrounds^[3]. Different strategies may be implemented, under the circumstances, to achieve improved accuracy of such assessments^[4].

This paper presents a typical case where an error in diagnosis occurred as a result of the lack of awareness of cultural factors that were pertinent to understanding the patient's symptomatology. The difference in the cultural backgrounds of the patient and the psychiatrist, and the psychiatrist's lack of knowledge of these differences, may be held responsible for the delay in the initial management of this patient.

Case Report

The patient was a 25 year-old, single, Muslim, male from North Africa, who had lived in Canada for 2 years at the time of the assessment. His primary complaint was that of a depressed mood and insomnia. He had been involved in a relationship for about three months that had not gone well. After the breakup, he began to exhibit the symptoms of major depression. Those included pervasive anhedonia, lack of interest, insomnia, anorexia, and psychomotor retardation. A Western psychiatrist assessed him and he was admitted to a hospital for evaluation and treatment. One day during his hospitalization, the patient was seen trying to stab something in front of him with a knife. When he was questioned regarding this matter, he said that he wanted to kill the spirit that possessed him. This was interpreted by his Western psychiatrist as evidence of visual hallucinatory behaviour. Thus, he was treated with antipsychotic medication. The impression of a psychotic disorder was also complicated by the patient's excessive psychomotor retardation. The treatment proved to be ineffective.

When the author saw the patient, a careful review of both the attending psychiatrist's report and the patient's account of the episode, the interpretation of the "inappropriate stabbing" as being psychotic could be eliminated. It could be eliminated on the basis of an understanding that this type of behaviour is in keeping with a Islamic cultural background. Some especially low educated Muslims over-emphasize the role of spirits in the aetiology of mental illness. Thus, this was recognized as a "cultural" response to

the patient's distress, rather than a real hallucination. In addition, there were no psychotic features elicited during the interview of the patient or through the collateral data that could be obtained. The impression, based on the DSM4^[5], was rather that of a major depression-severe episode. The antipsychotic medication, to which he had not responded, was discontinued in favor of antidepressants to which he showed reasonable improvement.

Discussion

This kind of thinking where an individual believes that symptoms are due a possession by a bad spirit, or bad "magic", are prevalent in the Islamic culture in mental and, even in, physical illnesses. Such symptomatology is even considered acceptable within the culture. Thus, in this instance, in the absence of a patient clearly mentioning an abnormal visual perception, during such an event, it is incumbent upon the psychiatrist to make certain that there is no visual component to the episode, especially in the case of a patient with a Islamic background. That type of inquiry by the author clearly disclosed that it was simply a cultural belief rather than a hallucination.

Different lesson might accrue from this rather simple example. When viewed with the background knowledge, the impact of the lack of cultural awareness is self-evident. Also, self-evident is the delay in diagnosis and management that resulted from this lack of awareness. This difference in cultural backgrounds and the lack of its understanding was at the basis of error in diagnosis. Thus, in such circumstances, perhaps it is wise to have the patient seen by a psychiatrist from the same culture in order to provide an assessment. In the case of symptomatology that doesn't make sense in an individual of another cultural background, then it might well be helpful to consult an expert from the same culture. When the cultural differences are particularly great, then this is very little different from the request of a consultation from another medical discipline. In the case of a psychiatrist who chooses to treat a group of patients of a different cultural background, or to practice in a completely different culture from his/her own, then more extensive reading and/or training in the specific aspects of that culture may well be helpful and indeed be mandatory for the conduct of a satisfactory practice.

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أهمية معرفة الخلفية الثقافية لدى المريض من خلال التدريب في قسم الأمراض النفسية

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المستخلص. أهم خطوة في عمل الخطة العلاجية في علاج أي مريض بغض النظر عن التخصص هو الوصول إلى التشخيص الصحيح. عند ممارسة الطب النفسي معرفة ثقافة المريض عنصر هام لهذه الخطوة الرئيسية، هذه الحالة المرضية مثال واضح لذلك. توضح الحالة كيف أن غياب الوعي بثقافة المريض والمعنى الرمزي لبعض الألفاظ أدى إلى خطأ في التشخيص ومن ثم خطأ في العلاج. بعض التصرفات المقبولة ثقافياً تم تفسيرها على أنها أعراض ذهنية وتم استخدام المضادات الذهنية من مضادات الاكتئاب والتي كانت العلاج الصحيح لهذه الحالة .