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Cultural & Gender Aspects of Psychopathology

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Brief History

Little inquiry into ethnic, racial, or gender differences in symptom expression before 1977

Kleinmann's "cross-cultural psychiatry" movement spurred research into this issue

WHO and Epidemiological Catchment Area studies, NIMH funding research on specific minority groups, US Surgeon General's Report

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Operational Definition

Culture is commonly referred to as values, beliefs, and practices

- Limited in focus on the individuals, rather than interaction between individuals
- Depicts culture as static, rather than dynamic and evolving

Today, much more emphasis on these factors and how individuals impact their culture

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Race & Psychopathology

Three areas to examine when discussing race and psychopathology

1. Multicultural competency
2. Assessment considerations
3. Concerns and pitfalls in diagnosis

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Multicultural Competency

Guidelines on Multicultural ETRPOCfP

1. Attitudes, beliefs, and biases
2. Recognition of importance of cultural competency
3. Importance of diversity in clinician's education
4. Conducting culturally competent research
5. Responsibility to provide culturally competent clinical services
6. Importance of cultural competence in organizational policy

APA (2006)

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Multicultural Considerations

Ethnic identity

Affirmation and belonging; ethnic pride; self, group, and other orientation as appreciating or depreciating; stages of development

Acculturation

Immigration / generational status; behavioral vs. attitudinal acculturation; acculturative stress

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Multicultural Considerations

Beliefs about illness

- Origins and causes of disease; amount of external control; acceptability of disease, pain, distress

Manifestation of symptoms

- Emotional expressivity, somatization, definition of pathology

Norm / values within culture

- Collectivism vs. individualistic, familism

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Multicultural Considerations

Resiliency and sources of protection

- Individual, family, and cultural strengths or weaknesses

Need for systemic involvement

- Who is the client? Who is the family?

Orientation to mental health services

- Perception of outside intervention; stigma, trust; use of traditional providers and treatments

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Multicultural Considerations

Nature of reporting

- Use of stories rather than direct answering; length of answers; disclosure; verbal and nonverbal behaviors; cultural differences in Likert scales or other types of typical responses

We will discuss for each class of "disorders"

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Multicultural Assessment

Identify the appropriate measure for the given individual

- Use those instruments whose validity and reliability have been established with members of a certain population

This is linked to cross-cultural measurement equivalence

- Is this instrument valid for use with a different population than it was developed for?

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Measurement Equivalence

Linguistic / translation issues

- Use both forward and back translation

Conceptual equivalence

- Does this construct hold same meaning in different groups?

Psychometric equivalence

- Clinical cutoffs, normal curves

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Models of multicultural assessment

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Symptom Expression & Diagnosis

DSM symptom clusters largely based on Caucasians, but symptom expression differs from culture to culture

- Collectivistic vs. individualistic

Somatization is a common symptom, but differs in presentation

- Latinos and whites – abdominal pains
- Asians – vestibular
- Africans – burning sensations in extremities

U.S. DHHS (2001)

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Symptom Expression & Diagnosis

Some evidence for more somatization in general among minorities, but especially strong in African-Americans

Language used impacts diagnosis rates

What is pathological for one culture may not be for another

- Paranoid attributional styles
- Hallucinations

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Symptom Expression & Diagnosis

Stereotypes, biases, and lack of cultural awareness may also impact diagnosis

Culture of the clinicians or "Eurocentrism" of training may lead to stereotypes

DSM-IV incorporated some aspects of cultural awareness, but these are often ignored or not used by clinicians

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Culture Specific Disorders

Ataques de nervios in Latino groups

- Stress reaction involving trembling, crying, screaming, and becoming aggressive

Koro in China and SE Asia

- Irrational perception that one's prominent sexual body parts are withdrawing into the body and subsequently being lost

Taijin kyofusho in Japan

- Report a fear of offending or harming other people

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Common Challenges

Flawed assessment procedures

Differential symptom expression

Lack of knowledge about cultural norms

Clinician biases

Non-homogeneity of ethnic minorities

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Establishing a Culturally Competent Assessment and Diagnosis Plan

Li et al. (2007)

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Gender & Psychopathology

"Most of the mental disorders diagnosed with the DSM-IV do appear to have significant differential sex prevalence rates."

101 of 125 disorders, or 84% occur at different rates in males and females

Why?

Hartung & Widiger (1998)

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Gender Differences

Differences could be actually present, or a result of biased

1. Diagnostic constructs
2. Diagnostic thresholds
3. Application of diagnostic criteria
4. Sampling of persons with the disorder
5. Instruments of assessment
6. Diagnostic criteria

Widiger (1998)

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Biased Diagnostic Standards

Personality disorders seem almost organized along stereotypical male / female roles

- Borderline, histrionic, and dependent for females
- Paranoid, schizoid, and antisocial for males

Somatization disorder includes some female-only symptoms, complicating diagnosis in males

Impairment / dysfunction threshold often lower for "male" disorders, leading to differential rates

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Biased Application of Criteria

Even in objective measures of symptoms, gender-biases can occur

- Not sex-biases (biological), but gender (behavioral)

Changing the gender in analogue studies contributes to changes in diagnostic rates

Gender also appears to influence clinician's decisions about diagnosis in real-world

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Biased Sampling

Those who come into a clinic may not be all those people with that disorder

What brings someone into a clinic?

- Willingness to acknowledge symptoms
- Willingness to acknowledge need for help
- Influence of others

Males and females may feel different societal pressures to seek or not seek treatment

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Gender and Treatment

No overall difference in outcome for male or female therapists, but some data suggests that a F-F pair may do better than a M-F pair

No evidence for differential treatment effects based on sex of client

Client sexuality may impact treatment outcome if negative biases are present in therapist towards homosexuality

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Gender & Psychopharmacology

Female's endogenous and exogenous hormone levels can greatly impact drug response

- Estrogen increases effectiveness of some antipsychotics and affects metabolic processes

Use of psych drugs during pregnancy can lead to large number of negative effects on developing fetus

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Gender & Comorbidity

Comorbidity seems to be particularly present in females

- Depression co-occurring with anxiety at twice rates in males
- More depression with substance abuse

PTSD occurs more often due to distressing life events (rape, sexual abuse)