



Focusing on
CULTURE and
ETHNICITY
 in America

Never before in the history of the United States has culture and ethnicity been as relevant as it is at the present time. The United States since its origin has been a nation made and built by migrants. However, after World War II, there has been a steady and strong pattern of migration towards this country. During this period, however, the flux of migrants has originated from almost all parts of the world, and in particular from Latin America. More recently, as a result of the globalization process that has occurred in all regions of the world, the migration towards the United States has steadily increased and has also been quite diverse from an ethnic, multicultural and a pluralistic viewpoint (Alarcon, Westermeyer, Foulks, & Ruiz, 1999, and Ruiz, 1995). In this context, cultural differences have permeated all aspects of life and society, including medicine and psychiatry. Thus, cross-cultural psychiatry has experienced, from a clinical and scientific point of view, an unusual steady growth during the last two to three decades.

Understanding Culture and Ethnicity

Most people in general, including medical and psychiatric practitioners, have difficulties in understanding what culture and ethnicity are all about from a medical/psychiatric viewpoint. Frequently, they tend to exchange the terms when assessing, diagnosing and treating patients from different minority backgrounds. It is, therefore, very important to clarify and understand the meaning of these two terms in order to better conceptualize and to better apply clinical meaning to each of them.

Culture is defined as a set of meanings, values, norms, beliefs and everyday behavior and practices used by members of a particular group in society. Members of a given group also use these ideas and manifestations as a way of conceptualizing their unique view of the world around them, as well as decide how to interact with their environment. In this context, culture encompasses language, nonverbal communications, behavioral expressions, social relationships, manifestations of emotions, religious practices and beliefs, and socioeconomic ideologies (Gonzalez, Griffith & Ruiz, 2001).

Ethnicity is defined as a subjective sense of belonging to a given group in society, who shares a common origin, as well as a common set of beliefs and daily practices. In this context, ethnicity becomes an

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integral component of one's sense of identify; thus, it is an important source of clinical and psychological manifestations related to the individual's self-image, as well as to each individual's intrapsychic life (Gonzalez, Griffith & Ruiz, 2001).

Understanding Identity

In accordance to the *American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)* (1994), identity is a very important component when assessing, diagnosing and treating mental patients — or any patient from a medical/surgical point of view. In other words, the patient's identity, which is an integral part of the patient's ethnic and cultural backgrounds, must be fully taken into consideration from a clinical point of view. Therefore, the full understanding of the cultural and ethnic backgrounds of all of the minority groups who have migrated recently to the United States, including their identity, is of paramount importance if psychiatric and medical practitioners intend to be successful when diagnosing and treating them. Additionally, their level of acculturation, manifested by the interactions between the majority and minority cultures of this country, is also pivotal for achieving clinical success with these minority groups who currently reside in this nation. The cultural, ethnic, and socioeconomic differences between medical/psychiatric practitioners and their patients must also be noted and understood. Additionally, differences in languages between patients and practitioners need to be given consideration. It must be also understood, that patients and practitioners' cultural and ethnic similarities might lead to "clinical scotomas" due to over identification with the patients on the part of the practitioners leading to the overlook of pathological conditions as being normal (Ruiz, 1998). The cultural formulation, as defined in the *DSM-IV* (1994) suggest a thoughtful discussion and assessment as to how the different cultural, ethnic and racial considerations could specifically influence the diagnosis and treatment plans for each patient. Thus, any potential barriers related to the lack of cultural competence on the part of the psychiatric/medical practitioners should be fully addressed and resolved via continuing education.

The Role of Culture-Bound Syndromes

Central to the topic of Culture-Bound Syndromes is the concept of "idioms of distress." Idioms of distress are a specific expression of

the symptoms or cluster of symptoms of patients who belong to a common ethnic or cultural group. In this respect, it is important to understand the concepts of “emic” and “etic” terminologies within the context of culture. Both of these concepts are at the roots of Culture-Bound Syndromes. Emic denotes a conceptual view, although narrow, by persons of a given cultural and/or ethnic group of a phenomenon that only occurs within the boundaries of that group; for instance, a given religious belief. Etic, on the other hand, signifies a traditional or universal interpretation, understanding, and perception of a set of symptoms manifestations (e.g., Anorexia Nervosa) (Gaw, 1993). When clinicians/practitioners are from a different cultural and/or ethnic groups than their patients, the clear understanding of these emic or etic manifestations become more difficult. A description of some of the Cultural-Bound Syndromes usually observed among the minority groups who reside in the United States will help to recognize and understand them in clinical settings.

“Falling-out” is a culture-bound syndrome observed among African American populations. This syndrome is viewed as a response to a traumatic event, fear of what may happen, or root work. This syndrome is manifested by a seizure-like affliction or sudden collapse, sometimes preceded by dizziness or “swimming” in the head. Differentially, posttraumatic stress disorder, anxiety disorders, somatoform disorders, dissociative disorders, malingering, epilepsy, and narcolepsy should be taken into consideration (Gaw, 1993).

The culture-bound syndrome “Ataque de Nervios” (Puerto Rican Syndrome) has been observed among those of Puerto Rican decent, as well as of Dominican and Cuban descent. It is more frequently observed among women than men; particularly, women older than 40. It is felt to be due to aggressive and libidinal conflicts. Its symptoms are manifested by seizure-like movements without loss of sphincter control, trembling, semiconscious states, stupor, feelings of loosing control, shouting and crying, combative behavior, and dizziness. As a result of the symptoms, epilepsy, panic attacks, anxiety disorders, amnesic disorder, somatoform disorders, and depressive disorders should be taken into consideration (Ruiz, 1998).

A culture-bound syndrome commonly found among Native Americans from the Arctic region is “Piblokto” (Arctic Hysteria); particularly among women. Felt to be caused by psychological stress, this syndrome is manifested by tremors, anxiety, crying spells, screaming, tearing of clothes, imitation of animal screaming, running into snow or water, depression, and suicidal or homicidal tendencies. The episode usually lasts about 1 to 2 hours and is followed by amnesia about the event. As a result of the symptoms, brief psychotic disorder, dissociative disorder, conversion disorder, anxiety disorders, and depressive disorders should be taken in consideration (Gaw, 1993).

Clinically, the culture-bound syndrome “Shinkeishitsu Neurosis” is observed among Japanese populations and those of Japanese descent. Adolescents who are shy and overprotected are found to be more vulnerable. Excessive concentration or attention provokes this syndrome. Those affected manifest fear of meeting another person’s eyes, fear of not being perfect enough, and fear of fainting; they also experience palpitations, show anxiety, and fear flushing or having unpleasant odors when meeting people. Differentially, anxiety disorders need to be considered (Gaw, 1993).

Pharmacotherapy Within the Context of Ethnicity and Culture

During the last two to three decades the field of ethnopsychopharmacology has gained major recognition and attention. Although pharmacology

and ethnicity has been known to the field of medicine for several decades, it was not until the last two to three decades that researchers focused on the specialty of psychiatry in this regard. In this context, pioneering and promising research advances has found successful applications in the clinical care of the mentally ill (Ruiz, 2000). These investigational advances have resulted in the current knowledge in the areas of pharmacogenetics, pharmacokinetics and pharmacodynamics (Ruiz, 2000).

Pharmacogenetics focuses on the genetic and environmental factors that influence the functions of drug-metabolizing enzymes. Pharmacokinetics addresses the fate and distribution of drugs/medications in the organism. These processes have a direct effect on the absorption, distribution, metabolism and biotransformation and excretion of pharmacological agents or medications in the body. Finally, pharmacodynamics describes how medications interact with receptors that bind with both endogenous and exogenous substances in the organism.

The outcome of these ethnopharmacological research efforts has clinically demonstrated how different ethnic/cultural groups require different dosages of psychopharmacological agents/medications. Also, how different ethnic/cultural groups show different degree of side effects to various psychopharmacological agents/medications, not only in this country but abroad as well (Ruiz, Varner, Small, & Johnson, 1999).

Summary

With the influx of migrants from all parts of the world, the role of culture and ethnicity has become a very relevant factor in medical/psychiatric practice. It is, therefore, critical that we give more attention and priority to the roles of culture and ethnicity in the medical and psychiatric settings. It is also essential that clinicians/practitioners give more attention to the proper identification of culture-bound syndromes when attempting to assess, diagnose and treat patients who belong to minority groups. Similarly, it is imperative that clinicians/practitioners be vested in the use of psychopharmacological agents/medications as it relates to dosages and side effects when psychiatrically treating persons from different cultural or ethnic groups. ▼

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