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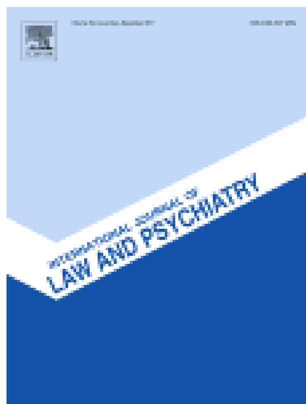

The expert and the foreigner: Reflections of forensic transcultural psychopathology on a total of 86 reports by experts on criminal liability

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Abstract

In recent times Italy has been experiencing massive migration flows, therefore the attention on the issue of crimes committed by foreigners is increasing. But within trials, in the evaluation of criminal liability of foreigners, how do experts deal with them? Do the performed evaluations take cultural diversity into account?

The present study took origin from these questions and examined a total of 86 reports by experts on criminal liability of foreign persons (16 females and 70 males). Examinees have been declared indictable in 31 cases (36%), totally mentally ill in 40 cases (45%) and with diminished liability in 15 cases (17%); when liability was excluded, examinees were diagnosed in 11 cases with mood disorders, in 23 cases with personality disorders, in 4 cases with adaptation disorders and post-traumatic stress disorder and in 10 cases with different diagnoses (in some cases more than one diagnosis was present). None of the reports used the section of the DSM concerning "cultural framing". Tests were used in 48 surveys (56% of cases), with more tests for each examinee, for a total of 39 Rorschach, 14 Raven test, 8 Minnesota Multiphasic Personality Inventory - MMPI - 4 Wechsler Adult Intelligence Scale - WAIS - level test, 8 Thematic Apperception test. When subjects were diagnosed with mental disorder and with diminished liability, 42 (79%) were also socially dangerous.

Results highlight the importance of the relationship between the expert and the foreigner. Many factors ought to be critically considered by experts dealing with foreigners, like cultural awareness, knowledge of verbal communication, critical consideration of meanings and diagnosis, knowledge of the foreigners' personal story, presence of tests with inexact information and cultural fallacy.

Keywords

Forensic; Expert; Foreigners; Transcultural psychopathology; Criminal liability

1. Introduction

The “knowledge of the law” in case of foreigners committing crimes may not be a linguistic problem only. The law precepts use clear and easily understandable terms, but their obviousness largely relies on a “learned culture” (Hsiao-Ying, 1995; Papke, 2007) whose fundamental behavioural rules are taught from childhood.

The overrepresentation of immigrants or foreign citizens, in the US and UK, among those who are diagnosed with psychosis, may partly be due to preconceptions or, at least, to methodological approximations. Concerning this issue, Marsella and Kameoka refer to a “conceptual equivalence”, especially in the use of psychometric instruments (Marsella & Kameoka, 1989). As stated by the Authors, the center of cross-cultural assessment is the concept of “equivalence”: the extent to which a behaviour, concept, or measurement procedure shares common meanings and relevance for culturally different groups.

As a consequence, members of minorities would more often be diagnosed as psychotic or dementi. These differences would be due to the fact that doctors are less accurate in the request of information on signs and symptoms of disease in non-white patients (Strakowski et al., 1997), so discrepancies may be reduced if the diagnosis were conducted through structured interviews (Cavalli-Sforza, 2000; Hicks, 2004). Another difference in the therapeutic choice concerns the fact that there are proportionately more black than white people in judicial psychiatric institutions, since they are more often judged as socially dangerous. Researches focused on differences in the prevalence of mental illness according to ethnicity (Flaskerud & Hu, 1992; Linhorst, Hunsucker, & Parker, 1998; Martin, 1993; Warner, 1979), resizing these discrepancies in relation to the socio-economic status: low status means vulnerability to diseases, and members of minorities

usually belong to a lower status. According to the ECA (Epidemiological Catchment Area) survey data, once corrections by sex, age and socioeconomic status are inserted, no statistically significant differences are assessed between white and black people among the diagnosis of antisocial personality disorder, affective disorders and drug addiction (Fernando, Ndegwa, & Wilson, 1998). In Europe, a Swedish survey on immigrants and refugees showed that although non-white people are generally more frequently diagnosed with mental diseases, white people are more frequently declared "insane" and thus avoid imprisonment (Warren *et al*., 1994 ; Weisman and Sharma, 1997).

A particular problem in dealing with diagnosis in immigrants concerns the effects of the migration experience itself. There is a sort of "acculturation stress", a sum of discomforts such as perceived discrimination, intercultural contact stress, cultural deprivation, bi-cultural tension (Rudmin, 2003); discrimination and racist attitudes may promote this stress with subtle and implicit messages (Carter, 2007; Dovidio, 2001).

Previous literature focused on the possible relationship between migration and mental illness, starting during the Thirties with a research on Norwegian immigrants in the United States: an impressive result of this study was the recorded incidence of schizophrenia in immigrants, twice as in Norwegian citizens (Ödegaard, 1932). Recent surveys found a higher incidence of psychotic disorders in migrants (Coluccia, Ferretti, Fagiolini, & Pozza, 2015; McCallum, MacLean, & Neil Gowensmith, 2015; Vinkers, de Beurs, Barendregt, Rinne, & Hoek, 2010). In a similar Dutch study, criminal liability in native youth was more frequently assessed as 'diminished' or 'strongly diminished' than within ethnic minorities (Vinkers & Duits, 2011). Immigrant status can be a powerful pathogenic factor, even regardless of previous traumas (Kirmayer, 2001), for the amount of social disadvantage such as underemployment, housing difficulties (Kirmayer, 2006), language barriers, lack of social networks, discrimination, bicultural conflict, nostalgia (Finch & Vega, 2003; Tartakovsky, 2007) that can result from it. Such issues may be crucial also within the forensic field: was

the onset of the disease prior or consecutive to the migratory experience? Was migration a trigger? May some psychopathological manifestations be tolerated in the culture of origin? What did the migrant experience and what is he experiencing in the host country?
In psychiatry, the clinical examination and the doctor-patient relationship is a match played in a particular field: while in classical semiotics inspection, palpation, percussion and auscultation are reliable criteria in the performance of a good clinical examination, in psychiatry a crucial role is played by the conversation between doctor and patient, through the privileged means of words: the interview is therefore the most important aspect of the doctor-patient relationship and communication usually comes from the depth of the dialog (Agarwal & Murinson, 2012; Kleinman, Eisenberg, & Good, 1978).
The crucial mediator is verbal language, so the interview in psychiatry is the hinge around which doctor and patient revolve. Firstly, language can be an obstacle: the language problem affects human interaction, and communication may have the most significant impact on the individual's fate.
In Italy, according to the implementation of a European directive (Legislative Decree of March 4, 2014, n. 32) an interpreter is usually provided free of cost for the accused or arrested person who does not speak Italian. In reality, things are not as simple for at least two reasons: a literal translation may not be enough, and language is one of the tools of communication, but not the only one. In the US the problem of the reliability and validity of the interpreter led to the drafting of a document containing 27 recommendations for a more sensible use of translation in the forensic field (Maddux, 2010). Above all, what is needed is a concept and attitude equivalence and not a simple translation. Just to give an example, some cultures consider a “no” as a rude answer, so the patient may prefer to answer “yes” in any case (i.e. the “brief response” in Japanese conversations in which it is very unnatural for someone to talk for a while without getting any response from their listeners so the say words like “yes” or “indeed” but they do not imply any agreement) (Maynard, 1997).
Dutch clinicians complained about the difficulty of carrying out a diagnosis of depressive disorder for Indonesians whose culture

requires emotional control and, in particular, always smile (Lewis-Fernàndez, Agarwal, Hinton, Hinton, & Kirmayer, 2015). Moreover, for certain cultures mental illness may be so "shameful" that only somatic symptoms are reported (or these are the only felt symptoms). Another important tool is empathy, which consists of gestures, expressions, mimics, meanings: their absence may increase misunderstandings, hence the necessity of the presence of real cultural mediators - and not only interpreters.
Several pages of the DSM-5 focus on "cultural framing". The "Guide for the cultural framework," provides several criteria for the evaluation of several issues like cultural identity or conceptualization of suffering, stressful psychosocial events and cultural characteristics of vulnerability and resilience, cultural characteristics of the relationship between the individual and the clinician (American Psychiatric Association, 2013). Moreover, 16 questions are suggested as a guide for the "Cultural Formulation Interview" (CFI).

In Europe (Sweden) an operationalization for cultural assessment was drafted for the "Outline for Cultural Formulation" (the precursor of the CFI) which includes an "ethnographic" section in order to try to understand the examinee along with the role of culture, context, experience of immigration and acculturation, meaning provided to illness. The interview is semi-structured and can be adapted to the patient's needs and situation. The areas covered in the survey are: cultural identity, cultural factors related to psychosocial environment, migration and acculturation, cultural elements in the relationship between doctor and patient. The method is "narrative" (narrative approach).
The topic of criminal liability embraces cultural and even philosophical issues. The expert has to deal with a matter steeped in culture (psychopathology), merge it with legal needs, and take a step further through a critical evaluation of the influence of different cultures on human habits.

2. Materials and methods

The study was performed on a total of 86 reports by experts on

criminal liability of foreigners. This survey covered a time range from 1975 to 2016, mainly within the last 16 years, according to the migration flow trends in Italy. 16 immigrants were females and 70 males. Among the 16 cases involving females, 12 concerned murders or attempted murders, and only in one case the victim was an acquaintance; all the remaining were murders within the family: in 7 cases the victim was the son, in 2 cases the husband, in 1 case the lover and in 1 case the brother. Among males, in 6 cases - less than 7% - the murder or attempted murder victims were family members. In 4 cases the age was unknown; among the remaining, there were eight examinees under 18 years old (one of 16 and the remaining 17 years of age); 30 between 19 and 30 years of age and between 31 and 40; 11 in the 41–50 age range; 3 over 50 years of age. None over 55 years of age, consistent with the fact that young people are more frequently involved in crimes (especially aggressive crimes), and that immigrants belong to young population groups. The nationalities are different (Table 1), but reflect the quota of immigrants in Italy (according to ISTAT - Italian National Institute for Statistics – data, Romanians, Albanians and Moroccans are the most frequent). 34 reports concerned serious crimes such as murder (6 of which attempted). Of these, 7 were child murders, all committed by women and 2 of them followed by attempted suicide, 6 cases regarded multiple murders and even 1 mass murder and 1 suspect serial killer. On the other hand, 12 cases concerned petty crimes: minor damages, theft, resisting arrest or arrest (Fig. 1).

Table 1.

Nationality of the foreign examinees of the study.

Nationality	Number
Albania	9
Algeria	1
Bosnia	3
Brasil	1
Burkina Faso	1
China	3
Congo	1
Ivory Coast	3

Cuba	1
Ecuador	1
Egypt	8
Ghana	4
Jamaica	1
Iraq	1
Lebanon	1
Lithuania	1
Macedonia	1
Morocco	13
Nigeria	2
Peru	1
Poland	1
Romania	8
Russia	3
Senegal	1
Serbia	3
Somalia	1
Sri Lanka	2
Togo	1
Tunisia	4
Turchia	2
Ukraine	1
Vietnam	1
Arabic (not further specified)	1

Table options

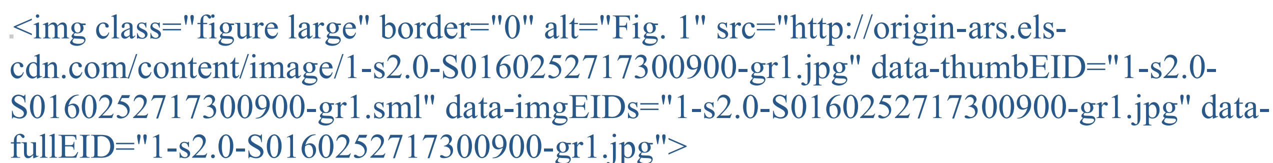
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Fig. 1.
Type of crimes.
Figure options

Considering all crimes, 52% of the victims were Italian, whereas the other 38% concerned foreigners (in some reports the victim's nationality was not indicated or the perpetrated crime was “victimless” as in the case of violations of the laws on drugs), almost always belonging to the same ethnic group. However, among serious crimes,

in 68% of murders and 83% of attempted murders, victims shared the same ethnicity with the perpetrator. On the other hand, almost all the murders within the family were perpetrated within the same ethnic group.
The study was approved by the Institutional Review Board of the Department of Forensic Medicine of Milan, Italy. No ethical controversy has been found regarding the use of reports which were completely related to cases with definitive judgment, no master data have been used, and reports were completely anonymous.

3. Results and discussion

In Italy, the defendant can be evaluated, under a “mental perspective”: indictable, with diminished liability or not of sound mind (non-compos mentis).
In the surveys of the present study, examinees have been declared indictable in 31 cases (36%), totally mentally ill in 40 cases (45%, including a minor declared “immature”) and with diminished responsibility in 15 cases (17%) (Fig. 2). In 2 cases the expert was unable to assess if the examinee was indictable. Among those declared of sound mind, no specific diagnosis was postulated, whereas when insanity was assessed, psychotic disorders were assessed in 27 cases, including a puerperal psychosis; when liability was excluded, examinees were diagnosed with mood disorders (11 cases), personality disorders (23), adaptation disorders (4) and post-traumatic stress disorder (4), 10 cases with different diagnoses (in some cases more than one diagnosis) (Fig. 3).

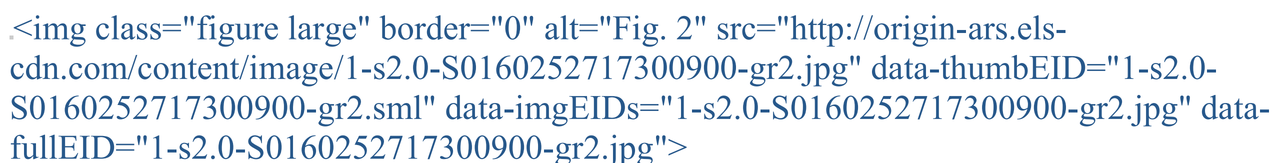
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Fig. 2.
Results in the expert opinion.
Figure options

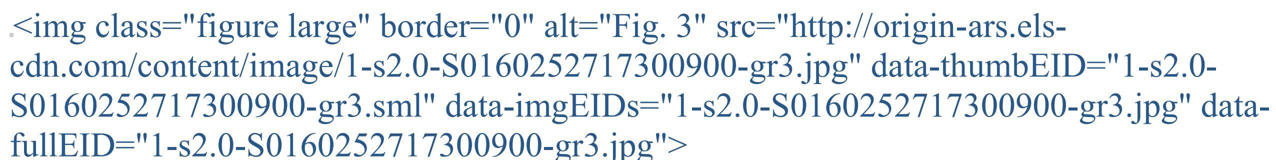
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Fig. 3.
Diagnoses postulated in the expert opinion.
Figure options

None of the reports used the section of the DSM concerning “cultural framing”. The “Guide for the Cultural Framework” was never mentioned nor explicitly adopted, and no trace from the questions of the “Interview for the Cultural Framework” could be found. In any case, the use of the Diagnostic and Statistical Manual of Mental Disorders is not the only way forward; the important thing is for the cultural factor to be critically considered. For example, in only one report “psychological intercultural considerations” made by the interpreter-mediator (who was also a psychologist) were present, and moreover “in addition to the Rorschach Test, no other tests were performed (which would also provide unimportant information), since the examinee would have, very probably, difficulties to perform the above mentioned tests”. In general, though, typical cultural syndromes had little or no consideration and the diagnoses were made following western nosology and terminology.

The most important thing is to discern between culturally compatible habits and psychiatric symptoms. One of the examined reports concerned an Ivorian accused of murdering one of his wives and another woman because he thought they were performing "unspecified magic rites and evil spells normally used in their country of origin". The murderer talked about a “sorcerer uncle” who had put a hex on him causing numerous misfortunes. In this case the expert considered the idea of the cultural factor (although not considered predominant).

In the prison medical record of a Nigerian female was a reference to the voodoo belief, and the same issue emerged several times in the expert's report, stating that the woman was afraid of it. A Senegalese cited Satan and was diagnosed with “psychosis with mystical delirium”. A Moroccan woman fell from a balcony holding her two children in her arms: according to the expert, she suffered from “delirium of jealousy” and “absolutely unfounded” fears that her husband had gone to Morocco, to take a second wife. Was it just a pathological belief?

In the case of a Burkina Faso female, before killing her son, she set fire to her house after discovering that her husband had another wife; she linked homicide to Satan several times, hence the expert had a doubt: “I asked the woman to explain the meaning of 'Satan' and the representation of 'Satan' in her original culture. The belief did not seem particularly linked to the culture”; she was diagnosed with dissociative disorder and declared not of sound mind. For other cases, the expert explicitly questioned: "the persecution complex seems to go beyond 'culture', but it can be due to a psychopathological condition". A Ghanaian man accused of mass murder said that the killings were suggested by “voices”; when asked by one of the experts if the voices where spirits of the Ghanaian tradition, the examinee answered that the voices belonged to people and not to spirits.
On the contrary, however, there are cases where the content ideation has no specific characteristics of a different culture but is clearly pathological. A Moroccan, charged with attempted murder during a fight between compatriots, said "to be in contact with a God-Computer". An Egyptian who tried to rob an old woman was diagnosed with schizoaffective disorder: “he refers, in fact, that his name was Marcus Waitling and since he was 'born in space', he said with conviction to be an 'eternal father' who created the solar system”.

3.1. Language

In some reports appraisals are phrases such as: "it seems to me that the examinee understands everything despite the language barriers, at least sufficiently enough to allow a normal interview", or: "because of linguistic limits, the examinee seems to only partially understand the content of the interview, but still enough to allow it to be performed". The interpreter was used in 25 cases - less than one third - in some cases as a mediator; in two cases a professional mediator was present. In cases where an interpreter was used, the words “according to the interpreter” were frequently reported: that is, the expert can only trust the interpreter. Sometimes it was reported: "a verbal relationship with the examinee poses obstacles, even through the interpreter, and certain issues - crucial in psychiatry - may not be thoroughly investigated". However, in 71% of cases an interpreter was not present.

3.2. Traumatic experiences and marginalization

Sometimes marginalization and decay were cited in reports, and linked to the possibility that these and the migratory experience may have played a role in the genesis or worsening of the mental disease. For an Ivorian filicide: “the transfer to Italy, which occurred at the beginning of adolescence, in a very delicate developmental phase, had a traumatic impact on the examinee, who was suddenly moved to different economic, social and cultural contexts, inserted in a family with scarce integration in the local community”. An Egyptian murderer was diagnosed psychotic and totally ill: "in a person with an underlying vulnerability, the impact of a difficult, unwelcoming and discriminatory environment, leads to an escalation of internal tension and anxiety, thus intensifying the use of primitive defence mechanisms". In 4 cases, diagnosis of adjustment disorder was postulated (e.g.: "the examinee is not suffering from major psychiatric disorders but showed reactive transient symptoms to the particular circumstances in which he was found". Again, a political refugee from Togo, was diagnosed with "personality Disorder and Reactive Psychosis due to life difficulties"). Some fled from dramatic political situations, as in the case of an Egyptian accused of injuries perpetrated to a compatriot, thought to spy on him on behalf of the authorities of their country. Other times, however, a reference to dramatic experiences is provided but not taken into account, as in the case of a Vietnamese who arrived on a boat of 24 m with 350 people, where 3 children died during the journey. The story is reported without any comment.

3.3. Cultural fallacy

Not every crime is culturally motivated. In one case an Albanian killed his wife “loyal for thirty years” after she found paid employment: in the culture of “honor”, a financially autonomous woman is also considered emancipated in sexual and reproductive plans. Rape and murder of a girl are horrendous crimes, but, unlike the previous case, the expertise commentary was rather bizarre: "we have to underline certain personality traits, their gypsy subculture, derived from affective-relational and cultural learning devoid of depth and emotional features and ability to see a woman as a person with rights, rather than something to be used and then set aside".

Other behaviours are even more clearly linked to the culture of origin, as in the case of a minor nomad accused of property crimes: “from the age of seven the child was introduced to theft, according to the Roma costumes, learning the “craft” from a cousin: he thus began to shape his personal identity on parental models, acquiring subcultural values and identifying with the traditions and customs of nomadic families”.

3.4. “Furor testandi”

A surprising fact is that, even in persons with cultural and linguistic diversity, the tests performed required a certain cultural sharing or measured the intellectual level based on knowledge, related to specific origins. Tests may surely represent a useful help to the survey expert, but in our surveys a sort of “furor testandi” was present: tests were used in 48 surveys (56% of cases), with more tests for each examinee, for a total of 39 Rorschach, 14 Raven test, MMPI 8, 4 Wais level test, 8 Thematic Apperception test. The results are often disappointing, although sometimes the low productivity of the tests, especially with the Rorschach test, is attributed to willful refusal or illness. In the case of a Vietnamese examinee “it seemed that the Rorschach test even increased language difficulties,” while admitting: "the cultural diversity factors can affect responses to the Rorschach test". In the same test on a Moroccan examinee "the lack of knowledge of the examiner's language (Italian) was a major obstacle to the manifestation of his experiences and his emotional world".
The problem of the “meaning” is clearly perceived with mental tests, which are standardized and validated on a representative group of the population (usually Europeans or North Americans). Already in the mid-twentieth century, cognitive tests were "saturated with information and cultural representations" (Le Du, 2010), and later it became clear that the removal of linguistic references was not enough to remove cultural issues, since the same perception may be the result of a specific culture and a test (even if translated) may not necessarily require similar cognitive strategies. The so-called “intelligence test” does not only refer to cognitive abilities, but also to attitudes of judgment, criticism, anticipation and so on. Nevertheless, tests are strongly influenced by culture. Within the *Wechsler Adult Intelligent Scale Revised* (*WAIS-R*), used in Italy also on foreigners, there are

questions like: "what are the colours of the Italian flag?", "tell me the name of four Presidents of the Italian Republic", or "who was Elsa Morante (Italian writer, essayist and poet, died in 1985)?".
In the United States, Canada, Europe (UK and Netherlands), efforts have been made to validate the most common tests, with the help of an International Test Commission (ITC). In countries with established cultural minorities these efforts have long been made, for example in Australia where the Original Australian Intelligence Test may be specifically calibrated on Aborigines.
The same concepts may be present with “projective tests”, where the examinee projects his or her internal content towards the interpretation of a figure. In one of the Rorschach test images (indistinct spots) most Western people see a butterfly or a bat, but this response may be strongly related to the routine of seeing bats or butterflies in the countries of origin. A widely used test, the MMPI (Minnesota Multiphasic Personality Inventory), showed that the “emotional style” could create misunderstandings (Pollack & Shore, 1980; Song, 1985). Even the Raven's Progressive Matrices test, that has always been considered culture-free, is subject to variability related to different alphabetic systems (i.e. for Arabs, that consider geometric figures from right to left), and not vice versa as it is usually expected from Europeans (Van de Vijver & Tanzer, 1997). Therefore, a simple linguistic translation of a test may not be enough: it is presumed that the same mental operations are involved, whatever the language, with the same level of difficulty and cognitive strategies (Le Du, 2010). For this reason, the feasibility of widely used tests - WAIS, Rorschach, TAT, MMPI, etc. - for individuals with different cultures has been criticized by many previous surveys (Couchard, 1990; Le Du, 2010; Tseng, Matthews, & Elwin, 2012).

3.5. Social dangerousness

Article 203 of the Italian Penal Code states that “a person is socially dangerous when he/she is likely to commit other crimes”, and the expert is frequently asked to evaluate social dangerousness along with liability. In Italy such evaluation is required only if the subject is not liable.

In 53 cases subjects were diagnosed with mental disorder and with diminished responsibility or not of sound mind, 42 (79%) were judged socially dangerous, sometimes along with the clarification, for the purposes of security measure to be taken, that the danger was “attenuated”. 7 were deemed not dangerous. The reasons of the high number of socially dangerous people may be detected within the criteria used to perform the evaluation, as “the prospect of return in the family or assignment to community facilities” or “finding an occupational activity and other socially useful activities for a successful (re) integration”: these condition may be very difficult to reach for a foreigner.

4. Conclusions

In conclusion, the survey provided many insights whose context of application embraces the fields of psychiatry and psychopathology. It is clear that the relationship between the expert and the foreigner concerns very specific conditions that may affect the expert, who must be adequately trained and sensitive to different issues. For greater clarity, the essential points of reflection are reported as follows:

- *cultural awareness* (*which may mean “awareness of lack of knowledge”*): the first recommendation is to have cognizance of having to deal with a foreigner. The DSM-5 contains a “Guide for the Cultural Framework” with the following categories: individual's cultural identity, cultural conceptualization of suffering, stressful psychosocial events, cultural characteristics of the relationship between the individual and the clinician. So the recommendation to "always define the patient's cultural identity" is provided. What an expert has to understand first is that “obvious” concepts, attitudes, opinions might not be so obvious for others. In the US, expert investigations must begin with a request of consent to undergo examination, but in Italy, does a foreigner coming from an authoritarian country, really know that he can refuse to undergo the examination? This issue should probably be emphasized. There are foreigners, particularly if refugees, who have seen doctors working within law enforcement authorities: it would therefore be important to understand how institutions and

relations with the authorities are felt in different cultures and countries. Since the expert is asked to distinguish between “physiological” or “pathological”, what can act as a trigger of unsettling feelings in an individual whose priority may be different from ours? Is filicide-suicide of the mother abandoned by her husband, the *oyakoshinju* (Japanese traditional practice of parent-child suicide), the result of a symbiotic pathological attachment as it could be for a western mother?

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keep in mind that an expert's assessment is based on - *but not limited to* - *verbal communication*: a skilled interpreter is crucial to correctly translate semantic nuances. Words are not sets of letters with the same semantic meaning in other languages; translation should never be “literal”, but point towards a “conceptual equivalence”. That means being aware of the differences between cultural communities in meanings and communication styles. What plays a role in differences and perhaps in diagnostic errors is that certain populations would be more likely to provide religious or spiritual interpretations to mental problems. Differences with our standards may not be a “symptom”, nor a clue. For example, latency in providing answers could mean simulation or the sign that the subject is trying to understand or find the right term in our language. Therefore, what arises is the need of awareness of ethnic differences in the ways to request help and express mental distress;

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meaning and diagnosis: ethno-psychiatry has taught us that mental illnesses are not the same everywhere, they may perhaps be similar but have different names. Psychic symptoms and illness are expressed in a different way, “culturally related syndromes” may be present, aetiology, prognosis and treatment may vary because of a different culture, psychological distress is not considered as “illness” worldwide, there are populations where the concept of mental illness is unknown. All these issues require measures and adaptations. How is the disease we call “schizophrenia” called in other countries? What is the definition of “depressed mood”? If the foreigner is asked about “mental symptoms”, the interviewer should make sure that the questions are understandable and meaningful. A normal or

pathological behaviour is selected by socio-cultural factors and this is may be evident in certain disorders. This is an important issue: one has to be careful not to confuse culturally compatible phenomena and disease symptoms. Beware of the so-called “category fallacy” (Baubet & Moro, 2010), that is "the application to a cultural group of diagnostic criteria defined within another group", which most often involves the overestimation of the symptoms of psychosis in subjects belonging to other cultures. Questions should be set out in a comprehensible way, clear to those who may not have any knowledge of psychiatric terminology;

- *knowledge of what happened “before”*: the question concerns what happened prior to the arrival in Italy, before the radical change in the history of the life of the foreign person. Every migration is traumatic since it disrupts the harmony between the external cultural context and internalized culture. People frequently flee from countries where conflicts or famine occur, have suffered persecution and torture, have escaped shipwrecks where their loved ones died. Once in Italy, the immigrants have to face a different language, customs and habits, lack of a social network, loneliness and marginalization; they are seen as different and often treated with contempt. A correlated effect is that the research reports a higher incidence of mental disorders. However, when a disease is ascertained, is it due to the previous migration experience or not? Could some psychopathological manifestations be tolerated in the culture of origin, or was the trigger just the migration experience?

- *dangerousness and ability to participate in the trial*: the issue of dangerousness is challenging. “External” criteria include the availability of a family network and/or social support, which makes many foreigners already disadvantaged. Previous studies (Fernando et al., 1998) warn that the fact that minorities receive on average more severe diagnosis, would be the result of prejudice or methodological approximations;

- *better to avoid the administration of tests with inexact information*:

tests are standardized and validated on Westerns; e.g. for the tests of intellectual efficiency, there is no wonder that a foreigner may have difficulties facing questions like: "what are the colours of the Italian flag" or “when is the Republic Day”. Some have a different alphabet system, some write from right to left, some may not be familiar with paper, pen, drawings, symbols. For tests not concerning intellectual functions, it still has to be kept in mind that they are "saturated with information and cultural representations" and that the same perception is the result of a specific culture. Also for tests not so closely linked to specific concepts, the principle according to which reality is experienced through cultural content is valid.

- *avoid cultural fallacy*: motivations of the offender also have to be assessed because the reason is a clue that helps the assessment of an action related to mental illness. In this context, not all crimes are “culturally motivated” just because they are committed by a foreigner (who can steal, cheat, hurt, kill for the same reasons of any other person). Moreover, when an action appears suggested or even imposed by a particular culture, one should wonder whether the cultural norm is still in force in the country of origin of the examinee, and whether it is crucial to build identity. Culture is certainly a powerful driving force, but it should not be considered as the only way to “read” a person, suppressing his personal specificity. Moreover, culture is not eternal and unalterable: every culture evolves, even more when in contact with different cultures and thanks to the effects of technology and of globalization. The need to implement mental health laws concerning ethno-racial people with mental health disabilities is a topical and felt issue (Dhand, 2016);

- *show respect for different cultures and people*: in addition to the knowledge of the culture, experts must have “cultural humility” (Tervalon & Murray-García, 1998), working on self-criticism and developing awareness and respect for different points of view, have “cultural sensitivity” (Tseng et al., 2012), that is openness to other cultures, to different points of view without bias or stereotypes, and cultural empathy, keeping in mind that a gap may however persist and

experts should not unrealistically disguise themselves as belonging to other cultures.

References

Agarwal and Murinson, 2012
A.K. Agarwal, B.B. Murinson
New dimensions in patient–physician interaction: Values, autonomy, and medical information in the patient-centered clinical encounter
Rambam Maimonides Medical Journal, 3 (3) (2012), Article e0017
https://doi.org/10.5041/RMMJ.10085
Loading
American Psychiatric Association, 2013
American Psychiatric Association
DSM-5, Manuale Diagnostico e Statistico dei Disturbi Mentali
Quinta Edizione, Raffaello Cortina Editore, Milano (2013)
Loading
Baubet and Moro, 2010
T. Baubet, M.R. Moro
Psicopatologia transculturale
, Dall'infanzia all'età adulta, Koinè, Roma (2010)
Loading
Carter, 2007
R.T. Carter
Racism and psychological and emotional injury: Recognizing and assessing racebased traumatic stress
The Counseling Psychologist, 35 (2007), pp. 13–105
https://doi.org/10.1177/0011000006292033
Loading
Cavalli-Sforza, 2000
L. Cavalli-Sforza
Genes, peoples, and languages
North Point Press, New York City (2000)
Loading
Coluccia et al., 2015
A. Coluccia, F. Ferretti, A. Fagiolini, A. Pozza
Incidenza e fattori di rischio per disturbi psicotici nelle popolazioni migranti in Europa: una meta analisi di studi trasversali, Rassegna Italiana di Criminologia
, IX, 1 (2015), pp. 29–39
Loading
Couchard, 1990

F. Couchard
Influences des variables socio-culturelles sur le TAT chez des femmes de culture musulmane
Rorschachiana, 17 (1990), pp. 40–44
Loading
Dhand, 2016
R. Dhand
Creating a cultural analysis tool for the implementation of Ontario's civil mental health laws
International Journal of Law and Psychiatry, 45 (2016), pp. 25–42
https://doi.org/10.1016/j.ijlp.2016.02.004
Loading
Dovidio, 2001
J.F. Dovidio
On the nature of contemporary prejudice: The third wave
Journal of Social Issues, 57 (4) (2001), pp. 829–849
https://doi.org/10.1111/0022-4537.00244
Loading
Fernando et al., 1998
S. Fernando, D. Ndegwa, M. Wilson
Forensic psychiatry, race and culture
Routledge, London and New York (1998)
Loading
Finch and Vega, 2003
B.K. Finch, W.A. Vega
Acculturation stress, social support, and self-rated health among Latinos in California
Journal of Immigrant Health, 5 (3) (2003), pp. 109–117
Loading
Flaskerud and Hu, 1992
J.H. Flaskerud, L. Hu
Racial/ethnic identity and amount and type of psychiatric treatment
The American Journal of Psychiatry, 149 (1992), pp. 379–384
https://doi.org/10.1176/ajp.149.3.379
Loading
Hicks, 2004
J.W. Hicks
Ethnicity, race, and forensic psychiatry: Are we color-blind?
The Journal of the American Academy of Psychiatry and the Law, 32 (2004), pp. 21–33
Loading
Hsiao-Ying, 1995
T. Hsiao-Ying

Sojourner adjustment: The case of foreigners in Japan
Journal of Cross-Cultural Psychology, 26 (5) (1995), pp. 523–536
https://doi.org/10.1177/0022022195265005
Loading
Kirmayer, 2001
L.J. Kirmayer
Cultural variations in the clinical presentation of depression and anxiety: Implications for diagnosis and treatment
The Journal of Clinical Psychiatry, 62 (Suppl. 13) (2001), pp. 22–28 (discussion 29–30)
Loading
Kirmayer, 2006
L.J. Kirmayer
Beyond the 'new cross-cultural psychiatry': Cultural biology, discursive psychology and the ironies of globalization
Transcultural Psychiatry, 43 (1) (2006), pp. 126–144
https://doi.org/10.1177/1363461506061761
Loading
Kleinman et al., 1978
A. Kleinman, L. Eisenberg, B. Good
Culture, illness, and care: Clinical lessons from anthropologic and cross-cultural research
Annals of Internal Medicine, 88 (2) (1978), pp. 251–258
Loading
Le Du, 2010
C. Le Du
Test psicologi e fattori culturali
T. Baubet, M.R. Moro (Eds.), Psicopatologia transculturale. Dall'infanzia all'età adulta, Koinè, Roma (2010), pp. 113–152
Loading
Lewis-Fernàndez et al., 2015
R. Lewis-Fernàndez, N.K. Agarwal, L. Hinton, D.E. Hinton, L. Kirmayer (Eds.), DSM-5. Handbook on the Cultural Formulation Interview, American Psychiatric Publishing, Washington DC, London (2015)
Loading
Linhorst et al., 1998
D.M. Linhorst, L. Hunsucker, L.D. Parker
An examination of gender and racial differences among Missouri insanity acquittees
The Journal of the American Academy of Psychiatry and the Law, 26 (1998), pp. 411–424
Loading

Maddux, 2010

J. Maddux
Recommendations for forensic evaluators conducting interpreter-mediated interviews
International Journal of Forensic Mental Health, 9 (2010), pp. 55–62
https://doi.org/10.1080/14999013.2010.483343
Loading
Marsella and Kameoka, 1989
A.J. Marsella, V.A. Kameoka
Ethnocultural issues in the assessment of psychopathology
S. Wetsler (Ed.), Measuring mental illness: Psychometric assessment for clinicians, American Psychiatric Press, Washington, DC (1989), pp. 231–256
Loading
Martin, 1993
T.W. Martin
White therapists' differing perceptions of black and white adolescents
Adolescence, 28 (1993), pp. 281–289
Loading
Maynard, 1997
S.K. Maynard
Japanese communication: Language and thought in context
University of Hawai'i Press (1997)
Loading
McCallum et al., 2015
K. McCallum, N. MacLean, W. Neil Gowensmith
The impact of defendant ethnicity on the psycholegal opinions of forensic mental health evaluators
International Journal of Law and Psychiatry, 39 (2015), pp. 6–12
https://doi.org/10.1016/j.ijlp.2015.01.015
Loading
Ödegaard, 1932
Ö. Ödegaard
Emigration and insanity; a study of mental disease among the Norwegian born population of Minnesota
Acta Psychiatrica et Neurologica Scandinavica, 4 (7) (1932), p. 206
Loading
Papke, 2007
D.R. Papke
The impact of popular culture on American perceptions of the courts
, Faculty Publications. Paper 134, (2007)
http://scholarship.law.marquette.edu/facpub/134
Loading

Pollack and Shore, 1980
D. Pollack, J.H. Shore
Validity of the MMPI with native Americans
The American Journal of Psychiatry, 137 (8) (1980), pp. 946–950
https://doi.org/10.1176/ajp.137.8.946
Loading
Rudmin, 2003
F. Rudmin
Critical history of the acculturation psychology of assimilation, separation, integration, and marginalization
Review of General Psychology, 7 (2003), pp. 3–37
https://doi.org/10.1037/1089-2680.7.3.250
Loading
Song, 1985
W.Z. Song
A preliminary study of the character traits of the Chinese
W.S. Tseng, D.Y.H. Wu (Eds.), Chinese culture and mental health, Academic Press, Orlando (1985), pp. 47–55
Loading
Strakowski et al., 1997
S.M. Strakowski, J.M. Hawkins, P.E. Keck, S.L. McElroy, S.A. West, M.L. Bourne, ... K.C. Tugrul
The effects of race and information variance on disagreement between psychiatric emergency service and research diagnoses in first-episode psychosis
The Journal of Clinical Psychiatry, 58 (1997), pp. 457–463 (quiz 464-5)
Loading
Tartakovsky, 2007
E. Tartakovsky
A longitudinal study of acculturative stress and homesickness: high-school adolescente immigrating from Russia and Ukraine to Israel without parents
Social Psychiatry and Psychiatric Epidemiology, 42 (6) (2007), pp. 485–494 https://doi.org/10.1007/s00127-007-0184-1 (Epub 2007 May 14)
Loading
Tervalon and Murray-García, 1998
M. Tervalon, J. Murray-García
Cultural humility versus cultural competence: A critical distinction in defining physician training outcomes in multicultural education
Journal of Health Care for the Poor and Underserved, 9 (2) (1998), pp. 117–125
Loading

Tseng et al., 2012
W.-S. Tseng, D. Matthews, T.S. Elwin
Cultural competence in forensic mental health
, A guide for psychiatrists, psychologists, and attorneys, Routledge, New York - London (2012)
Loading
Van de Vijver and Tanzer, 1997
F. Van de Vijver, N.K. Tanzer
Bias and equivalence in cross-cultural assessment: An overview
European Review of Applied Psychology, 47 (4) (1997), pp. 263–270 https://doi.org/10.1016/j.erap.2003.12.004
Loading
Vinkers et al., 2010
D.J. Vinkers, E. de Beurs, M. Barendregt, T. Rinne, W.H. Hoek
Pre-trial psychiatric evaluations and ethnicity in the Netherlands
International Journal of Law and Psychiatry, 33 (3) (2010), pp. 192–196 https://doi.org/10.1016/j.ijlp.2010.03.010
Loading
Vinkers and Duits, 2011
D.J. Vinkers, N. Duits
Crime and mental disorders among native Dutch and ethnic minority juvenile defendants in the Netherlands
International Journal of Law and Psychiatry, 34 (2) (2011), pp. 131–134 https://doi.org/10.1016/j.ijlp.2011.02.008
Loading
Warner, 1979
R. Warner
Racial and sexual bias in psychiatric diagnosis: Psychiatrists and other mental health professionals compared by race, sex, and discipline
The Journal of Nervous and Mental Disease, 167 (1979), pp. 303–310
Loading
Warren et al., 1994
J.I. Warren, B. Rosenfeld, W.L. Fitch
Beyond competence and sanity: the influence of pretrial evaluation on case disposition
The Bulletin of the American Academy of Psychiatry and the Law, 22 (1994), pp. 379–388
Loading
Weisman and Sharma, 1997
A.M. Weisman, K.K. Sharma

Forensic analysis and psycholegal implications of parricide and attempted parricide
Journal of Forensic Sciences, 42 (1997), pp. 1107–1113
Loading

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