

The impact of cultural and religious beliefs on the phenomenology of mental illness in light of the involuntary psychiatric commitment of an East Asian and a West African woman.

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ABSTRACT: Religious and cultural issues have become increasingly important in the field of psychiatry. We present two cases which demonstrate the impact of diverse religious beliefs and cultural background on the presentation of mental illness. Clinicians must remain vigilant for the early detection of culturally sanctioned idioms of mental disorders.

Key Words: Psychiatric phenomenology, Cross-cultural psychiatry, Religious beliefs, West African Voodoo, East Asian Buddhism.

INTRODUCTION

Culture can be defined as a set of shared values and behaviors, acquired by a person, shared in common with other members who are typically in close proximity, but different from those held by others who often live in a different geographical setting¹.

Religion constitutes a set of beliefs concerning the cause, nature, and purpose of the universe, especially when considered as the creation of a supernatural agency or agencies, usually involving devotional and ritual observances, and often containing a moral code governing the conduct of human affairs.

Ethnic, religious and cultural issues have become increasingly important in the field of psychiatry, partly because they may influence the manifestation of mental illness.

East Asians have, in relation to Caucasians, a distinct pattern of symptom presentation; the prominent feature being the expression of emotional distress under the disguise of somatic complaints. Two crucial parameters account for this differentiation in the phenomenology of mental illness. The austere cul-

tural background which considers the expression of thoughts and feelings as a sign of personal weakness and loss of self-control; and the traditional religious beliefs -primarily Buddhistic- which regard mental illness as a justified suffering, either attributed to one's past improprieties, excessive expectations and inordinate desires or caused by the deeds and wills of dead ancestors. The notions of filial piety, reciprocity and respect to the hierarchical societal and family structure hold a dominant position in traditional eastern life. The female role is strictly delineated. Within the family context, women are expected to act as modest, supportive and protective figures who sacrifice their personal needs for the success and well being of their husbands and children²⁻⁸.

West Sub-Saharan Africans tend to attribute their somatic and mental symptoms to the influence of malevolent spirits and usually choose to seek help from priests or sorcerers⁹. As spirituality plays a central role in their lives, participation in worship rituals is considered of primary importance for the maintenance of mental balance. Preponderant religious beliefs derive

from syncretic dogmas, in which animistic ideas are inextricably intertwined with the Christian or Islamic denomination. Christian principles in particular, are blended together with primordial Voodoo doctrines regarding the existence of spirits and other elements of divine essence¹⁰. Sorcerers are thought to cast spells on enemies on behalf of supplicants, calling upon evil spirits to bring misfortune or harm to their enemies. In this context, it is indisputably believed that human soul can be damaged or captured by evil sorcery. Thus, rituals are performed as a means to gain favor and protection.

CASE PRESENTATION

We present two cases which demonstrate the impact of religious beliefs and cultural background on the clinical manifestation of mental disorders.

1st case

We present the case of Ms. T, a 46-year-old Japanese woman, ardent follower of Buddhism, who was hospitalized involuntarily in our acute psychiatric department because she exhibited thought and perceptual disorders. Despite the absence of affective symptomatology on admission, the various somatic complaints of the patient -fatigue, sleep and appetite disorder, muscle tension, gastrointestinal discomfort- immediately raised the suspicion that beneath the normothymic surface lay an atypical depressive state. Projective psychological testing supported our initial hypothesis by revealing constricted affect, deep-rooted dependency needs and disturbed relation to the maternal figure which was experienced as rejecting. A detailed history established the occurrence of a past euphoric episode and revealed two mediating factors, clearly associated with the patient's cultural background, which contributed to the development of her masked depression:

1. A sense of oppression in her marriage, emerging as a result of her 'submission' to the cultural demand of identifying with the role of the obedient wife, who traditionally puts aside her personal wishes in order to devote herself to the care of her husband and the upbringing of her children.

2. Guilt-laden feelings caused by her distantiation from her family of origin, as well as her failure to fulfill her mother's expectations and her inability to sup-

port her in her old age and hour of need, as dictated by the manners and mores of her country.

It was evident that Ms. T's hallucinatory sensations and delusional ideas borrowed considerable material from her religious beliefs:

- *Delusions of influence accompanied by brief recurrent episodes of auditory and somatic hallucinations*: During these episodes, our patient either conversed with her deceased mother (the notion of the ever-present and eternal soul of the ancestors) or felt herself transform into a roaring lion (the teachings of Buddha are referred to as the roar of the lion).

- *Delusions of grandeur* presenting as the unwavering conviction that she was performing providential work and was destined to act as the seed of Buddhism.

Bipolar I Disorder (Mixed Episode, Severe with Psychotic Features) was chosen as our working diagnosis. Ms. T was initiated on mood stabilizing and antipsychotic medication, showing marked clinical improvement.

2nd case

We present the case of Ms. O, a 25-year-old Nigerian woman, with no prior psychiatric history, who was hospitalized involuntarily in our acute psychiatric department because she exhibited psychomotor agitation, irritability, aggression, visual illusions and auditory hallucinations, loosening of associations and thought content disorder. Ms. O attended regularly the worship services of a syncretic religious group, whose doctrines were characterized by the blending of traditional Christian teachings with the -indigenous in West Africa- ideas of animism, spiritualism and magic. As most people in her country, she too believed in the existence of demonic forces and the need to take precautionary measures in order to prevent the invasion of evil spirits; a goal mainly achieved either by participating in rituals or by carving protective symbols on the body. She herself bore the painted figure of a ram -a shield against evil intrusion- which had been tattooed on her abdomen, during childhood, by her grandmother.

Ms. O's clinical presentation, in association with her cultural background, directed us diagnostically to a mental disorder which is called Bouffée délirante and is classified in Appendix I of DSM-IV-TR as a Culture-Bound Syndrome^{11,12}. The aforementioned clinical entity, in essence a form of Brief Psychotic

Disorder, is observed among West African people and is characterized by the sudden emergence of agitated and aggressive behavior, auditory and visual hallucinations, confusion and paranoid ideation.

As with the previous case, it was again evident that Ms. O's hallucinatory sensations and delusional ideas borrowed material from her religious beliefs:

- *Delusions of demonic influence and persecution:*

Ms. O was convinced that evil spirits -summoned and sent against her by another woman to whom she owed money- had taken possession of her body and were causing a melting down of her internal organs.

- *Visual illusions:* When looking in the mirror, Ms. O was unable to recognize herself. She firmly believed that she was staring at the reflection of a demon; that her face had been disfigured; moreover that it had assumed the characteristics of the malevolent spirit which had invaded her body.

- *Auditory hallucinations:* Ms. O heard a calm, supportive, protective female voice, resembling the voice of her grandmother and cautioning her about an imminent lethal danger.

Our patient was initiated on antipsychotic medication with injectable haloperidol, showing rapid clinical response.

DISCUSSION

Clinicians need to understand the role of ethnicity and religion when diagnosing and providing psychiatric care to culturally diverse populations. A patient's ethnic background and religious beliefs influence the presentation of mental illness in a variety of ways, mainly by defining the form, quality and intensity of the emerging symptoms, as well as the special meaning that will be ascribed to them both by the patient and his doctor. Clinging rigidly to a uniform, short-sighted diagnostic approach towards all patients will prevent the treating psychiatrist from essentially and substantially understanding the sorrows of his patient.

CONCLUSION

Given the existing migration wave from East Asia and West Africa towards our country, along with the rising number of people originating from these geographical areas who are referred to public mental health services, the diagnostic vigilance of the treating clinician is deemed necessary in order to ensure the early detection of a culturally bound presentation of mental illness.

Η επίδραση των πολιτισμικών και θρησκευτικών πεποιθήσεων στη φαινομενολογία της ψυχικής νόσου με αφορμή την ακούσια ψυχιατρική νοσηλεία μιας ασθενούς από την Άπω Ανατολή και μιας ασθενούς από τη Δυτική Αφρική.

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ΠΕΡΙΛΗΨΗ: Τα θρησκευτικά και πολιτισμικά ζητήματα καθίστανται ολοένα σημαντικότερα στο πεδίο της ψυχιατρικής. Παρουσιάζουμε δύο περιστατικά που καταδεικνύουν την επίδραση των διαφορετικών θρησκευτικών και πολιτισμικών πεποιθήσεων στην κλινική εμφάνιση της ψυχικής νόσου. Ο κλινικός ιατρός οφείλει να βρίσκεται σε εγρήγορση για την έγκαιρη ανίχνευση πολιτισμικών καθιερωμένων ιδιωμάτων της ψυχικής ασθένειας.

Λέξεις Κλειδιά: Ψυχιατρική φαινομενολογία, Διαπολιτισμική ψυχιατρική, Θρησκευτικές πεποιθήσεις, Βουντού της Δυτικής Αφρικής, Βουδισμός της Άπω Ανατολής.

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