Cross-Cultural Psychology,
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Cultural aspects of clinical psychology

For valid psychological testing you need standardized tests – they need:

- Translation - Back-translation method – the text is translated back to the original language, so the original authors can validate, that it is in the original rationale of the method)
- Validation of stimuli – not all stimuli are culturally universal – the need to find equivalents
- Gathering and evaluating of normative data – using tests without propriate norms might be very misleading

Culture-bound syndromes

- Syndromes which are typical for particular culture
- They are influenced by cultural factors
- Many of them are specified in diagnostic manuals DSM-V and ICD-10
- Some of the most famous are:
- Couvade (cultures in Papua N. Guinea, Thailand, Russia, India, China, ancient Egypt and Cantabria) – „sympathetic pregnancy“ – fathers experience the pregnancy symptoms along with mothers – they actually experience pain, when woman gives birth, etc.

Culture-bound syndromes

- Hikikomori (Japan) – social withdrawal of young people (especially men) caused by high demands of society on them
- Dhat syndrome (South Asia) – belief of young men, that they are leaking semen, which is considered to be the source of vitality. It leads to anxiety
- Bulimia nervosa, anorexia nervosa and other eating disorders – they are often caused by the percieved cultural demand on certain appearance (orthorexia nervosa – obsesive avoiding of unhealthy foods)
- Amok (South Asia) – outburst of uncontroled violence (often homicidal), ending with exhaustion and amnesia

Culture-bound syndromes

- Ghost sickness (Plains cultures of North America, Polynesia) – preocupation with deceased people – they feel terror, weakness, loss of appetite, nightmares etc.
- Ataque de nervios (Latin America) – pattern of symptoms such as uncontrolable screaming, shouting, crying, trembling, agressivity often as a result of stress

Universal disorders

- Depression, social anxiety, suicide and schizophrenia are universal, but their symptoms vary culturally:
- Depression is somatized in some countries (e.g. China), while psychologized in others (e.g. North America)
- Social anxiety is more common in East Asia – in fact in Japan it is acccompanied by different set of symptoms than in Europe
- Suicide rate varies significantly between cultures, and also motivations to commit them
- In different cultures, the schizophrenia types and courses of dissease vary

Therapy in cultures

- These differences lead to different treatment of these diseases
- The terapy should be conducted in the native lnguage of the patient/client
- Some cultures are more open to psychotherapy than others for various reasons: some cultures are not coping with problems by sharing them with anybody, some cultures prefer other roles to help to cope with personal issues (priest, relative, …)
- Therapist must have the cultural models of patient/client internalized for better outcome of the therapy (better knowledge of the client's environment means better therapy)