



<http://www.diva-portal.org>

This is the published version of a paper published in *Nordic Journal of Psychiatry*.

Citation for the original published paper (version of record):

Werneke, U., Bhugra, D. (2018)

Culture makes a person

*Nordic Journal of Psychiatry*, 72: S1-S2

<https://doi.org/10.1080/08039488.2018.1525645>

Access to the published version may require subscription.

N.B. When citing this work, cite the original published paper.

Permanent link to this version:

<http://urn.kb.se/resolve?urn=urn:nbn:se:umu:diva-156909>



## Culture makes a person<sup>‡</sup>

Ursula Werneke & Dinesh Bhugra

To cite this article: Ursula Werneke & Dinesh Bhugra (2018) Culture makes a person<sup>‡</sup>, Nordic Journal of Psychiatry, 72:sup1, S1-S2, DOI: [10.1080/08039488.2018.1525645](https://doi.org/10.1080/08039488.2018.1525645)

To link to this article: <https://doi.org/10.1080/08039488.2018.1525645>



© 2018 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group.



Published online: 31 Oct 2018.



Submit your article to this journal [↗](#)



Article views: 124



View Crossmark data [↗](#)



EDITORIAL

## Culture makes a person<sup>‡</sup>

We are not born with cultures but into cultures, which shape our cognitive schema and also our world-views. Within each culture, we carry micro-identities and micro subcultures that shape us. As clinicians, we manage patients who come to us with similar or dissimilar micro-cultures, thereby affecting therapeutic interactions and therapeutic alliances.

Never before, have so many people been on the move. Irrespective of whether they flee from war and terror, try to propel themselves and their families out of poverty, educational reasons or simply want a new life, most are united in the desire to find peace and safety. According to estimates from the European Commission, Europe has experienced the greatest mass movement of people since the World War II. More than one million refugees and migrants have arrived in the European Union, the large majority from Syria and other countries are torn by conflict. Member States have agreed to relocate 160,000 asylum seekers from Greece and Italy to other EU countries by September 2017. As part of this scheme, national governments are asked to step up their pace to help those in need of protection [1]. This poses a challenge for mental health and primary care professionals, who are more likely than ever to meet patients from different cultures and backgrounds. Yet, without a sound grounding in diagnostics and transcultural skills mental health and primary care professionals may feel ill-equipped to deal with patients from unfamiliar backgrounds.

Understanding culture is a prerequisite for understanding people. Culture as 'a set of beliefs, values, expectations, rites and rituals' [2] shapes the way we think, feel, act and interact with others and with our environment. Psychiatry, more than any other medical specialty, is about understanding people through communicating and making sense of behavior. Interpreting symptoms only in the context of Western diagnostic systems without taking account of culture has caveats. Behaviors regarded as sign of mental disorder in one cultural context may be regarded as 'normal' in another. With increasing globalization and inter-connectedness, cultures are in transition and boundaries between cultures blur [3]. This requires us to rethink psychiatry and move from a universal to a more culture-specific approach when diagnosing and treating mental disorders [3].

At the same time, it is important to call mental disorders for what they are. Using terms such as 'mental health issues' or 'mental health concerns' instead of 'mental disorder' or 'mental illness' can seem to imply such experiences are less severe or less chronic or less worthy [4]. Such terms aim to avert stigma by removing from policy and practice what is perceived as pejorative, but they tend to under-rate both the

seriousness and the severity of the patient's distress and experience. There is no evidence suggesting that abandoning the term mental illness has eliminated any stigma. Changing the label may not affect stigmatizing attitudes. Discrimination can be reduced using legal means. Using terms such as mental health issues is far too ambiguous and vague to take on any legal slant. Recognition and public acknowledgment of illness experiences can enable policy-makers and planners to plan services and public mental health services accordingly. Terms such as 'mental health issues', however, may not be seen as models for public mental health education or intervention.

Rethinking psychiatry in cultural terms is an incentive for rethinking psychiatry in general. Exploring mental disorders in a cultural context promotes the understanding of individual experiences and their significance for social functioning. Every patient tells a story. That narrative or story is more than just medical facts. [5]. Even in physical terms, reality is not cast in stone, but ultimately probabilistic and observer-dependent. Accepting the uncertain nature of reality can improve the clinician's preparedness to listen and integrate the patient's experience into diagnosis and treatment [6]. Better communication about diagnosis and treatment and increased patient participation may significantly increase adherence to treatment [7]. The eminent North American physician Sir Willian Osler already understood the importance of the personal experience of illness and patient participation at the turn of the 20th century: 'It is much more important to know what sort of patient has a disease than what of disease a patient has' [8].

This masterclass has been about rethinking psychiatry in cultural terms. In this masterclass, many different stories have been told. Stories about delusion, possession and religion, guilt and shame, pain and depression, eating disorders and sexuality, suicidality in the face of utter hopelessness, radicalization and risk. We have explored the connection between culture and neuroscience and looked at innovative approaches to psychotherapy and psychopharmacology. The Masterclass Psychiatry program originates in the Region Norrbotten, right beneath the Arctic Circle. Its mission is to provide medical education with high clinical relevance by world-leading experts in mental health for the greater benefit of our patients. This masterclass 'Transcultural Psychiatry – Diagnosis and Treatment' has been the forth event bringing together clinicians from Scandinavia, Europe and the rest of the world [9]. And if this event has contributed to improving our understanding and care for patients, we feel we have accomplished our mission.

<sup>‡</sup>4<sup>th</sup> Masterclass Psychiatry: Transcultural Psychiatry – Diagnostics and Treatment, Luleå Sweden, 22–23 February 2018

## Disclosure statement

Ursula Werneke has received funding for educational activities on behalf of Norrbotten Region (Masterclass Psychiatry Program 2014–2018, EAPM 2016 Luleå, Sweden): Astra Zeneca, Janssen, Eli Lilly, Novartis, Otsuka/Lundbeck, Servier, Sunovion and Shire. Dinesh Bhugra: no interest to declare.

## References

- [1] European Commission: publications.europa.eu. Brussels (BE): the EU and the migration crisis; 2017 July [cited 2018 Apr 8]. Available from: <http://publications.europa.eu/webpub/com/factsheets/refugee-crisis/en/>.
- [2] Bhugra D, Kelly M, Ventriglio A. Psychopathology and the role of culture: an overview. In: Bhugra D, Bhui K, editors. Textbook of cultural psychiatry. 2nd ed. Cambridge (UK): Cambridge University Press; 2018. p. 119–131.
- [3] Ventriglio A, Ayonrinde O, Bhugra D. Relevance of culture-bound syndromes in the 21st century. *Psychiatry Clin Neurosci*. 2016;70:3–6.
- [4] Bhugra D, Ventriglio A, Bhui KS. What's in a name? Reclaiming mental illness. *Lancet Psychiatry*. 2016;3:1100–1101.
- [5] Sanders L. Every patient tells a story: medical mysteries and the art of diagnosis. New York (NY): Broadway Books; 2009.
- [6] Werneke U. Psychiatry and reality – perception of matter or matter of perception? *NeuroQuantology*. 2011;9:190–201.
- [7] McCabe R, Healey PG, Priebe S, et al. Shared understanding in psychiatrist-patient communication: association with treatment adherence in schizophrenia. *Patient Educ Couns*. 2013; 93:73–79.
- [8] Silverman M, Murray TJ, Bryan CS. The quotable Osler. Philadelphia (PA): American College of Physicians; 2008.
- [9] Region Norrbotten: masterclasspsychiatry.se. Luleå (SE): masterclass psychiatry. History; 2017 June 19 [cited 2018 April 8]. Available from: <http://masterclasspsychiatry.se/history/>.

Ursula Werneke

*Department of Clinical Sciences, Division of Psychiatry,  
Sunderby Research Unit, Umeå University, Umeå, Sweden*

 [uwerneke@gmail.com](mailto:uwerneke@gmail.com)

Dinesh Bhugra

*Emeritus Professor of Mental Health and Cultural Diversity,  
Kings College, London, UK*

© 2018 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group.

This is an Open Access article distributed under the terms of the Creative Commons Attribution-NonCommercial-NoDerivatives License (<http://creativecommons.org/licenses/by-nc-nd/4.0/>), which permits non-commercial re-use, distribution, and reproduction in any medium, provided the original work is properly cited, and is not altered, transformed, or built upon in any way.