Do Peter and Ahmed suffer from the same disorder? Dilemmas in transcultural diagnostics

11 December 2008
Psykiatrisk Center Rigshospitalet
SEMINAL TRUTHS

Sushrut Jadhav
MBBS, MD, MRCPsych., PhD
Senior Lecturer in Cross-cultural Psychiatry
University College London
Over the past two decades, a significant body of research has outlined major problems that relate to the deployment of psychiatric diagnostic classificatory systems and standardised research instruments in cross-cultural settings.

Amongst the diagnostic groups, depression has been singled out as the one that raises significant issues of cultural validity and which poses special problems as a universally valid disorder.
Fundamental problems include:

a) cross-cultural variations in definitions of selfhood (Heelas and Lock 1981, Marsella and White 1982),

b) differing local categories of emotions (Lutz and Abu-Lughod 1990),

c) cultural variations in language with attendant problems of translating emotion-related vocabulary (Littlewood 1990), &

d) the absence of a universal biological specification (Kleinman and Good 1985).

Despite these demonstrated concerns, medical professionals, psychiatrists included, consider depression as universal in form, with cross-cultural differences in symptomatology as a mere artefact (Kaplan and Saddock 1995, Sartorius 1983). If there are such major differences in symptomatology, it begs the question: **Why do they receive the same diagnosis?** And how does this contradiction arise?
• CATEGORY ERROR, REVERSE CATEGORY ERROR?
• DEPRESSION & SOMATISATION
• REVERSE CATEGORY ERROR
  • OBEYESEKERE’S IDEA OF SPIRIT POSSESSION
  • OVERSEAS HEALTH STAFF IN UK
  • GROWTH OF THE DISCIPLINE OF TRANSCULTURAL PSYCHIATRY
• DEMONSTRATE EMPIRICAL EVIDENCE FOR A NEW SYNDROME AMONGST WHITE BRITISH NATIVES OF LONDON
• RAISE SOME QUESTIONS ABOUT RESEARCH METHODS, ICD, & ETHICS
Dhāt Syndrome (ICD-10, culture bound syndrome)

- First described in 1960, South Asia by Wig (but Wig says he got the idea from Morris Carstairs writing in a conference souvenir)
- Prevalence rates in medical and psychiatric clinics (11-30%). Men, ages 20-38
- Common symptoms: weakness, fatigue, palpitations, and sleeplessness
- Most crucial: patients attribute symptoms to a white discharge (Dhātu) in their urine. This generates anxiety and dysphoria.
- Now also found amongst south Asian migrants to Europe, randomised treatment trials confirm Rx with anti-depressants, Anxiolytics and CBT (MEDLINE 1960-2006).
ICD 10

NEUROTIC DISORDER AS WELL AS CULTURE SPECIFIC DISORDER (undue concern about debilitating effects of the passage of semen) with caution that it is not delusional.

ANNEXE II of ICD-10 compiled by US Anthropologist conflates several Indian, Sri Lankan and Chinese terms into one disorder. (dhāt, jiryan, shen k’uei, shen-kui). The section describes these disorders as characterized by

‘anxiety and somatic complaints such as fatigue and muscle pains, related to a fear of semen loss in men or women (also thought to secrete semen). Precursors are said to include excess coitus, urinary disorders, imbalance in bodily humours, and diet. The main symptom is a whitish discharge in urine, interpreted as semen loss. Traditional remedies focus on herbal tonics to restore semen or humoral balance’.
What is Dhāt?

- Ayurvedic medicine is a professionalised form of Asian medical knowledge, popular in the Indian subcontinent from Vedic times, hence the term *ayurveda*. Ayurveda conceptualises the health body in the form of 7 essential elements (*dhātus*) that are in harmony. These elements are: *rasa* (fluid from digested food), *rakta* (blood), *masma* (muscle), *meda* (fat), *ashti* (bone), *majja* (marrow), & *sukra* (semen). Imbalance of any of the 3 bodily humours or *dosas*: *vatta*, *pitta* & *kapha*) can cause damage to the *dhātus*. [Charaka Samhitā].

- The term dhāt is an English corruption of the sanskrit *dhātu*, and is erroneously equated with either semen or semen loss in modern psychiatric literature.
Why *Dhāt* is not a Culture-specific Syndrome?

- *Dhāt* is an imprecise and misleading term

- *Dhāt* is a false theoretical premise based on exoticizing ‘other’ cultures. Cognitive deviation from European psycho-physiological norm viewed as ‘psychopathology’

- Concerns about semen regulation as causal to mental illness are equally pervasive in Euro-American societies during ancient (Galen..semen loss as a soul substance compare with Ayurveda; Aristotle, Aretaeus, Celsius, Sinibaldi, Tissot) as well as modern (20th century psychiatrists: Edward Hare, Henry Maudsley, George Beard) times
'No sex, purleeeze!' That's the plea of the ambitious Hollywood exec who lives in fear of losing precious energy with every ejaculation.

Ambitious young men have a new obstacle to overcome in their relentless drive to the top. Ejaculation may be bad for their careers. In Hollywood, work-conscious movie executives are already practising the ancient Chinese art of semen retention to preserve their energy for the office, and other businessmen in high-stress jobs are expected to follow the trend.

One Hollywood executive confessed to the American magazine Buzz this month that he never had sex on a Sunday, or during times of intense stress.

"I like to build up for my week," he explained. "All that testosterone gives me an edge. It makes me nasty and aggressive."

According to devotees of restraint, the average tablespoonful of semen contains the nutritional equivalent of two pieces of steak, 10 eggs, six oranges and two lemons.

"Each time you orgasm," said one Los Angeles expert, "you lose a part of your vitality. Semen is a rarefaction of the whole body's energy."
Semen and Europe

- Semen regulation ideas are not alien to European cultural history. Galen considered involuntary loss of semen as ‘gonorrhoea’ (Hawkins 1963), and the first European textbook of sexuality in 1642 (Sinibaldi, in Comfort 1967) reiterated the position of previous theories on the undesirability of semen loss, adding ‘gout’ to a long list of medical conditions caused by semen loss.

- A couple of centuries later, an influential psychiatrist in Britain, Henry Maudsley, held the view that semen loss through masturbation resulted in serious mental illness (Comfort 1967). Indeed, the medical management of spontaneous emissions during this period included recommending sleeping with hands tied, use of spiked leather sheath over the penis (Hare 1962), and electric bells based on the principles of the modern enuresis alarm (Milton 1887).
Reverse Category Error

- Obeyesekere’s example of ‘Spirit Possession’
47 White Britons (18-65 yrs) with a first time clinic diagnosis of Neurotic Depression interviewed as part of a larger study on the cultural meaning and experience of depression.

Could losing or retaining semen cause depression or psychological problems?
Narratives of white Britons:
Semen Retention causing psychological problems

Male, age 50
I suppose it would. I mean it is not based on any factual evidence, um, but I suppose there is a build up of tension as a result (of retaining). I am not sure there is chemical evidence to say so, but, yeah..then the sexual appetite is not satisfied it can cause further problems..it might encourage release in ways that might not be useful

Male, age 58
From the man’s point of view, I think the regular build up and release of semen, part from all the physical sort of things release a lot of tension which as you can feel building up in yourself. (If retained) it will damn up the energy I think..(Where is that energy coming from?) Well it’s given off improperly in the way I twitch (shows his muscles) but also one would be encouraged to build up tension again..rather like doing exercises on a bicycle..the easiest example I can give is my step brother-in-law..he has got mental illness..it has never worried me..I mean I have thought of having a vasectomy..
Narratives of white Britons
Semen Retention causing psychological problems

Female, age 29
Well if a man retains sperm then well every man has to procreate and if that is not fulfilled then it will become inwardly frustrating. If it is linked to the prostrate gland then that links a signal to the brain in need of fulfilment, a signal of death looming...then a man might become depressed...the body gets confused and the male's mind automatically becomes dead...(What about losing semen?) No. I think the more semen the man loses then the more it will regenerate itself. The body will say I need it more, more, more (that is just the opposite in India where losing semen causes concern) no, my theory is use it or lose it.

Female, age 45
I would have to say yeah. I should imagine it is like if you don’t have periods you get bloated, you feel horrible and after the period is over it is like going...you know the loo, and having a poo every day...I feel clean after that and feel brand new... so if men carry too much semen wouldn't men not masturbate?
Hamilton anxiety rating scale scores

<table>
<thead>
<tr>
<th>Score</th>
<th>Number of Subjects</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>0.5</td>
<td>2</td>
</tr>
<tr>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>1.5</td>
<td>6</td>
</tr>
<tr>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>2.5</td>
<td>10</td>
</tr>
<tr>
<td>3</td>
<td>12</td>
</tr>
<tr>
<td>3.5</td>
<td>14</td>
</tr>
<tr>
<td>4</td>
<td>16</td>
</tr>
</tbody>
</table>

Std. Dev = 4.99
Mean = 17.5
N = 46.00
Hamilton depression rating scale 24 item score

Number of subjects:
- 0: 12
- 2: 10
- 4: 8
- 6: 6
- 8: 4
- 10: 2
- 12: 0

Std. Dev = 6.25
Mean = 28.1
N = 46.00
Operationalise into a checklist

Symptoms (derived from content analysis of narratives from White British depressed subjects)

Loss of energy, Diminished libido
Depression
Anxiety
Multiple somatic symptoms (tension, twitching, bloating)
Attributing symptoms to retention of semen
Is it a syndrome?

Increase sample size
Administer in different settings for reproducibility, and establish pattern of occurrence. Calculate prevalence rates
To show this constellation exists, find a ‘user’ (patient) group who might have vested interests (Such as Gulf War veterans: Burning Semen Syndrome)
Give it a name (Semen Retention Syndrome amongst the Great British) and nosological status, publish, and inform the WHO. Argue that depression and anxiety are mere epiphenomena of a core belief about semen retention
SRS
(Semen Retention Syndrome): British Depression is a cultural variation or an expression of a primary irrational belief centered around semen retention
How shoddy can it get?
The disarticulation of symptoms from cultural context might facilitate measurement and create categories, but the entities generated are devoid of meaning.
If such a syndrome exists amongst White Britons, why don’t people report and seek treatment for this condition?
It could be hypothesised that British psychiatrists currently focus on mood symptoms to the exclusion of somatic features detailed in the symptom list generated from this study. It follows that British doctors might need training to make a correct diagnosis of Semen Retention Syndrome.
Reporting Sadness and Somatic Symptoms of Depression in London and Bangalore

Sadness
- Bangalore
- London

Somatic
- Bangalore
- London

Percent

Spontaneous

After Probing
Thus British patients with Semen Retention Syndrome would be misdiagnosed as Depression and remain untreated for their primary pathology, SRS.

Compare this with South Asian patients suffering from Depression, but erroneously diagnosed and treated for Somatisation Disorders.
Indeed, special clinics patterned along the lines of both professional and folk psycho-sexual clinics in South Asia (and similar to Allergy and Tourette disorder clinics in the UK); staffed by established South Asian clinician researchers would ensure recruitment of study subjects, offer screening for detection of the condition, and provide counselling and cognitive behavioural intervention to correct these irrational beliefs.
Take home message

- This is an example of blatant projection. An accurate relocation of doctor’s own discomfort at comprehending local meanings, onto their patients.
- It limits any meaningful comparison of distress across cultures.
Cultural Iatrogenesis

- *Iatrogenesis*: brought forth/ caused by a healer
- *Cultural Iatrogenesis* wherein a mismatch between Western-trained doctors and local patient explanations are viewed as clinical conditions of the latter.
- Should ICD 11 develop a category for ‘Cultural Iatrogenesis’?
Ethical question

- Can research that is insensitive to local reality be considered unethical?
Take home message (contd.)

Abstracting local explanations of suffering to the level of a psychopathology constitutes ‘cultural iatrogenesis’

Uncritical import of Western epistemology by psychiatrists in non-Western cultures worsens existing alienation between psychiatrists and their patients

Seemingly ‘irrational’ beliefs about suffering in any culture do not constitute a syndrome

Cultural validity of psychiatric disorders requires theory to be grounded in and shaped by local forms of suffering
What is cultural validity?
If the validity of an instrument refers to actually measuring what it purports to measure with reference to the truthfulness of a theory, cultural validity extends to contextualise validity within the specific culture being studied. It follows that theories and instruments need to be ‘grounded’ within that culture, if they have to be considered valid. Grounding implies researchers do not begin with a priori notions but instead develop constructs that reflect local concerns including indigenous theories, participant voices, priorities and values. For example, if tests on cognitive capacity, in a post capitalist society, privilege speed of response whereas in a Buddhist culture that values meditative reflection, scoring on tests will have to be in opposite directions and interpreted within each culture’s norms.
Similarly, the hierarchy of stressful life events in one culture might need to be re-calibrated in another to reflect severity as perceived by members of that culture. Studies on cross cultural aspects of body image distress might consider moving away from a focus on anatomical physical pre-occupations in European societies to concerns about grace and poise in South Asian cultures. These are superficial examples and the issues turn more complex when dealing with instruments that aim to capture local emotions and their relationship with disease categories. Consider for example, potent emotive idioms in a multi-lingual Indian setting, such as *Pyaar se chaata mara* (I slapped him with love), *Meetha daard* (sweet pain), and *Anpu* (a complex polyphonic Tamil term for a range of love related emotions). These emotions do not slot into neat categories of over-involvement, warmth, critical comments and hostility, nor can they be assessed by hour long Expressed Emotion rating instruments.

*Can depression be exchanged for somatisation?*