

## Editorial

# Acculturation, metaphor and mental health in primary care

Gabriel O Ivbijaro MBBS FRCGP FWACPsych MMedSci DFFP MA

Editor in Chief *Mental Health in Family Medicine* and Chair of the Wonca Working Party on Mental Health, The Wood Street Medical Centre, London, UK

With globalisation, wars, famine and now, economic recession, people move within states, countries and across continents. If primary care mental health is to continue to make impact and progress in looking after all comers and not just the few, it must be prepared to understand the role of culture in the presentation of mental health problems. We need to learn from earlier psychiatrists such as Carothers<sup>1</sup> who went to Africa and thought that dysphoric mood did not occur in this continent because of a lack of familiarity with the local metaphor, language and ritual. We now know that dysphoric mood is universal, it just manifests in different ways.

The linguistics and metaphor used by each individual culture and sub-culture may be different so that familiar ideas are framed in a different context. Even within cultures, the metaphor and descriptive language used to describe distress changes with time and reflects cultural and economic developments and changes. In early West Africa, most delusions and hallucinatory experiences were rooted in the concept of witchcraft. With technological developments these experiences evolved to include X-rays, laser beams and radio waves.

When this has been explored within the African context, there is a relationship between acculturation and the content of delusions as more traditional West Africans are more likely to have delusional beliefs related to witchcraft and the more Westernised are more likely to have technologically based delusions and hallucinations. In addition, the transitional West African group of patients making the change from traditional to westernised culture are more likely to describe delusions and hallucinations reflect both elements of the culture.<sup>2,3</sup>

Primary care practitioners who work in developing countries need to keep this in mind whenever they carry out a mental state assessment, as their patients may be traditional, transitional or westernised, and this may be reflected in the content of their abnormal mental state.

When people move to other countries, especially from the developing to the developed world, it is very easy to label normal behaviour as abnormal. In some cultures it is a sign of respect not to look your elders in the face or eyes. People who adhere to this convention may look down or look away during contact or consultation. This may be misconstrued by a practitioner from a different culture as depression or the type of gaze avoidance often associated with psychotic illness. Confusion can be dispelled by delicately and respectfully asking about the behaviour observed.

Some of the metaphor used in the developed world may sound strange to those from developing countries. The term 'butterflies in my stomach' is commonly used in many English speaking countries but may sound very strange to people who do not speak English as their first language.

As families settle in new cultures, it is possible to have a spectrum of the acculturation process within one family unit, with different members reflecting different parts of the acculturation process. Many immigrants to Europe and America live and maintain extensive contact with their extended family. It is possible to have grandparents who are in a traditional stage, parents who are perhaps transitional and children who are westernised. This can lead to severe conflict and tension and the children may be brought to their family doctors and labelled as difficult or aggressive. In such a situation, it is important for the assessing clinician to probe not only into the mental state but also the cultural context to make an assessment of the stage of acculturation each family member is in. The family doctor and the primary care team needs to be skilled in a family therapy or a problem-solving approach to enable them to recognise and intervene appropriately to address the difficulties associated with acculturation.

The WHO noted that primary care must be strengthened in order to deliver good standards of care and good health outcomes. In primary care

mental health, because of the movement of people across borders and continents, and because people will be at various stages of the acculturation process, we have to be skilled in understanding cultural dynamics, metaphors used by different types of community and we must also be familiar with family therapy skills and problem-solving skills.<sup>4,5</sup>

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#### ADDRESS FOR CORRESPONDENCE

Dr Gabriel Ivbijaro, The Wood Street Medical Centre, 6 Linford Road, London E17 3LA, UK. Tel: +44 (0) 20 8430 7710; fax: +44 (0) 20 8430 7711; email: [gabriel.ivbijaro@nhs.net](mailto:gabriel.ivbijaro@nhs.net)