Transcultural Child Psychiatry: Its History, Present Status and Future Challenges

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ABSTRACT

Introduction: To provide a historical review of transcultural child psychiatry in Canada and discuss its future mandate within traditional mental health services. **Method:** To present a summary of some key papers and chapters in the literature which describe the history and present status of transcultural child psychiatry since its inception 30 years ago. **Results:** There is a virtual absence of transcultural material in the early editions of the most valued textbooks of child and adolescent psychiatry. This has only begun to change during the past 5 years. In Canada, work has centered around recently arrived immigrant and refugee children with comparatively little work being done with other minority groups. **Conclusion:** Transcultural child psychiatry remains a profoundly understaffed subspecialty. To change this, university departments of child psychiatry should initiate the formation of groups of transculturally aware clinicians and researchers.

Key words: mental health needs of children, cultural diversity, history, future developments

RÉSUMÉ

Introduction: Présenter une analyse historique de la pédopsychiatrie transculturelle au Canada et évoquer son rôle futur au sein des services de santé mentale traditionnelle. Méthode: Présenter un sommaire de divers articles et chapitres clés de la littérature qui décrivent la situation passée et présente de la pédopsychiatrie transculturelle depuis sa création il y a 30 ans. Résultats: On constate une absence de données sur la psychiatrie transculturelle dans les premiers ouvrages les plus reconnus. Les choses ont commencé à changer au cours des cinq dernières années. Au Canada, les travaux portent généralement, depuis plusieurs années, sur les enfants d'immigrants ou de réfugiés, et rarement sur les autres groupes minoritaires. Conclusion: La psychiatrie transculturelle reste une spécialité qui manque de personnel. Pour combler ce manque, les départements de pédopsychiatrie des universités devront former des groupes de clinicians et de chercheurs dans cette spécialité.

Mots clés: santé mentale, enfants, diversité culturelle, historique, avenir

THE EARLY HISTORY OF TRANSCULTURAL PSYCHIATRY IN CANADA

The life and behaviour of individuals from far away lands has long been of interest to people everywhere. However, it was Darwin who by including cultural groups into his evolutionary theory, talked about "primitive" people and described Westerners as possessing "advanced" evolutionary development. This fostered a predetermined value system of judging cultural groups and also influenced the medical assessment of seemingly culture specific conditions. For example, early colonial physicians condescendingly described unusual symptom patterns such as "amok" among Malays as primitive expressions of stress (Ellis, 1893). This cultural evolutionism was challenged in the early twentieth century by anthropologists who documented the great variability of social behaviours and stressed the importance of cultural factors in shaping the perceptions and hence the life of an individual (Benedict 1934). Whiting & Child in their book *Child Training and Personality* (1953) were the first to examine, in 6 cultural groups, how civilization affected the children in their later behaviour.

Psychoanalysis and its focus on patients early memories to understand current behaviour or thoughts also used its theories to explain nature, stressing the power early experiences have on later behaviour. It lead Eric Wittkower, a German born psychoanalyst working at McGill University to establish transcultural psychiatry as a distinct discipline within psychiatry by publishing a regular newsletter entitled *Transcultural Research in Mental Health Problems*, starting in 1956. Wittkower had left Germany in 1933 and settled in England where he trained in psychiatry at the Maudsley Hospital and became interested in psychosomatic problems. However, as an immigrant he was aware of the challenges associated with living in a new culture. He also shared the post world war II optimism of many who believed that war could be prevented by knowing more about the people who went to war, their environment and thinking. The new specialty was therefore to be the domain of both social scientists, especially anthropologists, and mental health specialists.

After Wittkower's death in 1983 his journal, by then named *Transcultural Psychiatric Research Review* was taken over by Raymond Prince, an esteemed colleague at McGill and in 1992 by Laurence Kirmayer who in 1997 agreed to a further name change and a transfer of the journal under the tutelage of Sage Publications. *Transcultural Psychiatry*, its present name, has since become a fully peer reviewed journal whose content consists primarily of scientific papers (about 80%), with the rest being book reviews. The term "transcultural' in all these publications has led to some discussion as some preferred to call it 'cultural' or 'cross-cultural' psychiatry, stating that these terms more clearly denote studies dealing with individual as well as comparative data. (Prince 1997). However, Wittkower felt that the Latin prefix 'trans' implies that the vista of the scientific observer will extend beyond the scope of comparing the frequency or other characteristics of a psychiatric condition between 2 cultures through and beyond cultural barriers (Wittkower, 1966: p.228).

The authors of the early transcultural movement do not

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talk much about children. While some anthropologists studied child rearing patterns in specific cultures (e.g., Whiting and Child 1953, Mead and Wolfenstein 1955), the early psychiatrists showed little interest in the behaviour of children. For example, in the nearly 50 years since the first issue of the *Transcultural Research in Mental Health Problems* appeared, there have only been two invited reviews which have dealt with child psychiatric transcultural issues. One was by Minde and Nikapota in 1993 who examined recent child psychiatric developments in the developing world; the other was authored by Rousseau in 1995 and dealt with the mental health of refugee children This lack of interest is puzzling since the parent-child relationship is so profoundly influenced by cultural forces and the developmental process is a rich template on which to trace the interplay between genetic and environmental factors at different developmental stages. One possible reason is outlined in a very recent article by Bains (2005) on the history of transcultural psychiatry. Baines underlines the "uneasy alliance" (p143) between anthropology and psychiatry with the former investigating established cultural patterns and emphasizing their protective and nurturing aspects while psychiatrists were concerned "with the basic problem of whether the same or different illness entities are found cross-culturally". It may be that the much less well developed clinical entities in child psychiatry 50 years ago did not lend themselves to the type of studies transcultural psychiatrists wanted to do at that time, leading them to leave the study of children and families to anthropologists. It has taken about 25 more years before child psychiatrists established the basic clinical and scientific parameters for an independent child orientated transcultural psychiatry.

TRANSCULTURAL CHILD PSYCHIATRY– THE LAST 25 YEARS

Consulting earlier editions of the most prominent textbooks of child and adolescent psychiatry confirms the lack of interest in transcultural issues. For example, the 1985 edition of the textbook edited by M. Rutter and L. Hersov contains no independent chapter on cultural issues although in a chapter, entitled "*socio-cultural factors*" a two paragraph reference is made to children of ethnic minorities (Wolkind & Rutter, 1985, p91.). In Melvin Lewis' *Comprehensive Textbook's* 1996 edition, there is a chapter of 4 pages (the book has 1300 pages) that deals with effects of ethnicity on child and adolescent development (McDermott, 1996, p 411-15). The material primarily reports on child rearing differences as observed by Whiting and Child and other anthropologists. The 2002 edition has an additional chapter on "*international child and adolescent mental health*". Finally, a 7 volume *Handbook of Child and Adolescent Psychiatry* edited by J.D. Noshpitz (1998) with a combined number of approximately 4000 pages, only has a 9 page chapter in volume 5 (pp 323-331) that discusses ways in which particular religions and cultures may modify the assessment of such children.

This documents that investigators have only recently begun to study children in different cultures using contemporary scientific methodologies and their findings are only slowly entering our textbooks. Some examples are the following:

Transcultural Child Development (1997), edited by Gloria Powell and Joe Yamamoto both professors of child psychiatry at Harvard and UCLA respectively. The book has 17 chapters that present portraits of America's children. Among them are chapters on Filipino, Korean, Native Hawaiian and African American children and their families. The discussions deal primarily with clinical issues although Yamamoto and colleagues in an introductory chapter mention some ethnic specific phenomena (e.g. the low suicide rate in immigrants and African Americans, the different expression of sadness in certain cultures). They also touch on the hesitation of immigrants to use mental health services, the role of shamans and how the bilingualism in the children of immigrants can also lead to a role reversal in such families. The book ends with a chapter delineating a "*culturologic interview*" which provides guidelines for topics to include when interviewing children from other cultures.

Handbook of Cultural Psychiatry (2001), edited by Weng-Shing Tseng, professor emeritus of adult psychiatry at the University of Hawaii School of Medicine. It has 50 chapters of which one deals with children and adolescents. It was authored by the editor and provides a somewhat superficial description of normal child development and how this may be modified in the case of mixed-race or traumatized refugee children.

Immigrant and Refugee Children and their Families: Clinical Research and Training Issues (2002), edited by Fern Cramer-Azima and Natalie Grizenko, a child psychologist and child psychiatrist at McGill University. The book brings together the presentations of a number of clinicians who participated in a transcultural conference in 1997. The chapters touch on clinical problems encountered when working with a transcultural population and provide useful information for the practicing clinician.

Textbook entitled *Child and Adolescent Psychiatry* (2002), edited by Micheal Rutter & Eric Taylor, both child psychiatrists at the Maudsley Hospital in London. In this edition one finds an excellent chapter, entitled *Culture, ethnicity, society and psychopathology*, written by M. Rutter and A. Nikapota. This chapter primarily addresses the scientifically documented behaviour differences in specific ethnic child populations, giving examples from various large epidemiological studies. The authors also provide several important cautionary notes about the role of culture in psychopathology by reminding the reader that not only are there marked individual variations within cultures and that many families may adhere to more than one culture, but that parental concepts of psychopathology can vary over time as well as across societies as demonstrated by the differential rate of ADHD in Europe and the USA 20 years ago, and by the increasingly common diagnosis of depression in children. The book contains another chapter by A. Nikapota (pp 1148-1157) entitled *Cultural and Ethnic Issues in Service Provision* which gives a very thoughtful description of the complexity inherent in caring for multicultural populations.

THE ASSESSMENT OF CHILD PSYCHOPATHOLOGY ACROSS SOCIETIES

Early investigators compared the incidence of behavioural problems in children of specific cultures or environments. Field studies in various African countries (Sudan and Uganda) revealed the incidence to be about 15%, hence quite similar to findings in

the developed world (Cederblad 1968, Minde 1975, 1977). The well known Isle of Wight Study by Rutter and colleagues (Rutter et al 1975 a, b) is an example of a national study which sought to compare rates of disorder in 10 year old children living in London and in small towns on the island. There was recognition in both groups of studies that environmental circumstances (e.g. rural vs. urban living) was associated with specific symptom patterns and a different incidence of emotional/behavioural disturbance. However, simple comparative epidemiological studies must be interpreted with caution as results may be a reflection of biases in reporting and in cultural responses to psychopathology. Comparative studies of clinical or delinquent populations, in turn, might reflect differences in referral patterns or in the structure of local court systems. More recent studies have therefore moved from simple cross-cultural comparisons to studies in which measures reflect the life style and modes of communication of a society. A good example are recent data on the impact living with a single parent has on children from various ethnic groups. Moodood and colleagues (1997) reported that more than one third of children in West Indian families in the UK live in single-parent households and that many of their mothers are unemployed. Yet the rate of mental disorders in these "black" children was only slightly above that in "white" children. However, when the "black" children became teenagers, they showed a significantly higher rate of conduct disorder. (Meltzer et al, 2000). This suggests that single parenthood may not have the same meaning in all ethnic groups. Another example of such society specific behaviours is the work of Weisz and his group (1997). These investigators compared childhood rates of internalizing and externalizing behaviours in Thailand and the USA, using a mixture of parent and teacher questionnaires as well as data obtained from direct classroom observations. Here again, the overall rate of child psychopathology in both countries was similar. However, children in the US showed significantly more externalizing behaviours while Thai children had more emotional difficulties. In addition, there was a lower clinic referral rate of Thai children for pure emotional problems than in the US and an overall opinion by local professionals that those difficulties would likely improve by themselves.

However, there is also solid evidence that a number of phenomena effecting child psychopathology are universal. One example is the attachment that children everywhere develop toward their primary caretakers. In fact, the percentage of securely and insecurely attached children is virtually identical in all cultural groups and securely attached children are seen as the "ideal" child by parents everywhere (van IJzendoorn & Sagi, 1999). Another universal theme is the wish of parents to have their children learn things and become well adjusted to local cultural norms.

IMMIGRANTS, ABORIGINALS AND TRANSCULTURAL CHILD PSYCHIATRY

North America has an increasingly ethnically diverse population. For example, since the early 1990s, 50.000 children younger than 15 years of age have immigrated to Canada every year. Of those about 10% are refugees (Crockett, 2005). In 2003, immigrants came from 214 countries with the great majority (80%) coming from Asia, Africa and South America and only 20% emigrating from Europe and the US (Crockett, 2005). In addition, there are some 2000 international adoptions every year. All of these children and their families provide health and mental health practitioners with specific challenges (Rousseau, 1995) and some of the subsequent articles in this edition will deal with them in more detail. One administrative response to these newcomers has been the formation of specialty clinics for immigrants and international adoptees within various pediatric university hospitals. These clinics are usually run by clinicians with a special interest in such families and are a wonderful resource for training future pediatricians in culturally sensitive care for these and other populations. At the Montreal Children's Hospital the physicians associated with the clinic for immigrant children soon recognized the need for mental health consultants specially trained for this population. This in 1995 led to the formation of the first (and up to now only) specialty clinic for transcultural child psychiatry in Canada. The clinic has a staff of 3 multilingual child psychiatrists whose work has become the center of a province wide academic and clinical surge of interest in the field, attracting substantial numbers of psychiatric trainees as well as external research funds. This group has good relationships with social scientists interested in migration and many of their research projects have anthropologists or other non-physicians as co-authors.

The members of this group have also used their expertise in dealing with mental health issues of our aboriginal populations. Using various methodologies such as regular visits to specific northern locations (Minde & Minde 1998), teleconferences, or specific case consultations, they have forged solid ties between our department and our northern communities. Similar programs are operating from other Canadian departments of child psychiatry.

THE FUTURE OF TRANSCULTURAL CHILD PSYCHIATRY

There is a need for new avenues of research and increased support for transcultural sections within university divisions of child psychiatry. Both will lead to better clinical care of our patients and to stronger alliances between medical and mental health professionals and the community organizations required to help these families.

Research studies may want to explore the effects social connotations of specific behaviours have on changing the impact of risk or protective factors. This could be done by within-group studies that explore an observable variation within families (e.g. the degree of aggression tolerated in the child) and assess its effect on child behaviour. Other studies may examine the impact variations in verbal and non-verbal trans-generational communication, (e.g. the culturally determined lack of verbal praise of the child coupled with or without supportive actions), have on behaviour and learning.

University departments should go beyond hiring individual physicians interested in transcultural issues but further the development of multidisciplinary groups of transculturally aware clinicians and researchers who then can support each other in their clinical and teaching role. The provision of mental health services to a multicultural population is a very complex undertaking and our academic institutions need to reflect this.

REFERENCES

Bains, J. (2005). Race, culture and psychiatry: a history of transcultural psychiatry. *History of Psychiatry*, 16, 139-154.

Benedict, R. (1934). *Patterns of Culture*. Boston: Houghton Mifflin.

Cederblad, M. (1968). A child psychiatric study on Sudanese Arab children. *Acta Psychiatrica Scandinavica Suppl.* 200: 1-230.

Cramer-Azima, F. J. & Grizenko, N. (2002) (Eds.). *Immigrant and Refugee Children and their Families: Clinical Research and Training Issues.* Madison, CT. International Universities Press.

Crockett, M. (2005). New faces from far away places: Immigrant child health in Canada. *Paediatrics & Child Health,* 10, 277-281.

Ellis, W. G. (1893). The amok of the Malays. *Journal of Mental Science*, 39, 325-338.

Johnson-Powell, G. & Yamamoto, J. (1997) (Eds.). *Transcultural Child Development: Psychological Assessment and Treatment.* New York: John Wiley & Sons.

McDermott (1996). Ethnicity and child psychiatry. In M. Lewis, (Ed.), *Comprehensive Textbook of Child and Adolescent Psychiatry, second edition*, (pp 411-415). New York: Williams &Wilkins.

Mead, M. & Wolfenstein, M. (1955) (Eds.). *Childhood in Contemporary Cultures.* Chicago: University of Chicago Press.

Meltzer, H., Gatward, R., Goodman, R. & Ford, T. (2000). *The Mental Health of Children and Adolescents in Great Britain.* London: The Stationary Office.

Minde, K. (1975). Psychological problems in Ugandan school children: a controlled evaluation. *Journal of Child Psychology and Psychiatry*, 16, 49-59.

Minde, K. (1977). Children in Uganda. Rates of behavioural deviation and psychiatric disorders in various school and clinic populations. *Journal of Child Psychology and Psychiatry*, 18, 23-37.

Minde, K. & Nikapota, A. D. (1993). Child psychiatry and the developing world: recent developments. *Transcultural Psychiatric Research Review*, 30, 315-346.

Minde, R. & Minde, K. (1998). Socio-cultural determinants of psychiatric symptomatology in James Bay Cree children and adolescents. *Canadian Journal of Psychiatry,* 40, 304-312.

Modood, T., Berthoud, R. & Lakey, J. (1997). *Ethnic Minorities in Britain: Diversity and Disadvantage.* London: Policy Studies Institute.

Prince, R. H. (1997). What's in a name? *Transcultural Psychiatry*, 34, 151-154.

Rousseau, C. (1995). The mental health of refugee children. *Transcultural Psychiatric Research Review*, 32, 299-331.

Rutter, M., Cox, A., Tupling, C., Berger, M. & Yule, W. (1975a). Attainment and adjustment in two geographical areas. I. The prevalence of psychiatric disorder. *British Journal of Psychiatry*, 126, 493-509.

Rutter, M. & Nikapota, A. (2002). Culture, ethnicity, society and psychopathology. In M. Rutter & E. Taylor (Eds.), *Child and Adolescent Psychiatry, fourth edition*, (pp. 277-286). Oxford: Blackwell Publications.

Rutter, M., Yule, B., Quinton, D., Rowlands, O., Yule, W. & Berger, M. (1975b). Attainment and adjustment in two geographical areas. III. Some factors accounting for area differences. *British Journal of Psychiatry,* 126, 520-533.

Tseng, W. S. (2001). Working with children and adolescents. In W. S. Tseng (Ed.), *Handbook of Cultural Psychiatry* (pp. 613-626). San Diego: Academic Press.

van IJzendoorn, M. H. & Sagi, A. (1999). Cross-cultural patterns of attachment: universal and contextual dimensions. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of Attachment* (pp.713-734). New York: The Guilford Press.

Weisz, J. R., McCarty, C. A., Eastman, K. L., Chaiyasit, W. & Suwanlert, S. (1997). Developmental psychopathology and culture: ten lessons from Thailand. In S. S. Luthar, J. A. Burack, D. Cicchetti & Weisz, J. R. (Eds.), *Developmental Psychopathology: Perspectives on Adjustment, Risk and Disorder* (pp. 568-592). Cambridge: Cambridge University Press.

Whiting, J. W. M. & Child, I. L. (1953). *Child Training and Personality*. New Haven, CT: Yale University Press.