EDITORIAL

Differences in Psychopathology Across Ethnicity and Culture

Diagnosis is an essential component of psychiatric medicine, yet culture can heavily influence the expression and experience of all mental disorders. Prevalence rates for mental illnesses also vary between ethnic, racial, and cultural groups, as do the meanings associated with illness and patient reactions. A culturally sensitive understanding of psychopathology is a critical component of effective mental health care and research in our increasingly diverse society. This special issue will focus on differences in psychopathology across, ethnicity, race, and culture.

This issue begins with a review of the research on obsessive-compulsive disorder (OCD) in African Americans. As is the case with many areas of research, African Americans are too infrequently the target of focused OCD research. In fact, prior to 2008 there were no published studies focused on phenomenology, assessment, or treatment of African Americans with OCD. African Americans were less 2% of all participants in OCD randomized trials, far less than what would be representative of the population [1]. Noting that recruitment of ethnic minority populations for research trials can be challenging, the authors provide methods and avenues for recruitment of these groups that have been supported by research. Along with inadequate inclusion in research, African Americans are also less likely to receive treatment, despite suffering from OCD at the same rate as the rest of the population. The many barriers to treatment for this population are explored in this article.

Following is an article examining hoarding disorder (HD) cross-culturally, which is often linked with OCD. However, as the authors describe, a limitation of the research is that HD is often evaluated only in the context of OCD, as we now know that only a fraction of people with HD present with comorbid OCD [2]. This grouping also affects assessment of HD with the frequent use of OCD-specific assessment tools, which do not always capture all aspects of HD. Extant research has not evidenced the utility of hoarding-specific measures cross-culturally, though the Saving Inventory Revised (SI-R) has shown validity in Iranian, Brazilian, and Japanese samples [3-5]. Hoarding is thought to be a universal phenomenon, with reports of symptoms having been found in Africa, Asia, and South America [6-9]. The authors explain why the study of phenomenological differences across cultures and ethnic groups has not been explored.

An area of study that has seen more work in exploring racial/ethnic differences in prevalence and symptom expression is the study of posttraumatic stress disorder (PTSD). This review is timely given the diagnostic changes for PTSD in the DSM-5. The article describes findings in three specific groups: African Americans, Asians/Asian Americans, and Hispanic/Latinos. Interestingly, the authors note that many of the differences in prevalence can be attributed to sociodemographic factors and to exposure to trauma [10-11]. This is especially true for African Americans in whom higher rates of experiencing serious violence and interpersonal trauma are seen. Similarly, having the lowest level of exposure to potentially traumatic events partially explains the lower rates of PTSD we see in Asians/Asian Americans [12]. The authors note that there have been mixed results in the prevalence of PTSD in Hispanic/Latinos and whether rates tend to be higher or lower than that of other groups. What has been shown in this group is that they are more likely to present with avoidance and numbing symptoms [13]. Language is highlighted as an important consideration when assessing for PTSD, as different cultures may interpret words and translations distinctly. Another very important consideration is discrimination faced by people of racial/ethnic minority groups, which has been shown to lead to and exacerbate trauma-related symptoms [14].

Substance use in ethnic minority populations has also had some dedicated research, however most studies concentrate on individual differences and peer influences as opposed to culturally specific experiences. This article hones in on research in Hispanic-Latino and Asian adolescents with the effects of acculturation on substance use at its center. It has been well-documented that higher acculturation is related to an increase in problematic outcomes, including substance use [15-17]. To provide a more in-depth understanding, the article explores possible underlying mediators in this relationship. For example, the relationship between acculturation and substance use varies between genders and in heterogeneous ethnic groups. The authors make an important note that this area of investigation is complicated by the multifaceted nature of acculturation, which creates difficulties when measuring it. Recommendations for more accurate and effective assessment and treatment are provided.

Another area of concern for the adolescent age group is depression. Depression is one of the most prevalent disorders among adolescents and its relationship with suicidality points to the important implications of proper assessment and treatment [18]. Latinos as a group have shown higher rates of depressive symptoms than non-Hispanic White Americans, however there have been mixed findings among adolescents [19]. An important consideration for depression, as with all topics discussed in this special issue, is the differential presentation of symptoms which are discussed in this article. Latinos are more likely to endorse physical symptoms of depression and are also more likely to receive treatment from a primary care physician or other medical provider [20].

Disorders that have seen an increase in prevalence in ethnic minority populations and populations outside of Western culture are eating disorders [21]. This has been partially attributed to the globalization of Western aesthetics and media specifically. The authors analyze the current argument over classifying eating disorders as culturally-bound syndromes, recognizing that the development of eating disorders is dependent on social and cultural factors but further exploring other potential variables. For example, the authors cite a study conducted in multiple Asian countries where it was found that
disordered eating behavior may be as high as or higher than in European or American populations, but the rate of eating disorder diagnosis was lower, which could be a reflection of differential awareness and presentation [22]. This demonstrates a point emphasized by the authors which is the study of core behavioral expressions of disordered eating, not only eating disorder diagnoses. This is further highlighted in studies that have found the largest differences in disordered eating between ethnic groups to be in subclinical populations and almost non-existent in clinical samples.

Understanding gender dysphoria among minority groups is a particularly pertinent topic as this disorder gains increasing attention. It is important to note that the language of gender dysphoria has shifted from diagnostic terminology to identity labels (e.g., transgender). There are differing views on gender dysphoria’s classification as a mental illness, all of which make significant points when considering the health of this population. A critical limitation of extant research on ethnic differences in gender dysphoria is that studies often make no note of the differences between gender identity and sexual orientation and assume that transgender individuals’ experiences mimic those of LGB-identified individuals. There are in fact stressors unique to transgender individuals such as managing gender presentation in public contexts [23]. The few studies concentrated on racial/ethnic differences in people diagnosed with gender dysphoria have shown an increased likelihood for anxiety, mood disorders, and substance abuse for those having multiple minority statuses [24].

Suicide is a leading cause of death in the United States across racial and ethnic groups. While certain ethnic minority groups (Black, Hispanic, Asian American) have consistently shown lower rates of suicide than White Americans, recent data suggests that this gap is shrinking due to increasing rates in the aforementioned groups [25]. Sadly, American Indian/Alaskan Native adults have outpaced all other ethnic groups in rates of suicide deaths. American Indian/Alaskan Native individuals between the ages of 15-34 face suicide rates 2.5 times that of the national average [26]. The authors describe that despite this data, the research on suicide in this population has been “surprisingly scarce.” This article reviews the literature that does exist, including a detailed discussion of the unique risk and protective factors demonstrated in each of the four ethnic minority groups described thus far.

An important discussion reserved for mental health treatment and its usage closes this special edition. This article cites that a mere 35% of people with mental illness seek professional treatment with a clear disparity between utilization in White Americans and individuals in ethnic minority groups [27]. Many influential factors are explored in this article, including perceived stigma, attitudes, cost, and severity of distress, among others. Phenomena specific to certain groups have shown to be distinctly impactful on attitudes toward seeking mental health services. For example, for the immigrant population, Latinos namely, being undocumented poses a large barrier because of the lack of resources available to this group and the fear that if they reach out they could be discovered as undocumented and deported [28].

Indeed, there are many barriers to treatment for ethnic minority individuals as described in all the articles contained in this special edition. Ethnic diversity will continue to steadily increase, making a dedicated review of extant literature necessary and timely. A critical step is ensuring that the tools used to assess mental health are valid and appropriate for the population on which they are being administered. Given the differences seen in presentation of symptoms, distinct assessment tools can and should be utilized for individuals according to their background. There is also a great need for research that recognizes the heterogeneity within ethnic groups, as currently defined, to facilitate even more tailored care. This begins with not only dedicated studies but a simple effort that all published research studies report the ethnic composition of their samples [1]. On the ground, a substantial need for diverse mental health clinicians exists. As a field, we must prioritize the training and mentoring of mental health clinicians of color and varying cultural backgrounds. Our field needs more clinicians that are in the ground, a substantial need for diverse mental health clinicians exists. As a field, we must prioritize the training and dedicated studies but a simple effort that all published research studies report the ethnic composition of their samples [1].

REFERENCES