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CULTURAL COMPETENCE IN ANXIETY DIAGNOSIS AND TREATMENT

A GUIDE FOR MEDICAL PRACTITIONERS

Introduction

In our increasingly globalised world, healthcare professionals encounter patients from diverse cultural backgrounds. When diagnosing and treating anxiety disorders, cultural competence isn't just a professional courtesy; it's a clinical necessity. This article aims to guide medical professionals in honing their skills for culturally competent care in the realm of anxiety diagnosis and treatment.

Understanding the Cultural Context

Cultural variability in expression of anxiety:

Symptoms of anxiety may manifest differently across cultures. For instance, some cultures may emphasise somatic complaints over emotional or cognitive symptoms. In South Africa, a country with diverse cultural backgrounds, the expression of anxiety can vary significantly. Within the country, you'll find people from various ethnic groups, including Zulu, Xhosa, Afrikaans, and more. These groups have distinct cultural norms and ways of expressing anxiety. For instance, in some communities, there may be an emphasis on communal support, and individuals might be hesitant to express personal distress openly.

The Zulu culture, known for its strong sense of community, may lead individuals to rely on family or

traditional healers for emotional support. In Ndebele culture, a person experiencing anxiety could be guided by their elders to participate in traditional ceremonies to address the issue, as these ceremonies are seen as important for maintaining balance and well-being. Similarly, a Swati individual may rely on the close-knit community to provide emotional support for anxiety related to family or personal matters. Sharing their concerns within the community may be more common.

Conversely, some South Africans from urban and westernised backgrounds may express anxiety more similarly to Western and Eurocentric cultures, with open discussions and seeking professional help. However, even in urban areas, the stigma around mental health can persist, particularly among older generations.

Cultural stigma:

Stigma surrounding mental health can significantly impact how and when individuals from certain cultures seek treatment for anxiety disorders. Mental health stigma is a significant concern in South Africa. Many South Africans, influenced by cultural and historical factors, may view mental health issues as a sign of weakness or associate them with evil or demonic spirits. This can lead to individuals suffering in silence, fearing the

stigma associated with seeking help. In some communities, like the Zulu culture, there's a belief in ancestral spirits and traditional healers. People may attribute their anxiety to spiritual causes, which could deter them from consulting western or biomedically trained medical practitioners.

Cultural beliefs around healthcare:

Differing attitudes towards medical intervention can impact patient compliance and treatment outcomes. Understanding these beliefs is crucial for effective patient care. South Africa's cultural diversity extends to healthcare beliefs as well. Traditional medicine and healing practices are often deeply ingrained in various communities. Indigenous knowledge systems, such as traditional African healing, play a fundamental role in managing health issues, including anxiety. Moreover, the influence of family and community is strong. Families are considered the cornerstone of support and decision-making in healthcare within African communities. Therefore, understanding the family's role is crucial when diagnosing and treating anxiety in the South African context.

Diagnostic Challenges

Language barriers:

Linguistic limitations can create significant obstacles in diagnosing anxiety disorders, as nuanced clinical

conversations may be difficult to translate. In South Africa, a nation characterised by its linguistic diversity, language barriers can pose significant challenges in diagnosing anxiety disorders. With 11 official languages and numerous dialects spoken across the country, mental health professionals may encounter difficulties in conducting nuanced clinical conversations. For example, a clinical interview conducted in English may not effectively capture the nuances of anxiety expressions in a patient whose primary language is Setswana or IsiXhosa. Misinterpretations or omissions of critical information can occur when anxiety symptoms are described in a non-native language, potentially leading to misdiagnosis or insufficient treatment. To address this, mental health practitioners must seek to understand their patients' linguistic preferences and, when necessary, employ trained interpreters to facilitate more accurate and culturally sensitive assessments.

Cultural nuances in standardised testing:

Psychometric instruments for diagnosing anxiety are often developed within specific cultural settings and may not be universally applicable. Standardised psychometric instruments designed for diagnosing anxiety are often developed in specific cultural settings and may not be universally applicable. This challenge is particularly relevant in South Africa, given its diverse cultural landscape. For example, an anxiety assessment tool created based on Western and Eurocentric cultural norms may not effectively capture the anxiety experiences of individuals from indigenous South African cultures, such as the San people. These tools might fail to account for culturally specific expressions of anxiety, leading to misdiagnosis or an incomplete understanding of the patient's condition. Mental health professionals must recognise these limitations and supplement standardised assessments with culturally relevant questions or qualitative interviews to gather a more comprehensive understanding of anxiety within the unique cultural contexts of their patients.

Acculturation stress:

Especially relevant in immigrant populations, the stress of adapting to a new culture can compound anxiety symptoms and should be considered in diagnosis and treatment. South Africa is home to a significant immigrant population, and acculturation stress is a relevant diagnostic challenge. Immigrants often face the dual stressors of adapting to a new culture while dealing with pre-existing anxiety issues. For example, a Zimbabwean immigrant might experience heightened anxiety due to the challenges of adapting to South African society, which can include language barriers, legal issues, and cultural differences. Mental health professionals need to be mindful of these factors when diagnosing and treating anxiety in immigrant populations. A comprehensive assessment should consider both the anxiety symptoms and the specific stressors associated with acculturation, with interventions designed to address the unique needs of these individuals. In the South African context, these diagnostic challenges underscore the importance of cultural competence, sensitivity, and flexibility in mental health practice. Practitioners must be attuned to the linguistic and cultural diversity within the country, adapting their diagnostic approaches to ensure that individuals from various backgrounds receive accurate and effective diagnosis and treatment for anxiety disorders.

Integrated Strategies for Culturally Informed Treatment in South Africa Cognitive-Behavioural Therapy (CBT) and traditional healing:

Adapting CBT to South Africa's cultural diversity is essential. For instance, tailoring CBT for a Zulu patient with social anxiety might involve techniques that address communal interactions within their cultural norms. Similarly, acknowledging traditional healing, such as collaborating with a sangoma when treating a Venda patient, can complement evidence-based methods, enhancing trust and personalising the treatment plan.

Pharmacotherapy, psychoeducation, and family involvement:

The success of pharmacological treatments often hinges on culturally

sensitive patient psychoeducation, particularly in communities sceptical about medication. Explaining the rationale, benefits and potential side effects in a culturally congruent manner promotes compliance. Moreover, involving family—a cornerstone of healthcare within many South African cultures—strengthens support networks and aligns treatment with cultural values, which is crucial for communities like the Ndebele, where family involvement is paramount.

Continuous cultural education:

Healthcare providers must pursue ongoing education to remain culturally competent. This includes learning about specific cultural practices, such as the San people's storytelling, and integrating this understanding into therapeutic strategies to enhance engagement and effectiveness.

Cultural assessment and collaborative care:

Performing comprehensive cultural assessments provides insights into the patient's worldview and informs culturally responsive care. Collaborative approaches, such as including cultural liaisons or co-therapists, especially with linguistic and cultural expertise like in the Tswana community, bridge gaps and ensure culturally coherent treatment.

Ethical considerations:

Respecting cultural differences is a fundamental ethical obligation. Practitioners should balance cultural respect with professional standards to deliver ethical and culturally competent care.

Conclusion

Recognising the role of culture in anxiety disorders is key to effective diagnosis and treatment. Cultural competence and sensitivity not only enhances patient outcomes but also fosters a stronger bond between healthcare providers and patients, leading to better mental health care across diverse communities.

References available on request. 