Lesson Plan

Teacher:	Wayne Ha
Title:	The DSM & Cultural Concepts of Distress
Subject:	AP Psychology – 2 x 50 minute periods
Grade(s):	11 & 12
Students:	28-32 total students
Objectives:	1. Students will be introduced to cultural concepts of distress and key related terminology and geographic/cultural features of the concepts. 2. Students will examine case studies concerning cultural concepts of distress. 3. Students will discuss arguments for and against the existence of cultural concepts of distress. 4. Students will reflect on how the DSM-5 approaches cultural concepts.
Materials Needed:	-The Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (For reprinting/copy distribution see https://www.appi.org/Support/Customer-Information/Permissions) -Introducing Cultural Concepts of Distress Using the DSM-5 Formative -Identifying Cultural Concepts of Distress Formative -Case Studies and Symptoms of Cultural Concepts of Distress Formative -The DSM-5 Approach to Cultural Concepts Formative
Brief Description:	This lesson plan is one that seeks to introduce cultural concepts of distress, show how they are understood in the context of different regions of the world or diverse people groups, provide hypothetical case studies for students to examine, and explain how the Diagnostic and Statistical Manual of Mental Disorders approaches cultural concepts. This lesson could supplement an initial lesson introducing students to the DSM-5 under Unit 8 “Clinical Psychology” in the AP Psychology Curriculum and Exam Description (CED). It could also possibly supplement a lesson in sociocultural diversity under Unit 9 “Social Psychology” in the AP Psychology CED.
Lesson:	DAY 1 1. Students will come into class and review the lesson objectives for the days.(5 minutes) 2. Students use the “Introduction to Cultural Concepts of Distress and the DSM-5” formative to answer and discuss in partners/groups the prompt question regarding eating disorders and whether or not they only exist because of culture (10 minutes)

	3. Students will complete the formative guide that covers Cultural Issues in the DSM-5 (10 minutes) 4. Students will complete the "Identifying Cultural Concepts of Distress" formative. (15 minutes) 5. Students will go over the "Identifying Cultural Concepts of Distress" formative in groups and discuss which of the cultural concepts of distress they found most interesting and why. (5 minutes) 6. Students will review key concepts in either formative and have the chance to ask any questions in preparation for the next day. (5 minutes) Day 2 1. Students will come into class and review the lesson from the day before and the learning objectives for the day. (5 minutes) 2. Students will in pairs/groups go through the "Case Studies and Symptoms of Cultural Concepts of Distress" formative to look at how cultural concepts of distress manifest in different people groups and would hypothetically be addressed through a Western frame of reference. Students will also examine the role of culture in the understanding and treatment of these concepts. (15 minutes) 3. Students will in pairs/groups go through the "DSM-5 Approach to Cultural Concepts" formative to understand the debate of the legitimacy of cultural concepts of distress and to examine changes the DSM has made to incorporate a greater sense of cultural sensitivity. (20 minutes) 4. Students will conclude the lesson by individually completing a 3-2-1 prompt to describe 3 takeaways from the lesson, 2 questions related to the lesson, and 1 thing they enjoyed from the lesson (10 minutes)
Assessment:	Students will be assessed on their understanding of the DSM-5 as well as cultural concepts of distress through 4 different formative assessments and a 3-2-1 prompt. Students can also be assessed on the DSM-5 and cultural concepts of distress on their unit tests if the instructor so chooses.
Standards & Learning Outcomes	• **College, Career, and Civic Life (C3) Framework for Social Studies. D2.Psy.2.9-12.** Investigate human behavior from biological, cognitive, behavioral, and sociocultural perspectives.

	• **National Standards for High School Psychology Curricula – Standard Area: Sociocultural Diversity – Content Standard 1:** Social and cultural diversity • **National Standards for High School Psychology Curricula – Standard Area: Treatment of Psychological Disorders– Content Standard 2:** Perspectives on treatment • **National Standards for High School Psychology Curricula – Preamble:** Infusing diversity throughout the high school psychology course
Adaptions & Materials Works Cited	Cox, E. (n.d.). Topic 3: Culture Bound Syndromes. In Individual Differences and Perspectives (pp. 25–31). Phillip Allan Updates. Diagnostic and Statistical Manual of Mental Disorders: DSM-5 American Psychiatric Association - 2013

AMERICAN PSYCHIATRIC ASSOCIATION

Cultural Concepts in DSM-5

In an effort to improve diagnosis and care to people of all backgrounds, the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) incorporates a greater cultural sensitivity throughout the manual. Rather than a simple list of culture-bound syndromes, DSM-5 updates criteria to reflect cross-cultural variations in presentations, gives more detailed and structured information about cultural concepts of distress, and includes a clinical interview tool to facilitate comprehensive, person-centered assessments.

The Impact of Cultural Differences

Different cultures and communities exhibit or explain symptoms in various ways. Because of this, it is important for clinicians to be aware of relevant contextual information stemming from a patient's culture, race, ethnicity, religion or geographical origin. For example, uncontrollable crying and headaches are symptoms of panic attacks in some cultures, while difficulty breathing may be the primary symptom in other cultures. Understanding such distinctions will help clinicians more accurately diagnose problems as well as more effectively treat them.

Cultural Considerations in Clinical Practice

Throughout the DSM-5 development process, the Work Groups made a concerted effort to modify culturally determined criteria so they would be more equivalent across different cultures. In Section II, specific diagnostic criteria were changed to better apply across diverse cultures. For example, the criteria for social anxiety disorder now include the fear of "offending others" to reflect the Japanese concept in which avoiding harm to others is emphasized rather than harm to oneself.

The new manual also addresses cultural concepts of distress, which detail ways in which different cultures describe symptoms. In the Appendix, they are described through cultural syndromes, idioms of distress, and explanations. These concepts assist clinicians in recognizing how people in different cultures think and talk about psychological problems.

Finally, the cultural formulation interview guide will help clinicians to assess cultural factors influencing patients' perspectives of their symptoms and treatment options. It includes questions about patients' background in terms of their culture, race, ethnicity, religion or geographical origin. The interview provides an opportunity for individuals to define their distress in their own words and then relate this to how others, who may not share their culture, see their problems. This gives the clinician a more comprehensive foundation on which to base both diagnosis and care.

DSM is the manual used by clinicians and researchers to diagnose and classify mental disorders. The American Psychiatric Association (APA) will publish DSM-5 in 2013, culminating a 14-year revision process.

APA is a national medical specialty society whose more than 37,000 physician members specialize in the diagnosis, treatment, prevention and research of mental illnesses, including substance use disorders. Visit the APA at www.psychiatry.org. For more information, please contact APA Communications at 703-907-8640 or press@psych.org.

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Introduction to Cultural Concepts of Distress Using the DSM-5 **Name _____**
AP Psychology **Period: _____**

In this part of the unit we will be looking at the topic of cultural concepts of distress and how the DSM-5 approaches the understanding of these concepts.

Introduction:

After reading the statement, please provide your opinion on it. Please include how someone with a diagnosed feeding or eating disorder (DSM-5 p. 329-354) could react to this statement:

"Eating disorders are not really disorders but responses to Western culture's emphasis on being thin. Western media has created an unrealistic image of the perfect, successful person. The pressure to be thin can lead to intense or unrealistic dieting in young children which can progress into maladaptive eating behaviors later on."

Cultural Issues in the DSM-5

The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) addresses the topic of cultural issues in relation to mental disorders. Please read the following introduction of the topic found on p.14 of the DSM-5 and then summarize in your own words how the DSM-5 approaches the relationship of psychological disorders and culture.

"Mental disorders are defined in relation to cultural, social, and familial norms and values Culture provides interpretive frameworks that shape the experience and expression of the symptoms, signs, and behaviors that are criteria for diagnosis. Culture is transmitted, revised, and recreated within the family and other social systems and institutions. Diagnostic assessment must therefore consider whether an individual's experiences, symptoms, and behaviors differ from sociocultural norms and lead to difficulties in adaption in the cultures of origin and in specific social or familial contexts. Key aspects of culture relevant to diagnostic classification and assessment have been considered in the development of the DSM-5."

Key Terms to Know:

Culture: Systems of knowledge, concepts, rules, and practices that are learned and transmitted across generations. Culture can include language, religion, spirituality, family structures, customs, and rituals. (DSM-5 p. 749)

Race: A culturally constructed category of identity that divides humanity into groups based on a variety of superficial physical traits. Racial categories and constructs have varied widely over history and across societies. (DSM-5 p. 749)

Ethnicity: A culturally constructed group identity used to define peoples and communities. It may be rooted in a common history, geography, language, religion or other shared characteristics of a group. (DSM-5 p. 749)

Cultural Concepts of Distress: Refer to ways that cultural groups experience, understand, and communicate suffering, behavioral problems, or troubling thoughts and emotions. (DSM p. 758)

Cultural Syndrome: Clusters of symptoms and attributions that tend to co-occur among individuals in specific cultural groups, communities, or contexts and are recognized locally as coherent patterns of experience. The syndrome may or may not be recognized as an illness within the culture, but such cultural patterns of distress and features of illness may nevertheless be recognizable by an outside observer. (DSM-5 p. 14, 758)

Cultural Idiom of Distress: Ways of expressing distress that may not involve specific symptoms or syndromes, but that provide collective, shared ways of experiencing and talking about personal or social concerns. (DSM-5 p. 758)

Cultural Explanation or Perceived Cause: A label or feature of an explanatory model that provides a culturally conceived cause for symptoms, illness, or distress. (DSM-5 p. 758)

Identifying Cultural Concepts of Distress **Name: _____**
Psychology **Period: _____**

Using the Glossary of Cultural Concepts of Distress on p. 833-837 of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V), please match each of the cultural concepts of distress in List 1 with a country/countries in List 2, as well as a description of its characteristics in List 3.

More than one of the cultural concepts of distress listed can be found in a particular country or area and some of them can be found in more than one area. Please provide all the areas/countries for the cultural concepts of distress that apply.

List 1: Cultural Concepts of Distress

1. Ataque de nervios
2. Dhat syndrome
3. Khyal cap
4. Kufungisisa
5. Maladi moun
6. Nervios
7. Shenjing shuairuo
8. Susto
9. Taijin kyofusho

List 2: Countries Areas

A. Cambodia
B. Central America
C. China
D. Haiti
E. Japan
F. North America
G. South America
H. South Asia
I. Zimbabwe

PLEASE COMPLETE CHART

Cultural Concepts of Distress (Include number and name)	Countries/Areas (include letter and name – can be multiple)	Characteristics (found on back of sheet – just provide letter)

*****Which of the following cultural concepts of distress did you find most interesting and why?**

List 3: Characteristics

As you read these characteristics, highlight and/or circle key symptoms that you associate with types of psychological disorders that you are familiar with.

a. A cultural syndrome characterized by anxiety about and avoidance of interpersonal situations due to the thought, feeling, or conviction that one's appearance and actions in social interactions are inadequate or offensive to others. Can involve major concerns about facial blushing, having offensive body odor, inappropriate gazes, stiff or awkward facial expressions or body movements, or body deformity.
b. A syndrome among individuals characterized by symptoms of intense emotional upset, including anxiety, anger, or grief; screaming and shouting uncontrollably; attacks of crying, trembling; heat in the chest rising into the head; and becoming verbally and physically aggressive. A general feature is a sense of being out of control and attacks frequently occur as a direct result of a stressful event relating to the family.
c. A cultural explanation for diverse medical and psychiatric disorders. Interpersonal envy and malice cause people to harm their enemies by sending illnesses such as psychosis (loss of touch with reality), depression, social or academic failure, and inability to perform activities of daily living. One person's gain is assumed to produce another person's loss, so visible success makes one vulnerable to attack.
d. A cultural syndrome that integrates conceptual categories of traditional Chinese medicine with the Western diagnosis of neurasthenia (medical condition exhibiting fatigue, headache, irritability, associated with emotional disturbance). This syndrome results when bodily channels conveying vital forces become dysregulated as a result of various social and interpersonal stressors such as the inability to change a chronically frustrating and depressing situation.
e. A cultural syndrome that has common symptoms similar to panic attacks of dizziness, palpitations, shortness of breath, cold extremities, as well as other symptoms of anxiety and involuntary arousal of the autonomic nervous system. An attack of this includes catastrophic thoughts centered on the concern that a wind-like substance may rise in the body, along with blood, and cause a range of serious effects. These attacks may occur without warning but are frequently brought about by triggers such as worrisome thoughts, and agoraphobic-type cues.
f. A cultural idiom to account for common clinical presentations of young male patients who attributed their various symptoms to semen loss. The term is a cultural explanation of distress for patients who refer to diverse symptoms such as anxiety, fatigue, weakness, weight loss, impotence, and depressive mood.
g. A cultural idiom of distress and cultural explanation considered to cause of anxiety, depression, and physical problems. It is evidence of interpersonal and social difficulties. It also involves fixating on upsetting thoughts, particularly worries.
h. A cultural explanation for distress and misfortune. It is attributed as an illness because of a frightening event that causes the soul to leave the body and results in unhappiness and sickness as well as difficulties functioning in key roles. Symptoms can include appetite disturbances, inadequate or excessive sleep, troubled sleep or dreams, feelings of sadness, low self-worth or dirtiness, interpersonal sensitivity, and a lack of motivation to do anything.
i. A cultural idiom of distress referring to a general state of vulnerability to stressful life experiences and to difficult life circumstances. The term includes a wide range of symptoms of emotional distress, physical disturbance, and the inability to function. The most common symptoms include headaches, irritability, stomach disturbances, sleep difficulties, nervousness, easy tearfulness, inability to concentrate, trembling, and dizziness or vertigo.

Case Studies and Symptoms of Cultural Concepts of Distress **Name: _____**
AP Psychology **Period: _____**

Read through the case studies below and answer the questions that follow. For some questions, you will need to use p. 833-837 of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5).

Case Study #1 – Ataque de nervios

Anna Cora is a 48-year-old women who lives in Puerto Rico. She has just heard the devastating news that her mother has died. Ever since she has heard the news she has had symptoms such as intense fear, uncontrollable crying, hysterical fits, chest tightness, fainting, and even the sensation of heat rising from her chest to her head. While Western relief workers in her neighborhood in Puerto Rico are worried about her mental health state, Anna considers her anxiety and fear as normal responses to her situation.

1. Explain how this example of ataque de nervios could be interpreted and/or explained in Western classification systems (DSM-5)? In what ways could ataque de nervios differ from explanations provided from a Western classification system?

Case Study #2 – Kufungisisa

Emerson Chamisa is a 35-year-old male who lives in Zimbabwe among the Shona people. Emerson comes from an impoverished area of Zimbabwe. He is struggling to find work and has a large family to care for. Lately Emerson is experiences symptoms such as excessive worry, irritability, and physical symptoms such as dizziness and headaches. He is also having marital problems and the idea of not being able to provide for his family and his failing marriage consumes much of his time and thought.

2. Explain how this example of kufungisisa could be interpreted and/or explained in Western classification systems (DSM-5)? In what ways could kufungisisa differ from explanations provided from a Western classification system?

Case Study #3 – Taijin kyofusho

Yuki Fujiyoshi is a 20-year-old university student in Tokyo, Japan. Yuki has a birth mark on her cheek that she believes is offensive to her classmates at the university. As a result, she avoids meeting up with her classmates and does not join clubs or activities because of the stress she feels regarding the possibility of her classmates' disapproval of her. When Yuki is around a fellow classmate she consistently blushes, does not make any eye-contact, and her posture is very stiff and rigid. Although her mother assures Yuki that her birth mark is barely noticeable and no one has ever said it was, Yuki insists that it is very noticeable to others in a negative way and is bothered by it on a constant basis.

3. Explain how this example of taijin kyofusho could be interpreted and/or explained in Western classification systems (DSM-5)? In what ways could taijinn kyofusho differ from explanations provided from a Western classification system?

Reflection

4. In your opinion, what role does culture play in the development of these cultural concepts of distress?

5. In your opinion, how do you believe an approach to therapy or treatment of these cultural concepts of distress would look like in their native countries compared to a Western country like the United States?

The DSM-5 Approach to Cultural Concepts **Name: _____**
AP Psychology **Period _____**

<u>Part 1</u>: There are those who argue for and against the legitimacy of cultural concepts of distress. Please read the following cases that present the sides of the debate and then answer the question below.

The Case against Cultural Concepts of Distress

- Psychological disorders have a biological bases so Western classification systems like the DSM-5 can be applied universally and cross-culturally.
- Cultural concepts of distress are merely local/regional variations (different forms or versions) in how an underlying disorder is expressed in a particular culture.

The Case for Cultural Concepts of Distress

- Some psychological disorders have limited biological bases for support and are explained better through environmental/nurture bases. If we are to understand a mental disorder fully, we need to understand the context in which it occurs.
- Society decides which patterns of behavior are abnormal. For example, feeling sad and showing no interest in social activities and lack of energy are not considered a problem in Sri Lanka but this pattern of symptoms could be interpreted very differently in Western countries.

<u>Question:</u> Based upon your examination of cultural concepts of distress as well as the cases for/against them, what is your opinion on their legitimacy? Please explain and support your opinion.

<u>Part 2</u>: Please look at the handout "Cultural Concepts in DSM-5" which illustrates changes the DSM-5 has made from previous editions regarding the approach to cultural concepts to incorporate a greater cultural sensitivity. Please read it and answer the following questions.

<u>Question</u>: What has the DSM-5 done differently from previous editions to incorporate a greater cultural sensitivity?

<u>Question</u>: In your opinion, from reading about how the DSM-5 approaches cultural concepts, what do you see the future mental health treatment of them looking like? Please explain.