

OPINION

EPILEPSY – A CROSS-CULTURAL PERSPECTIVE

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Abstract

Objective: This paper aims to highlight the impact of cross-cultural factors on the practice of psychiatry. ***Methods:*** Using epilepsy as an example, this paper strives to emphasise the challenges that lack of understanding of cultural factors may bring about and also how they may be overcome. ***Results:*** An examination of the names that epilepsy is known by in the different languages of the region shows the possible misconceptions associated with this disease. Currently, application of culture to psychiatric practice and training is arguably poor, often being relegated to the fringes. ***Conclusion:*** When practicing in a region of diverse cultural backgrounds, it is of particular importance to understand cultural differences and its role in facilitating effective diagnosis and management. Through this paper, it is hoped that there will be greater awareness of the need for cultural competence, especially in the training of a new generation of doctors. *ASEAN Journal of Psychiatry, Vol. 14 (2): July – December 2013: XX XX.*

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Introduction

Stigmatisation of epilepsy and its consequences have been well-documented from ancient to present times [1]. Between the sudden and startling seizures that characterise epilepsy, and the apparent wellness between seizure episodes, it is not difficult to see how epilepsy lends itself to the various misinterpretations in different cultures and religions. Despite advancements in medical knowledge and public education, people with epilepsy continue to face discrimination, affecting their progress through life [2]. This is particularly so in the Asia and Oceania region which comprises many developing countries with diverse cultural and religious backgrounds.

This diversity in cultural and religious backgrounds presents a significant challenge to doctors practicing in this region. With the advent of globalisation and the increased mobility of people, it is likely that doctors will encounter patients of different cultural backgrounds more often. In her acclaimed book “The Spirit Catches You and You Fall Down”, Fadiman highlights the cultural impasse that obstructs the treatment of a child with severe epilepsy. Of the young doctors in Merced, California, Fadiman writes “They could hardly be expected to “respect” their patients’ system of health beliefs, since the medical schools they had attended had never informed them that diseases are caused by fugitive souls and cured by jugulated chickens [3].” This rings especially true for me as a

medical student nearing the end of my basic medical training at an institute in Asia.

As it stands, the new generation of doctors entering the healthcare system is already facing problems with communication as they are not as well-versed in the languages and dialects of the region. The emphasis on evidence-based medicine, while important, has perhaps diminished the time spent on instruction of cross-cultural medicine. A lack of thorough understanding of a patient's cultural and religious beliefs hampers effective treatment as it would be difficult to resolve issues such as patient's concept of the disease, compliance and alternative medicine. Even worse, the doctor may in fact be unaware of the existence of these issues.

A basic awareness of the cultural differences in interpretations of diseases may go a long way in reducing the barrier to establishing better rapport with patients and eventually, better treatment outcomes. The common names that epilepsy is known by may serve as an indication of the associated misconception carried by the user. For example, in the Chinese language (and dialects), epilepsy is known as 癲癇 (dian xian) which carries the connotations of madness or 羊癲瘋 (yang dian feng) and 猪婆瘋 (zhu po feng) which mean goat and pig madness respectively. Likewise, *gila babi* (Malay), *sok lom bai* (Thai) and *sak pa moo* (Lao) all refer to epilepsy as pig madness [4]. These represent misconceptions regarding the nature of the disease – that epilepsy is a form of mental illness, and further adds to the stigmatisation by comparing it to the behaviours of animals. On the other hand, the Hmong (subject of Fadiman's book) recognise epilepsy as *qaug dab peg*, generally translated as "the spirit that catches you and you fall down", the spirit being of the soul-stealing kind. To the

Hmong, this condition is serious and potentially dangerous, but also one which is highly revered for the ability to perceive things which others cannot and to enter trances which facilitate journeys to another realm. Hmong epileptics often become well-respected shamanistic healers [5].

Understanding a patient's cultural background would prevent doctors from being caught off guard with regards to issues such as the willingness to seek treatment, compliance and trials of alternative medicine. In this region, prevalence of alternative medicine such as traditional or spiritual medicine is high. For various reasons related to stigma or their cultural beliefs, many patients remain keen to try alternative treatment modalities either alone or in combination with Western medicine. Knowledge of these alternatives would place doctors in a better position to advice on the safety and compatibility of the alternative treatment modalities and perhaps negotiate some form of compromise if the patient is also on anti-epileptic drugs.

There is often a difference in the perception of educational needs between people with epilepsy and healthcare providers. As succinctly put by Choi-Kwan *et al*: "the cultural and specific societal contexts in which patients experience their epilepsy should guide educational programs, and one of the most sensible ways to assess those contexts is to elicit an articulation and expression of concerns from the patients themselves [6]." Even without a comprehensive knowledge of all the different cultural and religious beliefs, a doctor could possibly get by if he has the awareness and patience to elicit this information. One such model to elicit the patient's concept of illness is the "eight questions" by Arthur Kleinman [7]:

Eight questions by Arthur Kleinman

What do you call the problem?

What do you think has caused the problem?

Why do you think it started when it did?

What do you think the sickness does? How does it work?

How severe is the sickness? Will it have a short or long course?

What kind of treatment do you think the patient should receive? What are the most important

results you hope he/she receives from this treatment?
What are the chief problems the sickness has caused?
What do you fear most about the sickness?

In conclusion, while research on the psychosocial and cultural aspects of epilepsy in this region is on the cards [8], let us not forget that training doctors in the ways of cultural competence is also a necessary cog in the greater works of reducing stigmatisation of epilepsy. And lastly, a quote from Kleinman: “If you can’t see that your own culture (of biomedicine) has its own set of interests, emotions, and biases, how can you expect to deal successfully with someone else’s culture [9]?”

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