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CULTURE AND ETHNICITY AS A VARIABLE IN DIAGNOSTICS AND THERAPY

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Ethnic minority and immigrant patients are subject to what are termed “health disparities” wherein the quality of services received is not at the same level as that of majority group members. These disparities are a consequence of both erroneous diagnosis and, relatedly, inadequate treatment. Culture impacts both diagnosis and therapy by circumscribing how an individual understands distress. The experience, expression, and explanation of what psychiatry understands to be psychopathology are eminently “cultural”, for the clinician as well as for the patient. The very identification of a “symptom”, its relationship to psychopathology, and even what constitutes the specific diagnostic categories is in large part a function of the impact of these three “exes”. The therapeutic process and relationship is impacted in part by the fourth “ex”, the expectations of both clinician and patient, and, once again, when distinct can lead to early termination and/or poor outcome. Ethnicity, particularly in the context of ethnic minority status, can impact both diagnosis and treatment in the context of both overt and covert prejudice, particularly on the part of the clinician. Ethnocultural countertransference involves the unconscious projection of ethnic and racial prejudice onto the patient, which has a direct impact on diagnosis and the development of the therapeutic relationship. The presentation will review both barriers and suggest strategies for effective intercultural diagnosis and treatment.