

Cultural adaptation of psychological interventions for the treatment of PTSD and C-PTSD

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Cultural adaptation

...the **systematic modification** of an evidence-based treatment (EBT) or intervention protocol to consider language, culture, and context in such a way, that it is compatible with the **client's cultural patterns, meanings, and values.**

Bernal et al., 2009, p. 362

Culture & psychopathology

- **Phenomenology**

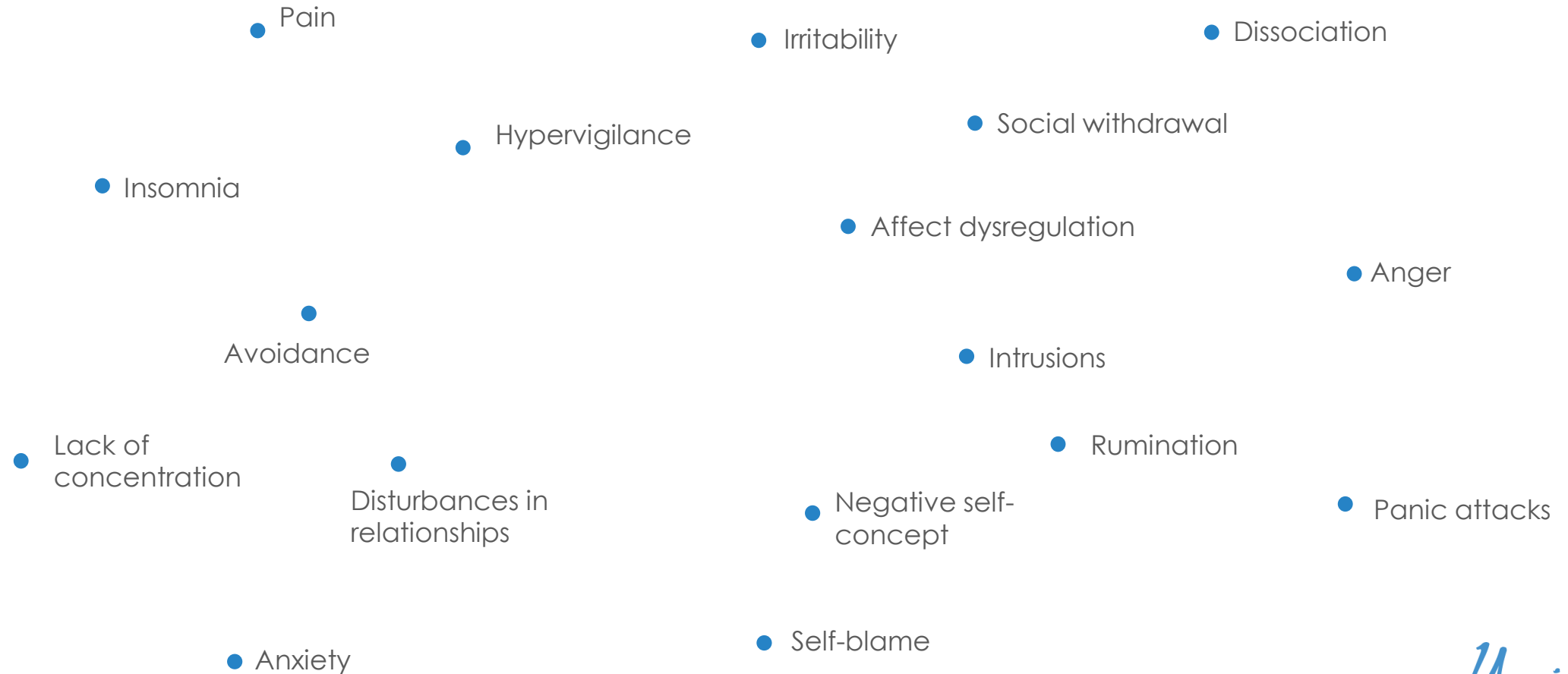
- Idioms of distress
- Symptom constellations

Symptom constellations

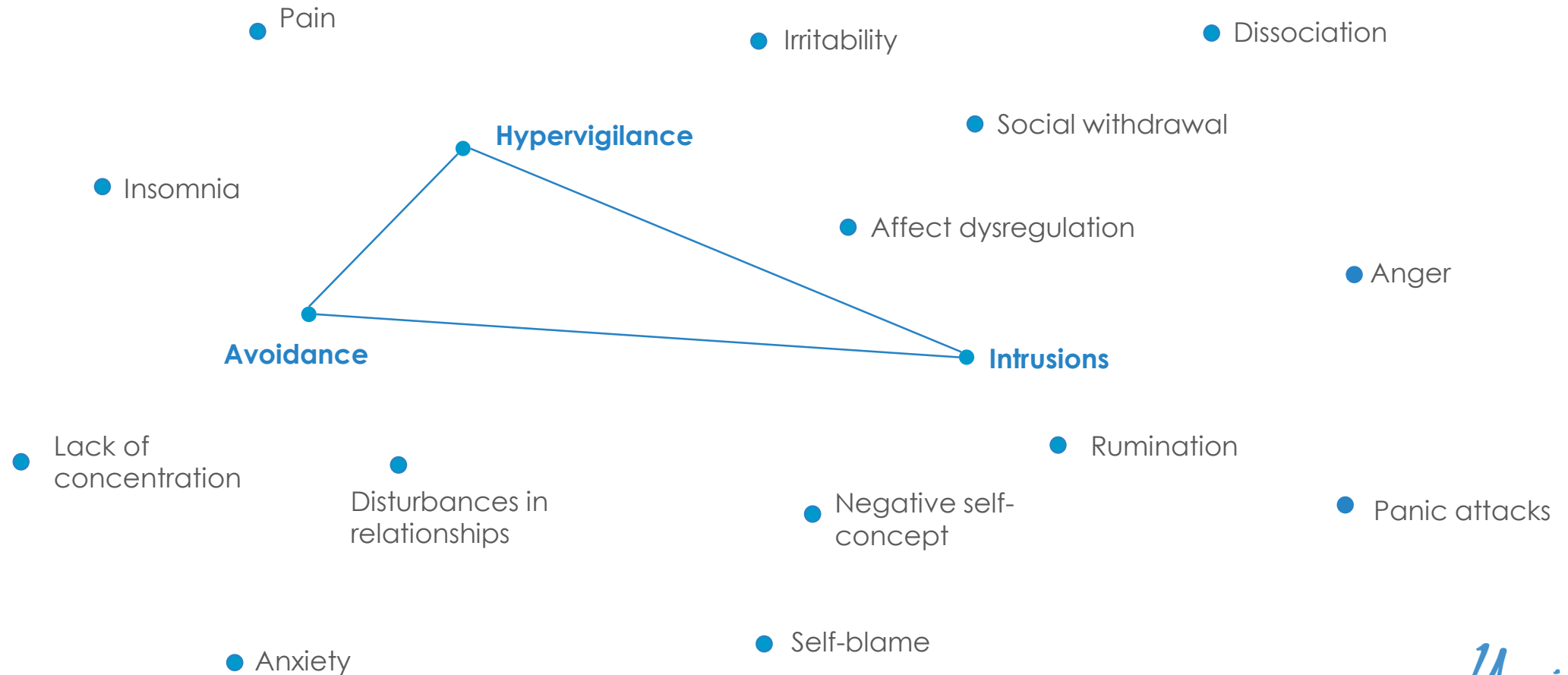


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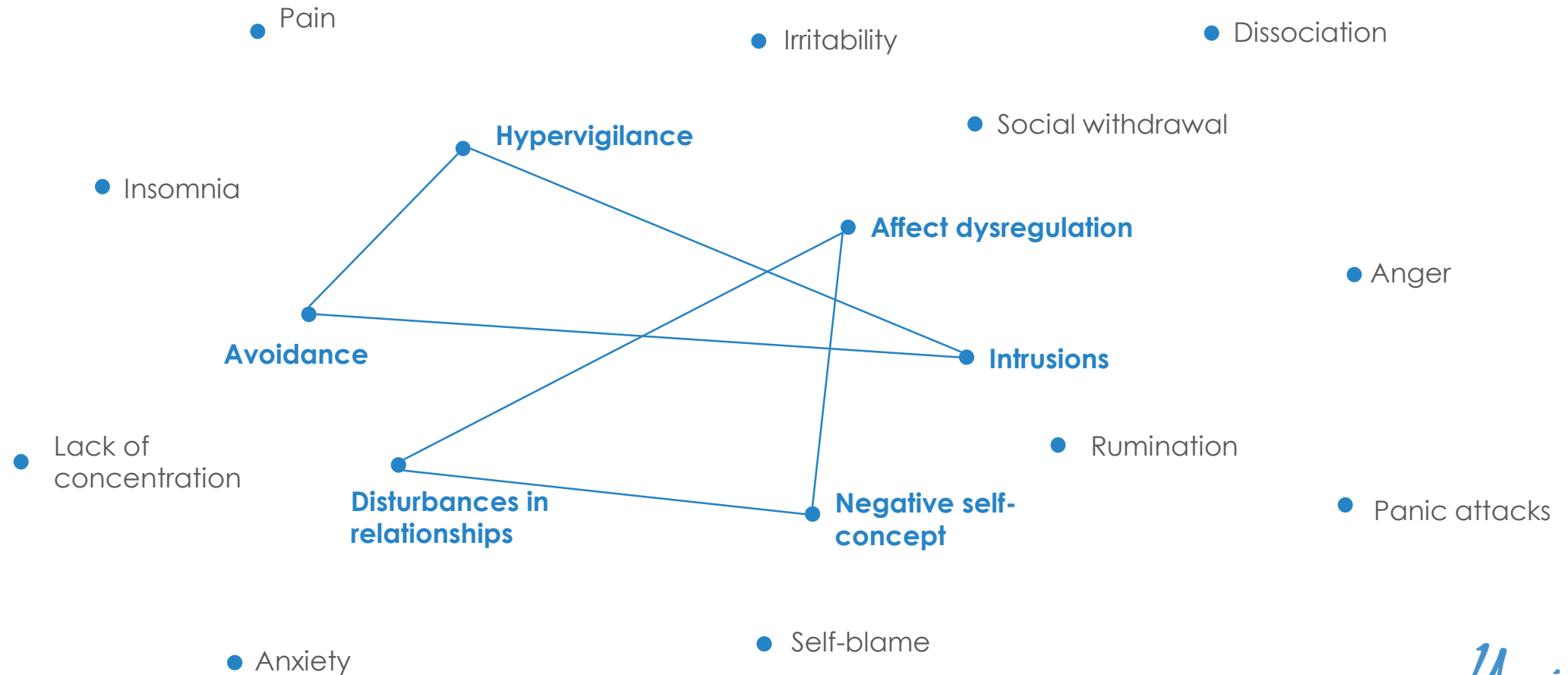
PTSD in ICD-11



PTSD in ICD-11



C-PTSD in ICD-11



Culture & psychopathology

▣ Phenomenology

- ▣ Idioms of distress
- ▣ Symptom constellations

▣ Aetiology

- ▣ Specific living conditions
- ▣ Cultural explanations

Culture & psychopathology

□ Phenomenology

- Idioms of distress
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■ Aetiology

- Specific living conditions
- Cultural explanations

'Of course, culture has implications for what can be considered a traumatic event to begin with. If PTSD is considered a normal reaction to abnormal situations, how does it manifest in situations where violence or other potentially traumatizing events become the norm?'

(Gilmoor et al., 2019, p. 21)

'Do not underestimate the suffering of the Afghans, and do not overestimate their psychopathology'.

(Ventevogel & Faiz, 2018)

Culture & psychopathology

■ Phenomenology

- Idioms of distress
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■ Aetiology

- Specific living conditions
- Cultural explanations

Cultural concepts of distress

(APA, 2013)

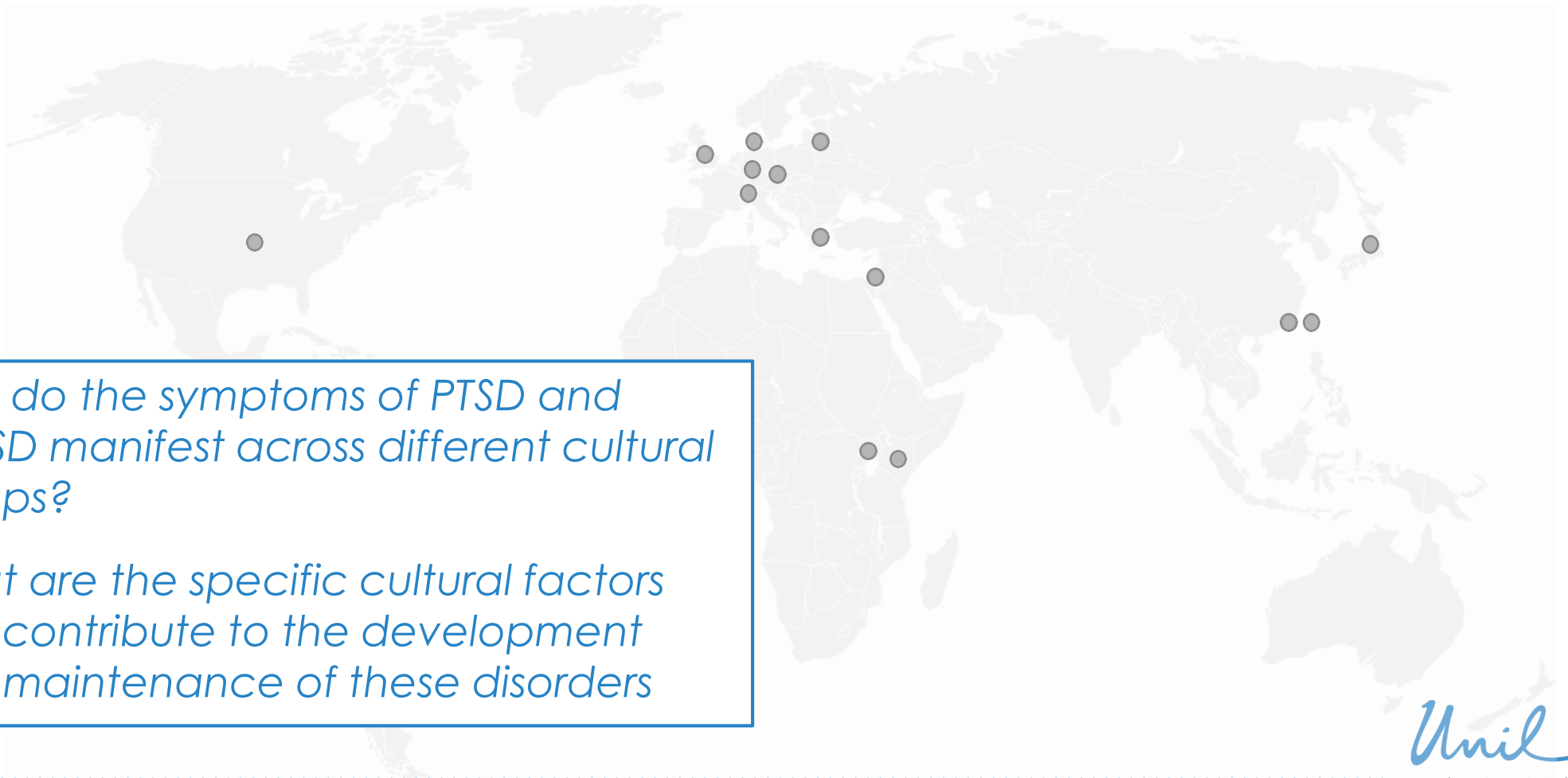
Quantitative research



- ▣ International Trauma Questionnaire (ITQ)
- ▣ Confirmation of the factor structure

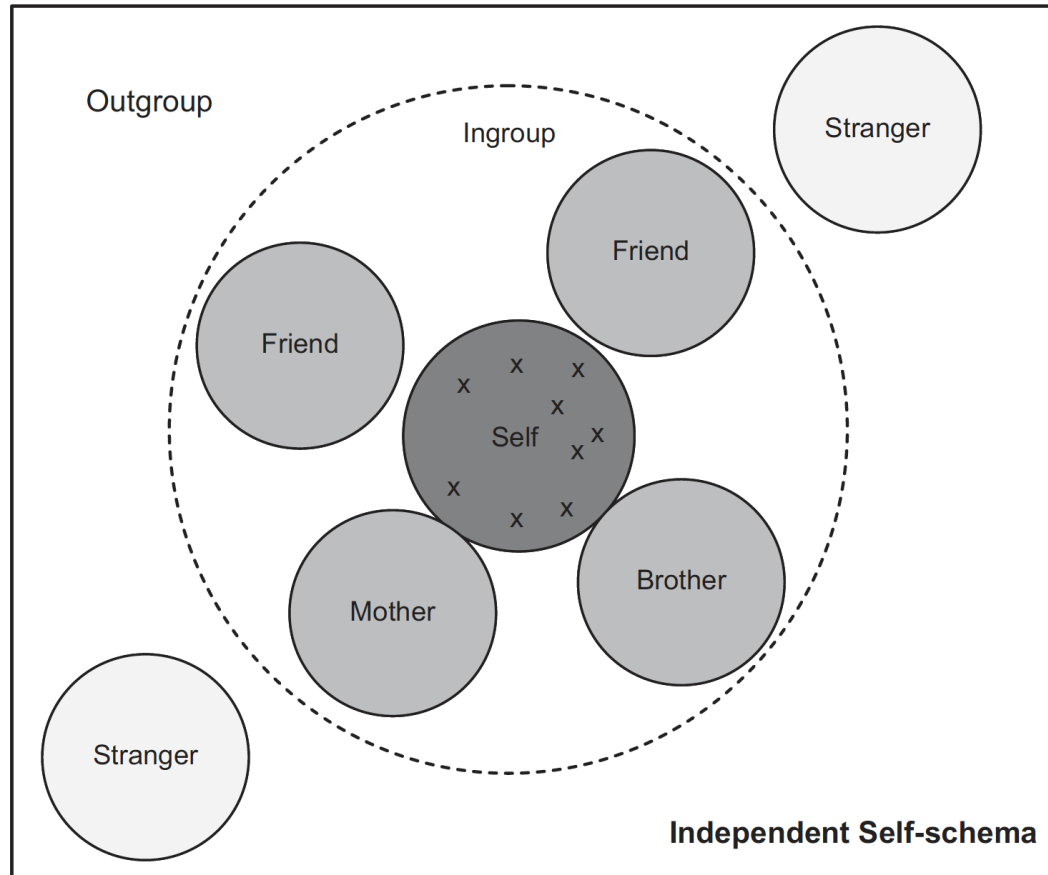


Quantitative research



- *How do the symptoms of PTSD and CPTSD manifest across different cultural groups?*
- *What are the specific cultural factors that contribute to the development and maintenance of these disorders*

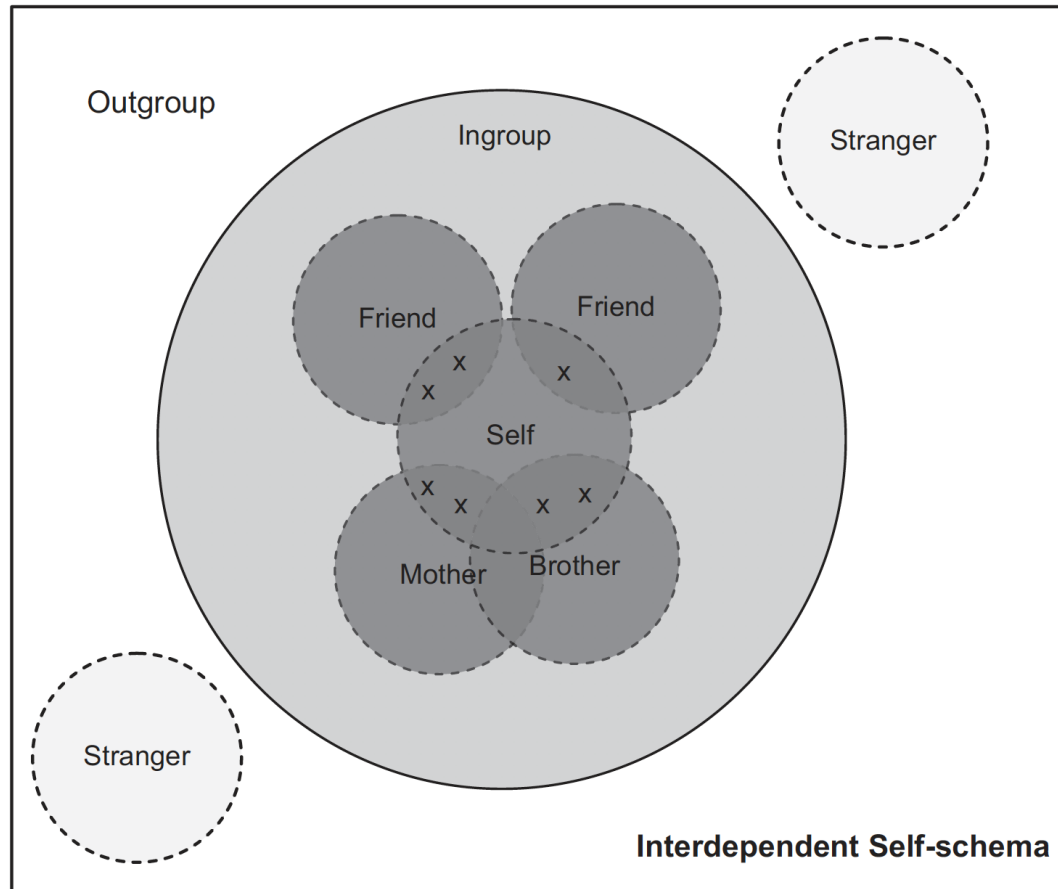
Self-concept



▣ Independent self-construal

- ▣ Sense of self as separate, distinct, or independent from others
- ▣ Attributes: personal thoughts, emotions, competences
- ▣ Cultural mandates: realizing oneself, expressing one's needs, developing one's distinct potential

Concept de soi



- **Interdependent** self-construal
 - Sense of self as connected to, related to, or interdependent with others
 - Attributes: Status, roles, relationships
 - Cultural mandates: belong, fit-in, occupy one's proper place

Cultural scripts

- ▣ **Schema:** Sequence of perceptions, cognitions, emotions and behaviour that are causally interlinked



<https://mozartcafe.ch/>



<https://deutsches-schulportal.de/unterricht/ideen-fuer-den-ersten-schultag/>



<http://www.schweiz.gedenkt.ch/ratgeber/die%20bertrachtung/die%20beerdigung>

Cultural scripts

- ▣ **Schema:**

- ▣ Sequence of perceptions, cognitions, emotions and behaviour that are causally interlinked
 - ▣ Mental representation and observable practices

- ▣ **Normative scripts**

- ▣ Socially approved

- ▣ **Deviant scripts:**

- ▣ Mental representations and practices that are **comprehensible** but understood as abnormal and undesirable
 - ▣ Example: « the evil eye »

Deviant scripts

«... shape **where we draw the line between health and illness**, how we recognize a problem, what we call it, and how we talk about it (or avoid talking about it). They inform us about possible causes, signs and symptoms, seriousness, and anticipated course. Finally, they provide us with guidance about whether to seek help, how to do so, and what treatments might be most effective. »

(Chentsova-Dutton & Ryder, 2019, p. 373)

C-PTSD: Cultural aspects

Cultural norms

- ▣ Affect regulation
- ▣ Self concept
- ▣ Interpersonal relationships



Psychopathology

- ▣ Affect dysregulation
- ▣ Negative self-concept
- ▣ Disturbances in relationships

C-PTSD: Cultural aspects

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Desirable emotions

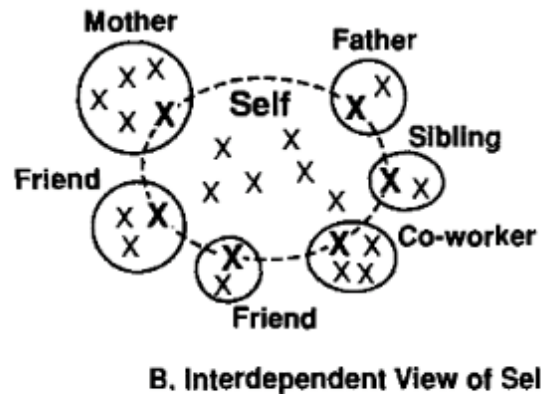
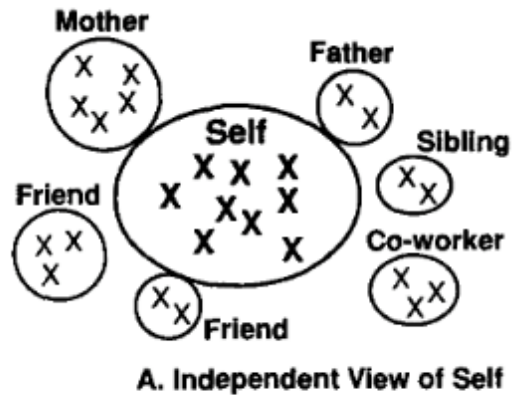


Figure 1. Conceptual representations of the self. (A: Independent construal, B: Interdependent construal)

Independent

- Pride Eid et Diener (2001)
- High-intensity positive emotions (e.g., enthusiasm) Tsai et al., 2006

Interdependent

- Guilt Eid et Diener (2001)
- Low-intensity positive emotions (e.g., serenity) Tsai et al., 2006

Affect regulation

- Positive effects of re-evaluation (vs. suppression) among Euro-Americans
 - Life satisfaction
 - Optimism
 - Social support
 - Self-esteem
 - Depressive symptoms
- Positive effects of suppression among Asian-Americans and other collectivistic groups

Affect dysregulation and C-PTSD

▣ Diagnostic criteria

- ▣ *When I am upset, it takes me a long time to calm down.*
- ▣ *I feel numb or emotionally shut down.*

▣ Example of an empirical study (Nagulendran & Jobson, 2020)

- ▣ Among European-Australian trauma survivors, those with PTSD reported significantly greater expressive suppression and lower levels of reappraisal than those without PTSD.
- ▣ Expressive suppression did not differentiate between East Asians with and without PTSD.

C-PTSD: Cultural aspects

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Self-esteem

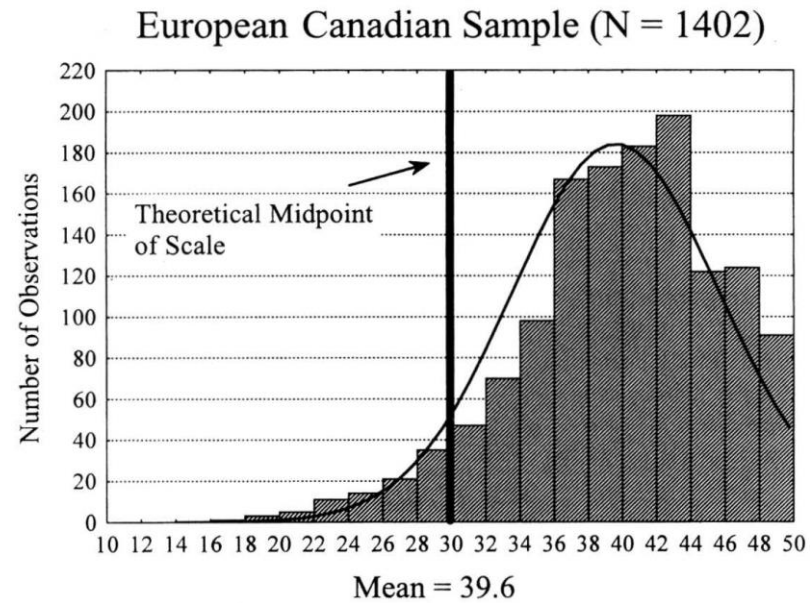


Figure 1. Distribution of self-esteem scores among European Canada

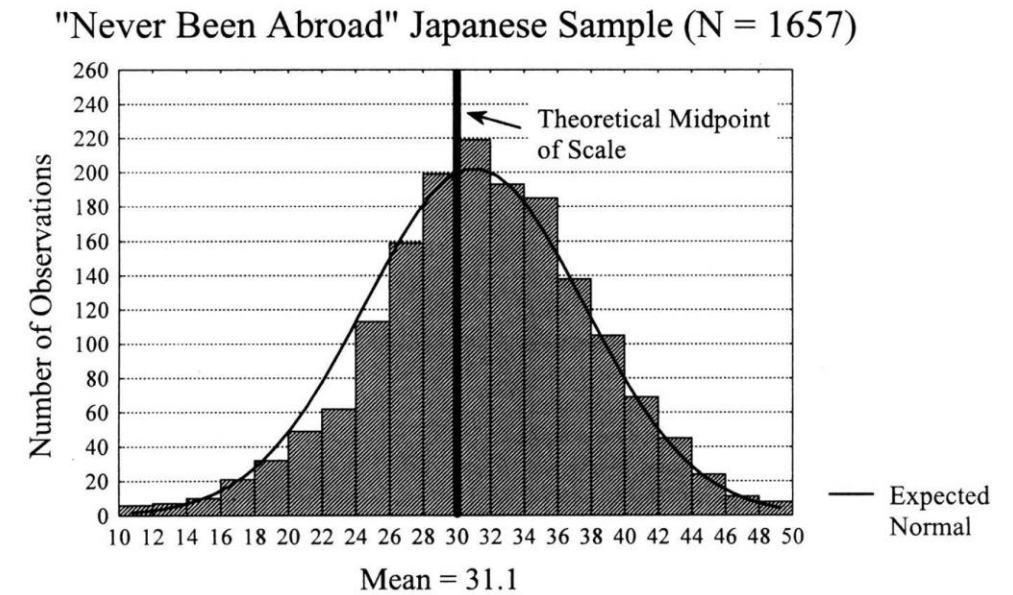


Figure 2. Distribution of self-esteem scores among Japanese who have never lived outside

Negative self-concept and C-PTSD

▣ Diagnostic criteria

- ▣ I feel like a failure.
- ▣ I feel worthless.

▣ Example of an empirical study

- ▣ "*East Asian cultural norms of modesty, humility, and emotional restraint (Park, Streamer, Huang, & Galinsky, 2013) may influence responses to DSO items related to negative self-concept (e.g. 'I feel worthless') ... In fact, prior studies have shown that East Asians have higher tendencies to agree with negative self-statements compared with their Western counterparts.*" (Ho et al., 2020, p.7)

C-PTSD: Cultural aspects

Cultural norms

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Psychopathology

- ▣ Affect dysregulation
- ▣ Negative self-concept
- ▣ Disturbances in relationships

Social support

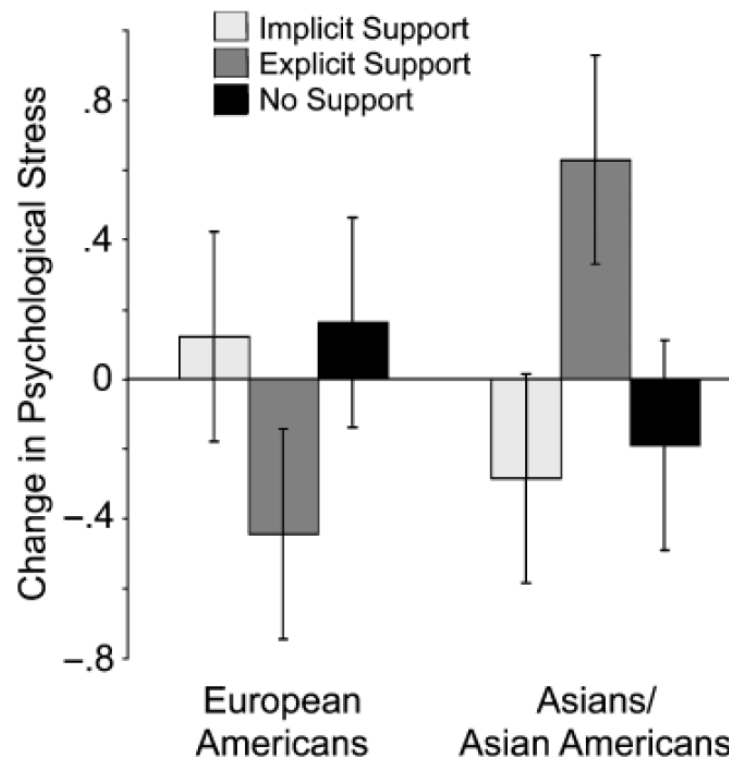


Fig. 1. Change in psychological stress from pretest to posttest as a function of culture and support condition.

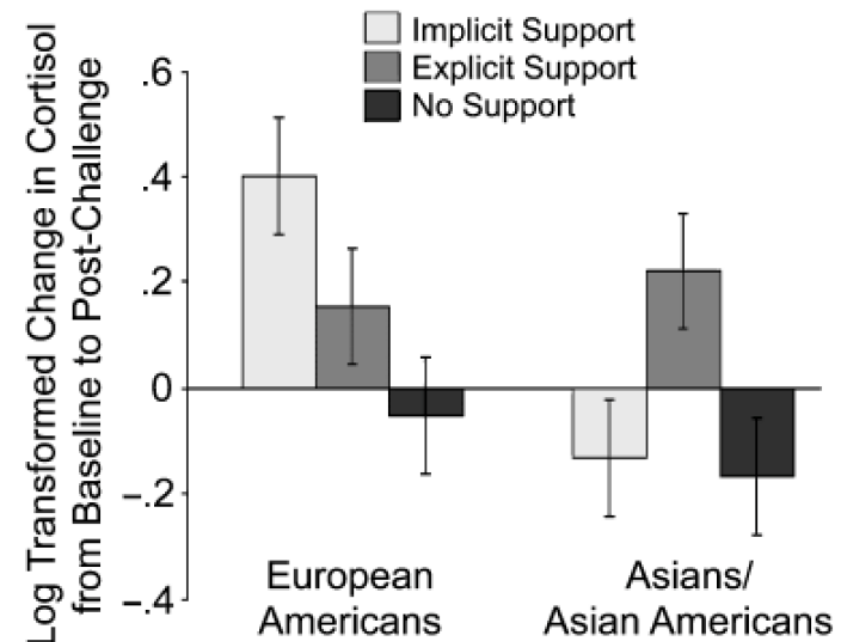


Fig. 2. Change in cortisol from baseline to postchallenge as a function of culture and support condition.]

Disclosure

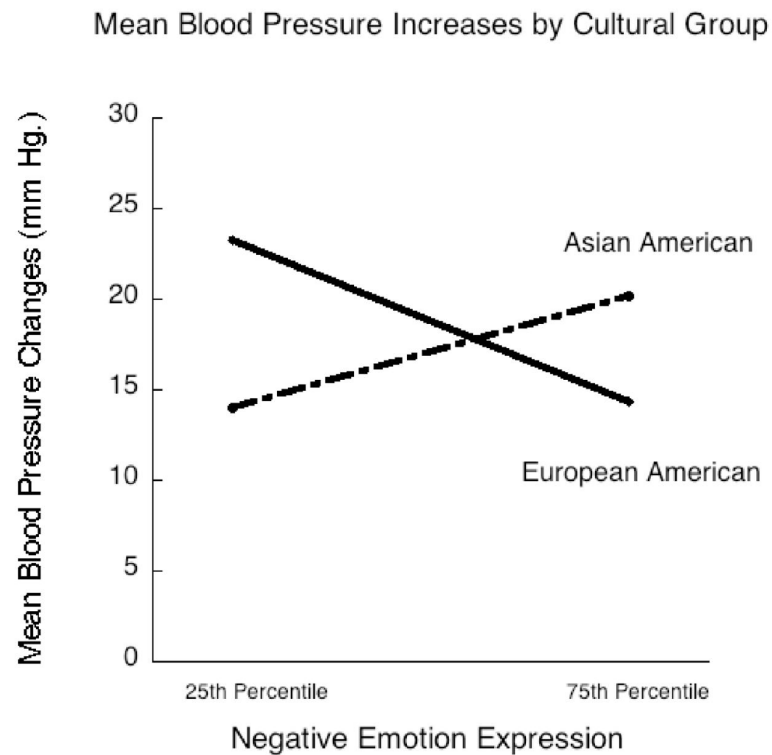


Figure 1.
Model estimates of mean blood pressure increases from baseline to conversation as a function of negative emotion expression in European American and Asian American dyads.

■ Participants (32 women) :

- 20 Euro-Americans
- 12 Asian-Americans

■ Experiment

- Face-to-face conversations about a distressing film (Hiroshima and Nagasaki) in same-ethnicity dyads

■ Outcomes

- Blood pressure
- Emotional expressivity

Disclosure (2)

- Participants
 - German (n = 151) and Chinese (n = 144) survivors of crimes
- Results
 - German crime victims reported more expressive disclosure attitudes (i.e., the urge to talk and emotional reactions while disclosing), whereas Chinese participants reported more reluctance to talk about the trauma.
 - The urge to talk about the traumatic experience was a stronger predictor of PTSD among Chinese participants than among German participants.
 - By contrast, reluctance to talk was a significant predictor of PTSD in the German sample, but not among Chinese participants.
- Conclusions
 - **Deviance from the norm** predicts PTSD symptom severity

Interpersonal relationships and C-PTSD

▣ Diagnostic criteria

- ▣ I feel distant or cut off from people.
- ▣ I find it hard to stay emotionally close to people.

▣ Example of two empirical studies

- ▣ Greater attachment avoidance was more strongly linked to heightened conflict, less perceived support, and lower relationship satisfaction in Hong Kong and Mexico than in the United States (Friedman et al., 2010; Mak et al., 2010)

Interpersonal relationships and C-PTSD

□ Diagnostic criteria

- I feel distant or cut off from people.
- I find it hard to stay emotionally close to people.

□ Example of two empirical studies

- Greater attachment avoidance was more strongly linked to heightened conflict, less perceived support, and lower relationship satisfaction in Hong Kong (Mak et al., 2010)

Conclusion:

"Individuals who live in collectivistic cultures and are highly avoidant may be violating basic norms and expectations of how one is supposed to relate to close others in collectivist cultures" (Mak et al., 2010, p. 160)

2010; Mak et al.,

PTSD and C-PTSD: Clinical implications (1)

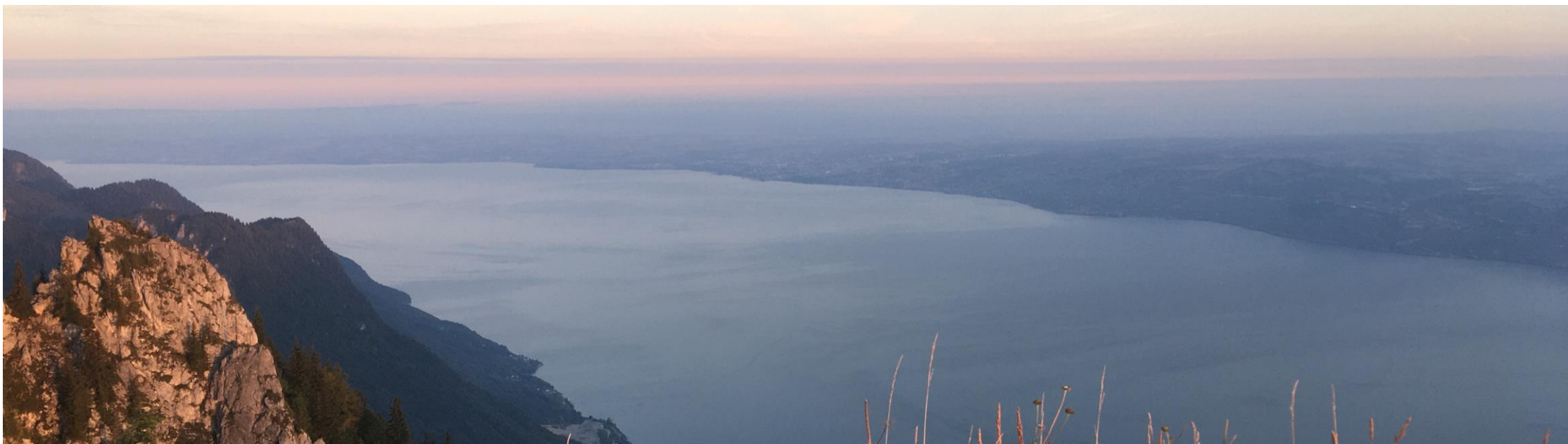
- At present, there are no validated treatments for C-PTSD, but there is substantial research in the area of PTSD (Lewis et al., 2020)
- Evidence shows that treatments for PTSD are effective across different cultural groups (Barbui et al., 2020)
- Meta-analyses of studies on treatments for refugees and asylum seekers:
 - *Very large effect sizes were obtained in some of the CBT studies, indicating a broad suitability of CBT in the treatment of core symptoms of PTSD in adult refugees* (Palic et al., 2011, p. 8)
 - *Trauma-focused approaches may have some efficacy in treating PTSD in refugees, but limitations in the methodologies of studies caution against drawing definitive inferences* (Nickerson et al., 2011, p. 399)
- There is a lack of research on culturally adapted treatments for C-PTSD

PTSD and C-PTSD: Clinical implications (2)

- Modular approaches seem to be promising, as they can be flexibly adapted to the needs of patients (Karatzias et Cloître, 2019)
- Specific situation of refugees and asylum seekers
 - *The maladaptive traumatic reactions in refugees can take shape of more complex reactions than those strictly specified in the diagnostic category of PTSD* (Palic et al., 2011, p. 8)
 - **Importance of structural factors!** (e.g., Schick et al., 2013)
- Modular treatments for refugees:
 - *The essential question to be answered is therefore: do these more complex and probably longer, more expensive treatments, have longer and/or more generalized benefits than the standard cognitive behavioural therapies, which do demonstrate an effect in refugee populations as well as in other trauma populations?* (Palic et al., 2011, p. 20)

Clinical implications for C-PTSD

- Importance of discussing cultural scripts (and perceived deviance from these norms) with patients from culturally diverse groups, e.g.,
 - what is perceived to be a "valuable" member in society?
 - how are closeness and intimacy expected to be expressed and lived?
 - how / in what way are emotions expected to be expressed / suppressed?
- Cultural interpreters can help exploring such normative scripts
 - What is perceived to be normal in the patients' cultural surrounding?
 - Definition of treatment goals in a culturally sensitive manner



Thank you for your attention!

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