

Section: Psychotherapeutic cases

PATIENTS ENCOUNTER WITH DIAGNOSES AND ILLNESS IN TRANSCULTURAL PERSPECTIVE



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Abstract

The world of today is full of diversity. With migration problems, religious groups and many conflicts in this world it is important to bring into our focus the different world-views of understanding illness and treatment in different cultural and religious settings. In my article three cases are presented to explain exactly how different Traditions treat patients with diverse sicknesses and their approach to establish the diagnosis of organic and psychic problems. The object of this expose is to explain the way and manner of encounter when one visits a country with some sort of illness. These cases are experiences of my clients in interaction with Therapists in their cultural settings. Importantly, as a Positive Psychotherapist, this information helps to accommodate all aspects of interaction needed to give a safe background for clients. My method is more or less analytic and descriptive. Many illustrations in this work portrays my many years of experience working with people of different cultures and clients. Moreover, it is very important for our understanding of our clients always to see beyond our horizon.

Keywords: psychosomatic health, personality structure, psychotherapy, stress, diagnostic criteria for psychosomatic practice, positive psychotherapy

"If two people each have an apple and then exchange them, they will still have only one apple. But if the same two people have an idea and exchange them, they will have two or many ideas"

- George Bernard Shaw

Introduction

Transcultural psychotherapy has its roots in the professional world's preoccupation with various human issues. What do they all have in common and what makes them different? The transcultural approach plays a central role in Peseschkian's positive psychotherapy. The question here is how the same problems or conflicts are perceived and dealt with in other cultures, how other people in their own culture and family deal with them. Comparing how other peoples or cultures evaluate similar patterns of

behavior broadens our horizons. You no longer have to interpret behavior based solely on the given standards of value, but rather compare them with other concepts. By relativizing one's own values, prejudices are questioned, fixations are broken and communication blocks are removed. (Peseschkian, 1998).

Based on consultation procedures in different countries and cultures, I would like to point out the different settings of Patient-Consultant interaction, understanding of illness, and the treatment possibilities in different cultures. (I chose Dornbirn, Austria, Hong Kong, China, and Okigwe, Nigeria)

In these conversations in different cultures, the actual management of illness and its processes will depict the different systems in different cultures. My aim is to broaden the patients' and consultants' understanding of approaches to illness and its treatment. I will also

discuss the different notions of illnesses according to the model conceptions in different cultures, philosophies and ideologies. My focus is more or less to give a broad understanding of the views of illnesses in different cultures in order to avoid partial diagnoses. It is not my intention to evaluate the efficacy of the different approaches, but it is my conviction that the therapist with the help of the patient can develop those subtle and complex skills necessary for successful therapeutic work in various cultures. It is important to stress that positive psychotherapy encourages such diverse skills. When a patient visits a therapist or consultant, it is paramount to use intuition which is closely related to empathy. Both empathy and intuition are means of obtaining quick and deep understanding that will help to overcome cultural divergences.

Cases

2.1. Dornbirn

The patient from Türkiye told how his consultation hours in a doctor's office in Dornbirn had gone. He had gone to the doctor with a bad headache and didn't know why. "Maybe I have a lot of worries with my wife and children," he said. When he called the doctor's medical office, the doctor's assistant gave him an appointment for Tuesday at 10:00 am. At the same time, she asked him if he had any insurance permit at all and that he should please bring it to the consultation. His headache got worse after that phone call. On Tuesday he arrived at the practice at 9.30 a.m. and handed his medical certificate and medical insurance card to the doctor's assistant. There were other patients in the practice ahead of him, so the assistant asked him to sit down until he was called. He sat in the corner, did not know anyone and felt insecure and lonely. He could not bother with the newspapers lying around or talk to anyone to pass the time because he could not speak good German. At 10:15 a.m. his name was called, which was also not pronounced correctly. When he came into the doctor's room, the doctor shook his hand and asked him to sit down. He asked his patient: "What can I do for you?" He replied: "I have a headache." The doctor further asked: "Since when?" "For a month." Then the doctor asked whether the headache was new or was it some thing that was permanent in his life history including his childhood. "No, it's new,"

the patient replied. Then the doctor got up, measured the patient's blood pressure, listened to his heartbeat, and prescribed a painkiller for him (paracetamol). He told him to come back in two weeks. Although, he saw an inscription in his medical office, "Doctor for general medicine and psychotherapy", there was no conversation. The whole treatment took only 10 minutes. He then gave him 10 days of sick leave.

2.1.1. Transcultural comment:

Surprisingly, the first conversation with some psychotherapists is fundamentally similar to the question: "What can I do for you?" Psychotherapists nevertheless try to understand, focus, interpret and diagnose the patient's problem. Psychotherapists endeavour to go beyond and ask: What is my mission, what do you want, what can I do for you? The client is asked to articulate his or her problems him/herself. In the diagnostic conversation we try to grasp how a person experiences him/herself and his/her world and how he/she processes his/her conflicts. (Schelling, 1985)

In a long tradition of medical and psychological understanding of diagnosis, an objectifying diagnosis, the process of coming closer to the essence of illness, is highly valued, psychotherapists use the communication space to recede into the background in its dialogical, atmospheric and cognitive meaning.

The modes of treatment in some psychotherapeutic schools are characterized by introspection. The patients talk about their illnesses, how they deal with their illnesses, how these illnesses are represented in the fabric of the patients' actions, fantasies and symptoms. The clients interpret themselves in language, speaking, they present their understandings of themselves and the interpretation of their worlds, through speaking, they try to bring their history into their understandings. This type of problem analysis is a typically Western peculiarity that is deeply rooted in Western culture. Yes, the introspective element of Western civilization is ancient and can be traced back to classical Greek thought, where self and identity are increasingly defined through actively viewing, examining and weighing the events and adventures of one's life. The process of introspection was closely related to the idea of the actual "I", as found its typical expression in the Socratic "Know thyself". (Kakar, 1984).

2.2 Hong Kong

"A friend told me about a consultation he had had in Hong Kong with a Chinese medical doctor after many years of kidney problems. On the recommendation of a travel acquaintance, he had gone to see a Chinese doctor between two flights. As a person with many social commitments and social assignments, he was, of course, used to ignoring his desperation and his illness as much as possible. "Grin and bear it," they had said to him in a famous American clinic when he visited. The Chinese received him, they talked about this and that, but the illness did not seem to interest the doctor particularly. He inquired about his visitor's work, his preferences, got him to tell a love story, which my friend could not cope with, and wanted to know this and that about his youth, his parents, his family. The conversation was by no means profound, it stayed within the bounds of polite convention. The Chinese Doctor went to the window and talked about the movements of ships in Kowloon Bay, about shopping in Hong Kong. The doctor explained his setup, explained an acupuncture model and sent for tea. When my friend, who had been made relaxed by the peculiar-tasting tea, cautiously asked when they would get down to business and what the doctor would prescribe for him, the Chinese doctor said with a smile that they had been talking about the matter for a long time, and pointed to the tea they had drunk together and said: That is the medicine that I have to offer you because of my diagnosis. "Diagnosis?" my friend asked. "Well yes," said the Chinese doctor, "you have told me most of what I needed to know." He said that he had had the honour of listening to his guest speak and watching him walk, observing his sitting, his movements, his eyes and fingernails. Then, with a polite apology, he pressed his finger on two spots on my friend's back, saying: "Here and there it hurts, doesn't it?" He explained that there were a couple of mistakes in his guest's posture, which the doctor naturally could not correct in fifteen minutes, since that was not where the problem lay. He explained that instead, the pain is an expression of a disorder, of a painful relationship to certain things that my friend had encountered and to which he reacts with excitement. This tension is now ingrained in him, and in order to resolve it, he would need help from someone in his homeland who understands something about body and soul, but also knows the patient's way of life. Pain is

valuable and for the time being indispensable because it indicates the point from which one must work oneself back to its origin, which is to be sought in a presumably well-founded dissatisfaction. If, starting from the back pain, he manages to walk the path to his satisfaction, probably a long way, the pain will no longer be necessary. The kidneys, as a sensitive organ, naturally react to the indicated shift in focus. But the kidneys are secondary, and the tea here, of which he gives him a bag, will also do him good." (Schelling, 1985)

2.2.1 Transcultural Commentary

In this type of therapy, the patient is greeted politely. All of his movements, signals, thoughts and speech expressions are carefully observed and when necessary physical touch is also used. In this type of therapy, health means a harmonious interaction of the body's organs and a balanced flow of energy. (Cheng, 1993)

A pathology actually arises from a flow of "zang" (five); "Fu" (six) and "Qi" (energy flow), i.e. a disturbance of the Yin-Yang or the Wu-Xing principle. The treatment aims at harmony between the principles by strengthening the deficient principle and weakening the overactive one. Treatment methods include herbal medicine, acupuncture and psychological influence. (Cheng, 1993).

In this tradition, a theoretically well-founded psychotherapy does not exist. The treatment takes place through self-monitoring and clarification in therapy sessions. Deep psychological assumptions and an unconscious are alien to Traditional Chinese Medicine (TCM), psychotherapy takes place in one or two sessions and assumes the workings of self-healing powers. If demons or spirits have been diagnosed as the cause of illness, this is also taken into account in the healing process and spirit expulsions are carried out. (Cheng, 1993)

2.3. Okigwe (Nigeria)

Prehistory:

A woman, 30 years old, had multiple miscarriages. For many years she was treated by a doctor who had studied in Germany, but nothing helped. She is a Christian and believes in the power that God will help her if she allows herself to be helped. So, she decided to visit a "Dibia" (medicine man, healer). There are no appointments to visit medicine men and women; anyone with problems can come and be helped

immediately. This woman came to the medicine man early in the morning after a long journey and he already knew that a woman would come to see him. He had found it out through his dreams. The greeting rituals are quite long, there is no hurry with the medicine men. Here the difficulties of the long journey are asked about, the family situation is recorded, the mental and physical complaints are recorded, mistakes in the relationship are determined, whether certain taboos are observed or not, e.g. whether the woman had sexual contact with someone during her menstruation, the woman's attitude etc. After this first exploration, they both go into the jungle (bush). Each "Dibia" always has a tree where he performs his ritual actions. The woman is given a place next to the tree and the oracle is asked what she has, what disease or demon is preventing the pregnancy. What evil spirit or human will not allow pregnancy? In general, no blame is sought, but blockages, obstacles or cracks in the living conditions. The medicine man remains alone, puts himself in a trance and tries to perceive the woman's situation. During this time of waiting, the woman can enjoy the silence of the jungle, perceive the various insects and reptiles, etc. After this consultation with the gods, the medicine man says a prayer, looking for the necessary medicines for the woman from a mixture of different plants and herbs of the forest. This mixture is then taken by the woman and painted and smeared on the various parts of her body. Treatment is always free, but the woman can donate to the medicine man after the birth of her child. (Mbabuiki, 1988).

2.3.1. Transcultural Commentary

The understanding of therapy and the way medicine men deal with clients are determined by a number of factors. The profession of medicine man can only be inherited, not learned. Healing is intuition only or determined by the gods. Without ritual actions there is no healing. Conversations take place between the patient and the gods, and the medicine man acts as mediator. Therapy is free because healing is a gift.

Cures are fetched from nature and concocted by the medicine man; these are revealed through a trance state. The holistic view of the disease is required: body, soul, spirit. (God and environment) Amulets, stones, statues and other items are used when required.

All above illustrated cases with different therapeutic settings to alleviate organic and psychic abnormalities are included in the balance system of positive transcultural therapy. In the therapeutic relationship of PPT the Therapist or consultant has the opportunity in the areas of Observation and distancing, making inventory, situation encouragement and broadening goals to have deep insight into the Patients Biography, Value and Belief- systems, capabilities, support qualities, bodily and other instruments in the patient's life style.

Discussion

3.1. Analysis of Illness in the transcultural setting

The concept of illness in psychotherapeutic schools is multifaceted and complex. It is an expression of different perspectives and images of people. Looking over the fence is still by no means common among psychotherapeutic schools: (Pritz, 1992). That is unfortunate. Because the heterogeneity of the views that can be determined, which is also evident with regard to illness, opens the view to how diversely the phenomenon of illness can and must be seen if one wants to do justice to the people who are ill and who suffer from illnesses, and if one wants to find adequate ways of healing.

Transcultural psychotherapy deals with such different conceptions of diseases and tries to convey an integrative view of the disease. This applies to people as members of a group and as individuals.

Peseschkian summarizes the historical considerations of the disease and its development in different geographical and social treatment methods in the following models: deification model, demon model, sinner model, stigma model, genetic model, will model, medical model and environmental model. (Peseschkian, 1987)

3.2. The Deification Model

Illness is understood here as a divine medium. Here it is interpreted as a divine influence. The patient is seen as a divine instrument or mouthpiece. He is sometimes perceived as a priest with certain powers. At this time the deification model is noticeable in forms of family neuroses, the patient acts as a symptom carrier for the entire family problem, for example, in addiction.

3.3. *The demon Model*

In this model, illness is caused by evil spirits, demons and devils. Here the world is divided into two groups: the world of good spirits, bringing blessings, and the world of evil spirits, bringing calamity. Here, as in Chinese medicine, balance is sought (Yin-Yang). Prayers, alms, etc. are used to cast out the bad spirit. Today some conflicts in partnership, in raising children, racism, wars between nations seem to be determined by this split worldview.

3.4. *The sinner Model*

Illness comes from a disregard for divine norms. If a person does not follow the divine order, he/she will be punished with sickness. This world view of reward and punishment is present in many religions and human relationships. Today the problem of splitting is very relevant, for example on the relationship level. The development of rejection tendencies, aggression, hate, jealousy are fueled. The patient is to blame for his illness.

3.5. *The stigma Model*

Illness is understood here as God's will to be endured and tolerated. Any kind of illness is compared to the suffering of Jesus Christ. Compassion is shown towards those who suffer. There are many Christian groups today who believe that illness is seen as a temptation from God. If a person overcomes this temptation, that person will be accepted by God.

3.6. *The genetic Model*

Diseases can be hereditary. One looks for hereditary characteristics, genetic connections, family analogies, correlations of origin and tribal characteristics. The disease is understood as a transmissible pattern of behavior. As Peseschkian put it, this type of assessment leads to the following: On the one hand, the role that a person can play in a group is determined by the person's alleged genetic behavior. On the other hand, changes in behavior are hardly possible, since they would always have to break through the inherited behavior. Constellation therapy forms, kinesthetically oriented and medical therapies are open to this type of diagnosis.

"When the source of life is purified, the life energies can become healthy."

3.7. *The will Model*

This model is incumbent upon the philosophical movements of existentialism, the Enlightenment, and psychoanalysis. These state that man is a unique, one-off and unmistakable individual. Only he can heal himself. Many psychotherapeutic schools base their healing processes on the will of the patient. Only he /she can conquer his /her illness. Illness is understood here as suppression of the ego, as rejection of the self or as an overpowering external influence. Therefore, the I or the Self must be strengthened. Illness occurs when the superego and id do not give the ego agency. However, such a world view of the development of the disease could overwhelm depressive patients.

3.8. *The medical Model*

Illness is judged on the basis of the formation of symptoms and on the basis of demonstrable, objectifiable causes. The diagnostic procedures are emphasized, only what is clearly discernible in the diagnosis is cured. The science-oriented methods tend to make such assessments of illness. Here, however, Peseschkian criticizes a versatile and holistic view of the development of the disease. Conditions of illness include, but are not limited to, psychosocial factors, eating habits or attitudes towards alcohol, physical activity and nicotine, professional anger, family strife, constant stress, feelings of failure, hopelessness, and feelings of meaninglessness.

"One tries to help someone who has already fallen into the well." Fortunately, different accents are set today in the disease assessment of some specialists.

3.9. *The environmental Model*

Every disease is viewed as a product of the environment. The scapegoat is society, the environment, nature, etc. Here society demands (and promotes the emergence of diseases, e.g., the state demands the sale of cigarettes and alcohol, the emphasis on constant performance, environment-like diseases due to the Environmental pollution (noise, pollution, etc.). Parents who accept this pressure and are, therefore, no longer able to fulfill their parenting responsibilities are seen as the culprits when their children fail.

3.10. *The growth Model*

People's thinking in growth and global categories have had a devastating effect on health and disease. The mega-phenomena allow

people to paint a picture of the world, which is global and powerful on the one hand but which no longer perceives the individual human being on the other hand. Mega stores, mega apartment blocks, etc. are being built all over the cities. The increase in crowds and population concentration in the cities is also alarming. The digital Globalization of information is causing emotional dementia. Thus, there is an increase in the number of unemployed, an increase in poverty and an increase in the problems of the elderly, etc. Of course, this development has important psychological, sociological and financial consequences. In addition to the growing gap between rich and poor, family and environmental problems are enormous. Divorce rates have risen in many industrialized countries, childhood mortality has almost doubled in developing countries, the mass killing of animals and birds for any disease (BSE) is shocking. This tendency leads to new diseases such as burnout syndrome, ADHD (attention deficit and hyper syndrome), Corona, loss of meaning, fear of loss and other diseases such as cultural neurosis, cultural psychosis, xenophobia, criminal exploitation of the weaker in society, etc. (Drewermann, 1991).

Conclusions

In conclusion, the article underscores the significance of the transcultural approach in psychotherapy, particularly as it is manifested in Peseschkian's positive psychotherapy. This approach promotes the understanding and comparison of how different cultures perceive and handle similar problems or conflicts. This transcultural perspective enables the relativization of one's own values, challenges prejudices, and mitigates communication impediments.

Through the exploration of patient-consultant interactions in different settings, such as Dornbirn, Austria, Hong Kong, China, and Okigwe, Nigeria, the author illustrates the diverse understandings and management of illness across cultures. The aim is to enrich the understanding of both patient and consultant when it comes to illness and its treatment, thus advocating for a more holistic and culturally sensitive approach to diagnoses. The author emphasizes the importance of recognizing different cultural conceptions, philosophies, and ideologies in the comprehension of illnesses,

highlighting the necessity for a broad perspective to avoid partial or biased diagnoses.

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