

Understanding of cultural and spiritual issues in clinical psychiatry

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An increasing evidence has associated dimensions of religious involvement with lower rates of psychological distress and psychiatric morbidity. Religious participation is linked to fewer mental symptoms. Culture issues color the clinical presentation, the psychopathology and management of psychiatric disorders ; for example, depression in the Arab World is characterized by more somatic symptoms, less depressed mood, scarcity of wet feelings and less suicide rate. Integrating religious values into the therapeutic technique will serve in several purposes : 1st, it brings the model of psychotherapy closer to the patient's heart and being more acceptable ; 2nd, it gives validity to the technique because it is supported by the words of Allah and 3rd, it gives the patient extra strength to fulfill the commitment to the therapeutic issues. Psychiatry should be framed within a psychosociobiospiritual model and hence psychotherapy must be colored by the Egyptian culture. In listening for cultural issues in patients' history, treatment plans should be assessed and formulated in a manner that reflects understanding of cultural issues, the features that differentiate cultural issues from pathological phenomena should be recognized and providing appropriate techniques that reflect understanding of the patient cultural background should be provided.