Rama Med J 2010; 33: 26-32

Original Articles/นิพนธ์ต้นฉบับ

Talking with Angel by Using Patient-centered Approach: A Case Report of Culture Bound Syndrome from Thailand.

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Abstract

Background: Despite the fact that culture's role in health status is different across cultures and mental illness is not only biology-rooted. The previous edition of DSM-IV classification categorizes "Culture-bound syndrome" as a variant of brief psychotic disorder in non-industrialized countries. Now the DSM-IV recognizes it as a category of psychosocial distress. For many Thai people, "angel" is one of the main beliefs to support spiritual health.

Objective: To use patient-centered approach to detect the culture-bound syndrome in Thailand

Materials and Methods: A case report of a case interviewed by two medical students

Results: A 49-year-old Thai female with non-adherence, poor-controlled DM was home-visited by 2 medical students to assess other health factors. During interviewing, she was found to have a bizarre sign of "little angel presentation" unconsciously while she was emotional. Two medical students tried using patient-centered interviewing with her and her "angel" alternately to understand her views on life. They found that the patient used displacement mechanism to control her own life after long term of family crisis. Since having a "little angle" with her, she feels her life getting much better.

Conclusion: Using patient-centered interviewing can increase detection and understanding of illness across cultures.

Keywords: Patient-centered approach, culture bound syndrome, case report

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Introduction

For many Thai people, "angel" is one of the main beliefs to support spiritual health. However, Thai physicians are trained in westernized medicine and rarely value Thai traditional meaning of health and illness. By using the conventional western medicine categorization, such as the International Classification of Disease-10 (ICD-10) and DSM-IV Classification for the Thais, physicians usually face with uncertainty in diagnosis and treatment. The previous edition of DSM-IV classification categorizes "Culture-bound syndrome" as a variant of brief psychotic disorder in non-industrialized countries. Now the DSM-IV recognizes it as a category of psychosocial distress to enhance its clinical implications for mental health care practitioners throughout the world and cross-cultural applicability[1,2]. In this report we describe a patient with non-adherence to diabetes mellitus treatment and loss follow-up from medical appointment. Two medical students (3rd and 4th author) were assigned to track down this patient and find out the reason of non-adherence. They used patient-centered inter-viewing method to understand patient's world. While inter-viewing, the patient changes unconsciously to be an "angel". The bizarre symptoms could not be categorized in any group of psychiatric disorders, but an example of culture-bound syndrome from Thailand[3].

Objective

To use patient-centered approach to detect the culture-bound syndrome in Thailand

Materials and Methods

A case report of a case interviewed by two medical students

Results: report of a case

A 49-year-old woman, a noodle vender, was asked for her permission to be interviewed by two medical students at her house. Her diagnosis included diabetes mellitus and hypercholesterolemia for approximately 3 years. Her fasting blood glucose was usually more than 200 mg%. Her difficult behaviours were non-adherance to therapy. She was often no-show to medical appointment because of working late at night and inability to fast before coming for blood test in the hospital. Her medications included Metformin, 3,000 mg/day, Glibenclamide, 20 mg/day, Gemfibrozil, 60 mg/day, Aspirin, 80 mg/day, Hydro-chlorothiazide, 25 mg/day, and Atenolol 50 mg/day. She got her hysterectomy for myoma uteri removal 8 years ago. She had no drug allergy, no smoking, nor alcohol use.

Physical examination revealed an anxious, look appropriated to age, moderately obese woman sitting at home. Blood pressure was 140/70 mmHg; heart rate 72 beats per minute and regular; respiratory rate 20/min and unlabored. The cardiac, respiratory, and abdominal findings were unremarkable except the low-midline surgical scar for previous hysterectomy. There was neither diabetic retinopathy nor peripheral neuropathy by examination. No diabetic foot. Neuro-logical signs are unremarkable. Her mental status was unremarkable. There was no visual or tactile hallucination. The psychiatric interview was completed and unremarkable except auditory hallucination which will be shown in the conversation part.

While interviewing her at home, two medical students tried asking about her perception of illness. She thought that she had "got" diabetes, hypertension and hypercholesterolemia "from" her previous operation of hysterectomy. She insisted that she ate things as what physicians recommended. However, she admitted that she forgot her drugs from time to time due to her busy life at night. After being asked about the detail of diet control, she showed that she didn't understand about the diet control advice. For example, she thought that eating sour fruits was not forbidden for diabetes and could be eaten more than 1 kilogram at a time.

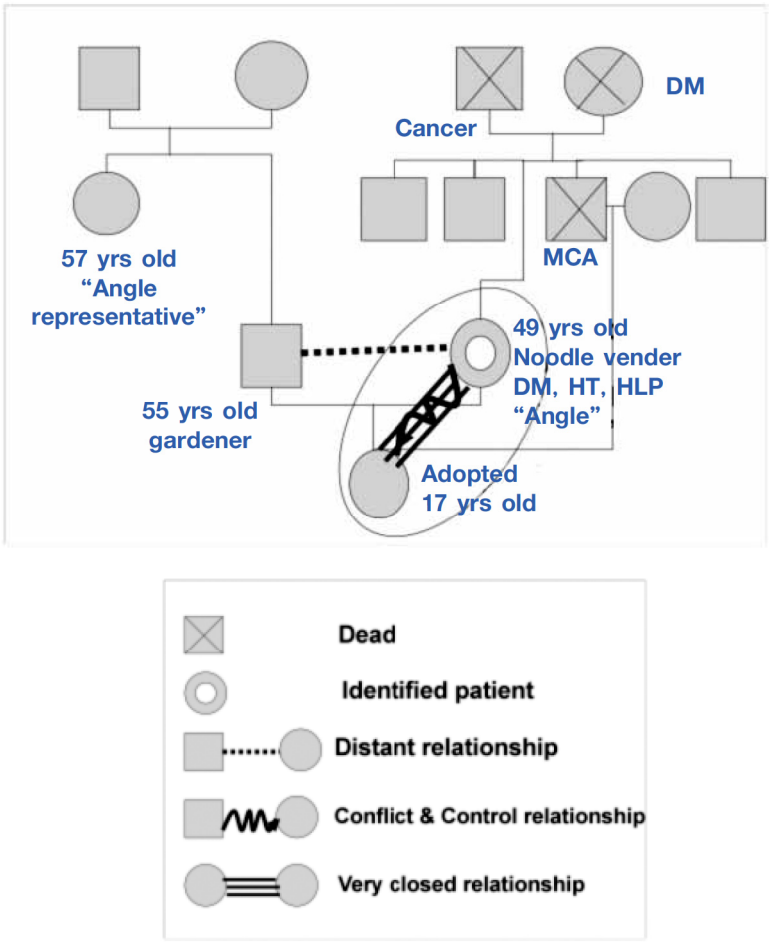

Figure 1. *Patient's personal history shown in Family Tree*

During interviewing the details of her diet and her misconception on diet control, she suddenly told the interviewer that she did not live in this house with only her adopted 17-year-old girl but another friend staying with them. Her friend also loved eating sour fruits and sweetening. However, she only heard her friend's voice without seeing anybody and she was the only one who heard this voice. She had heard this voice since her previous surgery. The voice was from a little "angel", so called "Thep" in Thai, who was 8-year-old girl.

When the interviewers asked about the little angel, she unconsciously changed to the other personality with a child gesture, high-pitch childish talk, and aggressive manner. The interviewers still talked to her by using patient-centered interviewing method to understand the little angel who was in her. The angel told the interviewers that she was an angel for this lady. She would come if this lady called for help and had lived with her for 8 years. They loved each other very much and always helped each other. Whenever this lady was taken advantages by other people, she would come to chase them away. She loved sweet and could eat any things all the time.

The example of conversation is as following.

Medical students: Do you know which diet that you should eat and should not eat as a diabetes patient?

Patient: I know that I should not have all sweet. I just need some sweet and sour fruits such as pineapple and mango when I nearly faint and

sometimes I can't help having a lot of them.

Medical students: I think you should better limit the amount of fruits.

Then the patient suddenly changed her personality unconsciously because she was forced to have diet control as if she was in the hospital or community health center.

Little angel: Ask me out!!! ask me out loud if you want to know anything about me.

Medical students: Are you still my patient?

Little angel: No, I am a little angel who is a friend of your patient. I am here to help her.

Medical students: How can you help her?

Little angel: I help her to remain her beauty since she was diagnosed diabetes 3 years ago. You know..., most diabetes patients are not good-looking anymore, but she is still fine. Many have to cut their legs but she does not.

Doctor: Do you help her in other aspects such as controlling her blood sugar or improving her drug taking?

Little angel: Yes, I always told her to have her medications on time. However, it is still my fault that I like dessert very much, so I force her to have that kind of food.

Doctor: How have her life changed since you were with her?

Little angel: .....

Then the patient returned to her normal characteristics.

Patient: I feel much better having her inside. I get more money from my noodle business and have a better health.

Doctor: Do you know when she is coming?

Patient: It is up to her. She is just 8 years old, so she just does whatever she wants to do.

Two medical students tried using patient-centered interviewing with her and her "angel" alternately to understand her views of life and home-visiting twice. They found that the angel would come unconsciously whenever they asked some questions which disturbing her feeling about poor-controlled disease or any life stresses such as income. Whenever they used patient-centered technique to understand her illness, her idea, or her sufferings of life, the angel disappeared. However, she never had any other psychotic features. From the interviewing, patient told the interviewer that "the little angel accompanies me anywhere especially when going to the hospital and getting bad service from health care personnel. The little angel comes to control me and speak out what I never dare to speak. I cannot resist her power." The patient feels secured by the angel support and her life is getting much better as she said "the little angel brings up my life from zero". She can earn more money, more better family relationship, and having companionship from angel.

Discussion

Modern western medicine took it for grant that mental illness was biology-rooted. It ignored culture's role in health status which was different across cultures. The previous edition of DSM-IV classification categorized "Culture-bound syndromes" (CBSs) as a variant of brief psychotic disorder in non-industrialized countries. The new edition of the DSM-IV classification categorizes it in other psychotic disorder. This syndrome shows specific arrays of behavioral and experiential phenomena that tend to present themselves preferentially in particular socio-cultural contexts and that are readily recognized as illness behavior by most participants in that culture. The syndromes are commonly assigned culturally sanctioned explanations and interpretations that usually in the form of healing rituals[4]. Many of these patterns are indigenously considered to be "illnesses", or at least afflictions[5]. Most of them have local names and demonstrates different symptoms depending on the areas. For example, "Koro" in China and Malaysia refers to an episode of sudden and intense anxiety

that the penis will recede into the body and possibly cause death. Another syndrome, so called, "Piblokto" is observerd primarily in Arctic and subarctic Eskimo communities refers to an abrupt dissociative episode accompanied by extreme excitement of up to 30 minutes of duration and frequently followed by convulsive seizures and coma lasting up to 12 hours. The symptoms of this patient can be matched to "spell" which is a trance state in which persons communicate with relatives of spirits. At times the state is associated with brief periods of personality change[6]. For Thai culture, there are many traditional beliefs on spiritual support. The "Angel" is one of spiritual support for the Thais. It has different names and presentations such as "Thep" or "Ao-ung", the holy spirits comes to life whenever the individual confronts with crisis. "Angel representatives", another presentation of "angel" in one person can sometimes help others in the community to confront with their crisis; "Ghost", the spirit of dead person appears to transfer some message to the living ones, etc. For this case report, her bizarre symptoms resembled a brief psychosis in DSM-IV. However, the criteria are not fulfilled because it comes and goes during the conversation. For brief psychosis, the episode of symptoms has to last at least 1 day as shown in Figure 2. Another possible differential diagnosis is Dissociative Identity Disorder due to the change of personality from one person to another in this patient. However, the little angel was the separated personality from the patient as she could hear her voice and felt that she was another person in the same house. This is not likely to be Dissociative Identity Disorder as the little angel was not patient's identity or personality.

A. Presence of one (or more) of the following symtoms
   (1) Delusions
   (2) Hallucinations
   (3) Disorganized speech (e.g., frequent derailment or incoherence)
   (4) Grossly disorganized or catatonic behavior
   Note: Do not include a symptom if it is a culturally sanctioned response pattern.

B. Duration of an episode of the disturbance is at least 1 day but less than 1 month, with eventual full return to pre-morbid level of functioning.

C. The disturbance is not better accounted for by a mood disorder with psychotic features, schizoaffective disorder, or schizophrenia and is not due to the direct physiological effects of a substance or a general medical condition.

Figure 2. *DSM-IR-TR Diagnostic Criteria for Brief Psychotic Disorder*[7]

A. The presence of two or more distinct indentities or personality states (each with its own relatively enduring pattern or perceiving, relating to, and thinking about the environment and self)

B. At least two of these indentities or personality states recurrently take control of the person's behavior.

C. Inability to recall important personal information that is too extensive to be explained by ordinary forgetfulness.

D. The disturbance is not due to the direct physiological effects of a substance or a general medical condition.

Figure 3. *DSM-IV-TR Diagnostic Criteria of Dissociative Disorder*[7]

In addition, when she became the little angel, she still remembered her own personal information which is not correlated with criteria C for Dissociative Disorder as shown in Figure 3. Therefore, it is more appropriate to be a case of culture-bound syndrome namely "spell".

Diabetes mellitus is a common chronic disease of Thai people as well as around the world. There are many factors influenced the disease control, such as diet control, drug compliance, exercise, family support, and etc. The most important thing that influences the disease control is the patient perception of disease which varies across culture. Many Thai physicians are facing hard work to manipulate the chronically ill patient to change their behaviors and get the better control of their diseases. After using patient-centered interviewing method, physician can understand patient's life better. It seems that the "little angel" comes to advocate and free her remaining life from furthermore stress. Since having the "little angel" with her, she feels more control in her life and can pass on any unbearable situation. The treatment for this patient is not only prescribing for medications or advising for diet control, but also understanding her feeling and meaning of life by talking to her "little angel". After understanding patient's sufferings through the angel, physicians can empathize this patient and allow her to communicate her life stress verbally. At first, physicians could use patient-centered interviewing method to understand both patient and her angel. Then physician can facilitate the linkage between her angel and her reality of life gradually by using basic communication skills and cognitive therapy. By understanding her belief system of angel support, physician do not need to explain or convince her by scientific reasoning scheme that her angel is only her imaginary and displacement mechanism of coping stress. "The angel" may be the only one hope that is real for her life. When hope comes, her life can go on and be changed.

Conclusion

Using patient-centered interviewing can increase detection and understanding of illness across cultures. The diagnosis of "Culture-bound syndromes" is therefore useful to raise physician's awareness of locality meaning of illness which is not in the conventional disease classification. Therefore, culture-bound syndrome should be further reported and studied in Thailand.

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Original Articles/นิพนธ์ต้นฉบับ

การรายงานผู้ป่วยที่มีกลุ่มอาการเกี่ยวข้องกับวัฒนธรรม ด้วยอาการ "มีองค์" โดยใช้หลักการการสัมภาษณ์แบบให้ผู้ป่วยเป็นศูนย์กลาง

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บทคัดย่อ

บทนำ: โดยทั่วไปการเจ็บป่วยทางจิตมักมีสาเหตุอื่นๆนอกเหนือไปจากสาเหตุทางชีวภาพ วัฒนธรรมเป็นสาเหตุหนึ่งที่มีผลกับความเจ็บป่วยของผู้ป่วยเนื่องจากมีผลทางจิตใจในเรื่องความเชื่อ ปัจจุบัน DSM-4 ถือว่ากลุ่มอาการเกี่ยวข้องกับวัฒนธรรม (Culture-Bound Syndrome) เป็นกลุ่มอาการทางจิตสังคมของผู้ป่วย สำหรับผู้ป่วยไทยพบว่ามีกลุ่มอาการที่เกี่ยวข้องกับการ "มีองค์" ได้บ่อยเนื่องจากความเชื่อเรื่องเกี่ยวกับจิตวิญญาณ

จุดประสงค์: แสดงให้เห็นการใช้หลักการสัมภาษณ์แบบให้ผู้ป่วยเป็นศูนย์กลางเพื่อวินิจฉัยกลุ่มอาการที่เกี่ยวข้องกับวัฒนธรรมในประเทศไทย

วิธีการวิจัย: การรายงานผู้ป่วยที่ได้รับการสัมภาษณ์โดยนักศึกษาแพทย์ 2 คน (A case report)

ผลการวิจัย: ผู้ป่วยหญิงไทยโสดอายุ 49 ปี เป็นผู้ป่วยโรคเบาหวานที่ควบคุมระดับน้ำตาลได้ไม่ดีได้รับการเยี่ยมบ้านโดยนักศึกษาแพทย์ 2 คนเพื่อประเมินภาวะทางสุขภาพ ระหว่างการสัมภาษณ์ ผู้ป่วยมีภาวะ "มีองค์" โดยมีเทพที่เป็นเด็กอยู่ในตัวผู้ป่วย และเสียงของผู้ป่วยเปลี่ยนไปเป็นเสียงเด็กสลับไปมากับเสียงผู้ป่วย นักศึกษาแพทย์ทั้ง 2 คน พยายามใช้หลักการการสัมภาษณ์ผู้ป่วยแบบให้ผู้ป่วยเป็นศูนย์กลางและทำความเข้าใจทั้งผู้ป่วย มุมมองต่อชีวิตของผู้ป่วยและการปรากฏของ "เทพเด็ก" ที่มาช่วยเหลือเมื่อผู้ป่วยมีวิกฤติปัญหาในชีวิต

สรุป: การใช้หลักการสัมภาษณ์แบบให้ผู้ป่วยเป็นศูนย์กลางสามารถทำให้พบปัญหาที่แท้จริงของผู้ป่วยและเข้าใจปัญหาทางจิตสังคมของผู้ป่วยที่มีพื้นฐานความเชื่อทางวัฒนธรรมร่วมด้วย

คำสำคัญ: การตรวจแบบให้ผู้ป่วยเป็นศูนย์กลาง, กลุ่มอาการที่เกี่ยวข้องกับวัฒนธรรม, การรายงานผู้ป่วย

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