• Phenomenology
• Intentionality
• Reification

Culture and Clinical Reality
Clinical Reality – the cognitive construction of reality in a clinical setting

Four ways Culture Affects Clinical Reality
1. Culture based subjective experience
2. Culture based idioms of distress
3. Culture based diagnoses
4. Culture based treatments
5. Culture based outcomes

• **Culture based subjective experience** –

  Culture dictates how we experience a problem, even to the point of defining it as a problem or not. Is it good or bad, how will it affect our life and those around us. How we feel about ourselves in relation to the problem.
• **Culture based idioms of distress**
  How we express the problem to others through physical behavior and words.

• **Culture based diagnoses**
  In the making of a diagnosis the clinician must be aware and sensitive to the culture of the person presenting the problem. If using a diagnosis that is inconsistent with the cultural background of the individual, the diagnosis may be meaningless to the patient.
• **Culture based treatment**
  Treatment must be understandable to the patient and in line or accord with his/her understanding of the problem. Otherwise, non-compliance will occur because the patient will not believe or “buy into” the treatment plan the clinician has so carefully crafted.

• **Culture based outcomes**
  What the patient expects to occur as a result of the treatment. Including personal consequences, social consequences, remediation of symptoms permanently or temporarily, etc
Four Ways Mental Illness Has Meaning

1. Symptom as symptom
2. Cultural Significance
3. Personal and Social Meanings
4. Explanatory Models

1. Symptom as symptom

- Cognizing something as a symptom
2. Cultural Significance

- Meanings put onto the mentally ill person by the surrounding society

3. Personal and Social Meanings

- Interpersonal and social life of the mentally ill person
4. Explanatory Models

• The set of cultural schemas that explain the cause of mental illness