Where Do Religion and Spirituality Appear in DSM-5-TR (2022)?

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Outline

- Cultural and Social Structural Issues in DSM-5-TR
  - Section I: Introduction
  - Section II: Diagnostic Criteria and Codes
  - Section III: Emerging Measures and Models
    - Outline for Cultural Formulation (OCF)
    - Cultural Formulation Interview (CFI)

DSM-5-TR

- Section I DSM-5 Basics: Introduction
  - Cultural and Social Structural Issues
  - Impact of Cultural Norms and Practices
  - Cultural Concepts of Distress
    - Cultural idiom of distress
    - Cultural explanation or perceived cause
    - Cultural syndrome
  - Impact of Racism and Discrimination on Psychiatric Diagnosis
    - Attention to Culture, Racism, and Discrimination in DSM-5-TR
    - Sex and Gender Differences

Impact of Racism and Discrimination on Psychiatric Diagnosis

- “Race is a social, not a biological, construct.”
- “The social process by which specific categories of identity are constructed on the basis of racial ideologies and practices is termed racialization.”
- “Racialized identities are important because they are strongly associated with systems of discrimination, marginalization, and social exclusion. Other aspects of identity, including ethnicity, gender, language, religion, and sexual orientation, may also be the focus of stereotyping that can affect the process of diagnostic assessment.”

Disclosures/Contact Information

- Francis Lu has no financial relationship with products and organizations mentioned in this presentation.
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### Section II: Diagnostic Criteria and Codes

- Disorder narrative sections for some disorders:
  - Culture-Related Diagnostic Issues
  - Sex- and Gender-Related Diagnostic Issues
- Other Conditions that May Be Focus of Clinical Attention (Z codes)

### DSM-5-TR

- Most disorder narrative texts were updated with about 3/4s having significant revisions. Text sections most extensively updated are:
  - Prevalence
  - Risk and Prognostic Factors
  - Culture-Related Diagnostic Features
  - Sex- and Gender-Related Diagnostic Features
  - Association With Suicidal Thoughts or Behavior
  - Comorbidity

### Culture-Related Diagnostic Features

- Information on variations in symptom expression, attributions for disorder causes or precipitants, and factors associated with differential prevalence across demographic groups.
- Prevalence data on specific ethnoracial groups when existing research documented reliable estimates based on representative samples.
- Cultural norms that may affect the level of perceived patholoy.
- Attention to the risk of misdiagnosis when evaluating individuals from socially oppressed ethnoracial groups.

### Religion

- Alcohol Intoxication
- Avoidant/Restrictive Food Intake Disorder
- Brief Psychotic Disorder
- Depersonalization/Derealization Disorder
- Other Hallucinogen Use Disorder
- Sexual Masochism Disorder
- Schizotypal Personality Disorder
- Sexual Disorders
- Obsessive-Compulsive Disorder
- Schizophrenia

### Religion: Key Features that Define the Psychotic Disorders

- “Some religious and supernatural beliefs... may be viewed as bizarre and delusional in some cultural contexts but may be generally acceptable in others.” (p. 101)
- “Hallucinations may be a normal part of religious experience in certain cultural contexts.” (p. 102)

### Spirituality

- Obsessive-Compulsive Disorder
- Depersonalization/Derealization Disorder
- Nightmare Disorder
- Sexual Masochism Disorder
- Prolonged Grief Disorder
- PTSD
Other Conditions That May Be a Focus of Clinical Attention (Z codes)

• "This chapter includes conditions and psychosocial or environmental problems that may be a focus of clinical attention or otherwise affect the diagnosis, course, prognosis, or treatment of an individual's mental disorder. These conditions are presented with their corresponding codes from ICD-10-CM (usually Z codes). A condition or problem in this chapter may be coded 1) if it is a reason for the current visit; 2) if it helps to explain the need for a test, procedure, or treatment; 3) if it plays a role in the initiation or exacerbation of a mental disorder; or 4) if it constitutes a problem that should be considered in the overall management plan."

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Other Conditions That May Be a Focus of Clinical Attention (Z codes)

• Suicidal Behavior and nonsuicidal self-injury
• Abuse and Neglect
• Relational Problems
• Educational Problems
• Occupational Problems
• Housing Problems
• Economic Problems
• Problems Related to the Social Environment
• Problems Related to Crime or Interaction with the Legal System

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Resources


Problems Related to the Social Environment

Z60.4 Social Exclusion or Rejection
- "This category may be used when there is an imbalance of social power such that there is recurrent social exclusion or rejection by others. Examples of social rejection include bullying, teasing, and intimidation by others; being targeted by others for verbal abuse and humiliation; and being purposefully excluded from the activities of peers, workmates, or others in one's social environment."

V62.4 Target of (Perceived) Adverse Discrimination or Persecution
- "This category may be used when there is perceived or experienced discrimination against or persecution of the individual based on his or her membership (or perceived membership) in a specific category. Typically, such categories include gender or gender identity, race, ethnicity, religion, sexual orientation, country of origin, political beliefs, disability status, caste, social status, weight, and physical appearance.

V62.89 Religious or Spiritual Problem
- "This category can be used when the focus of clinical attention is a religious or spiritual problem. Examples include distressing experiences that involve loss or questioning of faith, problems associated with conversion to a new faith, or questioning of other spiritual values which may not necessarily be related to an organized church or religious institution."

Example of Stressors: Religious and Spiritual Struggles (Pargament and Exline, 2022)
- Divine Struggles
  - Anger toward God
  - Concern about divine punishment
- Struggles with Doubt
  - Facing moral imperfection
  - Spiritual questions and doubts
- Interpersonal Struggles
  - Disagreements about religious issues
  - Offenses by members of religious groups

Example of Stressors: Religious and Spiritual Struggles (Pargament, K. et. al.)
- Demonic Struggles
  - Concern about the devil or evil spirits attacking an individual or causing negative events
- Struggles of Ultimate meaning
  - Concern about not perceiving ultimate meaning in one's life
- Moral Struggles
Rationale
(Lukoff, Lu, and Turner, 1992)

• Improve diagnostic assessments when religious and spiritual issues are involved
• Reduce iatrogenic harm from misdiagnosis of psychoreligious and psychospiritual problems

Rationale
(Lukoff, Lu, and Turner, 1992)

• Improve treatment of such problems by stimulating clinical research
• Encourage clinical training centers to address the religious and spiritual dimensions of human existence

DSM-5-TR
Section III: Emerging Measures and Models
Culture and Psychiatric Diagnosis

• Outline for Cultural Formulation (OCF): revised from DSM-IV (Appendix i) and DSM-5
• Cultural Formulation Interview (CFI): new in DSM-5, unchanged in DSM-5-TR
• Cultural Concepts of Distress section now includes 10 examples. (replaced DSM-5 Glossary of Cultural Concepts of Distress)

DSM-5-TR Outline for Cultural Formulation
A. Cultural identity of the individual
B. Cultural concepts of distress
C. Psychosocial stressors and cultural features of vulnerability and resilience
D. Cultural features of the relationship between the individual and the clinician, treatment team, and institution
E. Overall cultural assessment

DSM-5-TR Cultural Formulation Interview
Patient and Informant core versions
16/17 questions each to help obtain information for the OCF

• 12 Supplementary Modules
  (www.DSM5.org)
  - Cultural Identity
  - Explanatory Model
  - Coping and Help-Seeking
  - Psychosocial Stressors
  - Social Network
  - Caregivers
  - Level of Functioning
  - Patient-Clinician Relationship
  - School-Age Children and Adolescents
  - Older Adults
  - Religion, Spirituality, and Moral Traditions
  - Immigrants and Refugees

Cultural Formulation Interview (CFI)
Instructions to the Interviewer, Participant, and Caregiver

1. Before beginning the interview, please read the following questions:
   a. How do you describe the problem that the patient...?
   b. What does the patient...?
   c. How does the patient...?

2. After completing the interview, please write down the following information:
   a. The patient's history of the problem...
   b. How does the patient...?
   c. How does the patient...?
   d. What are the patient's thoughts about the problem...?

3. Finally, please summarize the patient's views of the problem...
CULTURAL DEFINITION OF THE PROBLEM
1. What brings you here today?
2. Sometimes people have different ways of describing their problem to their family, friends, or others in their community. How would you describe your [PROBLEM] to them?
3. What troubles you most about your [PROBLEM]?

CULTURAL PERCEPTIONS OF CAUSE, CONTEXT, AND SUPPORT
Causes
4. Why do you think this is happening to you? What do you think are the causes of your [PROBLEM]?
5. What do others in your family, friends, or others in your community say are the causes of your [PROBLEM]?

OCF B: Cultural Concepts of Distress in DSM-5-TR
• “Describe the cultural constructs that influence how the individual experiences, understands, and communicates his or her symptoms or problems to others. These constructs include cultural idioms of distress, cultural explanations or perceived causes, and cultural syndromes [defined in Section I]. The level of severity and meaning of the distressing experiences should be assessed in relation to the norms of the individual’s cultural background. Priority symptoms, perceived seriousness of the illness, the level of associated stigma, and anticipated outcomes are all relevant.”

OCF B: Cultural Concepts of Distress in DSM-5-TR
• “Elicit the individual’s and family’s or friends’ help-seeking expectations and plans, as well as patterns of self-coping and their connection to the individual’s cultural concepts of distress, including past help-seeking experiences. Assessment of coping and help-seeking patterns should consider the use of professional as well as traditional, alternative, or complementary sources of care.”

Cultural Concepts of Distress
• Relevance for Diagnostic Assessment
• Examples of Cultural Concepts of Distress
  – “Clinicians need to familiarize themselves with individuals’ cultural concepts of distress to understand individuals’ concerns and facilitate accurate diagnostic assessment.”
  – Ten examples are described.
    • Hikikomori was added in DSM-5-TR.

Ten Examples
Includes description, related conditions in DSM-5-TR, related conditions in other cultural contexts, and sometime prevalence/distribution

<table>
<thead>
<tr>
<th>Concept</th>
<th>Main Type</th>
<th>Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ataque de nervios</td>
<td>Cultural syndrome</td>
<td>Latin America</td>
</tr>
<tr>
<td>Dhat syndrome</td>
<td>Cultural syndrome</td>
<td>South Asia</td>
</tr>
<tr>
<td>Khyal cap</td>
<td>Cultural syndrome</td>
<td>Cambodia</td>
</tr>
<tr>
<td>Kunfungisisa</td>
<td>Idiom of distress</td>
<td>Zimbabwe</td>
</tr>
<tr>
<td>Mokol mokol</td>
<td>Explanation of distress</td>
<td>Haiti</td>
</tr>
<tr>
<td>Nervios</td>
<td>Idiom of distress</td>
<td>Latin America</td>
</tr>
<tr>
<td>Shinzyng shiyanus</td>
<td>Cultural syndrome</td>
<td>China</td>
</tr>
<tr>
<td>Taijitu</td>
<td>Explanation of distress</td>
<td>East Asia</td>
</tr>
<tr>
<td>Hikikomori</td>
<td>Cultural syndrome</td>
<td>Japan/Korea</td>
</tr>
<tr>
<td>Hikikomori</td>
<td>Cultural syndrome</td>
<td>Japan</td>
</tr>
</tbody>
</table>
Recommended Book as a Cautionary Tale


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CULTURAL PERCEPTIONS OF CAUSE, CONTEXT, AND SUPPORT

6. Are there any kinds of support that make your [PROBLEM] better, such as support from family, friends, or others?

7. Are there any kinds of stresses that make your [PROBLEM] worse, such as difficulties with money, or family problems?

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OCF C: Psychosocial stressors and cultural features of vulnerability and resilience in DSM-5-TR

- "Identify key stressors, challenges, and supports in the individual’s social environment (which may include both local and distant events). These include social determinants of the individual’s mental health such as access to resources (e.g., housing, transportation) and opportunities (e.g., education, employment); exposure to racism, discrimination, and systemic institutional stigmatization; and social marginalization or exclusion (structural violence)."

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Potential psychosocial stressors/supports

- Interpersonal relationships [Local]
  - Religion, spirituality, moral traditions
  - Family
  - Social network
- Other Conditions that May be a Focus of Clinical Attention (Z codes)
- Social determinants of mental health
  - Local by geography or time
  - Distant by geography or time

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Supplementary Module: Religion, Spirituality, and Moral Traditions

- Religious, spiritual, and moral identity
- Roles in everyday life: Practices/rituals/ceremonies individually, with family, and with faith leaders and communities
- Relationship with the problem: How has these practices/rituals/ceremonies helped with coping with the problem?
- Potential stresses or conflicts
Family

- Who is in the family? Use a genogram
  - Nuclear family
  - Extended family
- Family characteristics
  - Ethnicity
  - Immigration and acculturation
  - Social class
  - More characteristics and how they intersect

Culturally related strengths and supports: Personal strengths
(Pamela Hays, 2022)

- Pride in one’s culture
- Religious faith or spirituality
- Artistic and musical abilities
- Bilingual and multilingual skills
- Group-specific social skills
- Sense of humor
- Culturally related knowledge and skills
- Culture-specific beliefs that help one cope
- Respectful attitude toward the natural environment
- Commitment to helping one’s own group through social action
- Wisdom from experience

Culturally related strengths and supports: Interpersonal supports

- Extended families, including non-blood-related kin
- Cultural- or group-specific networks
- Religious communities
- Traditional celebrations and rituals
- Recreational, playful activities
- Storytelling activities that make meaning and pass on history of the group
- Involvement in political or social action group
- A child who excels in school

Culturally related strengths and supports: Environmental conditions

- An altar in one’s home or room to honor deceased family members and ancestors
- Space for prayer and meditation
- Culture-specific art and music
- Foods related to cultural preferences
- Cooking and eating
- Caring for animals
- Access to outdoors for gardening, subsistence or recreation
- Communities that facilitate social interaction by location or design

Recommended Books on Stressors and Supports


McGoldrick M et. al. (eds.). Ethnicity and Family Therapy, 3rd ed. New York: Guilford Press, 2005

CULTURAL PERCEPTIONS OF CAUSE, CONTEXT, AND SUPPORT

Role of cultural identity

Sometimes, aspects of people’s background or identity can make their [PROBLEM] better or worse. By background or identity, I mean, for example, the communities you belong to, the languages you speak, where you or your family are from, your race or ethnic background, your gender or sexual orientation, or your faith or religion.

8. For you, what are the most important aspects of your background or identity?
CULTURAL PERCEPTIONS OF CAUSE, CONTEXT, AND SUPPORT

Role of cultural identity

9. Are there any aspects of your background or identity that make a difference to your [PROBLEM]?

10. Are there any aspects of your background or identity that are causing other concerns or difficulties for you?

OCF Part A: Cultural identity of the individual (DSM-IV)

- “Describe the individual’s racial, ethnic, or cultural reference groups”
- “For immigrants and racial or ethnic minorities, degree of involvement with both the culture of origin and the host or majority culture”
- “Language abilities, preferences, patterns of use…”

OCF Part A: Cultural identity of the individual (added in DSM-5)

- “Other clinically relevant aspects of identity may include religious affiliation, socioeconomic background, personal and family places of birth and growing up, migrant status, and sexual orientation.”

OCF A: Cultural identity of the individual in DSM-5-TR

- “Describe the individual’s demographic (e.g., age, gender, ethnic/racial background) or other socially and culturally defined characteristics that may influence interpersonal relationships, access to resources, and developmental and current challenges, conflicts, or predicaments.

OCF A: Cultural identity of the individual in DSM-5-TR

- “For migrants, the degree and kinds of involvement with both the cultural contexts of origin and the new cultural contexts should be noted. Similarly, for individuals who identify with racialized and ethnic groups, the degree of interaction and identification with their own group and other segments of society should be noted. Language abilities, preferences, and patterns of use are relevant for identifying difficulties with access to care, social integration, and clinical communication or the need for an interpreter.”

“Addressing” Framework

- Age and generational influences
- Developmental or other
- Disabilities
- Religion and spirituality
- Ethnic and racial identity
- SES/social class
- Sexual orientation
- Indigenous heritage
- National origin
- Gender

Source: Hays, 2022
Intersectionality of Cultural Identity Variables with Health Beliefs and Environment
(www.thinkculturalhealth.hhs.gov)

Cultural identity: Why is it important to understand for clinical care?
- Cultural identity is related to:
  - Cultural concepts of distress including health beliefs and practices
  - Psychosocial stressors and supports in the person’s life
  - Cultural features of the relationship with the healthcare provider

Cultural identity can be a potential source of stress or support
- Intrapsychic: Cultural identity conflict
  - Ethnicity, acculturation, and biculturality
  - Sexual orientation
  - Religious identity
- Interpersonal relationships with family and social network
- Social: Discrimination, war, migration, etc.

CULTURAL FACTORS AFFECTING SELF-COPING AND PAST HELP SEEKING

Self-Coping
11. Sometimes people have various ways of dealing with problems like your [PROBLEM]. What have you done on your own to cope with your [PROBLEM]?

Past Help Seeking
12. Often, people look for help from many different sources, including different kinds of doctors, helpers, or healers. In the past, what kinds of treatment, help, advice, or healing have you sought for your [PROBLEM]?
   What types of help or treatment were most useful? Not useful?

CULTURAL FACTORS AFFECTING SELF-COPING AND PAST HELP SEEKING

Barriers
13. Has anything prevented you from getting the help you need?
   For example, money, work or family commitments, stigma or discrimination, or lack of services that understand your language or background?

Help-seeking preferences
14. What kinds of help do you think would be most useful to you at this time for your [PROBLEM]?
15. Are there other kinds of help that your family, friends, or other people have suggested would be helpful for you now?
OCF B: Cultural Concepts of Distress

- “Assessment of coping and help-seeking patterns should consider the use of professional as well as traditional, alternative, or complementary sources of care.”

Help-seeking behavior and Treatment pathways: Past history and current expectations of care

- None
- Primary care
- CAM or indigenous healing practices
- Religious/spiritual healer
- Mental health (See CFI #11-15)

Examples of treatment pathways involving CAM or indigenous healing practices - 1

- Alternative medical systems: ayurveda, homeopathy, naturopathy, acupuncture, cupping, and coining.
- Mind-body interventions: meditation, hypnosis, dance/music/art therapy, prayer, and mental healing (e.g., shamanism).

Examples of treatment pathways involving CAM or indigenous healing practices - 2

- Biologically-based therapies: herbal therapies, diets, and vitamins.
- Manipulative and body-based methods: osteopathic manipulations, chiropractic, and massage therapy.
- Energy therapies: such as qi gong, reiki, therapeutic touch, and magnets.

CULTURAL FACTORS AFFECTING SELF-COPING AND PAST HELP SEEKING

Clinician-Patient Relationship

Sometimes doctors and patients misunderstand each other because they come from different backgrounds or have different expectations.

16. Have you been concerned about this and is there anything that we can do to provide you with the care you need?
OCF D: Cultural features of the relationship between the individual and the clinician, treatment team, and institution in DSM-5-TR

- "Identify differences in cultural background, language, education, and social status among other aspects of identity between an individual and clinician (or the treatment team and institution) that may cause difficulties in communication and may influence diagnosis and treatment. Considering the ways that individuals and clinicians are positioned socially and perceive each other in terms of social categories may influence the assessment process."

Step 1: Understand the cultural identity of the clinician through self-reflection

- Be aware of and understand one’s own personal and professional cultural identity development.
- Be aware of biases and limitations of knowledge and skills that might affect the clinical encounter.

Step 2: Compare the cultural identity of the patient to that of the clinician

- Compare cultural identity variables looking for both differences and similarities.
- Go beyond a categorical approach to understanding of self-construal of identity.
- Consider the context of the encounter.
- Look for problems in the clinical encounter, assessment and treatment that might arise from either differences or similarities.

Step 3: Assess the cultural features of the relationship

- Respect, degree of intimacy, rapport, and empathy
- Communication
  - verbal including limited English proficiency
  - non-verbal
  - health literacy
- Eliciting symptoms and history gathering
- Dealing with stigma and shame
- Transference and Counter-transference

Biases: Intended/Conscious/Explicit or Unintended/Unconscious/Implicit

- Racism
- Bias against immigrants/refugees
- Sexism
- Classism
- Ageism
- Homophobia
- Religion/spirituality
- Other biases
Step 4: What would help the clinician to provide optimal care?
• Cultural identity matches and/or
• Increased knowledge/skills concerning:
  • Race/Ethnicity
  • Gender
  • Migration/acculturation
  • Language
  • Sexual orientation
  • Socioeconomic status
  • Religion/Spirituality and more

Cultural features of the relationship
• Between patients and clinicians
• Between trainees and supervisors
• Between supervisors and patients
• Between patients and the treatment team and institution

OCF E: Overall cultural assessment in DSM-5-TR
“Summarize the implications of the components of the cultural formulation identified in earlier sections of the Outline for the differential diagnosis of mental disorders and other clinically relevant issues or problems, as well as appropriate management and treatment intervention.”

Differential diagnosis: Issues
• We want to make an accurate and complete diagnosis by having a complete differential diagnosis.
• Misdiagnosis can lead to mistreatment due to:
  – Misunderstanding cultural idioms of distress/syndromes/explanatory models/coping and help-seeking.
  – Inadequate relationship to gather history
  – Clinician bias, stereotyping, clinical uncertainty

Differential diagnosis: Issues
• Review Culture-Related and Sex-Gender-Related Diagnostic Issues sections
  – Differential diagnosis issues for both phenomena and disorders
  – Prevalence may vary by culture/gender
  – Course and outcome may vary by culture/gender
• Review and add Z codes that map to social determinants of mental health so they can be addressed in the treatment plan.

Treatment planning - 1
• Process
  – Negotiate and manage a treatment plan to maximize adherence/compliance
• Content
  – Biological
  – Psychological
  – Sociocultural
Treatment planning - 2

Biological
- Medication pharmacodynamics and pharmacokinetics may vary due to:
  - Genetics related to race/ethnicity, gender
  - Age
  - Environment: Diet, smoking, pollution, etc.
  - Interaction with herbal medications
- Medication adherence/compliance strategies
- Medication combined with other biological approaches such as acupuncture?

Psychotherapy
- Respect patient/family expectations
  - "Be the Tiger Balm oil at the first interview." - Evelyn Lee, EdD.
- Family vs. Individual vs. Group Rx
- Supportive vs. CBT vs. Insight-oriented
- What cultural modifications in therapy would help?
- What therapist characteristics would facilitate/hinder treatment?

Treatment planning - 4

Sociocultural Approaches
- Utilize cultural strengths/address cultural stressors:
  - Family
  - Spiritual/religious beliefs/practices
  - Social network
- Address social determinants of mental health through structural competency.
  (Hansen and Metzl, 2019)

Books for Further Learning
- DSM-5-Text Revision (2022)

Resources
- Society for the Study of Psychiatry and Culture www.psychiatryandculture.org
- WPA
  - Transcultural Psychiatry section
  - Religion, Spirituality, and Psychiatry section
- Transcultural Psychiatry journal
- DEIA Resource list (Lu)
  - Google “ADMSEP DEIA”