Gender, Culture, & Schizophrenia: Sociocultural Influences on the Presentation & Experience of Psychosis
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Objective
Many medical disorders present differently in men and women, for reasons that are both biological and cultural. Schizophrenia has been widely acknowledged to present equally across genders, with negligible differences in the lifetime prevalence of the disorder. However, this does not mean that schizophrenia is exempt of gender differences. Sociocultural disparities for gender and racial minorities have a drastic influence on psychosis. This study sought to examine the ways each patient’s gender and culture impacted their experiences with mental illness.

Methods
In-depth qualitative interviews were conducted with 20 participants diagnosed with schizophrenia or schizoaffective disorder. All interviews were transcribed verbatim and are currently undergoing qualitative thematic analysis.

Introduction
Downstream Effects of Gender & Culture
Today, schizophrenia is widely believed to be caused by a genetic sensitivity to environmental triggers that leads to a rise in psychotic symptoms. Because gender and culture are a large part of this experience, minority groups often present differently with psychotic symptoms and have vastly different experiences before and after being diagnosed with a mental illness. Our research seeks to understand the intricacies of these experiences, compiling stories from patients of various genders and cultural backgrounds to answer a looming question in psychosocial research: How can a person’s gender and culture directly impact their experiences with mental illness?

Gender Differences
While the prevalence of schizophrenia is equal for men and women, the experience of the disorder is different on several levels. The most notable of these differences is the age of onset for the disorder, seen as 15 years later for schizophrenia in men compared to women. Women are more likely to develop symptoms of psychosis following adverse life events (Sham 1994). In contrast, female patients report higher levels of comfort when treated by a doctor of their same gender or cultural background.

Cultural Differences
Schizophrenia has been observed in all cultures around the world, with a base diagnostic prevalence of 1% worldwide. However, the incidence of schizophrenia is notably higher in racial and ethnic minorities. In the US alone, African-Americans are 2-3 more likely to be diagnosed with schizophrenia (Bresnahan 2014). The map pictured here shows the global impact of schizophrenia. This burden is measured in disability adjusted life years (DALYs), as reported in a 2004 WHO study. In African-American and Middle-Eastern countries, schizophrenia is the 6th leading cause of years lived with disability, (WHO 2004) With respect to cultural differences, discrimination has been shown to increase an individual’s risk of developing schizophrenia. With the current raced tensions in the US alone, it is clear that adversity and persecution are a direct cause of long-term stress, which has been shown to further the dysregulation of dopamine in cases of psychosis. (Schizophrenia Research Forum 2009)

Results
Triggers vs. Innate Symptoms
These participants describe experiencing some level of symptomology throughout their childhoods, prior to any formal diagnosis. Participants who describe having “always had schizophrenia.”

1. TRIGGERED
2. INNATE

That could have been why, later on, I had symptoms—because of the abuse I had been through. (I) think a lot of it had to do with what I’d been through in the past.

Several participants mentioned feeling more comfortable around a certain psychiatrist because they shared the same race, gender, or cultural background. Psychiatrist preference may relate directly to the effectiveness of treatment, as participants discussed in what ways they felt they were or were not helped by their doctor.

If they’re a Haitian, and they’re Haitian, usually they’d want the Haitian doctor. (I) went to the Haitian doctor and explained to her what was happening to me (with my medication). I’m going through a lot, and then she just prescribed me a different medicine. I didn’t do much talk with the American doctor.

We would see Mark, and then I would see Diana. They would alternate. (And) finally, I talked to Diana. I said, ‘I know, I feel like I can talk to you—you know, I’re a nurse, but I’m wondering if I could just close to talk to you rather than go to Mark. Would that be possible?’

In our preliminary findings, male gender roles are more likely to be affected by a man’s inability to work and support a family. In contrast, female gender roles are more likely to be affected by social deficits, which lessen women’s ability to socialize and sustain romantic relationships.

Conclusion
Implications for Treatment
Even in our preliminary analysis of this research, one point is clear, not all cases of schizophrenia are created equal. As this disease is so heavily tied to personal experiences, it is clear that sociocultural factors play a large role in the development, presentation, and experience of psychosis. Gender and culture must be considered in the creation of culturally-relevant psychosocial interventions to improve both the accessibility and efficacy of care for psychoschizophrenia. From trends we have seen in our data, increased understanding of how these factors interact increases its risk of developing schizophrenia through trauma.

Women and cultural minorities may be more comfortable during treatment if their doctor shares their gender or cultural background. Traditional gender roles can be a source of stress for those with psychosis, who often feel unable to fulfill these roles. These are just some of the sociocultural factors psychiatrists must address to improve the quality of care for all demographic groups diagnosed with schizophrenia.

Next Steps
As we continue our analysis of this information, we hope to elaborate on these themes and provide further evidence of the sociocultural influences at work in schizophrenia treatment. By giving a voice to minority groups living with mental illness, we can learn from their experiences and improve psychiatric care for future generations. We hope that this research will shed light on the various paths to recovery and a better understanding of how all patients deserve.

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