CULTURAL CONSULTATIONS IN CRIMINAL FORENSIC PSYCHOLOGY:

A THEMATIC ANALYSIS OF THE LITERATURE

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A THEMATIC ANALYSIS OF THE LITERATURE

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ABSTRACT

CULTURAL CONSULTATIONS IN CRIMINAL FORENSIC PSYCHOLOGY:

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The importance of culture as a reference point in clinical practices such as forensic psychology has been considerably valued yet poorly understood, especially in an age where precision and sophistication outlast cultural authenticity and patient-clinician relationship. This paper looks at the gaps and inconsistencies that exist in current forensic psychology research. The topic is introduced by delving into the understanding of the phenomenon of culture and its influences on our everyday conditioning. Aspects such as language, biological development, traditions, rituals, and narratives are emphasized as potent tools that drive individuals to create and mold culture according to needs and requirements of the moment. These elements are then used for signifying the inherent ways in which culture can result in both despair as well as positive enforcement, thereby being a powerful element of consideration in forensic assessment practice. The essential concept explored in this paper involves the clinicians' perspectives on the meaning of cultural values, norms and beliefs that shape the behavior of the patient. Through this exploration I attempted to understand how the clinical practice of forensic psychology can be made more authentic and less cold and calculated by consideration of cultural malleability. By using thematic analysis, I reviewed a large collection of the relevant literature in an attempt to understand the core concepts that drive clinicians in their cultural considerations. I emphasized attention to the malleable nature of culture and the intricate ways in which culture is related to

biological, psychological, anthropological, and legal aspects of forensic psychology. The

conclusions of the paper include specific considerations for creating a well-structured cultural

consultation model, which emphasizes attention to aspects like clinical approach, patient's

family of origin, current community, as well as biological and psychological conditions of the

patient and the patient's cultural perspective on those conditions. This dissertation is available in

open access at AURA http://aura.antioch.edu/ and Ohio Link ETD Center

https://etd.ohiolink.edu/etd.

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Introduction

Statement of the Problem

As the number of immigrants to the United States continues to grow, so do the medical, social, and legal needs of those persons who are adjusting to living in a new country. The *U.S. Census Report on Language Use in the United States: 2011* (2013) showed an increasing population of people from different ethno-linguistic groups, including people with low levels of English-speaking proficiency and non-English speakers. In the US, 60,577,020 people speak a language other than English at home, with the top ten languages being Spanish, Chinese, Tagalong, Vietnamese, French, Korean, German, Arabic, Russian, and French Creole (see Table 1).

The rapidly growing population of non-English speakers increases the probability of involvement of non-English speakers in criminal forensic cases. Projected demographics for the US suggest that all professionals involved in forensic issues are likely to encounter a significant number of non-English speaking/immigrant defendants (Boehnlein, Schaefer, & Bloom, 2005). These individuals are entitled to equal protection under the law and to nondiscrimination with respect to race, ethnicity, national origin, and language. Professionals are obliged to provide such services by law and by their professional ethics (Section 601, Title VI, Civil Rights Act of 1964).

While many federal departments have adopted multiple anti-discrimination guidelines, most of those documents extensively address issues of limited English proficiency, but not cultural differences (U.S. Department of Justice, 2002).

Table 1

Top Ten Languages Spoken at Home by English-Speaking Ability for the Population 5 Years and Over: 2011 (US Census Bureau, 2011 American Community Survey)

Characteristics	Population 5 years and over (Number)	Spoke a language other than English at home[1] (Percent)	English-speaking ability[2] (Percent)			
			Spoke English "very well"	Spoke English "well"	Spoke English "not well"	Spoke English "not at all"
Population 5 years and over.	**291,524,091**	**X**	**X**	**X**	**X**	**X**
Spoke only English at home.	230,947,071	X	X	X	X	X
Spoke a language other than English at home.	**60,577,020**	**100.0**	**58.2**	**19.4**	**15.4**	**7.0**
Spanish or Spanish Creole	37,579,787	62.0	56.3	17.8	16.9	9.0
Chinese	2,882,497	4.8	44.3	26.1	19.9	9.7
Tagalog	1,594,413	2.6	67.2	25.6	6.7	0.5
Vietnamese	1,419,539	2.3	39.8	27.1	25.8	7.3
French	1,301,443	2.1	79.6	13.9	5.9	0.6
Korean	1,141,277	1.9	44.5	27.0	24.4	4.0
German.	1,083,637	1.8	82.9	13.1	3.6	0.3
Arabic.	951,699	1.6	63.3	21.7	11.9	3.1
Russian.	905,843	1.5	52.3	25.6	16.8	5.3
French Creole.	753,990	1.2	56.8	23.8	15.2	4.3

X Not applicable.

1 The percentage in this column is calculated as the number of speakers of the specific language divided by the total number of those who spoke a language other than English at home (60,577,020).

2 The percentages for these columns are calculated as the number of those who spoke English "very well," "well," "not well," or "not at all" for a particular language divided by the total number of those who spoke that language.

Only recently has cultural and linguistic awareness arisen among forensic psychology researchers and evaluators (Aggarwal, 2012; Boehnlein et al., 2005; Cole & Maslow-Armand, 1997; Fogel, 2013). The APA's Board of Ethnic Minority Affairs (BEMA) established a Task Force on the Delivery of Services to Ethnic Minority Populations in 1988, which has provided multiple versions of cultural guidelines for providers of psychological services to ethnic, linguistic, and culturally diverse populations. Those guidelines, however, poorly cover issues related to forensic procedures, including forensic psychological evaluations.

In October 2012, the Washington State Supreme Court in *State v. Sisouvanh* argued that a psychological evaluation for any purpose must consider the defendant's cultural background, personal history, and cultural experience. In this case they commented on the importance of cultural competency in forensic evaluations, stating:

> It is critical that competency evaluations be conducted by qualified experts and in a qualified manner. There may be times when an otherwise qualified expert fails to reasonably account for the need for cultural competence, and we may, in an appropriate case, conclude that a trial court has abused its discretion by accepting a competency evaluation that did not reasonably account for the defendant's culture. (*State v. Sisouvanh*, 2012)

However, despite the recommendation to "reasonably account for the defendant's culture" no guidelines describing the procedures of a culturally competent evaluation were provided. The lack of proper guidelines for the inclusion of cultural elements in forensic evaluations gave rise to quick investigations of the cultural backgrounds of minority defendants, placing the undue responsibility to "explain" the culture on the defendant. The remaining part of the professional consideration of culture often consisted of internet searches, short conversations with interpreters, and/or consultations with colleagues. Such an unstructured approach to cultural research often results in perpetuating cultural stereotypes and obtaining cultural information that is often irrelevant and sometimes damaging to the defendant's case.

Justification of the Problem

After an initial review of the literature it became apparent that one of the most common recommendations for culturally competent forensic work with cross-cultural populations is to obtain training in cultural competency or to obtain a cultural consultation. Although obtaining a cultural consultation might sound easy, solving a specific issue that has cultural implications and

legal repercussions is more difficult than one would initially imagine. Obtaining cultural competency training is also a complex task that has been poorly defined and guided. Cultural competency training is currently in its early stages, where the multicultural and linguistic needs of forensic evaluees are recognized, but there remains a deficit of guidance on the role of culture in criminal forensic evaluations.

Psychologists who provide culturally informed services for court personnel and police are supposed to abide by federal and state law, the Ethical Principles of Psychologists and Code of Conduct (APA, 2002), and individually published guidelines for work with ethnic and linguistic minority populations. Currently, the most promoted and sought-after guidelines that exist for the purpose of helping clinicians ensure a culturally competent approach toward their practice are the DSM-IV and DSM-5 (Diagnostic and Statistical Manual of Mental Disorders, 1994) Cultural Formulation models. Some clinicians attempt to modify and use the DSM-IV Outline for Cultural Formulation as a main guideline for cross-cultural forensic work (Aggarwal, 2012; Kirmayer, Guzder, & Rousseau, 2014). Others rely on cultural competence models based on cultural stereotypes (Perlin & McClain, 2009; Jones & Day, 2011).

The majority of clinicians who attempted to use and modify the existing models agreed that no universal model exists and that changes are needed (Aggarwal, 2012; Kirmayer et al., 2014). Many authors suggested changes to enhance the effectiveness of the cultural formulation models in the area of cultural integration of psychology/psychiatry and law and modify existing cultural competence models into flexible formulations that are able to provide assistance in a wide variety of cross-cultural cases.

Purpose of the Study

This theoretical dissertation project is designed to evaluate the current state of affairs in the area of cultural competency and cultural considerations in forensic psychology. The main goals of this work are to conduct a comprehensive overview of empirical and research literature on the topic of culture in forensic procedures, and to conduct thematic analysis and propose specific recommendations for further development of cultural competency for forensic practitioners. Recommendations for further research will also be provided.

In this exploratory study, I review the current literature and analyze the state of cultural competence of forensic psychological procedures. I also review the relevant literature pertaining to cultural considerations in law, anthropology, political and social sciences, medicine, and linguistics. My methodology involves the use of a two-step analysis process in which culture is viewed from the perspectives of the various fields of study, including psychology, psychiatry, medicine, sociology, anthropology, linguistics, and law. The cross-sectional data is analyzed and compared to the current models and guidelines for culturally competent practice in forensic psychology. Literature highlighting the research on cultural consultations and cultural competency is compared to the data collected through a cross-sectional literature search and analysis. Existing cultural formulation models and existing guidelines for culturally competent practice are subsequently compared to cross-sectional research on culture and cultural considerations outside the field of psychology. Gaps and inconsistencies are highlighted and recommendations for further research and development are provided.

The first step in this two-step process involves the accumulation and study of a relevant collection of cross-sectional literature that consists of deriving underlying and peripheral elements of understanding culture in research and practice. The analysis of cross-sectional data is

the initial step in the thematic analysis through which specific themes and codes are formed according to the methodology described by Boyatzis (1998); Braun and Clarke (2006); and Guest, MacQueen, and Namey (2012).

The second step in this case involves the analysis of the core concepts of the existing cultural formulation framework. This step is directly related to the topic at hand. The literature on this topic, restricted to the publications released between the release of DSM-IV and DSM-5, is utilized to single out specific gaps, inconsistencies, overlaps, and limitations. The completion of this step features conclusions, directions for future research, and unanswered questions.

Structure of the Dissertation

Historical development of the study of culture. The beginning of the literature review addresses the historical development of research on culture and the definition of culture as an analytical category in relevant anthropological and sociological studies. In this introductory chapter I explore culture as a process, giving explanation to its fluid nature. I review the most common criticisms of cultural research, and highlight changes to research studying culture over time. I address an important topic in which culture in research is perceived as a popular idea. I discuss the birth and life cycle of an idea and attempt to explain and illustrate how the study of culture has progressed from the beginning of the twentieth century through today.

Culture in legal practice. This part of the research includes gaining a solid understanding of the various ways in which crime and punishment are shaped by culture and various interpretations thereof. This involves understanding the basis for deeming a particular behavior as acceptable in a culture, while looking at another behavior as being deviant and even punishable.

Another important element of research in this case involves the understanding of effects of war, natural disasters, and consequent migration on culture. Special attention here is given to the construct of acculturation and its effects on human behavior and conduct.

I analyze and compare a few popular criminological theories and the role of culture in explanations of criminal behavior. I review several court cases in order to delve into how culture has been used as an "excuse" for criminal conduct, and where cultural elements like religious beliefs and traditions were used as "cultural defense" and perceived as alibis for pleading insanity or to gain sympathy against accusations. Cultural background is also used as an important element for explaining intense emotional disturbances, which are cited as significant reasons for crime and mishaps in general.

Other elements explored in this particular segment include the following:

- Comprehension of the impact of cultural background and linguistic proficiency on functioning in a court and being able defend one's position justly;

- Understanding how the cultural background of the interpreter is a crucial determinant of how defendants fare during court trials;

- Perceptions of the justice system, including how people from different backgrounds perceive and react to authority figures;

- Lack of familiarity with the workings of the judicial system due to different cultural backgrounds and how this affects an individual's ability to understand their rights and the legal procedures required in their case;

- Understanding the role of a defendant's cultural background in determining their competence to stand trial, competence for voluntary confession, or waiver of the right for a jury.

Culture in medical anthropology. This section includes an analysis of the internal workings of several minority cultures, along with their perceptions of medicine, law, politics, and more. Here I review several case studies in which different anthropological perspectives and outlooks are addressed, including the outlook of Australian aborigines on mental disorders and treatment in general.

Culture in healthcare. Following medical anthropology, I address the general role of culture in healthcare and analyze the current state of affairs of cultural competency in medical, psychiatric, and psychological practice. Instead of merely observing and commenting on the positives and negatives of the dependence of medicine on cultural elements, I investigate the various ways in which the interplay of both of these elements occurs. Some of the main elements explored in this section include the following:

Cultural identity of the patient and its overall impact on medical proficiency. This part of the study involves the exploration and understanding of the patient's proficiency in the dominant language, and its affects on the overall way in which medical service is provided to them. This in-depth exploration includes understanding the effects of patients' spiritual outlooks, worldviews, and the cultural elements on their cognition and behavior. This also includes an understanding of the neurochemical and neurological bases in which cognition and other essential physiological and psychological traits are affected by culture.

Cultural explanation of the disease. This part of the study involves an investigation of the cultural perception of disorders, and the affect on treatment and medical transaction between patient and physician. This area of study also involves an analysis of the existing research on aboriginal and other minority cultures, including the manifestation of certain disorders and the

ways in which these disorders are perceived. I also review cultural differences in views on medicine as a healing practice.

Cultural basis of "psychosocial" supports and overall levels of healthy functioning. This part of the research involves recognizing the various ways in which different cultures provide support to an ailing individual. This can provide psychological insight into how an individual might react to a certain disease, or a diagnosis, on the basis of their worldview and the level of support their community offers to an individual with a similar issue. This section also includes anthropological and political viewpoints and their research addressing the diverse ways in which culture can act as a powerful buffer in medical intervention of any kind.

Cultural basis behind the relationship of the patient and the doctor. This part of the study delves into the various ways in which cultural viewpoints of the doctor and patient intertwine and interact with each other during the clinical process. In this case, the importance of the practice is analyzed through the ethics of the medical model of practice. Here I also bring attention to the role of individual experiences of the doctor and the role those experiences play in shaping their cultural views and the process of diagnosis and treatment. Moreover, this part of the study also includes aspects from the point of view of the patient, including the various cultural perspectives towards doctors and medicine.

Finally, I address the possible ethical conflict between evidence-based medical practice and cultural competence of the doctors and clinicians.

Methodology

Applied thematic analysis (ATA) method is used in this study. ATA is an exploratory, content-driven, thematic analysis of data. It consists of a "rigorous, yet inductive, set of procedures designed to identify and examine themes from textual data in a way that is transparent and credible" (Guest, MacQueen, & Namey, 2012, p.15). Thematic analysis is often compared to other qualitative research methods, like grounded theory, interpretivism, positivism, and phenomenology. Guest et al. (2012) describe ATA as a method that includes elements of the methods named above. ATA borrows the "most useful techniques" from several methodologies and applies them to the research data (Guest et al., 2012, p.15). They propose that ATA has the ability to ensure the credibility of findings for external audiences through the application of "systematicity and visibility of methods and procedures" (p.16). In this project, transparency and visibility of research processes play an important role in building the foundation for future recommendations.

Although implicit analysis of ideas is one of the strengths of this method, it is also, unfortunately, the source of reliability concern. Unlike word-based analysis methods, ATA methodology employs more complex interpretation processes in its themes definition and coding stages. However, this issue is more pronounced when working in teams with multiple analysts. Since this project is a single researcher project the reliability bias is much smaller. Strategies for monitoring and improving the coding standards, and therefore reliability, will be implemented in the analytic process to maintain rigor (Guest et al., 2012).

Code Development

There are three different ways to develop thematic code: theory-driven, prior data-driven, and raw data-driven. Boyatzis (1998) suggests that these methods of thematic code development can be viewed as a continuum from raw data-driven to theory-driven ways of coding. In this situation, the continuum illustrates the degree of ambiguity in the coding process. The theory-driven approach contains the least amount of ambiguity and uncertainty, and the raw data-driven approach carries a high degree of uncertainty and requires the researcher to be prepared for the unknown (Boyatzis, 1998).

Thematic analysis implies the analysis of data by identification of themes through careful reading and studying of the text. Identification of the themes is a form of pattern recognition within the data where emergent themes become the categories for analysis (Guest et al., 2012).

Because the topic of culture and specifically cultural considerations in forensic procedures is not intricately researched, but nevertheless often mentioned in the literature, I chose to combine inductive and deductive methods of thematic analysis. In this hybrid approach I incorporate the data-driven inductive approach of Boyatzis (1998) and the deductive *a priori* template of codes approach of Crabtree and Miller (1999). The application of this hybrid method was previously described in Fereday and Muir-Cochrane (2006).

Initial literature searches were conducted using OhioLINK, ProQuest, and various EBSCOHost databases, including ERIC, PsycINFO, SocINDEX, Medline, Academic Search Complete, Sociological Collection, Psychology and Behavioral Sciences Collection, Medic Latina, Legal Collection, Humanities International Complete, and Criminal Justice Abstracts with Full Text. I also included specific searches of journals such as *Transcultural Psychiatry*,

using combinations of the following terms: "cultural AND consultation AND forensic," "cultural AND competence AND forensic," and other similar combinations.

Additional searches were then undertaken based on identified themes, and these included "immigrants," "non-English Speakers," "immigrants AND forensic AND assessment," and also specific procedures, such as "police interview" or "trial," "sentencing," "cultural defense," and "culture conflict." Other specific elements of forensic procedures were also included in keyword searches; for example, "Miranda AND warning AND understanding," and "legal AND rights AND understanding," as they were identified in the relevant literature. Reference lists of included publications were also checked.

Additional non-peer-reviewed literature such as official organization documents were identified by searching open search engines like Google and Google Scholar. Second stage literature was also explored by strategies such as contacting researchers in the field to identify current research and non-peer-reviewed research publications and contacting key organizations such as The Society for the Study of Psychiatry and Culture of Montreal, United States Department of Human and Health Services, United States Department of Justice, American Psychological Association, and others. Current cultural competency guidelines for psychologists and cultural competency guidelines of other professionals participating in criminal forensic procedures were reviewed. Relevant federal and State of Washington laws and policies and relevant case law were reviewed.

The first stage cross-sectional data sample includes sources published at any time during the twentieth century and addresses the theory and practice of the study of culture in multiple academic and clinical fields including anthropology, sociology, law, psychology, medicine, and more specific fields of study such as linguistics and political science. During the first stage

analysis I developed the template of codes, which was later applied to the much smaller pool of existing literature on cultural considerations in forensic psychology.

During the first stage of my research I reviewed several relevant theories and explained the connections of these theories to the topic at hand. I also reviewed historical publications on the topic of culture and the cross-cultural research of culture. I combined information gathered through in-depth cross-sectional thematic analysis to create the background which was used as a point of reference during the second stage of my research, where specific literature on cultural considerations in forensic psychology were analyzed.

Searches for the second stage data included empirical, review, or opinion pieces on cultural consultations and considerations in forensic psychology and other related fields, published in English between 2005 and 2015. Non-English language publications were excluded.

Through incorporating this hybrid approach, I had an opportunity to analyze and combine the data from multiple different fields (psychology, psychiatry, anthropology, sociology, and law) to identify main themes related to cultural considerations in forensic psychology. The end result illustrates the current state of affairs in forensic psychology and reflects on existing recommendations for cultural competence training of service providers and/or cultural consultations as a standard of culturally competent practice. The gaps between existing recommendations for culturally competent practice and the existing cross-sectional historical perspectives on the mechanics of study and utilization of the knowledge of culture are highlighted. These gaps are further addressed through recommendations for future research and development.

The summary of the initial literature search and sampling review are presented in Table 2. The table was chosen as a transparency tool to illustrate the sampling stage of the research.

Presentation of information in the form of a table allowed for preliminary analysis of essential elements of data sources. The data presented in the table were collected using the methods described above. At that stage of the research, literature sources were analyzed and chosen according to the inclusion criteria. Fifty-five books and articles were included in the table. Information in the table includes names of authors, year of publication, type of publication, title of article, main subject of the article, relevance to research questions, limitations, and stage assignment. Data presented in the Table 2 represents the data collection during the sampling stage. These were intentionally not grouped or further organized to eliminate assumption bias. Organization, grouping, analysis, coding, and extrapolation of themes happened in the later stages of the research.

Literature Review and Analysis

Historical Development of the Study of Culture

  Culture has long been a controversial and challenging topic for researchers. Many scholars have attempted to define and explain culture through the lens of their own expertise, but there is no universal definition of culture. Before discussing the current state of affairs in the area of cultural research, cultural consultations, and cultural competency in psychology, it is important to understand the history of these studies, to illustrate the reasons behind the controversies and inconsistencies that will emerge later. I want to begin from the historical aspects of culture – the aspects from which we consider the timeline of the development of culture as a topic of research, where its realities were transformed from trading rituals of Amazonian tribes to the 21st century holiday retail strategies of Amazon.com. This fluidity needs to be considered when we attempt to understand whether the ever-changing and evolving face of culture, in all its diversity and presumed fallacies, has shaped us as humans. In this chapter I review the materials related to the study of culture as independent subject.

The Fallacies of Cultural Comprehension

  When studying culture, the question arises: are our personalities and lifestyles shaped by an undercurrent of constantly shifting shared values, or are our internal transformations and constant changes in external perspective driving the evolution of culture? Answers to these questions come to the fore when a human life or its quality is at stake.

  The study of culture is a more difficult practice than most of us choose to believe. Many scholars have commented on and analyzed the difficulties with the sociological study of culture

(Sewell, 1998; Wuthnow, 1987; Biernacki, 2000). In recent decades modern research has been burdened with numerous uncertainties surrounding the conceptual understanding of culture. These uncertainties stem from the differences in academic perspective on culture and nature, the understanding of the subject and the definition of culture in each individual discipline – law, psychology, medicine, anthropology, politics, history, etc.

Orlando Patterson (2014) presented an in-depth analysis of the history behind the topic of culture in research. In his article he argued that the ideas shared by scholars seem to be arising from the rejection of previously "hard-won" methodological evidence and from the battle for correctness and maintaining the assumed sacredness of culture. Due to that sensitivity, the trend in the study of culture developed to a point where scholars are simply "labeling" new studies, novel ideas, and cultural values (p. 2). The perceived oversensitivity with which the conceptualization of culture has been approached has given rise to numerous integral fallacies, which in turn were responsible for the development of something of a taboo associated with the deviation of cultural research from its fixed dogmatic norms. For instance, Patterson points out, numerous authors and scholars refrain from the process that arises from the study and comprehension of causality and comparative generalizations of cultural values and norms, all due to the fear that their interpretations might be labeled as essentialist or even discriminatory or racist (p. 3).

According to Bourdieu (1977), this act of restraint and repression of novelty in cultural definitions has given rise to an epidemic amongst scholars and academics who try to conceptualize cultural values and norms on the basis of their personal observations and methodologies, or as Bourdieu called it, the "discourse of familiarity" (p. 18). Such an approach consistently resulted in scenarios in which the most important element of any theory or

subjective interpretation of culture is left out, resulting in the theories and interpretations being constantly saturated with recycled constructs. In the end, the conceptualization of culture can be reduced to a continuous search for the meaning of the meaning. According to Wuthnow (1987), the very assigning of meaning to cultural values and norms is a fallacy in itself. The semantic understanding that defines the materialization of culture is looked down upon as the source of destruction in the progression of society.

Three Approaches to the Study of Culture

During the analysis of the literature it became apparent that researchers relied on different study approaches, often resulting in contradicting outcomes and conclusions. Patterson (2006) defined three main approaches to the study of culture. The first approach is sociological. It focuses on the structures and frameworks that form the foundation of cultures, including the various ways in which these structures are used in everyday society. In this case, the concept of meaning is perceived from the most common and comprehensible form, which includes the fact that transparency of ideas and information is what keeps the threads of society together in a functioning way. The transparency in this case is ensured by the use of language, which according to Berger and Luckmann (1967) "retains its rootage in the commonsense reality of everyday life" (p. 38). This approach explains the overwhelming amount of published studies where "culture" was defined by language, which was a common variable in cultural studies of 1990s and early 2000s. The assumption that drives this language-based approach forward is the language-based meaning and comprehension of culture. This approach, however, does not take into consideration the mechanisms that play a role in the formulation of language, and therefore perceives the history of language as meaningless to societal progression. This dismissal of

history and the failure to consider the subtler elements of culture, like collective memory, inter-subjective thinking, or even the less obvious elements such as climate, weather, or age, resulted in the rejection and recent revision of this approach in many cultural research designs. When applied to forensic psychology, this approach is well illustrated by situations in which an evaluator proceeds to use a translated to the client's language assessment tool without having the tool being validated and approved for use with a population of the client's cultural background.

The second approach includes addressing the concept of cultural meaning in the form of intersubjective and subjective perspectives. Here, the main focus is on the understanding that cultural outlooks are mainly dependent upon individual worldviews, not an objective reality. In other words, this concept assumes reality exists within one belief system. Bourdieu (1977) reviewed subjective and inter-subjective accounts of cultural semantics to address the distortions and misinterpretations caused by the differences between personal expectations and their interpretations. The fallacy of this approach has been well-illustrated by scholars who attempted to understand the reality of *the other* through in-depth interviews where participants share their subjective realities with researchers. This approach has been challenged by more recent scholars, like Vaisey (2009, 2014) and Pugh (2013), who labeled this approach "cognitive culturalism."

The third approach involves the use of semiotics for interpretation of culture. This includes the study of religious symbols, signals, rituals, ceremonies, codes, and metaphors that are integral parts of communication in numerous cultures around the world. This approach emphasizes comprehension of the various ways in which semiotics are used to manipulate and maintain cultural meaning.

In sum, with all the approaches taken to study and comprehend culture and its semantics, the idea remains that culture acts as a product of two different but interconnected processes –

creation of collective knowledge and understanding of this knowledge as a construct affecting everyday society. The creation of a collective and unevenly distributed reservoir of knowledge was researched by Sahlins (2002), where he defined the collective reservoir of cultural meaning as a defined conglomerate of individual thinking, where we all are self-constituted subjects. The basis of this concept was created out of a singular form of expression, which each of us embodies internally and represents externally (Sahlins, 2000, 2002; Bourdieu, 1977). However, even though the form of expression may be the same, the ways in which this expression is interpreted and therefore represented externally are different for each individual. These external representations create enough space for the formulation of new meanings in the cultural framework. They provide regularity and predictability, and contribute significantly to social balance, where the motivation behind the search for balance arises from the constant need for self-enhancement and belonging. This last approach appears to be a preferred approach to cultural research in the past 10 years, resulting in more comprehensive and consistent conclusions; however, the concept of "constant need for self-enhancement" appears to be based primarily on Western cultures, hence the origin of the concept.

The Birth and Death of an Idea

Even though the multiple approaches utilized in the definition of culture include inherently confusing aspects, they also allowed for a considerable degree of freedom when exploring newer perspectives. Yet at the same time, this freedom of exploration is criticized because of the ways it transforms the concept of culture into a narrow and compact idea.

To address the narrowing of the concept of culture we can look at a phenomenon that is familiar but often ignored - the birth and the consequent life cycle of an idea. This was first

addressed by Susanne Langer in her 1942 work, in which she described the foundational process of birth and life cycle of any creative idea. In her book, she explained the immense force with which an idea breaks into the collective mind and the grandiose reception it receives. The birth and death of ideas was also addressed by Graham and Bachmann (2004). They applied Langer's initial thoughts to the modern world where ideas tend to have a shorter life span due to the lack of meaningful practical application. Because of the lack of meaningful application, the majority of popular ideas take a downward turn in popularity in mainstream culture. This downward spiral begins when our expectations derived from the idea are brought into coherence with the practical uses that the idea serves. Even though there might be a moment that we initially attribute to the overwhelming purity of the new idea, a great majority of people exposed to such new ideas tend to lose grip on its novelty because of the lack of practical applications of the same. Not only relevant to business, this concept seems to be widely present throughout the history of psychology and psychological theories and ideas. This is exactly what happened with DSM-IV Cultural Formulation model, when after the publication of the DSM-IV and proposed use of the model for culturally competent clinical practice the model failed due to the lack of meaningful application. To revive the idea, clinicians and researchers of the DSM-5 Cultural Task Force began working on practical methods of application of cultural elements in interviews and diagnostic procedures.

The above scenario was generated by the focus that we tend to place on the problems which are directly or indirectly generated from or by the idea. Such emphasis on problems is born out of the constant need to apply the idea in various forms and functions, which eventually exposes its shortcomings. Hence, the dual nature of analyzing an idea is born with its dichotomy,

where the idea holds its own as a part of the bigger creation of our intellectual armor, while also having no grandiosity and profoundness associated with it in pragmatic terms.

According to Geertz (1973), the important aspect of understanding and pursuing meaning through culture is to look beyond the concept of culture itself and transcend into the patterns that give rise to the dichotomy of this concept. Levi-Strauss (1962) argued that the creation of a narrow view of culture is formed due to the replacement of an existing ideology with a more intricately designed scientific model, based on describing the best ways to apply cultural concepts in the modern practical world. This essentially replaces the complex idea of culture with an even more complex scientifically based model of culture. Through his study, Levi-Strauss was able to discern a vague understanding of an ever-present cycle, which consists of increasing the complexity of the ideas that make up the machinations of culture, while also moving towards increased practical clarity of these ideas (Levi-Strauss, 1962). Geertz also supports the fact that modern clinicians and researchers tend to lean toward the concept of scientific advancement and not cultural competency.

Culture as a Process

As the development of human nature became more elaborate and intricate, the work of anthropologists and cultural scholars also advanced, to meet both the academic need and the need for self-exploration (Geertz, 1973). The importance of this model involved peeling away the layers that formed the whole of human nature. These layers are constructed from the multitude of overlapping forms of understanding and functioning, starting with the layer of cultural values and norms, which was once considered to be the only layer of existence. Under the first layer is the layer of social organization, complete with the concepts of structure and

function. The third layer is basic and primal needs that gave rise to our most intimate desires and cravings. This layer indicated a form of psychological coding or programmed language, which acted as the root of all necessary human actions and social responsibilities. Finally, the last layer is the vast world of neurological, anatomical, and physiological function and structure, which gave rise to the primal needs that moved forward the development of other layers (Geertz, 1973).

To compensate for the excessive popularity of the idea of cultural values and the imbalance caused by it, Geertz (1973) brought up the concept of universals that could compensate for the imbalance. The universals were essentially used to consider if there were any common threads beyond the diverse layering of customs, traditions, heritage, and other practices and norms. The aim of finding these universals was to somehow relate them to the deeper layers of social structure, along with biological and neurological function. The understanding of these universal constants could also help in understanding of the cultural values that were considered to be essential for the core functioning of the human organism and the human enterprise.

Despite the initial simplicity of the model described above, the act of singling out the universals that bind together various layers of constitution is easier said than done. This is especially reflected in the fact that most universals are crafted out of the basic responses born from the lack of a common thread in most parts of societal and cultural norms. For instance, one of the best examples of a universal of cultural and societal functioning involves the creation of "universal groups," or marriages, where participating members can engage in the procreation of their own kind and the distribution of specific resources between themselves for progressive functionality and evolution. On the social level, this aspect is reflected in the way in which societies, tribes, and kinship networks function to extend their membership and to allocate specific roles, responsibilities, and resources for the propagation of the unit. At a psychological

level, this universal trait is expressed in the creation of belief systems that propel forward the

differentiation of roles, responsibilities, and capacities. This includes the creation of belief

systems, or "religions" with gods who mete out punishment or show nurturing love and mercy.

On a biological level, the differentiation that exists between different organs and organ systems,

along with the various ways in which this differentiation influences dining customs as well as

healing practices. In the end, Geertz points to the fallacy of the concept of universals:

> The notion that unless a cultural phenomenon is empirically universal it cannot reflect
> anything about the nature of man is about as logical as the notion that because sickle-cell
> anemia is, fortunately, not universal, it cannot tell us anything about human genetic
> processes. It is not whether phenomena are empirically common that is critical in science-
> else why should Becquerel have been so interested in the peculiar behavior of uranium? -
> but whether they can be made to reveal the enduring natural processes that underlie them.
> (Geertz, 1973, p. 44)

As we move further through time, we see a definitive move from an idealistic and even

pompous view of culture as a necessary way to maintain order in an otherwise chaotic and

unpredictable world, to a more sinister and calculated perspective. This presents culture as more

of a systematic framework for keeping humans within the defined lines and polygons of control.

This perspective views culture as a set of rules, guidelines, recipes, instructions, and plans which

are directed towards standardizing and governing behavior. This is where we see how helplessly

dependent humans remain on the existing forms and processes of societal and cultural

backgrounds to create a reality for ourselves. The dependence of people on external processes,

which act as necessary control mechanisms, is not seen in any other organisms, which are

essentially bound to action through their physiological and genetic frameworks.

This external dependence and intricate reality creation process have had a considerable

impact on the establishment of new fields of exploration, such as molecular biology, genetics,

neurology, information theory, and cybernetics. These new fields of exploration bring us the new

perspective on the ways in which universal commonalities exist among and beyond the grasp of cultural conditioning. In this case culture acts as a way of narrowing down the scope of the human experience to a limited space of individual understanding, instead of acting as a definitive funnel to guide shared experience and generate universal constants.

The control-based view of culture is essential for the purpose of providing consistent directions on how to live and behave. It began with the understanding of human thought as a mere repercussion of social and public interactions. In other words, without the veil of cultural patterns and pre-determined behavioral templates, the human experience would be just that - experience without any meaning or explanation. Here, the cultural framework helps us embody the essence of existence, by providing a launch pad to express and explore ourselves and the world around us. When describing this framework, Geertz recognized three main aspects that need to be considered:

- The replacement of a view that physical evolution essentially preceded cultural development, with a more amorphous relationship, which involves the overlapping and interaction between both the physical and cultural elements;

- The changes that caused humans to biologically evolve from their ancestors was almost wholly restricted to the Central Nervous System;

- The acknowledgement of the fact that humans are imperfect organisms defined not by the type of information they accumulate, process, and utilize, but by the amount of the information and learning they would require prior to even starting to function (Geertz, 1973).

The traditional view that fueled cultural comprehension involved an assumption that the biological form of evolution happened prior to the cultural. This view comes from evolutionary

theories that assumed biological evolution in humans was solely dependent upon natural selection and genetic coding, and the physical directly impacted the evolution of the social and the cultural. The end of this solitary form of biological development, as far as external dependence was concerned, gave rise to the seed of culture and the further development of the same from there on (Geertz, 1973).

If investigated from a more in-depth perspective, this points to the fact that our genetic changes evolved to a point where we were endowed with the ability to create cultural values, norms, and entire frameworks of meaning to drive our species forward. This helped us carry the layer of values and belief systems which acted as the armor against external forces like environmental problems, which we attempt to deal with by utilizing, changing, or bettering the cultural basics of our everyday lives. This, in its turn, leads us to further avenues of comprehension, where culture is not the sole medium of our evolution. Rather, according to Geertz (1973), it is merely an important ingredient that is needed to propel forward the progression of humankind—for instance, from being naked and completely helpless in the far reaches of our history, to groups that had the power to create tools out of stones, rocks and other objects, along with the ability to take up hunting, farming, and gathering practices. The introduction of culture acted as a different kind of "artificial" selection, where individuals were able to make the most out of existing cultural norms and values to gain more importance in the community or group they belonged to. For example, the resourceful leaders, the skilled toolmakers, and the most persistent gatherers were the ones who were able to create the transition from the ancient *Australopithecus* to the present human, or *Homo sapiens*.

This evolution was essentially reflected in the biological systems as well, where cultural patterns became embedded in the internal processes of physiological continuance. For instance,

the reflection of external organization was manifested internally as positive feedback systems between the brain and the body. A fascinating example in this case involved how the extended use of tools helped in the creation of a physiological system, which then helped the brain gradually mold the anatomy of the arm in order to make it more suitable for handling tools and crafting them. This is the essential creation of the opposable thumb in ancient humans explained in a single sentence, even though it marked one of the biggest leaps in evolution, where cultural and anatomical elements molded together to create a progressive movement of human nature towards its higher capacity. This process of corresponding and symbiotic evolution of cultural and anatomical elements also resulted in some of the most profound changes that humankind has derived through its long and arduous journey up the ladder of evolution. This involves the remodeling and, in essence, the re-engineering of the entire Central Nervous System, especially the prefrontal cortex, giving rise to the neo-cortex which helps us to perform most sophisticated processes that we indulge in today.

Given the nature and the goals of forensic psychological evaluations, investigating the roles of culture in perceptions and understanding of the functions of human mind is an important part of the topic. The *mind* is one of those concepts that has been used cautiously by those who have tried to transcend the boundaries between the physical and the mental in search of a common ground, something akin to Geertz's universal elements mentioned above. The caution comes from a place deeply embedded in people's belief systems, who have struggled to find objectivity. However, one of the biggest plagues that cause the concept of the *mind* to be perceived through the lens of disregard and even fear is the label of subjectivity associated with it. This is a perspective where concepts such as fantasy, feelings, reflection, idea, image, conceptual thinking, understanding, and insight start to lose meaning and weight. Through the

various ways in which the concept of *mind* has been viewed, it is almost always utilized as the form of a tool to scrutinize the shortcomings of a scientific understanding rather than finding the ways to correct these shortcomings.

Sherrington (1953) defined the concept of a "naked mind" as a concept which is "all that counts in life. Desire, zest, truth, love, knowledge, values…[going] in our spatial world more ghostly than a ghost" (p. 161). Sherrington's perception of mind seems to be as a reservoir of potentially useful information which could be beneficial to the individual using the tool. Pavlov, for instance, criticized the utilization of "mentalism" (as opposed to his behaviorism) amongst his students, on whom he used to levy fines for their perceived dissent against existing rules and ways of thinking (Kubie, 1954).

One of the ways in which the concept of mind has played an important role has been defined by the use of this concept as rhetoric rather than a scientific concept. In more accurate words, the concept of mind has been used as a means to build upon fears rather than to help in the creation of processes and systems. The fear upon which the mind feeds and builds is based upon the aspect of subjectivity on one hand, and blunt mechanistic functioning on the other.

According to the behaviorist Clark Hull (1943), the biggest warning that can be issued while delving into the concept of mind is the imbalance created by its dual nature. On one hand, humans appear to be perplexed and paralyzed by the subjective and almost perpetual anthropomorphic nature that is associated with the mind, while on the other hand, even the best thinkers in the world seem to be affected by the seductive nature of the mind's qualities. As a way to counteract this seductive nature of the mind, Hull suggested that it is best to allow the mind to take up metaphorical shapes and qualities, such as those of a dog, an albino rat, or even a robot (Hull, 1943).

Gordon Allport (1965) argues that if the mind is seen as a metaphorical entity, such a view can present an invariable threat to the prospect of human dignity. He points out that if this sort of approach is adopted for the study and the utilization of the mind, long-term visions or orientation cannot be attained due to the lack of emphasis on systematic mental constructions. A quote from Allport's book, *The Psychology of Rumor*, shows the reasons behind his views on mental constructs devoid of essential human characteristics and human orientation in general: "an addiction to machines, rats, or infants leads us to overplay those features of human behavior that are peripheral, signal-oriented, or genetic [and] to underplay those features that are central, future-oriented, or symbolic" (Allport, 1947, p. 182).

However, instead of uncritically adhering to Allport's idealistic view about how the mind should be considered more than mere concepts of mechanism and subjectivism, there have been specific ways in which the detriments of these concepts have been singled out. One of the biggest fallacies here is that the fears based around the concept of mind (or "psyche" in more archaic circles) are, for the most part, completely irrational. For instance, the fears based around the concept of *mechanism* can be marked off as questionable, due to the fear of it being a cold and calculated mode of functioning usually attributed to machines. Because of the perception of criminal mind as "cold and calculated" we need to review the position of the legal science on culture and the conditions of the mind.

Criminological Theories and Their Application in Forensic Psychology

In this section I outline multiple criminology theories and their explanations of the role of culture in the development of criminal behavior. I attempt to describe a few contradicting

theories and present their arguments in order to illustrate the cultural landscape of modern criminological theory.

In the past few decades the concept and the practice of cultural criminology have been credited to Ferrell and Sanders (1995), Redhead (1995), and Kane (1998). The objective of this concept is based on the understanding that crime and its control is a product of culture. In an attempt to better explain the interactions of culture and crime within the boundaries of the cultural criminology theory, Hayward and Young (2004) wrote: "It [cultural criminology] attempts to make sense of a world in which the street scripts the screen and the screen scripts the streets. Here there is no linear sequence; rather the line between the real and the virtual is profoundly and irrevocably blurred" (p. 259). The basic framework of cultural criminology is crafted out of the need to align cultural and criminological intents within the effort to "import the insights of cultural studies into contemporary criminology" (Farrell, 1995, p. 396).

Hebdige (1979) and McRobbie (1980) defined the role of culture in criminal behavior through attributing the concept and the practice to the "situated dynamics of deviant and criminal subcultures and to the importance of symbolism and style in shaping subcultural meaning and identity" (McRobbie,1980, p. 396). Cohen and Young (1973) and Hall, Critcher, Jefferson, Clarke, and Roberts (1978) have approached the role of culture in crime through the perspective of mass media, which often allows us artificial access to the reality of crime without consequences, while simultaneously supporting criminal minds in their action. Ferrell (1999) described the mediums of cultural criminology as:

> From this view, the study of crime necessitates not simply the examination of individual criminals and criminal events, not even the straightforward examination of media "coverage" of criminals and criminal events, but rather a journey into the spectacle and carnival of crime, a walk down an infinite hall of mirrors where images are created and consumed by criminals, criminal subcultures, control agents, media institutions, and audiences bounce off endlessly one off the other. (p. 397)

Cultural criminology describes the part of culture that is usually hidden in plain sight and rarely discussed in academia, or in clinical settings.

The earliest mentions of cultural criminology are seen in British cultural studies, which highlighted and studied specific works in order to establish the first extensive literary framework pertaining to this specific hybrid between culture and criminology. Five specific works mentioned as the seminal pieces that set forth the development for this discipline included Young (1971), Cohen and Young (1973), Cohen (1972/1980), Chibnall (1977), and Hall et al. (1978). The transition of cultural criminology from Britain to the United States happened in the late 1970s. Some of the main elements embodied in cultural criminology through the transition from British to American scholarly perspectives are the ways in which it derives from the aspects of social constructs of culture, sexuality, and identity (Grossberg, Nelson, & Treichler, 1992).

Hence, the essential study of cultural criminology involves the comprehension of networks as well as feedback loops which are responsible for the creation of the foundation of criminal culture, including contiguity, contact, and connections that are part of this structure (Baudrillard, 1985). The study of this cultural criminology also involves the understanding of intertextual "media loops" which act as the mediums for the articulate creation of criminal subcultures (Manning, 1999), control agents, and media institutions themselves, which play an important role in the proliferation and circulation of criminal action in the first place (Kane, 1998). Through the consideration of all these elements, cultural criminologists were able to look at essential elements of crime such as intentionality and deviance, along with the elements of interactions between subcultures, control agents, media, and other aspects within the framework of the discipline, and the ways these interactions derive and curate the meaning of crime itself.

The General Strain Theory (GST) is the aspect of understanding and comprehension which was designed in an attempt to bridge the gap between cultural values and criminal behavior. In order to understand strain theory we need to understand the two basic elements that contributed to the formulation of the theory. The first element has to do with understanding the origin of strain in society, where scholars hypothesize that strain may arise when individuals in a society are unable to achieve particular goals or aspirations through established legal channels (Elliott, Ageton, & Huizinga, 1985). The second element arises from the need to understand the inherent reason why individuals forgo their moral judgments and step on the criminal path when they are unable to meet their needs, wants, goals, or aspirations through legitimate sources.

The origin of strain theory lies in the work of four scholars: Cloward and Ohlin (1960), Cohen (1955), and Merton (1938). The early work of strain theorists, however, was rendered obsolete by the views that evolved through years of research. The reason was their lack of utility in today's age and their inherent denial by more recent scholars. The denial was due to the rather narrow and specialized focus that early strain theorists took towards the subject of sociological and cultural strain in society. For instance Cohen (1955) and Cloward and Ohlin (1960) explored the incidence of increased delinquency among young gang members in lower-class social strata, including the various reasons why increased levels of the same were seen amongst the individuals in concern. On one hand, Cloward and Ohlin (1960), and Merton (1938) came up with the explanation in which one of the main factors that led to increased social and cultural strain leading up to individuals taking up gang activities was caused by the inability to meet standards of monetary compensation and financial stability that were imposed upon them by pre-defined sociological and cultural factors. However, Cohen tended to focus on a broader cause that resulted in increased strain and consequent increase in delinquency, which involved the

expected or actual failure to achieve levels of middle-class status. In this way, the degree of strain was measured in the form of the divide between expectations and aspirations leading up to success (Kornhauser, 1978).

As this form of strain theory came under considerable criticism from other scholars, several other forms of the theory were suggested and implemented. The major element of consideration in this particular case was culturally informed aspirations and goals that contributed to the overall development of strain in the first place. For instance, it was argued that considering monetary benefits and societal status as the only goal that contributed to the overall increase in societal strain is a fallacy which would cause a considerable divide in terms of comprehending the various ways in which the GST was able to explain juvenile deliquency (Elliott & Voss, 1974). In the case of juvenile offenders, it was argued that besides monetary compensation, financial stability, and status, these kids were more concerned about short-term benefits such as those related to the personality, physical appearance, and social life in general (Elliott & Voss, 1974; Empey, 1982).

However, this form of the GST was also considered misguided, as Agnew (1987) began to question the foundational definition of strain. In this case, Agnew contended that the definition of strain as being the product of the divide between aspirations and actual acheivments was not a perfect means of defining this concept. This was also due to the fact that as per conventional definition, aspirations and expectations lead to the creation of goals that are too idealistic in nature, and hence, the failure to achieve such idealistic standards might be seen as being a trivial matter rather than one which can drive people towards crime.

Agnew (1987) also highlighted the importance of understanding how strain in society was not merely derived from a failure to achieve goals but was also related to the inability to

escape certain adverse or painful situations. For instance, the need for a child to escape from abuse from teachers or parents may be completely blocked due to the inability to escape the bounds of the educational institution or home.

Understanding strain within a society cannot be merely restricted to the expectations that are put upon people; it needs to be discerned through the exploration of the source of the expectations themselves. An exploration of media helps to understand these expectations. To truly appreciate how media shapes culture, we need to acknowledge an intrinsic but rather repressed fact about ourselves, which is the frailty and the vulnerability of the human perception of self and the world.

According to Turner (2006), the act of modernization is akin to a paradigm shift from a time when shared communal experiences through rituals was the main form of feeling secure, to a time when most of our social institutions are founded on an intuitive and visceral reaction to the communal realization of our own frailty and vulnerability. Instead of actually empowering ourselves, we build social institutions and frameworks to escape and sedate ourselves against these feelings. Media has become a powerful tool to assist in this escape. Yet paradoxically, social systems like the media essentially feed off our vulnerability and manipulate us through the use of synthetically designed opinion structures and lifestyles, setting up unrealistic expectations and increasing strain.

According to Dakroury (2014), the interconnectedness of media and culture can be understood by the intrinsic way in which each represents or embodies each other. For instance, the deeper the amount of understanding a society has about its own cultural values, norms, beliefs, and conceptual frameworks, the deeper or more authentic would be their media content. At the same time, media platforms, as mentioned above, have been created in the form of

organizations. Like every organization in the social and functional communal enterprise, the media acts as a way for humans to express the intricacies of their own nature in order to feel empowered or merely to reach out. Organizations provide a powerful outlet for individuals to feel like they are a part of the bigger picture. However, as organizations offer power to those in control of the content that drives these social structures, organizations also control the social behaviors of the individuals who are at the consuming end of it. "This organization liberates and limits the activities of men, sets up standards for them to follow and maintain" (Mehraj, Bhat, & Mehraj, 2014, p. 56).

One of the most important aspects to explore in terms of the role of media in the development of culture and strain within that culture are the inter-cultural invasions by large media corporations into poorer countries and lower-class communities in developed countries. This aspect is crucial for realizing and addressing media as a reflection of inter-cultural oppression and collective superiority complexes which are responsible for creating expectations resulting in strain. According to Boyd-Barrett (2006), media is responsible for causing cultural dependency amidst poorer communities, which is a direct reflection of the power imbalance that exists among affluent and poorer communities, both in the US and in the world more broadly. Boyd-Barrett also suggests that the cultural dependency caused by media in poorer communities can reinforce the imbalances between communities, cultures, and societies.

According to Nordenstreng & Schiller (1979), there are three basic paradigms within which one can classify the relationship between media and communities. The first paradigm involves looking at the media as a means of spreading Western ideologies and drawing individuals away from their own cultural values and beliefs with the promise of a better and more opportunistic world. This paradigm, also known as the "missionary paradigm," involves

the utilization of the media as a tool of conversion and of constant reinforcement of specific values and beliefs, which are in turn backed by ideas and ideologies related to consumerism and consumption.

The second paradigm in this case is the use of the media not to spread Western ideologies, but to use subtle and direct methods to promote the ethnocentricity of the culture that controls the media. This paradigm is also known as the "pluralist paradigm." This method of utilizing the media involves the introduction of numerous different ethnocentric forces into the content of media channels, so as to spread a blanket of influence over most classes or forms of entertainment. The third paradigm in this case is the understanding of the media through a discernment of the relationship between affluent and poor communities, namely in the socio-economic and political spheres.

Essentially, each of the paradigms contributes to some form of dogmatic theory or representation, which in turn impacts the society on a widespread level. For instance, the first paradigm of Western ideological exchange and conversion is centered around the postulate of structural functionalism. The basic implication of structural functionalism is the proclamation of certain features of industrial societies as necessities that cannot be compromised. This assertion of structural functionalism is what drove the introduction of media channels with Western opinions and belief systems to people in developing countries. It was designed to make people in non-Western societies reflect on their own way of life. However, without the necessary resources, adjusting a non-Western culture to Western industrialization and capitalism is a huge burden for cultural minority populations. The exposure to these media channels builds high expectations of financial and social status, and ultimately creates a culture conflict, significantly increasing strain.

Pérez, Jennings, and Gover (2008) brought attention to acculturation studies to specify the role of ethnicity in GST and address some aspects of the cultural conflict between first and second (or third) generations of immigrants. This cultural adaptation of the theory accounts for the specific strains characteristics for immigrant and ethnic minority groups in the US and Western Europe. The implication of the cultural adaptations of GST is significant for understanding of the role of culture in human behavior, and recognition of cultural elements during forensic assessments. According to Pérez et al. (2008), Peck (2014), Tsunokai & Kposowa (2009), Kubrin (2015), Chen and Zhong (2013), Arsovska and Verduyn (2008) and Horton, Rice, Piquero, and Piquero (2012), the acculturation into Western culture, often described as culture conflict, can lead to an increase in delinquency and crime.

It is not only true for cultural-minority youth in the US, but also true for young Albanians (Arsovka & Verduyn, 2008), and young Russians who began exposure and acculturation to Western norms in early 1990s after the USSR split (Botchkovar & Broidy, 2010). Botchkovar and Broidy (2010) wrote:

> According to the Russian Ministry of Internal Affairs, homicide and property crime rates in Russia have doubled in the past 20 to 25 years. Empirical work has linked these and other social problems, including high rates of alcohol abuse, suicide, and mortality, to the economic strains and related frustrations affecting a large part of the population of Russia, particularly in the aftermath of the shift to a free market economy in the early 1990s…Alienated from social networks that previously may have been stable enough to enhance noncriminal coping or constrain criminal behavior through the bonds of attachment, many Russians may now be subject to chronic and repeated strains, likely creating a particularly strong predisposition for criminal coping. (p. 840-841)

Pérez et al. (2008) presented an argument in which they linked unique types of strain related to acculturation of Hispanic immigrants to the US to an increase in the likelihood of deliquency and criminal behavior. They also made an attempt to weigh the effects of ethnic concentration on the amounts of ethnic-specific strains, and concluded that "the effects of ethnic-

specific strains may be more pronounced where ethnic concentration is low" due to the pressures of acculturation (p. 550). In their research, the authors found a positive relationship between English proficiency and intergenerational conflicts in areas with low Hispanic concentrations. Additionally, authors highlighted an increase in violent behavior in adolescents to advanced acculturation and greater understanding of anti-Hispanic discrimination. They also pointed out that in high concentration areas nationality played significant role in development of deliquent behaviors: US-born adolescents were significantly more likely to be involved in violent deliquency than foreign-born Hispanic adolescents (Pérez et al., 2008).

Although strain theory claims that strain is the reason behind each individual choice along a criminal path, some researchers see increased strain as only one of the elements leading to such choices. Adherents of the social disorganization theory claim that strain is common for all, but not everyone exposed to increased strain chooses to relieve the strain through illegal, immoral, or unethical behaviors. Social disorganization theorists argue that people who anticipate serious unbearable consequences for their actions will most likely never cross the moral boundary (Kubrin, 2009). However, those who reason that the consequences for their behavior will be less painful than their strain will often chose to break the law to relieve their strain. Such an approach can explain that criminal behavior could result not from the strain itself, but the weak commitment to legal ways of living, and poor understanding of the consequences of criminal of delinquent behavior.

Although strain and commitment to legal ways of living claimed to be at the core of a few criminological theories, culture was still perceived as a subject of concern since the beginning of the 20th century. Sellin (1938), Shaw and McKay (1942), Cohen (1955), Sutherland

(1947), Miller (1958), Cloward and Ohlin (1960), and Kornhauser (1978) explored the role of culture in criminal behavior.

In her book, Ruth Kornhauser (1978) presented a critique of the main criminological theories of the era. She concentrated her attention on cultural deviance theories, which were designed to explain the role of culture in the production of crime and delinquency.

In her controversial work, titled *Social Sources of Delinquency,* Kornhauser (1978) brought attention to the definition of culture and the role of culture in explanations of crime and criminal behavior. She brought to the readers' attention several issues related to the subject of culture. The first is cultural deviance, or "conduct which reflects socialization to subcultural values and derivative norms that conflict with law" (Kornhauser, 1978, p. 21). She explained that cultural deviance plays the main role in culture conflict theories, where conflict arises when a "norm violation" occurs. To describe the core understanding of the conflict theory Kubrin (2009) wrote: "Crime results when conformity to the norm of a relatively powerless group is labeled violative according to norms of another, more powerful group" (p. 196). The main premise of cultural transmission theory is the perception that criminal behavior results from socialization to subcultural norms which accept or permit violations of the law. Both of these theories are the main focus of Kornhauser's criticism, and a huge source of controversy.

Kornhauser (1978) began articulating her argument from establishing that the two theories named above are "without a foundation" (p. 253) and they make faulty assumptions about the realities of human nature. Kornhauser argued that humans have no discernable human nature, only "social nature" (p. 186), and therefore are wholly a product of their culture. She called such approach an "oversocialised view of human nature" (p. 34). She tied this criticism to the description of the relationship between culture and behavior. She argued that cultural

deviance theorists often associate behavior with values, as in "behavior" equals "culturally or subculturally valued behavior" (Kornhauser, 1978, p. 9). She wrote: "When everything is included under the rubric of culture, nothing is left with which to compare the causal importance of culture" (Kornhauser, 1978, p. 9). Kubrin further explained Kornhauser's point stating: "culture consists of ideal norms and patterns of behavior, which should not be confused with actual behavior" (Kubrin, 2009, p. 198).

Kornhauser (1978) openly criticized the "loose usage" of culture (p. 9), where scholars lack understanding and attention to social structure. She claimed that scholars often fail to recognize an independent influence of social structure apart from its expression of culture She wrote:

> Proponents of cultural deviance theory, under the banner of cultural and ethical relativism, are mainly responsible for the establishing the traditions of deadpan sociology, in which the most outrageous and malevolent acts, as well as the most petty and tawdry, are alike solemnly portrayed as the consequence of perfect socialization to sacrosanct subcultural values. (p. 161)

To balance her criticism, Kornhauser proposed a "meaningful definition of culture" where she identified several aspects she believed to be essential for definition and understanding of culture. She began by identifying collectivity as a main property of the culture. "Culture is a property of a group; if there is no group, there is no subculture" (Kornhauser, 1978, p. 210). To define the group she used an example in which she emphasized attention on the fact that members of the same group are connected by a social relationship. If individuals are incapable of concerning their actions in relation to the values of the group, and unable to maintain social relationships with one another, they do not form a group, and cannot claim to have a subculture. Kubrin (2009) recalls a part of the book where to illustrate her point Kornhauser compared poor White Americans, poor Southern Black Americans, poor Americans considered "ethnic,"

indicating non-white status, poor farmers, and poor slum dwellers, and stated that the only thing that unites them is their indifference for each other.

The next aspect of meaningful definition of culture is the importance of shared values. She argued that shared values are the foundation of culture, and although values are not the only component of culture, cognitive and motivational orientations become incorporated into culture only when they are valued, or linked to values. To illustrate her point Kornhauser brought an example of apathy as a common part of disadvantaged communities and cultures. Apathy is not a valued motivational construct, and therefore is not a part of culture, but the product of social structure and situation.

The third aspect of meaningful definition of culture is frequency. Because culture is the property of the group, and not some members of the group, frequency of attitudes and behaviors are important part of the definition of culture. In other words if certain behaviors or attitudes are only characteristic for some members of the group they cannot be considered to be a part of a culture. For that to happen an attitude or behavior needs to be common among the majority of the members of a group.

The final element of the meaningful definition of culture is publicity. Kornhauser believed that culture is public and the members of the same cultural group believe in the same values, and also they believe that the others believe in them. She explains that an individual wish, desire, or motive must be considered to be desired in a group before it can be viewed and understood as components of culture.

After establishing the context for the definition of culture, Kornhauser continued the analysis of social disorganization theories, like strain theory and control theory, while contrasting them with cultural deviance theories. Although not directly acknowledging the common roots of

both strain and control theories, she advocated strongly for control theory and argued against strain theory, basing her argument on the assumption that strain is relatively constant across individuals, because everyone's wants are gratified at the cost of their other wants, making all individuals equal in respect to their unfulfilled wants.

Now we turn our attention to the few recent landmark criminal cases where culture was considered as an important element, and was used to influence the outcomes of the trial. In *People v. Kimura* (1985) a Japanese American woman in her 30s, married and the mother of a 4-year-old son and 6-month-old daughter, walked into the Pacific Ocean, carrying her children into the water with the intention of committing parent-child suicide (*oyako-shinyu*) after learning that her Japanese-American husband had been keeping a mistress for three years. The children drowned, but she was rescued. She was charged with two counts of first-degree murder and two counts of felony child endangerment, and faced the death penalty. However, 4000 members of the Los Angeles Japanese-American community petitioned the court to reduce the charge to "voluntary manslaughter" emphasizing that parent-child suicide was a culturally rooted practice. They advised the court that Mrs. Kimura's behavior should be judged within the context of Japanese standards. It is important to note that parent-child suicides are illegal in Japan, and people attempting the act are prosecuted with voluntary manslaughter. In this case, culture was taken into consideration during the sentencing process; however, the main conclusions were based on the psychiatric evaluation in which three psychiatric experts concluded she was temporarily insane at the time of the crime and one protested that she was suffering from a "brief reactive psychosis" (*People v. Kimura*, 1985). As a result of both the expert and the community input, the homicide charge was reduced to voluntary manslaughter and the defendant was

sentenced to one year in custody and five years of probation with psychiatric counseling recommended (Perlin & McClain, 2009; Sheybani, 1987).

Given Kornhauser's definition of culture, this case raises some qustions regarding the act of parent-child suicide being a part of cultural values. At the time of the crime, parent-child suicides were illegal in Japan, and not many people of Japanese descent would consider the act acceptable and appropriate. Although petitioned by 4000 members of the Japanese-American community, interpreting the act of child-suicide as a cultural element lacks all four elements of the meaningful definition of culture: collectivity, shared values, frequency, and publicity. To be considered as having cultural value the act of child-suicide should be a property of the group; yet it is illegal in Japan and is prosecuted as violent crime. Japanese law, however, acknowledges the act as the property of its cultural history, and currently offers reduced sentences.

Similar issues can be observed in *People v. Moua*, where a Hmong woman's family filed rape and kidnapping charges against Kong Moua, a Hmong man, for performing "marriage by capture"—the marriage ritual historically practiced by Hmong tribesmen. Without going into the details of the case, it is apparent from the short description that the Hmong woman was assaulted and her family did not share the value of the ritual, therefore proving the violation of several elements of Kornhauser's meaningful definition of culture. Once again, the act performed by Moua was an element of historical culture, but was perceived as obsolete and unwelcome at the time of the crime by another representative of the same culture.

Unlike strain theory, control theory explains that delinquent and criminal behavior is not a product of frustration from unfulfilled wants, but a calculation of its costs to benefits. Despite Kornhauser's strong preference of control theory over strain theory, the important element here is their unity in social disorganization. She argued that social disorganization is produced not by

the strong commitment to anti-legal norms, but by a weak commitment to legal norms. That

happens because social disorganization produces weak institutional controls, which weakens the

consequences for deviating from conventional values. To summarize it Kornhauser (1978) wrote:

> Social disorganization theory objective, then, is to uncover the social sources of that
> variation, which …lie in malfunctioning social structures, malintegrated cultures, or
> faulty links between the two – but not subculture: It is not an ethnic or racial culture, a
> class culture, or a slum culture that harbors delinquent values; it is a community that
> cannot supply a structure through which common values can be realized and common
> problems solved. (Kornhauser, 1978, p. 63)

Kornhauser's *Social Sources* was controversial, but also highly influential. Following its

publication scholars began to downplay, if not completely exclude, the role of culture in

community crime and delinquency. The same pattern was evident in psychology and social

science research, where culture was described in the form of patterns characteristic for certain

groups of people mainly defined by the country or region of origin, or racial affiliations, as in

"Asian American," "Black," "Latino." Pioneers of the cultural identity model and most cited

authors in psychology and culture research were Derald Wing Sue and David Sue. Similar to Sue

and Sue's model of cultural identity development model, race specific models were developed:

Cross (1971) model of Black identity development; Atkinson, Morten, and Sue's (1989) racial

and cultural identity development model; Arce's (1981) model of Chicano identity ; Kim's

(1981) Asian identity development model; Phinney's (1989, 1990) minority identity

development model of adolescent ethnic identity development; Rowe, Bennett, and Atkinson's

(1994) White racial consciousness model; Helms' (1995) model of White identity development

(1995); Horse's (2005) perspective on American Indian identity development; Ferdman and

Gallegos' (2001) model of Latino identity development. Acculturation models (Gordon, 1964;

Berry, 1980; Berry & Sam, 1997; Castro, 2003; Chun, Organista, & Marin, 2003) were also

popular and were widely used in social research, all while community-level crime studies

stopped taking culture into consideration as an influential element in criminological studies and did not consider culture as influential in forensic disciplines and decision making.

Recently, however, more scholars have returned to the study of culture in criminology and forensics, continuing the legacy of Ruth Kornhauser. Scholars like Kubrin & Weitzer (2003) and Small and Newman (2001) among many others continued to call for a proper definition and explanation of the role of culture in relation to human behavior. Scholars also continue to address the links between "structure" and "culture." Kubrin (2009) pointed out that although ethnographic studies generally address the development of communities from the perspective of culture in its classic definition, in the past several decades ethnographers and researchers following ethnographic theories began to exhibit criticism in their works, and call for "structural recognition" as the root of the emergent cultural acceptance of delinquent and/or criminal behavior through changing cultural value systems and attitudes toward crime and behaviors associated with crime. Kubrin described it as "…hopelessness and cynicism about societal rules and their application, …resulting in 'street code' that undermines mainstream convention norms" (2009, p. 210).

To understand the complexity of integration of cultural elements into forensic clinical considerations we have to approach it from the perspective of the legal terms and conditions that bind them. In order to understand the concept of culture within a criminal forensic framework we have to aproach the concept of culture as an element of social control. Although control is often perceived as a negative quality, here it can be looked at from a positive point of view, where the very reason for ensuring control over particular elements in a culture is to fulfill the inherent need for order and for systematic processing and functioning. However, when dealing with "gray" areas of psychology-law interactions, adding culture to this already unstable and unevenly

regulated area of practice is difficult, and often requires more guidelines and specific case reviews. Here, where morality, sentiments, and sensitivities are upheld as essential elements of relationships and overall functioning in larger societal structures, such as those of organizations and cultures, consideration of ethics as the moral compass for determining the overall effectiveness of assessment and diagnostic procedures could also prove to be an element of widespread discrepancy and distress.

Working in forensic settings, the psychologist is often involved in situations where ethical and moral considerations need to be made and the boundaries between the two need to be precisely defined. For example, when dealing with competency to stand trial evaluations and recommendations for restroration, forensic psychologists may ask: "If a problem is irreversible, is there still an ethical obligation to try to reverse it?" This question summarizes the fallacy that might be seen while approaching forensic evaluations and treatment work from the point of ethical considerations, especially with a malleable and tentative entity like culture as the underlying scale according to which the diagnosis and effectiveness of the restoration treatment is perceived. In their paper, de las Fuentes, Ramos Duffer, and Vasquez (2013) claim that psychologists and forensic evaluators must abide by the "Ethics codes, Multicultural guidelines, and Specialty Standards" when working with cultural minorities (p. 308). Their claim, however, does not present the solution for all the issues brought up in the body of their article. They write:

> As ethicists, educators, clinicians and evaluators, we know that repetition and rehearsal reinforce our knowledge and skills; and, where there are no specific guidelines or criteria for meeting legal standards, as in the case for immigration evaluations (Federal Register, 1998), these codes, guidelines and standards well serve our evaluees, ourselves, the legal system, and our discipline—as they are beneficent, nonmaleficent, and just. (p. 314–315)

Such a conlusion was rather unexpected, because in the body of the article they brought up few issues specifically related to cross-cultural evaluations, and given the poignancy of the

topic, a more detailed conclusion with areas for future research would have been more appropriate. However, their conclusion continues the general theme that was found throughout my analysis, where when dealing with cross-cultural populations evaluators most often do not possess all types of expertise required for a thorough cross-cultural evaluation. By expecting a psychologist to act ethically in a forensic setting with an evaluee from a different culture we expect the psychologist to step into the gray zone of ethical considerations, and the risk of conducting an ethical violation is too high. Suggested "repetition and rehearsal" could be rather damaging in the situation where the evaluator does not posess the expertise to conduct a cross-cultural evaluation in the first place. For this reason it is necessary to develop a competent cultural consultation model in which the consultant will play an important role as a collateral information analyst.

Paasche-Orlow (2004) also adressed the topic of ethics and ethical considerations when conducting cross-cultural assessments. He recognized four main movements in Western moral theory where medical trainees may feel ethical tension when encountering cultural competence curricula – absolutism, fundamentalism, multiculturalism, and postmodernism. Absolutism holds that moral truths are self-evident and extend beyond the confines of place or time.Fundamentalism is the view that all cultures endorse certain shared fundamental principles (e.g., human rights), which are specified in various ways and upheld across cultures. Multiculturalism is the view that different cultures have different moral systems, and postmodernism asserts that each person's views have equal moral worth. He argued that for the ethics of cultural competence an essential tension exists mainly between the claims of fundamentalism and multiculturalism. Paasche-Orlow (2004) wrote:

> To practice culturally competent medical care, I maintain that health care providers must
> advance the three principles outlined earlier in this essay. Such behavior is no longer

optional or supererogatory, as was the case in the 1980s when practitioners who promoted these principles were thought to be culturally sensitive. Cultural competence goes beyond cultural sensitivity and must replace it. However, how can pluralism be morally obligatory for medical providers? This is an internally contradictory notion, whereby cultural competence seems to endorse both a fundamentalist or even absolutist rule (all providers must fulfill this set of principles) while advancing the multicultural principle of ethical relativity to respect all the various and sundry views of patients. The main error in this formulation of cultural competence is that it is based on a one-sided evaluation that focuses on patients and ignores the moral consciousness of the providers. (Paasche-Orlow, 2004, p. 349–350)

In their article, Rowley and MacDonald (2001) assume bicultural interaction as an interaction between a representative of minority culture and a representative of majority culture, in which the representative of majority culture is usually in the role of an authority, and the representative of a minority culture usually a client, or a patient, or a service provider. However, such approach is rather simplistic and does not take into consideration situations where a position of authority may be taken by a represenattive of a minority culture, and the client may be a representative of majority; and the whole dynamic changes when bicultural interaction happens outside of the U.S. Despite limitations, however, such a "majority-authority" scenario of bicultural interaction seems to be common for the earlier publications addressing cultural competency in clinical practice.

Authors also emphasize the inequality of the roles of mental health counseling professionals and legal professionals. They apply the bicultural model to describe the relationship between these two areas of expertise and assign a greater authority to the representatives of the law, and less authority to the representatives of the counseling profession, which automatically creates a professional imbalance in their roles in the overall forensic case, emphasizing the "minority" of the mental health professional's expertise.

In order to move forward, we need to explore and understand the ethical elements of culture in clinical work, and make an attempt to highlight the connections and gaps between medical, psychological and legal practices and theories.

Culture in Medical Anthropology

In their case study, Jones and Day (2011) looked at the various ways in which Victorian and Aboriginal or Indigenous individuals reacted to mental illness treatment and diagnostic methods in Australian prisons. The general population of the state of Victoria is predominantly white, but the Aboriginal population represents a significant part of the prison community as well as the national population. One of the biggest findings in this case involved the perceptions of the Australian prisoners towards mental health and treatment methods. The worldviews and understanding of mental health among white Victorians were quite different from those held by the Indigenous community in the prison. This was because the varying cultural backgrounds called for different mental health needs and requirements, depending on how cultural values and norms were molded through generations. The essence of the study lies in the understanding and acknowledgement of differences in the ways the Indigenous Aborigines view mental health and illness, along with the differences in the interpretation of symptoms and the treatment approaches developed to address those illnesses.

One of the first things suggested about the beliefs of the Indigenous people was brought forth by DeSantolo (2008), who showcases the differences in the way Indigenous people and white Victorians view mental health and illness in general. For instance, the Aborigines regard the concept of mental and physical well-being from a much wider and broader scope of understanding than the Western world. According to their belief systems, the very essence of

well-being stems from the purity and wholesomeness of the connection that an individual maintains with land that they live on and use for their sustenance, the culture that allows them to express and find themselves, the spiritual beliefs and practices that the individual uses to find their path in life, the ancestry that the individual belongs to, and their family as well as the community that they are a part of (Zubrick, Kelly, & Walker, 2010).

DeSantolo (2008) described the view of the concept of well-being from the perspective of the modern generation, where well-being is characterized as the way in which people exist in contemporary society. The existence of the individual in contemporary society is essentially based on the way in which their individual mental and physical health allows the development of proper social and cultural functionalities. Another important aspect of the overall well-being of an individual in contemporary society involves a consideration of the individual's "relation to a unique appreciation of…history and experiences" (DeSantolo, 2008, p. 47). However, when such definitions of well-being are considered from a deeper and more exploratory perspective, several fallacies with their increased level of inclusiveness and openness come to light. One of the main fallacies of the vast inclusiveness and breadth of the definitions is that it diffuses the overall level of responsibility and accountability, eventually leading to problems. The main challenge in this case is to consider elements affecting the overall mental health of the Indigenous community in a more intense or intrusive way, which accoding to Jones and Day (2011) are ignored by mainstream treatment and diagnostic methods.

Jones and Day (2011) proposed to address the ignorance surrounding these issues by keeping the following common concepts in mind when working with Indigenous populations:

Racism: The destructive essence of discrimination stems from the ability that it has to cause immense damage to an individual's perception of themselves, which could in turn result in

the eruption of emotions such as hostility and anger, and could also cause damage to feelings of self-worth. These aspects can be the constituents of the perfect recipe for mental illnesses, especially owing to the link between racism and the reporting of mental health outcomes (McDermott, 2008).

Historical and Political Elements: Colonization has played an immense role in increasing overall stress and racial discrimination amongst Indigenous populations. Beyond merely acknowledging the role that colonization and socio-political factors play in increasing stress levels among Indigenous populations, it is necessary to look at the overall picture through the perspective of culture itself. The essence of how cultural values are related to the psyche and biology have been covered above, which is why the notion of how external factors and socio-political factors impact mental health can established in an intricate manner.

Trauma and Loss: According to authors like Swan and Raphael (1995), one of the most signification causes of trauma-induced mental illness in Indigenous populations is the trauma associated with integenerational loss. Due to the overall importance that Indigenous societies place on family and community, intergenerational loss and its associated trauma can percolate into areas of consideration, such as family break-up and premature mortality among other scenarios. Hence, it is of utmost importance to consider the situation as well as the nature of the relationships that an individual from an Indigenous population might be harboring, in order to focus on the origin of the mental illness.

Life Stress: According to several studies, increased modernization, depletion of established traditonal values and norms, and overall inability to conserve cultural beliefs that were passed down from their ancestors cause Indigenous people to face numerous issues with relation to life stress, where the most seriously affected members of the society are children, who

have not been able to become accustomed to the fast pace of urban society. According to a study conducted by Zubrick, Lawrence, and Silbum (2004), up to 22% of children in Indigenous communities had faced some form of severe stress-inducing incident during the period of the last twelve months, which included events where the parents of the children were forcibly removed from them.

Stress Due to Acculturation: According to studies conducted by Sue and Sue (1990), the process of acculturation has been defined as the manner in which two cultures come together and are integrated in terms of living conditions, and sometimes even traditions, beliefs, norms, and other more culturally inclined aspects of life. However, the essence of acculturation lies in the fact that it is not always fair, owing to the compromises that both cultures have to make during integration. However, the importance of acculturation is that one of the cultures has to suffer the disadvantage of being more affected by the change than the other. In most cases, this is the minority culture, which is overtaken by the beliefs and values of the majority culture, thereby ensuring the assumed balance of the overall merger. The change could extend into aspects such as the diet of the individuals, their child rearing practices, the religious beliefs of the culture, the educational methods, the social structures, economic base, and even language. The stress due to acculturation arises because of the overall imbalance that occurs during the change itself, where one culture or population has to adjust to levels of novelty which might exceed their existing amount of resources needed for the change.

The Importance of Self-Determination: According to several studies, the importance of self-determination cannot be overstated when mental illness is concerned, due to the weight of its contribution to an individual's self-worth and self-confidence. However, the concept of self-determination is something that is considerably ignored or neglected during the process of

mental heath treatment and diagnosis. Therefore, the empirical or secondary data that surrounds the aspect of self-determination within the realms of mental health evaluations and diagnosis is scarce and largely undetermined. According to the studies conducted by Chandler and Proulx (2008), there was a direct connection observed between suicide rates amongst Indigenous youth and overall rates of self-determination. The study, conducted through the International Academy for Suicide Research, noted that when the Indigenous youth were provided with services to increase their overall levels of self-determination, their rates of suicide decreased considerably. Hence, a direct correlation from this particular study was that the more the inherent amount of control that Indigenous cultures felt towards their own beliefs and way of life, the more capable they were of dealing with mental illnesses.

Culture in Healthcare

Arthur Kleinman was noted as one of the most influential people to have produced a direct correlation between biology and culture, in order to ensure that psychiatric elements of diagnosis are not perpetrated by theoretical comprehensions which are themselves bound by the limitations of a culturally bound perspective. He is one of the first clinical researchers who argued that forensic evaluation does not need to be bound by the restrictions and constraints that are inherent in perspectives of cultural comprehension.

Kleinman's (1977) "Depression, Somatization and the New Cross-cultural Psychiatry" was directed towards understanding and outlining the discrepancies apparent in the theoretical framework used by some authors during the 1930s to decribe cultural considerations in forensic evaluation procedures. In his work, Kleinman proposed a view that highlighted a stronger connection between psychiatry and contemporary anthropology. This connection, according to

him, was to be forged out of the approach taken by ethnography as well as the conceptual models that were used for the purpose of cultural comprehension. According to Kleinman, the connection had to be made through the creation of a bridge crafted out of a universal language which could encompass the wide scope of cultural variation. One of the most interesting parts of this universality suggested by Kleinman was that the focal points of cultural formulation were the body and the self. In this case, he suggested that the universal language needed to encompass the variation that was seen amongst different cultures as far as comprehension of the body and the self was concerned.

One of the most important differences in the theories and model of functioning created by Kleinman was a reduction in focus on interpersonal dynamics and psychopathology, and increased interest in how patients could be influenced by the socio-political and moral standards that were inculcated by a community into their functional framework (Kleinman, 1987, 1988). The purpose of his model of cultural formulation is based on comprehending and describing the impact of these perspectives on the individual and the community that adopts them. In the recent years, cultural psychiatry, largely influenced by Kleinman's works, has turned into a more mainstream, more standardized form of understanding and treating mental disorders in cross-cultural populations.

The essence of his form of cultural consideration does not approach the problem of cultural influence on mental health from the perspective of cultural values and norms. Instead, it views medical symptoms and health conditions as reflections of "social, cultural, and moral concerns" (Kirmayer, 2006). The creation of this model uncovered a crucial fallacy in the traditions of scientific research and has transformed the understanding of culture into a value-free, neutral, banal, evidence-based, and technical practice.

However, even after the introduction of this new model of cultural formulation, there seems to be a great divide in the ideologies shared by the mental health practitioners in choosing the approach they adopt while tackling the subject of somatic culture. The division seems to have brought up two different sides in the battlefield of ideologies; one side is more inclined towards clinical practice, while the other side is more concerned with theory-building and self-reflective criticism.

Clinicians and scholars who are more concerned with clinical practice are responsible for transporting and transposing psychiatric theory to structure the entirety of their clinical practice. Even though clinicians who adopt this scholarly approach can avail significant degrees of experience and learning through tools and observations, a major portion of consideration for the realm of contemporary anthropology is left behind.

On the other hand, some scholar-practitioners who practice self-reflection in their clinical work are often more concerned about the development of a discipline. This involves outlining specific aspects that would form the backbone of the subject as well as the overall conceptualization of methods that would derive from the main theoretical framework. However, if both approaches are studied from a closer perspective, it seems that both are lacking in a crucial element of consideration, especially relevant in forensic setting: the changes in perspective that can be initiated by allowing enough elements of clinical experience and patient-clinician relationships to be a part of the process of cultural conceptualization of the case.

In order to understand Kleinman's cultural formulation model it is helpful to look to the work of Murphy & Leighton (1965). Throughout his life, Alexander Leighton desperately tried to merge principles of social and clinical practice to form a singular approach. The approach that he presented through his studies was used to create an integrative biopsychosocial form of

cultural formulation, which shows extreme substance in terms of the depth of the descriptions it can warrant (Murphy & Leighton, 1965). The main objective of his works seems to be directed towards creating and maintaining a dialogue between the disciplines of psychiatry and culture, which has the power to yield relevant results in theory building and clinical work.

The Culture of the Body

According to Yap (1974), whose work pioneered the study of the impacts of biology on cultural constructs, there is an undeniable link between the core psychiatric syndromes and the universality of human biology. This was based on numerous early theories, where the main assumption was the universality of biological constructs upon which concepts of culture were placed. However, this statement does not do justice to the cultural variations that are present all over the world, especially if they are derived from a universal construct of biology. In his work, Kleinman argued the universality of human biology and attributed cultural variations to differences in diet, genetics, and environment. According to other scholars the effects of lifestyle and diet have an important role in refashioning human biology, due to the patterns of behavior that were brought up by the values and norms of a society. Authors like Beja-Periera, et al. (2003), Durham (1991), and Richerson and Boyd (2005) considered correlations between culture and natural selection, in which culture acts as a mechanism to obliterate the effects of natural selection, and instead creates an environment for the proliferation of a "cultural envelope" of selectivity which is based on pre-defined values and norms. However, the impacts of culture have been more intricate and dynamic than expected, owing to the various ways in which coevolution has occurred due to this envelope of cultural values and norms. For instance, an important example was articulated by Beja-Periera, et al. (2003), where they point out how

humans who belonged to cattle rearing civilizations selectively "learned" to turn off their lactase production, due to the dependency upon the domesticated animals for milk. Here an external resource, mediated by the cultural framework of the civilization, essentially triggered a consequent biological change. Multiple changes occurred across cultures in the process of child rearing and other life processes which we see as a crucial part of human civilization.

Another important aspect that contributed to the plethora of interrelated changes in culture is the diversity in the modes of learning that humans have adopted over the years. The ability to acquire complex patterns of social learning is considered a crucial part of human society. However, the important aspect here is that this ability of ours has been considered as completely distinct from the biological constructs and systems that each one of us embodies. A direct correlation of this particular statement arises from the transmission of specific learning patterns and complex modes of information assimilation, which are directly dependent on specific patterns of physiological functioning (Flinn, 1997).

Authors like Tomasello (1999) and Castro and Toro (2004) highlight another important aspect of human biology: the inherent degree of preparedness with which we have and still are integrating cultural values into our biological constructs. In more biological terms, this element of preparedness that is seen amongst us humans is reflected in our ability to build and integrate the neural connection to assist us in encapsulating existing and new cultural norms and values. One of the biggest evidences that strengthens the inherent adeptness with which humans integrate cultural values with their biological mechanisms is the neocortex itself, the biggest part of the human brain. The neocortex is responsible for the curation of social activities as well as interactions, which means that this part of the brain helped our ancestors create plans and events which formed the first civilizations.

One of the most important aspects of the relationship between biological universality and cultural variation uncovered by scholars like Kleinman (1977) and Kirmayer (2006) was the creation of processes known as bio-looping. These biological processes were initiated through the interaction of cultural values and systems with brain physiology, where the cultural framework acted as an important medium for "setting up and maintaining vicious circles of symptoms amplification" (Kirmayer, Groleau, Looper, & Dao, 2004). Oftentimes, treatment of mental disorders and perseverant habitations needs to occur through the breaking of these vicious cycles of symptom amplification, by targeting the same through any of three different approaches, namely cognitive, individual, or social contingencies. At the same time, as we continue to delve into the inner realms of the biological framework responsible for the formulation of the cultural norms that we follow, another important perspective lies on the border between clinical and self-reflective practice. This perspective, especially emphasized by Keller (1995), posits that not only are our perceptions towards our own biological constructs heavily influenced by our cultural beliefs and values, but that the technological approaches and constructs that we use to plumb the depths of our biological frameworks have been influenced by culture as well.

This statement by Keller opens up several problems with the biological constructs, which would be better approached if considered in the form of questions rather than conclusive statements. One of the main characteristics of the biological construct theory of cultural values and systems is that it constantly redefines the metaphors that encapsulate the technologies directed towards the understanding of the self and the body. Moreover, the theory of biological constructs has the characteristic of constantly striving toward increasing the emphasis on socially dominated ideologies.

One example of this is that the biological construct-based approach tends to classify mental health problems as originating within the "hardware" of the brain. However, even though this mode of understanding or assumption may prove to be considerably helpful for certain social and political forces, there is a vast gap in terms of the overall impact that "software" or the environment have on these disorders (Lewontin, 1992). In this way, biological construct theory can provide an excuse for neglecting numerous social contingencies which operate without considerations of biological elements, and act as a huge hindrance to the overall psychological or physical well-being of the individual in society, especially in communities and larger social configurations (Kirmayer & Young, 1999). Therefore, the inclusion of biological constructs into the mechanism of cultural understanding might be crucial for ensuring a better viewpoint for the study of the impacts of culture on behavior.

Culture as a Narrative for the Mind

One of the biggest developments in terms of the models of cultural considerations was the creation of a discursive force that has pushed the focus from one end of the spectrum to the other: in this case, from concentration on the underlying psychological mechanisms to the concentration on individual narratives. The narrative approach encouraged the use of narrative descriptions to guide the creation of behavioral patterns, while simultaneously using the narrative to define these experiences for themselves (Harre & Gillet, 1994). The consideration of language and established social structures also allows biological and psychological constructs to be included in the narrative.

When considering a narrative approach, it is important to understand that "narrative" is a story, or description of an event or a concept. It is not necessarily linear and/or chronological. It

is a language-based representation of the event or concept, and it can change over time. The concept of collecting the narrative as data for forensic psychological assessment and analysis becomes more complex because of the clash of the binary "true or false" based culture of the law, and malleable culture of life narratives. Therefore, when using cultural narrative data, the evaluator needs to communicate this cultural consideration of communicative style to the court so that it is not mistaken for dishonesty or evasion. Allison Pugh (2013) and Stephen Vaisey (2009, 2014) address the concept of in-depth interviewing as the way of collecting cultural narrative data. They point out the challenges raised by the linear Western way of thinking, which they call "cultural incoherence" (Pugh, 2013, p. 45, 48) which means the tendency for people to describe events in a contradictory and inconsistent manner, and being unsure of the nature of their actions and motives.

In terms of understanding culture, one of the best methods is to consider the human organism as a medium through which culture flows. In this case, some of the most prominent literary works throughout history have pointed out the importance of a central narrative for the comprehension and assimilation of experience and identity (Bruner, 2002; Kirby, 1991; Sarbin, 1986). According to these scholars the essence of the self is built up through the experience of a multitude of conflicting and contrasting stories aiding in the very comprehension of self. However, in order to truly grasp the extent of this approach, spoken language has to be considered as an equally important element of the narrative of the self. This includes the practice and literary phenomenon of actual self-narrative, inner monologues, and other forms of linguistic expressions we use to establish and define our social position (Harre & Langenhove, 1999). The essence of narrative lies in how they are used, including the point of view of the speaker, the way the point of view is interpreted by the listener, and the distinct responses of the individuals who

are privy to the narrative on the basis of their position. Moreover, the ways in which narratives build up towards specific experiences and contribute to a lifestyle or ideological belief systems are also parts of culture to be considered.

Sperber (1996) argues that instead of merely considering narratives for the self as a means to understand culture, one should look at the various opportunities that this method opens us up to. First, the approach opens interpretations of culture as a living, breathing system that incorporates and grows through the introduction of subjective and perspective-filled stories (Sperber, 1996). It aids in understanding the scope of power our stories and that internal narratives have in shaping the foundations of culture and promoting new cultural perspectives. These narratives and stories have the power to introduce meaning into our actions and help us to understand the intentions leading to those actions. Through the use of the narratives and open-ended story creation, Kirmayer (2000) attempted to explain how communities are able to come up with accounts of symptoms and causes of mental disorders that make the contradiction, multiplicity, and tentativeness of medical interpretation more apparent.

An example of the malleability of culturally mediated interpretations of illness through the use of narratives was given by Groleau and Kirmayer (2004) in the case of Vietnamese immigrants in Montreal. According to the authors, the cultural interperetations in this case were formulated through the use of themes and cyclical narratives, with additional help of specific events in the life of the patient. Themes, narratives, and events were used to recreate experiences and create new perspectives on particular illnesses or symptoms. In this case the patients, if given a chance to utilize an open-ended narrative to make sense of their symptoms and their illnesses in general, were able to utilize mechanisms of self-contradictory narratives to imbue increased clarity into commonplace events that, in turn, contributed to the sense-making process

itself. Narratives here can be described as a sort of evolutionary mechanism used to reassess prior accounts and impressions people might have gained throughout their lives, to reach the objective of adding meaning to particular illness or symptom. "Indeed, such self-questioning and contradiction may be a mark of authenticity and integrity as the individual moves to clarify and take a stand in response to shifting realities" (Kirmayer, 2006, p. 134).

In the end, the narrative approach opens up some significant "plot-holes" in the theories which clinical practitioners adopt for themselves and use in their practice. Narrative approach takes into consideration the essence of practicality as a mode of conceptualization which holds much more merit than self-reflective modes of theory building. The quintessential question for a user of the narrative approach is: *if culture is inherently malleable and tentative in nature, does the restriction of meaning of a particular symptom or illness to a specific frame of consideration act as a largely myopic mode of sense-making?* This questions is concerned with the tension between the nature of meaning making that most professionals consider to be reflective of technical understanding and comprehension, but which are essentially reflective of systems of power rather than true freedom of interpretation and hence, are far from the truth (Kirmayer & Young, 1999). The approach of restricting meaningful interpretation of symptoms to one particular frame of reference is indicative of a singular, which authors like Kleinman have previously warned us against, political control, scholarly preciseness, and clinical effectiveness. In this case, the best way ahead seems to be to adopt a mode of discursive pathology, in which the malleable nature of culture is used to the benefit of sense-making rather than being seen as an obstacle towards the specificity and effectiveness of clinical practices in general. The way forward is to look at symptoms as numerous layers of potential meaning drawn together in a knot, which cannot be easily disentangled.

Culture in Clinical Practice

One of the main aspects in understanding the role of culture in forensic practice, including assessment and diagnosis of mental disorders, is comprehending the integral way in which diagnostic procedures have advanced over the years. The significant element which has helped in the advancement of these procedures is an ongoing practice of systematization which was initially established as the basis for classification of mental disorders through the understanding and implementation of descriptive psychopathology and phenomenology. According to Mezzich and Jorge (1993) the classification of diseases on the basis of certain instrumental processes has helped considerably in the process of diagnosis and treatment.

However, even after the creation of these modes of measurement and diagnostic comprehension, several scholars and clinicians highlighted a number of limitations in the use of these modes with cross-cultural populations due to the lack of cultural considerations. The essence of this disappointment originated from the growing number of limitations caused by the luck of understanding of the complex relationship between cultural context and the overall usefulness of the recommended evaluation and diagnostic methods proposed by DSM. Because of the aforementioned limitations, scholars like Barron (1998) and Kleinman (1988) began to emphasize the importance of culture in diagnostic procedures. The surface of this particular correlation lies in the cultural basis behind an effective relationship between the clinician and the patient, which is essential for the proper clinical conduct (Tasman, 2000).

During the preparation of DSM-IV the opportunity to include cultural concepts in the framework of psychiatric assessment and diagnosis was introduced. It was decided that the necessity to include a cultural axis is as much a consideration as introducing a new form of treatment for culturally related conditions. This decision was taken during the National Institute

of Mental Health (NIMH) Conference on Culture and Diagnosis held in Pittsburgh in 1991. This was the first time the narrative form of cultural formulation was proposed as a guideline for culturally informed assessments and diagnosis.

Adhering to these specific needs, the creation of the first complementary cultural formulation was initiated, which derived from significant literature and discussions based on the observations of the NIMH Group on Culture and Diagnosis. The main aspects of the DSM-IV model of cultural formulation (CF) included cultural identity of the individual; cultural explanations of the individual's illness; cultural factors related to psychosocial environment and levels of functioning; cultural elements of the relationship between the individual and the clinician; and overall cultural assessment for diagnosis and care.

The use of these guidelines has been stipulated in order to ensure cultural considerations become an integral part of the assessment and diagnosis procedures. However, according to the researchers who studied the applicability and effectiveness of the CF model, one of the biggest limitations of the model was the fact that no specifications were provided for its application. From there, even though the introduction of cultural guidelines have been a huge step in the direction of understanding the inherent importance of culture in the process of diagnosis, creating the manual to improve the applicability of the model became the next goal in the development of the DSM CF model. The essence of that goal was in transformation of the DSM-IV cultural guidelines into an essential practical element designed to help clinicians to apply the model.

During the development of the DSM-5, Constance A. Cummings, a project director of the non-profit Foundation for Psychocultural Research, wrote in a blog post: "…the DSM-5 is a vast improvement in its treatment of culture. It reflects a much more inclusive description of the range of psychopathology across the globe, not just the particular constructs or exemplars most

commonly encountered in the US, Western Europe, and Canada. I think the cultural component of DSM-5 has the makings of a model on which subsequent versions of the manual should be based" (Cummings, 2013).

Since then, development of the DSM-5 from the accumulated knowledge of the DSM-IV and 12 years of additional research, multiple important changes happened in the development of cultural guidelines and cultural formulation interview manual. The DSM-5 itself became more culture-oriented and revisions to the overall diagnostic criteria and the clinical process of diagnosis include elements of culture.

Significant changes also occurred within the diagnostic criteria of some mental disorders. Cultural elements were taken into consideration when designing the process of differencial diagnosis for phobias, dissociative disorders, personality disorders, and sexual disorders. The DSM-5 looked at the phenomenon of phobias, including agoraphobia, social anxiety disorder, and other specific types of fears, through the lens of cultural difference. In this case, the DSM-5 considered the cultural background of the individual to be an important part of the development of the phobia itself. The essence of this conclusion is what diverts the DSM-5 views from the views of the DSM-IV. At the same time, the DSM-5 considered the phobia through the lens of cultural construct, which in turn led to the understanding that the danger is not as much accentuated as the perceived threat that the individual feels towards the situation. It is not the danger of the situation that dominates, but rather the element of fear that is accentuated by the individual's culture (APA, 2016).

Further, in terms of dissociative disorders, which include fugue states, dissociative identity disorder, and derealization, DSM-5 takes into consideration the fact that cultural environments in the Global South may treat or perceive the disorders in a way that may be

different than that of western societies (APA, 2016). Another important aspect that was considered in DSM-5 was the concept of pathological possession, which results in considerable dissolution of identity and personality. This element of pathological possession is seen as an important part of rituals and ceremonies in some cultures, while other cultures might view it as an important medical fallacy.

Another notable change between the DSM-IV and the DSM-5 was the inclusion of cultural and religious factors as important collateral factors that contributed to the emergence and expression of sexual dysfunction and sexual disorders. Along with cultural and religious stances, other important collateral factors included elements such as individual vulnerability, relationships, and partners (APA, 2016).

However, although the DSM-5 has integrated cultural considerations in assessment and diagnosis, the DSM-5 diagnostic interview requires additional attention. Here it is important to note that the DSM-IV and the DSM-5 consistently caution its users on the limitations of the application of the DSM diagnostic and evaluation practices in forensic settings. The note in the DSM-IV states the following: "The clinical and scientific considerations involved in categorization of these conditions as mental disorders may not be wholly relevant to legal judgments, for example, that takes into account such issues as individual responsibility, disability, determination, and competency" (American Psychiatric Association, 1994, p. xxxvii). The DSM-5 expanded the caution further and explained the limitations: "When DSM-5 categories, criteria, and textual descriptions are employed for forensic purposes, there is a risk that diagnostic information will be misused or misunderstood. These dangers arise because of the imperfect fit between the questions of ultimate concern to the law and the information contained in a clinical diagnosis" (DSM-5, p. 25). Although the authors of the DSM IV and the DSM-5 do

not specifically mention the application of the cultural formulation and cultural formulation interview in forensic settings, they emphasize attention of the importance of the relevant clinical training when using DSM materials, once again bringing attention to the importance of the relevant cultural competency training prior to using the DSM materials in evaluation and diagnosis.

Both the DSM IV and the DSM-5 have listed some essential points that need to be considered during the process of conducting a culturally competent diagnostic assessment (Mezzich, Caracci, Fabrega Jr., & Kirmayer, 2009). In lieu of these points of consideration, the process of interviewing is as follows:

The clinical interview. Clinical interview is an essential part of psychiatric practice. The clinical interview helps the practitioner understand the basis of the condition that the patient is describing by taking into consideration the symptoms and other information reported or demonstrated by the interviewee. Another important function of the clinical interview is to establish a strong connection between the clinician and the patient, so that the rest of the process can go on without any obstacles or issues.

An important element of the clinical interview is establishing trust and respect between the patient and the clinician in order to ensure that the engagement between them is maintained at high levels of solidarity and fundamental humility while approaching the disorder or the condition. An interview also ensures that the information the clinician utilizes for the diagnosis is valid, reliable, and complete. This includes forming an accurate understanding of the issues that trouble the patient, from the subjective perspective of the patient and from an objective observation of the clinician. And the interview should assume a particular flow, which is in turn determined by the tone that is used to ask the questions, as well as the overall comfort that is

established between the patient and the clinician. The interview should be done in the spirit of open inquiry, where the patient is not restricted or bound by medical or technical aspects of consideration, which in some ways hinder the right to question the procedure itself.

The structured interview usually follows a pre-defined set of guidelines, which in turn include elements such as opening, body, and closure. This includes adhering to ethical elements of understanding and inquiry, such as being aware of the distress of the patient, the overall purpose of the interview, sensitivity of communication, and cultural background (Roter & Hall, 2006).

The most important part of the interview is to understand that the main purpose is to ensure that it forms the foundation for a diagnosis. This is where it is essential to comprehend the personality as well as the needs of the patient, such as ensuring that the interview is tailored according to the patient's presentation. It is important that the clinician maintains consideration about the way in which the patient formulates his/her accounts of the disorder, as well as the inherent interpretations that he/she might have about their condition.

Opening phase. The opening phase is of importance to the overall success of the diagnostic procedure. Mezzich et al. (2009) suggest that a clinician pays attention to the environment of the interview space through making sure the seating and even the ambience of the entire room is prepared for the examination of the patient without being too much of a hindrance to the proper procedure itself. Further they recommend establishing a proper connection with the patient, with complete transparency and clarity in terms of the discussion that is to take place, explain the overall purpose of the interview, including the essential technical elements and the underlying process of observation that the patient would be under for the duration of the diagnosis (Mezzich et al., 2009).

Body of the interview. The first task is to establish a specific framework that would be used to identify and understand the presenting issue. The first step towards understanding their condition is to take into consideration the cues and descriptions that the patient gives about their condition. The concepts and the way in which the patient describes their condition can be used as the basic guideline according to which the clinician can tailor their diagnostic decisions. The clinician can also resort to the use of probes to understand or objectively analyze the problem at hand, which can give a considerable amount of insight into the condition itself. The probe can also be directed toward understanding and connecting the medical history of the patient so that the present condition can be tackled efficiently and in a meticulous fashion.

Finding and arriving at a common ground with the patient, where even the most technical elements of the diagnosis become clear with the patient, is essential. This ensures that there is a shared understanding of the essence or the origins of the problem, along with a sensitive look at the various collateral areas of damage that it could cause. This process also involves ensuring that the patient understands the nuances of the treatment that would be used for the condition of the patient. Hence, establishing a common ground between the practitioner and the patient is an important aspect of ensuring the effectiveness of the cultural formulation model or comprehensive interview that would be built through this dissertation (Mezzich et al., 2009).

When treatment is the part of the plan, Mezzich et al. (2009) suggest that the planning of the treatment should be a part of the whole evaluation and diagnosis process. The planning of these crucial parts of the treatment process would involve taking into consideration the relationship formed between the fields of comprehension and perception shared by the clinician and the patient. The planning of the process should also take into consideration the expectations

that the patient has about the treatment. This is especially important because the expectations of the patient might be strongly influenced by their cultural background.

   Closure. Mezzich et al. (2009) suggest ending the interview in a fashion that is conducive to the views and perspectives of the patient about the scenario that they find themselves in. One of the main aspects that determines closure of a diagnostic assessment procedure is the assurance that the patient is in safe hands. This is done by tying up loose ends and filling any gaps in information that could contribute to future misunderstandings. Some of the best ways to do the same would be to give the benefit of doubt to the patient themselves, so that their recommendations are taken into consideration throughout the process of the diagnostic procedure. The final note of the interview should end with a reassurance that an agreement has been reached between the patient and the clinician as far as the diagnosis is concerned (Mezzich et al., 2009).

Cultural Formulation of the Illness

   When considering the culture of the patient, the process of diagnosis must be viewed as a process of interpretation rather than a process that depends on pre-defined frameworks and standards. The interpretation essentially occurs in two frames of reference, internal and external.

   The internal framework of the patient defines their perceptions, perspectives, and ideas about their condition. In other words, the essence of the internal frame of reference includes the reasons that the individual attributes to a particular disorder or treatment, along with the various verbal and non-verbal tools that they use to express and articulate the same. Therefore, the internal frame of reference may be crafted out of culturally acceptable notions about medical conditions, diseases, intervention, and even the patient's identity.

To gain a proper understanding of the perceptions harbored by the patient, it might be necessary to consider the various external factors, such as the upbringing of the patient, the overall perception of situation/condition by the family members of the patient, the perceptions shared by the patient's community, as well as the medical history of the patient. The inherent ways in which a patient identifies with their disease or condition forms a major part of the cultural consideration that drives forward the diagnostic procedure.

The internal frame of reference that the patient harbors can be a huge reservoir of information that could point to the comprehension of how cultural norms and values affect the perception of the disease or condition that the patient is afflicted with. Some of the most important elements of patient's internal frame of reference are as follows:

- The perspectives the patient adopted from their cultures and the communities they live in. Not only does this include the personal opinions of the patient, but also touches on the numerous ways in which the social perspectives of the patient influence the way they look at the condition that they are afflicted with;

- The myriad cultural meanings, as well as the overall process of meaning-making, which is representative of the patient's way of life, and in which the patient functions in the world. This also includes the systems of symbolism and the meanings which form the relationships the patient maintains with the physical, as well as their cultural frameworks;

- The overlap that occurs between the patient's cultural and the social perspectives of the world. This includes the lens of cultural assumptions and

perspectives through which the patient differentiates the self from the

members of their communities or people outside of communities.

Based on the internal frame of reference harbored by the patient, the clinician formulates

their own understanding of the illness, which in turn is heavily dependent upon the cultural

backing that forms the crux of the creation of the internal frame of reference. In order to

strengthen the diagnosis, the physician takes numerous elements into consideration, including the

cultural conflicts that might hinder the relationship shared between the patient and the clinician,

the cultural and social standards which the patient based their support systems on; the experience

that the patient has in terms of dealing with the illness; and finally, the perceptions that the

patient harbors towards their own identity from a cultural and social point of view.

In order to complete the cycle of diagnostic formulation, there has to be a considerable

degree of understanding of the cultural affiliations shared by the clinician. The overall aspects

that form the cultural identity and the social perspectives of the clinician could include the

influences that dominant society has on the cultural perspectives and perceptions of the clinician;

the cultural background of the clinician and the overall way in which it has impacted their

cultural identity; the inherent way in which the culture of the institution, namely the clinic,

hospital or the like, has affected the overall cultural identity and cultural perceptions of the

clinician; and the cultures which form the practices of psychiatry and biomedicine in general,

which is inclusive of the various ways in which the practice has been shaped in the first place.

These elements help outline the overall approach to the cultural formulation of an illness.

However, we must consider various ways in which cultural interpretations can impact the overall

mechanism of assessment and diagnosis. The first aspect that needs to be considered is the

patient's cultural understanding of the medical system and the ways of healing. A clear and

precise understanding of this will lead to a better comprehension of the way other systems (judicial, political, legal, and anthropological) are considering cultural reservoirs of meaning and semantics.

Cultural Considerations in Forensic Evaluations

Once the basis of the cultural understanding is established, the essential elements of literature pertaining to the field of medical analysis and comprehension can be approached through a wider scope of reasoning. Elements such as professional ethics as well as medical law have a considerable impact on the way in which forensic psychologists and clinicians approach cultural aspects of numerous mental disorders. The overall culture of forensic psychological evaluation practice impacts clinician's thinking and the process of decision-making. This is especially apparent in the way in which institutions monitor the practices and the methods used by the clinicians and, to an extent, determine the views and manner of assessment and treatment itself (Aarons & Sawitzky, 2006).

This is especially apparent for institutional culture, including their policies and procedures, as well as the state and federal laws that affect expectations for rehabilitation or retribution. They also impact the definition of the very concept of criminal intent within each culturally-diverse case that falls into hands of the forensic evaluator (Kirmayer, Rousseau, & Lashley, 2007).

In order to fully understand the impact that culture has on the process of forensic evaluation, one needs to examine the impact that the decisions of forensic evaluator have on lives of defendants, especially cultural minority defendants. According to Carter and Forsyth (2009), as well as Butts (2002), this impact is especially apparent when minority cultures and groups

face discrimination through clinical assessments deficient in cultural sensitivity, restrictive hospital measures, and biased seclusion on the basis of cultural background (Price, David, & Otis, 2004). Through the specifications of all these elements, the aim is to identify and specify the inherent lack of regard for culture within forensic evaluations.

Even within the wide scope of elements that the DSM-5 has mentioned in its cultural formulation section, the emphasis that most textbooks give towards cultural considerations in evaluation or diagnostic procedures is considerably low. For many years most of these textbooks have completely omitted cultural considerations during forensic evaluations. Some of the main areas where most textbooks somehow seem to inculcate the concept of cultural dependence is during the scenario where a patient refuses treatment. Each situation where a minority patient refused treatment was attributed to a cultural basis or a diverse origin of judgment (Kaplan, Bursztajn, & Alexander, 1991).

At the same time, numerous studies depicted the ways in which authors appoach the concept and practice of culturally competent forensic evaluations. For instance, there are scholarly sources which cover the cultural dimensions surrounding the diagnosis and the underlying bases of criminal behavior, as well as forensic cases in general. However, while these texts may guide the theoretical understanding of the cultural dimensions of behavior, the overall utilization of the knowledge from a published text cannot act as a particularly effective medium during forensic assessment interviews (Tseng, Matthews, & Elwyn, 2004).

On the other hand, there are also numerous texts or scholarly sources which mention cultural considerations on an individual basis, depending on the group characteristics of the patient. These characteristics include proscriptions and prescriptions that might best suit the profile of this particular group, but not necessarily an individual case. An example of evaluator's

reliance on a group characteristic would be the way in which an evaluator interprets the behavior of an evaluee of an Asian ethnic background, relying on a patriarchal group characteristic, which in general perceives of men as more adept than women. Even though the evaluator might consider adopting a cultural perspective that entails elements of patriarchal dominance when dealing with Asian evaluees, they might find themselves in an area of understanding that is myopic to the repercussions and the existing conditions which were built on the general understanding of Asian culture as a group. Instead, evaluators will benefit from considering variation within a group. For instance, even though the elements of cultural identity surrounding Asian populations might be perceived as patriarchal, nations like Pakistan, Bangladesh, South Korea, and India have had female prime ministers. Considering all these elements, it seems that one of the biggest problems in the approach taken towards group differences as a basis for cultural competence is that it partially or completely ignores internal differences as well as individualistic approaches that have been shaped through the exposure to acculturation throughout a lifetime (Bibeau, 1997).

Owing to the overall lack of understanding and consideration of cultural elements in forensic evaluations, it has become a matter of utmost importance to rupture the limited scope of cultural inclusion that most procedures are characterized by. In order to ensure that the overall vastness of culture is considered during the process of forensic evaluation, there are some essential factors that need to be considered during the evaluation process. The areas of consideration in this case are as follows:

The cultural identity of the individual. In most cases, some of the best and most common ways to identify the cultural identity of an individual lie in the comprehension of the reference group or cultural "segment" that the individual belongs to by analyzing the national

affiliation of the patient, race, religious beliefs that they might share, and the linguistic mode of communication intrinsic to the individual. However, there might be numerous ways in which the cultural "segmentation" of the patient may assume mediums of classification that could include social standing or status, migration status, sexual orientation, and political viewpoints. These mediums of classification could provide an understanding of the cultural identity of the individual that might be quite different and even contrasting to the original identity. Instead of making assumptions, the cultural identity of an individual can be accessed and comprehended through the use of direct questions, which could include inquiries about the evaluee's ancestry, differences and similarities the evaluee shares with their parents, and inclination towards a particular group or a particular ethnic background (Mezzich et al., 2009).

However, the approach can change when considering the specifics of the forensic case an evaluator is dealing with. For instance, if the individuals under consideration are refugees or immigrants, the clinician can pay special attention to understanding the impacts of acculturation that might have happened since their move from their country and culture of origin. In this case, the clinician can include questions about preferred types of food, culturally important dates, most visited internet sites, television channels, preference in books, magazines, radio, and music entertainment. It may also help to inquire about elements of the evaluee's culture they like and value, as well as the elements of culture they find less important, or less likable. The discussion of cultural elements could be a good start at explicating acculturation and multiple identities. It may be appropriate to consider a "cultural trajectory" a concept that runs parallel to the concept of personal narrative described earlier. The exploration of cultural trajectory is aimed at identifying where the person is now, and, to some extent, where they have come from culturally, but not where they are headed. For example, when asking an evaluee about their thoughts about

future, it is important to acknowledge the difference between statements like: "When I retire I'm going to go back home to my village in Mexico," and "I never want to see or hear of Syria again."

For a better understanding of specific cultural elements relevant to the case at hand Kirmayer (2006) recommends including interviews with the patient's health care professionals, friends, and family members as part of the evaluation procedure (Kirmayer, 2006). Maddux (2010) advises clinicians to utilize the help of an interpreter when diagnostically sensitive content is at play. Diagnostically sensitive content may include linguistic elements such as unfamiliar or unusual words, speech styles that have never been encountered by the interpreter or clinician, slang terms and racial slurs, including profanities, that might be a staple of a particular ethnic background or cultural segment (Maddux, 2010). Other types of analysis of the details of patient's speech can be discussed with interpreter prior to assessment. Important details can include: rate of speech, fluency, use of words, pronunciation, structure, comprehension, and other relevant speech characteristics.

Culture in diagnostic procedure. One of the most important parts of the process of evaluation comes after the clinician completed the interview and began to build an understanding of the identity of the evaluee. When appropriate, the clinician's understanding of the identity of their client and the issues at hand may form the foundation for the diagnosis. When diagnosis is a part of the evaluation, this step should involve a direct communication between the evaluator and their evaluee. If cultural beliefs of the patient take center stage in understanding the symptoms and the illness, some of the questions asked in this process should include inquiries about the patient's attitude and understanding of mental illness in general, and the specific condition they are dealing with. Kleinman (1980) also suggests asking questions like:

- What, according to the patient, is the best way to diagnose the condition they are dealing with?

- What, according to the patient, is the prognosis of the illness?

- Does the patient have any particular name that they might have attributed to their condition?

Answers to these questions will provide the clinician with an opportunity to inculcate patient's cultural background and family history into their evaluation. Another important point of consideration includes an understanding of whether any other member of the family had similar condition. In this case, it is important to understand if this experience has shaped the evaluee's perception towards the condition, which will help the evaluator in comprehending how assigning a diagnosis could influence the patient. Once this part has been established, the next step would be understanding and evaluating the patient's perception of treatment and the outcomes of the condition (Kleinman, 1980).

Cultural factors related to psychosocial environment and levels of functioning. One of the most important aspects of culturally competent evaluation is the identification of client's social supports that will help in determining the baseline beliefs and behaviors before the diagnostic procedure takes place. However, according to Boehnlein et al. (2005), merely identifying social supports is not enough for a culturally competent evaluation. One of the most important areas authors point out is acknowledgment of the diversity within the culture at hand. Aspects such as stress, gender, age, acculturation, and immigration status play an important role in individual cultural identity. Other less obvious aspects to take into consideration are details of the case and identification of possibility of secondary gain. For example, in a personal injury case, expectation of workers' compensation may become an issue that can be viewed as one of

the influential factors in clinical decision making. While not being viewed as a cultural event, it may have a significant cultural impact on the life of evaluee and their family. The significance of this element in this case could include the individuals that the patient draws support from during times of stress, or individuals that were supported by the patient, where depending on whether the person is from an individualistic culture or from a collectivistic culture, the degree of involvement of the family during the illness or financial loss could differ to a large extent (Lefley, 2000). In either case, using social supports as well as stressors in order to create an overall profile of the patient can be a useful element in understanding of the culture of the patient.

One of the elements of forensic evaluation is to look at the essence of the problem from a purely objective point of view. By doing so, the forensic evaluator is able to understand the numerous expectations that arise from the personal perspectives of the patient, which in turn give rise to responsibilities, activities, and the roles that each individual plays in the patient's community. Boehnlein et al. (2005) even recommend that clinicians get in touch with family members of the patient in order to understand the way in which their culture empowers them or provides them with a pre-defined framework to deal with stressors, including mental conditions. However, while authors point out to the need to maintain the privacy and confidentiality, in order to ensure the overall sustenance of trust while catering to the requirements of the evaluation process, such goal may not be achievable in certain kinds of forensic evaluations, therefore placing a lot of strain related to trust issues on the client and evaluator.

Cultural basis for the relationship between the patient and the clinician. In order to maintain a promising and trustworthy relationship with the patient, the clinician needs to first recognize the impacts that education, class, religion, language, and race have on the patient's

understanding of the biomedical system. One of the essentials in this case is for the clinician to take note of any stigma that might be present in the relationship that they share with patients, owing to the patient's experience with mental illness and medical personnel in general. This can determine the attitude of the patient, which is inherently backed by cultural assumptions that act as experiential supporters in this case.

However, instead of merely focusing on the cultural forces that bind together and form the perspective of the patient towards the treatment, the physician should also focus on understanding their own cultural aspects that impact the relationship. Clinicians need to first acknowledge that their own cultural identities are crafted out of their cultural backgrounds and the experiences which are shaped their *self*. The areas of which clinicians should take special note of involve aspects such as behavior, perception towards the realm of biomedical treatment, the languages they speak, intercultural enmities and affinities, as well as values in general. The clinician should assume the greater responsibility as well as a higher degree of accountability in this case, by considering unconscious modes of thinking and perceptions that may have erupted out of educational upbringing, values churned out of personal emotional behaviors, and other motivations (Hicks, 2004; Griffith, 1996).

In many cases, the responsibilities that the clinician needs to embody are much bigger than the patient, even though this may be apparent due to the nature of the relationship. However, what needs to be included and acknowledged in this case is the concept of cultural connectedness and the inherent way in which higher degrees of the same could impact the relationship in drastic ways (Griffith, 1996). Hence, questions such as *am I over-identifying with the patient?* or *is a decision being taken solely on the basis of the cultural stigma towards the patient?* or *is the patient disclosing elements that can be avoided if the cultural connectedness*

had been lower between us? need to be asked during the process of evaluation. In this case,

issues such as countertransferences and ethnocultural transferences could take on significant

roles in the process of evaluation, owing to the various ways in which the emotional reaction of

the clinician towards the contributions of the patient could impact the overall process of

diagnosis and treatment (Comas-Diaz & Jacobsen, 1991).

Existing Cultural Consultation Models and their Application

One of the most researched and developed models of cultural consultations is the Cultural

Consultation Service (CCS), which was developed by Kirmayer and colleagues and first adopted

to clinical practice in Canada. The CCS is a specialized mental health service located in the

outpatient psychiatry department of the Jewish General Hospital (JGH) in Montreal. Established

in 1999, the CCS aims to improve the accessibility and cultural appropriateness of mental health

services for the multicultural population of the greater Montreal region, including immigrants,

refugees, and ethnocultural groups (Kirmayer, Guzder, & Rousseau, 2014). CCS offers cultural

psychiatric consultations, gathers information for multicultural mental health, and provides

cross-cultural training to mental health professionals. The Jewish General Hospital is a

community hospital associated with McGill University. It is located in an inner-city

neighborhood of Montreal with a large population of newly-arrived immigrants and refugees.

Since 1990, CCS developed a consultation-liaison model of clinical care that integrates medical

anthropology, psychiatry, cognitive-behavioral, and family systems perspectives (Kirmayer et

al., 2003).

The CCS is most often utilized for clarification of diagnosis, for treatment planning, and

cultural issues in clinical care. It is an independent service, which receives referrals from

psychiatric care clinics, mental health clinics, and primary care physicians. As an independently functioning institute, CCS does not take over the care of referred patients but collaborates with existing care providers to ensure culturally appropriate service. According to authors, the CCS's approach to cultural consultations "is consistent with the values of Canadian multiculturalism, which aims to recognize and respond to cultural diversity within mainstream institutions (Kirmayer et al., 2003, p. 43)".

The core CCS team consists of a clinical coordinator, three part-time psychiatrists, and a network of interpreters and culture brokers who are generally mental health professionals, medical anthropologists, and other persons knowledgeable about specific cultural communities (Kirmayer, Guzder, & Rousseau, 2014).

The process of cultural consultation typically consists of initial assessment and a case conference. Initial assessments of the patient are conducted by the CCS psychiatrist or psychologist with the assistance of a culture broker, whose role it is to clarify the cultural context of the patient's illness. Such assessment may be conducted with or without an interpreter. According to Kirmayer, Guzder, & Rousseau (2014), all of the cases reviewed in the book were conducted without an interpreter but utilizing the multilingual abilities of culture brokers.

The role of a culture broker is multifaceted, and they are an essential part of the CCS. There are over 60 culture brokers employed by the service. Most culture brokers are multilingual and bicultural mental health professionals from diverse backgrounds in mental health or knowledgeable members of specific ethnocultural communities (Dinh, Groleau, Kirmayer, Rodriguez, & Bibeau, 2012). They provide single consultations on a fee-for-service basis. The culture broker may interview patients and/or members of their community without the psychiatrist present if more cultural background information is required. After the interviews, the

culture broker prepares a report following an expanded version of the DSM-IV-TR outline for cultural formulation (Kirmayer, Thombs, Jurcik, Jarvis, & Guzder, 2008).

The second stage of the consultation is a case conference, designed to address the initial referral question. During the consultation stage the case is discussed between consultants, culture brokers, professionals, and trainees in psychiatry, psychology, anthropology, and other social sciences. Authors pointed out that the referring clinician is always invited to the case conference, "but usually cannot attend due to other work commitments" (Kirmayer et al., 2008, p. 45). All CCS case conferences are chaired by the psychiatrist who also directs the service. The chairperson is a white man who speaks both French and English. All CCS case conferences are organized according to the following schedule: the CCS consultant opens the meeting and presents the case. The referring clinician is invited to make an input into clarification of the case and the referral question. The culture broker then presents the cultural formulation report they prepared during the first stage. Their presentation is always followed by open discussion of the case by all present in the meeting. During the discussion the CCS consultant addresses the main of the discussion and ends the meeting with a summary and recommendations. Most conferences are audio-recorded and transcribed as part of an ongoing research protocol. The recordings and transcripts of these meetings provide the group with the data for their research.

Adeponle, Groleau, and Kirmayer (2015) illustrate the process of cultural consultation, and explain the process of "*problematization of the diagnosis*" (emphasis in original, p. 25) where culture brokers and all participants of the case conference engage in reviewing the presenting problem from the point of view of four main domains: "(i) biomedical facts of the illness; (ii) social contexts in which the illness occurred; (iii) meanings and attributions of the illness made by the patient; and (iv) views of patient's family and community about the illness"

(p. 25). They use a three-step, rule-governed reasoning process to address diagnostic ambiguity, where in step one they problematize the intake "psychosis" symptoms or behavior; in step two, they elaborate explanations on why the symptom or behavior may or may not be psychosis; and in step three, they confirm psychosis or re-interpret as non-psychosis.

When describing their decision-making process, the authors wrote the following:

Our finding that prototypes and analytic reasoning were used in conjunction in diagnostic decision-making has implications for understanding how errors might arise in clinicians' decision-making under conditions of uncertainty or ambiguity. According to the dual theory of cognition, prepotent heuristics can bias reasoning in situations that require more elaborate, analytical processing; that is, the two systems may conflict and cue different responses (De Neys, 2006; Kahneman, 2011). In such situations, the analytical system will need to override the heuristic reasoning system, if conclusions are to be valid and error free. Typically, clinicians arrive at a diagnosis by ruling in a set of symptoms as relevant and ruling out other symptoms as less relevant. This selectivity is a necessary strategy in the clinic, but it is shaped by other factors that the clinician may be unaware of, making diagnosis prone to bias and error (Poland & Caplan 2004).

Clinician bias in intercultural work may arise from multiple factors including: (i) beliefs and attitudes about disadvantaged and ethnic minority groups (e.g. the idea that some groups are more prone to psychoses); (ii) issues with empathy and counter-transference, which exert unconscious influence or interfere with communication; (iii) lack of tolerance of informational complexity or ambiguity which may lead the clinician to settle on a diagnosis too rapidly before adequate information has been collected; and (iv) biases attributable to the clinician's 'cognitive architecture', that is processes of perception, attention and information processing, storage and recall, and inference, for example, what sorts of information the clinician perceives, attends to or remembers, and how the clinician uses available information (Poland & Caplan 2004). Clinicians may also be biased by their disciplinary leanings and by practices specific to their professions, and by factors that are more systemic and institutional in nature, such as resource constraints (Poland & Caplan 2004; Graber et al. 2002). (Adeponle, Groleau, & Kirmayer, 2015, p. 35)

Such an approach to clinical decision-making and description of clinicians' potential biases seems to only widen the gap between the academic and clinical researchers and the practitioners. The description above is consistent with the general attitudes of the researchers contributing to the study, development, and publication of the guidelines for cultural consultation and culturally

competent clinical work, but clinical application of those guidelines continues to be inconsistent

and clinicians often regard the process as complex and difficult to navigate through in practice.

Discussion

After looking at the various ways in which physical (biological) and mental health can be approached with a relevant cultural consideration, we need to understand the various ways in which culture has been used to create and design the entirety of evaluation and diagnostic procedures. There is no better way to understand this phenomenon than to analyze the way in which two crucial aspects of psychiatric practice - Evidence Based Practice (EBP) and Cultural Competence (CC) - interact with each other.

According to Gone (2015), the clash between these two elements of clinical culture occurs when advocates of each strive to put across a particular mode of working or approaching the concept of culture in diagnostic procedures and treatment. The clash of the two forces essentially occurs when on one hand, the advocates of EBP look towards the creation of a standardized clinical practice that has the potency and the capabilities to deal with cultural variation while maintaining the intellectual integrity of the scholarly framework that underlies the clinical practice. On the other hand, the advocates of Cultural Competence are more interested in the creation of a clinical practice which is directed towards enabling a more diversified approach towards treating patients, in turn adhering to the underlying multicultural framework that the concept of CC derives and thrives on. Hence, according to Gone (2015), the essence of the problem can be enumerated in the following way: "as these two powerful mandates collide, the fundamental challenge becomes how to accommodate substantive cultural divergences in psychosocial experience using narrowly prescriptive clinical practices and approaches, without trivializing either professional knowledge or cultural difference" (Gone, 2015, p. 139).

The first wave of attack in the approach adopted by the advocates of EBP is directed at the "monocultural" bias that is caused due to narrow perspective that is adopted by the methodology. According to authors such as Sue, Arrendondo, and McDavis (1992), the narrow perspective that the EBP movement takes towards cultural entities and frameworks is especially visible during counseling interventions and psychosocial interviews. Other authors, such as Miranda et al. (2005), nurture the perception towards this particular methodology of treatment as being too generalized and too conspicuous for inculcating a scope of accomodation for mutlicultural and ethnographic or ethnoracial clientele and their requirements, views, opinions, perspectives, and so on. According to Kirmayer (2007), the mainstream approaches towards mental health practices and clinical treatments in general have been largely born out of the life experiences of Euro-Americans and Europeans and have been largely tailored according to the perspectives that they have developed over the years. This brings in the very real threat that cultural minorities such as African Americans and Asians could face "alienation, assimilation, or other associated harms for culturally distinctive ethnoracial minority populations" owing to the biased nature of the treatments as well as the diagnostic procedures (Hall & Malony, 1983; Wendt, Gone, & Nagata, 2014).

On the other hand, the cultural competence methodology or approach towards clinical practice is directed towards adopting an approach of diversification instead of merely yearning for a pre-defined standard of working. This is integral in order to accommodate the overwhelming heterogeneity of culture in countries such as the U.S., as well as to accommodate for the changing face of culture in the face of globalization in general. However, as clinical practice does not privilege one school of thought, the need seems to be to arrive at a common ground, where both diversification and standardization of medical practices are, to a certain

degree, adhered to. In this case, in order to even the balance between the two, it is important to understand that the multicultural viewpoint of clincal practice is not without its own fallacies. For instance, one of the biggest areas of concern in this case is the comprehension of how nontrivial cultural divergencies can be inculcated within the framework of an approach towards clinical practice that takes into consideration psychosocial experiences. Some of the main areas where conflicts arise due to the collision of these two different approaches are as follows:

- Conflicting conceptualizations of evidences in order to ensure designing of efficient and optimized services;

- Preferences on the basis of groups and minorities as far as the therapist and the mode of treatment are concerned;

- The modes of teaching therapists about the intricacies of how culture impacts the overall treatment and diagnostic procedures;

- Notions of well-being, illness, and distress which are based on cultural norms and sentiments which are embodied by the individual patient or the physician.

However, the main issue that arises from the clash of both these mandates is another "special" dilemma that derives from the aforementioned factors. The essence of the problem seems to be embedded within the confines of the settings in which the clinical practice is conducted. The settings which provide a feasible platform for the interaction of clinical practices with the patients is heavily influenced by the way in which both EBP and CC can be looked at from the scope of a multicultural technique (Weisner & Hay, 2015). In this case, the clinical settings do not merely indicate the environment in which the patients find themselves interacting with clinical practices. They also take into consideration the ways in which these practices are performed, and the means of providing for the patients' needs through these practices. Several

authors have suggested certain models that can be used to integrate cultural elements when performing therapeutic and diagnostic procedures. For instance, one of the suggested models involves the use of *evidence farming*, which is a means of "recognizing, systematizing, and sharing the locally embedded and contextually tailored practice-based evidence accrued by experienced service providers for the benefits of the patients" (Gone, 2015, p. 145).

Another model which has been proposed for this purpose involves the use of cultural learning environments, where the practitioners indulging in EBP can avail themselves of the opportunity to learn about the cultural backgrounds as well as sensitivities of the patients by indulging in sharing of resources, tracking patient-based accommodations, creating and nurturing relationships, and engaging in routine activities. However, as far as integrating multicultural elements into the realm of cold and sophisticated EBP, we are merely touching the tip of the iceberg. Therefore, another important thing to consider in this case would be the understanding of ethics and law in tandem with the cultural considerations that guide mental health practices.

State of Affairs in Cross-Cultural Research

In the paper titled "A Critical Analysis of Cross-Cultural Research and Testing Practices: Implications for Improved Education and Training in Psychology," Byrne et al. (2009) approached the topic of cross-cultural research in psychology. They began their analysis with an observation of the recent popularity of the topic in psychology. They wrote:

> The rapid increase in racial-ethnic, religious, and other forms of cultural diversity within many nations has continued to psychology's mounting interest in cultural diversity, one that has spawned a virtual explosion of research and testing practices that compares cultural groups within one country as well as between two or more countries. (p. 94–95)

This paper is an example of the multitude of cross-cultural research papers published in the past 12 years and is a good illustration of the state of affairs in cross-cultural research in

psychology. In this paper, the authors highlighted three recent trends in cross cultural psychology research. They claimed that comparing to previous years "more psychologists with little training in cross-cultural psychology" are conducting research involving cross-cultural data collection and analysis (p. 95). The authors noted that methods used by those new researchers often involve the use of tests and other data gathering instruments that are still not adapted for cross-cultural populations. They also argued that conducting cross-cultural research requires "knowledge and application of advanced research designs and statistical analyses," and that there is a limited amount of regulation, and that guidelines exist for quality control of such research studies (p. 95).

In their analysis, Byrne and colleagues criticized testing and research practices of new psychology scholars and clinicians and outlined the scope of common issues found in cross-cultural testing and research practices (2009). The authors presented their argument without reservations, with the authority of experienced scholars with many years of practice, hundreds of publications, years of teaching and supervising doctoral and post-doctoral research, editing work for large scientific journals, and experience in chairing multiple academic and research committees, along with representing works of such large authorities as American Psychological Association, International Association of Psychologists, and other large psychological organizations. From their position of power, they presented the reader with recommendations for improvement of cross-cultural research and testing practices. They supported their recommendations with references to their own research and findings, presenting their own work as examples of acceptable research practices.

Although the article itself is uninformative and lacks depth, it is hard to ignore it due to the credentials and status of each contributing member of the authorship. I will therefore

comment on the contribution it makes to the overall condition of modern cross-cultural research in psychology.

While criticizing the "recent trends" (p. 95) of current cross-cultural research, the authors neglect to cite problematic studies. Instead they emphasize generalizing statements about the poor quality of work of psychologists with "little training in cross-cultural psychology" (p. 95) and young psychologists' poor knowledge and application of "advanced research designs and statistical analyses" (p. 95). To contrast it with works that demonstrate high levels of cross-cultural research competency, they cite their own publications. To illustrate the background and the academic power of each of the authors, it is necessary to explain their role in the psychological clinical and academic community. After the publication of the DSM-IV it became apparent that more guidelines and regulations were needed to address the cultural competency of psychologists. To address those needs, all authors of this publication were invited to form the Div52/5 joint Task Force combining efforts of the APA Division 52 – the Division of International Psychology and the Division 5 – the Division of Quantitative and Qualitative Methods, to identify methodological aspects of cross-cultural research that needed an urgent update. Specifically, the purpose of the joint Task Force was described as follows:

> …(a) to seek input from experts in both cross-cultural/international psychology and quantitative psychology regarding a need to update existing methodological practices in cross-cultural/international research; (b) to identify particular areas of methodological weakness; and (c) to elaborate on how these perceived weaknesses serve to impede, distort, degrade, or otherwise limit the generalization of research findings. (Byrne et al., 2009, p. 95)

According to the authors, the purpose of their paper was to address the findings of the Div25/5 Task Force, and to highlight the need for improvement of current training practices for cross-cultural psychologists. They claimed that the main issues in cross-cultural research were found to be "(a) assumption of equivalent psychological meaning and factorial structure of a

measuring instrument across cultural groups, (b) failure to take into account the hierarchical nature of the cultural data, and (c) lack of familiarity with ethical issues governing test adaptations and test use in diverse cultural settings" (p. 95).

The authors discussed the issues of the recent research and explained their findings citing their previous publications. The number of research publications they reviewed was not specified. They emphasized attention on the fact that most of the recent cross-cultural research was conducted as a single-level analysis. They wrote: "This caveat notwithstanding, a review of the literature reveals that, except for a few recent studies (e.g. M. W.-L. Cheung & Au, 2005; M. W.-L. Cheung et al., 2006; van de Vijvert & Watkins, 2006) virtually all cross-cultural research has been conducted as single-level analysis, mostly at the individual level (Leung, 1989; van de Vijver & Poorting, 2002)" (p. 97).

When talking about the hierarchical structure of the data, they advocated for the "nested" structure of most cross-cultural data, where two levels (individual and country level) need to be taken into consideration during design and analysis stages of the research. To address the issues with the nested structure of the cross-cultural data, the authors proposed to use "structural equation modeling" (p. 96), claiming that designing a cross-cultural study with attention to the hierarchy of data will allow the researcher to consider all levels of data simultaneously. However when the issue of large, country-level samples was brought up, the authors claimed that it is unnecessary to collect large data samples to represent the country level, and brought an example of their research where they claimed a "satisfactory" (p. 97) use of samples ranging from Ns of 15 to 25 when used with "less demanding exploratory factor analysis" (p. 97) to Ns of 27 to 40 when used with other more complex method of analysis, which they did not specify.

In short, the authors hypothesized that the "lack of knowledge and expertise in the use of structural equation modeling in general and multilevel modeling in particular" is most likely due to "somewhat limited scope of training" (p. 97). They suggested that the situation with insufficient training can be solved by cross-culturally informed training. They reminded the reader to remember that testing often reflects the culture of the test developer and brought an example of language differences between test developers and the client being tested. They recommend addressing the training issues through utilization of "models of cultural differences" which include Hofstede model of six dimensions of national cultures: Power Distance, Uncertainty Avoidance, Individualism/Collectivism, Masculinity/Femininity, Long/Short Term Orientation, and Indulgence/Restraint (Hofstede, 2001); the Sam and Berry model of acculturation and biculturalism (Berry, 2006); and van de Vijver, Leung, & Leung, (1997) model addressing psychometric issues of comparability.

To further illustrate the quality of this exemplary paper I used a text search tool and found the word "somewhat" was used on six different occasions inappropriately describing the very variables they are discussing:

"…*somewhat* small county level sample (e.g. Ns of 27 and 40) (p. 97);

"…*somewhat* limited scope of training among researchers who have acquired an interest in cross-cultural issues" (p. 97);

"…this reliance may be *somewha*t insufficient" (p. 97);

"…efforts to encourage students to live and work abroad, even *somewhat* briefly, can promote desired sensitivity to culture…" (p. 99);

"For example, the following three *somewhat* commonly used test translation strategies now are questioned due to their inadequacies…" (p. 100);

"…despite the *somewhat* urgent need, changes to psychology program curricula represent a major undertaking…" (p. 103).

Despite the lack of transparency and the overall vagueness of the article it contained a number of important aspects to take into consideration when conducting cross-cultural research or working with cross-cultural populations. Caution must be exercised when following the recommendations of the authors, because despite their enormous experience and knowledge in the field of cross-cultural psychology, they represent an isolated group of researchers whose contributions are often accepted without a question due to their reputation and their positions in the field. Under closer investigation it is not uncommon to find inconsistencies and multiple issues including reliability and/or bias issues, due to the lack of independent observers or contributors. It appears that the authors were not able to accumulate data or obtain an agreement of independent observers on the subject of reliability of their research results; no information was provided on studies designed to replicate their research procedures. For more examples of the analysis and the themes and codes derived from it, refer to the table in the Appendix A.

Conclusion

The importance of culture as a reference point in clinical practices such as forensic psychology has been considerably valued yet poorly understood, especially in the age where modern scientifically-based psychology practice requires precision and sophistication, which often has the tendency to dismiss the malleable nature of culture. In this study I reviewed and analyzed the vast collection of relevant literature to help build a foundation for future development of guidelines for a cultural consultation model. I highlighted the gaps and inconsistencies that currently exist in forensic psychological research and practice. The topic of *culture* in various areas of research was reviewed and compared to specific examples where the understanding of culture and the methods of inclusion of culture into clinical decision making were inconsistent and often inappropriate. Aspects such as language, biological development, traditions, rituals, and narratives were emphasized as potent tools that drive individuals to create and mold culture according to needs and requirements of the moment. These elements were then used to signify the inherent ways in which culture can result in despair as well as positive re-enforcement for the individual, thereby being a powerful element of consideration in forensic assessment practice.

The essential concept explored in this paper involved the clinicians' perspectives on the meaning of cultural values, norms and beliefs that shape the behavior of the patient. This research was not designed to answer questions, but to build a foundation for the right questions; the questions that can result in the development of a balanced cultural consultation model. One of the biggest questions is that of balance between calculated, manualized methods of evidence-based practice, and the malleable plausible nature of culture and cultural identity for the individual. Through this exploration I attempted to understand how the clinical practice of

forensic psychology can be made more authentic and less cold and calculated by consideration of cultural malleability.

By using thematic analysis, I reviewed a large collection of the relevant literature to understand the core concepts that drive clinicians in their considerations of culture. I emphasized attention to the malleable nature of culture and the intricate ways in which culture is related to biological, psychological, anthropological, and legal aspects of forensic psychology.

Two of the most important aspects that came out of this study were consistent with concepts outlined by Kleinman (1986, 1987, 1988). First, culture is intricately tied to biology and hence, is a biologically meaningful construct. Second, psychological processes, just like biological elements, have a significant influence on the organization of social constructs. This in turn opens the door to considering psychological mechanisms as responsible for the creation of discursive processes which make up the social constructs in the first place.

In this study, I was able to highlight specific elements which were forged in the precision of clinical practice, judicial mechanisms, and anthropological constructs, while simultaneously drawing heavily on the very constituents that create the framework of culture. This allowed me to correlate the precision of clinical practice and the legal profession with elements such as the historical origins of culture and the underlying linguistic and semiotic roots of culture, as well as biological and evolutionary mechanisms that are responsible for ensuring the malleability of cultural systems. Moreover, the journey through the annals of cultural and clinical correlation allowed the embodiment of approaches that were unconventional yet immensely powerful tools for comprehending the need for proper consideration of cultural elements during forensic psychological evaluations. It is these approaches as well as correlations that helped me to define the main elements that need to be considered in cross-cultural forensic psychological

evaluations. Following is the list of the main aspects that need to be taken into consideration during the development of the balanced cultural consultation model:

Approach: Due to the intricate ways in which culturally-backed constructs can be manipulated by both patient and clinician, the selection of a particular approach is crucial for the successful completion of the evaluation process. As the evaluation process is more akin to interpretation rather than creation, the clinician might benefit from the usage of a narrative approach (as opposed to the heavily manualized interview approach), which can provide the required freedom as well as the overall accuracy required for the purpose of evaluation. At the same time, it is important to ensure that the clinical precision of the practice does not seep into the relationship between the patient and the clinician.

History: This element involves the procedure of investigative diagnosis, where the clinician has to delve deeper than the relationship the patient shares with his/her family and community and cater to more historical depths. Being a logical job for a consultant, this element involves a wide scope of research and understanding of a particular culture and the study of culture as it relates to the forensic scene. The study can include both questioning and conducting research about the ancestry of the patient. However, the aim of this particular element is not to establish specific associations with the genetic constructs or to mark the movement and proliferation of some specific illness through the lineage of the patient, but to understand the evolution of behavior by using the patient's historical and ancestral facts. The main areas of interest in this case would involve noting and comparing large shifts in cultural beliefs, worldviews, or behavior, and relating them to present day presentation of the client. Evaluating the history also will provide the baseline for the client and client's family's overall psychological function.

Language: The linguistic framework, semantics as well as semiotics, of the interaction between the patient and the clinician are crucial to the completion of the overall process of evaluation. However, the need for this particular element is to ensure that the patient and the clinician reach a common ground. This might require the clinician to focus only on one specific linguistic construct as the main tool of observation and communication during the evaluation. A chosen linguistic construct indicates a language, a dialect, or a combination of multiple languages and dialects chosen for communication and observational interpretations during the evaluation. It also requires clear communication and an established professional routine between the evaluator and the consultant and other personnel involved in the evaluation, including interpreters, culture brokers, etc.

Body: Even though the essence of psychological and forensic evaluation is largely related to the mind and the behavior, the clinician should make use of information that they can gather as far as biological constructs are concerned. This could range from basic personal hygiene and bodily habits to larger aspects such as a medical history of illness and overall vulnerability to specific conditions. The accumulation of these aspects can be crucial for the analysis of the patient's communal background and beliefs, including the integral ways in which they contribute to the health and well-being of the patient. However, it is necessary that the clinician does not make any specific conclusions about the cultural background of the patient by merely relying on biological constructs.

Mind: This is one of the main elements of consideration in psychological assessments. It plays the main role in understanding the elements of a patient's behavior and habits, including their perspectives on particular mental conditions and ways of addressing them. By using a narrative approach and incorporating historical/linguistic elements of the patient's culture, the

clinician can gather enough information to build a sufficient understanding of the inherent structure as well as flow of thought processes that characterize the patient's psyche or worldviews. Moreover, the essence of this particular element is in understanding of the perceptions that create the overall belief systems that the patient harbors towards their condition as well as the diagnostic and treatment methods of the same.

Family: The presence, consent, and overall stability of communication between family members and the clinician during the evaluation process is essential for comprehending the history of the family and familial patterns of illness. The way the family members understand the patient's condition as well as the way in which they express the concerns of the patient to the clinician can provide numerous insights into the overall direction of evaluation that would be best suited for any scenario.

Communities: the members of the patient's communities as well as the relationships the patient shares with these individuals are as essential to understanding of their culture as the communication with the family. The community and the role of the patient in it can help in measuring the overall intensity with which they embrace the collective belief systems as well as its overall values. At the same time, it can also help in understanding the way in which the patient perceives the overall concept of mental illness as well as their own experience of the symptoms, the culture of diagnostic methods, and the ways of treatment.

Recommendations

Even though the elements mentioned above were derived from the various stages of the study, there are gaps that still need to be filled. Despite the existence of fairly comprehensive cultural consultation models, there still remains a concern that existing models are based on

precision and universality and lack the consideration of hybrid cases or exceptions where communal, familial, and historical evidence can fail to play a considerable role in the evaluation. Moreover, most models are designed with a particular type of psychological evaluator in mind (usually a representative of majority culture), and with the growing diversity within the profession, it would be difficult for a clinician from a minority background to relate to the methods described in existing models of cultural formulation, or the models of cultural consultation service. From there, in collaboration with Dr. Tedd Judd, the member of this dissertation committee, I propose the following organizational recommendations to assist forensic scholars and clinicians in developing an effective cultural consultation model:

- Define the context in which the cultural consultation is needed and establish what type of consultation is needed. Examples may include consultations for teachers and supervisors, institutional and community consultations, clinical work, forensic work, industrial and organizational work, research, and cross-disciplinary issues.

- Define the responsibilities of the consultation-seeking professional through consideration of the following aspects: recognition of the potential need for consultation; selection of a qualified consultant; clarification of the need and expectations; establishment and maintenance of appropriate professional boundaries; accurate representation of the consultant's role in professional communications; gathering and sharing of the pertinent information with the consultant; collaboration with the consultant and discussion of the consultant's recommendations; maintenance of appropriate professional responsibility for the final product (as previously agreed); and establishment of good business practices (communications, appointments, deadlines, confidentiality, payment, etc.)

- Take into consideration the characteristics of the client, evaluator, consultant, and the situation requiring a cultural consultation. Keep in mind that in a forensic setting, the evaluee (the defendant) and the client (the organization that hires the evaluator and the consultant) are different entities. Consider the dynamic of the relationship between all involved.

- Decide what type of cultural consultation services are needed. Examples may include general cultural background and resources; evaluation strategy; review case records for cultural dimensions; communications coaching; direct assessment; data interpretation; specific cultural research; report writing; communicating with other involved professionals; testimony.

- Outline the responsibilities of the consultant, collaborator, and supervisor through accurate representation of their expertise and the extent and limits of their knowledge; clarification and maintenance of the roles.

- Review the policies guiding the consultative relationship. Such policies may include confidentiality, responsibilities, fees, qualification, expertise, and limitations.

- As an evaluator working with cross-cultural populations, obtaining cultural consultations, and organizing successful collaboration with consultants needs to be treated as a new and evolving part of the business. Therefore, evaluators are encouraged to develop a strategy and a plan of work; develop relationships with consultation networks and consortia; incorporate and improve the quality of teleconsultation; and continue to refine the model and the strategy.

In addition, some of the modifications that could be done to the cultural consultation model could include adding areas of specialization for clinicians, consultants, and cultural

brokers, and, for example, offering new consultants and cultural brokers a training on the specifics of forensic evaluations. Other consideration may also include emphasis on biological processes and conditions, such as somatic responses or physical symptoms of the mental illness, as well as socio-economic processes, acculturation, presence of community support, etc. The model of cultural competence that includes a cultural consultation is a hybrid narrative-manualized history-based framework, which advocates for exploratory evaluation and comprehension rather than the precisely manualized practice of existing interview models. Such approach can help to bridge the gap between requirements and culture of evidence-based practice and narrative based pliable nature of cultural consultations as they currently stand.

Anthropologically and historically weighted models can also be used to prepare and comprehend elements of evaluation which are derived solely from historical constructs and community-based belief systems. Even though these models would require their own precautions and preparations, they could be used as powerful modes to further research endeavors into the realm of cultural competence that may not necessarily depend upon individual perspectives.

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Appendix A: Summary of the Initial Literature Search

#	Authors (year), title, type of publication	Main subject of the article	Initial codes and themes	Limitations: categories not covered
1	Adeponle, A. B., Groleau, D., & Kirmayer, L. J. (2015). Clinical Reasoning in the Use of Cultural Formulation to resolve Uncertainty in the Diagnosis of Psychosis. *Culture, Medicine and Psychiatry* Journal, peer reviewed	In this article authors analyze the process of cultural consultation service when conducting diagnostic assessment of immigrant patients initially diagnose with psychotic disorders. Authors examine how the use of CF influences diagnostic decision making and prevents "clinician's bias." Authors conduct a thematic analysis of cross-cultural interview transcripts. They provided examples of interview narratives where they illustrate the process of consultation and the specific situations where culture was suspected to be a contributing element in the conceptualization of the case and the differential diagnosis of psychotic disorders. Thematic analysis revealed the use of a three-step process to resolve the question of whether a symptom or behavior was psychotic or not at the CCS case conference: (a) problematize the intake 'psychosis' symptoms or behavior; (b) elaborate explanations on the nature of symptoms; and (c) confirm psychosis or re-interpret as non-psychosis.	Problematization of the diagnosis that involved describing and clarifying the details of patient's illness in 4 domains: - **Biological factors** - **Social factors** - **Cultural meanings and attributes of the illness/symptoms** (patient's view of the illness) - **Patient's family and community's views of the illness** (collateral info)	1.**Clinician's bias in problematization stage due to "otherness" of the patient** 2. Not attempting to apply the same model to white population makes the model appear to be applicable to "exotic" populations, which makes ordinary symptoms appear exotic. 3. Confirmation of psychosis carried no specific cultural element, if removed from the context, all confirmed psychosis cases appeared to merely meet the criteria for a diagnosis of DSM-5 psychotic disorder, which seems to void the need for consultation. 4. Although no forensic elements were presented in any of the reviewed cases, inevitably refugee patients experienced the legal stress due to the immigration process, child custody, or other legal involvement. These situations seemed to influence the patients' symptomology.
2	I. Aggarwal, N.K. (2012). Adapting the Cultural Formulation for Clinical Assessments in Forensic Psychiatry. *Journal of American Academy of Psychiatry and Law*	I. In this article author revised the DSM-IV Outline for Cultural Formulation for use in forensic psychiatry. He utilized recommendations from the forensic mental health literature to adjust the formal guidelines of the Outline for Cultural Formulation. In conclusion author offered recommendations for future research in forensic psychiatry, where he suggests that proper cultural competence training can help to reconfigure diagnosis and treatment and	The DSM-IV CF encapsulates clinical experience across four domains: **(1) Cultural identity of the individual**: - Language proficiency, acculturation, spiritual-religious outlook and their impact on articulation of illness. - Culture influence on affect, behavior, cognition, calculation, proverb explanation, and other components of the mental status examination.	1.Clinicians' understanding of culture through patient's narrative of experience of illness from the point of view of ethnicity and race, without taking into consideration patient's socio-economic factors. Such approach prone to stereotyping. 3. Clinician's use of CF in cross-cultural evaluations was hoped to allow for education of clinician

II. Aggarwal, N.K. (2012). The Psychiatric Cultural Formulation: Applying Medical Anthropology in Clinical Practice. *Journal of Psychiatric Practice* III. Aggarwal, N.K., DeSilva, R., & Lewis-Fernandez, R. (2013). Barriers to Implementing the DSM-5 Cultural Formulation Interview: A Qualitative Study. *Journal of Culture Medicine and Psychiatry* IV. Agarwal, N.K., DeSilva, R., Nicasio, A.V., Boiler, M., & Lewis-Fernandez, R. (2013). Does the Cultural Formulation Interview for the fifth revision of the diagnostic and statistical manual of mental disorders (DSM-5) affect	alter legal outcomes such as length of sentence. Author also proposed to add the fifth domain (to the 4 domains of DSM-IV CF) for information influencing diagnosis and treatment, namely socioeconomic factors and barriers to treatment. II. In this article author revised the DSM-IV outline for cultural formulation from the perspective of clinical practice. In addition to theoretical work he included a case presentation where he demonstrated the challenges in actual implementation of the cultural formulation. Author proposed a set of question for a clinician to address possible countertransference and barriers to care. III. In their paper authors analyze perceived barriers to implementation on DSM-5 CFI in clinical practice. They analyzed the application of the 14-question field trial CFI and developed the final 16-item version for the final publication in DSM-5. They evaluated the outcomes of CFI reported by patients (**n = 32, and all located in New York**) and clinicians (n = 7). During sampling stage patients of any racial or ethnic background, between ages 18 and 80, "fluent in language of the site clinician and with any psychiatric diagnosis" were invited to participate in trials. Patients who were acutely suicidal; intoxicated or in substance withdrawal; or with any condition that could interfere with the interview such as dementia, mental retardation, or florid psychosis were excluded. Patients in the study were mostly female and Hispanic/Latino (n=22), other race/ethnicity variables were Non-Hispanic white (n=4) and African-American (n=5).	- Cultural explanation of identity. Cultural origin, cultural resettlement (for refugees), and degree of relatedness in one's cultural group. **(2) Cultural explanations of illness:** - Distinction between the patient's illness as a deterioration in being and function and the physician's biomedical disease model - Integration of clinical, anthropological, and epidemiological approaches to study illness through ethnography. Mini-ethnography questionnaire aimed to assist with interpretation of illness - Emphasis on narrative was incorporated to reflect patient experience - The doctor's goal to treat illness and cure disease **(3) Cultural levels of psychosocial support and functioning**: - Patient's efforts to seek help in culturally mediated ways may not lead to the formal medical sector - perceived social stress, - access to social supports, - acquired maturity (4) **Cultural elements of the patient-physician relationship**: - Most clinicians' illness classifications based on European taxonomies; cultural conceptions of emotions and behaviors; instructions from the DSM about disorder hierarchies; and etiologies about neurological dysfunction. - Western medicine separates mental and physical disorders and bases psychotherapy on moral values of perfection, efficiency, and discipline. - Patients and physicians may differ in illness beliefs or expectations, calling for introspection and negotiation.	through patients own narrative of their culture and cultural elements of their illness. Such approach presents several ethical issues and puts unacceptable pressure on the patient. 4. The Cultural Formulation is mostly used with ethnic or cultural minorities, not with white patients, a pattern anticipated from its inclusion with exotic, culture-bound syndromes This trend reflects concerns that physicians create forms of medicine around social differences rather than examine behaviors of all patients 6. DSM-5 CFI was standardized on primarily Hispanic female sample residing in NY state (n=32). During the standardization trial patients were asked to review the effectiveness of the questions. 7. Huge emphasis was made on patient-clinician relationship and communication with respect to treatment and treatment outcomes. The dynamic of the patient-clinician relationship and communication will be different in forensic settings given different goals for the evaluation and the interview. 8. During the test trials clinicians were "less receptive to CFI use among patients with psychosis, reporting that tangential thought processes and paranoia threatened the cognitive resources necessary to provide a coherent narrative." Psychotic patients in the McGill study (see table entry #1) were

medical communication? A qualitative exploratory study from the New York site. *Ethnicity & Health*	They found that the most frequent patient threats were *lack of differentiation from other treatments, lack of buy-in, ambiguity of design, over-standardization of the CFI, and severity of illness*. The most frequent clinician threats were *lack of conceptual relevance between intervention and problem, drift from the format, repetition, severity of patient illness, and lack of clinician buy-in*. As the result of this study the CFI was revised for final publication in DSM-5. IV. Another article base on the results of the qualitative analysis described above. Authors concluded that "*promoting satisfaction through the interview, eliciting data, eliciting the patient's perspective, and perceiving data at multiple levels* were common codes that explained how the CFI affected medical communication." Authors acknowledged the following limitations to their studies: poor generalizability of the study; under-reported implementation threats due to social desirability; no reports of external barriers due to patient's understanding of the process as field trial, and not a therapeutic interview.		reported to respond positively to elements of the CCS, such as more interviews, contact with brokers, or time spent on assessment. This proves that CFI is not ultimate tool to use during forensic psychological assessments, and cultural consultation is recommended.
5	Boehnlein, J. K., Schaefer, M. N., and Bloom, J. D. (2005). Cultural Considerations in the Criminal Law: The Sentencing Process. *Journal of American Academy of Psychiatry and Law*	In this article authors recognize the importance of culture and ethnicity in the criminal justice processes and acknowledge little recognition of the role of cultural factors in the trial processes for criminal defendants, particularly in the sentencing phase. Authors present a capital murder case study where cultural forensic psychiatric consultation played significant role in the court's sentencing decision. Authors provide specific recommendations and cautions for effective	**Phase of the legal procedures** **Relevance:** "At the very initial contact, assess the exact nature of the cultural question(s) that the attorney or court want answered." **Language fluency** **Biopsychosocial factors:** **Acculturation factors (collateral info)**. **Role of evaluator**: "awareness of personal prejudices or overidentification involving ethnicity, religion, family structure, or cultural belief systems, and ability to understand how their personal cultural and social affiliation can	**Expertize of the cultural consultant**: - knowledge and understanding of anthropology and the cultural history of evaluee's culture of origin, - knowledge and understanding of culturally relevant assessment and clinical care (understanding of war trauma when working with refugees from a war country, or understanding the childhood trauma

		and relevant cultural consultation in forensic psychiatry.	affect the objectivity of the forensic report or the expert testimony	when working with a person who have been forced to work since early childhood, marry at an early age, experienced childhood sexual abuse, etc.), - understanding of the core principles of the general and forensic psychiatric assessment,
6	Catron-Malone, F. (2008). Exporting Democracy, Importing Understanding: A Trip to Russia to Teach Jury Trial Practices. *Kentucky Bar Association Bench & Bar*	Author explores the differences between judicial systems of the US and Russian federation.	1. Some cultures present obstacles to accessing justice and skew the perception of legal authorities. Such **cultural factors affect the knowledge and understanding of civil rights and the US legal system** (as opposed to the legal system in the country of origin.)	
7	Cole, R. W. & Maslow-Armand, L. (1997). The Role of Counsel and the Courts in Addressing Foreign Language and Cultural Barriers at Different Stages of a Criminal Proceeding. *Western New England Law Review*	In this article authors review the dimensions of the right to an interpreter and the impact of cultural differences in the context of specific court proceedings. Linguistic and cultural issues are examined at each step of the criminal justice procedures, from the establishment of the professional relationship to the sentencing hearing. Authors wrote: "Cultural and language barriers may affect whether a defendant is able to make a voluntary confession, knowingly and voluntarily consent to a search, waive the right to trial by jury, or fully understand the elements of the charge, the rights waived, and the effect of the plea in a plea bargain proceeding. Lack of knowledge of the American legal system, rights under the Constitution, English language difficulties, and cultural background differences, along with other factors, have been considered in	**Language fluency**. Language proficiency and comprehension in everyday life does not equal the same in legal procedures. **Cultural factors affect the knowledge and understanding of the constitutional rights and the US legal system** (as opposed to the legal system in the country of origin.) **Relevance**: "difficult to assert successfully that cultural differences justify or excuse criminal conduct" however should be considered when formulating the question for the evaluation. The other side of this issue is "the prosecution's use of cultural background or stereotypes to prove guilt"	1. Lack of clear guidance on how to address culture at ALL **stages of the legal proceeding**. "Relatively few of the complex legal and factual issues that arise due to language or cultural differences have been thoroughly examined by the courts, resulting in a lack of clear guidance as to the exact contours of the rights implicated. Case law in criminal proceedings will further develop only if prosecutors and defense counsel more often raise, and courts more often address, these issues at all stages of criminal proceedings."

		judicial assessments of whether there is a voluntary and knowing waiver of such rights."		
1 1	Jones, R. & Day, A. (2011). Mental health, criminal justice and culture: some ways forward? *Australasian Psychiatry*	In this article authors provides an overview of the mental health needs of Indigenous people in the Australian criminal justice system and emphasize attention on how Indigenous cultural views of mental health influence forensic mental health service provision. Authors acknowledged 6 specific areas of Indigenous mental health that need a special consideration: (1) trauma and loss, including transgenerational trauma; (2) life stress/major life events; (3) acculturation stress; (4) racism; (5) historical socio-political factors; and (6) self-determination. These factors were considered to be "most important culturally specific influences on Indigenous mental health." Authors also described possible connections between mental illness and crime in Indigenous population and compared those links to similar links in general population.	**Biopsychosocial factors**: individual, family, social, and cultural factors apply to the specific areas of this model. **Socio-political and historical factors** including factors of racism, and historical transgenerational trauma.	Authors talked about the lack of clear guidance on how to incorporate culturally appropriate mental health services (that includes evaluation, diagnosis, and treatment) at the following **stages/phases of legal proceedings**: 1. Pre-contact with the criminal justice system, 2. Policing and court processing, 3. Sentencing, 4. Transition and post-release. Authors confirm a need for collaboration between mental health and criminal justice agencies in developing new models of service provision that incorporate specific elements of Indigenous peoples lives. While author recommend collaboration between mental health and criminal justice systems, they do not directly point to cultural consultation services.
1 2	Kapoor, R., Dike, C., Burns, C., Carvalho, V., and Griffith, E. E. (2013). Cultural competence in correctional mental health. *International Journal of Law and Psychiatry*	In this article authors discussed an application of the cultural competence framework to the prison setting. They highlighted and examined the roles of the main elements of culture (race, ethnicity, age, gender, and religion) in prison settings. They described how clinicians adapted the DSM-IV model of the cultural formulation for use in the correctional settings, where they emphasized the interaction between the inmate's culture of origin and the unique culture of the prison environment.	**Biopsychosocial factors:** race, ethnicity, age, gender, and religion Addresses cultural competence at one **stage/phase of legal proceedings**: - corrections	No consideration for categories defined in the previous articles: - language - family factors - social/community factors - social factors - historical-political factors

1 3	Kirmayer, L. J., Guzder, J., & Rousseau, C. (Eds.) (2014). *Cultural consultation: Encountering the other in mental health care.* New York, NY, US: Springer Science + Business Media	This book is a collection of articles/chapters describing the process of development, implementation and evaluation of the Cultural Consultation Service (CCS) conducted by researchers and clinicians on McGill University on Montreal, Canada.		
1 4	Lee, C. (2007). Cultural Convergence: Interest Convergence Theory Meets the Cultural Defense. *Arizona Law Review*	In this article author argues that defendants who successfully introduce cultural evidence in their defense present their culture in either similar or complementing way to American cultural norms. She argues that cultural convergence is one of the ways a cultural defense can be successful.	**Historical and Socio-political factors:** "…defendants who successfully introduce cultural evidence in their defense present their culture in either similar or complementing way to American cultural norms."	
1 5	de las Fuentes, C., Ramos, M., & Vasquez, M. J. T. (2013). Gendered Borders: Forensic Evaluations of Immigrant Women. *Women and Therapy*	In this article authors advocate for immigrants whose family members and children were taken away from their families and deported to the country of origin. Based on their review of contemporary literature regarding immigration evaluations authors explored the dilemmas that face evaluators and proposed an ethical and competent best-practice model for forensic evaluation procedures with immigrant women and their families.	**Historical and Socio-political factors:** "Culturally competent psychologists are therefore well versed in historical and contemporary relations between the specific cultural groups they represent and those belonging to the individuals with whom they work, because they are aware of interactive effects that may influence both process and outcome. For example, insufficient proficiency in these areas of cultural awareness and knowledge increase risks for lack of objectivity that may lead to Type I or Type II errors of under- or over-reporting of pathology in forensic evaluations." (p. 307) "Culturally competent psychologists also understand the environmental and sociopolitical contexts of their clients and evaluees. For instance, forensic psychologists	**Ethical conflict of cultural competence** In conclusion of their paper authors claimed the following: "…applicable *Ethics Codes*, *Multicultural Guidelines* and *Specialty Standards*, because they serve as a foundation and context for the professional conduct of all psychologists who may also be forensic evaluators. As ethicists, educators, clinicians and evaluators, we know that repetition and rehearsal reinforce our knowledge and skills; and, where there are no specific guidelines or criteria for meeting legal standards, as in the case for immigration evaluations

| | | | conducting immigration evaluations know that immigration
laws and policies are influenced by many factors including the impact of the economy on voters and the political party in the majority in state and federal houses" (p.307) | (Federal Register, 1998), these codes, guidelines and standards well serve our evaluees, ourselves, the legal system, and our discipline—as they are beneficent, nonmaleficent, and just." (p. 314-315). This was rather unexpected, because in the body of the article they brought up few issues specifically related to cross-cultural evaluations, and given the poignancy of the topic, a more detailed conclusion with areas for future research would have been more appropriate. However, their conclusion continues the general theme which was found through my analysis – when dealing with cross-cultural populations evaluators most often do not possess all types of expertise required for a thorough cross-cultural evaluation. By expecting a psychologist act ethically in forensic setting with evaluee from a different culture we expect psychologist to step into the gray zone of ethical considerations, and the risk of conducting an ethical violation is too high. This is the very reason we are working on development of the competent cultural consultation model where consultant will play an important role as collateral information analyst. |
| 1 7 | Paasche-Orlow, M. (2004). The Ethics of Cultural Competence. *Academic Medicine* | Author concentrates attention on the moral underpinnings of ethics. He argues that moral awareness can clarify the purpose of cultural competence for educators and trainees and serve as a way to evaluate the relationship | | **Ethical conflict of cultural competence:**

There are "four main movements in Western moral theory and where medical trainees may feel ethical |

| | | between the ethics of cultural competence and normative Western medical ethics. | | tension when encountering cultural competence curricula. Absolutism holds that moral truths are self-evident and extend beyond the confines of place or time. Fundamentalism is the view that all cultures endorse certain shared fundamental principles (e.g., human rights), which are specified in various ways and upheld across cultures. Multiculturalism is the view that different cultures have different moral systems, and postmodernism asserts that each person's views have equal moral worth. An essential tension appears to exist for the ethics of cultural competence, mainly between the claims of fundamentalism and multiculturalism, as indicated in the figure. To practice culturally competent medical care, I maintain that health care providers must advance the three principles outlined earlier in this essay. Such behavior is no longer optional or supererogatory, as was the case in the 1980s when practitioners who promoted these principles were thought to be culturally sensitive. Cultural competence goes beyond cultural sensitivity and must replace it. However, how can pluralism be morally obligatory for medical providers? This is an internally contradictory notion; whereby cultural competence seems to endorse both a fundamentalist or even absolutist rule (all providers |

				must fulfill this set of principles) while advancing the multicultural principle of ethical relativity to respect all the various and sundry views of patients. The main error in this formulation of cultural competence is that it is based on a one-sided evaluation that focuses on patients and ignores the moral consciousness of the providers. This can be seen, for example, in Crandall's adaptation of Bennett's ethnorelativism; Crandall presents the highest developmental phase of cultural competence to be one where the "clinician lacks strong cultural identification and has the ability to unconsciously adjust to a wide range of cultural beliefs" (Crandall, George, Marion, & Davis, 2003 cited in Paasche-Orlow, 2004 p. 349-350)
1 8	Pavlenko, A. (2008). "I'm Very Not about the Law Part": Nonnative Speakers of English and the Miranda Warnings. *TESOL Quarterly*	This article presents a case study of a police interrogation of a nonnative speaker (NNS) of English. Author illustrated how high linguistic and conceptual complexity of police cautions, such as the Miranda warnings, complicated understanding of these cautions. Author advocates for implementation of special linguistic accommodations for NNSs of English at all proficiency levels.	1. **Language fluency**. Language proficiency and comprehension in everyday life does not equal the same in legal procedures. 3. **Phase of the legal procedures** and evaluation of linguistic capacity to comprehend and exercise rights under the constitution at every phase. 3. Cultural elements obstructing **knowledge and/or understanding of the constitutional rights and the US legal system** (as opposed to the legal system in the country of origin.) 4. **Relevance**.	Not a psychiatric case, therefore no elements of psychological evaluation/diagnosis in this case. But a great illustration of the cultural consultation in criminal forensics.
1 9	Perlin, M. & McClain, V. (2009). Where souls are forgotten: Cultural	This is a very poignant article where authors address cultural competency as a critical element in criminal forensic evaluations. They criticize the cultural competency model where practitioners rely on stereotypes and assume	**Phase of the legal procedure: sentencing and penalty phase** "…the expert's role as an evaluator of a criminal defendant in the penalty phase of capital punishment trials and at sentencing."	**Culture as a dynamic process:** "Counsel must work with expert witnesses and must be willing and able to demonstrate to the fact

	competencies, forensic evaluations, and internal human rights. *Psychology Public Policy and Law*	that cultural elements apply with equal force to all who share a cultural background. They bring up the necessity of accurate cultural judgment in test selection and interview techniques to enhance validity of results. This paper also considers strategies to enhance the effectiveness of testimony and mitigation efforts.	"…questions of cultural competency must be front and center in *every* capital case" **Relevance**: aspects of the criminal trial process to which cultural competency is relevant,	finder how culture is integrated into every aspect of a defendant's life" **Educating the counsel**: "it is especially critical for counsel to understand—and subsequently demonstrate to the court—the interconnectedness of cultural competency and mental health issues." **The role of expert mental health witness in a criminal case:** "If one were to ask random samples of lawyers or psychologists about the role of the expert mental health witness in a criminal case, we are confident that a significant percentage of the answers would be limited to answers involving the insanity defense or competency to stand trial."
2 0	Rowley, W. J., & MacDonald, D. (2001). Counseling and the law: A cross-cultural perspective. *Journal of Counseling & Development*	In this article authors brought up the interplay between two cultures when dealing with issues involving cultural differences and differences in professional cultures of counseling and legal services. Authors discussed the mental health and legal systems as two different, sometimes conflicting cultures. They used a cross-cultural perspective, to analyze the elements of each culture. Authors provided recommendations for both systems clarifying the ways they both can work in collaboration. In this article themes overlap with some sources reviewed above (Lee, 2007; Jones & Day, 2011), and other publications emphasizing attention on social systems as a part of the process of culture assessment. Authors utilized De Anda's (1984) theory in suggesting roles of "cultural translator, mediator, and model" in	**Social systems as a part of culture:** "…cultural factors that influence the effectiveness of counseling services are not limited to differences among clients who are members of cultural minorities. Additional cultural influences arise from social systems with which counselors must interact (Breunlin, Schwartz, & MacKune-Karrer, 1992)" **Acculturation:** "…the process through which individuals and social systems change when two or more cultures intersect, must be considered." "	**Ethical-legal conflict:** In the article authors assume that bicultural interaction consists of an interaction between a representative of minority culture and a representative of majority culture, where representative of majority culture usually in the role of an authority, and the representative of a minority culture usually a client or a patient of the service provider. Such approach seems to be common for the earlier publications. **Roles of cultural consultants and the structure of obtaining the consultation in bicultural case:** Authors also emphasize attention on the inequality on the roles of mental health counseling professionals and

	improving bicultural experience of both parties - the minority client and professionals involved in their case (legal or mental health). This is one of the few articles where authors emphasize importance of the "cultural translators and mediators" in the process, suggesting the benefits of cultural consultations.		law professionals. They apply the bicultural model to description of the relationship between these two areas of expertise and assign a greater authority to the representatives of the law, and less authority to the representatives of the counseling profession, which automatically creates professional misbalance in their roles in the overall forensic case, emphasizing attention of the "minority" of the mental health professional's expertize.
2 1	Varela, J.G., Boccaccini, M.T., Gonzalez Jr., E., Gharagozloo, L., & Johnson, S. M. (2010). Do Defense Attorney Referrals for Competence to Stand Trial Evaluations Depend on Whether the Client Speaks English or Spanish? *Law and Human Behavior*.	Authors conducted a survey where they asked 142 criminal defense attorneys to respond to a vignette describing a Hispanic defendant charged with assault. Participants had to rate the severity of the defendant's mental illness and likelihood of referring him for an evaluation of competency to stand trial (CST). Findings of the survey suggested that attorney decisions were influenced by language: Spanish speaking defendants were rated as less mentally ill than the English-speaking defendants and were less likely referred for CST evaluations. Article provides no specific explanation of the basis of attorneys' decisions. Authors speculate that the linguistic differences between defense attorneys and clients may play an important role in attorneys' decisions.	**Language** – poor interpretation of language and symptoms, result in less frequent referrals for psychiatric evaluations. "Spanish speaking defendants were rated as less mentally ill than the English-speaking defendants and were less likely referred for CST evaluations."	Article provides no recommendations for utilization of relevant cultural consultation and placing hope for finding a solution in individual training and court guidance. **Call for more advanced training for attorneys and more clear guidelines from courts:** Authors suggest that cultural competency limitations in defense attorneys' practice can be addressed through "training informed by ongoing research and clear guidance from the courts."
2 4	McDonough, S., Chopra, P., Tuncer, C., Schumacher, B., & Bhat, R. (2013). Enhancing cultural responsiveness: the	This paper describes the development of a pilot secondary consultation program by a state-wide transcultural psychiatry unit, in partnership with a rural mental health service. Authors reported that participants from a range of disciplines provided consistently		

	development of a pilot transcultural secondary consultation program. *Australian Psychiatry.*	positive feedback about the program. This pilot secondary consultation program provided clinicians in a rural area with a forum in which to reflect on cross-cultural mental health issues. This pilot has informed the development of subsequent cultural consultation services.		
2 5	I. Lewis-Fernandez, R. and Diaz, N. (2002). The Cultural Formulation: a Method for Assessing Cultural Factors Affecting the Clinical Encounter. *Psychiatric Quarterly* II. Lewis-Fernández, R., et al. (2014). Culture and Psychiatric Evaluation: Operationalizing Cultural Formulation for DSM-5. *Psychiatry*	In this article authors address DSM-IV Cultural Formulation model as a method to culturally relevant and appropriate clinical evaluation and diagnosis. They present a brief historical overview of the model and offer a review of a case scenario to illustrate the implementation of the model in clinical practice. In this article authors describe inconsistencies in the application of the DSM-IV Outline for Cultural Formulation (OCF), and the response of the DSM-5 Cross-Cultural Issues Subgroup which began the research and development of the cultural formulation interview (CFI) to operationalize the process of cultural data in assessments and diagnosis. Authors summarize the review of the literature they conducted and analyze the problems with application of OCF which lead to creation of CFI.	Five components of DSM-IV CF model were addressed in this publication: – **Assessment of cultural identity** – **Cultural explanations of the illness** – **Cultural factors related to the psychosocial environment and levels of functioning** – **Cultural elements of the clinician– patient relationship** – **Impact of culture on diagnosis and care.**	**Limited application of the model:** Authors advocate for the wide-spread use of the model in overall clinical practice, they however do not emphasize attention on the use of the model with majority population in the US – white Americans. The model does address the relationship and the effects of the clinician-patient dynamic but does not address the effects of the cultural background of clinician on the overall assessment results. **Limited diversity of contributing members:** In both articles authors acknowledge that most information came from the research conducted by the members of their group. They however do not see an issue in that, and do not address it as a limitation.
2 8	Nakane, I. (2007). Problems in communicating the suspect's rights in interpreted police interviews. *Applied Linguistics*	In this paper authors examine police interviews in which Japanese native-speaker suspects were interviewed by English speaking police officers through interpreters. Authors attempted to identify problems in the processes in which the suspects' rights are communicated through the interpreters. They found three issues: problematic turn	**Language**: In this case-study authors found the following issues with conducting a police interview through interpreter: – problematic turn construction – the treatment of a follow-up comprehension check question	

		construction; the treatment of a follow-up comprehension check question; and the interference of interpreters' understanding of the rights of suspects. Authors provided suggestions for improvement of caution delivery through interpreting in criminal investigation.	– the interference of interpreters' understanding of the rights of suspects. **Phase of the criminal process**: police interview	
3 2	Baarnhielm, S., Wistedt, A.A., & Rosso, M.S. (2014 Revising psychiatric diagnostic categorization of immigrant patients after using the Cultural Formulation in DSM-V. *Transcultural Psychiatry*	In this study authors conducted a qualitative content analysis to evaluate the use of the Outline for Cultural Formulation (OCF) from the DSM-IV in the diagnosis of immigrants and refugee patients at an outpatient psychiatric clinic in Sweden. They found that using the OCF in conjunction with standard diagnostic procedures led to major revisions of diagnoses for 56.5% of patients. Anxiety disorders, especially PTSD, constitute the disorder group in which the most changes were made. Authors suggested that the OCF may be useful for: formulating culture in relation to illness experiences; contextualizing diagnostic categorization; and improving overall understanding of the patient.	**Role of culture in diagnosis:** formulating culture in relation to illness experiences; contextualizing diagnostic categorization; and improving overall understanding of the patient.	
3 4	Warnock-Parkes, E., Young, S., & Gudjonsson, G. (2010). Cultural sensitivity in forensic services: findings from an audit of South London forensic inpatient services. *The Journal of Forensic Psychiatry & Psychology.*	In this article authors summarize the key findings from an audit using the Cultural Sensitivity Audit Tool for Mental Health Services to evaluate the views of service-users and staff in a South London Forensic Inpatient Service. Forty-one service-users and 47 members of staff working in the service took part in the audit. Staff completed the tool as a questionnaire, and service-users were interviewed. Staff identified gaps in their training on race and culture; none of the staff believed they had received all the training required. Service-users, however, reported culturally sensitive and effective aspects of the service, and many believed their cultural needs were met.	**Relevance:** Based on the disparity in the results of the audit conducted with staff and patients of an inpatient service in South London authors questioned "whether the large emphasis on the cultural sensitivity of services is something service-providers are more concerned about than our service-users; and whether a greater focus on service quality, of which cultural sensitivity is one aspect, would be more helpful."	Authors recommended to focus on a better overall quality of the services provided, including cultural aspects of it and sensitivity.

3 5	Fogel, M.H., Schulman, W., Mumley, D., Tillbrook, C., & Grisso, T. (2013). Ten years research update (2001-2010): Evaluations for Competence to Stand Trial (Adjudicative Competence). *Behavioral Sciences and the Law*	In this article authors reviewed publications addressing CST assessments released between 2001 and 2010. Authors focused primarily on the new topics and findings in this area. They reported several new ideas and offered recommendations for further research. No extensive research on cross-cultural work in this area was reported. Authors included recommendations for increasing attention to "special populations."		No specific recommendations were provided, just a call for increased attention to culture.
3 6	Kleinman, A. & Benson, P. (2006). Anthropology in the clinic: The problem of cultural competency and how to fix it. *PLoS Med*	Author argues that culturally competent practice consists of one activity: routinely ask patients and, if appropriate, family members, what matters most to them in the experience of illness and treatment. He also acknowledges that this activity is not cultural competency, but a much more important aspect of being a doctor.	This article presents an important philosophical approach to the topic.	
3 7	I. Pirelli, G., Zapf, P.A., & Gottdiener, W.H. (2011). A meta-analytic review of competency to stand trial research. P*sychology, Public Policy and Law*. II. Pirelli, G., Gottdiener, W.H., & Zapf, P.A. (2011). Competency to stand trial research:	This is a meta-analysis of 68 studies published between 1967 and 2008 comparing competent and incompetent defendants on a number of demographic, psychiatric, and criminological variables. The findings from our meta-analysis lead to the development of 13 competency research guidelines intended to serve as a reference for those conducting research in the area. Authors also outlined three areas deemed promising for future study.	Both articles carry longitudinal importance for current research. They set a point of relevance which helps to situate this project on the historical timeline of forensic psychology research.	Both of these papers are historically relevant, and illustrate the gap in research, which highlights the lack of attention given to cultural issues in forensic psychology since 1967 to modern times.

	Guidelines and future directions. *The Journal of Forensic Psychiatry & Psychology*.		
3 8	Kirmayer, L.J., Groleau, D., Guzder, J., Blake, C., & Jarvis, E. (2003). Cultural Consultation: A Model of Mental Health Service for Multicultural Societies *Canadian Journal of Psychiatry*	Authors report results from the evaluation of a cultural consultation service (CCS) for mental health practitioners and primary care clinicians. Results of this research demonstrated "the impact of cultural misunderstanding: incomplete assessments, incorrect diagnoses, inadequate or inappropriate treatment, and failed treatment alliances."		
4 1	Kirmayer, L.J. (2006). Beyond the *'New Cross-cultural Psychiatry'*: Cultural biology, discursive psychology and the ironies of globalization. *Transcultural Psychiatry*	Author opens up a discussion on the recent development of culture within anthropology. He argues that recent development in relationship between culture, biology and global politics and economics significantly influenced our understanding of cultural diversity in the context of mental health care. He discusses the effect of globalization on transcultural migration and cultural hybridization. He emphasizes the importance of "self-critical awareness and flexibility" in delivering humane care.		
4 0	Ton, H., Koike, A., Hales, R.E., Johnson, J., & Hilty, D. A	Authors conducted an assessment of a number of cross-cultural mental health services in one of the most ethnically integrated cities of the US They found an urgent need for		

	qualitative needs assessment for development of a cultural consultation service. *Transcultural Psychiatry*	development and application of cultural consultation model in mental health services due to insufficient application of information gained through cultural competency trainings.		
4 2	Screntny, J.D. (2008) Culture and Race/Ethnicity: Bolder, Deeper, and Broader *Annals of the American Academy*	In this article author explores the role of cultural analysis in sociology of race, ethnicity, and immigration. He brings attention to the importance of the subject of discrimination and domination in modern sociological studies. He makes "a call for bolder, deeper, and broader" cultural analysis in the field.	**Historical and socio-political factors**	Author argued that "in-depth research" is needed on the following subjects: – cultural assimilation (**acculturation**) – the mechanisms of meaning making in the light of inequality and discrimination; – influence of ethnic and racial cultures on interests and meanings of life, – influence of state cultures on immigrant and ethnic cultures in the United States, – issues of "Americanizing" of immigrants through globalization "before they even leave their homelands."
4 3	Patterson, O. (2014) Making Sense of Culture *Annual Review of Sociology*	In this article author addressed current problems in the sociological study of culture, and proposed a critique of the integrated, interdisciplinary views of culture without "extreme contextualism and other orthodoxies." In his work he addressed the dual nature of culture as "the conjugate product of two reciprocal, componential processes" where the first process is a dynamic but stable process of "collectively	**Definition of culture and approach to cultural research:** Author offers a theoretical approach to the exploration of the **microdynamics of cultural practice** and proposes the concept of *cultural configuration* as a better way of studying cultural practice.	

		made, reproduced, and unevenly shared knowledge structures that are informational and meaningful, internally embodied, and externally represented and that provide predictability, coordination equilibria, continuity, and meaning in human actions and interactions;" and the second is a pragmatic element of culture that grounds the first, has its own rules of usage and a well-organized structure of practical knowledge.		
4 4	Geertz, C. (1973) *The Interpretation of Cultures*	In his book Geertz defines culture as a *thick description* of human behavior which explains not just the behavior itself, but its context and meaning.	**Definition of culture and approach to cultural research:** "culture is not a power, something to which social events, behaviors, institutions, or processes can be causally attributed." In other words, understanding of culture cannot be perceived as law or a rule that defines behavior, instead it "is a context, something within which [social events, behaviors, institutions, or processes] can be intelligibly—that is, thickly—described." In his book he describes culture as the meaning by which individual acts can be interpreted and judged.	
4 5	Winkelman, M. (1996) Cultural Factors in Criminal Defense Proceedings *Human Organization*	In this article author examines cultural defenses through a review of literature and presents four cases, where he served as an expert witness for defense attorneys defending Hispanic clients in California. The article addresses the controversy surrounding the cultural defense and the cultural elements in criminal defense proceedings, specifically *means rea* (guilty mind) and the category of legal excuses which establish mitigating circumstances.	Author presents and reviews the case of a Mexican-American charged with a murder, where through cultural exploration it was established that: "culturally defined provocative circumstances may pressure individuals into patterns of behavior culturally recognized as mental illness." **Relevance of culture** **Phase of legal process: trial/defense**	Would it be appropriate in this case to refer the defendant for a psychological evaluation to establish the level of distress and the state of mind leading to the criminal act?
4 6	Tsunokai, G.T. and Kposowa, A.J. (2009)	This article examined the possible influence of gang involvement on delinquency among Asian-Americans. The study was guided by general strain theory and was organized	**Historical and socio-political factors** **Cultural explanation of diagnosis/symptoms** **Acculturation**	Relating criminological theories to mental health through connecting mental/emotional distress and consequent criminal behavior to

	Explaining Gang Involvement and Delinquency among Asian Americans: An Empirical Test of General Strain Theory *Journal of Gang Research*	according to the GST main principles. Authors collected and analyzed the data from a sample of Asian youth from various survey sites. Their analysis focused on two interrelated hypotheses: (1) whether general strain measures (i.e., school stress, goal blockage, inter-generational acculturation conflict, removal of a positive stimuli, and parental hostility) contribute to an increase in negative/criminal behavior; and (2) whether negative emotions increase the likelihood for gang involvement and delinquency. Authors found that gang involvement does not contribute to increase of criminal behavior. Authors argued that some Asian-American youth join gangs for purposes of social support. They found that it is especially applicable for immigrant youth, where gangs may be a "mechanism by which they learn how to adopt and survive in a complex society that is far more differentiated than theirs."		culture specific strain helps to close the gap between psychological and criminological theories. Although essentially this is a theory only, and it found to be pretty controversial viewing experiences of immigrants as commonly strainful will help defense attorneys navigate through the tasks of psychological evaluation referrals and bringing into consideration their client's cultural backgrounds when building a defense case.
4 7	Vaughn, M. G.; Salas-Wright, C. P.; Qian, Z. & Wang, J. (2015) Evidence of a 'refugee paradox' for antisocial behavior and violence in the United States *The Journal of Forensic Psychiatry & Psychology*	Authors of this study analyzed the data from the *National Epidemiologic Survey on Alcohol and Related Conditions*, assessed the lifetime prevalence of antisocial behavior among refugees (n = 428), and contrasted it with non-refugee immigrants (n = 4955) and native-born Americans (n = 29,267). They also evaluated the effect of age of arrival and time spent in the Unites States. Their findings showed that although refugees were significantly less likely than native-born Americans or non-refugee immigrants to report involvement in any non-violent or violent behavior, they were more likely to engage into a situation where they can injure someone to the point of needing a medical attention.	**Historical and socio-political factors** **Cultural explanation of diagnosis/symptoms** **Acculturation and strain**	Authors found no significant relationship between duration of refugee status and antisocial behavior; however, persons who spent more than one year as a refugee were significantly more likely to report involvement in violence. Although authors were unable to empirically assess the reasons for this, they hypothesized that increased exposure to desperate circumstances experienced by some refugees such as residing in war torn regions would increase the necessity to employ violence. No assumptions about mental health were made. They also found that earlier age of arrival to the Unites States was associated with greater likelihood of

			antisocial behavior. Authors concluded that the immigrant paradox extends to refugees as well. Authors cite their own studies in discussion section.
4 8	Veen, V., Stevens, G., Doreleijers, T., van der Ende, J., and Vollebergh, W. (2010) Ethnic differences in mental health among incarcerated youths: do Moroccan immigrant boys show less psycho-pathology than native Dutch boys? *The European Child +Adolescent Psychiatry Journal*	In this study authors explore ethnic differences in mental health problems among incarcerated and general population youth of native Dutch and Moroccan origin through conducting multigroup analyses. Through application of multiple regression analyses they tested the interaction effects of ethnicity (native Dutch and Moroccan) and population (general population and incarcerated population) on mental health problems. Authors used the Youth Self-Report (YSR) to obtain self-reports on emotional and behavioral problems, and the Child Behavior Checklist (CBCL) to obtain parents' reports. Authors concluded that comparing to youth offenders of Moroccan origin, Dutch native offenders scored higher on all scales of YSR, and CBCL. Authors attempted to control for cultural differences by accounting for "desirability bias" which is the coefficient they calculated based on the results of the self-report desirability questionnaire.	**Historical and socio-political factors** **Cultural explanation of diagnosis/symptoms** **Acculturation and strain**	Authors attributed the lower level of mental health problems of ethnic minority youth offenders to the result of social desirability bias and proposed that "both adolescents and parents with an ethnic minority background possibly underreport mental health problems as they are aware of their low status in society, and do not want to confirm the negative perception about their children or themselves." They also offered an alternative explanation for the lower levels of mental health problems of incarcerated minority adolescents, where they hypothesized that these youths may not be treated the same as native Dutch youths in the juvenile justice system due to the fact that "minority youths are referred to juvenile court and are taken into pre-trial arrest for less serious offences than ethnic majority youths."
4 9	Tomer-Fishman, T. (2010) Cultural Defense, Cultural Offense, or No Culture at All: An Empirical Examination of Israeli Judicial	Author conducted an empirical examination of judicial decisions in cultural conflict cases and found that the factors affecting them indicate two important issues: First, the decision-making patterns are more complicated than those discusses in the literature. Second, the tendency of courts not to consider cultural background in mitigation is strongly linked to power relationships between groups within the society. The	**Historical and socio-political factors**	

	Decisions in Cultural Conflict Criminal Cases and of the Factors Affecting Them *Journal of Criminal Law and Criminology*	decisions made favorable toward the dominant culture are more common than the decisions favorable toward the minority cultures.		
5 0	Pérez, D.M., Jennings, W.G., and Gover, A.R. (2008) Specifying General Strain Theory: an Ethnically Relevant Approach *Deviant Behavior*	In their paper authors argue that the acculturation process exposes Hispanics to unique types of strain (e.g., prejudice and discrimination) which in its turn may increase the likelihood of delinquency. Authors analyzed the responses from self-administered questionnaires of 1,729 Hispanic adolescents where they tested several hypotheses on the effects of traditional and acculturation-related strains on violent delinquency. Authors found that GST is generalizable to Hispanic adolescents and confirmed the prediction on effects of ethnic-specific strain on increased likelihood of violent delinquency. They also concluded that higher levels of Hispanic concentration can moderate the effects of acculturative strain on delinquency.	**Acculturation and strain** **Historical and socio-political factors**	
5 1	Peck, J.H. (2013) Examining Race and Ethnicity in the Context of General Strain Theory, Depression, and Delinquency *Deviant Behavior*	This is the first study that observed the relationship between strain, depression, and delinquency across white, Black, and Hispanic youth. Author claimed that "present study is able to address past limitations of race and GST research, and help generalize the theory to different races, ethnicities, and locations." The study examined public-use data from the first wave of the *National Longitudinal Study of Adolescent Health*, with the sample designed to represent the US schools during 1994-1995 school year. The final weighted sample was 5,597 youths, with 78% white, 18% African-American, and 6%	**Biopsychosocial factors** **Historical and socio-political factors** **Cultural explanation of symptoms**	No significant attention was given to **acculturation and racial discrimination strains**, despite significant evidence in the literature regarding acculturation and racial discrimination strains being the most serious effective strains associated with delinquent behavior in ethnic minorities. In conclusion author made several confusing statements regarding her findings, which indicated limited understanding of the research behind her topic. She described

		Hispanic. Author measured and analyzed strain through questions about family, neighborhood, education, economic, and criminal victimization strain. She also measured negative emotionality, coping resources, and religiosity. She also measured *social control* through assessment of maternal attachment and peer substance abuse. The results were processed through factory analysis. The results provided mixed support for author's 5 hypothesizes. She concluded that all significant strain measures were positively related to depression. Race was also significantly positively related to depression in Blacks and Hispanics.		some results of her study with sentences like: "However, only black youth who felt that students in school are prejudice were more likely to experience negative emotionality in the form of depression (compared to whites and Hispanics), while white youth were more likely to be depressed when a family member attempted suicide (compared to blacks and Hispanics). No statistically significant interactions were found since coefficient comparison tests failed to reveal any significant differences across race and ethnicity. Therefore, although some forms of strain did differentially affect white, black, and Hispanic youth, the effect of strain across all three groups did not significantly vary." This study design has significant unrecognized limitations and does not provide a valuable input into the general study of cultural/ethnic/racial strain.
5 2	Adler, F., Laufer, W.S., Merton, R.K., & Agnew, R. (1995) The Contribution of Social-Psychological Strain Theory to the Explanation of Crime and Delinquency. *The Legacy of Anomie Theory*	Author describes how strain theory can explain the origins of criminal behavior and delinquency. According to Agnew, strain theory explains both the predisposition to delinquency and the situational factors that can lead predisposed individuals to engage in criminal acts. When explaining the predisposition for criminality strain theory points to certain **psychological and social elements** that were neglected by other theories. In other words, strain theory illustrates the **connection between crime and psychological symptoms of distress due to various types of strain**.	**Biopsychosocial factors** **Historical and socio-political factors and Strain:** "It is the only theory to focus explicitly on negative relations with others, and it considers several types of negative relations that are outside the realm of control and learning theories. It is the only theory to focus on negative affect or emotion as an intervening variable. And it is the only theory to focus on the individual trait of "aggressiveness." In terms of the situational determinants of delinquent acts, strain is the only theory to point to the important role played by "provocative" situations."	

| 53 | Owiti, J.A., Palinski, A., Ajaz, A., Ascoli, M., De Jongh, B. & Bhui, K.S. (2015) Explanations of Illness Experiences Among Community Mental Health Patients: an Argument for the Use of an Ethnographic Interview Method in Routine Clinical Care. *International Review of Psychiatry* | In their narrative-based ethnographic assessment authors explored cultural variations in perceptions of mental distress among community mental health patients referred for a cultural consultation. The patients were interviewed using *Barts Explanatory Model Inventory and Checklist* (BEMI). Explanatory Models (EM) of mental distress were used to improve communication and outcomes of the clinical services provided. Study was conducted in the inner-London borough, with 32 patients completing the BEMI assessments. | **Biopsychosocial factors and their effects on mental health (cultural explanation of illness):** Authors found that patients mainly attributed the causes and consequences of their mental distress to emotional and psychological factors, which were most often linked to existing social concerns and interpersonal issues. Desired solutions mainly focused on treatment, social, and systemic interventions. Authors concluded that using BEMI could positively contribute to the overall quality of assessments in routine care and can be used by professionals "with minimal training." | This claim contradicts their earlier statements where they advocate for "longer term interventions" (Owiti et al., 2014, p. 824). |
| 54 | Owiti, J.A., Ajaz, A., Ascoli, M., De Jongh, B., Palinski, A., & Bhui, K.S. (2014) Cultural Consultation as a Model for Training Multidisciplinary Mental Healthcare Professionals in | Authors present a description and evaluation of their new narrative-based cultural consultation service in an inner-London where they work with community mental health services to improve patients' outcomes and clinicians' cultural competence skills. They recruited 94 clinicians in four mental health service teams in the community who had a chance to participate in cultural competency training with 'in vivo' learning. During cultural consultation and training authors used | | Huge attrition - only 16 participants (of 99 total recruits) returned the forms showing improvement in cultural competence skills. Despite the attrition authors concluded that their "cultural consultation model is an innovative way of training clinicians in cultural competence skills through a dynamic interactive process of learning within real clinical encounters." |

	Cultural Competence Skills: preliminary results *Journal of Psychiatric and Mental Health Nursing*	an ethnographic interview method to assess patients in the presence of referring clinicians. To measure the outcomes of the training authors used the Tool for Assessing Cultural Competence Training for clinicians' self-reported measure of cultural competence.		The racial/ethnic backgrounds of 99 initially referred patients were reported, but the ethnic/racial **backgrounds of the involved clinicians were not described anywhere in the paper**. Also, this issue was not mentioned as a limitation of the study.
5 5	Martinez Jr., R. & Lee, M.T. (200) On Immigration and Crime *The Nature of Crime: Continuity and Change, Vol. 1*	In their paper authors review a significant number of theoretical and empirical works regarding the **relationship between immigration and crime** in 20th-century America. They reviewed three major theoretical frameworks that were used to explanation connections between immigration and crime in reviewed literature. They also examined empirical studies of immigrant involvement in crime, and public opinions about immigrants and their involvement in crime. They acknowledged the role of acculturation and disadvantaged neighborhoods as some of the main influencing factors on immigrants' involvement in crime.	**Acculturation** **Historical and socio-political factors** **Relevance** **Phase of forensic proceedings** Authors challenge the widespread idea that "immigrant crime is unavoidable product of immigration." They point at the fact that immigrants are typically underrepresented in criminal statistics, and in cases where immigrants are arrested and charged with crime, structural conditions of the areas or immigrant settlements, but not cultural traditions of immigrants' groups are reasons for crime involvement. Authors' conclusions are consistent with conclusions of the vast body of research behind GST: "local context is a central influence shaping the criminal involvement of both immigrants and natives" (p. 486).	Immigrants are underrepresented in criminal statistics
	Meffert, S.M., Musalo, K., McNeil, D.E., and Binder, R.L. (2010) The Role of Mental Health Professionals in Political Asylum Processing *The Journal of the American Academy*	Authors bring attention to the important contributions mental health professionals with expertise in asylum law and refugee trauma can make in political asylum processing. This paper contains important information linking the process of immigration/asylum seeking process and mental health. This information is often missing in the studies of on culture, crime, and mental health. They cite Kirmayer et al., (2007), Boehhlein and colleagues (2005) in statements regarding	Authors argue that mental health professionals can contribute to the overall political asylum processing in following ways: - provide diagnostic information to support applicants' claims (**culturally informed diagnosis**) - evaluate how culture and mental health symptoms relate to perceived deficits in credibility or delays in asylum application; estimate the possible effects of repatriation on mental health (**relevance**)	Authors address malingering (of PTSD symptoms), the "culture of the familiar," and the use of cultural formulations in forensics as main risks behind **stereotyping and stigmatizations of ethnic groups**.

| *of Psychiatry and the Law* | importance of recognizing the power dynamic between evaluee and the forensic evaluator. | - provide supportive functions for clients as they prepare for testimony;
- help immigration attorneys to improve their ability to **elicit trauma narratives from asylum applicants safely and efficiently** to enhance their resilience in response to vicarious trauma and burnout symptoms. Authors recognize the **power dynamic** between forensic evaluator and evaluee. | |

Appendix B: Initial Codes and Themes

Title	Conceptual Code	Background of the Code	Core elements of the code	Theme
Adapting the Cultural Formulation for Clinical Assessments in Forensic Psychiatry (Aggarwal, 2012)	Need for cultural competence and formulation during clinical practice and forensic evaluations	Discrimination on the basis of cultural background acting as the cause of numerous traumatic experiences Cultural background acting as a barrier for proper treatment procedures	Individual cultural identity, cultural perspectives on the illness, as well as communal and social stressors impact forensic evaluations	Standardization of culture-backed medical practices
Beyond the 'New Cross-cultural Psychiatry': Cultural Biology, Discursive Psychology and the Ironies of Globalization (Kirmayer L. J., 2006)	Bridging the gap between psyche/ body and cultural formulations	How physical interactions with diet, environment, and even internal physiological phenomenon such as symptoms of menopause impact cultural elements How narratives and discourses shape the very essence of social constructs and how culture is used as a tool for sense making	Dependence of cultural constructs on the environment, diet and evolutionary physiological developments. Importance of self-created narratives and linguistic structures, especially with relation to the understanding of the self, in the crafting and development of cultural ideologies	Considering biological and psychological constructs as important elements of cultural formulation
Reconciling evidence-based practice and cultural competence in mental health services: Introduction to a special issue (Gone J. P., 2015)	Focusing on one particular form of practice which involves the wholesome inclusion of substantive cultural divergences without encompassing the large degree of bias that could arise from the evidence-based practice	EBP or evidence-based practice, which is widely used for forensic evaluation is a cold and calculated approach which does not provide the space for cultural elements to be considered Due to unstable cultural competence methods, trivialization of cultural elements can occur, which can transform cultural formulation into an exercise in futility	Understanding the intricacies of creating a cultural formulation for the forensic evaluation, which is not biased towards clinical practice nor towards cultural elements, but is a balance between the both	Balancing both clinical and narrow prescriptive practices with cultural competence
Neuroimaging, Culture, and Forensic Psychiatry,	Bridging the gap between body and cultural formulations	Neuroimaging provides a good example of how physical evaluations can be heavily influenced by cultural	Defining medical ethics and forensic morality through physical treatments, which also involve encompassing	Considering biological and psychological constructs as important

		values and norms, thereby allowing a closer association of biology and culture with each other	of cultural values and norms	elements of ethics and law as far as cultural competence is concerned
A Critical Analysis of Cross-Cultural Research and Testing Practices: Implications for Improved Education and Training in Psychology (Byrne, Oakland, Leong, van de Vijver, Hambleton, & Cheung, 2009)	Importance of understanding the need for reassessing quantitative elements within the realm of cultural competence for proper integration into mainstream medical practice	The negativity associated with the assumption of similar factorial and psychological structures of meaning as far as measuring instruments are concerned when looking into the cultural formulation of different ethnic groups Lack of consideration of hierarchical data when dealing with different cultural groups Lack of proper understanding of ways in which test instruments and measurements are adapted to changing cultural backgrounds and settings	The importance of creating quantitative methodologies for cultural competence which are flexible enough to accommodate varied cultural backgrounds and values	Considering flexibility and adaptation of treatment as a core element of successful cultural formulation
Explanations of illness experiences among community mental health patients: An argument for the use of an ethnographic interview method in routine clinical care (Owiti, Palinski, Ajaz, Ascoli, Jongh, & Bhui, 2015)	Ensuring the consideration of patient perceptions when looking into elements of cultural competence and formulation	The perception of a particular illness and its symptoms are directly linked to the cultural perspectives and narratives that have been used to observe and comprehend the disease or disorder Using ethnographic or anthropologically centered approaches towards treating illness can play a major role in integrating cultural perceptions and enhancing the effectiveness of the treatment	Formulating treatment methods and solutions which take the elements of systemic, social and communal interventions into consideration and integrate them for better results	Considering community and ethnographically based-constructs as formative and deterministic elements of cultural formulation

AAPL Practice Guideline for the Forensic Assessment (Glancy, et al., 2015)	Importance of merging essential medical elements of forensic evaluations with legal structures	Creating a bridge between treatment procedures within the realm of cultural competence and legal proceedings, through aspects such as confidentiality, ensuring proper interpersonal relationships between the patient and the psychiatrist, and making the most of collateral information Utilizing criminal assessments, civil assessments, and other legal collateral information which could be used to bridge the gap between the medical and the legal structures of cultural competence	Making sure that cultural competence is approached through both legal as well as medical perspectives, where the purpose of the forensic evaluation is to consider cultural implications from both the scope of biological/psychological constructs as well as judicial constructs	Considering medical and psychological elements of cultural competence as an important part of legal proceedings and judicial structures within the realm of cultural formulations
Psychological Evaluations: Cultural Sensitivities in Forensic Psychological Evaluations (Dattilo, 1999)	Approaching the importance of considering cultural background during legal proceedings within the scope of forensic evaluations through differences in linguistic backgrounds and levels of fluency	The essence of cultural competence during forensic evaluations can be approached through the aspect of linguistic differences as well as fluency of English amongst communities Understanding the importance of considering linguistic differences as an essential part of forensic evaluations , owing to the numerous ways in which it impacts treatments as well as judicial proceedings that occur consequently	Connecting linguistic elements with cultural backgrounds and ethnicities , so as to ensure better structuring of legal systems as well as treatment procedures	Considering aspects related to linguistic structures as important factors for creating cultural competence procedures that are in line with both judicial as well as medical aspects
Culture and Formulations of Homicide: Two Case Studies (Fabrega. Jr, 2004)	Comprehending the various ways in which forensic evaluations can make use of cultural background in order to determine whether or not	Determining mental states and deep-seated psychological intentions behind acts of murder and homicide by involving cultural apparatuses as well as norms in place of	Using the differences in legal structures and cultural values and norms to comprehend the various ways in which both these societal elements derive and negate each other, inclusive of their	Considering cultural elements to be powerful precursors of legal constructs and structures, which are essentially useful for determining

	individuals are guilty of crimes such as homicide	important stressors or promoters of action Understanding the various ways in laws related to homicide and different types of crime have been forged through the culmination of cultural values and norms	utilization in forensic evaluations	aspects related to conviction and sentencing
Cultural Criminology (Ferrell J. , Cultural Criminology, 1999)	Understanding the concept of cultural criminology, which embodies elements such as the perception of crime and the impact on the same caused through criminal subcultures, media companies, and other such entities	Looking at the aspect of how the perception of crime is mediated and structured by present elements of culture, such as anti-crime campaigns, resistance to legal control and subcultures that embody the face of criminal intention in society Understanding the intricate ways in which cultural norms and values, along with the propagation of the same, play an immense role in shaping perceptions of deviance, marginality, and crime	Comprehending the various ways in which cultural norms as well as stereotypical representations that arise through the same can have an immense impact on crime and criminals in general	Considering culture as an important element in shaping and propagating perceptions about crime and legal forces
Cultural Convergence: Interest Convergence Theory Meets the Cultural Defense (Lee, 2007)	Comprehending the malleable nature of culture through the perspective of how its flexibility can be used for finding commonalities and universalities irrespective of cultural background	In legal proceedings around the world, one of the most important elements of consideration has been to find a common ground between the cultural filters of the jury and the defendant or suspects. The essence of this common ground lies in the convergence of interests, where cultural ideations give way to common motivations or intentions that unite individuals beyond the level of cultural judgment	Understanding interests that act as bridges between two or more different cultures might be the essence of how legal proceedings and medical procedures can be made more efficient and fruitful	Considering convergence of ideals and interests as an important aspect of cultural formulation

Beyond Cultural Competence: Language Access and Latino Civil Rights (Suleiman, 2003)	Considering the immense potential that linguistic structures have to cause as well as mend the problem of cultural discrimination, depending on how these structures as utilized	One of the biggest problems faced by Latinos in today's world is the lapse in procurement of essential services or the delay thereof, owing to a lack of linguistic acceptance in the United States Differences in linguistic structures results in a lapse in the overall comprehension of basic services and rights, lack of comprehension of the intricacies of resources and services, and a lapse in ability to communicate with the service provider	Finding ways to integrate varied and diverse linguistic structures in everyday functions, such as legal structures as well as medical treatments, could be the answer to most problems concerned with cultural competence or formulation in general The solutions to the same could include aspects like interpreter services, which not only follow linguistically structures from a theoretical point of view, but also make the most out of ethical elements related to same	Considering linguistic structures as important factors for creating cultural competence procedures
The Contribution of Social-Psychological Strain Theory to the Explanation of Crime and Delinquency (Adler, Laufer, & Agnew, 1995)	Comprehending the essential elements that when pieced together from the strain theory, which is an apt method for understanding the relationship between culture and institutionalized goals	Crime is a significant perspective through which the inner workings of the strain theory can be understood, especially owing to the way in which it can help in comprehending how the interaction between legal structures and cultural ideals can result in rebellion and deviance in society The way a particular culture looks at deviance and crime can be an important medium for understanding the inherent ways in which legal systems lack in terms of cultural inclusion and competence	Anthropological and ethnographic perspectives towards crime, delinquency and deviance can be quite dissimilar to legal and medical constructs that cater to the interpretation of the same. This could be the cause of numerous complications in a society where culture is not considered as an important part of institutional activities	Comprehending the importance of including anthropological heritage and culture as an essential element of practices like forensic evaluations and legal structures
Building on the Foundation of General Strain Theory: Specifying the Types of Strain	A crucial part of creating social and commercial structures which consider anthropological	There are several types of strains that are a part of the general strain theory, which are deemed to contribute in	The dissonance caused by conflicting cultural elements and corresponding institutional or societal aspects can become a	Comprehending the importance of including anthropological heritage and culture as an

Most Likely to Lead to Crime and Delinquency (Agnew R. , 2001)	and cultural phenomenon as inseparable components of the same is to understand and build them around the types of strains which concur to crime and deviance in the first place	some way to crime and delinquency in general The types of strains in this case include objective strains (affecting entire cultural groups), subjective (affecting specific individuals), and emotional	powerful force behind deviance and crime in society, owing to the different ways in which it impacts communities and cultures	essential element of practices like forensic evaluations and legal structures
Linguistic Isolation: A New Human Rights Violation Constituting Torture, and Cruel, Inhuman, and Degrading Treatment (Honigsberg, 2013)	Differences in language between anthropologically or culturally distinct individuals can result in isolation of particular people owing to the lack of acceptance directed towards a specific linguistic structure	In crude anthropological structures, like prisons, where linguistic diversity abounds, leading to discrimination on the basis of the same The lack of an ability to communicate with other individuals can cause psychological isolation on one hand, while also leading up to physical isolation and discrimination on the other	Linguistic differences need to be recognized and acknowledged in order to provide a large enough scope for anthropological and cultural diversity to flourish	Considering linguistic structures as important factors for creating cultural competence procedures
On the Variability of anger Cross-Culturally: An Assessment of General Strain Theory's Primary Mediator (Horton, Rice, Piquero, & Piquero, 2012)	Even though understanding the dissonance caused due to overlapping of cultural and institutional elements is an important aspect, comprehending impacts of this dissonance and how this impact is interpreted is equally important	One of the most essential aspects that are caused as a direct conflict between cultural or traditional means of functioning and institutional methods is the emotion of anger. The way in which different anthropological clusters categorize anger is varied and diverse in nature. Hence, even though the dissonance is caused, the interpretation of the impact of the same will ultimately decide the rate of crime and deviance caused by the same.	The importance of interpreting and utilizing the impact of the dissonance characteristic of strain theory is another significant step that determines how a society or culture reacts to the threatening of their intrinsic traditions	Considering anthropological or cultural sentiments and the interpretation thereof as essential constituents of cultural formulation

Mental health, criminal justice and culture: some ways forward? (Jones & Day, 2011)	Respecting the traditional perspectives and perceptions of cultures is one of the crucial steps that any form of legal or medical practice has to take into consideration if its aim is to be welcoming and open to diversity and flexibility	Aborigines of Australia have considerably different perspectives towards mental health and well-being . These perceptions could be considered as unreasonable when seen from the perspective of precise clinical practice. This in turn acts as one of the major obstacles towards making the most out of cultural competence in institutionalized fields	Involving traditions and cultural components of communities and other anthropological units to compensate for visible gaps in the legal and medical structures is an important part of the overall picture of cultural competence	Considering anthropological or cultural sentiments and the interpretation thereof as essential constituents of cultural formulation