



Translating Relief and Fear: Navigating the Intricacies of Psychiatry and Cultural Perspectives

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As an interpreter at a free clinic, I had grown accustomed to the challenges of translating language, but nothing prepared me for the intricate task of translating physical symptoms into complex mental health issues. The first time I encountered this unique blend of medicine, I found myself grappling with the role of psychiatry in someone's life, torn between being a source of hope or profound stress.

While volunteering, I remember staring at the attending physician with clear uncertainty as he asked me to pivot and begin translating questions about mental health to a patient presenting with severe migraines. He recognized my confusion, gave me an affirming nod, and I proceeded: "Have you had any persistent negative or suicidal thoughts?" While I initially went in mental spirals wondering why he was not doing a neurological exam, it became very clear as the patient began to tear up while describing her journey to the USA from South America, loneliness as all her family remained abroad, and struggle with what even the untrained eye could characterize as depression. She had unintentionally been overdosing Tylenol, unable to read the English label and feeling simply overwhelmed at any physical pain that accompanied her emotional distress. Looking down, she said: "*A veces, me siento que no quiero estar vivo.*" Or in English, "*Sometimes, I feel like I don't want to be alive.*"

When I translated to her that there were psychiatrists available, that her emotions mattered, and that we had a referral ready, something incredible happened. A wave of relief washed over her, and she whispered a prayer, expressing her gratitude. It was a profound moment that ignited curiosity that made me want to dive deeper into this field. My greatest hope as a future psychiatrist is to be able to provide that kind of relief to individuals and communities

like her. To help them navigate the complexities of their emotions and offer them a glimpse of the solutions that lie within understanding, exploration, and validation. Witnessing the power of psychiatry to bring solace and transformation to someone's life solidified my resolve to embark on this journey.

Moreover, witnessing the scientific and social foundations that underpin psychiatry felt like a personal validation of my own identity. My journey to medicine was unique; as a pre-medical student, I spent more hours in language, writing, and education classes than in biology and chemistry courses. Growing up in a community of first-generation Indian-American family members unfamiliar with this path, choosing to study the humanities while also pursuing medicine was often framed as a "waste of time." This left me conflicted, torn between my fascination with physiology and my love of the anthropological, social, and linguistic sciences exploring human connection. Psychiatry emerged as a field of medicine that not only acknowledged the inherent humanity within each person but also embraced the stigmas and struggles as integral aspects of their care. It unified my seemingly disparate interests, resonated with my passion for cultural humility, and provided a sense of harmony within the complexities of my own identity.

Yet, the sense of hope accompanying psychiatric care is not always uniformly embraced. Fast forward just months later to my relative's home, where the typical "What specialty?" question resurfaces every several months. The appreciation often associated with being a medical student dissolved into an uncomfortable silence and a polite smile as soon as I mentioned psychiatry.

My relative went on to express her displeasure: "Psychiatrists over-watch everyone, looking at how people tap their fingers on their knees and thinking they can diagnose from that." She went on to describe how frightened she felt at the idea of anyone close to her attending a psychiatrist appointment. For her, psychiatrists were not the bearer of good news. Instead, they were judgmental watchers and intruders.

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As our conversations progressed and I shared insights on the importance of culturally competent psychiatry, like the cultural formulation interview [1], I witnessed a gradual shift in her perspective. It was comforting to see how, over time, her tone softened and she became more open to learning about it. Yet, those early conversations still weigh on my mind. One of my greatest fears as I embark on my journey in psychiatry is capitalizing on the concerns she expressed: unintentionally making someone feel like I'm interrogating them, as if there's something inherently shameful or wrong about them. Or in other words, contributing to the existing stigma and amplifying any insecurities patients have.

How do psychiatrists navigate being perceived both as a source of relief or fear? For some, knowing that there are cures for their depression and anxiety is the most powerful tool they can be given. For others, hearing the term psychiatrist evokes a sense of shame and trauma. It is, in that way, the social aspects of psychiatry are embedded in a personal oxymoron: a greatest hope, but also simultaneously the greatest fear.

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Declarations

The author further reports complete compliance with all confidentiality standards as set by federal and state policy of the United States of America, including the absence of including Protected Health Information.

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Reference

1. Aggarwal NK, Lewis-Fernández R. An introduction to the cultural formulation interview. *Focus (Am Psychiatr Publ)*. 2020;18(1):77–82.

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