



OPENING MINDS:
RESEARCH FOR SUSTAINABLE
DEVELOPMENT

Culture Specific Mental Imagery in the Treatment of Anxiety

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1 INTRODUCTION

K, a 55 year old Sri Lankan male was referred by a psychiatrist for psychotherapy. At presentation the patient was being treated with an SSRI (Selective Serotonin Reuptake Inhibitor) for Panic disorder, with a secondary depression which was at mild to moderate level. K's complains were, inexplicable sudden feeling of fear with panic attacks. According to him he had several other worries which had lessened with the pharmacological treatment.

As Sri Lanka still does not possess government cadre for psychologists, there are no psychologists in government hospitals. Further as psychology is a newly emerging profession, there are only few clinical psychologists working in the capital city of the country who provide private consultancy services at major private hospitals in the Colombo metropolitan area. The patient described in this article was treated through consultations at an accredited private hospital.

K is in his third marriage and had a daughter of 22 from his first marriage. He is resident outside Sri Lanka and whenever he visited Sri Lanka made unsuccessful attempts to reactivate the broken relationship with his daughter. He has lot of latent anger and resentment towards his first wife for "destroying his relationship with his daughter" But this

concern was not prominent at the presentation. He was more concerned of the abuse, both physical and psychological which he faced as a child from his elder brother. He came from a chaotic family background where he experienced the influence of a step father as a result of an extra - marital affair of his mother's. He also had siblings from his father's first marriage. What was most prominent was his feelings of distress at his mother's neglect which occurred according to him because of his close resemblance to his father, who separated from them and with whom he was never able to have a relationship until very late in his father's life. His father had already passed away by the time of presentation. The most prominent emotion was a deep resentment and anger towards the mother for not protecting him and the severe physical assaults of his elder brother.

He re-experiences the constant fear of his childhood where he frequently thought he would be assaulted to death by his brother. What was interesting was for each violent incident with his brother aggression and resentment was directed to the mother who failed to protect him rather than the brother.

After re- examining these thoughts and when the patient was sufficiently calm we embarked on CBT. It should be emphasized that as psychology is still in its infancy in Sri Lanka, there are not



much CBT related measurements validated for the Sri Lankan population. Further, Sri Lankan patients prefer to write less and therefore most writing exercises are done verbally where possible. (Solomons, 2016) K was very compliant in writing exercises more than the average client.

With progression on to therapy K was compliant in homework assignments and was able to identify the loop of thoughts, feelings and physical reactions which lead to his repeated panic attacks.

Yet, his symptoms were not reducing sufficiently. I sensed a feeling of some sort of superficiality in his identification of thoughts. As the therapy was not helping him make progress I thought of helping him by incorporating a few mindfulness techniques. I helped him practice mindful breathing within the sessions and encouraged him to identify his thoughts. Further, as the thoughts were not matched with emotional reactions I urged him to look at the presence of mental images.

When he examined images in his mind, he could relate his emotional intensity with the content of the images. After some time he made a wonderful discovery. He discovered that his constant fear response and panic attacks were linked to a picture of a semi human form. When we explored this during the sessions, he was experiencing all the symptoms of panic. Gradually K became capable of describing and further exploring this picture with mindful breathing. (Didonna, 2009)

Though the physical assault by K's brother and other chaotic incidents in childhood appeared to be the obvious reasons for K's fear, the discussion on these aspects did not evoke severe panic attacks within therapy or outside therapy. Thus the severity of the panic attacks could not be matched to these incidents. Yet, the attention to the green figure evoked severe panic attacks both within

the therapy and outside, making it clear that the severe panic attacks were related to his history with an abusive brother.

He described the picture as green in color. Also he described the first time he encountered the image. As a child he had gone near a small wood in the evening. Usually Sri Lankan, Buddhist cultural beliefs says that if you walk alone in solitary places in the dusk, you can be the victim of the influences of evil supernatural forces such as "*Bhootaya*", "*Yaka*" etc, which are evil superhuman forms. According to K, he was gazing at the woods and this semi-human form emerged from the woods and was green in color. First he thought it was a part of the woods but the semi-human form came closer and closer, at which point he had run away in great fear.

What was interesting was his description of the super human form had a very close resemblance to the Sri Lankan *Wamana rupa* and the *Bhairava* images. These are supposed be supernatural forces guarding ancient places.

Yet, as a clinical psychologist trained in the Western model by westerners mostly I was not ready for it. Especially in a globalized culture like Sri Lanka, these images are largely confined to the study rooms of history and archaeology and not a matter of daily consumption. This made it even more difficult for me to understand this client.



Figure 1: Wamana Figures of Sri Lanka- (Wamana Figures in Pollonnaru Architecture, 2015)





Figure 02: *Bhairava* figures of Sri Lanka- (*Wamana* figures in Polonnaruwa Architecture, 2015)

The *Wamana* picture shown above has a long history. *Wamana* sculptures and images is a cultural tradition which has travelled to Sri Lanka from India. It is believed to be the 6th avatar of God Vishnu. Though Indian *Wamana* figures and SL *Wamana* figures resemble closely, the concept of *Wamana* figures in the two countries differ a lot. In Sri Lanka it's more or less an ornamental supernatural force expected to be guarding ancient buildings. There is a wide variation of these figures. (*Wamana* Figures in Polonnaru Architecture, 2015)

These sculptures can be seen on entrances to ancient buildings and around stairways as a means of decoration. They also appear as guardian stones. These sculptures can be seen as depicting different emotions such as anger, smile, joy, dancing etc. Some look non-human.

Bairava rupa

Bairava's are considered ghost like beings who protect a particular assigned area of a treasure. The concept of *bairava* is associated with fear of these supernatural beings in the Sri Lankan cultural context. In short *vamana* and *bairava* figures can be recognized as Sri Lankan cultural representations of fear.

Though small, Sri Lanka is a country rich in cultural diversity. The above details are mostly about the beliefs in the Sinhalese

tradition. There are common concepts like these among the Tamil communities as well.

As K explored these images most symptoms improved. His therapy terminated gradually and he was able to go back to the country where he had obtained citizenship. The follow up plan was supposed to be to visit the therapist when he returned in one month which he did and the next follow up session was scheduled for three months' time.

2. OBJECTIVES AND IMPLICATIONS FOR CLINICIANS

With globalization and migration, people with different cultural roots live in different parts of the world. The above example can be suggestive of the fact that emotions may be stored in the form of cultural images. Yet, further research is necessary to investigate this in more detail. If, as implied in this case, emotions are stored/ registered in the form of cultural representations, it could be quite clear that any practitioner in psychology would have to have a thorough grip of the client's culture. This would emphasize the current interest in culturally sensitive therapies. Emphasizing these requirements in the practicing of psychotherapy is the main objective of this paper.

If the therapist is unable to grasp the cultural images of the client's culture, the therapist may fail at the treatment of client's symptoms.

Further, it would be of interest to research on possible cultural representations associated with different human emotions. Carl Jung's archetypes could be a good starting point for this. This type of research would definitely be of immense value for the therapist practicing in a culturally diverse world. Further, till those researches come into existence, it would make good sense for the therapists

to find out from their own clients if there are any cultural representations attached to their client's emotions.

In this case, the client had sufficient reasons in his childhood history to provoke fear, which at first appeared to be the reason for the severe panic attacks. Yet, as the green figure was the reason for the panic attacks it could also imply that when there are fear provoking stimuli, people internalize these in the form of cultural images related to the emotion. In this case it could be that the fear in K's life was internalized in the form of the green figure, which is a cultural image related to fear.

It is a well-known fact that mental imagery acts as precipitating events in anxiety disorders. A clinician would be able to anticipate the common anxiety provoking mental images a patient would normally have. Yet as per this case, if the mental imagery of the patients could also be very much culture specific, it could highlight the importance of cultural sensitivity, particularly knowledge of visual cultural symbols of fear on the part of the clinician. At least the clinician will have to be sensitive enough to inquire of such mental imagery from the client in the case of a client from a cultural background not familiar to the clinician.

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