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Subcultural Narratives of Pediatric Chronic Illness in the Arab Community

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Abstract

The experience of pediatric populations and their families with chronic illness and overall health conditions, involves multiple variables. This paper will explore the dynamics of such variables, particularly as it pertains to the Gulf region of the Arab population. Preexisting research demonstrates the multi-faceted dimensions of pediatric illness as it impacts acceptance, compliance, and overall coping and quality of life. Within the Gulf community, it is imperative to integrate the complex nature of the family unit into treatment planning and management including gender and familial roles, and overall familial processes and dynamics. Cultural and spiritual perceptions of childhood development and illness also impart a role in adaptive coping and mediate ethical considerations within the sub-context of communication and decision making. Implications for the role of the mental health care professional and future research will also be overviewed.

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1. Introduction

Chronic pediatric illness has multifaceted implications for family members and the treating team at the various stages of the illness from the advent of the diagnosis and throughout the phases of treatment. Serving multicultural and diverse populations, who are coping with pediatric illness, further warrants conceptualization within a comprehensive and integrated culturally sensitive framework. Pediatric researchers opine that there still remains a dearth of studies considering cultural factors in relation to pediatric health (McQuaid & Barakat, 2012). Recent studies emerged to explore subcultural variables such as familial connections in relation to improved health outcomes (cited in McQuaid & Barakat, 2012). Medical practitioners are also increasingly recognizing the importance of the proximal overlap of culture and spirituality within the context of delivering effective pediatric care (Mcevoy, 2003). Cultural factors can be perceived as strengths, albeit, these can be also classified as barriers to effective treatment (Wiener et al., 2013). This is especially pertinent if practitioners do not have the sufficient awareness of the cultural background of patients and their families. In turn, this can impede critical health aspects such as communication, decision making, acceptance, and health outcome.

Incorporating cultural awareness is also imperative for the mental health care professional and provision of treatment to pediatric patients and their families within therapeutic or multidisciplinary settings. Studies have posited that pediatric conditions can pose a significant traumatic event which may trigger psychological symptoms within family members, exceeding that of the child (Landolt et al., 2012). Parents who report such high levels of mental distress may decrease their adaptation to the diagnosis (Mussatto, 2006), level of involvement in the treatment process (Gavin & Wysocki, 2006), and the child's adherence to the medical regimen (Fredericks et al., 2007).

Within the context of the Arabic culture, addressing pediatric care is further complicated by the diversity within and across groups from this cultural background. Patients of Arabic origin may diverge in their religious, historical, and familial backgrounds, and recognition of such a divergence is initially critical. For the purpose of this paper, pediatric families from the Gulf region will be the focus. Overall, field experts indicate that a multifocal perspective is to be adapted into service delivery when serving this population. This includes but is certainly not limited to familial structure and spirituality (Lambert, 2008).

2. The Family Unit

The Arab culture, in general, is one that is collectivist in nature. Interdependence and family cohesion are strongly emphasized. This is particularly the case in the Gulf region as individuals function within a tribal communal system, in that the individual is an extension and a representative of the overall family, both the nuclear and extended family. Thus families within the Gulf culture are not only characterized as cohesive in nature, but also quite influential in terms of values and beliefs. As such individuals within the Gulf culture seek refuge, guidance, and support from their families.

To better understand the dynamics of the family unit in the Gulf region, it is best to view it as a microsystem of the overall Arab and Gulf culture, in terms of how certain values, gender roles, and group interactions are defined. For example, given the overarching variable of religion within the Gulf culture, gender roles are clearly defined and generally adhered to. In general, gender roles tend to vary from 'traditional' to egalitarian as per the familial historical and religious structure. This also may be evolving with cultural transitions and global trends. Further value is also credited to extended family members. Parental styles also may vary but have been classified in the literature as primarily authoritarian or permissive (Hilliard et al., 2012). The child may be in either case typically expected to adhere to familial expectations and beliefs, thus abstaining from query and challenge to familial decisions. Within a pediatric setting, it is integral for the treating team to assess the familial

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