Standardized Patient #2: Indian

Arjun is a 28 year old Indian male living alone in his apartment in Long Beach. His family is in India and he’s been here for about five years working as a web designer at a consulting company in Long Beach. He enjoys his work but lately has been lethargic, experiencing sleeping problems, a poor appetite, impaired concentration and is beginning to feel hopeless about his future in America. Arjun is reluctant to call and talk to his family about this recent change in his functioning because he knows they will feel shamed and it will stain his family’s reputation. In addition, he’s worried his family will perceive his as weak and fundamentally flawed. Arjun also knows his family will attribute his depression to an outside force invading his mind and his lack of discipline to honor his family’s values and ideals for a good life. Arjun is also worried that his parents and friends back home will perceive him as being punished for his past misdeeds. He is worried that if he discloses these things to his family they will insist he come back home so they can have him seen by a spiritual adviser and folk doctor.

The findings of a physical examination and all laboratory results; complete blood cell count, serum electrolytes, thyroid function tests, liver function tests are unremarkable.

As a primary care professional how could you gain his trust and confidence in you; respond empathetically and begin to explain to Arjun that his condition is a mental illness and not a weakness and that he’s not being punished for past misdeeds.

Factors to consider in your response to this case:

Due to cultural bias and stigma, Indians tend to view depression as a personal weakness or an evil force invading his body.

Others will attribute the illness to the person lacking will power and lacking self-discipline.

Indians may under-report their symptoms for fear of feeling ashamed and humiliating their family. Further -- others will perceive them as dangerous and unpredictable.