Youthdale Child and Adolescent Sleep Centre

Youth & Sleep

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INTRODUCTION TO CULTURE, SLEEP AND PSYCHIATRY

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Culture is defined as a set of beliefs, traditions, customs, and habits that provide a social and historical background to a person's identity and behavior.

Illustration by Shery Goril (MSc student)

The psychiatric assessment involves making sense of historical data as well as behavioral change in a biological, social, and psychological context.

Culture fulfils four main functions

- Culture enables individuals to represent at different levels of functioning (Representational function)
- Culture develops entities and describes functional norms (Constructive functions)
- Cultural norms have an impact on people's lives directing their behavior (directive functions)
- Culture evokes emotions and set rules for how to feel at certain point (Evocative functions)

In the last few years there has been a change in the demographics of many countries including Canada because of immigration. Cross cultural issues and awareness of them has received a considerable attention. Paediatricians and other health care providers have been confronted with families from different cultural backgrounds. It is important to understand families and their culture when treating them.

Sleep patterns and sleep problems in children are not only influenced by a large number of biological and psychological factors but also by cultural, social, and family factors. Sleep plays an important role in the growth and development of children. It is important for emotional, cognitive development, learning and attention. It is also important to understand cultural interpretation of sleep behavior. The interplay between culture and biology plays a significant role in understanding and establishing what is normal and problematic with respect to children's sleep. The information about culture and children's sleep is negligible and it focuses on issues such as bedtime routines and co-sleeping.

It is important to note that many "problems" with sleep during childhood, such as difficulties falling asleep alone or waking at night and seeking parental attention, are based on culturally constructed definitions and expectations and are not necessarily rooted in sleep biology. In the study by Stearns and Rowl, it was noted that in Japan (in contrast to the United States), insomnia is not a matter of great concern and is seldom a subject of medical consultation.

In a recent study, Italian parents reported it customary and preferable to have infants sleep with them in the parental bedroom irrespective of the availability of separate rooms and they considered the American norm of putting children to bed in separate rooms to be "unkind."

Undoubtedly, there is a need to understand the effects of cultural norms on children's sleep behavior and their interplay with biology. Such an understanding is essential to understand sleep problems, and when and how to approach it by keeping in mind the cultural influences and to make changes in order to improve the quality of life of both children and families.

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CURRENT RESEARCH PROJECTS AT THE YOUTHDALE CHILD AND ADOLESCENT CLINIC:

Childhood depression in 7-11 year old children • Insomnia in children and adolescents with ADHD
Sleep patterns in fetal alcohol children • Sleep in blind children • Sleepiness in obesity

Publications from our Clinic

Extract from Detecting Depression in Children and Adolescents

Colin M. Shapiro, Azmeh Shahid, Dora Zalai, Naheed K. Hossain.

Joli Joco Publications Inc., 2010.
This is a vignette from the book Detecting Depression in Children and Adolescents.
By Azmeh Shahid

Tara is a 14-year-old girl from India who immigrated to Canada with her parents and two siblings 10 years ago. Her behaviour started to change at age 13. She lives with her parents and two siblings. Both parents work and are graduates from India but are doing "odd jobs" in Canada, i.e. they are not working in professional capacities. Tara has been a bright, high-achieving girl. Her parents focus on academic and cultural values and want her to dress in a more traditional way. As a teenager, Tara wanted to explore more with friends – have sleepovers and dress in a "Canadian way". She was not allowed to befriend boys and if she had group projects, her parents were very protective and intrusive. She started to feel alienated at school as she was being ridiculed for the way she dressed and for the fact that she was not allowed to go to parties.

Tara became withdrawn and stopped going to school. She started to act out and her grades fell from A's to C's and she developed low self-esteem and started to go out without permission or telling others where she was going. She stopped sleeping well. She started socializing with peers who she previously viewed as part of the "bad crowd" and started to smoke pot. She threatened her parents that she would harm herself if they tried to stop her from going out with her friends. On one occasion after an argument, she threatened to jump off the balcony and the police were called and she was admitted to a psychiatric ward. Her parents were traumatized by the process and did not realize that she was suffering from depression. They were very guarded in giving information to Tara's doctors. They did not understand that depression is a disorder just like diabetes or hypertension. They thought that their daughter had been taken over by a supernatural power and that they needed to take her to a spiritual healer. Tara was at a low point in her self-esteem. The family was educated about depression and its symptoms and were informed that it was treatable. Tara was prescribed an antidepressant and she and her family were given counselling. She responded well to the antidepressant, returned to school and had a dramatic improvement in her grades.

Survey of mental health needs of children and adolescents in a South Asian community

Azmeh Shahid, Sandra Bertok, Paul Sandor, Yasmeen Rafiq.
Youthdale Treatment Center, Department of Psychiatry University Health Network and University of Toronto, Toronto, Ontario, Canada.
Culture and Mental Health Conference, 2009.

Purpose: To explore the mental health needs of youth in the South Asian community. To identify the barriers and gaps in service delivery and provide recommendations to improve mental health services.

Methods: We conducted interviews and focus groups with key informants in the community who also completed the survey questionnaire. Service providers and youth in the target communities were asked to participate. Participants signed an informed consent.

Results: The service providers highlighted the key issues as: difficulties with acculturation* parent-teen relationship problems, drug and alcohol abuse, depression, gang involvement, trouble with the law, underachieving/dropping out of school and sleep problems. They identified stigma of mental illness, and poor command of English as the main barriers. The youth reported increased expectation from parents, racism, poor command of English and stigma of emotional issues as barriers.

The TD Canada Trust bank has provided funding for a two-year project which involves the planning and delivery of series of workshops to staff working in various agencies serving South Asian clients. The project is also able to provide an intensive formal internship program for a number of staff, in order to enhance the capacity in serving this population.

Conclusions: Youth and service providers in the South Asian community reported that mental and emotional problems are perceived with a great deal of stigma and resistance.

Recommendations: Community agencies need to lower the language and cultural barriers by hiring more staff that is representative of the various South Asian communities. Existing community workers need training to improve their ability to detect mental health problems and to make appropriate referrals in a culturally sensitive manner.

** Acculturation is the exchange of cultural features that results when groups of individuals having different cultures come into continuous first hand contact; the original cultural patterns of either or both groups may be altered, but the groups remain distinct. (wikipedia.org)*

Dr. Azmeh Shahid

Dr. Azmeh Shahid is a psychiatrist working at the Youthdale Treatment Centre and at the Sleep and Alertness Clinic at the Toronto Western Hospital. She trained in Pakistan and moved to Canada shortly after she qualified as a psychiatrist. The combination of her cultural background and her interest in child and adolescent psychiatry have given her a unique qualification that has led her to working with the South Asian community in Toronto. Discussions and workshops at community centres, mosques and universities in the city have included topics such as "Counselling in the South Asian context and the stigma attached to the topic of mental health" and "Identifying Depression in Youth". She is a co-author of the booklet, "Detecting Depression in Children and Adolescents." Dr Shahid is married and has a son.

International Abstracts of Interest

Sleep patterns and sleep problems among school children in the United States and China

Xianchen Liu, Lianqi Liu, Judith A. Owens, Debra L. Kaplan.

Pediatrics. 115:241-249, 2005.

Objectives: Sleep patterns and sleep problems in children are not only influenced by a large number of biological and psychological factors but also by cultural and social factors. Little is known about similarities and differences in sleep patterns and sleep problems among children in different countries. We attempted to compare sleep patterns and sleep problems among schoolchildren from 2 countries with distinctive cultural contexts: the United States and China.

Methods: The data come from 2 cross-sectional surveys in 3 elementary schools of Jinan City, People's Republic of China, and 3 elementary schools from a suburban school district in southeastern New England, United States. The Chinese sample consisted of 517 elementary school children (grades 1 to 5), and the US sample consisted of 494 elementary school children (grades kindergarten through 4). We used the Children's Sleep Habits Questionnaire (CSHQ) to assess children's sleep patterns and sleep problems as reported by parents. Parents of the Chinese sample completed a Chinese version of the CSHQ.

Results: For children in both the US and Chinese samples, reported bedtime was delayed and sleep duration decreased with increasing age. Compared with the US children (grades 1-4), Chinese children went to bed approximately half an hour later (9:02 vs 8:27 PM) and woke up half an hour earlier (6:28 vs 6:55 AM), resulting in an average sleep duration that was 1 hour less (9.25 vs 10.15 hours). Chinese children were rated significantly higher than the US children on almost all CSHQ scales, indicating more sleep problems in Chinese children.

Common sleep problems observed for all children were: difficulty falling asleep; having a fear of sleeping in the dark; sleep talking; restless sleep; teeth grinding during sleep; and daytime sleepiness. Shorter daily sleep duration was associated with difficulty falling asleep, struggling at bedtime, and trouble sleeping away for the US children, and with going to bed at different times and having a fear of sleeping alone for Chinese children. Short sleep duration was a main predictor of daytime sleepiness for Chinese children, whereas restless sleep and snoring predicted daytime sleepiness for the US children.

Children's sleep: an interplay between culture and biology

Oskar G. Jenni, Bonnie B. O'Connor.

Pediatrics. 115:204-216, 2005.

Pediatricians provide a major source of knowledge for parents about children's behavior and development, although their advice is largely based on their own cultural values and beliefs in interaction with their personal and clinical experience. This review presents cross-cultural aspects of children's sleep behavior in industrialized and complex modern societies and provides a basis for understanding dimensions and mechanisms of cultural differences. We submit that it is the interaction between culture and biology that establishes behavioral and developmental norms and expectations regarding normal and problematic children's sleep. Pediatricians need to recognize the cultural environment in which children live and be knowledgeable about how cultural beliefs and values of both families and physicians interact with the needs and biological characteristics of individual children.

You can see an extract from this book on the previous page.
To obtain this book and other pamphlets please go to **www.sleepontario.com**

Sleep and culture in children with medical conditionss

Julie Boergers, Daphne Koinis-Mitchell.

Journal of Pediatric Psychology, accepted February 16, 2010.

Objectives: To provide an integrative review of the existing literature on the interrelationships among sleep, culture, and medical conditions in children.
Methods. A comprehensive literature search was conducted using PubMed, Medline, and PsychINFO computerized databases and bibliographies of relevant articles.
Results: Children with chronic illnesses experience more sleep problems than healthy children. Cultural beliefs and practices are likely to impact the sleep of children with chronic illnesses. Few studies have examined cultural factors affecting the relationship between sleep and illness, but existing evidence suggests the relationship between sleep and illness is exacerbated for diverse groups.
Conclusions: Sleep is of critical importance to children with chronic illnesses. Cultural factors can predispose children both to sleep problems and to certain medical conditions. Additional research is needed to address the limitations of the existing literature, and to develop culturally sensitive interventions to treat sleep problems in children with chronic illnesses.

Nazm:
Khwaab Martay Naheen (Dreams Do Not Die)

By Ahmed Faraz

Khwaab maratay nahii.n
Khwaab dil hai.n, na aa.Nkhe.n, na saa.Nse.n ke jo rezaa, rezaa huwe to bikhar jaaye.nge
jism kii maut se ye bhii mar jaaye.nge

Khwaab maratay nahii.n
Khwaab to raushanii hai.n, navaa hai.n, havaa hai.n
jo kaalay pahaa.Do.n se rukatay nahii.n
zulm kii dozaKho.n se bhii phukatay nahii.n
raushanii aur navaa aur havaa ke aalam
maqtalo.n me.n pahu.Nch kar bhii jhukatay nahii.n

Khwaab to harf hai.n
Khwaab to nuur hai.n
Khwaab suqraat hai.n
Khwaab mansuur hai.n

Translation of the above poem

Dreams do not die.
Dreams are not heart, nor eyes or breath
Which shattered, will scatter (or)
Die with the death of the body.

Dreams do not die.
But dreams are light, voice, wind,
Which cannot be stopped by mountains black,
Which do not perish in the hells of cruelty,
Ensigns of light and voice and wind,
Bow not, even in abattoirs.

But dreams are letters,
But dreams are illumination,
Dreams are Socrates,

Dreams - Divine Victory!'

(poem's original language is in Urdu from Pakistan)

By Deena Sherman

Sleeping Buddhas

A sleeping Buddha must be one of the most peaceful images one can behold. It represents a special sleep in Buddhism where one attains blissful peace and harmony. It is a sleep beyond the sufferings and passions of individual existence. Too bad one has to travel to China to see it.

The Copper Sleeping Buddha

It has been noted that individuals who are committed to the Dharma practice of Buddhism have some of the lowest occurrences of insomnia. There has always been a correlation between spirituality and restful sleep.

The two extraordinary Sleeping Buddhas shown on this page are both in China. Both depict the oneness with eternal spirit, of Nirvana.

The copper Buddha is on his deathbed entering nirvana. It is a classic pose which has been created in stone, wood, jade and clay drawings and metal moldings. Statues can be as long as tens of meters or as small as a grain of rice. It can be seen in temples, grottoes or frescoes all around China.

According to Mr. Zhao Puchu, president of China Buddhism Association, before the Buddha's death, he became very ill and walked northwest with his disciples. In the end, he came to a river and took a bath. He then made a rope bed among eight trees. He lay on his side with his right hand supporting his head, the other resting on his body. All later reclining Buddhas (called Buddha's Nirvana) are in the same posture.

Sleeping Buddha at the caves of Dazu

Surrounding the Sleeping Buddha in a semicircle are statues of his twelve grieving disciples. The grouping of the statues represents a vivid scene in which Sakyamuni was articulating his will to his disciples. The enormous statue demonstrates the pure, solemn, yet simple style of Buddhist art.

The Temple of the Sleeping Buddha is famous for containing the copper Sleeping Buddha statue. It took over 20 years to construct from the year 627-49.

The second, truly wondrous Sleeping Buddha is located in the caves of Dazu, China. Only the upper part of the body is visible, and this is about 100 feet long and 20 feet high - a remarkable piece of workmanship. All the caves around contain thousands of statues of various sizes that were completed in the year 1249. The work took about 70 years to complete and was directed by a Song Dynasty monk named Zhao Zhifeng.

Web sources:
www.chinavista.com; www.orientaltravel.com; www.toptrip.cc; www.tour-beijing.com; www.sleepnet.com; www.beifan.com