Symposium

📅 Sun. Sep 28, 2025 4:30 PM - 6:00 PM JST | Sun. Sep 28, 2025 7:30 AM - 9:00 AM UTC 🏛 Session Room 6 (Conference Room B)

[Symposium 113] Cultural Consensus: A Structured Mixed-Methods Approach to Studying Cultural Models of Mental Illness

Moderator: Andrew Ryder (Concordia University)

[SY-113]

Cultural Consensus: A Structured Mixed-Methods Approach to Studying Cultural Models of Mental Illness

Andrew Ryder (Concordia University (Montreal, Canada)(Canada))

[SY-113-01]

The Use of Cultural Consensus Methods to Study Cultural Models of Normalcy and Deviancy

*Andrew Ryder (Concordia University (Montreal, Canada)(Canada))

[SY-113-02]

Understanding Depression in Levantine-Canadians using Cultural Domain Analysis

*Jude Nachabe[1], Luka Bolduc[1], Madinah Kawish[2], Andrew G Ryder[1,3] (1.Concordia University(Canada), 2.University of Ottawa(Canada), 3.Jewish General Hospital(Canada))

[SY-113-03]

Perceptions on "Depression" among the Tuareg and Arab Communities of Tamanrasset

*Tinhinane Kessai, Jude Nachabe, Andrew Ryder (Concordia University (Canada))

[SY-113-04]

Streamlining Cultural Consensus Analysis in Mental Health Research: Potentials and Limitations

*Mariana Borges da Fonseca[1,2,4], Andrew Ryder[1,2,3,4] (1.Concordia University(Canada), 2.Centre for Clinical Research in Health, Concordia University(Canada), 3.Culture & Mental Health Research Unit, Jewish General Hospital(Canada), 4.Culture, Health and Personality Lab, Concordia University(Canada))

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[SY-113] Cultural Consensus: A Structured Mixed-Methods Approach to Studying Cultural Models of Mental Illness

Andrew Ryder (Concordia University (Montreal, Canada)(Canada))

Keywords：Cultural-clinical psychology、Cognitive anthropology、Mental health beliefs、Mixed methods

Cultural psychiatry has demonstrated how research needs to be situated in cultural context, with potential for misunderstanding, stereotyping, and clinical error when this is not done properly. Anthropologists have contributed the ethnographic method, which uses careful observation and thick description to document particular cultural-historical settings, but the approach is highly time consuming, often requiring years of study. Cross-cultural psychologists instead proposed comparative studies with self-report surveys, which are much quicker but too often impose content on the contexts under study, rather than allowing cultural understandings to emerge in a bottom-up manner. To help resolve this dilemma, the researchers in this symposium advocate the use of a cultural models approach to the study of both normalcy and deviancy (Chentsova-Dutton & Ryder, 2020), grounded in a method from cognitive anthropology: cultural consensus (Dressler, 2017). Ryder will launch the symposium by providing the background for cultural consensus, including the three phases of research in this tradition—free listing, pile sorting, and cultural consensus analysis—while describing the ways this approach can be used to study models of normalcy and deviancy that pertain to cultural psychiatry. Kessai will then present research conducted among the Tuareg people in southern Algeria, specifically results from free listing data collected on local mental health beliefs. Nachabe will then follow with research on migrants to Montreal who have origins in the Levant region of the Middle East, emphasizing findings from pile sort data collected on how these migrants organize their beliefs about depression. Finally, Borges will present research on beliefs about normalcy held by Brazilian and Canadian men and women, especially on gender norms and ideals, demonstrating how preliminary estimates of cultural consensus is obtainable from free listing data.

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Moderator: Andrew Ryder (Concordia University)

[SY-113-01] The Use of Cultural Consensus Methods to Study Cultural Models of Normalcy and Deviancy

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Keywords：Cultural consensus、Cultural models、Mental health beliefs、Cultural concepts of distress

Cultural Consensus Methods have been proposed for studying culturally shared beliefs in a way that allows (1) qualitative discovery of these beliefs in a bottom-up manner and (2) quantitative confirmation of shared consensus about these beliefs (Dressler, 2017). I propose that these methods can be used in cultural psychiatry research to study cultural models of normalcy and deviancy (Chentsova-Dutton & Ryder, 2020). Such research generally proceeds in three phases: (1) free listing; (2) pile sorting; and (3) cultural consensus analysis. In free listing, participants list responses to questions of interest to the researchers (e.g., beliefs about the origins of depression). Responses are made in reference to what people in the participant's community believe, rather than what the participant personally believes. Frequent responses are then included in the pile sort phase, where new participants sort cards with these responses into piles reflecting how they understand the similarities and differences between various beliefs. The participant is also asked to 'think out loud', and these verbal responses are recorded, transcribed, and analyzed qualitatively. Finally, survey items are written based on the results of the first two phases and presented to new participants as a set of questionnaires. Cultural consensus analysis of these data uses factor analysis of participants (rather than items) to assess consensus (indicated by a strong first factor of participants). Advantages of this approach for cultural psychiatry research include (a) small sample size requirements, (b) relatively short time to conduct research, (c) bottom-up sourcing of items rather than imposing the content and structure of existing questionnaires, (d) quantification of the degree of consensus, and (e) identification of participants who do not conform to the consensus. I will conclude by considering some specific and important cultural psychiatry questions that are well-suited to investigation using this method.

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Moderator: Andrew Ryder (Concordia University)

[SY-113-02] Understanding Depression in Levantine-Canadians using Cultural Domain Analysis

*Jude Nachabe[1], Luka Bolduc[1], Madinah Kawish[2], Andrew G Ryder[1,3] (1.Concordia University(Canada), 2.University of Ottawa(Canada), 3.Jewish General Hospital(Canada))
Keywords：Cultural-Clinical Psychology、Cultural Consensus Analysis、Depression

Due to the Levant region's history of conflict, there has been an influx of Levantine migrants to Canada from the late 1800s to the present. Research on Levantine-Canadian mental health beliefs is limited, however; as such, the purpose of this study was to explore beliefs about depression among Levantine-Canadians in Montreal. Using an emic approach, we employed Cultural Domain Analysis, a mixed-method approach originally developed in the field of cognitive anthropology. We conducted a free-listing study whereby participants (N = 32) completed a survey requiring them to enumerate 6 to 10 words or phrases describing two domains: (1) normalcy and deviancy; and (2) explanatory models of depression. Saliency analyses were conducted using R to determine the most important terms for the two domains and their subdomains (e.g., causes, symptoms and problems, help-seeking). Highly salient items, endorsed by at least 10% of participant and/or with Smith's S greater than 0.05, were identified. Results provide preliminary evidence supporting a consensus model of depression among Levantine-Canadians. Recurrent themes included importance of religion (S=0.47), family (S= 0.5), community (S=0.30), and professional help (S=0.35). Overall, our findings contribute to culturally and religiously sensitive approaches to depression assessment and intervention for Levantine-Canadians. The success of the method in this context, moreover, points to its potential utility for studying culture and mental health.

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[Symposium 113] Cultural Consensus: A Structured Mixed-Methods Approach to Studying Cultural Models of Mental Illness

Moderator: Andrew Ryder (Concordia University)

[SY-113-03] Perceptions on "Depression" among the Tuareg and Arab Communities of Tamanrasset

*Tinhinane Kessai, Jude Nachabe, Andrew Ryder (Concordia University (Canada))
Keywords：Amazigh cultures、Cultural consensus modeling、Interpretations of depression

The experience of mental health is rooted in cultural contexts, yet psychological frameworks often rely on Western-centric models, assuming universal applicability. This study investigates culturally specific understandings of depression among Tuareg and Arab communities in Tamanrasset, Algeria, employing an emic lens to explore culturally rooted idioms, symptoms, and interpretations of depression. Using the Cultural Consensus Modeling, participants (n=10) provided data through free-listing questionnaires and semi-structured interviews. Preliminary findings have examined *tamazai*, a culturally significant idiom of distress that, while resembling depression, encompasses broader experiences of loneliness, displacement, and spiritual imbalance—an understanding shaped by the historically semi-nomadic lifestyle of the Tuareg. This highlights the unique social and spiritual dimensions of mental health within the community, and points at the limitations of Western clinical frameworks reinforcing the need for culturally tailored approaches, as explored in this study.

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Moderator: Andrew Ryder (Concordia University)

[SY-113-04] Streamlining Cultural Consensus Analysis in Mental Health Research: Potentials and Limitations

*Mariana Borges da Fonseca[1,2,4], Andrew Ryder[1,2,3,4] (1.Concordia University(Canada), 2.Centre for Clinical Research in Health, Concordia University(Canada), 3.Culture & Mental Health Research Unit, Jewish General Hospital(Canada), 4.Culture, Health and Personality Lab, Concordia University(Canada))
Keywords：Mental health、Cultural Consensus Analysis、Culture-Bound Syndromes、Idioms of distress

Cultural Consensus Analysis (CCA) is a mixed-method approach increasingly used to investigate psychiatric conditions and idioms of distress across cultural groups. Traditionally composed of three stages—free-listing, pile sorting, and a consensus questionnaire—CCA enables rapid yet in-depth exploration of how groups structure beliefs, symptoms, and coping strategies related to mental health. These insights are key to improving culturally responsive care.
Recent research proposes a shortcut by applying CCA directly to free-list data, bypassing the second and third stages. Although promising, this approach remains underinvestigated in health research, and statistical techniques vary. Three primary methods have been used to analyze free-list data for cultural consensus: (1) factor analysis of inter-informant agreement, (2) Bayesian Cultural Consensus Theory (BCCT), and (3) weighted averages based on individual cultural competence.
We applied and compared the three methods to free-list data collected in Brazil (n = 39) and Canada (n = 35). The data was generated from 14 prompts designed to investigate cultural models of masculinity and femininity. While all three methods yielded convergent results, each provides unique contributions. Factor analysis indicates the extent to which each item mentioned loads onto the first factor, reflecting its relative importance within the shared cultural model. Bayesian analysis estimates the posterior probability that a given category is part of the group's consensus model. Lastly, the weighted average method offers a more intuitive approach by weighting each participant's response to the prompt by their cultural competence, clarifying how the frequency of category mention and the cultural competence of participants inform the models.
While the CCA shortcut can be valuable for rapid assessments in applied health settings, it cannot replace the interpretative depth of the three-step method. Instead, it should be viewed as a preliminary tool—useful for enhancing the analytic robustness of the free-listing phase while preserving the need for deeper cultural analysis.