

The Need for Ethical and Multiculturally Competent Practice of Psychology in Myanmar

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ABSTRACT

Myanmar's mental health system is in dire need of improvement. The importance of mental health care has generally been overlooked and undervalued in the country. The negligence seems to stem from a lack of policies, training, infrastructure, funding, stigmatization, and a suitable ethical code of conduct. Due to six decades of international isolation, the small discipline of psychology, which already faced social disdain due to stigmatization, was further degraded as an academic discipline. Coupled with the recent ongoing violence that likely contributed to trauma amongst some of the population, this highlights the importance of well-established multiculturally competent ethical guidelines for psychology to gain a respectable reputation as a viable mental health treatment and as a scientific study of human behavior. This paper is an autoethnography exploring Myanmar's barriers to effective mental health care while emphasizing establishing an empirically backed culturally competent ethical code of conduct for Myanmar's field of psychology. As an individual born and raised in Myanmar, the first author hopes to shed some light on the mental health crisis in Myanmar by sharing her personal experiences. The authors also reviewed and analyzed the American Psychological Association's (APA) Ethical Principles of Psychologists and Code of Conduct and explored the multiculturally competent adaptability and applicability of the APA Ethical Code of Conduct to Myanmar culture. Recommendations and implications for practitioners and future research were offered.

KEYWORDS: Ethical Code of Conduct, mental health care, multicultural competence, Myanmar, psychology

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Introduction

Myanmar, also known as Burma, is a Southeast Asian nation bordering Bangladesh, India, China, Laos, and Thailand. Myanmar, a country overflowing with beauty and natural resources, unfortunately is also the location of the longest-running civil war in the world (1948- present) and severe human rights violations and abuses following the military coup d'état of nearly 50 years (Guyon, 1992; Watson et al., 2015). Ten years of democratic progress came to a halt when the country underwent another military coup in February 2021 (Kipgen, 2021). The coup riled up protests and civil disobedience from the citizens, which the military handled brutally, resulting in many deaths, injuries, and arrests (Lee et al., 2021). The casualties are not limited to any age, ethnic and religious background, or social class.

A study conducted one year before the most recent military coup showed that the prevalence of mental health distress in Burmese adults was 18% (Aye et al., 2020). Being directly or indirectly exposed to violence, Burmese people are at higher risk of developing debilitating mental health conditions than many other people. According to a meta-analysis conducted by the World Health Organization (WHO), the prevalence of mental health disorders in conflict-afflicted populations is 22.1% (Charlson et al., 2019). This translates to one out of five people afflicted by mental health conditions such as depression, anxiety, post-traumatic stress disorder, etc.

The country's already fragile mental healthcare system is in no position to withstand the unprecedented mental health crisis of a larger scale. There are three critical issues in regards to Myanmar's mental health landscape: lack of legislative support, lack of funding, and heavy stigma against mental health conditions (Artingstoll, 2021). Myanmar's mental health policy is still legislated by "The Lunacy Act" implemented more than a century ago. The outdated notion of labeling individuals who suffer from mental health illness as "lunatics" promoted the long-standing stigma of mental health conditions. Similar to other Asian countries (Zhang et al., 2020), in Myanmar, people who suffer from mental illnesses, particularly schizophrenia or bipolar disorder, are seen as aggressive and dangerous, while other mental illnesses are reduced to weakness of character. These deep-rooted negative connotations attached to mental health prevents individuals from seeking help, leading to social isolation.

In addition, the latest WHO-AIMS (World Health Organization Assessment Instrument for Mental Health Systems) reported that only 0.3% of the healthcare expenditure is spent on mental healthcare in Myanmar (World Health Organization, 2006). Hence, there is a severe lack of infrastructure and adequately trained staff. There are only two specialist mental health hospitals, 22 psychiatric wards in the general hospitals, 35 outpatient facilities, and 0.016 psychiatrists per 100,000 people in the country (World Health Organization, 2006).

Due to the above circumstances, mental healthcare in Myanmar urgently needs improvement. Well-trained mental health professionals are required. This highlights the importance of academic research and practicum placement and training for aspiring mental health professionals. Hence, a robust, empirically backed, and culturally competent ethical code of conduct is essential for advancing Myanmar's field of psychology.

When Myanmar underwent the most recent military coup, the first author took a "Psychology and Ethics" course taught by the second author at an American Institution. This course explored the American Psychological Association's Ethical Principles of Psychologists and Code of Conduct in-depth. As part of the course, the first author wrote weekly journal entries exploring the applicability of the APA Ethical Code of Conduct (American Psychological Association, 2017) to the Myanmar context. The current paper is a form of autoethnography based in part on those journals with some additional references added to help provide background and context. As an individual born and raised in Myanmar,

the first author, Maung, hopes to shed some light on the mental health crisis in Myanmar by providing a personal account (see below).

Experience of an Aspiring Mental Health Professional from Myanmar

Maung paused and stared at her university application form, torn between picking “B.A. in Psychology” and “B.S. in Business Administration.” In truth, she had already made up her mind to study psychology. She had the aspiration of helping individuals suffering from mental health concerns who find themselves in the dark due to the limited options of receiving adequate help in Myanmar. However, she also had to consider the possible career prospects of being a psychologist in Myanmar and the associated social stigma.

She recalled her mother’s reaction when she expressed her desire to major in psychology. Her mother strongly urged her to reconsider. Even though psychology is a popular discipline internationally, in Myanmar it is one of the least privileged fields of study. In Myanmar, the scores from the university admission exam, also known as the matriculation exam, determine a student’s eligibility for their choice of study. Liberal Arts majors, including psychology, has the lowest score required for admission. On top of that, the field is extremely misunderstood. People often believe that the only career prospect is working at mental health hospitals, often referred to as “*A Yuu Htaung*,” the literal translation is “*jail for lunatics*.” Therefore, people tend to associate working as a mental health professional with bad and bizarre working conditions and shun away from studying psychology. Her mother’s concern stemmed from her fear of judgement from their relatives and community. Nonetheless, she decided to pursue her passion.

While she was pursuing her bachelor’s degree in psychology, she realized that psychology and mental health has become popularized online, especially on social media platforms such as Facebook. Educational videos and posts about the importance of mental health are widely shared. While the youth in Myanmar have become more accepting, the majority of the older generation remain indifferent about the topic.

Buddhism is deeply ingrained in Burmese culture; approximately 90% of the Burmese population are Buddhists. One of the five precepts within the Buddhism doctrine is to abstain from taking lives, including ending one’s own life (Keown, 1996). Life and death go on in a cycle; death results in the beginning of a new cycle. Suicide is also viewed as an attempt to escape from life’s “*dukkha*” (suffering), which results in a premature ending of one’s cycle, triggering another cycle of life with more “*dukkha*” (Kelly, 2011). Suicide is regarded as a sin in Burmese culture. Suicidal ideation is often seen as wanting to escape from the “*dukkha*” of mundane life, discounting the mental illness an individual might be suffering from. Hence, people are advised to “toughen up” or “snap out of it.” Society prevents people from seeking help, conditioning individuals to suffer behind closed doors rather than be labelled “a lunatic” or seen as dangerous by family or neighbors. Treatment for mental health conditions is also misunderstood and the only options are seen are hospitalization at a psychiatric ward or medication. Talk therapy is not common in Myanmar. However, a few private counseling services have opened in the country by a young entrepreneur who pursued a higher education degree in psychology abroad.

In Maung’s final semester of university, her country went under a military coup. While the world struggles with the global COVID-19 pandemic, Myanmar faces double-jeopardy: both the COVID-19 pandemic and the military coup. Despite COVID infections, millions of people went out to protest and faced military brutality (Ratcliffe, 2021). Many lives were lost, people were forcefully detained, threatened, and abused. People sleep to the sound of firearms and wake up to the news of fellow citizens’ houses raided, arrested, or

murdered. Maung's family is one of the psychological victims of military brutality; they have lived in constant anxiety for months.

People of all ages including children have become desensitized to seeing violent images or videos on social media every day. These events impose heavy emotional and psychological trauma. The country's third wave of COVID-19 occurred after the military coup. The fatality was massive due to the scarcity of medical supplies since the military hoarded the available resources and closed hospitals (The Irrawady, 2021). The citizens of Myanmar experience intense emotions of fear, anger, sadness, and helplessness. Death from military brutality and COVID-19 also led to depression and anxiety among the survivors (Mendelson, 2021). With limited resources, the civilians turned to help each other. Private psychological services and non-profit organizations offered free counseling services for the affected (Mendelson, 2021). Volunteers were accepted from the public and given training. Even though there are services provided, most of the population remains unfamiliar with mental healthcare and ways to seek help.

When Maung studied the APA Ethical Code as a requirement for a course in her final semester, she had two reactions—delight and astonishment. As an individual from a country where psychology as a field of study is regarded as lacking in rigidity, the ethical code disproved such notions, which delighted her. She was astonished when she noticed the gap and shortcomings between how psychology is practiced in her country and the aspirational way it should be practiced. After graduating with a bachelor's degree in psychology, she had a calling to improve the mental healthcare system in her country. There is an urgent need for an intervention in the field of psychology in Myanmar. The country needs well-trained mental health professionals to alleviate the mental health crisis. This is only possible with a strong ethical code of conduct that pushes for standardized psychology training, education, research, and intervention (Hman, 2019).

Exploring the APA Ethical Code of Conduct in the Myanmar Context

Ethics, defined as principles that distinguish right and wrong, serves as a guideline for decision making that contributes to the common good. Ethical standards are integrated into many disciplines for various reasons, one of the main motivations being to uphold the public's trust in the discipline (Resnik, 2020). The psychology discipline relates to therapy and research, which involves working with clients and conducting scientific research with human participants. It also involves teaching and service. Psychologists often work with malleable and vulnerable populations. Therefore, it is essential to have a strong ethical code for professionals to abide by which serves as sound guidance for psychology practitioners when they encounter moral dilemmas so as to protect the rights and dignity of the people they work with.

The APA Ethics Codes includes a Preamble, five General Principles, and specific Ethical Standards. The preamble and general principles represent aspirational goals for psychologists, while the ethical standards are enforceable rules. This section will cover specific sub-sections of the Ethical Standards: Competence, Human Relations, Confidentiality, Record Keeping and Fees, and Research and Publication.

Competence

The APA Ethics Code discusses Competency. It states that psychologists should only practice in their area of expertise, based on their education, supervised experience, training, or consultation (APA, 2017, 2.01). Most of the psychologists in Myanmar are likely not adequately competent since psychology degrees in Burmese universities are not as

academically rigorous as other degrees such as medicine, engineering, or business. There are no mandatory practicum hours to prepare a psychologist for practice. Due to the low number of psychologists in the country, psychologists are also required to provide services outside of their expertise. For instance, child and adolescent counselors will provide marriage counseling when there is a demand.

The APA Ethics Code allows psychologists to provide limited services outside of their competence during emergency situations and if there are no mental health services available (APA, 2017, 2.02). With the recent military coup, there has been a surge in mental health issues and cases. Therefore, it is likely appropriate for psychologists to provide services outside their area of competence in this situation. For example, since the recent coup, a few non-profit organizations offer mental health support by using counseling volunteers from the public who are provided with a brief training before conducting counseling sessions. Even in such situations, it is important that practitioners “take reasonable steps to ensure the competence of their work and to protect [people]... from harm” (APA, 2017, 2.02, p. 5).

Human Relations

The APA Ethics Code discusses Human Relations when dealing with clients or other mental health professionals. Psychologists should not engage in sexual harassment, which includes a single severe or multiple pervasive acts of sexual solicitations, physical advances or verbal/non-verbal conduct that is sexual (APA, 2017, 3.02). Myanmar tends to be a culture where physical contact is uncommon, where a smile or a nod is the norm for greetings rather than handshakes or hugs. Therefore, the psychologist must be aware of the physical boundaries of the client. Otherwise, clients may feel that their boundaries are over-stepped by a handshake or a hug. This highlights the importance of cultural competency in practicing psychology in Myanmar. Hence, it is important for Myanmar’s ethical code to include culturally appropriate consideration of Burmese people’s physical boundaries.

Confidentiality

The Ethical Code next discusses Confidentiality. Psychologists are required to take reasonable precautions to protect the confidentiality of the clients (APA, 2017, 4.02). It is encouraging to discover that one of the top psychological agencies in Myanmar has confidentiality as the company’s core value (Marble, n.d.). Their website states that confidentiality is taken very seriously, and a confidentiality agreement is signed during the first session with a provider. A sub-section of the Ethical Code also states that a psychologist should not disclose personal information with their colleague that could potentially lead to the client’s identification (APA, 2017, 4.06). This aspect is ever more important in Myanmar as it is likely easy to identify a client due to the small nature of the counseling community. Hence, to avoid identification of the client, extra precautions should be taken by psychologists. For instance, psychologists should only talk to a supervisor or colleague when in need of consultation and only disclose the minimal amount of personal information necessary.

Record Keeping and Fees

The APA Ethical Code discusses the importance of maintaining accurate records, whether in research or when working with clients (APA, 2017, 6.01). In Myanmar, it is possible that record-keeping is not up to APA ethical standards. Due to the lack of funding in

public-owned mental health hospitals, administrative tasks such as record-keeping are traditionally done with hardcopy files thus increasing the likelihood of records being mixed up or lost. There are likely further issues surrounding possible breaches in client confidentiality due to poor record-keeping.

Sub-section 6.05 also states that bartering, the acceptance of nonmonetary remuneration for psychological services, is permitted (APA, 2017, 6.05). This informal method of remuneration could potentially affect the relationship between the client and the psychologist, particularly the objectivity of the psychologist. Moreover, the value of the goods or services might not be equal to how the psychologist prices their services, so either party may feel indebted to compensate more. On the other hand, bartering may also be appropriate in this culture as it is a traditional method used for ages to exchange goods and services in Myanmar (Lieberman, 1987). Furthermore, due to the poor economic conditions some of the population find themselves in, many may not be able to afford a psychologist's fees but may have other items or services that they can offer in exchange. Hence, remuneration may be a suitable form of compensation for psychological services in Burmese culture once it is mutually consented by both parties and the psychologist takes measures to ensure that no exploitation nor problematic multiple relationships occur.

Research and Publication

The APA Ethical Code further discusses Research and Publication, an integral part of being a psychologist. Psychologists should conduct research based on a research protocol that has undergone institutional approval (APA, 2017, 8.01). Historically, in 1962 the military overtook power and restricted freedom of speech. Hence, Myanmar's academic research suffered greatly (Oo et al., 2003). However, after the political transition towards democracy in 2011, there has been a positive advancement in research. The Minister of Health recently made health research one of the main objectives of Myanmar Health Vision 2030 (Young, 2019). Myanmar's Research Ethics Committee (REC) was established in the 1980s (Office of Human Research Protections (OHRP), 2015). Postgraduate students enrolled in diploma, master's, or doctoral programs must obtain approval from the REC before beginning their research to ensure that the research to be conducted does not harm the participants (Oo et al., 2018). This shows that there is a positive outlook for ethics concerning research in Myanmar.

Psychologists are obligated to present information about the purpose of the study and information regarding the potential risks of taking part in the research to the study participants (APA, 2017, 8.02). Unfortunately, due to the previous culture that tolerated corruption and unfair treatment, the importance of informed consent in research has been undermined. A semi-structured interview conducted on potential research participants showed that they were not aware of the need to receive informed consent and about their general rights as participants (Oo et al., 2017). Furthermore, another study showed that 15% of the investigators studied refuted the importance of providing complete information about their study to participants (Than et al., 2018). Therefore, while the establishment of the REC is a step in the right direction, there is still room for improvement. Educational programs should be improved, or new ones developed to ensure researchers and the REC are well versed in conducting ethical research.

Limitations, Implications, and Future Research

This paper has some limitations. First, there is a limit to the generalizability of the first author's experience since she is a person of the middle class who pursued a higher education abroad. This paper is a form of autoethnography, which includes subjective

thoughts and the reflection from a single perspective, further limiting its generalizability. Her experiences may not fully reflect the Burmese people currently living in Myanmar. Second, the literature review was not comprehensive and only included readily accessible online references in the English language.

Despite these limitations, given the paucity of information about the ethical practice of multiculturally competent psychology in Myanmar, this paper is a good start to act as a springboard for both practitioners and researchers and has important implications for both. Mental health practitioners can use this paper to gain a basic understanding of the importance of ethical, multiculturally competent practice in Myanmar. They are then encouraged to further their knowledge and competence through increasing self-awareness, knowledge, and skills and to find ways to appropriately adapt Western psychology's ethical standards to the local cultural context (Sue et al., 2021).

Researchers are also encouraged to conduct a broad range of studies including using many different methodologies to gain more accurate knowledge about how psychology ethics are being practiced in Myanmar, what the indigenous strengths are already in terms of the ethical practice of human healing that has been around for thousands of years, and how to improve the ethical practice of psychology. The APA Code of ethics should be adapted to the Myanmar context and then researchers need to investigate whether it is adequately and appropriately helping to provide multiculturally competent, ethical practice of psychology.

Discussion and Further Recommendations

Each day, more people become victims of the psychological and emotional trauma created by the unending turmoil in Myanmar. More people are suffering from mental illnesses such as depression and anxiety, and, worst of all, their struggles are going unnoticed and untreated, potentially escalating to dire individual, community, and societal consequences such as suicide and homicide. Dismantling the country's stigma concerning mental health issues is a pressing need. Understanding the historical and cultural context which fostered the unchecked growth of the stigma is critical. Myanmar has an outdated mental health policy which is legislated by "The Lunacy Act"—the name itself instills negative beliefs about mental healthcare and treatment. Mental health issues are depicted as "lunacy" and mental disorders especially such as schizophrenia and bipolar disorder are associated with danger and violence. Buddhism's view of suicide feeds the stigma. Burmese society sees depression and suicide as cowardice. Destigmatizing society's view of mental health issues in Myanmar may be challenging but not impossible. Other countries such as Singapore have succeeded (Staglin, 2021).

Culturally sensitive and competent ethical guidelines for the practice of psychology is needed for the discipline of psychology to gain a respectable reputation as a viable mental health treatment and as a scientific study of human behavior. The review of five Ethical Standards of the APA Ethical Code of Conduct indicates that it is necessary to provide some accommodation of foreign ethical codes such as the APA's to the Myanmar context. It should be a priority to attend to the mental health needs of the people, especially where there is a mental health catastrophe. Given the urgency of the situation, local providers who lack competency can still provide services in such cases but would still be recommended to be provided with appropriate training and preparation. Confidentiality of clients must be taken more seriously. In practices that require human interaction, such as counseling, cultural factors such as the high-context culture and collectivism have to be taken into consideration. Regarding research and publication, the ethical guidelines for conducting research and publishing must be improved while developing educational programs or seminars to support research students, investigators, and the Research Ethics Committee.

Implementing such suggestions will likely have positive ramifications for the ethical and multiculturally competent practice of psychology in Myanmar. There are likely to be mental health and other benefits on the micro (individual), meso, (community) and macro (societal) levels that are direly needed in a population that is currently suffering tremendously.

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