Cultural Psychiatry (Advances in Psychosomatic Medicine, Vol. 33)

However, as the editor of this volume, Renato Alarcón, writes, cultural psychiatry is much more than that. Citing the work of the Group for the Advancement of Psychiatry, he states that, “The most accepted definition of cultural psychiatry considers it as the discipline that deals with the description, assessment and management of all psychiatric conditions to the extent that they reflect and are subjected to the patterning influence of cultural factors and variables as broad as ethnicity, race and identity or as focused as language, religion, gender and sexual orientation, educations, traditions and beliefs, sociodemographic status, dietetic modalities or financial philosophies” (p 3). (My question here is: Then, what is not cultural psychiatry?) Cultural psychiatry clearly seems to be coming of age. Dr. Alarcón gathered an international group of authors who together produced this slim volume. Although I am going to refer to their works as chapters, this is more a collection of review articles than a tightly edited book with bona fide chapters.

In the first chapter, “Cultural psychiatry: a general perspective,” Dr. Alarcón reviews the basic concepts of cultural psychiatry, its definition, issues of culture and the etiopathogenesis of mental illness, the impact of culture on clinical presentations, culture and psychiatric diagnosis, culture and psychiatric treatment, and culture and prevention in mental health. He notes that “culture plays a decisive role in different facets of the clinical presentations of psychiatric entities. The concept of pathoplasty, unfairly neglected in current psychopathological language, conveys the rich connection between culture and the expression of psychiatric symptoms, the way they are described, experienced, and reported by patients belonging to different cultures” (p 5). An interesting notion for those enchanted by culture-bound syndromes: they will be less semiautonomous and, considering their similarity with diagnoses present in existing nomenclatures, they will be included more often under those diagnoses or as “variations of well-established entities (eg, anxiety, panic disorder, obsessive-compulsive disorder, conversion disorder), or their description will be tightly elaborated upon. The following treatise, “Culture and psychiatric diagnosis” by Roberto Lewis-Fernández and Neil Krishan Aggarwal, mostly discusses the challenges of including cultural issues into DSM-5, the principles guiding revisions in culture and diagnosis for DSM-5, and reviews the introductory chapter on cultural aspects of psychiatric diagnosis (conceptual aspects; Outline for Cultural Formulation and Cultural Formulation Interview, Glossary of Cultural Concepts of Distress rather than the previous Glossary of Culture-Bound Syndromes). The authors emphasize that, “In order to maximize the

validity and usefulness of diagnosis, these cultural/contextual elements [culture, social structures, local material environment, individual circumstances] need to be included in the design and implementation of nosological systems” (p 16). This chapter covers an important topic, yet it is a bit disappointing with its lack of specificity and concrete descriptions that would be useful in clinical practice.

The next chapter, “Trends in cultural psychiatry in the United Kingdom” by Kamaldeep Bhui, is again a surprisingly nonspecific and unfocused review, this time on trends in cultural psychiatry in the United Kingdom. The author writes that the emergence of cultural psychiatry in the United Kingdom is centered around issues of race and religion, “the two most conspicuous ways of classifying the patient to be different from the professional” (p 32). Interestingly, in the United Kingdom there have been fears about overstating or emphasizing differences that can become politically and socially divisive, as exemplified by recent debates about multiculturalism being responsible for terrorism (p 32). The author also mentions the different influences between cultural psychiatry in the United States and Canada on the one hand (mostly influenced by anthropology), and the United Kingdom on the other hand (where anthropology has been a rather “critical friend” of sociology, psychology, history, health services research, and public health sciences). The fourth chapter, “Opening up mental health service delivery to cultural diversity: current situation, development and examples from three Northern European countries” by Sofie Bäärnhielm, Cecilie Jávo, and Mike-Oliver Mösö, presents current examples from Germany, Norway, and Sweden on opening up mental health care services to the cultural diversity of their populations. Many of us probably still have problems conceptualizing Scandinavian countries such as Norway and Sweden as multicultural, but the authors make a solid argument that these countries are becoming more diverse with a recent influx of immigrants from all over the world. However, the most interesting and revealing piece of information for me was the fact that in Norway “people suffering from chronic psychiatric illness are exempt from any healthcare costs. Psychiatric services are decentralized in order to be available to all citizens and geographic regions” (p 47).

The fifth chapter, “Cultural psychiatry in the French-speaking world” by Joseph Westermeyer, is clearly disappointing. It includes some interesting—and mostly historical—information, but one becomes discouraged by the lack of editing and attention to detail. Examples are the listing of “Haiti, French Guinea, and other Caribbean entities...” (p 56)—there is no French Guinea, there is a French Guyana, though. The main point of the following chapter, “Transcultural aspects of somatic symptoms in the context of depressive disorders” by Issa Bagayogo, Alejandro Interian, and Javier Escobar, is that “culture—the set of values, attitudes, beliefs, and expectations shared by a group of people—may ultimately influence the formation and presentation of symptoms in response to distress” (p 65). The authors review the relationship between depression and somatization and conclude that somatic symptoms are commonly represented within depression across racial and ethnic groups. Interestingly, greater pain complaints were reported among Latinos and African Americans even after adjusting for depression severity (p 70). The authors conclude that there is a greater tendency for Latino, black, and Asian persons with depression to emphasize somatic symptoms in their clinical presentations.

The seventh chapter, “Culture and demoralization in psychotherapy” by John de Figueiredo and Sara Gostoli, first reviews 3 concepts: a) demoralization by Jerome Frank, b) sentiments by Alexander H. Leighton, and c) meaningful connections by Karl Jaspers. The text then discusses the clinical applications of these concepts into psychotherapeutic approaches (eg, cultural considerations in areas such as the relationship between the demoralized person and the psychotherapist; setting for the healing; rationale leading to a ritual or procedure; and ritual or procedure itself). The next chapter, “Ethnopsychopharmacology and pharmacogenomics” by Hernan Silva, defines ethnopsychopharmacology as the study of how culture and genetic differences of natural social groupings determine and influence the response to psychotropic medications (p 89). The pharmacogenomic part of the chapter reviews cytochrome P 450 2D6 and the serotonin transporter polymorphism, and their relation to culture and ethnicity.
The ninth chapter, “Cultural psychiatry: research strategies and future directions” by Laurence Kirmayer and Lauren Ban, provides a review of methodological strategies in cross-cultural research. It discusses issues such as universality of categories and constructs, clinical bias, reification of culture, limited evidence base, focus on pathology, and focus on the individual in regards to strategies, methods, and implications. In the section on global mental health, stigma, and mental health literacy the authors propose using mental health literacy packages in developing countries (mine: Why not the developed countries, too?). The chapter also touches on issues such as cultural competence, safety, and efficacy; ecocultural models of mental illness and wellness; cognition and emotion as situated, embodied, and enacted; cultural constructions of self and personhood; and cultural concepts of mental disorder and psychological essentialism. The following chapter, “Bioethical dimensions of cultural psychosomatics: the need for an ethical research approach” by Fernando Lolas, emphasizes that “Bioethics has established itself as an indispensable ancillary discourse in psychiatric practice and research,” (p 121) and that “The psychosomatic approach and the problem of diagnosis will continue to be at the center of a humane care based on research and science” (p 121). Enough of the truisms! The last chapter, “Epilogue” by Renato Alarcón, basically is a summary of the book with some expansion to other areas. While discussing teaching of cultural psychiatry, the author writes that “the general goals of teaching of core cultural competencies include the conduction of a well-organized clinical interview, professionalism, empathy and genuine human understanding of the patient and his/her family, the achievement of a meaningful initial diagnosis, the setting up of comprehensive tests aimed at further diagnostic precision, familiarization with institutional rules of clinical documentation, initiation and conduction of appropriately comprehensive treatment plans, as well as establishment of adequate follow-up procedures. More specific cultural components have to do with exhaustive exploration of cultural variables, the use of the Cultural Formulation Interview in search of the patient’s cultural identity, recognition of racial/ethnic, social and cultural similarities and differences, elements of a possible migration history, information about family history, structural hierarchies, coping mechanisms, etc., identification of cultural risk and protective factors, cultural aspects of the primary psychopathologies (ie, impact on severity), cultural correlates of psychometric and other tests, inclusion of adequate cultural documentation, pharmacological and pharmacogenomic clarifications, fostering of truly multidisciplinary team-based approach, and recognition of the sociocultural implications of the case in the context of public mental health policies and procedures” (p 129).

Although at times interesting, this book probably is not what a busy clinician interested in cultural issues would expect. The focus of this book is limited in both the material covered and the audience. One wishes for a broader coverage of as many cultures as possible and as many specifics as possible. The writing is eloquent, yet almost apologetic at times. The editing (or copy editing) could have been tighter—the reviews do not flow well from one to another. It is all more about perspectives, concepts, and constructs than about clinical applicability. Yet it is an interesting read about an area of psychiatry that has been coming of age and has received inadequate coverage for a long time.

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Everybody who reads what I call psychiatry’s tabloids (e.g., Psychiatric News, Psychiatric Times, Clinical Psychiatry News)—and even those who do not—may have witnessed or been a part of the intense debate over DSM-5. At times, the intensity of the debate, involvement, and even personal attacks were quite surprising. Especially, as the authors of 1 of the treatises in this small volume, Owen Whooley and Allan Horwitz, write, “Taking a step back from psychiatry’s interpersonal squabbling, the rage that surrounds the DSM revision process seems strange. After all, it is only a medical taxonomy. Other taxonomies, like the International Classification of Diseases (ICD), hardly register in the popular conscious. They certainly do not warrant front-page stories in The New York Times. No other professional organization dedicates as much energy and resources into their classificatory systems as the APA [American Psychiatric Association]. ... Taxonomies are typically mundane and unobtrusive parts of modern life, rarely noticed, much less fought over vehemently in the pages of the popular press. The DSM is a great exception to this rule” (p 76). So, why are there such intense debates, fights, numerous articles, and even books—such as Making the DSM-5—over “just a taxonomy?” The reasons are complex and multiple, with the foremost being “a case in which the identity and authority psychiatry hinges—or at least internally seems to hinge—on how it structures its taxonomy” (p 76). Other “ingredients” include the intellectual crisis of psychiatry as a discipline, intellectual crisis and lack of meaningful results of all neuroscience research, politics, financial aspects, possible conflicts of interests, numerous “stakeholders,” and, as in many debates, personalities of the debaters. Perfect storm?

As a partial attempt to address some controversies, Joel Paris and James Phillips put together this small, multi-authored volume. It is divided into 3 parts (Historical/Ideological Perspectives; Ideological and Conceptual Perspectives; and Conceptual Perspectives) and contains 11 chapters (actually, only 10, as the last chapter summarizes the previous 10 chapters). In the first chapter, Edward Shorter, a well-known historian of psychiatry, summarizes “The history of DSM.” He emphasizes that there are 3 approaches to creating a nosology, “reliance on authority, on consensus, or, the third, by identifying a disease by the ‘medical model,’ a well-defined process that depends on more than ‘consensus in opinion or symptoms alone’” (p 4). In discussing the DSM-III, Shorter summarizes all those for whom the DSM-III complicated things, including the pharmaceutical industry—“On the one hand, the DSM-III diagnoses were a gift, handing industry ‘diseases’ on a plate for which they could indicate agents that previously had only such vague labels as ‘anxiety.’ On the other hand, the FDA would insist henceforth that industry use DSM-III diagnoses in drug development” (p 13). He adds “This was a Danaean gift, a poisoned chalice, as industry would soon learn in trying to discover and develop drugs for such heterogeneous indications as ‘major depression’” (p 13). At the end of his entertaining chapter Shorter states that “The DSM series is more a cultural than a scientific document” (p 13). In the following chapter, “Considering the economy of DSM alternatives,” John Z. Sadler focuses mainly on what he calls “the mental health-medical-industrial complex” (MHMIC), a term derived from the “medical industrial complex” originally coined by Arnold Relman in 1980, editor of the New England Journal of Medicine at the time. Sadler suggests that there are 10 elements of the MHMIC: 1) millions of mentally ill people; 2) pharmaceutical
industry; 3) for-profit service industry; 4) US healthcare system; 5) US politics; 6) advertising and mass media; 7) the National Institute of Mental Health (NIMH); 8) popular demand; 9) academic medical centers; and 10) the APA. Dr. Sadler’s premise regarding the DSM dominance in diagnosis/nosology is simple: “The DSM has prevailed because it has, on balance, served its function in the MHMIC, whose monolithic influences on funding, public policy, and the social discourse on mental illness reinforces the DSM’s stability and success” (p 24).

The witty chapter 3 titled, “The ideology behind DSM-5,” by Joel Paris, starts with the statement that “An ideology provides a comprehensive vision.” (As I grew up under the Communist ideology, I would add that ideology could be—and is frequently—blind, misleading and dangerous.) Yet, Paris adds, “The problem is that ideological thinking may not correspond to the complexities and inconsistencies of the real world. That is obvious in politics, but the principle also applies to science. While scientists do not believe that they think ideologically, they often pretend to know more that they do. For this reason, theories that seem to explain everything can take on the cast of belief” (p 39). Paris discusses various issues, such as psychopathology and normality, why DSM-5 adopted its ideology, and ideology and hubris. He states that by rejecting many traditional roots, neuroscience-based psychiatry is firmly reductionistic (p 40). He also states “Given the limited state of evidence in support of spectra, the adoption of RDoCs (Research Domain Criteria) by NIMH can only be described as ideological” (p 40). I can only add, “Finally someone said so.” He also reminds us that we are no closer to understanding the etiology and pathogenesis of mental disorders than we were 50 years ago and “For that reason, DSM-5 had no choice but to continue with a provisional and pragmatic system based on phenomenological observation” (p 41). In conclusion, Paris suggests that “The ideology of DSM-5 exaggerates what we know, and reflects impatience for a time when psychiatrists can practice in the same way other physicians,” and that “The claim that we can apply neuroscience to diagnosis, creating valid spectra of psychopathology, is little but hubris” (p 43). These 3 chapters are the most informative and readable parts of this volume.

The titles of the following 3 chapters, “The biopolitics of defining ‘mental disorder’” by Warren Kinghorn, “Establishing normative validity for scientific psychiatric nosology: the significance of integrating patient perspective” by Douglas Porter, and “The paradox of professional success: grand ambition, furious resistance, and the derailment of the DSM-5 revision process” by Whooley and Horwitz, amply describe their focus. Kinghorn actually argues strongly and convincingly that the future DSM editions, “at least until the development of much more detailed and robust ground-up accounts of neurobiological and psychological function than we have now, should not include a definition of mental disorder” (p 59). Whooley and Horwitz discuss the derailment of the originally intended dimensionality of DSM-5 diagnoses by the APA Assembly. They feel that this derailment damaged psychiatry’s professional standing. Yet, I think that remains to be seen, as anybody who has been around during previous DSM revisions would probably say.

The last 4 chapters (as I suggested, the last treatise, “Conclusion” by James Phillips, basically summarizes the volume) include “DSM in philosophyland: curiouser and curiouser” by Allen Frances; “Overdiagnosis, underdiagnosis, synthesis: A dialectic for psychiatry and the DSM” by Joseph M. Pierre; “What does phenomenology contribute to the debate about DSM-5?” by Aaron L. Mishara and Michael A. Schwartz; and “The conceptual status of DSM-5 diagnoses” by James Phillips again capture their content in their titles. The chapter by Allen Frances is, unfortunately, a bit more about Frances than about other things. Yet, he reminds us that “Biological psychiatry has failed to produce quick, convincing explanations for any of the mental disorders” (p 96). I would suggest that, unfortunately, so did any “other” branch of psychiatry. Allen Frances also points out the possible concerns about the revised system, such as the unfortunate concept of comorbidity, which seems to be mostly gone from the DSM-5, heterogeneity within diagnoses, and the possible misuse in diagnosing conditions at the border of normality and criminality (p 102). Mishara and Schwartz, in their eloquent treatise that did not find phenomenology useful, discuss the statement of Steven Edward Hyman that “it is probably premature to bring neurobiology into the formal classification of mental disorders that will form the core of DSM-V…” Interestingly, 2 diagnoses
in DSM-5 (Neurocognitive disorder due to Alzheimer’s disease and Narcolepsy) actually include some neurobiology. In the conclusion of his chapter on conceptual status of the DSM-5 diagnoses, Phillips writes that “But for clinical use, it is perfectly conceivable that, in the psychiatry of the future, we will conclude that many of the current psychiatric categories, for all their causal messiness, will prove to be the most practical ways to divide and classify the world of psychopathology. In the latter vein, Kenneth Kendler and Michael First argue that psychiatric nosology is not ready for a paradigm shift and that for now we should stick with improving the current categories in a progressive, iterative manner” (p 156). This seems to be a reasonable statement to conclude this volume with.

This is an interesting and intellectually provocative book that will be appreciated and enjoyed by many who like to brood about the diagnosis of mental illness, its meaning, construct, and utility for ourselves and our patients. There are 2 issues I would like to point out. First, the authors should have waited a bit longer—until the publication of the DSM-5—to see the final product. It is easier to discuss the real final product than its imagined content. The second issue applies more to all critics, not just the ones who are part of this book: Nobody has, unfortunately, offered us any better alternative so far (including the RDoCs). Paraphrasing the famous Winston Churchill dictum about democracy, “DSM is the worst form of diagnostic system/classification, except for all those other systems that have been tried from time to time.” Sad, but true.

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