British Journal of Psychiatry (1991), **158,** 579–582

Reading About . . .

Transcultural Psychiatry

The perspective for this review is that of a general psychiatrist who is convinced of the clinical relevance of sociocultural psychiatry for a full, multimodel understanding of mental illness, and is aware of the intellectual stimulus which occurs when the clinical and research vistas extend from one cultural unit to another (i.e. *trans*cultural psychiatry). My specific purpose therefore is to name some books which can help establish 'good practice' in multicultural Britain and are useful reference texts for teaching, as well as research. The choice of books inevitably reflects my own clinical and academic interests, and the volumes received from the review editor of this Journal over recent years. Any particularly disenfranchised reader will nevertheless find sufficient reference to other aspects of this fascinating field which has now become central to much present day clinical practice; transcultural psychiatry has been regarded as having 'come of age' and yet paradoxically also as beginning 'at home'. Evidence in support of these developmental aphorisms can be culled from the publication of at least 20 books on cultural psychiatry in the last two decades, as well as from the final reports of the World Health Organization epidemiological studies which may have reassured the dubious that the major psychoses, such as schizophrenia and manic–depression, and even the neuroses are universally recognised, even if their presentation and 'explanatory models' differ radically between some cultures, although are similar in others.

Thus the academic and clinical aspects of transcultural psychiatry have now achieved a respectability and popularity which is somewhat surprising because 15 years ago some prophesied its early demise, and doubted its relevance to psychiatrists working in the UK. Moreover, at the present time, courses on transcultural psychiatry are recommended in the new code of practice for the Mental Health Act and as part of the required training for approved social workers. Our own College, in an impressive way, has recently endorsed most recommendations of a subcommittee that such teaching is a necessary component of general, higher and, as important, of continuing medical education for consultants.

Historical aspects

Although Murphy (1986) was presumably correct in suggesting that one of the first writers to link culture and mental health was the 14th-century Arab social historian, Ibn Khaldun, who noted a growing prevalence of jealousy, distrust and self-indulgence when warriors moved from a nomadic, supportive village to a town, it is Murphy himself who many would regard as a founding 'father' of transcultural psychiatry. His scholarly book *Comparative Psychiatry: the International and Intercultural Distribution of Mental Illness* (1982) gives particular emphasis to research methodology (which is primarily epidemiological), and illustrates the specific advantage of investigating *subcultural* differences within national and ethnic groupings. The book is not easy reading and may be complemented by Leff's smaller and attractively published new edition of *Psychiatry Around the Globe* (Leff, 1988), which also draws inspiration from research findings and yet illustrates the limitations of much transcultural research. To an extent the book begins to answer the questions asked by Leff as to whether psychiatric conditions are similar in different cultures, what their frequency is and whether they are treated differently. The second edition is less ethnocentric than the first, and the section on linguistic aspects of somatisation has been largely rewritten; there is a greater emphasis on the pitfalls of the 'category fallacy' – the imposition of a Western diagnosis on a non-Western society with the risk of missing important local manifestations and managements of psychiatric disorder.

Kleinman (1980) elaborates extensively on these diagnostic traps and his books are particularly important for a general psychiatry readership. Kleinman, psychiatrist and social anthropologist (although primarily perhaps the latter?), brings to his thinking not just a social critique of psychiatric diagnoses, but a description of the relevance of social anthropology for eliciting 'explanatory models' of patients – including those seen by a liaison psychiatrist in a general hospital setting. He draws

https://doi.org/10.1192/S0007125000108773 Published online by Cambridge University Press

substantially on his own field work in Taiwan and is well known for his detailed critique of the causes of somatisation in the Chinese.

Murphy, too, was aware of the conceptual tensions within transcultural psychiatry, and in particular of the assumption that it has to do with minority groups only, or with societies in exotic parts of the world. He pointed out to me that the initial list of contents for the book *Transcultural Psychiatry* (Cox, 1986) contained only limited accounts of the Irish, the Welsh or the Scots and he therefore offered to write the additional chapter "Mental health impact of British cultural traditions". This probing attitude was characteristic of his scholarship, and has underpinned the McGill Transcultural Psychiatry Centre and the *Transcultural Psychiatric Research Review* – one of the foremost journals in the field. It was Murphy's own dictum that 'transcultural psychiatry' began at home, and his account of the relationship of British culture to psychiatric disorder, although restricted to the subculture of the Brits abroad, was his attempt to practice what he preached. When will someone write the ethnography of the English at home, I wonder?

It is to the writings of Littlewood (psychiatrist and anthropologist) and Lipsedge (a general psychiatrist) that we should turn for further discussion of the need to develop a local cultural understanding of psychiatric disorder, and for an awareness of transcultural psychiatry as a cogent critique of Western diagnostic concepts. In their popular book *Aliens and Alienists* (Littlewood & Lipsedge, 1982), now in its second edition, the cultural assumptions sometimes linked to prejudiced attitudes of much clinical psychiatry are pointed out. The book is hard-hitting and yet never damagingly antipsychiatry. These authors are prolific in their writing, which is always concentrated (see, for example, their review chapter in *Recent Advances in Psychiatry* (Littlewood & Lipsedge, 1985)), and yet can be recommended for the reader who is prepared to read around social anthropology and is particularly interested in alternative understandings of descriptive psychopathology or who wants access to the literature. Their chapter, "The culture-bound syndromes of the dominant culture: psychopathology and biomedicine" (Littlewood & Lipsedge, 1986) includes a fascinating discussion of anorexia nervosa as a western culture-bound disorder linked to feminist dilemmas; parasuicide through overdose is regarded as an appeal to the dominant biomedical paradigm (i.e. the drama of the casualty department) – which medicalises a social crisis, and requires biomedical expertise if the outcome is to be what was initially intended.

Clinical aspects

What texts can be recommended for a psychiatrist who wishes to be equipped for 'hands on' sector psychiatry in a multicultural, multiethnic environment – perhaps most consultants working in the city areas at the present time? This writing can only be undertaken by pragmatic clinicians providing community clinical services with scarce manpower resources, and Rack's (1982) *Race, Culture and Mental Illness* is therefore the best buy, particularly for his informative account of the pioneer multicultural service at Lynefield Mount Hospital, Bradford and for his matter-of-fact approach to the daunting clinical tasks which he faced. It is a reliable handbook for those wishing to be reminded of the pitfalls of psychiatric provision to minorities – especially when being provided by a psychiatrist from an ethnic majority, as well as of the 'orders' of difficulty which such provision entails, such as language problems, diagnostic pitfalls and the hidden cultural assumptions of the psychiatrist. A close runner-up, however, is *Race and Culture in Psychiatry* by Fernando (1988). This is especially convincing writing, not just because it is from an author who feels what he writes and includes chapters on racist psychiatry and cross-cultural research, but also because it puts forward the interesting concept of sociocultural psychiatry and in its final chapter looks constructively at the possibility of how positive changes can occur in clinical practice and in personal attitudes, and gives advice as to how this change can be brought about. Fernando (1988) has a particularly shrewd insight into the causes of depression in ethnic minorities and of the way in which discrimination may poison the person, form a threat to self-esteem, and yet can be counteracted by new coping strategies.

These texts rightly emphasise that the psychiatrist in multicultural Britain is required to understand the 'language' used by patients and needs a sensitivity to the effect of individual and institutional discrimination on their Mental Health.

Such issues are not, however, confined to psychiatry, and Quereshi's (1989) *Transcultural Medicine: Dealing with Patients from Different Cultures* and Henley's (1979) *The Asian Patients in Hospital and at Home* includes much information relevant to general physicians who are short of facts about the beliefs and customs of minorities which would limit the effectiveness of their clinical practice.

It is nevertheless to authors with particular experience of two cultures, such as Bavington & Majid (1986), that one might turn for a particularly authentic account of the provision of psychiatric services for minorities. Their writing can therefore

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be recommended, as can many of the chapters in *Between Two Cultures: Migrants and Minorities in Britain* (Watson, 1977). This latter text describes how some ethnic minorities retain links with their home culture, and so experience some aspects of the psychology of the sojourn. Krausz (1972) and Wilkinson (1986) also include useful information about the history and customs of ethnic minorities in Britain and the US respectively, including their sociocultural similarities to, and differences from, the majority society. The account of the Polish and Greek Cypriot communities was of particular interest, as was the description of mental health problems of Asian Americans, and Pacific Islanders.

Teaching and research

While there are several American books which have included information about course programmes in transcultural psychiatry, there is little specific guidance available for tutors in the UK. There is a definite need for such a book to be written. *Cross-Cultural Psychiatry* by Gaw (1983) has a section on cultural issues in psychiatric residency training, and outlines the course content for a three-year training programme. It has a short section on experiential training methods which are so vital to good learning of this subject. Marsella & Pedersen (1981) in *Cross-Cultural Counselling and Psychotherapy* also emphasised the need for experiential teaching and for personal insight into the cultural background of the therapist, as well as the client. Tseng & McDermott's (1981) *Culture, Mind and Therapy* includes a fascinating account of the psychology of intermarriage and has advice for marriage counsellors, as well as a section on research and training. They clearly recognise that the psychiatrist has to be informed about culture and the anthropologist needs to understand clinical psychiatry. This is a theme also discussed in depth by Kleinman & Good (1985) in their *magnum opus, Culture and Depression: Studies in the Anthropology and Cross-Cultural Psychiatry of Affect and Disorder*. Good shrewdly brings together anthropological/psychiatric perspectives by advocating that the anthropologists should examine critically their own assumptions about the differences between disorders of the body and of the mind (physical disease is culturally interpreted while mental disorders are culturally produced) and should not ignore the potential power of conceptualising depression as a disease. Medical-anthropological studies he suggests are optimally carried out in "clinical settings" and by a conjunction of different case-finding techniques and epidemiological methods. Such research collaboration is difficult but Rubel *et al* (1984), in their study of *Susto, a Folk Illness*, show how this can be brought about, although it was a disadvantage that a psychiatrist was not a member of the team. Nevertheless this text is an excellent attempt to describe the local concepts and the phenomenology and causation of *susto* (soul loss) and to look for the way it may include physical and psychiatric disorders recognised by physicians.

Interface between psychiatry and anthropology

For medics wishing to enter the world of the medical anthropologist the text book by Helman (1984) is most readable, and now in a second edition. It includes a section on transcultural psychiatry, as well as on cultural aspects of stress. The discussion draws its source material from the medical pluralism in Great Britain, and on the implications of this for the delivery of health care. Beattie's (1964) paperback *Other Cultures: Aims, Methods and Achievements in Social Anthropology* is a well written account of social anthropology which a non-anthropologist can readily grasp. His discussion of 'stranger value' I found particularly helpful when considering the limitations of my own research in Uganda. More complex books about medical anthropology include those by Loudon (1976), Chrisman & Maretzki (1982), Foulds *et al* (1977), Eisenberg & Kleinman (1981) and Galdston (1971).

Finally, I shall conclude this review with a brief mention of those books which I have found particularly helpful when working between two cultures and to which I frequently refer with sustained interest, as well as legitimate nostalgia.

The book based on the prestigious CIBA symposium (de Reuck & Porter, 1965) was one of the few available on transcultural psychiatry at that time, apart from Kiev's (1972) text; Lewis, who chaired the symposium, repeatedly emphasised his belief that a 'fruitful' collaboration was possible between psychiatrist and anthropologist. Indeed, such pioneers as Margaret Mead, Morris Carstairs, T. A. Lambo, E. Wittkower, Alexander Leighton, Yap and H. B. Murphy attended. The verbatim discussions are vivid and controversial, as shown in Yap's chapter, "Affective disorder in Chinese culture", which also has clear figures linking psychopathology with cultural variables. Orley's (1970) *Study from Uganda: Culture and Mental Illness* should also be reprinted and available in most libraries. It represents the distillation of intensive field work among the Baganda uncovering their own concepts of neurosis; participant observation at its most relevant to academic and clinical psychiatry. Indeed it enabled Orley

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to translate the Present State Examination into Luganda and also to pass on his self-confidence to many of us who then undertook similar research. *Culture Shock* (Furnham & Bochner, 1986) is relevant for any researcher interested in understanding the psychology of adjustment disorders – a subject still under-researched by psychiatrists and yet of much clinical relevance. It is a lucid text with an excellent bibliography – a good handbook for a traveller. Finally I recall avidly reading Carstairs & Kapur's (1976) *The Great Universe of Kota* – while on holiday in Scotland. The research methods grappled with the relationship of psychiatric disorder to different sections of Indian society, and in so many respects succeeded in testing a transcultural hypothesis using behavioural science method.

For the reader who may not have the prolonged opportunity to study social anthropology (and yet would like to), the account of culture by Lewis (1976) is a good introduction to the subject and would certainly whet the appetite for more. I shall therefore end this review, appropriately, with a quotation from that book which makes so clear the relevance of social anthropology and culture to sector psychiatry, and illustrates the enviable ability of some social scientists to communicate clearly to another discipline.

> "For our purposes culture is simply a convenient term to describe the sum of learned knowledge and skills – including religion and language – that distinguishes one community from another and which subject to the vagaries of innovation and change, passes on in a recognisable form from generation to generation. Culture thus transcends the lives of its living exponents in any one generation; if it did not it could not survive. Its component elements are absorbed in the first few years of life largely unconsciously and later more deliberately by informal and formal learning processes. Socialisation inevitably takes place within and through the medium of a particular cultural tradition. When people do not know how to bring up or what to teach their children, their cultural heritage is indeed in jeopardy."

Transcultural psychiatry, this reviewer believes, has now not only come of age but is approaching rapidly mid-life and the productive 'middle aging' generativity phase.

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