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LITTERATUR

ARTIKLER FRA FAGLIGE TIDSSKRIFTER

Are low-intensity CBT interventions effective and meaningful for the Latino community in the UK?
Lopez, Jose E.; Rees, Melinda; Castro, Maria

In the UK, low-intensity cognitive-behavioural therapy (LICBT) is offered as cost-effective intervention for anxiety and depression in primary care. Whilst research with Latino migrants in the USA highlights the suitability of CBT interventions with this group, these findings may not be generalisable to the UK, due to different sociopolitical circumstances. This mixed-method study explores the effectiveness and meaning of an LICBT group-intervention for Latino migrants in London. Eight participants attended a four-week workshop on anxiety management in Spanish, and pre- and post-intervention scores in CORE-OM, PHQ-9 and GAD-7 were compared. Additionally, focus groups about the intervention were thematically analysed. Although not statistically significant, a trend towards decreasing anxiety levels was identified ($p = 0.06$). Three of the four themes generated from participants' analysis of their experience are summarised and discussed. These include positive aspects of the intervention and its limitations. Whilst valuing LICBT interventions, participants considered further input necessary. Potential clinical implications as well as recommendations for further research are discussed.

Keywords low intensity CBT, Latinos, psychotherapy, culture
International journal of culture and mental health 7(4), 410-425, 2014

Childhood trauma mediates the association between ethnic minority status and more severe hallucinations in psychotic disorder
Berg, Akiah O.; Aas, M.; Larsson, Sara; Nerhus, M.; Hauff, Edvard; Andreassen, Ole A.; Melle; Ingrid

Background
Ethnic minority status and childhood trauma are established risk factors for psychotic disorders. Both are found to be associated with increased level of positive symptoms, in particular auditory hallucinations. Our main aim was to investigate the experience and effect of childhood trauma in patients with psychosis from ethnic minorities, hypothesizing that they would report more childhood trauma than the majority and that this would be associated with more current and lifetime hallucinations.

Method
In this cross-sectional study we included 454 patients with a SCID-I DSM-IV diagnosis of non-affective or affective psychotic disorder. Current hallucinations were measured with the Positive and Negative Syndrome Scale (P3; Hallucinatory Behaviour). Lifetime hallucinations were assessed with the SCID-I items: auditory hallucinations, voices commenting and two or more voices conversing. Childhood trauma was assessed with the Childhood Trauma Questionnaire, self-report version.

Results
Patients from ethnic minority groups ($n = 69$) reported significantly more childhood trauma, specifically physical abuse/neglect, and sexual abuse. They had significantly more current hallucinatory behaviour and lifetime symptoms of hearing two or more voices conversing. Regression analyses revealed that the presence of childhood trauma mediated the association between ethnic minorities and hallucinations.

Conclusions
More childhood trauma in ethnic minorities with psychosis may partially explain findings of more positive symptoms, especially hallucinations, in this group. The association between childhood trauma and these first-rank symptoms may in part explain this group's higher risk of being diagnosed with a schizophrenia-spectrum diagnosis. The findings show the importance of childhood trauma in symptom development in psychosis.

Keywords Auditory hallucination; childhood trauma; ethnic minority; psychosis
Psychological medicine 45(1), 133-142, 2015
Comparison of psychiatric disability on the health of nation outcome scales (HoNOS) in resettled traumatized refugee outpatients and Danish inpatients
Palic, Sabina; Kappel, Michelle Lind; Nielsen, Monica Stougaard; Carlsson, Jessica; Bech, Per

Background
Currently, the mental health issues of traumatized refugees are mainly documented in terms of posttraumatic stress disorder, depression, and anxiety. Importantly, there are no reports of the level of psychiatric disability in treatment seeking traumatized refugees resettled in the West. Insufficient acknowledgment of the collective load of bio-psycho-social problems in this patient group hinders effective psychiatric and social service utilization outside the specialized clinics for traumatized refugees.

Methods
The level of psychiatric disability in traumatized refugees from Danish specialized clinics (N = 448) is documented using routine monitoring data from pre- and post-treatment on the Health of Nation Outcome Scales (HoNOS). Furthermore, the HoNOS ratings are compared with routine monitoring data from Danish inpatients with different diagnoses (N = 10,911).

Results
The routinely collected data indicated that despite their outpatient status, traumatized refugees had higher levels of psychiatric disability at pre-treatment compared to most inpatients. Moreover, the traumatized refugees had a HoNOS profile characterized by an overall high problem level in various psychiatric and social domains. The rate of pre- to post-treatment improvement on the HoNOS was smaller for the traumatized refugees than it was for the psychiatric inpatients.

Conclusions
The level, and the versatile profile, of psychiatric disability on the HoNOS point to complex bio-psycho-social problems in resettled treatment seeking traumatized refugees. Thus, a broader assessment of symptoms and better cooperation between psychiatric, health care, and social systems is necessary in order to meet the treatment needs of this group.

Keywords: Psychiatric disability; HoNOS; Refugee; Trauma; Treatment
BMC psychiatry 14(330), 10pp, 2014
Download artikel her: [http://www.biomedcentral.com/content/pdf/s12888-014-0330-8.pdf](http://www.biomedcentral.com/content/pdf/s12888-014-0330-8.pdf)

Considerations in the provision of mental health helpline services for minority ethnic groups: a systematic review
Ahmed, Kamran; Cosgrove, Elizabeth; Craig, Tom

Objective
There are concerns that individuals from minority ethnic groups in Western countries have higher rates of mental health need but underutilise mental health services compared to white majority groups. International research has shown that helplines can be useful in providing support and advice for mental distress and might go some way to helping address these concerns. This systematic review was conducted to identify challenges in the provision of helpline services for ethnic minority groups in Western countries and potential solutions to them.

Method
A systematic review of the literature using the search engines Medline, Embase, Psychinfo, HMIC, Healthbusinesselite, BNI, AMED and Cinahl.

Results
The literature revealed a number of specific challenges that require careful consideration in the provision of helplines for minority ethnic groups. These included the perceived usefulness of helplines, marketing strategies, confidentiality and trust, age considerations, gender differences and cultural competence.

Conclusions
There are various challenges and potential solutions to providing helpline services that effectively support minority ethnic groups and meet the specific cultural needs of different communities. The issues outlined must be considered in order to provide helpline services that are effective and inclusive.

Keywords: Helplines; ethnic; minority; services; mental health.
World cultural psychiatry research review 9(3), 89-98 -, 2014
Cultural competence : a constructivist definition
Garneau, Amélie Blanchet ; Pepin, Jacinthe

In nursing education, most of the current teaching practices perpetuate an essentialist perspective of culture and make it imperative to refresh the concept of cultural competence in nursing. The purpose of this article is to propose a constructivist definition of cultural competence that stems from the conclusions of an extensive critical review of the literature on the concepts of culture, cultural competence, and cultural safety among nurses and other health professionals. The proposed constructivist definition is situated in the unitary-transformative paradigm in nursing as defined by Newman and colleagues. It makes the connection between the field of competency-based education and the nursing discipline. Cultural competence in a constructivist paradigm that is oriented toward critical, reflective practice can help us develop knowledge about the role of nurses in reducing health inequalities and lead to a comprehensive ethical reflection about the social mandate of health care professionals.

Keywords cultural competence, cultural safety, constructivism, culture competence, social justice


Dhat Syndrome : an extremely unusual presentation
Prakash, Sathya; Mandal, Piyali 140 - 143

Introduction
Dhat Syndrome, considered a culture bound syndrome of the orient by many, is widely prevalent in the Indian subcontinent. Although passage of vital fluid through the penis is the commonly described route, other routes such as anal or vaginal have also been described.

Aim
We describe a patient with a relatively severe presentation, who complained of passage of ‘dhat’ through the mouth in relation to cough.

Methods
The patient was interviewed and diagnosis established using standard classificatory systems. The origin and progression of the phenomenology was explored. Standard rating scales were applied.

Results
The patient was diagnosed with Dhat Syndrome and additionally, severe depressive episode without psychotic symptoms at the time of presentation. Delineation of Dhat Syndrome from depression was also done. The exploration of phenomenology revealed a gradual progression from a usual to a most unusual presentation.

Conclusion
This is a very unusual presentation and has not been described before. It possibly indicates a more severe form of illness. Implications for further research have been discussed.

Keywords: Dhat Syndrome, psychosexual disorders, unusual presentation, Culture Bound Syndrome, depression

World cultural psychiatry research review 9(3), 140-143, 2014

Duration of residence and psychotropic drug use in recently settled refugees in Sweden - a register-based study
Brendler-Lindqvist, Maria; Nørredam, Marie; Hjern, Anders

Introduction
Recently settled refugee populations have consistently been reported to have high rates of mental health problems, particularly Post-traumatic stress disorder, depression, and anxiety disorders. The aim of this study was to investigate psychotropic drug use among young adult refugees according to duration of residence during the first 10 years in Sweden.

Methods
Cross-sectional register study of a national cohort of 43 403 refugees and their families (23-35 years old) from Iraq, Iran, Eritrea, Ethiopia, Somalia and Afghanistan and a comparison population of 1.1 million Swedish-born residents. Logistic regression was used to assess the association between duration of
residence in Sweden and the dispensing of at least one psychotropic medication during 2009 in four categories (any drug, neuroleptics, antidepressants and anxiolytics/hypnotics), adjusting for age, gender and domicile.

Results
Rates of dispensed psychotropic drugs among recently settled refugees were low, compared to the Swedish-born, with an increase with duration of residence. For refugee men and women from Iraq/Iran who had resided for 0-3 years the adjusted ORs compared to Swedish natives, were 0.83 (95%CI 0.77-0.90) and 0.48 (0.44-0.53) respectively; for men and women from the Horn of Africa the ORs were 0.50 (0.42-0.61) and 0.36 (0.30-0.41) respectively. After 7-10 years of residence, the ORs in these refugee groups approached the Swedish comparison population. Refugees from Afghanistan presented ORs similar to the Swedish-born, with no consistent trend by duration of residence. Women from the Horn of Africa and Iraq/Iran consumed less psychotropic drugs compared with men from these regions of origin, relative to the Swedish-born (p<0.01). The ORs for dispensed neuroleptics were similar between the different refugee study groups, while the ORs for dispensed antidepressants differed fourfold between the group with the lowest (Horn of Africa) and the highest (Afghanistan).

Conclusion
The rates of dispensed psychotropic drugs in the newly settled refugee populations in this study were low, with an increase with longer duration of residence. This pattern suggests barriers to access mental health care. Interventions that can lower these barriers are needed to enable newly settled refugees to access mental health care on equal terms with the native population.

International journal for equity in health 13(122), 14 pp, 2014
Download artikel herfra: http://www.equityhealthj.com/content/13/1/122/abstract

Emotion dysregulation mediates the relationship between trauma exposure, post-migration living difficulties and psychological outcomes in traumatized refugees
Nickerson, Angela; Bryant, Richard A.; Schnyder, Ulrich; Schick, Matthias; Mueller, Julia; Morina, Naser

Background
While emotion dysregulation represents an important mechanism underpinning psychological responses to trauma, little research has investigated this in refugees. In the current study, we examined the mediating role of emotion dysregulation in the relationship between refugee experiences (trauma and living difficulties) and psychological outcomes.

Methods
Participants were 134 traumatized treatment-seeking refugees who completed measures indexing trauma exposure, post-migration living difficulties, difficulties in emotion regulation, posttraumatic stress disorder, depression, and explosive anger.

Results
Findings revealed distinctive patterns of emotion dysregulation associated with each of these psychological disorders. Results also indicated that emotion regulation difficulties mediated the association between both trauma and psychological symptoms, and living difficulties and psychological symptoms.

Limitations
Limitations include a cross-sectional design and the use of measures that had not been validated across all cultural groups in this study.

Conclusions
These findings underscore the key role of emotion dysregulation in psychological responses of refugees, and highlight potential directions for treatment interventions for traumatized refugees.

Keywords Emotion regulation; Refugees; Trauma; Torture; Posttraumatic stress disorder; Depression

Ethnic differences in prevalence and correlates of self-harm behaviors in a treatment-seeking sample of emerging adults
Polanco-Roman, Lillian; Tsypes, Aliona; Soffer, Ariella; Miranda, Regina

The present study examined differences between White and ethnic minority emerging adults in the prevalence of self-harm behaviors – i.e., non-suicidal self-injury (NSSI) and suicide attempts (SA) – and in
well-documented risk (i.e., depressive symptoms, generalized anxiety symptoms, social anxiety symptoms, suicidal ideation (SI), substance use, abuse history) and protective factors (i.e., religiosity/spirituality, family support, friend support) associated with NSSI and SAs. Emerging adults (N=1156; 56% ethnic minority), ages 17–29 (M=22.3, S.D.=3.0), who were presented at a counseling center at a public university in the Northeastern U.S., completed a clinical interview and self-report symptom measures. Univariate and multivariate logistic regression models were used to examine the association between risk and protective factors in predicting history of NSSI-only, any SA, and no self-harm separately among White and ethnic minority individuals. Ethnic differences emerged in the prevalence and correlates of NSSI and SAs. Social anxiety was associated with SAs among White individuals but with NSSI among ethnic minority individuals. Substance use was a more relevant risk factor for White individuals, and friend support was a more relevant protective factor for ethnic minority individuals. These findings suggest differing vulnerabilities to NSSI and SAs between White and ethnic minority emerging adults. 

Keywords Non-suicidal self-injury; Suicide attempt; Emerging adult; Ethnic minority 

Psychiatry research 220(3), 927–934, 2014

The experiences of being close relatives and informal carers of mentally ill Iraqi refugees: a qualitative study
Rossen, Camilla Blach; Stenager, Elsebeth; Buus, Niels

In ethnic minority groups, family members often play an absolutely central role in providing care for their mentally ill relatives. The aim of the study was to explore how the relatives of mentally ill Iraqi refugees experience their role as informal caregivers. Semi-structured qualitative interviews were conducted with seven relatives of Iraqi mental health outpatients. The study indicated that Iraqi relatives felt severely burdened in their everyday life. They all had 24-hour commitments at home, being solely responsible for household tasks, childcare and all the practicalities of everyday life. Moreover, they were responsible for all aspects of caring for their mentally ill family member. The relatives suffered from ongoing socio-political strain, they had major psychological and social problems and felt isolated. Because of culture-bound obligations and stigma, the relatives felt unable to break their isolation. Finally, the relatives described their children as being severely affected by their parents' illness and the problems associated with it. It is a complex challenge for professionals in Western-oriented healthcare services to support this group of relatives. Professional support for the children of these refugee families is probably a very important aspect of intervention for this group. 

Keywords informal caregivers, ethnic minority groups, mental health, refugees, relatives, Iraqis 

International journal of culture and mental health 7(4), 452-463, 2014

From hysteria to conversion disorder: the profile of the sufferers - Review Article
Filippidou, Maria; Brown, Angus; Kouimtsidis, Christos

Introduction
The aim of this paper is to draw a profile for the people who present with symptoms of conversion disorder through a review of past papers. 

Methodology
Pubmed and PsycInfo were searched using the terms "conversion disorder", "hysteria" "pseudoseizures", "dissociative disorders" and "somatoform disorders". We reviewed the literature published over the last 40 years and examined historical references. 

Results
Conversion disorder has been associated with psychiatric comorbidity, significant life events as well as physical illness while cultural aspects of the patients' life play an important role as well. Patients with conversion disorder also appear to have certain personality characteristics, level of education and socioeconomic background while in some studies association with preceding neuropsychiatric conditions has been found.

Discussion
Patients diagnosed with conversion disorder seem to be mainly females in their early thirties and tend to have characteristics of negativism, somatisation and dissociative tendencies, compulsivity and emotional dysregulation. There is a lot of evidence supporting the idea that neglect, physical, emotional and sexual
abuse during childhood seems to be related to a later development of conversion disorder in adulthood.

**Conclusion**

All the above findings can guide clinicians when it comes to formulating a more robust differential diagnosis for patients presenting with symptoms resembling conversion disorder.

**Keywords:** conversion disorder, dissociative disorder, hysteria, medically unexplained symptoms, somatic symptoms disorder

**World cultural psychiatry research review 9(3), 132-139, 2014**


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**Group differences in mental health : a role for culture in neuropsychiatry**

Crafa Daina; Nagel, Saskia K.

There is a need to diversify mental health research that uses brain imaging. Currently, this research almost exclusively includes participants from the 'Western' world, a majority of whom are Caucasian (Henrich et al, 2010a; 2010b). In light of studies from cultural neuroscience, which use brain imaging to demonstrate that people from different countries exhibit different neural activity, the lack of diversity in contemporary mental health research may pose a systematic bias of the data and interpretation. Considering that disorders are highly diverse between patients and across cultural groups, brain-based characteristics of disorders may vary across populations, making aberrant neural signatures difficult to identify if they exist at all. Further research could expand clinical understanding of diverse disorder phenotypes for globally shared disorders (e.g., schizophrenia) as well as generating new knowledge about culture-bound syndromes. This paper begins by demonstrating the underrepresentation of diverse populations in neuropsychiatry and then systematically discusses problems that increasing representation may solve, as well as research opportunities and implications for mental health practice, particularly for fields like transcultural psychiatry and global mental health.

**Keywords:** neural diversity, cultural neuroscience, heterogeneity, transcultural psychiatry, diagnosis, neuropsychiatry, culture, mental health

**World cultural psychiatry research review 9(3), 144-150, 2014**


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**Mood, anxiety, and personality disorders among first and second-generation immigrants to the United States**

Salas-Wright, Christopher P.; Kagotho, Njeri; Vaughn, Michael G.

A careful examination of the multigenerational relationship between immigrant status and mental disorders can provide important information about the robustness and nature of the immigrant-mental health link. We examine immigrant status as a protective factor against mental illness, assess intergenerational effects, examine differences across race/ethnicity, and report the prevalence of mood, anxiety, and personality disorders of immigrants across major world regions. We employ data from the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) and compare first (n=5363) and second-generation (n=4826) immigrants from Asia, Africa, Europe, and Latin America to native-born Americans (n=24,461) with respect to mental disorders. First-generation immigrants are significantly less likely than native-born Americans to be diagnosed with a mood, anxiety, or personality disorder, though the prevalence of mental health diagnoses increases among second generation immigrants. Similar results were observed for immigrants from major world regions as the prevalence of psychiatric morbidity was lower among immigrants from Africa, Latin America, Europe, and Asia compared to native-born Americans. Findings provide evidence in support of the notion that the immigrant paradox may be extended to include mood, anxiety, and personality disorders in the United States.

**Keywords** Immigrant; Mental health; Immigration; Mood disorders; Anxiety disorders; Personality disorders; Immigrant paradox

**Psychiatry research 220(3), 1028-1036, 2014**
A Qualitative Analysis of Stress and Coping in Korean Immigrant Women in Middle-age and Older-adulthood
Mo-Kyung Sin

This qualitative grounded theory study explored stress-coping mechanisms in 14 Korean immigrant women (age ≥40) in the USA, by analyzing existing focus group data about relevant concepts that had been collected in a parent study. Using content analysis, stressors related primarily to socioenvironmental changes following immigration: language barriers, lack of trusting human relationships, and role changes were identified. Both healthy (activities, church, staying busy) and unhealthy (being alone and keeping negative feelings inside) coping strategies were reported by participants. The findings reveal unique aspects of stress-coping among Korean women who had immigrated after being culturally engrained with Confucian influences.

Issues in mental health nursing 36(1), 52-59, 2015

Regional differences among ethnic Chinese on level of acculturation to Canadian culture and perceived barriers to mental health help seeking - Original Paper
Mok, Hiram; Miao, Sheena; Au, Ruby; Ganesan, Soma; McKenna, Mario

Background
Ethnic Chinese are the largest immigrant population within Canada, yet they consistently under-utilize mental health services. Acculturation is considered an important factor in accessing services within the target country; however it is unclear if there are differences among ethnic Chinese in terms of accessing services and their level of acculturation.

Methods
A self-report questionnaire was administered to a convenience sample of ethnic Chinese at two sites in Metro-Vancouver (community & hospital) in order to examine the level of comfort and embarrassment, as well as perceived attitudinal and structural barriers in accessing mental health services.

Results
Higher levels of embarrassment in mental health seeking were found in subjects from the community, and from Mainland China. Higher attitudinal barriers were found in whereas greater structural barriers were found in the community sample. Subjects with more than 12 years of education or who used English in everyday life identified more with Canadian culture.

Conclusion
Traditional cultural values appear to be salient in accessing mental health services among ethnic Chinese. This has relevance with respect to improving access and utilization of mental health resources by ethnic Chinese in order to provide screening for common mental health disorders such as depression.

Keywords: acculturation, mental health, multicultural health, barriers, Chinese.

World cultural psychiatry research review 9(3), 81-88, 2014

Stressful life experiences and mental health problems among unaccompanied asylum-seeking children
Jensen, Tine K.; Fjermestad, Krister W.; Granly, Lene; Wilhelmsen, Nicolai H.

Unaccompanied asylum-seeking children aged 10–16 years (N = 93, M = 13.8, SD = 1.4, 81% boys) were assessed 6 months after arrival in Norway (SD = 5 months). Participants originated from 14 countries (63% Asia; 36% Africa). Severe life events (SLE) and psychological symptoms were measured by self-report. Participants reported a mean of 5.5 SLE (SD = 2.4), the most prevalent being death of a close person (68%), witnessing violence (63%), and war (62%). Some 54% scored above clinical cutoff on posttraumatic stress symptoms, 30% on anxiety symptoms, 20% on depressive symptoms, and 7% on externalizing symptoms. Number of SLE was associated with posttraumatic stress disorder symptoms (r =.50, p < .001), depression (r =.27, p = .020), and anxiety symptoms(r =.34, p = .003), but not externalizing symptoms (r =.02, p = .874). None of the symptom variables were associated with age or gender. Results indicate that many unaccompanied asylum-seeking children have experienced not only war-related traumas but several other
severe life adversities as well. It may thus be helpful to conduct early assessments on this group of children to assess their need for treatment or other psychosocial interventions.  

Keywords unaaccompanied asylum seekers; mental health; stressful life events; PTSD; children

Clinical child psychology and psychiatry 20(1), 106-116, 2015

ANMELDELSER
Elements of culture and mental health: critical questions for clinicians
edited by Kamaldeep Bhui

Culture pervades every aspect of our lives: the way we communicate and the way we look; the things we choose to eat and our moral codes; what we consider ‘normal’ and our expectations in life and so on. It is such a part of our personality and selfperception that we tend to overlook its importance and consider its effects as ‘natural’. That includes a psychiatrist’s notion of ‘health’, ‘normality’ and even ‘science’, as well as a patient’s conceptions of ‘disease’, ‘suffering’ and ‘recovery’. The field of Cultural Psychiatry has been consistently showing that taking culture into account when providing mental health assistance is of paramount importance to successful therapy. On the one hand, several mental health professionals consider it just a matter of common sense, such as being tolerant of different appearances and accents. On the other hand, those who take culture seriously might feel unable to use their perceptions in an everyday clinic or to apply them in tricky situations such as different responses to medication or the use of an interpreter during psychotherapy.

Assembling twenty essays about different aspects of cultural psychiatry in a short volume, this book covers a broad number of issues in a concise and provoking way. Contributors with diverse backgrounds (including British and other European psychiatrists and psychologists, a Mexican psychologist and a mental health service user) present their reflections and conclusions on how a cultural view of psychiatry can help those in need of mental health care.

Included is a discussion on ethnopsychopharmacology by Faisil Sethi, Consultant in Psychiatric Intensive Care. Given the evidence of variation in response to psychotropic medications across different ethnic groups, should it be taken into account if your next patient comes from a diverse background? There are genetics involved, leading to distinct drug metabolism. Environment also matters, since an enzyme’s function can be altered by diet, alcohol usage and other ‘cultural’ factors, let alone the very expression of mental health across ethnicities.

In another chapter, Peter Ferns (a social worker), Premila Trivedi (a service user, trainer and advisor) and Suman Fernando (Professor of Social Sciences and Humanities) discuss power relations inherent in medical systems, and how they affect the doctor-patient relationship. This is particularly important in the field of mental health, in which diseases lack a biochemical or physical marker, and even more when dealing with patients who are immigrants or belong to minorities or oppressed groups.

In the last chapter, the Consultant Psychiatrist Imran Ali approaches the delicate field of religion, spirituality and mental health. In these days of diversity and coexistence, fundamentalism and skepticism, it is mandatory to consider how and when to address the spiritual needs of a patient. Is a doctor prepared to consider very different concepts of faith, which might shape someone’s notion of reality and morality?

This exciting book may pose more questions than answers, but it also signposts the way with generous references after each chapter. Professionals who are newly considering the issues of culture and mental health will learn about its major subjects here, while those experienced in the field are certain to welcome fresh ideas and compelling invitations to innovative research and thought. The book is a remarkable achievement by its editor and authors, a concise report of common scenarios and unusual approaches, and a must-have for anyone interested in the way cultures affect mental health.

International journal of culture and mental health, 7(4), 467-468, 2014

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Dette er hele anmeldelsen.
**Suicide and culture : understanding the context**
Edited by E. Colucci and D. Lester with H. Hjelmeland and B.C. Ben Park
Göttingen, Hogrefe, 2013, 270 pp., t39.95/ US$49.00 (paperback), ISBN 0-88937-436-8

According to Albert Camus, ‘there is but one truly serious philosophical problem, and that is suicide. Judging whether life is or is not worth living amounts to answering the fundamental question of philosophy’. That is the final sentence of Suicide and culture, and it contains several concepts portrayed in this book. First of all, suicide is considered a multifactorial phenomenon and a philosophical problem, therefore encompassing many aspects of knowledge: it has to do with culture, biology, society, values, reason, law and cognition, and no single field can (or should) be comprehended at the expense of any other. Secondly, suicide is about judgment. One’s decision to put an end to his/her life is seen as one possible end of an assessment process (more or less conscious), leading to an intentional act. Finally, the defendant of this trial is not only the person who considers suicide, but also (and probably mainly) the quality of his/her life (as perceived). And it has all to do with cultural context (or ’environment’, as natural scientists would prefer).

As stated in the first chapter, written by Norwegian suicidologist Heidi Hjelmeland, enforcing the cultural approach to psychiatry is an uphill battle, and this volume fights it with grace and precision. Its first move is to clarify the importance of culture amidst the ‘biologification’ of mental health. Despite the acknowledged value of neurobiology to the field, the author stresses how important it is to consider the cultural context in which the owner of the scanned brain lives. After all, it is (at least) a paramount epigenetic factor, capable of influencing every single gene expression (not to mention neuronal genetic architecture, as recent transposon research has found). The first part of the book is, therefore, a brilliant defense of the role cultural psychiatry has to play in the comprehension of human mind and behavior, particularly concerning suicide.

The second half of the book opens with an extensive study, conducted by Erminia Colucci, of the meaning of suicide for university students in Italy, India and Australia. Avoiding East-West stereotypes and easy explanations, it proposes and offers ways for those subjects to express their visions about several aspects of suicidal behavior. It is a full lesson on cross-cultural mental health research, a field where learning how to listen is just as important as deciding what to ask.

Following this, David Lester presents a critique of ‘traditional’ cross-cultural studies, which is nothing less than a survival guide for any research in this field. It points out challenges involving translation (even between different countries with the same language), ambiguity, definitions of cultural values and the ranking of factors involved in a condition or behavior. As an example, he discusses merits and flaws of one of his own studies on suicidality in the US and in Kuwait.

Next there is a beautifully conducted chapter about Sati (the word means ’virtuous woman’ in Sanskrit, but it is currently applied to a form of suicide in which a widow kills herself after the death of her husband). While religious and traditional contexts are taken into account, questions about women forced to perform Sati at the point of a sword or drops of opium are raised - which is incredibly pertinent, considering that Sati, forbidden by the British in 1829, is still performed in India.

Many other stimulating subjects are presented in this book, such as the cultural meaning of suicide and the possible relationship between cultural shifts in modern South Korea and its soaring suicide rates. The high praise this book has received from the academic field confirms its importance to suicidology and suicide prevention. It is somehow impressive – and quite disturbing - that what is discussed in these pages has been neglected in the field of suicidology, but that is how culture is: so obviously important and pervading that we sometimes forget it is there. It takes a delightful reading such as this book to call our attention to it.

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International journal of culture and mental health 7(4), 470-471, 2014

Dette er hele anmeldelsen.