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DSM and cultural diversity

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Abstract

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DSM and Cultural Diversity

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This paper revisits work undertaken with Papua New Guinean Highlanders in the 1970s to address issues still relevant today for psychiatrists working (DSM in hand) with ethnic minorities and unfamiliar cultures.

DSM claims universal status while excluding much cultural diversity. Its nosology draws on a narrow range of social contexts. It makes no distinction between symptoms and signs of sociocultural origin and those attributable to disorders of universal prevalence, assuming the two correlate predictably, occur in the same combinations, and mean the same thing universally. Looking to confirm these assumptions from my records, I find a very different picture.

Highlands' 'madness' presented at onset with behaviours of clearly local origin, much of it symbolic enactment. In 42% of episodes, that was all there was to it: behaviour on the part of distressed individuals that remitted once notice had been taken and remedies put in place. In the other 58%, however, mental illnesses - robust entities, that is, rather than something similar to purely descriptive categories devised for inter-professional consistency - emerged from underneath.

In the Highlands there was no predictable correlation between social phenomena and psychiatric diagnosis: they could not have been integrated within a single nosology. The psychiatrist needed to work with two mutually independent constructs of incompatible status. Behaviours did not form age and gender-specific, or mutually exclusive, clusters. No possible combination of behaviours could not be found in my case-sample. What individuals did when mad was the product of many variables, all in play at the same time. Social sequel and stability did not consistently correlate with presenting behaviours, underlying mental illnesses, age, gender or marital status. Symptomatic remedies were efficacious, but 'curing' an identifiable 'illness' was only one part of the work of a psychiatrist in the Highlands concerned with the social reintegration and lasting stability of his patients.