

To whom is “*problemas de nervos*” meaningful?

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In a recent article published in *Transcultural Psychiatry*, James and colleagues (2009) present research on a form of suffering or “idiom of distress” specific to a Portuguese immigrant community (“*problemas de nervos*”), with the aim of supporting more culturally sensitive health services for this community. Using a qualitative methodology, the authors identified possible symptom clusters within “*problemas de nervos*” and explored the relation between “*problemas de nervos*” and psychiatric categories in DSM-IV, based on an all-female sample of Portuguese immigrants from the Azores islands living in Boston, MA, USA, and Waterloo, ON, Canada. They used hierarchical cluster analysis to analyse responses to every symptom cause and cure of “*problemas de nervos*” mentioned by the participants. A person of Portuguese descent coded all of the responses. The authors found four clusters emerging in both settings: “*mal da cabeça*” (problems in the head), “*aflição*” (affliction), immigration stress and conflicts with others.

We write to express our concern that this article reifies ordinary language in ways that are misleading for mental health workers and researchers. As Portuguese mental health workers dealing with the expression “*nervos*” every day, we see the expression as a broad term referring not only to psychiatric illnesses, but also a range of nonspecific symptoms. Taken by itself, *nervos* is ambiguous, it is the accompanying symptoms, or their absence, that identify its personal significance and its clinical importance.

For example, in the authors’ analysis of “*ele está mal da cabeça*” (problems in the head), participants reported a wide range of symptoms (from loss of control

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and visions to gastrointestinal and sleep disturbances), while the treatment option seemed to be uniformly seeking help from a professional health care provider. In our clinical experience, we see “*ele está mal da cabeça*” as a common expression for any serious psychiatric illness, which addresses its anatomical relation; sometimes it is the patients’ initial expression of severe psychiatric illness.

“*Aflição*” is described as nervous attack, heart and gastrointestinal problems, and lack of control. In our daily practice “*aflição*” usually refers to significant anxiety, close to the diagnostic category of Generalized Anxiety Disorder or Panic Attack. The authors emphasize the somatic component of “*aflição*” as if it is not present in DSM-IV description of anxiety disorders, but, in fact, for Criteria C of Generalized Anxiety Disorder we find: “The presence for most days over the previous six months of 3 or more (...) of the following symptoms: Feeling wound-up, tense, or restless; easily becoming fatigued or worn-out; concentration problems; irritability; significant tension in muscles; difficulty with sleep” concerning (American Psychiatric Association, 2000, p. 474). Given these obvious correspondences, we were surprised that the authors claimed that comparison between clusters and DSM-IV found no direct matches and we reject the culturally specific character that the authors wish to assign to “*aflição*” and “*problemas de nervos*” in general. Ignoring these similarities, the authors go further and, quoting Moitosa (1982), they exoticize participants as part of an “ethnic group” where “there is no distinction between psychological and physical” (James, Fernandes, Navara, Harris, & Foster, 2009). In fact, these studies show that physical and psychological complaints are closely related. Assigning to specific cultural groups this kind of emotional illiteracy can be seen as a form of prejudice that may promote discrimination (Kirmayer & Young, 1998).

Finally, in relation to the other two clusters “*stress imigrativo ou conflitual*” we believe they refer to anxiety in general, as a symptom and not as an illness. Knowing that psychiatric symptoms often occur outside psychiatric illness, “*problemas de nervos*” also refers to nonspecific symptoms of distress. So again, we find it hasty to connect this cluster to a “belief that the central nervous system and the cardiovascular system share internal pathways” (James et al., 2009, p. 295). We were surprised again as we have never heard of this belief in our patients or in Portuguese scientific literature.

The authors conclude that “*problemas de nervos* [...] represents a culture-specific expression of suffering”. This conclusion was not built upon any demonstrated uniqueness of the expression, but rather in establishing similarities with its equivalent in other non-English speaking cultures. In particular, they identify the lack of specificity as the expression is uniformly present in Portuguese communities (“this phrase is part of *any Portuguese community member’s* [emphasis added] vernacular,” James et al., 2009, p. 286), implicitly acknowledge the presence of the term “nerves” in other languages (“several closely related constructs from other cultures support this somatomoral framework”) and design the study grounded on the similarities between this expression and the equivalent in other cultures (“Studies in *other cultures* suggest that *women* [emphasis added] suffer from “nerves” more frequently than men” to justify an all-female sample). Therefore we do not

understand the authors' necessity to create a difference by determining that "little or no research has been carried out on phenomena called *problemas de nervos* that are specific to the Portuguese immigrant community [emphasis added] in North America" (James et al., 2009, p. 286).

In recent years, the term "idioms of distress" has become one of the most recurrent expressions in cultural psychiatry. If we consider one definition of the term as "culturally prescribed ways of expressing bodily, personal and social malaise and distress that are locally intelligible" (Kirmayer & Jarvis, 1998), we can see how it can serve to integrate many aspects of cultural sensibility in research and clinical practice. The uses of this expression in clinical and research discourse have, however, also been criticized (Kirmayer & Young, 1998; Tseng, 2006). In James and colleagues' article we believe the notion of idiom of distress is not being used with its original purpose of translation of meaning and overcoming difference, but seems to be used to reify the popular expression "*nervos*" and so creates or exaggerates cultural difference. Taking the expression "*problemas de nervos*" out of context, serves to exoticize language that is no more "locally intelligible" in Portuguese than in other cultures.

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