LETTERS TO EDITOR

Indian Journal of Psychiatry, 2002, 44 (4), 397-398

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MENTAL DISORDERS AND SYSTEMS OF MEDICINE

Sir,

I read Professor Somasundaram’s article on “Psychiatric thoughts in Tamil Culture” with interest (Somasundaram, 2002). Much of the debate on culture and mental illness has emphasized the differences between cultures and systems of medicine (Kleinman, 1980; Littlewood, 1990). Anthropological orientations have employed cultural yardsticks and have argued against biomedical perspectives of mental disorders. However, the problems related to mental illness and its management facing mental health professionals across systems of medicine (i.e. western-international or regional) are similar (Jacob, 1999). These include:

i). The heterogeneity within diagnostic categories,

ii). The symptomatic nature of treatments and therapies,

iii). The variability of response to specific treatments and

iv). The inadequacy of individual systems of medicine to successfully manage all mental disorders.

These common problems related to mental illness facing medicine across cultures suggests the following corollaries:

i). Accepting the limitations of all clinical classification (i.e. international or regional); Regional concepts and classifications, suggested by the new cross cultural psychiatry, would continue to have all the problems facing the current international classifications including heterogeneity within categories, problems with gold standards of diagnosis, category boundaries, syndrome thresholds and mixed presentations.

ii). The use of eclectic approaches to treatment;

The inadequacies of individual systems of medicine which do not address all aspects of the different mental disorders suggests the need for an eclectic approach to management. The inherent reductionistic nature of all classifications, the heterogeneity within categories, the symptomatic nature of treatments and the variability of response mandates individualization of care. In addition, atypical clinical presentations, treatment resistance, poor outcome, and divergent patient beliefs pose formidable challenges. Such situations demand less rigid theoretical frameworks, an eclectic approach to care of mental illness utilizing both western-international and indigenous-regional concepts, categories, and therapies. Regional therapies including folk beliefs, religion, guru-chela relationship, yoga, and meditation, are currently employed by psychiatrists in their clinical practice. While indigenous psychological constructs are easily incorporated, traditional physical therapies are seldom employed owing to the poor understanding of their active principles.

Such a perspective can only arise from the realization that individual systems of medicine currently utilized are inadequate when employed in isolation. The acceptance of the limitations of individual systems of medicine and the incorporation of the best, easily applicable and locally acceptable modalities from both traditional and modern medicine would prove useful. An eclectic approach and a liberal framework would enable psychiatry in non-western cultures to incorporate traditional treatments into therapy packages offered to patients with mental illness.

REFERENCES

Jacob, K.S. (1999) Mental disorders across cultures. The common issues. International Review of Psychiatry, 2/3, 111-115.

Kleinman, A. (1980) Patients and healers in the context of culture. An exploration of the borderland between anthropology, medicine, psychiatry. Berkeley: University of California Press.
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Littlewood, R. (1990) From categories to contexts: A decade of the 'new cross-cultural psychiatry'. *British Journal of Psychiatry*, 156, 308-327.

Somasundaram, O. (2002) Psychiatric thoughts in the Tamil Culture. *Indian Journal of Psychiatry*, 44, 165-169.

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