

Culturally Sensitive Classification of Mental Disorders

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Cultures play a major role in identifying abnormality, allowing idioms of distress, expression of distress and help-seeking. It is critical that clinicians are aware of differences between disease and illness. Patients are interested in illnesses which cannot be easily classified whereas doctors are interested in diseases which often can be diagnosed easily and classified. For the first time DSM-IV introduced an awareness and understanding of cultural factors thereby signaling recognition of their role and value in diagnostic assessment and treatment planning. Clinical experience since their introduction has revealed that there is a heterogeneity in the way they are used and without doubt researchers, clinicians and administrators use them in different ways. An open ended way of exploring the impact of cultural factors can lead to an understanding of the cultural factors so that patient's cultural identities can be taken into account without clinician stereotyping. Family and carers' perceptions are equally important and they may also contribute to cultural understanding. Classification of culturally influenced diseases can add a further complicated dimension in understanding the role diagnosis can play and culturally sensitive interventions. In addition culturally bound syndromes need a fuller detailed discussion. Thus training guidelines for clinicians and researchers need to be developed separately. Supplementary categories may need to be developed for special populations such as children and adolescents, the elderly, and immigrants, asylum seekers and refugees. Thus clear cultural assessments may lead to better classifications.