

Review Article

The Psychiatrist Scientist and the Psychoanalyst

Favazza A. *The Psychiatrist Scientist and Psychoanalyst*. In: Sadock BJ, Sadock VA (Eds). *Kaplan & Sadock's Comprehensive textbook of psychiatry, 8th Ed.*, Philadelphia, Lippincott Williams & Wilkins, 2005, pp 598-623

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By admission of Favazza himself, the title of his chapter: *The Psychiatrist Scientist and Psychoanalyst*, is not consistent with the development of the text which clearly focuses on an update of the contributions of Transcultural Psychiatry to the discipline of Psychiatry as a whole.

Regretfully therefore the reader must find his own way through the text and only subsequently understand the essence of the chapter, which delves into the importance of culture on the aetiology of mental illness, in diagnostic procedures and on therapeutic approaches.

The fact that Favazza's chapter is contained in a psychiatry textbook spurred the Author to write an introduction that more specifically addresses both the field of Psychiatry as a whole and that of Cultural Psychiatry. In fact, the first pages present a summary of the characteristics of our discipline that tends to appear simplistic for the simple fact that the Author chooses paradigmatic examples in supporting theoretical assumptions. The text however is far from being simplistic and it is the clarity of exposition that makes this chapter an easy reading.

This implies that every psychiatrist should be familiar with the basic concepts outlined by the Author and indeed begin by acquiring a correct understanding of the meaning of the cultural dimension, which is not an abstract entity but an open-text process: "Culture is not a thing that a person has, but rather is an ongoing process created by shared interpersonal experiences that reverberate throughout a society and affect its institutions and the daily life of its members. Matter is neutral; molecules and energies are meaningless until they are interpreted, explained and accepted as reality through the cultural process".

The Author also devotes a few lines to track the history of the Transcultural Psychiatry Division established at the McGill University in Montreal (1955) as well as of the Transcultural Psychiatry Section that was established within the World Psychiatric Association in 1971. This historical background information is not only welcome but also essential in clearly highlighting the degree of sophistication and the level of organization (often little known) in our discipline which is now, like never before, witnessing a period of considerable expansion.

In addition to the necessary information on the meaning of the word Culture, it sheds light on the extremely topical links between *Culture and the Human Body*, an issue which is subsequently further developed in the chapter entitled *Ethnic Identities*.

Indeed, on reading this chapter, any young physician specializing in psychiatry is not only called upon to know about Koro, the Arctic hysteria, acute psychogenetic reactions among African populations or how two New Guinean tribes, the *Enga* and the *Fore*, give an example of how culture may affect fertility, but is also progressively driven to become immersed in wide-ranging infracultural studies, which guide him towards understanding the methodology applied in cultural psychiatry. The reader is thus enabled to find out how, where and in what circumstances culture

can not only influence mental expressions and representations but also epigenetically affect the physical set-up of the neural network in the brain: “Just as some body parts can be modified through use patterns – for example, physical exercise affects muscle strength and size – so too can brain’s neural network be modified. Repetitive thoughts, sights, sounds, smells, tastes, and touches tend to increase specific neuronal dendritic connections and to intensify neurotransmitters, so that certain sensations and thoughts become physically patterned in the brain. The ability to speak a particular language, for example, depends on a culture-specific neuronal organization...”.

The paragraph devoted to *Folk Beliefs and Mental Illness*, followed by the one on *Folk Healing*, resumes an explanatory approach that is more familiar to us: many theories on the ethnic causation of mental disorders differ considerably from the approach taken in Western clinical medicine and nosography. The point being made in the text is that folk beliefs and folk healing practices should fall into subordinate categories or, at best, be depicted with the demagogical language of Culture-Bound Syndromes; conversely, every traditional medical theory can prove the existence of an intrinsic coherence even within the relativity of languages, symbols and contextual situations.

We shall never tire of trying to teach young psychiatrists to be humble in interpreting the psychic phenomena of people with a different cultural heritage from our own. Let us take by way of example the Author’s following connotation, which is also widely referred to be Prince in his experiences in Nigeria, whereby: “The concept of insight, as usually understood by psychiatrists, does not play a role in folk healing”, meaning thereby that developing insight is not the only path leading to therapeutic success.

The following paragraphs abandon the conversational tone characterising the preceding ones and tackle highly specific issues, thus obliging the reader to delve into areas that are generally only skimmed over in post-graduate psychiatric training.

The paragraph entitled *Charismatic Groups* for example denounces the phenomenon of the “cult indoctrination syndrome” and the emotionality/vulnerabilities vis-à-vis the phenomenon of efflorescence among a number of polymorphous recruiters who, in different guises, promise love, acceptance and healing by often attributing to their charismatic leaders the faculty to “possess a transcendent power”.

The issue of beliefs and of the use of transcendental powers is also forcefully revisited in the subsequent paragraphs. Indeed, for the first time ever, paragraphs like *Religion and Spirituality*, *Sacred Texts*, *Sin*, *Religion and Mental Health*, are given such ample coverage in a textbook of General Psychiatry.

I think it is very important to treat such issues also outside our thematic conferences, which have always focused great attention on religion as a cultural factor, in order to disseminate these notions also among non-experts.

Favazza also frequently takes a stand on the interface linking religious beliefs and mental phenomena. In the paragraph entitled *Religion and Mental Health*, Favazza sketches a brief overview on the state-of-the-art of this field of knowledge, which he concludes by asserting: “No meaningful general conclusions can be made at this time about the impact of religion and mental health” also because “religious studies, although numerous, tend to rely on self-reports, over-represent churchgoers and college students, usually exclude non-believers, emphasize church attendance as a variable and lack longitudinal data”. In consideration of the multitude of allies among ministers, priests and rabbis in dealing with the mentally ill, the Author invites us to make a distinction between the role of psychiatrists and that of professional clerics and reminds us not to forget that the reasons motivating helping professionals are intrinsically different according to whether they are lay or religious: “It is improper for a psychiatrist to proselytize or to dispense specific spiritual advice or to pray with patients other than to remain respectfully silent if a patient does pray. It is proper to suggest to appropriate patients that participation in religious and

spiritual activities may have some psychological benefits and to respect and to encourage those religious and spiritual beliefs and practices being used by patients to cope with their illness. However, it is important to know that religious organizations are not mental providers [...]. The ultimate purposes of religion are not mental health and euthymia but rather salvation and the quest for holiness”.

In the final paragraph entitled *Therapy*, Favazza underscores the psychiatrist’s duty to develop functional skills and flexibility in approaching treatment while being aware of the cultural dimension: “Psychiatrists are trained in what anthropologists call an *etic* approach in which scientific and presumably valid constructs apply to all patients, although there is a place for atypicality. The *emic* approach eschews preconceived constructs and, instead, attempts to discover the patient’s understandings of their illnesses as experienced within the context of their cultures. The culturally sensitive psychiatrist balances the etic and the emic approaches and, in some cases, may attempt to ‘convert’ patients to accept the psychiatric perspective of their condition”.

I hope that this Chapter by Favazza, published in a Comprehensive Textbook of Psychiatry, might contribute to disseminating transcultural disciplines and create a stir in stagnating post-graduate specialization courses that rarely include training in cultural psychiatry in their syllabus.

Reviewed by Goffredo Bartocci