



## Book Review

**Global Challenges & Cultural Psychiatry.**  
**Sergio Javier Villasenor-Bayardo, Renato D.**  
**Alarcon, Hans Rohlof and Martha Patricia Aceves-**  
**Pulido, eds.**  
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Having been fortunate to attend the 4th World Association of Cultural Psychiatry (WACP) Congress in Puerto Vallarta, Mexico in October 2015, the request to review this volume brought back memories of the convivial as well as academic atmosphere, learning from international colleagues and friends, and meeting new ones. Taking place just around the time of the Day of the Dead (Día de Muertos), the colorful painted skull we received as a gift from the conference organizers still sits in my study as a memento of this scientific gathering. More of the historical and religious meaning behind this occasion is found in the book's introduction. The scope and themes of the conference represent important issues in cultural psychiatry, so these conference proceedings are another welcome opportunity to digest and appreciate these contributions from many parts of the world.

Based on the conference theme of "Global Challenges & Cultural Psychiatry" and edited by Sergio Javier Villasenor-Bayardo, Renato D. Alarcon, Hans Rohlof and Martha Patricia Aceves-Pulido, the book is divided into 7 main chapter areas including: 1) Globalization and Conflicts; 2) Migrations; 3) Spiritualism, Religion & Traditional Medicine; 4) Demographic, Economic and Wellbeing Factors in Psychiatry; 5) Disasters and Conflict; 6) Art & Psychiatry, and 7) Proposals in Cultural Psychiatry. Each of these chapters then contains anywhere from 3-12 individual papers. The book contains 44 papers by authors from 26 different countries in North, South, and Central America, the Caribbean, Europe, Asia, Australia and the Middle East. Eight of the chapters are in Spanish.

Chapter I, Globalization and Conflicts, begins with a position statement from WACP on the migrant crisis around the world, and includes a call to action to bring about an end to this global refugee crisis, including the following motions:

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We call on all Governments of countries in the receiving end of immigrants (particularly Europe and the U.S.A.) to act with promptness and fairness in assessing, screening and deciding on the legal status of migrants. Prompt decisions on refugee and asylum status must be done with humanity and dignity. The host populations must be reassured, their fears and concerns addressed, and their leaders encouraged to become actively involved in assisting with constructive re-settlement programmes.

We call for all basic health care to be provided to migrants, with a clear emphasis on the immediacy of physical care, e.g., injuries from violence, war, rape, malnutrition, fractures, pregnancy and childbirth, basic immunizations, chronic medical conditions, etc., as well as emotional and psychological care (effects of torture, violence, rapes, deaths, traumatic stress, etc.). **WACP can act as a reservoir for cultural understanding and recognition of the importance of cultural influences on life and mental health** [italics mine].

Strengthening refugee resilience, through respect and appreciation for cultural values and spiritual and religious beliefs is also highlighted as a guiding principle for facilitation of adjustment and acculturation after migration.

The section continues with a historical and psychopathological look at terrorism by Dr. Sergio J. Villasenor Bayardo, and the damage done to individual mental health and health of modern societies by terrorist movements. Prof. Renato Alarcon then deftly summarizes the distinctions and overlaps between Global Mental Health and Cultural Psychiatry, and the developments in these scholarly areas over the past decades. The impacts of globalization on mental health in the 21st century are also discussed.

The 2nd chapter focuses on Migrations, with papers dealing with current topics including Syrian refugees (Wells et al) and Germany's response to the refugee crisis (Schouler-Ocak); migrants in Sweden (Garde); Honduran teenagers (Ticas et al); resilience of Latin Americans in Japan (Tanaka); and indigenous mental health in different contexts (Villasenor-Bayardo, Segura et al).

In Chapter III, the emphasis on spirituality and traditional medicine is small but welcome, with only four papers. These focus on Ayahuasca-assisted treatments for addiction (Loizaga-Velder); Jinn possession in Pakistan (Ain Khan); the devil and the unconscious (Velasco) and an anthropology of curses which explores the power of words (Rojas-Malpica et al). Similarly, Art and Psychiatry are represented in Chapter VI with two Spanish language papers referencing the work of El Greco (Garrabe) and El Quijote (Ruiz), and an English paper describing a community based arts program in Brazil (Silva et al).

Demographic, Economic and Wellbeing Factors in Psychiatry (Chapter IV) forms one of the largest chapters with 9 papers presented. Several papers deal with global mental health: a 30-year longitudinal study in China of the Jinuo people (Chuanyuan et al) and concepts of wellbeing and global mental health (Willis). Two of these present the Dream-a-World cultural therapy work, building resiliency amongst high-risk primary school children in Jamaica (Hickling et al; Robertson-Hickling et al). The success of the 'scale up' of the Dream-A-World project is also described in the next section, Disasters and Conflict (Chapter V), by Walcott et al (p. 325):

“The Dream-A-World Cultural Therapy (DAW-CT) proof-of-concept, scale-up, and transition to scale movement for dysfunctional underachieving high-risk 8-year-old children in Kingston, Jamaica has demonstrated unequivocally the therapeutic transformation unleashed by the syncretic combination of psychohistoriography and cultural creativity in the primary school institutional environment. Labeled the cultural DNA flip, the process uses the techniques of circling and centering to create a practical culturing crucible for teachers and students to unleash dormant indigenous cultural memories to negate experiences of attachment

trauma and abuse to catalyze creativity in the forms of poetry, music, art and drama, to engender sustained cognitive development and capacity building”

The chapter also contains mental health responses to earthquakes in New Zealand (Briggs et al) and violence in Mexico (Garcia). Papers on loss of home or loved ones (Smid et al) and stigma and group identity (Yoganathan) complete this section. Yoganathan reflects on processes that help groups understand each other and learn to live together, but also reminds us that there are no shortcuts to understanding (p. 336):

“‘Mindfulness’ is increasingly found in cognitive therapy manuals and management courses. Readers must realise that these processes require time and effort on the part of all parties concerned. Such complex process are sometimes reduced to neatly packaged cognitive and behavioural techniques, which I call ‘Kentucky Fried Buddhism’ – like takeaway food, they may be convenient but not necessarily healthy”.

Finally, an interesting compendium of papers makes up the final part of the book, Chapter VII: Proposals in Cultural Psychiatry. This begins with a paper honouring the contributions to the field of Dr. Wen-Shing Tseng, co-founder of WACP by Daniel Chen, which refers to the the Handbook of Cultural Psychiatry published in 2001, as being considered a “cornerstone in the field of cultural psychiatry”. Concepts of culture in a variety of settings and situations are considered: culture in everyday practice in Australia (Caetano); culture in training and curriculum issues (Maitra); culture and psychotherapy (Delano and Moro; Li); cultural adaptations of CBT (Rathod et al; Naeem et al); culture and psychosomatics (Bokhan et al); culture and forensics (Pustoslemsek), melancholy in Muslim cultures (El-Islam); and culture and classification - Elvia Velasquez de Pabon for ICD-11 and Roberto Lewis-Fernandez for DSM-5. Lewis-Fernandez outlines the enhancements around culture in the updated DSM-5. He traces the development of the cultural formulation interview (CFI), cultural concepts of distress and an updated glossary “to enhance the validity and reliability of psychiatric diagnosis across cultural groups in the United States and around the world”. The importance of considering culture in psychiatric classification and diagnosis is clearly explained as follows (p.475):

Culture shapes every aspect of patient care in psychiatry, influencing when, where, how, and to whom patients narrate their experiences of illness and distress (Kirmayer, 2006), the patterning of symptoms (Kleinman, 1977), and the models clinicians use to interpret and understand symptoms in terms of psychiatric diagnoses (Kleinman, 1987). Culture also shapes patients’ perceptions of care, including what types of treatment are acceptable and for how long (Lewis-Fernandez et al., 2013). Even when patients and clinicians share similar cultural, ethnic or linguistic backgrounds, culture impacts care through other influences on identity, such as those due to gender, age, class, race, occupation, sexual orientation, and religion (Lu, Lim, and Mezzich, 1995). Cultural contexts and expectations frame the clinical encounter for every patient, not only underserved minority groups, and cultural formulation therefore is an essential component of any comprehensive psychiatric assessment (Lewis-Fernandez, Aggarwal, & Kirmayer, 2016).

Linking together chapters under conference themes into a single volume can be a difficult endeavour, however this book succeeds for the most part at finding cohesiveness and flow in the scope of presentations. One limitation is that certain research, population and geographic areas are not represented based on the attendance at the conference. There are a few minor editorial issues with English language, but overall the book reads well.

As we begin to plan towards the 5th WACP congress in New York in 2018, it is helpful to reflect back and see how the field of cultural psychiatry has advanced and continues to develop around the world in response to local, international and global contexts.