

Sociokulturellt sammanhang som etnisk skiljelinje i psykiatrisk diagnostik: En analys av kulturformuleringen i *DSM-5*

Anna Bredström

Institutet för forskning om migration, etnicitet och samhälle (REMESO)

Linköpings universitet

Hamar, 2019-01-31

Hur kan vi skapa en mångkulturell hälso-och sjukvård som tar hänsyn till det faktum att vi är olika, men utan att hantera dessa olikheter på ett förenklat och stereotypt sätt?

- Kategoriseringar där heterogena grupper klumpas ihop och behandlas som om de vore bärare av en och samma värderingar: "araber", "muslimer", "somalier"
- Vi och de-tänkande – "de Andra" har kultur, "vi" är normala. Osynliggörande av vit/europeisk/norsk/svensk kultur.
- Kultur blir något statiskt, oföränderligt. (Nyrasism, kulturrasism)
- Etnicitet = kultur.

Kritisk etnicitetsforskning

- **Etnicitet är ”en social relation, inte en egenskap hos en grupp”
(Hylland Eriksen)**
- **Betonar maktperspektiv**
- **Dynamiskt kulturbegrepp**

”Efter succén med den nya generationens antidepressiva läkemedel: erfarenheter, praktiker, diskurser och jagets förändring”

(Riksbankens Jubileumsfond: Kerstin Sandell (LU), Shai Mulinari (LU), Anna Bredström (LiU) och Marianne Winther Jörgensen (LiU))

DIAGNOSTIC AND STATISTICAL
MANUAL OF
MENTAL DISORDERS

FIFTH EDITION

DSM-5



AMERICAN PSYCHIATRIC ASSOCIATION

Teoretiska perspektiv

- **Kritisk etnicitetsteori**
- **Diagnosens Sociologi (Jutel 2011).**
- **Medikaliseringen av samhället (Conrad 2007)**
- **Biomedikalisering (Clarke et al 2010; Rose 2007)**

Platt ontologi:

“Mind is What Brain Does” – Nikolas Rose (2007)

A model based on “neuroscience-based framework [...] in which disorders are grouped by underlying pathophysiological similarities rather than phenomenological observations” (Kupfer and Regier 2011, 2)

“Despite the problem posed by categorical diagnoses, the DSM-5 Task Force recognized that it is premature scientifically to propose alternative definitions for most disorders.” (DSM-5)

”Ongoing revisions of DSM-5 will make it a ‘living document,’ adaptable to future discoveries in neurobiology, genetics, and epidemiology” (DSM-5)

saving

nor•mal (nôr'n

1. an insider's revolt against out-of-control psychiatric diagnosis, *DSM-5*, big pharma, and the medicalization of ordinary life

Allen Frances, M.D.¹

¹Chair of the DSM-IV Task Force

DSM-5: En mer kulturkänslig manual?

- 1) a discussion in the text of cultural variations in the clinical presentations of those disorders that have been included in the *DSM-IV* Classification
- 2) a description of culture-bound syndromes that have not been included in the *DSM-IV* Classification (included in an appendix)
- 3) an outline for cultural formulation designed to assist the clinician in systematically evaluating and reporting the impact of the individual's cultural context.

(DSM-IV 1994)

Culture can influence the experience and communication of symptoms of depression. Underdiagnosis or misdiagnosis can be reduced by being alert to ethnic and cultural specificity in the presenting complaints of a Major Depressive Episode. For example, in some cultures, depression may be experienced largely in somatic terms, rather than with sadness or guilt. Complaints of "nerves" and headaches (in Latino and Mediterranean cultures), of weakness, tiredness, or "imbalance" (in Chinese and Asian cultures), of problems of the "heart" (in Middle Eastern cultures), or of being "heartbroken" (among Hopi) may express the depressive experience. [...] (DSM-IV-TR)

KRITIK

- Svårt att använda kulturformuleringen i klinisk praktik
 - **Statiskt kulturbegrepp (kultur = värderingar, frikopplar värderingar från social kontext)**
 - **Etnocentrism**
- (López och Guarnaccia 2002)

DSM-5

- **Section I: DSM-5 Basics**
- **Section II: Diagnostic Criteria and Codes**
- **Section III: Emerging Measures and Models**
- **Appendix**

Culture refers to systems of knowledge, concepts, rules, and practices that are learned and transmitted across generations. Culture includes language, religion and spirituality, family structures, life-cycle stages, ceremonial rituals, and customs, as well as moral and legal systems. Cultures are **open, dynamic systems that undergo continuous change over time**; in the contemporary world, most individuals and groups are exposed to multiple cultures, which they use to fashion their own identities and make sense of experience. These features of culture make it **crucial not to overgeneralize cultural information or stereotype groups in terms of fixed cultural traits.** (*DSM-5*, 2013: 749)

“Certain cultures place substantial emphasis on work and productivity; the resulting behaviors in members of those societies need not be considered indications of obsessive-compulsive personality disorder.” (DSM-5)

“...cultural expectations may influence the classification of panic attacks as expected or unexpected. For example, a Vietnamese individual ...” (DSM-5)

DSM-5: Faktablad om kultur

“Different cultures and communities exhibit or explain symptoms in various ways. Because of this, it is important for clinicians to be aware of relevant contextual information stemming from a patient’s culture, race, ethnicity, religion or geographical origin. **For example, uncontrollable crying and headaches are symptoms of panic attacks in some cultures, while difficulty breathing may be the primary symptom in other cultures.**”

Recurrent unexpected panic attacks. A panic attack is an abrupt surge of intense fear or intense discomfort that reaches a peak within minutes, and during which time four (or more) of the following symptoms occur:

Note: The abrupt surge can occur from a calm state or an anxious state.

- Palpitations, pounding heart, or accelerated heart rate. Sweating.
- Trembling or shaking.
- Sensations of shortness of breath or smothering.
- Feelings of choking.
- Chest pain or discomfort.
- Nausea or abdominal distress.
- Feeling dizzy, unsteady, light-headed, or faint.
- Chills or heat sensations.
- Paresthesias (numbness or tingling sensations).
- Derealization (feelings of unreality) or depersonalization (being detached from oneself).
- Fear of losing control or “going crazy.”
- Fear of dying.

Note: Culture-specific symptoms (e.g., tinnitus, neck soreness, headache, uncontrollable screaming or crying) may be seen. Such symptoms should not count as one of the four required symptoms.

excerpts from the Cultural Formulation Interview Guide, DSM-5

- People often understand their problems in their own way, which may be similar to or different from how doctors describe the problem. How would *you* describe your problem?
- Sometimes people have different ways of describing their problem to their family, friends, or others in their community. How would you describe your problem to them?
- Some people may explain their problem as the result of bad things that happen in their life, problems with others, a physical illness, a spiritual reason, or many other causes.
- Why do you think this is happening to you? What do you think are the causes of your [PROBLEM]?
- What do others in your family, your friends, or others in your community think is causing your [PROBLEM]?