

Quest for Culturally Relevant Classification in Psychiatry

Madam, Classification in psychiatry has been helpful in understanding the clinical issues and its practical application despite the fact that the existing systems of classification do not identify specific pathognomonic features of mental disorder and has failed to uncover the etiology and pathophysiology of any mental disorder.¹ Both the types of classifications i.e. ICD-10 and DSM-IV have certain advantages and disadvantages over each other but the question arises as to whether these are relevant classifications and in actual practice, how many psychiatrists do use and document it in their case notes.

Dilemma is there for practitioners working in different cultural situations where patients have different vocabulary for expressing symptoms, speak different languages and have their individual cultural impact, which determines their concept and health seeking behaviour especially in relation to mental health. This becomes further challenging in the face of multiple culture-bound syndromes, which at times doesn't fit into the present categories of classification. The mental state examination may become erratic if the psychiatrist is not well-versed with the particular cultural background for example: if the patient doesn't maintain eye to eye contact then this may be due to his/her belief that this

would mean being rude. Assessment of insight is also another important issue under this context.² Also there is no room for the "sub-threshold mental disorders" in the existing classification systems³ and moreover the systems also lack sufficient consensus on the phenomenology, genetics and genomics in conjunction with neurosciences.⁴

It is important that future classification covers the culturally relevant issues, review and conceptualize the meanings, purposes and models of diagnostic systems, should include categorical typologies, dimensional models and empirically derived prototypes.⁵

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