



Idioms of distress, mental symptoms, syndromes, disorders and transdiagnostic approaches

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ABSTRACT

Euro-American idioms of distress and their corresponding symptom clusters have been universalised as mental disorders and are now the gold standard for psychiatric diagnosis around the globe. This paper discusses issues related to mental disorder diagnosis from a cultural perspective. It argues that psychiatric diagnoses, while having good inter-rater reliability, lack external validity. It contends that psychiatric categories and labels are supported by the current political economy of health. Nevertheless, it suggests that (i) all symptoms have a metaphoricity to convey a variety of distress, (ii) idioms are polysemious and have a capacity for multiple meaning and pragmatic implications, beyond local and cultural inferences, (iii) idioms of distress are performative, are a form of social action that effects social change, and are prone to improvisation of expression that is associated with adoption in new and changing contexts, (iv) psychiatric idioms are as easily accepted as local and folk beliefs and expressions, (v) idioms of distress are used for negotiating access to care, cure and healing across regions and cultures. The paper argues that new (psychiatric) idioms are easily adopted across regions and societies, and that they eventually change contexts and cultures.

1. Introduction

Cultural idioms of distress (IODs) are defined as “ways of expressing distress that may not involve specific symptoms or syndromes, but that provide collective, shared ways of experiencing and talking about personal and social concerns” (American Psychiatric Association, 2013). Initially used to describe distress in non-western cultures, the approach employed ethnographic fieldwork to study socio-cultural context and coping strategies. More recently, the emphasis shifted to an ethnomedical approach, which acknowledges the fact that diagnostic and treatment systems do not develop independent of the cultural matrix that shapes experience and expression of distress (Nichter, 1992; Kirmayer, 1989).

2. Psychiatric diagnosis

Psychiatry, because of the absence of aetiological diagnosis, pathological markers and pathognomonic features, has focussed on symptom clusters. These clusters, which started as Euro-American IODs, discounted psychosocial contexts, were operationalized and achieved good diagnostic reliability. Nevertheless, these labels remain symptom clusters sans validity. In addition, the use of the term disorder, as suffix, transferred the disease halo to distress and illness labels.

Reliable diagnostic criteria, with their hope of identifying valid diagnoses, were exported across the globe and became gold standard. However, diagnoses are not absolutes; they are merely indicators of current understanding. They help mental health professionals communicate, are useful tools for public health administrators, aid in reimbursement for insurance companies and provide pharmaceutical companies “homogeneous populations”, on whom to carry out drug trials. They also help people express their distress.

3. Effect of universalization

The pace of globalisation, a networked world, and significant economic forces fostered these advances to radically alter cultures. Psychiatric terminology (E.g. anxiety, depression, panic, PTSD, etc.), is now part of popular culture, and often used by people seeking mental health services. The political economy of health, deeply rooted in capitalistic economic and social systems, undergirds these formulations. Psychiatric labels and individual treatments offer distinctive niches to diverse stakeholders: disease, reimbursement, profit, and deflection of responsibility. However, technical approaches of evidence-based medicine are not necessarily value-neutral nor above specific interests (Rodwin, 2001).

Nevertheless, these technical terms have evolved far beyond their

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original meaning. People who are unable to cope with life's demands flood mental health facilities, present with psychiatric IODs and are readily recognised by the system. Idioms are converted to disorder labels that also offer new meaning, attribution, conceptualisation, and reframe distress; they also offer personal, social and economic support, in addition, to medication. These new idioms are now used across cultures.

Emotional distress within modern culturally diverse societies, particularly in health seeking, medical and psychiatric care, are polysemious and have a capacity for multiple meaning and pragmatic implications, beyond local and cultural inferences (Richter, 2010). Adaptive and maladaptive coping strategies are not just dependent on individual responses but those of the family, community and the medical profession.

Recent studies on explanatory models of illness have documented the fact that people simultaneously hold multiple and contradictory models of causation and treatment (Saravanan et al., 2005). They also seek relief, concurrently and in sequence, from diverse sources of support, cure and healing (Saravanan et al., 2005; Jacob, 1999). Psychiatric idioms are as easily accepted as local and folk beliefs and idioms.

4. Role of idioms

IODs are essentially transactional in nature and they may be tentative, fragmentary, figurative, and even contradictory (Nichter, 1992; Kirmayer and Young, 1998). They are often starting points of negotiation between patients and their healers. Psychiatric symptoms and labels, the new IODs, are employed in a variety of ways. These include the use of medical nomenclature to highlight distress, for seeking medical diagnostic tests, for shopping for health interventions, and for medicine taking behaviours. In fact, new spaces, opened up by recent diagnostic labels, have become popular and acceptable IODs (E.g. ADHD, PTSD) (Richter, 2010). The expansion of their definitions and their movement from restrictive contexts to whole new populations suggest that natural symptoms have a metaphoricality to convey a variety of distress (Kirmayer, 1994). Such idioms are performative (a form of social action that effects social change) and are prone to improvisation of expression that is associated with adoption in new and changing contexts.

The diagnostic creep of psychiatric labels allowed not just for expansion across countries but for major changes to cultural IODs in new populations. Nevertheless, old and new IODs can be intentionally fostered by stake holders, from the health, insurance, pharmaceutical industry, which profit from the medicalization of life to academia which creates niche areas of expertise to governments who can transfer responsibility for social inequity (Richter, 2010; Jacob, 2016).

Nevertheless, psychiatric terminology reflects IODs and all current psychiatric treatment is symptomatic. Euro-American IODs are the new currency in mental health and are now recognised for help seeking around the globe. They co-exist with local and regional idioms and serve as additional options for negotiating access to care, cure and healing.

5. Conclusion

Psychiatry has now come full circle. The focus shifted from phenomenology and clinical syndromes to operationalized diagnostic labels over the past century. Its symptomatic treatments, used across diagnostic heads, have now been formalised as trans-diagnostic interventions (Fusar-Poli et al., 2019). Nevertheless, psychiatric diagnoses remain symptom clusters, which started life as Euro-American IODs; all its treatments are symptomatic rather than disorder specific. Psychiatry awaits its scientific revolution and paradigm shift.

Contribution and sources

The author trained in medicine, psychiatry, epidemiology and anthropology and has worked in diverse clinical and academic contexts in India, the United Kingdom and Australia. The author studied mental symptoms and idioms in primary, secondary and tertiary care settings across countries; he reviewed literature, analysed historical trends and wrote the paper. The author recently retired as professor of psychiatry, Christian Medical College, Vellore, India

Declaration of Competing Interest

The author does not have any conflicts to declare.

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