

## Book reviews

Edited by Allan Beveridge, Femi Oyeboode  
and Rosalind Ramsay



**Culture and PTSD:  
Trauma in Global and  
Historical Perspective**

Edited by Devon E. Hinton  
& Byron J. Good.  
University of Pennsylvania Press.  
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**Culture and  
PTSD**

TRAUMA IN GLOBAL AND HISTORICAL PERSPECTIVE

Edited by  
Devon E. Hinton and Byron J. Good

This book sets out to examine the role of PTSD and trauma treatment in diverse cross-cultural settings, and whether the DSM description of PTSD can or should be located and addressed in other societies. There are strong chapters about work in Peruvian Andes, Mexico and Native American communities in the USA, showing how culture influences the local ethno-psychology and ethno-physiology of trauma and the language used to describe this, and shapes attention to particular symptoms and the practices aimed at ameliorating these.

I particularly noted the chapter by Allan Young and Naomi Breslau on conceptual issues, which states at the outset that ‘the diagnostic validity of PTSD presumes that the DSM symptom list represents a disorder that exists independently of the language and technology employed in diagnosis’. Young was one of the first academic critics of the PTSD industry that began with US Vietnam war veterans, with PTSD taking on iconic status in rendering up a retrospective diagnosis of the past, whatever the setting and context. Yet post-traumatic memory, and thus the category itself, was a man-made construct.

In part, the editors intend the book to be a riposte to critical psychiatrists and medical anthropologists who have sceptically deconstructed the ‘trauma industry’ in conflict zones worldwide. Byron Good, an internationally known medical anthropologist, takes aim at my description of PTSD as being a ‘pseudocondition’ for the vast majority of war-affected individuals, and writes that ‘critiques such as those of Summerfield serve inadvertently to legitimise the withdrawal of support for the development of mental health services in settings of great need.’

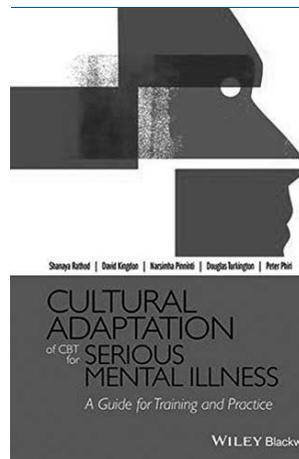
Good’s own account is of work with largely poor people in rural Aceh, Indonesia, who had experienced both extreme army violence and the 2004 tsunami. He writes of their ‘inability to work through trauma in a way that places it in the past’, but I dispute that this is a universal, invariable fact about how the mind works. Good notes that he was not interested in the scientific validation of PTSD as a diagnostic entity in Indonesia, instead seeing it as a means of identifying people with ‘mental health problems’ (which was not always distinguished from ‘distress’). I found the 50% PTSD prevalence in some samples as simply incredible. The intervention he describes certainly offered acceptance, solidarity and the chance to recount war experiences,

but I fail to see why this needs to be seen as ‘mental health’ in the clinical sense, or that it makes the case for a PTSD-focused mental health service. It was uncertain how much therapeutic outcomes were influenced by wider matters like the unfolding peace process in Indonesia, as Good concedes.

In part this book marks the turn at Harvard towards much greater acceptance of Western biomedical thinking and practice than would have been evident from the past work by which Byron Good and Arthur Kleinman, for example, made their names. I still do not fully understand this turn, but recommend that readers consider their arguments.

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**Cultural Adaptation  
of CBT for Serious  
Mental Illness: A Guide  
for Training and Practice**

By Shanaya Rathod, David Kingdon,  
Narsimha Pinninti, Douglas  
Turkington & Peter Phiri.  
Wiley-Blackwell. 2015. £32.99 (pb).  
352 pp.  
ISBN 9781118976197

Among the many challenges faced by contemporary psychiatry are the changing ethnic and cultural mix of our populations and the international demand for evidence-based interventions. In the UK, particularly in urban areas, we may see a wide diversity of cultures and languages. We know that access to mental health services varies across ethnic groups, services may not be in tune with varied cultural beliefs and clinicians may not feel confident or competent to provide care to all groups. We also know that psychological therapies have been criticised for being Western-centric and out of step with the diversity of cultural beliefs, thus challenging our assumptions and beliefs about the value and effectiveness of these interventions. Indeed the authors of this book have themselves demonstrated that the outcomes for minority ethnic groups given cognitive-behavioural therapy (CBT) for psychoses were not as good as for the White population. Nevertheless, there have been considerable advances in the practice and delivery of CBT for psychosis, so before we reject CBT for a large proportion of the global population, we should consider whether we might be denying them access to an effective treatment. These contentions seem to be the egalitarian starting point for this book. So, how can one form of talking treatment for people with severe mental health problems be adapted to allow for greater access and engagement with this intervention for a wider range of people? Can we develop a culturally informed approach to CBT? This book reviews evidence for a culturally sensitive approach and offers sound advice to clinicians.

In the first three chapters the authors set out their arguments and define their terms, and in the key chapter 4 they start to