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Edited by Laurence J. Kirmayer, Robert Lemelson and Constance A. Cummings
Frontmatter
More information

Re-Visioning Psychiatry

Re-Visioning Psychiatry explores new theories and models from cultural psychiatry and psychology, philosophy, neuroscience, and anthropology that clarify how mental health problems emerge in specific contexts and points toward future integration of these perspectives. Taken together, the contributions point to the need for fundamental shifts in psychiatric theory and practice:

- restoring phenomenology to its rightful place in research and practice;
- advancing the social and cultural neuroscience of brain–person–environment systems over time and across social contexts;
- understanding how self-awareness, interpersonal interactions, and larger social processes give rise to vicious circles that constitute mental health problems;
- locating efforts to help and heal within the local and global social, economic, and political contexts that influence how we frame problems and imagine solutions.

In advancing ecosystemic models of mental disorders, contributors challenge reductionistic models and culture-bound perspectives and highlight possibilities for a more transdisciplinary, integrated approach to research, mental health policy, and clinical practice.

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Cultural Phenomenology, Critical Neuroscience, and Global Mental Health

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More information

To all who struggle with "mind-forg'd manacles,"
their families, friends, and caregivers.

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Frontmatter
More information

What is meaningful cannot in fact be isolated.... We achieve understanding within a circular movement from particular facts to the whole that includes them and back again from the whole thus reached to the particular significant facts.

– Karl Jaspers, *General Psychopathology*

Though I personally favor both alcohol and neurologizing in moderation ... psychology is intoxicating itself with a worse brand than it need use.

– D. O. Hebb, "Drives and the C.N.S. (Conceptual Nervous System)"

To make psychology into experimental epistemology is to attempt to understand the embodiment of mind.

– Warren McCulloch, *Embodiments of Mind*

We are most of us governed by epistemologies that we know to be wrong.

– Gregory Bateson, *Steps to an Ecology of Mind*

Le fait que je sois moi est hanté par l'existence de l'autre.

– Frantz Fanon, *Rencontre de la Société et de la Psychiatrie*

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Frontmatter
More information

Contents

Figures *page* x
Tables xii
Contributors xiii
Foreword by Arthur Kleinman xvii
Preface xxi
Abbreviations xxv

1 Introduction 1
LAURENCE J. KIRMAYER, ROBERT LEMELSON, AND CONSTANCE A. CUMMINGS

Section One: Restoring Phenomenology to Psychiatry

2 Toward a New Epistemology of Psychiatry 41
GERMAN E. BERRIOS AND IVANA S. MARKOVÁ

3 Phenomenology and the Interpretation of Psychopathological Experience 65
JOSEF PARNAS AND SHAUN GALLAGHER

4 How the Self Is Altered in Psychiatric Disorders: A Neurophenomenal Approach 81
GEORG NORTHOFF

5 Cultural Phenomenology and Psychiatric Illness 117
THOMAS J. CSORDAS

6 Empathy and Alterity in Psychiatry 141
LAURENCE J. KIRMAYER

7 Reflections: The Community Life of Objects – Beyond the Academic Clinic 168
NEV JONES

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978-1-107-03220-0 - Re-Visioning Psychiatry: Cultural Phenomenology, Critical Neuroscience, and Global Mental Health
Edited by Laurence J. Kirmayer, Robert Lemelson and Constance A. Cummings
Frontmatter
More information

Section Two: Biosocial Mechanisms in Mental Health and Illness

8 Dimensional and Categorical Approaches to Mental Illness: Let Biology Decide 179
ROBERT M. BILDER

9 Early-Life Adversity and Epigenetic Changes: Implications for Understanding Suicide 206
BENOIT LABONTÉ, ADEL FARAH, AND GUSTAVO TURECKI

10 Understanding the Neural Circuitry of Emotion Regulation: White Matter Tract Abnormalities and Psychiatric Disorder 236
CECILE D. LADOUCEUR, AMELIA VERSACE, AND MARY L. PHILLIPS

11 Paying Attention to a Field in Crisis: Psychiatry, Neuroscience, and Functional Systems of the Brain 273
AMIR RAZ AND ETHAN MACDONALD

12 Reflections: Hearing Voices – How Social Context Shapes Psychiatric Symptoms 305
T. M. LUHRMANN

Section Three: Cultural Contexts of Psychopathology

13 Understanding the Social Etiology of Psychosis 317
KWAME MCKENZIE AND JAI SHAH

14 Toward a Cultural Neuroscience of Anxiety Disorders: The Multiplex Model 343
DEVON E. HINTON AND NAOMI M. SIMON

15 From the Brain Disease Model to Ecologies of Addiction 375
EUGENE RAIKHEL

16 Cultural Clinical Psychology: From Cultural Scripts to Contextualized Treatments 400
ANDREW G. RYDER AND YULIA E. CHENTSOVA-DUTTON

17 Psychiatric Classification Beyond the *DSM:* An Interdisciplinary Approach 434
ROBERTO LEWIS-FERNÁNDEZ AND NEIL KRISHAN AGGARWAL

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Cambridge University Press
978-1-107-03220-0 - Re-Visioning Psychiatry: Cultural Phenomenology, Critical Neuroscience, and Global Mental Health
Edited by Laurence J. Kirmayer, Robert Lemelson and Constance A. Cummings
Frontmatter
More information

18 Reflections: The Virtues of Cultural Sameness – The Case of Delusion 469
IAN GOLD

Section Four: Psychiatric Practice in Global Context

19 Afflictions: Psychopathology and Recovery in Cultural Context 483
ROBERT LEMELSON AND ANNIE TUCKER

20 Eating Pathology in Fiji: Phenomenologic Diversity, Visibility, and Vulnerability 515
ANNE E. BECKER AND JENNIFER J. THOMAS

21 Solving Global Mental Health as a Delivery Problem: Toward a Critical Epistemology of the Solution 544
KALMAN APPLBAUM

22 Global Mental Health Praxis: Perspectives from Cultural Psychiatry on Research and Intervention 575
BRANDON A. KOHRT AND JAMES L. GRIFFITH

23 Reflections: Social Inequalities and Mental Health Outcomes – Toward a New Architecture for Global Mental Health 613
DUNCAN PEDERSEN

24 Re-Visioning Psychiatry: Toward an Ecology of Mind in Health and Illness 622
LAURENCE J. KIRMAYER

Index 661

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978-1-107-03220-0 - Re-Visioning Psychiatry: Cultural Phenomenology, Critical Neuroscience, and Global Mental Health
Edited by Laurence J. Kirmayer, Robert Lemelson and Constance A. Cummings
Frontmatter
More information

Figures

2.1 Cambridge model for symptom-formation. *page* 51
2.2 Putative structure of mental symptoms as "hybrid" objects. 54
4.1 Self, body, and environment in depression. 83
4.2a Neurocognitive approach to psychopathology. 89
4.2b Neurophenomenal approach to psychopathology. 90
4.3 Self-specificity and anterior cortical midline regions. 92
4.4 Basic disturbance of self in schizophrenia. 107
6.1 Forms of knowledge in the clinical encounter. 142
9.1 The hypothalamic-pituitary-adrenal (HPA) axis. 210
9.2 Proximal and distal factors: Early life adversity and suicide. 221
10.1 Heuristic model of the development of bipolar disorder. 238
10.2 Neural model of emotion regulation: Feedback pathway. 242
10.3 Neural model of emotion regulation: Feedforward pathway. 243
10.4 Fractional anisotropy of corpus callosum. 250
10.5 Fractional anisotropy of right inferior longitudinal fasciculus. 251
10.6 PPI results depicting neural connectivity between bilateral ventrolateral prefrontal cortex and amygdala to fearful face. 255
11.1 A sketch of the functional anatomy of the attentional networks. 281
11.2 Cross-sectional views of the three attentional networks. 284
14.1 Generation of a panic attack according to Clark's cognitive model. 347
14.2 Example of Clark's cognitive model. 348
14.3 Generation of somatic complaint and/or panic attack according to multiplex model. 351
14.4 A multiplex model of a cultural syndrome. 354
14.5 A *khyâl* attack: Ethnophysiology, symptoms, and associated disasters. 355
14.6 Generation of orthostatic panic attack according to the multiplex model: The case of Chan. 364

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CAMBRIDGE

Cambridge University Press
978-1-107-03220-0 - Re-Visioning Psychiatry: Cultural Phenomenology, Critical Neuroscience, and Global Mental Health
Edited by Laurence J. Kirmayer, Robert Lemelson and Constance A. Cummings
Frontmatter
More information

14.7 The multiplex anxiety model: A biocultural model of cultural influences on anxiety-related disorders. 366
14.8 The arousal complex. 369
14.9 The social and cultural course of symptoms in the arousal complex. 370
16.1 Clark and Wells's (1995) model of social anxiety (with Western examples). 417
16.2 Clark and Wells's (1995) model of social anxiety (with East Asian examples). 419
16.3 Proposed maintenance loop for social anxiety (with East Asian examples). 420
17.1 General triangulation model. 437
17.2 Reprinted from "Salsa y control," April 24, 1995, *El Nuevo Día*. 446
17.3 Reprinted from "Extendido a Caguas el Toque de Queda," July 19, 1997, *El Nuevo Día*. 449
18.1 More or less trustworthy faces. 476
22.1 Critical medical anthropology levels of health care systems applied to global mental health. 581
22.2 Community and health care ecological levels in global mental health. 589
22.3 Mental health policy coverage by country. 600
22.4 Psychiatrists per hundred thousand population by country. 601
24.1 Cultural neurophenomenology. 628
24.2 Clinical epistemology and the context of illness experiences. 629
24.3 Looping processes that amplify or maintain mental disorders. 642
24.4 Levels of intervention in mental health problems. 649

Color plates follow page 450.

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978-1-107-03220-0 - Re-Visioning Psychiatry: Cultural Phenomenology, Critical Neuroscience, and Global Mental Health
Edited by Laurence J. Kirmayer, Robert Lemelson and Constance A. Cummings
Frontmatter
More information

Tables

2.1 Types of Brain "Representation" *page* 58
4.1 Comparison Between the Two- and Threefold Anatomical Characterizations with Regard to Meta-Analytic Results from Self, Familiarity, and Other 93
8.1 "Hit Rate" for Successful Classification of Different Psychiatric Groups from Patients with Known Brain Damage 189
8.2 Levels of Analysis for Investigation of Mechanistic Links from Neuropsychiatric Syndrome to Genome 195
8.3 NIMH Research Domain Criteria (RDoC) 196
10.1 Emotion Regulation Subprocesses and Underlying Neural Regions 241
11.1 Attention Systems Involved in Visual Attention 278
14.1 Panic Attack Specifier 350
14.2 The Interpretation of Somatic Symptoms in Terms of a *Khyâl* Attack 356
17.1 Symptom Frequency of First *Ataque de Nervios* in Puerto Rico 443
18.1 Motifs of Delusion Across Cultures 471
21.1 Psychiatric Drug Sales in the United States (1990–2008) 548
22.1 Key Concepts for GMH Praxis 580
24.1 A Typology of Looping Effects 640

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More information

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More information

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Frontmatter
More information

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Frontmatter
More information

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Frontmatter
More information

Foreword

The trouble with psychiatry as an academic and intellectual field goes far back, as do efforts at reform and remaking. Today, psychiatry is still troubled, and efforts at reform and remaking are again under way.

Nineteenth-century alienists were often isolated, cut off from the rest of medicine and from developments in the wider society. The moral treatment movement sought to remake "dreadful asylums" with their punitive "treatments." Freudianism began as one among many types of psychological treatments aimed at making the biography of the patient, as well as a more progressive understanding of the therapeutic process, humanize care. In time, psychoanalysis swept away its psychotherapeutic rivals and became a powerful but limiting orthodoxy that not only dominated American psychiatry but also turned its back on science, while routinizing its methodology as a kind of psychic reverse engineering.

Now we are in the age of the hegemony of biological psychiatry, which seems a perfect fit with an American health care system that has replaced quality with efficiency and cost-cutting and has turned the broad competencies of psychiatrists into the narrowest framing as psychopharmacologists. Like a flood tide, it has washed away much of psychosocial and clinical research, replacing both with a romantic quest for a neuroscientific utopia as its holy grail, which has little relevance to the work of practitioners.

After a half century of serious biological research, it seems that all but the true believers are beginning to lose confidence and are feeling ashamed of the simple fact that we do not understand the pathophysiology of depression, anxiety disorders, bipolar disorder, or schizophrenia. Nor do we possess a single biological test that can be routinely applied in the clinic to diagnose these or other mental disorders – which, given the large investments in biological research, is nothing short of scandalous. Tellingly, if sadly, the Director of the National Institute of Mental Health (NIMH) at NIH – the pinnacle of science in the mental health field – has given up on the profession's controversial diagnostic system (*DSM-5*) and, seemingly, on psychiatry itself, confessing that the only hope is for a

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Frontmatter
More information

new discipline of clinical neuroscience, which will be decades in the making. The NIMH supports few academics who do other forms of research: talk about putting all your eggs in one basket!

Meanwhile, medical students are voting with their feet. They go into other fields of medicine that seem more promising. Psychologists, behavioral neurologists, primary care physicians, and geriatric specialists divide up the common mental disorders among themselves, leaving psychiatry with the psychoses, as in the days of the alienists. Add to this diminished picture the more recent outcome findings that make psychiatric medications appear barely better than placebo treatments, as well as the fact that an entire generation of psychosocial and clinical researchers has been lost due to the absence of research funding, and the need for change toward new directions seems urgent.

There are positive things to build on, of course. In spite of the irrelevance of much of academic psychiatry for clinical practice, psychiatric clinicians still have useful interventions that they can and do offer to help sufferers. Global mental health and community psychiatry are exciting fields with evidence of implementable interventions that matter. As this collection well illustrates, these fields – together with the small but enduring field of cultural psychiatry and recent efforts to connect neuroscience with social research and concerns – are all providing evidence of new directions.

My own minor contributions to this recurrent story of remaking psychiatry include a 1977 coedited volume, *Renewal in Psychiatry*, which in honoring my mentor, Leon Eisenberg, offered up distinctly different examples of psychiatric science that went against the grain of the then declining dominance of psychoanalytic approaches in psychiatry. My 1988 book, *Rethinking Psychiatry*, perhaps too precociously, advanced cultural psychiatry and psychiatric anthropology as a new paradigm for psychiatry by showing what would happen if psychiatry began with culture as an underlying principle. In 2013, together with several other physician anthropologists, I coedited *Reimagining Global Health*, which once again emphasized a new direction for mental health, calling for interventions in resource-limited societies based on comparative case studies, relevant social theories, local and global history, and implementation of proven interventions.

It is intriguing that each of those volumes, as well as *Re-Visioning Psychiatry*, begins with the prefix “re-” in the title. Almost all of the definitions listed in the *Oxford English Dictionary* (OED) for this prefix seem relevant: “going back to origins,” “undoing some prior efforts,” “stopping things from going forward.” What the OED doesn’t list that the present volume and its predecessors illustrate is a sense of strong

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critique combined with arguments for reform that include practical recommendations for ways forward.

Re-Visioning Psychiatry deserves a wide audience that goes well beyond the many fields canvassed by the editors and contributors. The volume offers useful demonstrations of how psychiatry is being remade anew, under the very feet of the biological hegemon, in a biosocial direction that insists on the centrality of cultural, psychosocial, and global processes in the classification and diagnosis of mental disorders, to be sure, but also in the experience of caregiving and in policies and programs. And in this refashioning there is an important place for neuroscience; a place in which social processes and neural ones are understood as interacting and interconnected.

Will such works change psychiatry? I think over the long haul they could; in fact, they must, because psychiatry truly needs to change if it is to survive as a robust and significant field. Whatever neuroscience can contribute, and I hope it is a great deal, psychiatry must engage other narratives and treatment experiences, as well as the most deeply human context of clinical relationships and caregiving. Emotions, moral life, the local worlds that patients and families inhabit, and clinicians, too, and the economic and political forces that shape those worlds and institutions – all should matter for psychiatrists, both clinically and in research. Resocializing psychiatry, and understanding that to include neuroscience, too, is the prescription to revivify the intellectual as well as the practical sides of this troubled field. "Re-Visioning" is not at all a bad metaphor for a field that has become blind both to its roots and its extensions. This is far too important and complex an intellectual and practical domain – in far too complex, uncertain, and dangerous a world – to leave psychiatry in the hands of laboratory scientists and bureaucrats. Nothing short of original, outside-the-box, interdisciplinary approaches are needed, and, as this volume attests, they are on the way.

Arthur Kleinman
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More information

Preface

The diagnostic language of psychiatry has come to define the ways in which we think about many human problems and predicaments. In recent years, many have hoped that brain research will give us a clearer map of the varieties of mental disorder than our descriptive categories can provide and clarify their origins, mechanisms, and effective treatment. In pursuing this vision, researchers and practitioners have often set aside the social, cultural, political, and historical contexts of suffering. Yet attention to the phenomenology of psychiatric disorders points to the importance of culture and context for understanding mental health and illness.

Re-Visioning Psychiatry explores new models from philosophy, neuroscience, and anthropology, along with cutting-edge work in social and cultural psychiatry and psychology, that clarify the ways in which mental health problems emerge in specific biological, social, and cultural contexts and that point toward the future integration of these perspectives. The book is based on the premise that psychiatric problems reflect the interactions of biological and sociocultural systems that can be described in terms of dimensions of functioning, developmental trajectories, thresholds of tolerance, and feedback loops.

Biological, psychological, social, economic, and political circumstances all may contribute to vicious circles that cause and maintain symptoms, suffering, and disability. These systems are *ecological* in the sense that they involve the individual as a biological organism embedded in and in constant transaction with the environment on multiple scales of time and space. In advancing ecosystemic models of mental disorders, the contributors challenge some of the reductionistic assumptions and culture-bound perspectives of psychiatry and highlight the possibilities of a more transdisciplinary, integrated approach to research, clinical practice, and social policy to promote mental health and well-being. This approach goes beyond the biopsychosocial approach by making explicit the causal links and mechanisms – as well as the tensions and contradictions – across levels of organization and description.

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Frontmatter
More information

The book is based in part on presentations from the fourth interdisciplinary conference cohosted by the Foundation for Psychocultural Research (FPR; http://thefpr.org) and UCLA, which was organized by the editors in January 2010. The mission of the FPR is to support and advance interdisciplinary and integrative research and training on interactions of culture, neuroscience, psychiatry, and psychology, with an emphasis on cultural processes as central. The FPR's primary objective is to help articulate and support the creation of transformative paradigms that address issues of fundamental clinical and social concern. The 2010 conference was unique in several ways: its interdisciplinary focus; the quality of scholarship by a group of distinguished contributors from biology, neuroscience, anthropology, and psychiatry; and the emphasis on identifying key questions and research opportunities at the intersection of biology and culture. Panel discussions allowed participants to explore issues of integration across disciplines. The interdisciplinary exchanges raised some of the provocative questions that are pursued in this volume:

- What is the right conceptual vocabulary to use in thinking about mental disorders and devising effective clinical, social, and political responses?
- How can a phenomenological understanding of mental illness that explores the everyday realities for persons living with disorder inform psychiatric theory, research, and practice?
- What are the key sites for understanding brain–body–environment interactions (e.g., genome, cell, circuit, functional system, and networks)? What theoretical, computational, and experimental approaches can model the complex interactions across levels of analysis? How can concepts of dynamical systems (e.g., dimensions of functioning, developmental trajectories, thresholds of tolerance, and feedback loops) illuminate the nature of psychiatric disorders?
- How do particular adverse situations, such as those that expose individuals to early life stress, poor social support, endemic violence, forced migration, social exclusion, or discrimination, affect psychophysiological processes and neuro- and psychodevelopmental trajectories?
- How do social and cultural contexts shape psychiatric theory and practice? In particular, given that diagnostic labels have a social life beyond the confines of psychiatry, how is psychiatric nosology changing the ways in which people think about their own health and well-being or sense of self and personhood? What are the social, ethical, and political implications of these changes?

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Frontmatter
More information

This book begins with a return to the basic phenomenology of mental disorders, with chapters from historical, philosophical, neuroscientific, anthropological, and clinical perspectives. The second part explores recent developments in biology that provide ways to understand the impact of social and cultural processes, including groundbreaking work in epigenetics, neural circuitry, and cognitive neuroscience. The third part focuses on the impact of social and cultural contexts on mental disorders, influencing underlying mechanisms and the ways in which distress is understood, expressed, and resolved. The fourth and final part explores the implications for psychiatric practice of the interactional and contextual view, moving from considerations of cross-cultural diagnosis, case formulation, and intervention, to the larger issues of the political economy of international psychiatry and the movement for global mental health. The book concludes with a chapter on future directions in the prevention, intervention, and treatment of mental illness. The aim then is to open up new ways of thinking about mental health problems, which can contribute to a revisioned and reinvigorated discipline that responds to the needs of people with interventions that are truly helpful and healing.

Moving beyond theorizing to research and treatment will be a key challenge as the complementary approaches presented in this volume evolve. The conferences organized by the FPR – *Posttraumatic Stress Disorder: Biological, Clinical and Cultural Approaches to Trauma's Effects* in 2002; *Four Dimensions of Childhood* in 2005; *Seven Dimensions of Emotion* in 2007; *Cultural and Biological Contexts of Psychiatric Disorder* in 2010; and *Culture, Mind, and Brain* in 2012 – and the volumes emerging from these conferences provide numerous examples of the ways forward. We take this opportunity to thank all of our contributing authors, as well as the speakers, panelists, and audience members of the FPR conferences, and especially the FPR board – Carole Browner, Marie-Françoise Chesselet, Douglas Hollan, Marjorie Kagawa-Singer, Marvin Karno, Steven López, and Beate Ritz – who have taken part in countless ways to shape our work; it is truly a collaborative effort.

Laurence Kirmayer thanks all the many friends and colleagues at McGill University, the Institute of Community and Family Psychiatry of the Jewish General Hospital, and the FPR who have contributed to this work. Special thanks for many stimulating conversations to Nicola Casacalenda, Suparna Choudhury, Daniel Frank, Ian Gold, Danielle Groleau, Jaswant Guzder, Eric Jarvis, Joel Paris, Duncan Pedersen, Amir Raz, Cécile Rousseau, Andrew Ryder, Robert Whitley, and Allan Young. Elizabeth Anthony was generous with her time, clinical acumen, and editorial expertise.

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Frontmatter
More information

Robert Lemelson would like to thank the FPR board and staff. The FPR is now entering its fifteenth year with the same group of people, and he is both appreciative and proud of their deep dedication and efforts in blazing new pathways in scientific research and education.

Constance Cummings extends thanks to the following people: FPR Director Irene Sukwandi (without whom the FPR and this project could not exist); and Aleta Coursen, Dede Cummings, Alan Gesek, Erin Hartshorn, Bonnie Kaiser, Carolyn Kasper, Linda Thompson, Kathy Trang, and Mamie Wong for their close readings, expert suggestions, and skillful edits to figures and text.

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Frontmatter
More information

Abbreviations

AA	Alcoholics Anonymous
ACC	anterior cingulate cortex
ACG	anterior cingulate gyrus
ACh	acetylcholine
aCMS	anterior cortical midline structures
ACTH	adrenocorticotropic hormone
AD(H)D	attention deficit (hyperactivity) disorder
ADRA2A	alpha-2A receptor gene
AF	arcuate fasciculus
AIDS	acquired immunodeficiency syndrome
AMY	amygdala
AN	anorexia nervosa
ANS	autonomic nervous system
APA	American Psychiatric Association
AR	androgen receptor
ASAM	American Society of Addiction Medicine
AT	attention training
AVP	arginine vasopressin
B6	stress-resilient mouse strain
BALB	stress-susceptible mouse strain
B.B.	Bahasa Bali, Balinese
BD	bipolar disorder
BDI	Beck Depression Inventory
BD-I, II	bipolar disorder type I and II
BDNF	brain-derived neurotrophic factor
BD-NOS	bipolar disorder, not otherwise specified
B.I.	Bahasa Indonesia, Indonesian
BMI	body mass index
BN	bulimia nervosa
BPQ	body perception questionnaire
BPSD	behavioral and psychological symptoms of dementia

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Frontmatter
More information

CAG	cytosine–adenine–guanine
cAMP	cyclic adenosine monophosphate
CATIE	Clinical Antipsychotic Trials of Intervention Effectiveness (study)
CBIT	comprehensive behavioral intervention for tics
CBT	cognitive behavioral therapy
CFI	Cultural Formulation Interview
CLI	Child Led Indicators
CMA	critical medical anthropology
CMDs	common mental disorders
CMS	cortical midline structures
CNS	central nervous system
COMT	catechol-*O*-methyltransferase gene
COPSI	Community Care for People with Schizophrenia in India
CpG	cytosine–phosphate–guanine dinucleotide
CPSWs	community psychosocial workers
CRE	cAMP-response element
CRH	corticotropin-releasing hormone (also referred to as CRF; corticotropin-releasing factor)
CSF	cerebrospinal fluid
CSTC	cortico-striatal-thalamo-cortical
c/s/x	consumer/survivor/ex-patient
CST	community support team
CT	computerized tomography
DA	dopamine
DAT1	dopamine active transporter 1 gene (also known as *SLC6A3*)
DALY	disability-adjusted life year
DDNOS	dissociative disorder, not otherwise specified
DfID	Department for International Development (U.K.)
DLPFC	dorsolateral prefrontal cortex
DMN	default mode network
DMPFC	dorsomedial prefrontal cortex
DMT	dorsomedial thalamus
DNA	deoxyribonucleic acid
DNMT	DNA methyltransferase(s)
DOSMD	Determinants of Outcome of Severe Mental Disorder
DRD4	dopamine receptor D4 gene
DSM	*Diagnostic and Statistical Manual of Mental Disorders*
DTI	diffusion tensor imaging
EDE	Eating Disorder Examination
EDE-Q	Eating Disorder Examination-Questionnaire

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Frontmatter
More information

EDNOS	eating disorder, not otherwise specified
EFNBACK	Emotional Face N-Back Task
ELA	early-life adversity
EP	epistemology of psychiatry
FA	fractional anisotropy
FDA	Food and Drug Administration (U.S.)
FIRB	fixated interests and repetitive behaviors
FKBP5	gene involved in regulating the HPA axis
FMM	factor mixture modeling
fMRI	functional magnetic resonance imaging
FSL	functional magnetic resonance imaging of the brain software library
GABA	gamma aminobutyric acid
GAD	generalized anxiety disorder
GC	glucocorticoid
GDNF	glial cell-derived neurotrophic factor
GED	General Educational Development
Glx	glutamate and glutamine
GMH	global mental health
GPPPs	global public–private partnerships
GR	glucocorticoid receptor
GWAS	genome-wide association studies
HBO	healthy bipolar offspring (8–17 years old) with at least one parent diagnosed with bipolar disorder
HC	healthy control
HIC	high-income countries
HIV	human immunodeficiency virus
HMIS	health management information systems
HPA	hypothalamic–pituitary–adrenal (axis)
HPC	hippocampus
HRT	habit reversal training
ICD	International Classification of Diseases
ICH	International Committee on Harmonization
ICPC	International Classification of Primary Care
ILF	inferior longitudinal fasciculus
IMD	institute for mental disease
IPA	International Psychogeriatric Association
IPSS	International Pilot Study of Schizophrenia
KFPEC	Kosovar Family Professional Educational Collaborative

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Frontmatter
More information

K-SADS-PL	Kiddie Schedule for Schizophrenia and Affective Disorders Present and Lifetime
LG	licking and grooming (of rat pups)
LMIC	low- and middle-income countries
LSD	lysergic acid diethylamide
MAOA	monoamine oxidase gene
MD	maternal deprivation
MD	mean diffusivity
MDD	major depressive disorder
MdPFC	dorsomedial prefrontal cortex
MEG	magnetoencephalography
mhGAP-IG	*Mental Health Gap Action Programme Implementation Guideline*
MINI	McGill Illness Narrative Interview
MNS	mental, neurological, and substance use
mPFC	medial prefrontal cortex
MRI	magnetic resonance imaging
mRNA	messenger ribonucleic acid
MRS	magnetic resonance spectroscopy
MTR	magnetization transfer ratio
NAMI	National Alliance for the Mentally Ill
NCS-A	National Comorbidity Survey-Adolescent Supplement
NE	norepinephrine
NFP-AN	non-fat-phobic anorexia nervosa
NGF1-A	nerve growth transcription factor
NGO	nongovernmental organization
NIDA	National Institute on Drug Abuse
NIH	National Institutes of Health
NIMH	National Institute of Mental Health
NSA	National Security Agency
OCD	obsessive-compulsive disorder
OFC	orbitofrontal cortex
OSFED	other specified feeding or eating disorder
PACC	perigenual anterior cingulate cortex
PAG	periaqueductal gray
PC	primary care
PCC	posterior cingulate cortex
PCPs	primary care physicians
PD	panic disorder
PET	positron emission tomography
PFC	prefrontal cortex
PHPC	parahippocampus

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More information

PhRMA	Pharmaceutical Research and Manufacturers of America
PLOS	Public Library of Science
PMDD	premenstrual dysphoric disorder
POMC	proopiomelanocortin
PRIME	Programme for Improving Mental Health Care
PPV	public–private ventures
PTSD	posttraumatic stress disorder
PVN	paraventricular nucleus (of the hypothalamus)
rCBF	regional cerebral blood flow
RD	radial diffusivity
RDoC	Research Domain Criteria project
RMPs	rural medical practitioners
RNA	ribonucleic acid
ROI	region of interest
SACC	supragenual anterior cingulate cortex
SAD	social anxiety disorder
SCDs	social communication deficits
SLF	superior longitudinal fasciculus
SNS	sympathetic nervous system
SPL	superior parietal lobe
SRO	single-room occupancy hotel
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
SSRI	serotonin–selective reuptake inhibitor
SWAN	strengths and weaknesses of ADHD symptoms and normal behavior
SWYEPT	Southwest Youth and the Experience of Psychiatric Treatment
T	thalamus
TBSS	tract-based spatial statistical (analysis)
TD	tardive dyskinesia
TID	task-induced deactivation
TP	temporal pole
TPJ	temporal parietal junction
TPO	Transcultural Psychocial Organization
TRIPS	Trade-Related Aspects of International Property Rights
TrkB	tyrosine receptor kinase B
TrkB.T1	astrocytic variant of TrkB
TS	Tourette syndrome

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VLPFC	ventrolateral prefrontal cortex
VMPFC	ventromedial prefrontal cortex
VS	ventral striatum
WHO	World Health Organization
WHO-AIMS	World Health Organization Assessment Instrument for Mental Health Systems
WPA	World Psychiatric Association
WTO	World Trade Organization
YLD	years lived with disability

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