

Symposium

📅 Sun. Sep 28, 2025 4:30 PM - 6:00 PM JST | Sun. Sep 28, 2025 7:30 AM - 9:00 AM UTC 🏛️ Session Room 2 (Main Hall B)

[Symposium 109] Current Priorities and Future Visions of Cultural Psychiatry

Moderator: Chee Ng (Melbourne Medical School)

[SY-109]

Current Priorities and Future Visions of Cultural Psychiatry

Roberto Lewis-Fernandez¹, Vincenzo Di Nicola², Mario Braakman³, Laurence J Kirmayer⁴, Chee Ng⁵ (1.Columbia/NYS Psychiatric Institute(United States of America), 2.Université de Montréal(Canada), 3.Tilburg University(Netherlands), 4.McGill University(Canada), 5.Melbourne Medical School (Australia))

[SY-109-01]

Comprehensive case formulation: its role in the future of cultural psychiatry

*Roberto Lewis-Fernandez (Columbia/NYS Psychiatric Institute(United States of America))

[SY-109-02]

Class, Liminality, Borders & Migrations: Lessons from Trauma for the Future of Cultural Psychiatry

*Vincenzo Di Nicola¹, John Farnsworth² (1.University of Montreal(Canada), 2.New Zealand Association of Psychotherapists (NZAP)(New Zealand))

[SY-109-03]

The Ontological Turn and Cultural Psychiatry: Opportunities, Challenges and Limitations

*Mario Hubertus Braakman (Tilburg University(Netherlands))

[SY-109-04]

The Future of Cultural Psychiatry: An Ecosocial Systems View

*Laurence J Kirmayer (McGill University(Canada))

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Keywords : cultural psychiatry、 current status、 future directions

This symposium will explore current priorities in cultural psychiatry and visions for the future of the discipline. Current priorities include: clarifying the limits of reductive universalism in understanding the biological, psychological, and social dimensions of mental health, relational and social suffering, and processes of coping, adaptation, and recovery; identifying cultural variations in the phenomenology of psychopathology around the world to inform research and diagnostic nosology; exploring the diversity of healing practices and the organization of culturally responsive mental health services in various societies; training mental health practitioners in contextual thinking to facilitate sociocultural formulation and intervention in mental health and social services, population health, and clinical care; critical reflection on the biases and blind spots of the discipline of cultural psychiatry itself and its role in advancing health equity and social justice on local and global scales. The presenters will elaborate on these and other emerging priorities and suggest avenues for future development.

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[SY-109-01] Comprehensive case formulation: its role in the future of cultural psychiatry

*Roberto Lewis-Fernandez (Columbia/NYS Psychiatric Institute(United States of America))

Keywords : comprehensive case formulation、nomothetic and ideographic integration、contextual thinking

The future of cultural psychiatry depends on our ability as a field to impact direct clinical care. Our efforts in this area have been substantial, including in classification, clinical assessment, treatment adaptation, and mental health service organization. The future depends on our successful integration and promotion of these separate elements into a comprehensive case formulation approach that can be tailored to persons and care settings and remain practicable in local health systems. This formulation effort involves approaching assessment by integrating nomothetic diagnosis with the person's and family's ideographic account of their lived experience to decipher cultural variation in phenomenology. It also includes attention to the contribution of objectively and subjectively assessed social-structural determinants of mental health, leveraging technological advances to the medical record for patient-focused societal information. It depends on clinician training in contextual thinking and adaptation of psychosocial and pharmacological treatments to the person's presentation and sociocultural reality to direct treatment planning. And, finally, it guides and relies on a mental health system that incentivizes this comprehensive approach and utilizes the input of various members of a health care team. Research on the benefits of such a comprehensive case formulation approach is needed to deliver the promise of cultural psychiatry.

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Moderator: Chee Ng (Melbourne Medical School)

[SY-109-02] Class, Liminality, Borders & Migrations: Lessons from Trauma for the Future of Cultural Psychiatry

*Vincenzo Di Nicola¹, John Farnsworth² (1.University of Montreal(Canada), 2.New Zealand Association of Psychotherapists (NZAP)(New Zealand))

Keywords : social class、liminality、borders、migration

We address the future of Cultural Psychiatry (CP) as a social psychiatrist (VDN) and a sociologist (JF) practising psychotherapy. Trauma binds three aspects of the “situated social” shaping this future (Bemme & Béhague, 2024).

Class – “The *still* hidden injuries of class”: Lessons from sociology and social psychiatry centre on social class (Sennett & Cobb, 1993) and SDH (Marmot & Bell, 2012). *Issue:* How does CP obscure social class?

Liminality – “Threshold people”: Lessons of Cultural Family Therapy (CFT)(Di Nicola, 1997) revolve around poles of *liminality* and *communitas* (Turner, 2017). CFT conducts *threshold therapy* with *threshold people*. Thresholds risk trauma and threaten a family's tripartite functions of cultural transmission, adaptation, and cohesion. *Issue:* Globally, multicultural societies have reached tipping points risking widespread fragmentation and estrangement in the sociocultural pluriverse (Kothari et al., 2019). CFT's challenge is to embrace new forms of community and care to reduce the traumas of alienation and indifference.

Borders & migration – “The figure of the migrant”: Lessons from migration and border conflicts call for a new psychology (*kinopsychology*) and definition of politics (*kinopolitics*) based on movement (*kino*). The “figure of the migrant” is the dominant political figure of our time (Nail, 2015). *Issue:* This sociocultural pluriverse gives rise to alternative “epistemologies of the south” (Santos, 2016) and the geopolitics of the Global South (Di Nicola, 2020).

The “binding knot” through these issues is trauma, psychiatry's new “sublime object,” replacing schizophrenia (Woods, 2011). Culturally, trauma is the “trace left by suffering” (Adorno, 2003), a broader and more readily identified predicament. Trauma appears in the hidden injuries of class, across invisible communities of outsiders and amongst threshold people making the figure of the migrant its emblematic face. Trauma thus becomes a sociopolitical subject, beyond psychiatry, challenging how we understand identity, belonging, rights, and humanitarian reason (Fassin, 2011).

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[SY-109-03] The Ontological Turn and Cultural Psychiatry: Opportunities, Challenges and Limitations

*Mario Hubertus Braakman (Tilburg University(Netherlands))

Keywords : Cultural psychiatry、 Theory、 Ontological turn、 Depressive disorder

Imagine a reality in which there is not just one real world out there, but many. We have for instance, different words for the moon in different languages, like *la lune* in French, *de maan* in Dutch, but the moon out there is just one and for all cultures the same physical object up in the sky. We typically assume that, while human beings may hold differing beliefs, perspectives, or interpretations of the world and its material or natural objects, the objects themselves remain the same, independent of these viewpoints. This foundational assumption, however, is being challenged by an emerging perspective: the idea that there is not just one single, objective world, but rather multiple worlds—each shaped by distinct ways of being, knowing, and relating. Over the past two decades, this new paradigm has emerged within cultural anthropology, commonly referred to as the ontological turn. This intellectual movement has since matured, prompting the question: Might cultural psychiatry benefit from engaging with this novel perspective?

This presentation explores the foundational concepts of the ontological turn and considers their potential implications for cultural psychiatry. Specifically, we will examine how this framework intersects with key themes in the field, including: the nature of psychopathology; the distinctions between disease, illness, and sickness; idioms of distress; explanatory models; culture-bound syndromes; cross-cultural psychiatric assessment and diagnosis; and the effects of globalization and migration on clinical practice.

To ground these abstract ideas, we will draw on illustrative examples, with a particular emphasis on depressive disorders, in order to test the applicability and relevance of the ontological turn within cultural psychiatric contexts.

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[SY-109-04] The Future of Cultural Psychiatry: An Ecosocial Systems View

*Laurence J Kirmayer (McGill University(Canada))

Keywords : Cultural psychiatry、 Social determinants of mental health、 Poetics of illness experience and healing

This presentation will consider the future of cultural psychiatry in the light of current crises in the arenas of mental health, global politics and planetary ecology. Cultural psychiatry has been marginalized at time when cultural issues are more salient than ever. The attacks on culture come from multiple directions: (i) the persistent neuroreductionism in psychiatry that assumes the universality of human biology and treats culture mainly as an issue for service delivery; (ii) public health approaches that emphasize social structural determinants of health to the exclusion of cultural meaning, values and practice; and (iii) the politics of populism and nativism that views attempts to recognize diversity and respond to inequities as a challenge to the dominance of one group. Each of these challenges points to the need to rethink our views of culture to allow more fruitful engagement with current systems biology, global health and the politics of identity and community. Cultural psychiatry has crucial perspectives to offer on each of these fronts. These include a view of human biology in terms of “poetic naturalism” in which meaning and language play central roles; an understanding of the ways that social determinants of health are created and maintained by cultural values and practices; and an insistence on respect for human diversity as a social, political, and human rights priority.