

S28 *The spectrum of measurement instruments in psychiatry*

THE INTERDISCIPLINARY ASSESSMENT OF DISABLEMENT

John E. Cooper, Nottingham, United Kingdom

Except for the ICDH of WHO (1980), most of the instruments and schemes for the assessment of disablement have been produced by, and so are oriented towards, health workers in particular disciplines. Some examples will be discussed, together with some possible reasons why most funding agencies for disablement do not even bother to use what instruments are available.

The current revision process of the ICDH offers an opportunity to emphasize and develop the interdisciplinary aspects of disablement, and some of the strategies, obstacles, and options involved will be discussed. Since some of the traditional interdisciplinary boundaries are becoming increasingly blurred in modern medical care, these issues are likely to increase in importance.

S29 *Transcultural aspects of depression*

Symposium

Transcultural Aspects of Depression

P Richter¹, A. Kraus¹, U Lackner¹,
S.A. Surguladze², A. Mann¹

- 1) Department of Psychiatry, University of Heidelberg, Germany
- 2) Institute of Psychiatry, Tbilisi, Georgia
- 3) Psychiatric Clinic of the University of Medicine and Pharmacy, Timisoara, Romania

In this symposium members of a transcultural research group (head of the group: A. Kraus) which has constituted itself in 1994 at the Psychiatric University Clinic of Heidelberg are presenting first results. Research goals of the group concern investigations about the influences of socio-cultural factors on the development, symptomatology and course of depressive disorders comparing the results in different countries. Until now pilot studies were carried out in Japan, Romania, Georgia, Chile, Brazil and in Germany.

S28 *The spectrum of measurement instruments in psychiatry*

THE EXPLANATORY MODEL INTERVIEW CATALOGUE (EMIC) FOR CULTURAL STUDY OF ILLNESS EXPERIENCE

Mitchell Weiss, Swiss Tropical Institute, Department of Public Health and Epidemiology, Basel, Switzerland

Developed to study and compare illness explanatory models, the Explanatory Model Interview Catalogue (EMIC) refers to a collection of locally adapted explanatory model interviews rooted in a common framework. Various adaptations of this EMIC framework have produced semistructured interviews that characterize illness experience from the point of view of those who are most directly affected by it. Integrating anthropological and epidemiological perspectives, the interview elicits patterns of distress, perceived causes, and preferences for help seeking and treatment. Each section of the EMIC includes open-ended and focused screening questions to identify pertinent cultural categories of illness experience. Data sets generated from these EMIC interviews typically include coded variables and textual narrative which are cross-referenced for analysis to clarify key features of and to answer important questions about illness experience that inform clinical practice and facilitate cross-cultural comparisons. Explanatory model narratives provide vernacular accounts of illness burden, and explanatory model variables may be analysed with reference to findings from diagnostic, psychometric, and other professional assessments, as well as indicators of course and outcome.

S29 *Transcultural aspects of depression*

On the Validity of the Beck Depression Inventory in a Transculture Perspective

Paul Richter¹, Andrés Heerlein², Mauricio Viotti Daker³

- ¹ Department of Psychiatry, University of Heidelberg, Germany
- ² Department of Psychiatry, University of Santiago de Chile, Chile
- ³ Department of Psychiatry, University of Belo Horizonte, Brasil

The Beck Depression Inventory (BDI) is one of the most world-widely applied rating scales for depression (Swee et al. 1986). Metaanalyses of studies on the psychometric properties of the BDI are used as a starting point to discuss merits and shortcomings of rating scales in the assessment of depression. Merits of the inventory are its high internal consistency, high content validity, differential validity in differentiating between depressed and non-depressed subjects, sensitivity to change, and international propagation (Beck et al. 1988). Another reason for the popularity is the high concordance of the syndrome definition with the DSM-III criteria for major Depressive Disorder (Moran & Lambert 1983). Shortcomings, which the BDI shares with many other depression self-rating scales, are its high item difficulty, lack of representative norms, and thus doubtful objectivity of interpretation, controversial factorial validity against anxiety (Richter 1991). Besides general aspects problems of cross-cultural transfer of scales, as e.g. translation and content validity in different cultures are discussed (Satorius & Ban 1986).