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BOOK REVIEW

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Review of Strangers to ourselves, by Rachel Aviv

Resenha do livro Estranhos a nós mesmos, de Rachel Aviv

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The book Strangers to ourselves: stories of unstable minds, by journalist Rachel Aviv[1], is a thought-provoking work that interweaves clinical narratives and social critiques of mental health. This review focuses on medical education, highlighting how the book encourages a more critical approach. By questioning the limits of diagnostic manuals and valuing listening, the book offers important reflections on the role of diagnosis in the formation of identity – of both the patient and the professional – and challenges the reader to rethink the foundations of psychiatric practice.

Psychiatry, even more than other medical specialties, deals directly with the issue of identity. Diagnosis is not merely a name given to a set of symptoms; it can act as a device for existential naming, influencing how patients perceive themselves – and, by extension, how professionals see themselves when performing the role of naming. This dimension becomes particularly evident during medical training, when clinical identity is still being constructed and one is learning to listen. It was with this perspective that, in my second year of psychiatry residency, I took the initiative to present a seminar on cultural elements in psychosis and had my first contact with the influence of culture on mental health in a more intense way. At the time, a preceptor gave me Aviv's book as a gift. Reading the work influenced my educational trajectory and expanded my understanding of the limits – and effects – of diagnosis on patients' lives.

The investigative and engaging narrative is structured around five main stories, including the author's own experience, who was diagnosed at age 6 with anorexia nervosa and hospitalized. Other characters include Ray, a renowned doctor who, after battling severe depression, sees his career and personal life come crashing down; Bapu, a Brahmin woman in India diagnosed with schizophrenia who abandons her family to pursue an ascetic life in search of spiritual meaning while dealing with the stigma of mental illness; Naomi, an African-American woman who, during a psychotic episode, commits a tragic act, bringing to light the intersections between racism, poverty, and mental health in the United States; and Laura, who, after years of treatment for bipolar disorder, decides to stop taking medication and questions her identity beyond diagnostic labels. These narratives highlight the diversity of experiences of mental illness and the impact of sociocultural factors on how symptoms are experienced, interpreted, and treated.

One of the most compelling aspects of the book is its critique of the idea that psychiatric diagnoses are fixed and universal categories. Aviv demonstrates how these classifications work as lenses that shape the patient's perception, determining what is valued or ignored in the experience of illness. Furthermore, she problematizes how gaining insight, an essential part of the psychological examination and treatment adherence, can mean different things in different cultures. Therefore, the book questions the rigidity of diagnostic manuals and highlights how historical, cultural and social factors influence both psychological suffering and institutional and individual responses to it.

Academic literature also discusses the relationship between culture and mental disorders – how different groups adopt varying explanatory models for psychosis[2]. Western patients, for instance, tend to interpret mental disorders from a biopsychosocial perspective, which favors greater seeking of professional help and adherence to medication. On the other hand, Asian, Latino, Polish, and Māori patients often attribute their symptoms to religious or spiritual factors, as Bapu does in the book. Among African patients, the predominant explanation involves witchcraft. These last two alternative models of understanding illness are associated with longer periods of untreated psychosis and lower engagement with mental health services.

The arts, in general, encourage students to explore their imagination, fostering the development of new perspectives, as well as critical and creative thinking. These skills are crucial for problem-solving in professional practice[3]. Thus, Aviv's work becomes

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essential reading for medical training, especially in psychiatry and mental health sciences. It provokes a necessary reflection on how physicians and students interpret and categorize mental suffering. Foucault[4], in "Madness and civilization", argues that the physician embodies a figure of authority who, by naming the illness, also produces it as truth. This asymmetrical relationship between the subject of knowledge (the physician) and the object (the patient) contributes to the consolidation of a psychiatry founded on power-knowledge. The anti-psychiatric critiques that emerged in the 20th century sought to subvert this structure, proposing alternatives to the dominant institutional model and reclaiming the patient's subjective experience as a central element in mental health care[5].

Thus, another merit of the book is its appreciation of the patient's perspective, often neglected in psychiatry. Aviv reinforces that mental suffering cannot be reduced to diagnostic criteria and therapeutic protocols, as it involves complex subjectivities and social influences. This is corroborated by a debate in psychiatry that emphasizes the need to consider cultural factors in the classification of mental disorders and the effectiveness of treatment[6]. In Brazil, this concern has recently been articulated by Seabra et al.[7], who advocate for the teaching of cultural psychiatry as a tool for critical and decolonial training. The authors state that recognizing Brazil ethnic, historical, and social diversity in the training process makes residents better prepared to deal with the clinical challenges of a plural and unequal country. This perspective aligns with what Picon et al[8] point out as one of the deficits of psychiatric training in Brazil: the lack of curricular adaptation to local sociocultural realities, which reinforces the importance of training that is sensitive to diversity and listening.

Thus, for medical education, the book presents itself as a valuable tool for expanding the understanding of the effects of diagnosis on patients' lives and reinforcing the importance of our attentive and sensitive listening. In an increasingly protocol-based clinical setting, Aviv reminds us that before a psychiatric label, there is a human being with their own history, culture, and identity. I recommend the book not only to physicians and psychiatry students, but to anyone who wants to better understand how identity, culture, and diagnosis intertwine in the experience of mental illness.

Keywords: Psychiatry; Review; Literature; Diagnosis; Medical Education.

AUTHORS' CONTRIBUTIONS

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CONFLICTS OF INTEREST

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