Cultural psychiatry is often a neglected topic in medical education, despite the fact that many students do not have the cultural skills necessary to serve today's diverse population. The purpose of this article is to present reflections on lessons learned from a cultural psychiatry curriculum at the University of Wisconsin, Madison.

Why do we bother to teach cultural psychiatry? I have spent the last 2 years working to develop a cultural psychiatry curriculum for third-year medical students at the University of Wisconsin, Madison, and I have asked myself this question numerous times. Sometimes, I believe we teach cultural psychiatry because it is mandatory. The Liaison Committee on Medical Education has several educational standards on teaching cultural competence. The Liaison Committee on Medical Education's educational objectives state that “faculty and students must demonstrate an understanding of the manner in which people of diverse cultures and belief systems perceive health and illness and respond to various symptoms, diseases and treatments,” and “medical students must learn to recognize and appropriately address gender and cultural bias in themselves and others, and in the process of health care delivery.” Although important, these objectives do not truly answer the question of why we teach cultural psychiatry. A more basic answer is that we teach cultural psychiatry because it is good for patient care and it is good for society.

The mental health system in the United States is predominately directed toward U.S.-born English speaking patients. However, this system is now being forced to serve the mental health needs of patients from multiple cultural, ethnic, linguistic, and socioeconomic backgrounds. Many clinicians are not prepared to serve these populations, and, often, neither residents nor medical students are well-trained in cross-cultural communication skills. The ability to connect with our patients is fundamental in providing good care, and cultural education is essential.

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Book Reviews: *Atmospheric Disturbances* and *The Forgery of Venus*

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Although some literary references to psychiatry are so badly executed that readers may find themselves cringing with disgust, two recently published novels have folded psychiatry themes into story lines in ways that are both entertaining and fairly accurate. Should you find yourself looking for something in the nontextbook genre to read, *Atmospheric Disturbances*, by Rivka Galchen, and *The Forgery of Venus*, by Michael Gruber, might be appealing.

The protagonist in *Atmospheric Disturbances* is Dr. Leo Liebenstein, a Manhattan psychiatrist. Poor Dr. Liebenstein suffers from Capgras syndrome, manifested, in his case, by the belief that his wife has been replaced by a not-quite-perfect double (or “simulacrum”). While attempting to sort through the distress and confusion that accompany his belief, Dr. Liebenstein also must deal with the fallout of a critical decision the “simulacrum” influenced him to make.

This decision involved his treatment approach with Harvey, a delusional patient who believes he is an agent of the Royal Academy of Meteorology (a highly secretive agency charged with controlling global weather). In an ill-fated attempt at alliance building, Dr. Liebenstein tells Harvey that he is also an agent of the Royal Academy of Meteorology and that he has been tasked with communicating orders to Harvey from the Academy’s leadership.

Dr. Liebenstein is funneled toward increasingly bizarre acts meant to keep his lie, and his life, from unraveling. His concretely held belief that his wife has been replaced and the accommodations he must make toward his burgeoning identity as an agent of atmospheric intrigue lead him away from New York to South America. In the cafes of Buenos Aires and the wilds of Patagonia, Dr. Liebenstein is forced to confront doubts about the authenticity of his spouse’s identity as well as his own.

Dr. Galchen puts all her credentials (a B.A. from Princeton, with Joyce Carol Oates as a thesis advisor; a M.D. from Mt. Sinai; public health service in South America; and a M.F.A. from Columbia University) to work in making the technical aspects of science and medicine read like poetry. She manages to accomplish this without hitting her readers over the head with the effort. I would venture to guess many of these readers will be looking for a sequel.

In *The Forgery of Venus*, the blurring of reality (similar to *Atmospheric Disturbances*) is a central facet of the story line. The novel’s main character, Chaz Wilmot, is a talented but near-destitute painter who takes part in two questionable but well-paying ventures in order to provide life-saving medical care for his ill son.

The first venture involves participating as a subject in a research study, undertaken by his former roommate at Columbia University. The former roommate is a successful neurologist who is testing a drug called salvinorin.

Purported to enhance creativity, the salvinorin experiment yields Wilmot more of a boost than anyone anticipated, as he finds himself imbued with both the talent and memories of the Spanish master Diego Velazquez. This leads Wilmot to his second risky for-profit venture, as he is offered an obscene amount of cash to forge “lost” masterpieces for an underground art dealer.

Both novels make use of an unreliable protagonist who, in the midst of a psychological crisis, is forced to question the reliability of everybody around him and to then make painful compromises that surround the concepts of identity and memory. I recommend these novels as worthwhile and entertaining.
