Reviewer's report

Title: Somatisation: illness perspectives of asylum seeker and refugee patients from former Yugoslavia

Version: 1 Date: 14 November 2005

Reviewer: Laurence Kirmayer

Reviewer's report:

General

Somatisation: Illness perspectives of asylum seeker and refugee patients from former Yugoslavia

This is an interesting paper that provides useful data on the symptom and illness attributions and explanations of Kosovar and Bosnian refugees and asylum seekers in Geneva. It is adequately designed and analysed and well written.

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

The authors note the limitations of the sample and methodology. Two further concerns should be addressed:

(1) There is no attention to the status of position of the interviewer vis-à-vis the rest of the clinic; stories are always told for a purpose and we can wonder what the aims of the patients in this study were, based on how they perceived the interviewer. Some further comment on this would be helpful [see for e.g. Groleau, D., & Kirmayer, L. J. (2004). Sociosomatic theory in Vietnamese immigrants' narratives of distress. Anthropology & Medicine, 11(2), 117-133.]

(2) The focus is entirely on the patient but the perceptions of clinicians depend on their own values and practices. Thus, the readiness with which Swiss clinicians attribute unexplained somatic symptoms to psychological causes must be viewed as a cultural process in its own right [see: Kirmayer, L. J. (1988). Mind and body as metaphors: Hidden values in biomedicine. In M. Lock & D. Gordon (Eds.), Biomedicine Examined (pp. 57-92). Dordrecht: Kluwer.] In general then, what is missing is a more interactional view of patients’ clinical experiences, symptom attributions and illness narratives. [see: Kirmayer, L. J., Groleau, D., Looper, K. J., & Dao, M. D. (2004). Explaining medically unexplained symptoms. Canadian Journal of Psychiatry, 49(10), 663-672.]

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

In the abstract it is noted that patients tend to attribute the onset of symptoms to past trauma but ‘blame’ the persistence of their symptoms on current factors; the use of the term blame implies a moral valuation Is this asymmetry in terminology the patients’ or the researchers?

It is not the case that there are no effective treatments for somatizing patients. CBT and other
measures of frequently helpful but they must begin with where the patient is in their own understanding – hence the usefulness of research like the present paper. See: Looper, K. J., & Kirmayer, L. J. (2002). Behavioral medicine approaches to somatoform disorders. J Consult Clin Psychol, 70(3), 810-827.

Under “Study Population”, line 4,

only a few month >> only a few months

second paragraph, line 6

asylum auditions >> asylum hearings

In the discussion it is stated that “immigrants are more prone to develop somatisation than other groups of people”

This is an over-generalisation since the composition and health status of immigrant groups depends on the policies of the receiving country. In Canada, for example, since immigrants (as opposed to refugees or asylum seekers) are highly selected, they tend to be healthier than the general population.

**What next?:** Accept after minor essential revisions

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** No