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**What does the author say about the lived experience of psychological struggles?**

It can be said with certainty that the author believes mental health struggles are highly personal. By simplifying mental health struggles into a checklist of symptoms, the DSM promotes a one-size-fits-all approach, which can alienate those who are grappling with real pain. He emphasizes that psychological struggles are inherently subjective, varying widely in intensity, duration, and impact. However, the DSM's criteria oversimplify these diverse experiences by categorizing them under a single diagnosis. This uniqueness is reflected not only in each individual's life experiences, cultural background, and social environment, but also in their personal views and attitudes toward their own mental health issues.

In the case of Nomi Kaim, the author uses her journey to illustrate how the process of diagnosis and self-understanding can profoundly alter one's perception of identity (p.174). Initially, Nomi was shocked and fearful upon learning that she had Asperger's Syndrome, a condition on the autism spectrum. Like many people who receive a mental health diagnosis, she struggled with the label, as it suggested something was inherently wrong with her. The initial reaction to being diagnosed with Asperger's Syndrome was one of fear and confusion, as the diagnosis made her feel as though she were being placed into a box that defined her entire identity.

However, as Nomi began to meet others who shared similar experiences—people who also had Asperger's Syndrome or other forms of neurodivergence—she started to see that her experiences were not unique in a negative sense. Rather than feeling isolated or misunderstood, she found a sense of community with others who had lived through similar challenges. This shift in perspective was pivotal for her. It allowed her to not only accept the diagnosis but also to start understanding her condition in a more empathetic light. Nomi began to recognize that the characteristics associated with Asperger's—such as difficulty in social situations or heightened sensitivity to sensory stimuli—were not flaws to be corrected but rather unique traits that made her who she was. As Nomi's understanding of her diagnosis grew, so did her acceptance of herself. The process of coming to terms with her condition allowed her to view it not as a limitation but as a part of her identity that she could embrace. Over time, she redefined what it meant to live with Asperger's Syndrome, recognizing the strengths and perspectives it gave her, rather than just focusing on the difficulties. Eventually, she came to see her diagnosis as a gift, something that opened up a new understanding of herself and the world around her. This transformation illustrates the power of self-understanding and the importance of community in reshaping one's sense of identity.

The story of Nomi Kaim serves as a powerful example of how diagnosis, rather than being a defining or limiting label, can be a step toward greater self-awareness and self-acceptance. It highlights the importance of viewing mental health conditions not merely as disorders to be treated, but as part of the broader spectrum of human experience. By finding community and reframing her struggles, Nomi was able to create a more positive, nuanced view of her own identity. This transformation is a reminder that the way individuals understand their own mental health challenges plays a crucial role in how they experience their lives and how they engage with the world.

**Do you agree or disagree with the author's point of view? Why or why not?**

Personally, I fully understand the author's attitude toward the DSM, but at the same time, I feel deeply conflicted about its pros and cons. This hesitation goes beyond just its limitations; it's about whether, even when we recognize the problems, we can actually find a better method for psychological diagnosis.

The DSM itself is a central topic of discussion, with the main criticism being that it tends to overlook individual factors when used for diagnosis. Using the DSM undoubtedly requires detailed and cautious steps and guidelines to achieve results that align as closely as possible with the patient's actual situation. There's nothing wrong with this approach—in fact, I believe it's entirely appropriate. However, even when considering the patient's unique personal experiences, it's impossible to fully grasp the causes and processes behind certain symptoms without a complete understanding of the cultural context. In such cases, even with the DSM, there is a high likelihood of reaching an inaccurate judgment.

Furthermore, biases were present even during the DSM's development. The author points out that many experts on the psychiatric research teams had clinical experience limited to "highly select patients treated in a research context." (p.101) This creates a purposive loop, where answers are sought with a specific agenda, ultimately making the research findings somewhat meaningless, and results in a diagnostic system that does not truly serve the patients it claims to help but instead reflects the biases and assumptions of a small group of professionals who often prioritize scientific classification over a nuanced understanding.

However, considering the realities of practice, matching each patient with a counselor who closely aligns with their cultural background is extremely challenging when factoring in industry staffing, economic efficiency, and time costs. This means we need to be prepared to work under the premise that complete empathy with the patient may not always be achievable. Instead, we must think about how, from a broader perspective, we can provide as fair and accessible mental health care as possible to more people.

Exactly. Thinking from this perspective, the most feasible solution is a standardized, formulaic guide, and that's how the DSM came into existence. Setting aside its shortcomings, we have to admit that this guide—developed and revised through extensive research and discussion—has significantly improved efficiency in practical counseling. When dealing with patients from diverse cultures, even if achieving absolute accuracy is challenging, the general direction is

mostly aligned. From a statistical standpoint, cases where the diagnosis drastically deviates from the actual issues are not overwhelmingly common across all counseling practices.

I'm not saying that there's no room for improvement or that the DSM is the ultimate answer. It's just that, given the differences in countries, cultures, societal structures, economic development, and living environments, finding a solution that addresses every issue is incredibly challenging. However, if in the future, people's mindsets evolve and they are more prepared to embrace diversity, then perhaps a future version of the "DSM" could truly fulfill its intended purpose.

**What does cross-cultural research say about this topic? How might this research help you question your assumptions about mental illness?**

Cross-cultural research aligns closely with the tone of this book, as both emphasize that mental illness is deeply influenced by cultural, social, and environmental factors. They both point out that different cultures have varying perspectives on mental health issues and diverse approaches to addressing them. This has been an important takeaway for me from the book: the biases surrounding mental health in China need to start changing with our generation. Today's attitudes are the result of past generations' neglect and stigmatization of psychological issues, and it's up to us to reshape these views for a healthier and more supportive future.

I used to believe that a person's personality, regardless of how it develops or whether they experience disorders, is deeply connected to their family. This connection includes innate factors, such as genetics, as well as external influences like family environment, parenting style, living standards, and community context. I still hold this belief, but I've begun trying to analyze mental health issues from a different perspective: that of the parents of adolescents. Like what Shaffer said, "Our real audience must be the parents." (p.142) How did these parents become who they are today? Or, to take a more comprehensive approach, perhaps we shouldn't use the term "parent", which carries a strong social role. Although their parental role is certainly important when analyzing their psychology, it might be more effective to refer to them as "social adults between the ages of 30 and 60". This allows us to consider a broader view of their lives and influences. With this perspective, I've tried to put myself in the shoes of parents of people around me who struggle with mental health issues. Of course, this approach is far from objective and cannot lead to definitive conclusions. The challenge is that it's only with people closest to me that I have the opportunity to understand their backstories, including insights into their parents and family environments. Among these individuals, even fewer have given me the chance to share experiences with their parents. So, for now, I can only rely on what in statistics is known as "convenience sampling" to select the subjects of my reflections and draw tentative conclusions.

When our parents were our age, it was around the 1990s. To analyze their childhood experiences, we need to rewind another decade or so. At that time, New China had just been established, and society was focused heavily on developing material resources. Thought and self-awareness weren't as open or prioritized as they are today. Back then, society was largely unaware of "mental health issues." Yet many situations that lead to psychological struggles for

our generation were present back then as well—such as parental divorce, the death of loved ones, bullying, and physical disabilities. The difference is that people at that time had no understanding of why they felt suppressed internally or experienced certain strange physiological responses.

Without an understanding of these concepts, our parents' generation—and even their parents—lacked the tools to ask questions like, "What shaped my personality and behavior patterns?" As a result, when they became parents, many were unable to reflect with empathy and understanding when raising their own children, especially in towns and regions where education and awareness are less developed. This generational gap makes it difficult for them to see mental health challenges from an understanding perspective, contributing to the stigma and lack of support that many young people in these communities still face today.

In other words, a major culprit behind mental health issues is the information gap. This gap is so hard to bridge because eliminating it requires parents—who already have established ways of thinking—to embrace new, modern ideas. This can only happen if they have the capacity to accept differing viewpoints. This is why I believe that the biases surrounding mental health must change with our generation. We've experienced firsthand the limitations of our parents' inability to adapt to new ideas, and we know all too well the impact of this rigidity. Now, it's up to us to ensure that future generations don't face the same challenges and that mental health is understood, accepted, and supported.

**How can this topic help us understand the cultural contexts of pathology in children and adolescents?**

The DSM undoubtedly prompts us to consider the cultural contexts of pathology in adolescents, as one of its major limitations lies in its approach to culture. This cultural limitation is not only evident between different countries but also within the same country, the same state, and even the same community, where culture creates differences on various levels.

When I try to define myself with more detailed descriptions, I might use terms such as "a member of the mainstream Chinese society," "a person of privilege," or "one of the fortunate ones." I used to believe that being born in China's capital, having access to some of the best educational resources in Beijing and even the entire country, not worrying about basic needs like food, housing, or clothing, enjoying a supportive family environment and social network, and growing up without significant misfortunes were marks of my own luck. I thought that peers from suburban areas, other second- or third-tier cities, or rural regions were "unlucky" in comparison. However, as my worldview has expanded, I've gradually realized that judging others' experiences based on values shaped solely by my own life is fundamentally flawed. In fact, sometimes cultural differences don't require comparisons with people from distant places to become apparent. Even among classmates I interact with daily, deeper understanding often reveals subtle yet significant cultural differences between us. This realization has reshaped my perspective, teaching me to approach others' experiences with greater humility and openness.

This raises a new question: if individuals are shaped by the cultures they've experienced, and no two people experience the exact same culture, does that mean cultural differences can never truly be resolved?

The answer lies not in eliminating cultural differences but in learning to navigate and respect them. Cultural diversity is an intrinsic part of human society, and it is this very diversity that enriches our collective experience. Differences do not need to be "resolved" in the sense of being erased; instead, we should focus on cultivating understanding, empathy, and mutual respect. It is important to acknowledge that while no two cultural experiences are identical, there are shared values, emotions, and aspirations that can serve as common ground. For instance, while parenting styles or perceptions of mental health may vary across cultures, the desire for family happiness or personal growth is universal. By emphasizing these shared human elements, it becomes possible to bridge gaps without diminishing or invalidating individual cultural experiences.

**What are the implications for education, prevention, or treatment?**

In educational environments such as schools and training institutions, teachers need to cultivate the habit of asking "why" after observing "abnormal" behavior in students, before immediately reacting to or stopping it. This is not to suggest that certain harmful behaviors shouldn't be promptly addressed; rather, it serves as a reminder for educators to step outside their own cultural frameworks and attempt to understand the situation from the student's perspective before providing guidance.

By doing so, teachers can avoid misjudging behaviors that may stem from cultural differences or personal struggles, enabling them to respond in ways that are more empathetic and constructive. For instance, a student who appears withdrawn or uncooperative might not be intentionally disruptive but rather expressing discomfort or stress related to their cultural or personal background. Understanding this allows educators to create a supportive environment that addresses the root causes of such behaviors rather than simply treating the symptoms.

In treatment, cultural competence is essential for effective mental health care. Practitioners must be trained to understand the cultural backgrounds and values of their patients to avoid misdiagnoses and improve therapeutic outcomes. For instance, a symptom like excessive fatigue might be interpreted as a physical issue in one culture and as a psychological issue in another. Clinicians need to ask culturally relevant questions and adapt their approaches to align with the patient's worldview.

Moreover, involving families and communities in treatment plans can be beneficial, especially in cultures where family plays a central role in decision-making. Integrating traditional practices or beliefs—when appropriate and safe—into modern therapeutic methods can also enhance trust and engagement.