

The “EMIC” and “ETIC” Models: Two Equally Important Insight Assessments in Psychosis

Sir,

This letter is in response to the expert’s viewpoint on explanatory models of insight in psychosis by Jacob.^[1] This article is well written and highly informative because it promulgates the relevance of the sparsely used Explanatory Models (EM’s) in the clinical settings.

I would like to suggest a few points as a reader in the article. First and foremost, the author tried to explain in the introduction of the article that insight explained in its^[2] Culture Specific Explanations for Mental Illness (EMIC) and Universality of Mental Illness (ETIC)^[2] perspectives in psychosis and the explanation by clinician and person affected with psychosis equally determines the levels of insight in the affected individual. When considering insight on this ground, the majority of the studies on EMs conducted among the population of India shows the importance given only to EMIC models.^[2-4]

Of course, it is also worth note by giving equal importance to the overlapping ETIC model of insight. Therefore, research asserts that personal and phenomenological aspects also incorporated along with psychiatric evaluation.^[5] The assessments of the EMIC model along with ETIC only helpful to reduce the distance between the treating clinician and the person with psychosis.

Second, in the article author trying only to connect insight with delusional ideas while the author missed connecting symptom of hallucinations, which are false perceptual experiences and a valid determining factor for insight in person with psychosis. In cases with

hallucinations, insight was found hampered.^[6]

Third, it is agreeable that the instruments widely used to assess insight made to fetch biomedical^[4] models and symptoms. The author rightly pointed about the EMIC.^[7] However, there are few more instruments to tap EMs in psychosis:

1. Explanatory Models Association Task (EMAT)^[8]
2. Barts Explanatory Model Inventory, self-report checklist^[2,9]
3. McGill Illness Narrative Interview^[5,7]
4. Short Explanatory Model Interview (SEMI) tool can utilize in the psychiatry settings along with the existing instruments of ETIC.

Developing the quantitative instruments for EMs is practically not easy because phenomenological individual explanatory beliefs are different from other’s beliefs and should be distinguished from general beliefs about illnesses hence that, it is not generalizable. However, if researchers can identify culturally rooted common themes of EMs (spiritual/mystical factors, psychosocial factors, and biological factors^[8]) after identifying the common EMs makes it possible for the researchers to develop new instruments.^[2]

Another possibility is to refine the existing instruments (EMIC, EMAT, SEMI, and Indiana Psychiatric Illness Inventory [IPII]).^[5] The first focus should be to validate the instruments (EM’s EMIC) to be culture specific so that it will help the clinician to understand individuals EMIC perspectives.^[8] EMIC and the ETIC models of illnesses are also equally important where one will be supporting the other strand for assessment and

treatment purposes. Finally, the keyword to be used in the abstract should have been “explanatory models” instead of “culture” as given by the author for a simple reason that it should have helped the readers to easily find the paper with their least effort from the respective indexed database.

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Conflicts of interest

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