To make the Journal more dynamic and significant to a wider range of scholars, our submission categories have been broadened. We still, however, welcome Original Research Articles, which continue to make up the majority of our manuscript submissions.

Communiqué.

Under this rubric will appear papers that are intended to make a statement of an author’s position on a matter of interest to CMP. The Communiqué is not a full article, or an Opinion. Rather, it communicates a statement of a position of the author. It may not be based upon research, as such. The first exemplar of this category is from the renowned doyen of Chinese psychiatry, and appears in 33(4).

Circumstantial Deliveries

This journal section is intended to be a forum for the appearance of important papers that have been presented at conferences, meetings, workshops or under other such ‘circumstances’. This section disseminates new ideas in a quotable source prior to the publication of full-length articles and thereby provides a current read of the pulse of activity in fields of interest. Circumstantial Deliveries should be short (8-15 pages) and should follow the format below:

I. Abstract
II. Introduction
   a) Include brief details of conference or meeting in which this work was initially presented
III. Methods
IV. Results
V. Conclusion
   a) Future applications or elaborations

An example of the CD appears in 31(3). The article, by Eric Engstrom, a German historian of medicine (psychiatry), signaled one of the directions in which we hope to take CMP, viz. an historical gaze on issues medical. Circumstantial Deliveries are important papers that have been given at professional meetings, workshops, conferences and/or in other professional ‘circumstances.’ Circumstantial Deliveries is a Journal section that provides for a more dynamic presence of CMP in that it serves to promptly disseminate new ideas in a more formal, citable context.

Opinion

The Opinion section is a forum for the expression of opinions and comments by scholars on a variety of issues such as the thrust of an important meeting, a new health policy under discussion or recently implemented, concerns for work that needs to be done but appears not to be receiving adequate attention and so on. Opinion, as in the Lancet, represents a kind of Guest Editorial and is not intended to be a peer-reviewed research paper as are CDs, but rather an opinion editorial, or Op/Ed. The first of these appeared in
Volume 31, Number 4. It was written by Peter Whitehouse, MD, PhD, and was an account from the front lines of a most prominent dementia researcher on the influences of pharmaceutical companies on medical research, scholarship and discourse and the ethical concerns thereby engendered. A second, by John Sheehan, MD, a noted endocrinologist and diabetologist, concerns the gross inadequacy of care for Diabetes Mellitus in the US and appears in 34(1).

**Illness Narratives: Stories of Patients and Healers, Caregivers and Researchers**

This new section, Illness Narratives: Stories of Patients, Healers, Caregivers and Researchers, takes its name, in part, from two of Arthur Kleinman’s many influential books, 1995’s The Illness Narratives and 1980’s Patients and Healers in the Context of Culture. This section appears episodically, as does the Opinion and CDs sections. It provides the chief outlet for medical humanities pieces that include narratives of illness experiences of sufferers as well as those of healers, caregivers and researchers. It is hoped that some of these will be multimedia presentations on the web as well as appearing in print.

**Instrumentalities**

In 2008, CMP added another new section, Instrumentalities, in response to submissions that concerned a specific psychiatric or other instrument but did not represent themselves as full articles. The Instrumentalities category thus filled a need for critical evaluations or revisions of instruments that were of use to clinicians and social scientists. The first of these appeared in the March issue of 2008, CMP 32(1).

I. Abstract  
II. Introduction  
   a) Theoretical background  
   b) Population  
   c) Need for the instrument  
III. Method  
   a) Development of the instrument  
   b) Measures  
IV. Results  
   a) Reliability  
   b) Validity  
   c) Cultural appropriateness  
V. Discussion and clinical/research applications  
VI. Conclusion  

**Clinical Case Studies**

Clinical Case Studies are analyses of clinical cases that are relevant to scholarship in the fields of interest of the journal.

I. Clinical History  
   a) Patient Identification  
   b) History of Present Illness
c) Psychiatric History and Previous Treatment
d) Social and Developmental History
e) Family History
f) Mental Status Exam
g) Course and Outcome
h) Diagnostic Formulation
i) Differential Diagnosis
II. Cultural Formulation
   a) Cultural Identity
      1. Cultural reference group
      2. Language
      3. Cultural factors in development
      4. Involvement with culture of origin
   b) Cultural Explanations of Illness
      1. Predominant idioms of distress and local illness categories
      2. Meaning and severity of symptoms in relation to cultural norms
      3. Perceived causes and explanatory models
      4. Help-seeking experiences and plans
   c) Cultural Factors Related to Psychosocial Environment and Levels of Functioning
      1. Social stressors
      2. Social supports
      3. Levels of functioning and disability
d) Cultural elements in the Clinician-Patient Relationship
e) Overall Cultural Assessment

Cultural Case Studies

Cultural Case Studies (CuCS) have paralleled the traditional Clinical Case Studies (CCS) that have appeared for some time in CMP. However, the Cultural Case Studies’ perspectives are from the ‘anthropological clinic’ rather than the psychiatric. The focus of Cultural Case Studies is on cultural and psychocultural aspects of a case and its social/cultural context rather than specific, formal criteria of psychiatric evaluation. The elements of significance, thus, can vary from case to case. We have published several of these Cultural Case Studies and continue to publish Clinical Case Studies as well

I. Abstract
II. Introduction
   a. Theoretical grounding
   b. Cultural framework in which the case is located
   c. Explanation of the analytic framework
III. Presentation of the Case
IV. Theoretical analysis
V. Cultural problematization (by this I mean, what theoretical conflicts does the case engender for the practitioner/researcher? What conflicts arise in a practical sense for individual being presented as the ‘case,’ and how are they illustrative of the theoretical conflicts?)
VI. Conclusion
On-line Book Review

Books are received by the journal and appear in the journal’s End Matters. These may be requested for review by CMP’s readership. Such reviews may appear in CMP, following editorial review. Book Reviews appear in print as well as on-line, and are between 10-12 pages on average (though they are sometimes shorter, depending on the work). The first of these appeared in 33(2). General guidelines are provided below, but CMP recognizes that these may change slightly depending on the nature of the work.

I. Discussion of the main arguments of the book and the evidence that is presented to substantiate the author’s claims

II. Contributions made by the book to theoretical and methodological debates

III. A critical rendering of the merits and weaknesses of the book