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SOCIAL PSYCHIATRY ACROSS CULTURES Studies from North America, Asia, Europe, and Africa

Edited by Rumi Kato Price, Ph.D., M.P.E., Brent Mack Shea, Ph.D.,
and Harsha N. Mookherjee, Ph.D.

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Social Psychiatry across Cultures

**Studies from North America,
Asia, Europe, and Africa**

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Foreword

The World Health Organization's concept of health as "the condition of psychophysical and social well-being" must be translated into operational terms. The objective is to place the human person within the social system, given that mental health, mental illness, and suffering are individual, despite the fact that their causes are to be sought in the society and environment that surround and interact with the individual.

One dimension that must be emphasized in this field is the continuum that exists between social environment and cerebral development. This continuum consists of the physical and biological features of the two interacting systems: on one hand, the brain managed and controlled by the genetic program, and, on the other hand, the environment, be it natural or social. A simple dichotomy of individual and environment is no longer a sufficient concept in understanding the etiology of mental health and illness.

Needless to say, socioepidemiological research in psychiatry and transcultural psychiatry is useful in reaching these ends. However, at the root of mental illness, one can always find the same causal elements: informational chaos, inadequate dietary intake, substance abuse, trauma, conditioning, and so on, which make the interactive systems dysfunctional. Subsequent organic and psychotic disorders occur to the detriment of both the individual and society. Current biological psychiatry is inadequately equipped in treating mental illness.

The present limits of psychiatry stress the need for further conceptual parameters that may enable researchers to integrate the neurophysiological aspect into the psychological and social aspects, in order to

restrain the iatrogenic action of pharmacological therapy. In our opinion, the concept of "prevention of mental illness" should always be associated with the concept of social psychiatry. To this end, a holistic science is required that takes into account that the individual develops within society, hence it is society—first of all through its most basic expression, the family—that determines his or her development, and as a result, the condition either of well-being or illness.

Thus, we are led to consider that the "science of prevention" should be designed more as a subfield of sociology than of psychiatry, insofar as the latter, by its very definition, is devoted to treatable diseases. The one who treats the disease should be not charged with preventing it.

Therefore, sociology ought no longer to confine its research to "trial-and-error" methodology, which is typical of specialized research in medicine. Rather it should design multidisciplinary, integrated research programs to deepen the knowledge of physiological dynamics, including the pathological ones, in order to formulate and implement social actions suitable to the real prevention of mental illness. The mission of psychiatry then is left to the study and treatment of pathologies. It seems obvious that the best "therapy" is and always will be prevention.

The Research Committee on Mental Health and Illness is directed by these concepts and pursues integration of the multifactorality of mental illness, which will contribute to socially preventing such etiological elements as alienation, distress, individual and social conflicts, and discomfort. We believe that the present state of the evolution of scientific knowledge offers the means to integrate the dynamics of individual–environment–societal relationships within a global perspective. Our endeavors therefore must be applied in this direction to optimally consider social needs that can no longer wait to be addressed.

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Preface

The flowering of social psychiatry requires a certain readiness among intellectuals, as well as the demand for such an area of inquiry in a society. When problems confront the very survival of the society, as in civil war, famine, and epidemics of fatal infectious diseases, social psychiatry and mental health research do not assume high priorities in minds of intellectuals. Although we still find such conditions of despair in many parts of the world, where natural disaster and human conflict have led to the total destruction of the community, we also see signs of an increasing demand and readiness for the development of social psychiatry in some developing countries.

English-language literature on social psychiatry that investigates cultural specificity of an aspect of mental health or illness in non-Western societies is typically written by one of three types of researchers: Medical anthropologists describe indigenous concepts and their relevance to mental health; Western epidemiologists extend the Western psychiatric paradigm to non-Western societies to confirm the universality of their findings; only when a hypothesis fails to hold in a specific culture will theory be modified. The third category of researcher encompasses a growing number of native researchers trained in Western research paradigms who then apply Western concepts to their native cultures.

We rarely find indigenous researchers, applying their indigenous concepts, reaching an English-language publisher. Far from attempting such an ambitious agenda, this volume nevertheless can be seen as a start at making available to the English-speaking audience research in social psychiatry written by indigenous researchers, with indigenous

concepts, and ultimately for their indigenous cultures. Traditional Chinese herbal medicine or Brazil's endangered rain forest plants are finding their way into the U.S. National Institutes of Health for scrutiny. Similarly, we may, one of these days, find indigenous concepts of mental health and illness that provide useful means for prevention and intervention of mental illness in our own society.

The idea of publishing a volume of research papers in social psychiatry from around the world originated during the planning phase of research sessions organized by the Research Committee on Mental Health and Illness for the 1990 World Congress of Sociology in Madrid. Throughout the planning of the Congress sessions, efforts were made to ensure the geographical diversity of participants and the diversity of research topics, because we feel one of our missions is to increase networks of research collaboration across many societies.

As papers were collected after the conference, sharp qualitative differences were observed between those presented by Western researchers and those by indigenous researchers addressing indigenous problems (although all authors had some training in Western institutions). Nevertheless, common themes were also apparent, such as the friction between traditional and new "cultures," whether the paper described problems in one society or groups within one society. The volume editors selectively chose papers according to two criteria: the quality of the paper, and papers written by researchers in societies currently underrepresented in social psychiatry. Peer reviews were conducted to assure that only quality work would be selected.

Methodological paradigms were diverse, ranging from a socio-anthropological study of aborigines to secondary analyses of a large general-population epidemiological study. Currently, the appearance of exploratory studies and case studies is unusual in most journals of social psychiatry, given that journals impose a restrictive methodological style. Thus we intentionally avoided using methodological sophistication as a prime priority for paper selection.

Eleven original contributions were eventually selected over a two-year period. The authors of these papers encompass eight countries: the United States, Mexico, Switzerland, the Czech Republic, the Netherlands, India, Japan, and Nigeria. One chapter written by a U.S. author concerns a culture that differs from mainstream America. Another chapter written by a Dutch clinician considers the African Surinamese culture in the Netherlands, which, despite enforced emigration from West Africa to South America, life in a Dutch colony, and subsequent emigration to the Netherlands, has retained a traditional world view.

Although the volume's coverage is not representative of all regions of the world, it is an unusual attempt to represent many different cultures.

Each chapter has gone through extensive editing involving a minimum of several revisions. All contributing chapters were submitted in English. Editing proved a daunting task as the need for uniform presentation was balanced against differences in language, underlying logic and reasoning style, methodology, and discursive format. The volume editors are particularly thankful to the production editor, Keith S. Murray, and the editorial assistant, David J. Hilditch. Without their dedicated and persistent efforts, our collection may not have become readily accessible to lay English-speaking readers. Their contributions, however, went beyond editorial assistance. They were informative contributors for the chapter reviews and the ideas integrating diverse papers such as these, which are expressed in the Introduction and Conclusion.

Admittedly, the introjection of Western logic in editing chapters was necessary at times to avoid confusion to English-speaking readers. Since two of the volume editors are bilingual and bicultural, we believe that the underlying integrity of the papers was preserved through the editing process. We were sensitive to the potential damage that the transliteration process could do. Final drafts were circulated to the chapter authors for proofreading, and any final questions about editorial choices were addressed before the page proofs became available. Even with these precautions, however, we admit that some elements of cultural specificity may have been lost through editing. The volume editors are solely responsible for such shortcomings.

The Series Editor, Ellen Bassuk, provided perhaps the most critical yet constructive review of the volume when it was half completed. Her suggestions led to the reorganization of contributed chapters and the refinement of our themes. We also thank Plenum Editor Mariclaire Cloutier for her generous and understanding cooperation through the long process of bringing this volume to print.

A National Research Service Award to the senior editor (R.K.P.) from the National Institute of Mental Health through the Training Program in Psychiatry Epidemiology and Biostatistics (MH17104) enabled the travel, paper collection, and editing required for this volume. The Program Director, Lee N. Robins, who is both an epidemiologist and sociologist, provided a rare role model at the time of critical transition. A subsequent Research Scientist Development Award from the National Institute on Drug Abuse (DA00221) made the pursuit of cross-cultural research on substance abuse and mental health possible. Com-

pletion of this volume became an integral part of the senior editor's overall research programs.

Support was provided to the second editor (B.M.S.) from Sweet Briar Faculty Fellowship funds. General faculty funds from Tennessee Technological University were provided to the third editor (H.N.M.), who initiated volume production in 1989. Portions of the travel funds for the 1990 World Congress of Sociology also were subsidized for the senior editor from the National Science Foundation to the American Sociological Association.

We also thank the International Sociological Association for providing both the opportunity to start this project and a modest amount of general support funds. The ISA has been instrumental in aiding researchers from developing countries who experience financial and other difficulties in attending conferences and maintaining involvement in professional associations. Support provided to the authors of the contributed chapters is noted in each chapter.

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