

Introduction to Special Issue on Globalisation, Culture and Mental Health

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Introduction to Special Issue

Rachel Tribe and Steve Melliush

This special edition is devoted to the theme of *Globalisation, Culture and Mental Health*. The idea for the special edition arose out of a conference with a similar title; *Globalisation, Culture and Psychology*, held at the University of Leicester in 2012, where a number of the journal contributors presented their ideas.

Globalisation, Culture and Mental Health is a complex, multidimensional theme, potentially covering large and diverse areas of literature and practice as well as a range of contemporary debates and politically charged narratives. It is not possible to do justice to all of the potential avenues that could be explored; as such, this special edition is inevitably partial and selective in what it covers. It comprises articles written by authors from a number of countries; Cuba, Ethiopia, India, Sri Lanka and the UK. Many of the contributors are applied psychologists and as such a strong focus is on the intersection between psychology and the broader themes of globalisation and culture. However, there are also articles about the Global Mental Health movement and cultural formulation written by psychiatrists and a service user/ expert by experience.

It is clear from the articles that the transformative power of globalisation reaches into many aspects of contemporary life and has both positive and negative impacts. Globalisation, and the increased interconnectedness between people across the world, has opened up opportunities to facilitate dialogue between people including clinicians and for the potential sharing of knowledge and resources. New technologies have offered scope to allow

discussions between clinicians in a range of countries and to increase understanding of the differences across cultures and national boundaries. It seems very important that power differentials don't merely get replicated and that indigenous psychologies thrive which differ from those developed in some high income countries. This sounds simple and ethical in theory but is much more complex in practice. Alongside this there has been the emergence of a new branch of 'International psychology' and a number of international bodies have been established, including the International Union of Psychological Science (IUPsyS), the European Federation of Psychologists'Associations (EFPA) and the Sociedad Interamericana de Psicología (SIP) with the aim of developing an international context to psychology training and international standards and curricula.

While these developments may have many positive dimensions we need to be vigilant to ensure that the internationalising of applied psychology doesn't lead to the inappropriate export of Western theories and models and so contribute to the marginalisation of indigenous knowledge systems and to cultural homogenisation. This theme is addressed by a number of the articles in this special edition. While it is often hoped that there will be a two way process of exchange, the power and resource differences between the global north and the global south often leads to an asymmetrical cultural flow of ideas from the global north.

Cultural flows, however, may not be purely one directional as highlighted in the paper by Ross White, Sumeet Jain & Catalina Giurgi-Oncu. One consequence of globalisation has been an increasing movement of people from the global south to the global north and as a result there has been a greater diversity in the service users being referred for psychological

help in many high and middle income countries economically rich countries. This diversity presents challenges to clinicians in those countries in terms of how they meet the needs of people from different cultural and ethnic backgrounds who may have very different understandings and attitudes about psychological and mental health. This demographic shift is opening up debates about the nature of psychological and psychiatric knowledge and the generalisability of this knowledge across cultures.

While much of the tone of this special edition is critical of globalisation, as aligned with neoliberal capitalism, there is acknowledgment that globalisation has also created new momentum for defending local uniqueness, individuality and identity. Psychology and psychiatry in the West has obviously reflected the norms and values of this region, but there are increasing calls for psychology and psychiatry to concern themselves more with global issues and culture, and a call for protecting indigenous psychologies. This special issue aims, in a small way, to develop awareness of applied psychology and psychiatry across the globe. It offers a critical perspective on any universalising approach or any misguided imposition of westernised notions and raises the importance of a psychological perspective on how cultural and social differences play out in a global context and impact on people's mental health and well being. The message from the papers in this edition is that applied psychologists can make a contribution to the debates and discussions around globalisation by offering more nuanced understandings of cultural differences and of indigenous psychologies.

The first article in the special issue explores the title *Globalisation, Culture and Psychology* in more depth. This paper, by Steve Melluish, takes a critical stance towards globalisation,

seeing it as closely aligned with neoliberal capitalism, and looks broadly at the impact of this form of globalisation on issues of identity, privacy, intimacy, and also understandings of psychological distress in both Higher Middle Income countries (HMICs) and Lower or Middle Income Countries (LMICs).

Next, Premila Trivedi looks at the place of users' experiences in the Global Mental Health movement and considers whether users/survivors from Lower or Middle Income Countries (LMICs) can help to shape the debate in the Global Mental Health movement. She offers a perspective based on her experience of being a user of mental health services in the UK and of her experience of living between two cultures with very different perspectives on mental health. Her paper raises questions about the Global Mental Health movement agenda and stimulates much needed debate about how and why users should be involved.

The globalisation of psychiatry is considered in the paper by Suman Fernando who offers a historical perspective on the internationalising of psychiatry. He traces the roots of psychiatry in Western culture and contrasts this with the history of mental health in LMICs, where there is a tradition of using a plurality of approaches (religious and indigenous systems of medicine). He argues that the development of mental health in LMICs is at risk of being manipulated by the interests of multinational pharmaceutical companies with the imposition of a system of mental health driven by psychiatric diagnosis and linked to pharmacological theories and remedies. He argues for a more ethical and sustainable form of mental health care in LMICs that is home grown and which incorporates the views of those on the ground.

Rachel Tribe, Shanthly Parmaswaran & Dilanthi Weerasinghe report on their work in Sri Lanka on developing effective professional volunteer partnerships with government agencies, local NGOs and the diaspora community and about the complexities and ethics of being invited to increase mental health capacity in a post conflict country. Their paper looks at their work as part of the UK:Sri Lanka Trauma Group (UKSLTG), a UK based charity which was set up in 1994, and of which the authors are founding members (www.uksrilankatrauma.org.uk/). It highlights the context in which the work was conducted, the training undertaken and describes work with the ministry of health and a mental health organisation on writing and implementing an ethical code for mental health practitioners.

Next, there are two papers about the development of psychology and psychological therapy in India. The first of these is by Andrew Beck on developing a Cognitive Behaviour Therapy training programme in India using the Kolb learning cycle as a way of addressing challenges in applying models of mental health across cultures. The second paper on India is by B.S. Virudhagirinathan and S.Karunanidhi that provides an overview of the development of Psychology in India and also more specifically of the development of clinical psychology, the first course of which was established in 1955. Their paper outlines the position of psychology training across India and raises a number of issues facing the development of Indian psychology into the future.

The development of psychology in Ethiopia is considered by the next two articles. The first by Gobinder Uppal, Jon Crossley and Rachel Swancott looks at the implications of the globalisation of psychology on the development of psychology in Ethiopia. Their paper sees as problematic the spread of Western approaches to mental health and questions how these concepts accommodate the diversity of understandings found in countries like Ethiopia. They argue for the more local research to be conducted within Ethiopia to

understand and evaluate the treatment interventions and to stimulate wider debate amongst Ethiopia mental health professionals. They suggest that it may be helpful to promote reciprocal learning between HMIC and LMIC countries and that there is a need to develop local discourses about mental health.

Yemataw Wondie then provides an outline of the development of psychology in Ethiopia and how this has been mainly limited to the capital, Addis Adaba, as have mental health services which have been principally developed at the Amanuel Mental Hospital in Addis Ababa. More recently, however, there has been development of both mental health training and services in other regional cities and towns, one of these being the Masters program in clinical psychology in the University of Gondar. His article not only sheds light on the development of psychology in Ethiopia but also addresses some of the issues raised in the paper by Uppal, Crossley and Swanscott (2014) about the factors that have influenced its development such as traditional beliefs, poverty and comparisons between mental health in LMIC and HMIC countries. The paper also proposes future directions for the education, research, infrastructure and services of clinical psychology and mental health in Ethiopia.

Next, we move to two papers about psychology in Cuba. The first by Ania Pupo Vega considers the impact of globalisation on subjectivities and how this impacts on women in particular within the Cuban context. She argues that globalisation has resulted in an increasingly unequal distribution of resources and opportunities and that this inequity has had a differential impact on the lives of women. In Cuba, she explains that while after the revolution in 1959 the Cuban government legislated for gender equality, patriarchy was not eradicated from Cuban culture and that in the domestic sphere Cuban women have

continued to shoulder greater responsibility for household work and caring responsibilities. With globalisation, and the increasing uncertainties that this has introduced in economic terms, these domestic burdens have been exacerbated for women. She argues for psychologists to take account of the subjective impact of globalisation in the domestic realm and to work with those marginalised by the globalisation process, particularly women.

Maria Castro, Steve Melliush and Alexis Lorenzo contrast globalisation with Cuban Internationalism seeing this as another form of globalisation, one based on ethical principles and a shared humanitarianism. Their article outlines how the principles of internationalism have been integral to the Cuban health system and to Cuba's cooperation in other countries around the world. The paper provides an overview of the Cuban approach based on collaboration, humane care, contextualisation, trans-disciplinarity, respect for collective/historical memory and an ethical stance. It describes how these principles have informed the disaster relief in Haiti following the earthquake in 2010.

The next paper by Ali Ajaz, KamaldeepBhui and Arianda Owiti looks at the use of a cultural formulation in assessing a homicide case within a forensic psychiatry setting in the UK. They explore the use of a cultural consultation framework. Their paper offers practical advice for psychiatrists in terms of preparing court reports that adequately consider the significance of a defendant's cultural and religious beliefs in developing a clinical formulation within the context of the UK criminal justice system.

The last paper by Ross White, Sumeet Jain & Catalina Giurgi-Onucu looks at the exchange of knowledge between HMIC and LMIC in terms of the Global Mental Health movement. They

point out how there has been a tendency to view LMIC as simply recipients of mental health knowledge and to regard the prevailing flow of knowledge from HMIC as a form of medical imperialism. Instead, they argue this is a simplification and that there are in fact interchanges of information and practice. They explore what they term *counter flows* of knowledge, *'ideas that have originated from LMI countries but are influencing mental health related practice in HMI countries'*. Finally, the special edition concludes with some closing comments from Dinesh Bhugra who notes that the intersection of globalisation, culture and mental health and its progeny global mental health on the lives of individuals and communities has been immense, he helpfully reflects upon some of the associated dilemmas, challenges and gains that have been brought and will continue to bring.