Subscriptions

International Psychiatry is published four times a year.

Subscription: £15.00 per annum.

For subscription enquiries please contact: Publications, Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG.

Editor

Prof. Hamid Ghodse

Editorial board

Dr John Henderson

Mr Dave Jago

Dr Nasser Loza

Dr Brian Martindale

Dr Shekhar Saxena

Prof. David Skuse

Design © The Royal College of Psychiatrists 2004.

For copyright enquiries, please contact the Royal College of Psychiatrists.

All rights reserved. No part of this publication may be reprinted or reproduced or utilised in any form or by any electronic, mechanical or other means, now known or hereafter invented, including photocopying and recording, or in any information storage or retrieval system, without permission in writing from the publishers.

The views presented in this publication do not necessarily reflect those of the Royal College of Psychiatrists, and the publishers are not responsible for any error of omission or fact.

The Royal College of Psychiatrists is a registered charity (no. 228636).

Printed in the UK by Henry Ling Limited at the Dorset Press, Dorchester DT1 1HD.

Pragmatic action is needed at many levels to close the gap that has developed in professional journals between North America, Europe and Australia and the 'rest of the world'. It would seem sensible, in the first instance, to build on the structure and reputation of the established international journals. First, and immediately, members of their editorial boards with contacts in developing countries should be asked to pass on the message that their journal would welcome submissions. These should be further encouraged by the promise of editorial support and even coaching, with constructive feedback on weak articles and help for those concerned about the standard of their written English. A reputation for welcoming submissions from developing countries will encourage others to try. The internet may facilitate this because online submission is so much less costly. Many journals also allow free online access to the world's poorest countries so that authors and their colleagues can see their work online even if they cannot afford a print subscription; this too will encourage further submissions.

More fundamentally, perhaps, the major journals should think carefully about the nature of the research they report, as, indeed, should those who contribute to them. While it is essential to maintain a high standard of scientific merit, not all psychiatric research need be complicated or expensive. Research into mental health services, which can be carried out equally well in LAMI countries as in highly industrialised environments, is as important as the costly high-technology biological research. The results and the subsequent papers may in fact be more relevant to clinical practice and therefore more interesting to the majority of clinicians. The publication of papers on service research offers a way of engaging clinicians and of encouraging a genuine and enriching global dialogue – through the enhanced circulation of global journals.

Different approaches to tackling some of these problems were discussed at a meeting in Geneva in November 2003, organised by the World Health Organization's Department of Mental Health and Substance Abuse. This involved 25 editors representing journals published in low-, middle- and high-income countries; other editors contributed through correspondence and papers. There was a constructive dialogue and a joint statement and catalogue of ideas were agreed (see www.who.int/mental_health/evidence/en/final_joint_statement.pdf). Obviously, it will take time to implement the necessary changes and even more time before the consequences of these changes become apparent. However, this initiative, organised by Drs Saraceno and Saxena of the World Health Organization, was an important first step in the right direction and should be commended.

References

Patel, V. & Sumathipala, A. (2001) International representation in psychiatric literature. *British Journal of Psychiatry*, **178**, 406–409.

Saxena, S., Levav, I., Maulik, P., *et al* (2003) How international are the editorial boards of leading psychiatric journals? *Lancet*, **361**, 609.

World Health Organization (2001) *Atlas: Mental Health Resources in the World*. Geneva: WHO.

THEMATIC PAPERS – INTRODUCTION

Cultural variations in the perception of psychopathology

David Skuse

Behavioural and Brain Sciences Unit, Institute of Child Health, London WC1 1EH, UK, email d.skuse@ich.ucl.ac.uk

For many years now there has been debate among psychiatrists concerning the specificity of diagnostic practices to particular cultures. The harmonisation of criteria for diagnostic practice, outside North America, has been one of the great achievements of the World Health Organization. Now, there seems to be a resurgence of interest in how culturally bound our ideas of psychopathology are, or should be.

In an article entitled 'How "culture bound" is "cultural psychiatry"?', Sushrut Jadhav draws the conclusion that cultural psychiatry is becoming a specialty in its own right, and provocatively challenges us to consider the possibility that this is yet another opportunity for academics to indulge their intellectual curiosity. We can detect a theme here, which is reflected in the call to action by George Hsu: the way forward for international psychiatry is not simply to export models of psychiatry developed in the industrialised West to parts of the world where they have little direct relevance to the mental health needs of the majority. Is the profession in the UK guilty of training psychiatrists from overseas in its own image of this complex discipline, and thereby effectively laying the foundations for an ability to 'poach' them in due course, to fill the ever-expanding need for mental health professionals?

Jadhav makes the point that, in developing countries, which have a different perspective on mental distress and disorder to the North American/European one, terms like 'life events' may have quite distinct connotations. He draws our attention to the possibility that we have much to learn from anthropologically informed methods of enquiry. An eloquent example of such an enquiry comes from Elizabeth

https://doi.org/10.1192/S1749367600006664 Published online by Cambridge University Press

Coker at the American University in Cairo. She gives a fascinating example of the dissonance between our Western-influenced understanding of psychopathology and a cultural tradition that has different means of expression, not easily translatable into the former framework. She points out how it is necessary to translate local meanings of mental illness in order to fit Western-influenced international concepts of psychopathology. This process not only adds to the difficulty of assessment and treatment, but also has implications for the 'back-translation' of those international concepts into the language of the local culture.

THEMATIC PAPER – CULTURAL VARIATIONS IN THE PERCEPTION OF PSYCHOPATHOLOGY

Discursive practice and the negotiation of psychiatric pathology in Egypt

Elizabeth M. Coker

Assistant Professor, Department of Sociology, Anthropology, Psychology and Egyptology, The American University in Cairo, 113 Sharia Kasr el Aini, PO Box 2511, 11511 Cairo, Egypt, email emcoker@aucegypt.edu

Modern biomedical psychiatry is the product not only of scientific enterprise but also of the progressive secularisation and medicalisation of moral life in the West (Jimenez, 1987). Psychiatry is an evolving cultural product. Its diagnostic categories represent pathologies rooted in Western notions of self, identity, normality and abnormality (Gaines, 1991). Psychiatric practice in Egypt, on the other hand, is the product of two different and often incompatible world views, namely Western psychiatry and Egyptian concepts of self, identity, normality and abnormality. The task of the psychiatrist in Egypt is to negotiate symptoms and diagnoses in a way that is sensitive to the demands of these two competing cultural streams. Analysis of this process provides a unique view of the ways in which culture can have an impact on professional psychiatry in any society or ethnic context.

In Egypt, as in the West, uncovering the implicit justifications for the more obvious manifestations of psychiatric practice requires a 'cultural excavation' of sorts (Kleinman, 1980; Gaines, 1992). Medicine gains its legitimacy through not only the control of knowledge but also the creation of systems of meaning. This manipulation of meaning is carried out, in part, through one of the most important tools of psychiatric work, namely the patient chart (Hunter, 1991; Barrett, 1996). Rob Barrett (1996) described the way in which the category of schizophrenia is constructed through professional discourse and writing, and what the latter reveals about Western concepts of self and abnormality.

Likewise, in the Egyptian case it is in the construction of the patient/diagnosis through the written word that the contested nature of psychiatric hegemony is most evident. The patient charts referred to in the present paper comprise actual records of the manipulation of local meanings of mental illness in order to fit institutionalised biomedical knowledge. Through these charts, the complexities of cultural self-processes are reduced to universal pathological phenomena, recognisable by like-minded professionals everywhere. (For a complete description of the methodology used to extract the data see Coker (2003).)

Egyptian patient charts demonstrate that the creation of the psychiatric patient in Egypt and the subsequent delineation of a causative disease represent a radical upheaval of traditional notions of personhood. Egyptian psychiatry cannot create its object in isolation from the cultural meanings encoded in the original illness presentation. In the West, the context and underlying meanings of diagnostic labels are implicit, but in Egypt they must be created anew and made explicit through professional discursive practices.

Social context and narrative

A prime example of this process is the way in which the social context is manipulated and presented in patient charts. While typical Western records give brief, third-person descriptions of social stressors that might have an impact on the disease, the Egyptian charts analysed possess a unique style that gives primacy to social context, through frequently elaborate first-person narratives, normally from the perspective of a family member of the patient. In this regard, the narrative voice of Egyptian psychiatry is discursively distanced from the official psychiatric voice prevalent in the West (Coker, 2003). This format is unique because it implies that the social environment is a direct, inherent part of the problem rather than a mere influence on it, as exemplified in the well-known biopsychosocial model (Engel, 1980). In Egypt, social relationships do not act *on* the sick individual – they exert their influence *through* that individual, who, in turn, influences social relationships. In the Egyptian context, the fragmented self that is central to traditional Western conceptions of schizophrenia, as exemplified in the work of early theorists such as Kraepelin (1919) and Bleuler (1908/1987), becomes the 'disrupted social self'.

Medicine gains its legitimacy through not only the control of knowledge but also the creation of systems of meaning. This manipulation of meaning is carried out, in part, through one of the most important tools of psychiatric work, namely the patient chart.

In the Egyptian context, the fragmented self that is central to traditional Western conceptions of schizophrenia becomes the 'disrupted social self'.

https://doi.org/10.1192/S1749367600006664 Published online by Cambridge University Press