Effect of globalisation on children's mental health

Sami Timimi

Updated information and services can be found at:
http://bmj.com/cgi/content/full/331/7507/37

These include:

References	This article cites 5 articles, 1 of which can be accessed free at: **http://bmj.com/cgi/content/full/331/7507/37#BIBL**
Rapid responses	You can respond to this article at: **http://bmj.com/cgi/eletter-submit/331/7507/37**
Email alerting service	Receive free email alerts when new articles cite this article - sign up in the box at the top right corner of the article
Topic collections	Articles on similar topics can be found in the following collections Child and adolescent psychiatry (268 articles) Global health (1381 articles) Culture (314 articles)

Notes

Education and debate

Effect of globalisation on children's mental health

Sami Timimi

Globalisation is resulting in inappropriate domination of the Western view of mental health as well as of economic approaches. Western child psychiatrists have much to learn from child rearing practices in other countries
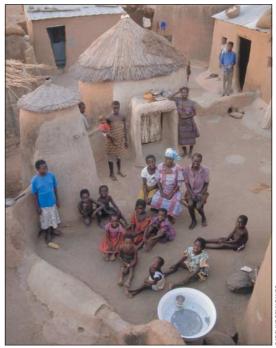
Children's behaviour is influenced by child rearing philosophies and cultural socialisation processes.[1][2] Globalisation is imposing Western culture and views of mental health around the world with the assumption that they are superior to those in non-Western cultures. Although there are numerous examples of problematic child rearing beliefs in many non-Western cultures (such as female circumcision), many practices are effective and should be preserved. Indeed, child psychiatrists in the West could gain new knowledge from examining childcare practices across the world.

Child rearing and culture

Freedom is one of the dominant ideologies of the Western market economy. At an emotional level the appeal for freedom can be understood as an appeal to rid us of the restrictions imposed by authority (such as parents, communities, and governments).[3] This results in a value system built around the idea of looking after the wants of the individual, who should be free from the impingements, infringements, and limitations that other people represent. However, individuals can end up being so insulated that they see obligations to others and harmony with the wider community as obstacles rather than objectives.

Domination of market values has led to a consumerism that drives an obsession with growth, whereby perpetual growth and expansion are necessary for proper functioning of the global economy.[4] Despite several decades of sustained economic growth, we are no happier. Growth not only fails to make people contented, it destroys many of the things that do bring contentment by weakening social cohesion.[4] Thus a hallmark of Western market economies is that it promotes individualism while weakening social relationships. Globalisation is helping export this economic and moral value system worldwide.

Children are cultured into a value system by living within a society's institutions and being exposed daily to its discourse (for example, through television). In the West, children are not only socialised into a system that promotes individualism, competitiveness, and inequality and rejects forms of authority but also have to live in the unstable family structures such an ideology produces. Rates of psychosocial problems (such as crime, anxiety, unhappiness, and substance misuse)

Family centred cultures produce happier, more manageable children

have increased sharply among young people in Western societies,[5] with many studies documenting an association between poverty, marital disruption, and a wide range of deleterious effects in children's behaviour and emotional state.[6]

Studies of the images of childhood in popular media in the West show that children are viewed as either victims (of abuse and manipulation) or dangerous perpetrators of antisocial and criminal behaviour.[1] This polarisation suggests ambivalence towards children, probably because a human who is so utterly dependent on others will inevitably cause a rupture in the individualist goals of the Western free market value system.[7]

Many non-Western cultures don't have this cultural ambivalence towards childhood. Instead, they welcome children into stable, nurturing extended family structures where duty and responsibility over-ride individualism as the dominant value system. Anthropological studies have commented on the ability of family centred cultures to produce happier, easier to control

Lincolnshire Partnership NHS Trust, South Rauceby, Sleaford, Lincolnshire NG34 8QA

Sami Timimi
consultant child and adolescent psychiatrist

stimimi@talk21.com

children.[7-9] The communal ethic seems to promote psychiatric wellbeing by ensuring a degree of joint responsibility for children.[10]

Problem of colonialism

Problematic Western attitudes and beliefs on child rearing are being exported to countries conceptualised as underdeveloped (in moral, ethical, and knowledge terms as well as economic spheres). Western ideas are taken up by local professionals, many of whom understandably believe they are getting something better than traditional practices. For example, the *Handbook of Asian Child Development and Child Rearing Practices*,[11] by Thai child development experts, is highly influenced by Western medico-psychological ideology. The book sets out to assimilate Western child development theory into a developing world context with little evidence of taking the local perspective into account. Thus the authors suggest that many of the traditional beliefs and practices of Asians prevent them from seeking and using new scientific knowledge in child rearing. They go on to argue, in line with Western thinking, that children should be given more independence with less use of power and authority by the parents.

The problem of imposing Western cultural child rearing beliefs on developing countries is evident in United Nations policy. For example, the UN convention on the rights of the child recognises the child's capacity to act independently, bestowing not just protective but also enabling rights, such as the right to freedom of expression and association.[12] The convention has been accused of having a strong interest in spreading the values and codes of practice devised in the West to poorer countries. The view that childhood is a fixed notion, determined by biological and psychological facts rather than culture or society, is implicit. This has been criticised by many non-industrialised countries.[13] For example, when the Organization of African Unity drew up its charter on the rights and welfare of the child,[14] it was framed in terms of responsibilities and duties of children and families rather than the rights and needs of the child. Thus the charter states that every child has responsibilities towards their family and society, a duty to work for the cohesion of the family, and to respect their parents, superiors, and elders.

Mental health

The West is also imposing its problematic notions of mental health problems on developing countries, both for adults and children. Economically and politically powerful groups, such as doctors and the pharmaceutical industry, have enabled Western medicine to push back its frontiers of influence.

In children's mental health, this has resulted in the creation of not only new diagnostic categories but whole new classes of disorder such as developmental neuropsychiatry. These new disorders are defined using Western cultural ideas about the boundaries and expectations of normal childhood and are viewed as having a biological or genetic cause, with the broader context being considered only as a trigger or modifier of the disease process.[7 15 16] The consequence has been

a rapid growth in the numbers of children diagnosed with conditions such as attention deficit hyperactivity disorder and autism together with an equally rapid growth in the use of (largely untested) psychotropic drugs in children.[17] Prescription of these drugs to children is also increasing in many non-Western countries.[17] Individualising children's suffering runs the risk of not only undermining local ways of solving children's problems but also masking the real life circumstances (such as poverty and exploitation) those children may face.

New perspectives

Western professionals' lack of knowledge about non-Western approaches to children is depriving the West of a rich source of alternative strategies.[18] New ideas to help enrich child psychiatric theory and practice can be found in three key areas:
- The work of culture in defining a problem
- Different cultural approaches to solving problems
- Different cultures' beliefs, values, and practices promote and curtail certain types of behaviours and experiences.

Defining problems

Different cultures see different behaviours as problematic. For example, compared with the West, many non-Western cultures place fewer expectations on infants and younger children with regard to their behaviour, emotional expression, and self control, but older children are expected to accept adult physical responsibilities earlier.[7-9 19 20] A model of child development that recognises that different cultures have different, equally healthy, versions of child development has the potential to reduce the amount of pathologising of childhood in current Western medical practice. This requires the profession to question the universal validity of the concepts in child psychiatry and the rating questionnaires.[7 16]

Solving problems

Western culture has many methods of treating childhood problems, including family therapy, cognitive behaviour therapy, psychodynamic psychotherapy, and drugs. In addition, all communities have valuable resources, including spiritual or religious ones. For many non-Western cultures, the family not the individual is regarded as the basic social unit. Families' strengths and capacity to heal or comfort children can be recognised and promoted.[7 10]

Ideas from other systems of medicine may be useful. For example, Ayurvedic medicine sees illness as a disruption in the delicate somatic, climactic, and social system of balance. Causes are not located as such but seen as part of a system out of balance, with symptoms viewed as part of a process rather than a disease entity.[21] Such an attitude based on balance with nature (as opposed to controlling it) has resonance with new approaches that include lifestyle interventions such as diet, exercise, and family routines.[7]

Cultural influence on behaviour

As socially respected practitioners, we have a responsibility to understand that we bring a cultural value system into our work. Our actions will ripple out into the wider local community. For example, if we calm a

Summary points

Children's mental health may be adversely affected by a Western value system that promotes individualism, weakens social ties, and creates ambivalence towards children

Values such as duty, responsibility, and a community orientation found in many non-Western cultures may promote psychiatric wellbeing

Exporting Western child rearing beliefs and psychiatric practice to developing countries is undermining local values, beliefs, and practices

Non-Western culture can provide new ideas to enrich child psychiatric theory and practice

child's behaviours with drugs, the child's school may refer more children for this treatment. With regard to policy we should support more family friendly policies such as fighting global child poverty, encouraging family friendly business practices, and criminalising wilfully absent parents.

Implications

Globalisation is happening in an era when the power relation between the world's rich and poor nations is glaringly unequal. We see this in the arena of health, with grossly disproportionate funds available to rich and poor countries. We also see it in the ideas that shape global approaches to health policy—for example, the World Health Organization continues to advocate the Western model of distress and mental illness as suitable for all countries and cultures[22]—and to childhood.

The challenge for both the theory and practice in child and adolescent mental health is daunting, but there will be rich pickings if it can be met. We must critically re-examine the narrow basis on which current theory and practice has developed. This will help not only other culture's children but also children in the West. Increased knowledge will also make it easier to engage with multi-ethnic communities that have different faith traditions and cultural beliefs from the host society.

1 Prout A, James A. A new paradigm for the sociology of childhood? Provenance, promise and problems. In: James A, Prout A, eds. *Constructing and re-constructing childhood: Contemporary issues in the sociological study of childhood*. London: Falmer Press, 1997:7-33.
2 Stephens S. Children and the politics of culture in "late capitalism." In: *Children and the politics of culture*. Princeton: Princeton University Press, 1995:3-49.
3 Richards B. Visions of freedom. *Free Association* 1989;16:31-42.
4 Hamilton C. *Growth fetish*. Crows Nest: Allen and Unwin, 2003.
5 Rutter M, Smith D. *Psychosocial disorders in the young: time trends and their causes*. Chichester: John Wiley, 1995.
6 McMunn AN, Nazroo JY, Marmot MG, Boreham R, Goodman R. Children's emotional and behavioural well-being and the family environment: findings from the Health Survey for England. *Soc Sci Med* 2001;53:423-40.
7 Timimi S. *Naughty boys: anti-social behaviour, ADHD, and the role of culture*. Basingstoke: Palgrave Macmillan, 2005.
8 Kakar S. *The inner world of the Indian child*. New Delhi: Oxford University Press, 1994.
9 LeVine RA, Dixon S, LeVine S, Richman A, Leiderman PH, Keefer CH, et al. *Child care and culture: lessons from Africa*. Cambridge: Cambridge University Press, 1994.
10 Hackett L, Hackett R. Child rearing practices and psychiatric disorder in Gujarati and British children. *Br J Social Work* 1994;24:191-202.
11 Suvannathat C, Bhanthumnavin D, Bhuapirom L, Keats DM. *Handbook of Asian child development and child rearing practices*. Bangkok: Srina Kharinwirot University, Behavioural Science Research Institute, 1985.
12 United Nations General Assembly. *Adoption of a convention on the rights of the child*. New York: United Nations, 1989.
13 Boyden J. Childhood and the policy makers: a comparative perspective on the globalization of childhood. In: James A, Prout A, eds. *Constructing and reconstructing childhood*. London: Falmer Press, 1997:190-230.
14 Organization of African Unity. *The African charter on the rights and welfare of the child adopted by the 26th ordinary session of the assembly of heads of state and government of the OAU*. Addis Ababa: OAU, 1990.
15 Morss JR. *Growing critical: alternatives to developmental psychology*. London: Routledge, 1996.
16 Timimi S. *Pathological child psychiatry and the medicalization of childhood*. London: Brunner-Routledge, 2002.
17 Wong IC, Murray ML, Camilleri-Novak D, Stephens P. Increased prescribing trends of paediatric psychotropic medications. *Arch Dis Child* 2004;89:1131-2.
18 Goonatilake S. *Mining civilizational knowledge*. Bloomington: Indiana University Press, 1998.
19 Fernea EW. *Children in the Muslim Middle East*. Austin: University of Texas Press, 1995.
20 Hamilton A. *Nature and nurture: Aboriginal child rearing in north-central Arnhem Land*. Canberra: Australian Institute of Aboriginal Studies, 1980.
21 Obeyesekere G. The theory and practice of psychological medicine in Ayurvedic tradition. *Culture Med Psychiatry* 1977;1:155-81.
22 World Health Organization. *Mental health global action plan: close the gap, dare to care*. Geneva: WHO, 2002. http://www.who.int/mental_health/media/en/265.pdf (accessed 15 June 2005).

(Accepted 14 June 2005)

One hundred years ago

The latest panacea

TRULY we have much to be thankful for in these days, and amongst not the least of our blessings must be included the cheapness of the press cable rates between England and America. Thanks to the latter, we are now constantly being supplied with new scientific knowledge on the subject of human disease and its treatment. The cures offered us are so numerous that probably the only reason why suffering still remains the lot of mankind is that the adoption of some of them is either expensive or difficult. No such objections, however, attach to the latest cure for knowledge of which the British public is indebted to the energy of a correspondent of the *Daily Telegraph*. The cure is simplicity itself, and in the neighbourhood of London, at any rate, could be carried out without any expense whatever. All the patient has to do is to take off his clothes and stand naked in the rain, and afterwards get rubbed down briskly; the cure is then complete. Not only many chronic diseases yield to the treatment, but obstinate colds as well, while for nervous disorders or rheumatism it is quite infallible. The cure originated and is now being actively pursued in Texas. Since it has been so successful in that region it is still more likely to prove beneficent in England, where the climatic conditions lend themselves so much better to its application. It is a notable discovery, and one which certainly ought to put a final nail into the coffin of the Aliens Bill; for, seeing that there are many parts of Europe in which rain is rare for months at a time, it would be simply immoral to close the ports of England to those who are unable to obtain the treatment in their own country, but who, on landing here, might be cured forthwith. (*BMJ* 1905;ii:202)