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ARTICLE

The McDonaldization of Childhood: Children's Mental Health in Neo-liberal Market Cultures

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Abstract As the failings of neo-liberalism have recently been revealed through the collapse of much of the banking and financial services sector, it seems an opportune time to think about the impact this economic, political, and social value system has had on the well-being of children. After analyzing how our beliefs and practices around children and families are shaped by a variety of economic, political, and cultural pressures, I discuss how policies that promote a particular form of aggressive capitalism lead to a narcissistic value system that permeates social institutions, including those that deal with children. Not only does this impact children's emotional well-being, but it also shapes the way we conceptualize children and their problems. These dynamics facilitate the rapid growth of child psychiatric diagnoses and the tendency to deal with aberrant behavior or emotions in children through technical – particularly pharmaceutical – interventions, a phenomenon I refer to as the 'McDonaldization' of children's mental health. The present article seeks to challenge many of the unhelpful cultural assumptions regarding childhood embedded within the narrow biomedical frame that neo-liberalism has encouraged.

Key words child rearing • childhood • culture • history • narcissism • neo-liberal • psychiatric diagnosis

The diagnosis and prescription of medications for childhood mental disorders has steeply increased in the past few decades in many post-industrial countries (particularly in North America, Northern Europe and

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Australasia). While this fact is not disputed, it is subject to vastly different interpretations by scholars and clinical professionals, depending on their divergent theoretical assumptions. Those who believe that 'scientific' progress is behind this rapid change in practice with regard children's mental health, argue that disorders such as ADHD, childhood depression and autism were simply 'under-recognized' in the past. According to this de-politicized perspective there have always been children 'suffering' from such disorders, but only as a result of recent clinical and scientific advances have we discovered these to be symptoms of medical conditions that can cause abnormal development and sometimes a chemical imbalance or neurodevelopmental delay.

Critics of the view that conceptual and practical changes surrounding childhood mental disorders is as a result of new scientific discoveries (including myself) point to the paucity of strong evidence supporting this contention (for a summary of these critiques see Timimi, 2002, 2005a, 2006, 2008; Timimi & Leo, 2009). There are, of course, two additional possibilities that could explain the dramatic increase in the diagnosis of childhood mental disorders. The first is that a real increase in behavioral and emotional problems in children has lead to greater public scrutiny and concern about children and young people's well-being, which, in turn, has resulted in a greater professional effort to understand and alleviate these problems. Understanding the causes of such a real increase in behavioral and emotional problems would require us to turn our attention to changes in contextual factors within postindustrial societies, including environmental, social, economic and political shifts.

The second possibility is that there has not been a real increase in emotional and behavioral problems amongst young people but there has been a change in the way we think about, classify, and deal with children's emotions and behavior – in other words, a change in our perception of children's behaviors and the meanings we ascribe to them. An example of this would be a shift from thinking about certain types of behavior as 'boisterousness' and therefore within the range of normal conduct, to conceptualizing these behaviors as symptoms of a medical disorder such as ADHD. The plausibility of this explanation is evident when one considers the radical changes which conceptions of childhood have undergone over the past few centuries in western culture, as well as the large differences between western and many non-western ideas concerning childhood and child rearing (see for example Timimi, 2005b).

The third, and in my opinion, most likely possibility that explains this increase, is an interaction between the aforementioned two possibilities (i.e., a real increase in these behavioral and emotional problems and a change in the meaning we ascribe to them). In other words, it could be that cultural or environmental changes are causing increases in certain

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emotional and behavioral problems and these, in turn, are creating the sort of scrutiny that leads to changes in our perception of children. In turn, the changing perception of and meaning we give to childhood emotions and behavior is changing the way we deal with them and our common cultural practices around children (such as child rearing and education), which is further increasing these problems, and so on. There are potentially limitless variations of this interaction that may be operating at many different levels ranging from the individual child up to global organizations. In this article I revisit and expand upon some of my previous analyses of the way social, cultural and political contexts both change our perception and the meaning we ascribe to children's emotions and behavior and affect their actual experience.

The Social Construction of Childhood

While the immaturity of children is a biological fact, the ways in which this immaturity is understood and made meaningful is a fact of culture (Prout & James, 1997). People in any cultural setting hold a working definition of childhood – its nature, limitations and duration – based on ideas linking children with other members of society and with the social ecology (Harkness & Super, 1996). While they may not explicitly discuss this definition, write about it, or even consciously conceive of it as an issue, they act upon these assumptions in all of their dealings with, fears for, and expectations of, their children (Calvert, 1992). In addition, divergent social practices produce different childhoods, each of which is 'real' within its local regime of truth (Prout & James, 1997; Stephens, 1995). As a result it has been argued that in any cultural setting, children and adults come to acquire their subjective selves through the incorporation of values, beliefs and practices that sustain locally valorized social relationships (for example Althusser, 1969). Self-knowledge is mediated by ideological institutions, some of the most important of which – such as schools – focus their attention on children. As Rose (1999) points out:

> Individuals act upon themselves and their families in terms of the languages, values and techniques made available to them by professions, disseminated through the apparatuses of the mass media or sought out by the troubled through the market. (Rose, 1999, p. 88)

In other words, individual actions do not simply emerge from innate, biologically driven, desires and impulses. Desires also grow out of norms and regulations. This is not to say that actions are fully socially determined, for even though a person's experience depends on the prescriptions of the day, personal agency (free will and the ability to choose alternatives) also plays a part. For example, Martin and Sugarman (2000) claim that:

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> While never ceasing to be constructed in sociocultural terms, psychological beings, as reflection-capable, intentional agents, are able to exercise sophisticated capabilities of memory and imagination, which in interaction with theories of self can create possibilities for present and future understanding and action that are not entirely constrained by past and present sociocultural circumstances. (Martin & Sugarman, 2000, p. 401)

This multiplicity has rendered particularly difficult the meaningful categorization of mental distress and behavioral deviance, particularly in the context of rapidly changing interactions between globally and locally generated systems of knowledge. In grappling with these issues, cross-cultural and critical psychiatry, has had to develop flexible and inclusive models that are: (1) inherently cross-disciplinary; (2) cognizant of biology and culture as interactively related (in other words, culture is a core feature of human biology, and the meanings of biological theories are culturally shaped) rather than dichotomous; (3) aware of how psychological processes and constructions of selfhood reflect local lived social and political realities; and, (4) alert to the power dynamics involved in the local and global production of knowledge (see for example Cohen & Timimi, 2008; Kirmayer, 2006).

Such a context-rich framework calls into question the existence of universal ideals or natural unfolding processes that all children should be able to achieve, making it difficult to pass a value-judgment about whether children are better or worse off (in terms of their mental/emotional well-being) in any particular culture or society. Nonetheless, this position also understands that children are socialized into a particular culture at a certain stage in that culture's history, and thus certain differences in children's behavior can be seen as a result of different child rearing philosophies and socialization processes. We can, therefore, make some comparisons, while keeping in mind the above caveats and using them to help us 'interrogate' any naïve, polarized, or romanticized assumptions.

As I am focusing in this article on western childhoods, I will illustrate the many changes, some of them radical, which concepts of childhood, child development and child rearing have undergone during the past few centuries of western history. While each historical period is marked by particular norms regarding childhood and child-rearing methods, these ideas are not simply abandoned over time, but incorporated, in a fragmentary way, into the next period's ideas of childhood. Looking at the history of childhood in any culture (as well as between cultures) we can see that our ideas about what makes a normal or abnormal child and/or child rearing practices are neither timeless nor universal but rather rooted in the past and reshaped in the present.

Philippe Aries's (1962) book *Centuries of Childhood*, had a major impact on historians' understanding of how ideas about childhood have changed

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in western culture over recent centuries, particularly because its bold conclusion – that in medieval society the idea of childhood did not exist. Norbert Elias (1939) had anticipated Aries's thesis in arguing that the visible difference between children and adults (psychologically and socially) increases in the course of what Elias called the 'civilizing process.' However, Aries went further and illustrated the great variability of human attitudes toward children and child rearing practices, not just by examining non-western cultures, but also by referring to the familiar Western European past.

Aries argued that the modern idea of childhood as a separate life stage emerged in Europe between the 15th and 18th centuries, at the same time as modern ideas of family, home, privacy and individuality were developing. He argued that before the 15th century children past the dependent age of infancy were seen simply as miniature adults and their socialization took place within such an environment. According to Aries, this was not necessarily negative: if anything he was critiquing the fact that modern western culture insists on a period of quarantine (for example, through education) before allowing young people to join society. Even if we modify Aries's bold idea and acknowledge that every known society has beliefs and practices that in some respect distinguish children from adults, the importance of his book is the idea that there are many forms of childhood and that they tend to be socially and historically specific.

The history of childhood in the West suggests that changes were occurring in all aspects of childhood and child rearing over the past six hundred years. For example, in medieval Europe, child rearing was seen as primarily a mother's responsibility for the first seven or so years of the child's life. However, during the Renaissance period in 15th-century Italy, the father-child relationship became the primary one in child rearing. It was the father's responsibility to choose and hire a wet nurse, to watch over his children's development and to thoughtfully interpret his child's actions so as to understand and shape their future. An influential contemporary writer, Dutchman Desiderius Erasmus, placed considerable emphasis on early education and thought that fathers had to take control of their children's (in particular their son's) upbringing, in order to develop their child's character in a way that would bring them closer to reflecting the divine (Cunningham, 1995).

In the 18th century, the followers of Rousseau attacked the traditions, which encouraged fathers to take charge of child rearing, arguing that the fathers' ambition and harshness were more harmful to a child than the blind affection of mothers. Rousseau asserted that children have a right to be happy and even suggested that childhood may be the best time of life. The 'romantic movement' inspired by Rousseau gained a foothold in popular culture by the end of the eighteenth century, and mothers

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regained the predominance they had held in the Middle Ages. Child rearing once again became a predominantly female occupation (Sommerville, 1982). In this example, the dominant belief about who should be the most important parent changed, from mothers to fathers and then back to mothers again, all in the space of a few hundred years,

Many of the practices around children that we take for granted developed not out of philanthropic or scientific progress, but because of socio-political pressures. For example the belief that all children should attend school, took root in late-19th-century Europe for several reasons. Prior to this time few voices were raised against child labor, which was thought to teach children numeracy, economics, social and moral principles, and discipline. However, during the mid- to late-19th century representatives of the first mass working class political movements began to complain about the dehumanizing effects of child labor. In the lively debates that followed, some campaigners voiced the fear that the natural role of parents, and particularly fathers, was being undermined by the demand for child labor in factories – which came at the expense of adult males. Members of the ruling classes became increasingly fearful that the neglect of children could easily lead, not only to damnation of souls, but also to political unrest. Most importantly however, the growing economic success of industrial capitalism had resulted in an increasing demand for a semi-skilled, skilled and educated work force, which lessened the economic need for child labor but increased the need for education. For reformers the idea of effective schooling now became important, not just because of new ideas about children's 'needs,' but also for economic and political reasons (Hendrick, 1997).

Ideas about child rearing have also undergone many other profound changes. For example, before the onset of the Second World War, western society still viewed child rearing mainly in terms of the discipline and authority of the parents (particularly the father). This conception was grounded in behaviorism and stressed the importance of parents controlling their children's instincts so as to inculcate them with the 'good' habits of behavior believed necessary for a pro-social and productive life. After the Second World War anxiety about the effect of discipline and authority on children increased, a central concern being that authoritarian discipline could lead to the sort nightmare society that Nazi Germany represented. Medical and psychological professional groups came to favor a more open and sympathetic approach to childrearing, encouraging 'humane' discipline of the child through guidance and understanding. The popularization of these new ideals for child rearing eventually resulted in a 'permissiveness' model, which saw parent–child relationships more in terms of pleasure and play than discipline and authority. Parents now had to give up their traditional authority in order

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for children to develop individuality, autonomy and self-esteem. In addition, while the pre-war model prepared children for the workplace in a society marked by economic depression, the post-war model prepared them to become pleasure-seeking consumers within a prosperous new economy (Jenkins, 1998).

Changing economic circumstances also led to significant changes in the organization of family life. For example, as market economies grew increasingly consumer-orientated with a 'continuous growth' model, more mothers were brought out of the domestic sphere and into the workplace (thus contributing to a renegotiation of power within the family) and greater numbers of families were regularly moving, changing jobs and living arrangements regularly, leading to a decline in local extended family networks and rooted communities. Many families (particularly those headed by young women) were now isolated from traditional sources of childrearing information, such as direct advice and support from older generations. As a result childrearing guides and books took on a greater importance, allowing for a more dramatic change in parenting styles than would have been likely in more rooted and stable communities. This resulted in greater 'ownership' by professionals of the knowledge base about children, childhood, and the task of parenting. For advice on how to bring up children, people were now turning to professionals as often as they were to their own families (Hendrick, 1997).

Increasing Distress Among Children

There are some things that we can say with reasonable certainty about the changes that childhood has undergone in contemporary postindustrial societies. Well-documented changes include:

1. Family structure has seen the demise of the extended family, an increase in separation and divorce, an increase in the working hours of parents, and a decrease in the amount of time parents spend with their children;
2. Family lifestyles have been transformed by an increase in mobility, a decrease in 'rooted' communities, and more time spent in pursuit of individual gratification;
3. Children's lifestyles have been changed by a decrease in exercise and the 'domestication' of childhood due to fears about the risks for children, resulting in more indoor pursuits such as computers and TV;
4. The commercialization/commodification of childhood has emerged with an increase in consumer goods targeted at children and the creation of new commercial opportunities in childhood, such as the 'parenting' industry and the pharmaceutical industry;

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5. Changes have taken place in the education system, including the shift to a teaching ideology is rooted in methods such as continuous assessment and socially orientated worksheets, that some argue favor the learning style of girls over that of boys (e.g., Burman, 2005);
6. Children's diets have increased in sugar, saturated fats, salt, chemical additives and decreased in certain essential fatty acids and fresh fruit and vegetables.

These changes are occurring at a time when our standards for what we consider to be acceptable behavior in the young and acceptable child rearing methods are both narrowing. It is now harder than ever to be a 'normal' child or parent (Timimi, 2005b, 2007).

In parallel with this, evidence from several studies, suggests that the number of children who can be categorized as having 'mental' disorders (such as emotional disorder, conduct disorder and hyperactivity) has doubled between the early 1970s and late 1990s (British Medical Association, 2006) despite the perception that recent generations have 'never had it so good.' Cross-cultural research finds considerable differences in prevalence rates for psychiatric disorder, with children, particularly boys, in politically stable developing countries appearing to have considerably lower rates of behavioral disorders than in Western societies (e.g., Cederblad, 1988; Pillai et al., 2008).

Figures for prescriptions of psychotropic medication to children and adolescents both illustrate the depth of this problem and our peculiar cultural style of responding to it. For example, researchers analyzing prescribing trends in nine countries between 2000 and 2002, found significant increases in the number of prescriptions for psychotropic drugs in children in all countries – the lowest being in Germany where the increase was 13%, and the highest being in the UK where an increase of 68% was recorded (Wong, Murray, Camilleri-Novak, & Stephens, 2004). Of particular concern is the increase in rates of stimulant prescription to children. By 1996 over 6% of school-aged boys in America were taking stimulant medication (Olfson, Marcus, Weissman, & Jensen, 2002) with children as young as two being prescribed stimulants in increasing numbers (Zito et al., 2000). Surveys in the late 1990s showed that in some schools in the US over 17% of boys were taking stimulant medication (LeFever, Dawson, & Morrow, 1999) and recent estimates suggest that about 10% of school boys in the US have been or are being prescribed a stimulant (Sharav, 2006). In the UK prescriptions for stimulants have increased from about 6000 prescriptions a year in 1994 to over 450,000 by 2004; a staggering 7000% rise in one decade (Department of Health, NHSE, 2005).

The global patterns of psychiatric drug prescription to children is best illustrated using data on national consumption rates of stimulants since,

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out of the commonly used psychiatric drugs, this is the only drug that, at least until recently, was almost exclusively prescribed to children. The worldwide use of methylphenidate (the most widely used stimulant) over the past 15 years has increased significantly. Between 1990 and 1994 the amount of methylphenidate produced rose from 3 to 8.5 tons (International Narcotics Control Board [INCB], 2005). The US has been the main producer of methylphenidate, increasing production from 1.8 tons in 1990 to 21 tons in 2002, and dropping moderately to 19 tons in 2003 mainly as a result of the increased use of other stimulants for the treatment of ADHD (INCB, 2004). The international data on consumption rates for stimulants in the years 1999, 2001 and 2003 in Table 1 clearly demonstrates very significant increases in the use of psychostimulants, a trend towards globalization, but with stimulants still disproportionately used in the English-speaking countries of North America, Northern Europe and Australasia.

TABLE 1
Consumption of psychostimulant drugs (amphetamine, dexamphetamine and methylphenidate) in defined daily doses for statistical purposes (S-DDD) for medical purposes per thousand inhabitants per day

Country	*1999*	*2001*	*2003*
United States	9.25	9.37	11.44
Iceland	1.21	3.13	5.98
Canada	3.18	3.74	5.04
United Kingdom	0.75	1.15	3.97
Australia	2.28	2.43	3.1
Norway	0.45	0.85	2.26
Switzerland*	0.76	2.82	2.23
New Zealand	1.38	1.43	1.49
Netherlands*	0.91	1.11	1.36
Belgium	0.61	0.59	1.14
Germany*	0.27	0.67	0.99
Spain*	0.13	0.15	0.78
Sweden	0.2	0.36	0.57
Chile	0.5	0.52	0.53
Denmark*	0.14	0.22	0.4
Ireland*	0.26	0.26	0.36
Finland*	0.14	0.17	0.29
Japan*	0.14	0.19	0.29
Israel*	0.46	0.72	0.28
South Africa*	0.08	0.16	0.27
Total	23.3	27.14	43.47

* Data represents S-DDD for methylphenidate only.
Source: Data collated from INCB (2004) *Comments on the Reported Statistics on Psychotropic Substances.*

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One particular aspect of the western value system that has become embedded in our daily discourse due, at least in part, to our reliance on rather aggressive forms of neo-liberal free market principles, deserves further scrutiny. This is the problem of 'narcissism.' Narcissism describes the character trait of 'self love' or in the more everyday sense 'looking after number one.' The spread of narcissism has left many children in a psychological vacuum, pre-occupied with issues of psychological survival and lacking a sense of the emotional security that accompanies feeling that one is valued and thus has an enduring sense of belonging.

Growing Up in a Narcissistic Value System

The present era of global recession, brought about by excessive risk taking in the financial sector in pursuit of limitless profits, is perhaps an apposite time to examine how a value system based on 'narcissism' can influence behavior. One of the dominant themes used by advocates of neo-liberal free-market ideology is that of 'freedom.' At the economic level this is a core requirement of free-market ideology. Companies must be as free from regulation as possible, in order to concentrate on competing with others, with the maximization of profits the most visible sign of success. There is little to gain from social responsibility (unless it increases one's 'market share').

At the psychological level the valorization of freedom can be understood as an appeal to rid us of the restrictions imposed by authority, in the form of parents, communities and governments (Richards, 1989). By implication this value system is built around the idea of looking after the desires of the individual – narcissism. Moreover, once individuals are freed from authority they are (in fantasy at least) free to pursue their own individual desires for self-gratification, free from the impingements, infringements and limitations that other people represent. One effect of this value shift is to atomize individuals and insulate their private spaces so that obligations to others and harmony with the wider community become viewed as obstacles rather than objectives. This post-Second World War shift to a more individualistic identity was recognized, as early as the mid-1950s, by commentators who first spoke about how the new 'fun based morality' (Wolfenstein, 1955) was privileging fun over responsibility. Having fun was becoming obligatory – the implicit cultural message being that one should be ashamed if one was not having fun. Moreover, the increase in new possibilities for stimulation made experiencing intense excitement more difficult, creating a pressure to push the boundaries of the acceptable and desirable and facilitating the development of sub-cultures comfortable with drinking to excess, violence (for pleasure), sexual promiscuity, and drug taking.

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This value system allows others to more easily be framed as objects to be used and manipulated for personal goals. Social exchanges become difficult to trust since the better one is at manipulating others the more financial (and other narcissistic) rewards one accrues. Such a value system, which ultimately seeks to eradicate or at least minimize social conscience as a regulator of behavior, cannot sustain itself without provoking a moral response in the form of guilt (Richards, 1989). It is no coincidence that those who are the most vociferous advocates of free market ideology tend also to advocate the most aggressive and punitive forms of social control. The so-called 'blame culture,' ubiquitous in the media and contemporary discourse, has thus become another hallmark of western culture's increasing psychological reliance on developmentally immature impulses. With the narcissistic goals of self-fulfillment, gratification and competitive manipulation of relationships so prominent, along with the discouragement of deep interpersonal attachments, it is not difficult to see why so-called narcissistic disorders (such as anti-social behavior, substance misuse, and eating disorders) are on the increase (Dwivedi, 1996; Lasch, 1980). A heightened concern for the self can be both 'liberating' and simultaneously oppressive.

Children are socialized into this value system by virtue of living in its institutions and being exposed daily to its discourse. Although none of us are one-dimensional in our experiences or our interpretation of them, a narcissistic value system creates an ethos of winners and losers, inimical to values of compassion and concern for social harmony. And when this system shows itself to undermine children's happiness, we distance ourselves from any potential feelings of guilt or assumptions of responsibility. Instead of asking ourselves painful questions about our potential role in producing this unhappiness, we view our children's difficulties as resulting from biological diseases that require medical treatment (Timimi, 2008). By providing convenient ways to subcategorize discontent and behavioral deviance biological psychiatry thus gives governments new ways of regulating the population, particularly in democratic societies where states must seek to rule by consent (Moncrieff, 2008).

The McDonaldization of Children's Mental Health

As the valorization of narcissism, interacts with collective guilt, the fear of retribution, and anxieties about losing out in the competition, governments have increasingly felt the need to police the development of these potentially dangerous selves in a growing variety of ways. Thus, another feature of western societies that has changed dramatically over the past century is the amount of surveillance to which parents and their children are subject. The state has developed numerous mechanisms of surveillance

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and an 'army' of professionals tasked with monitoring and regulating family life. This is not to say that we do not need any such surveillance, as the negative effects of uninterrupted events such as child abuse can be significant and far-reaching. Robust child protection services and legislation are vital in any society that wishes to claim that it takes childhood welfare seriously. However, we must also ask questions about the complexity of carrying out such tasks effectively as well as the potential impact of how we decide to do this on children, families and our culture more generally.

The increase in levels of anxiety amongst parents who may fear the consequences of their actions, has reached the point where the fear for many is that any influence that is discernible may be viewed as undue influence. This increases the likelihood that parents will leave essential socializing and guidance to the expertise of professionals as, surrounded by a discourse that paints childhood and child rearing as loaded with risk; they lose confidence in their own abilities (Maitra, 2006). The increased use of medical explanations for behavioral problems has far reaching effects changing our ideas about free will, choice, and personal responsibility for our behavior. For example, if impulsive and aggressive behavior by a child is viewed as being *caused* by a neurological abnormality such as Attention Deficit Hyperactivity Disorder (ADHD), then it is considered to be behavior that a child or their parent cannot consciously control and one that requires medical assistance to remedy (assuming of course it has been decided that the behaviors need to be changed), thus shifting activities previously considered pedagogic and the remit of parents and teachers into the medical arena (Tait, 2006).

In the setting of this anxiety-loaded, narcissistically pre-determined vision of childhood and practices of child rearing, new diagnoses (such as childhood depression, ADHD, Asperger's syndrome) appear to provide temporary relief to the beleaguered, intensely monitored child carers. Viewing children's poor behavior and distressed emotional state as being caused by an 'illness' seems to spare all from further scrutiny. However, the result fits into another aspect of our 'fast culture.' With the widespread application of medical – particularly psychopharmaceutical – techniques to manage our children's behavior and emotional states, we have achieved what I call the 'McDonaldization' of children's mental health. Indeed, the recent medication-centered practice in children's mental health is similar to fast food in a number of ways: it came from the most aggressively consumerist society (US), it feeds on the desire for instant satisfaction, it fits into consumers' busy lifestyles, it requires little engagement with the product from the consumer, it requires only the most superficial training, knowledge and understanding to produce, it de-skills people by providing an 'easy way out' (thereby reducing resilience), it creates potentially life-long consumers for the product, and it has the potential to produce

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long-term damage to both the individuals who consume these products as well as public health more generally.

Family Life and Children's Rights

A number of additional factors have had a direct effect on the mental health of children, including the increase in parents' average working hours, the rise in income inequality and job insecurity, and the breakdown of extended family ties fueled by a cultural valorization of individual aspirations. Many studies have documented an association between poverty, marital disruption, and a wide range of deleterious effects in children's behavior and emotional states (e.g., McMunn, Nazroo, Marmot, Boreham, & Goodman, 2001). Children whose parent(s) are single, unemployed, low income, or living in public sector housing, are at a higher risk of developing emotional and behavioral disorders (Dodds, 2005). Recent studies show that as many as 40% of working mothers experience depression, a particularly significant figure given that maternal depression is a known risk factor for the subsequent development of emotional and behavioral disorders in children (Flanagan, 2005).

These developments have also given rise to an industry of 'child savers,' campaigning for greater protection of children and ever-greater surveillance of family life. In recent years, advocates of this 'children's rights' movement have focused on trying to get governments to outlaw the physical punishment of children, often citing Sweden as a positive example. Yet an examination of morbidity and mortality figures shows Swedish children to be somewhere in the middle-range for rich countries (Beckett, 2005). For example, rates of death from child maltreatment in Sweden at 0.6 per 100,000 children is much higher than countries who fare best in these tables, namely Spain (at 0.1) and Greece and Italy (at 0.2) (UNICEF, 2001), which have not outlawed corporal punishment (but which, interestingly, have family orientated cultures). Unfortunately, the focus on individual perpetrators underlying this approach to protecting children permits complacency regarding the collective responsibility of governments, which have allowed environments to develop that cause other forms of harm.

All of this has left many children in the West with an experience of childhood that is shaped by emotional insecurity and unhappiness, conflict, and competitiveness, in a context where their (and their families) behavior is subject to a great deal of surveillance and insidious social control. Of course such generalizations require qualification as they arise from a particular interpretation of the current challenges facing children growing up in what psychologist Oliver James calls 'selfish capitalism' (James, 2007). We must remember that western societies are not homogenous, but

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encompass great diversities of ethnicity, class, location, social capital, climate, and services to name but a few. While understanding the 'general' may help to understand the 'particular,' it is no substitute for this, as staying at the level of the general risks falling into unhelpful stereotypes.

In many cultural settings the self is conceptualized as necessarily existing in a social context. For example, according to the concept of *Ubuntu*, prevalent in certain parts of Africa, 'a person is a person through other persons.' In such cultures one cannot be conceived of as existing as a human being in isolation. Such 'ethno-theories' contribute to shaping child rearing practices, by helping to structure the goal of childrearing, its underlying developmental models, and hence the preferred methods and practices. For example, in comparative studies Japanese mothers are found to emphasize harmonious relations through cooperation, compliance, and empathy, while German mothers prefer the developmental goals of independence and individuality, reinforcing their child's autonomy. In case of conflicts, Japanese as compared to German mothers tend to empathize with their child's emotional state and attribute their child's behavior to positive factors (such as 'a child is only a child'). These ethno-theories are linked to differing models of childhood, child development and child rearing. These models, in turn, lead to variations in childhood experiences. Thus Japanese mothers' approach seems to foster the establishment of a very close emotional bond with their children, which helps the child control negative emotions more successfully than is the case for German children (Trommsdorff, 2002).

The idea of the individual as the locus of the self is a relatively recent western invention and such a framework creates the psychological pre-conditions necessary for accepting the 'atomized' social worlds that have been created. In the last few generations, we have seen many changes in the way we interact with each other – both within and without our atomized family units. Increasingly, mental well-being seems closely linked to how well one is able to compete in highly inegalitarian societies. Thus a recent World Health Organization (WHO, 2009) report concluded:

> It is abundantly clear that the chronic stress of struggling with material disadvantage is intensified to a very considerable degree by doing so in more unequal societies. An extensive body of research confirms the relationship between inequality and poorer outcomes, a relationship, which is evident at every position on the social hierarchy and is not confined to developed nations. The emotional and cognitive effects of high levels of social status differentiation are profound and far reaching: greater inequality heightens status competition and status insecurity across all income groups and among both adults and children. It is the distribution of economic and social resources that explains health and other outcomes in the vast majority of studies (WHO, 2009: III).

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Drawing on Other Systems of Practice

There has been an increase in psychosocial disorders in children and adolescents in most Western societies. Childhood problems are increasingly medicalized, resulting in an apparent 'epidemic' of emotional and behavioral disorders in children in the West and a rapid rise in the prescription of psychotropics to the young. Elsewhere I have summarized the problematic nature of current popular child psychiatric diagnoses such as ADHD and childhood depression (Timimi, 2002, 2004, 2005b, 2007, 2008a; Timimi & Maitra, 2006; Timimi et al., 2004). In this article I have explored how western economic, political, and social conditions, often via their effects on the common value system, are contributing to the increasing levels of poor mental health among children, as well as contributing to rapid changes in the way we conceptualize childhood and its problems. The current professional response of individualizing and medicalizing these complex issues is (in my opinion) neither helpful nor scientific, and raises many ethical dilemmas.

Whatever part of conditions such as ADHD are biological (all behavior ultimately derives from a biological substrate), how we construct meaning out of this is a cultural process. Similarly, western child protection systems have many problematic aspects. They have developed in order to protect the 'individual' child and thus usually involve the removal of the child from dangerous/abusive situations. Little legislative attention has been given to strengthening social cohesion and reducing inequality as an important avenue to improving child protection. But what about non-western practices with regard children, child rearing and families. Do they have anything useful to offer the western clinician? While a full exploration of this issue is beyond the scope of this article, it is worth discussing the obstacles that prevent us from taking advantage of this and how, in broad terms we might proceed if we were to overcome these obstacles and take seriously indigenous knowledge and practices, from cultures we view with suspicion as 'different.'

Our lack of engagement with alternative perspectives from non-western traditions reflects a rather hidden form of institutionalized racism (or more accurately, institutionalized cultural hegemony) that has infected western academic and political endeavors for several centuries. Not only does this present real danger to the traditions and knowledge bases in existence in the non-western world, but it also means that populations of the western world are being denied the opportunity to benefit from the positive effects that embracing some non-western knowledge, values and practices may bring.[1] For example, despite copious evidence from research in the non industrialized world, that shows the outcome for major 'mental illnesses,' is consistently better than in the industrialized world and

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particularly amongst populations who have not had access to drug based treatments (Hopper, Harrison, Janka, & Sartorius, 2007), the WHO, together with the pharmaceutical industry, has been campaigning for greater 'recognition' of mental illnesses in the non-industrialized world. Like other successful marketing campaigns, this strategy has the potential to open up huge new markets for psychiatric drugs that may be ineffective and can have serious side effects, at the same time as painting indigenous concepts of, and strategies to deal with, mental health problems, as being based on ignorance, despite their obvious success for these populations (Summerfield, 2008).

Defining Problems

Different cultures see different behaviors as problematic. A model of child development that recognizes that different cultures have different (and healthy) versions of child development has the potential to reduce the pathologization of childhood in current western medical practice and public discourse and help shift practice away from a 'deficit' and 'disorder' focus, toward a 'strengths' and 'resilience' focus. This requires western professionals such as child psychiatrists, psychologists, pediatricians, psychotherapists, teachers, and social workers to question the universal validity of the concepts used in relation to children's development and mental health, and the rating questionnaires that accompany them (Timimi, 2002, 2005a, b). Conceptualizing children's emotional and behavioral difficulties using formulations that are not reliant on the inappropriate universalized and deterministic concepts that have developed in recent western child psychiatric practice (i.e., based around diagnostic concepts such as ADHD, childhood depression, etc.), allows for a co-constructed formulation (involving the clinician and the young person/family) that actively searches for and includes the family's own knowledge and models of childhood and child rearing. Taking non-western perspectives seriously also allows for models of childhood and family life that are more accepting and tolerant of a wider range of childhood behavior and emotional expression, and perhaps more orientated to the crucial role family (in particular extended family) plays in ensuring the emotional well-being of children.

Solving Problems

Western culture has many methods of treating childhood problems, including family therapy, cognitive behavioral therapy, psychodynamic psychotherapy and psycho-pharmaceuticals. While many of these may be helpful, there is little evidence to suggest that a better outcome results from

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a cookbook style approach of matching a technique to a particular diagnosis. A wealth of literature demonstrates that factors associated with the client/patient and the quality of the therapeutic relationship have a much more potent impact on outcome than the specific technique (Wampold, 2001). Effective therapy therefore revolves around the ability to utilize existing strengths/resources/resilience and the ability to work in frameworks/cosmologies that make for meaningful relationships between the therapist/doctor and the patient/their family (Duncan, Miller, & Sparks, 2004). All communities have valuable resources, including spiritual/religious ones. For many non-western cultures, the family not the individual is regarded as the basic social unit. Families' and communities' strengths and capacities to heal or comfort children should be recognized and promoted (Banhatti, Dwivedi, & Maitra, 2006; Maitra, 2006; Timimi, 2005b).

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 (Obeyesekere, 1977). Such an attitude based on balance with nature (as opposed to controlling it) has resonance with approaches that include lifestyle interventions such as diet, exercise, mindfulness, and family routines, all of which can help enhance and diversify clinical practice.

Cultural Influences on Behavior

As socially respected practitioners, we have a responsibility to understand that we bring a cultural value system to our work. Our actions will have effects in wider local community. For example, if we calm a child's behaviors using medication, the child's school may understandably refer more children for such treatment, resulting in a legitimization of certain beliefs and practices around children's behavior in that community. With regard to policy, we could support policies likely to promote more pro-social value systems, reduce social inequality, and forge stronger more cohesive families and communities.[2] While an exhaustive argument about what policies would produce such a change is not within the remit of this article, practitioners need to also become more involved in wider social and political debates about children's development, mental health, protection, and their relationship to economy, adversity, culture and inequality.

Notes

1. Edward Said (1978, 1981) illuminates this 'structural' and societal character of racism in his discussion of Orientalism. Orientalism is a set of western

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discourses that have constructed an orient in ways, which depend on and reproduce the positional superiority and hegemony of the West – a general group of ideas impregnated with European superiority, racism, and imperialism that can be found in a variety of western texts, media, disciplines, and practices.

2. Suggestions of policy that may promote a more pro-social set of values and consequently practices include: fighting global child poverty, support for community based services that use local resources and beliefs, limiting advertising aimed at the young, family friendly business practices such as flexible working hours, proper provision of maternity/paternity leave not interfering with career progression, criminalizing willfully absent parents, and supporting political parties that favor policies aimed at wealth redistribution.

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