Effect of globalisation on children's mental health

Sami Timimi

BMJ 2005;331:37-39
doi:10.1136/bmj.331.7507.37

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

To order reprints of this article go to:
http://www.bmjournals.com/cgi/reprintform

To subscribe to BMJ go to:
http://bmj.bmjjournals.com/subscriptions/subscribe.shtml
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. 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). 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. 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. 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) have increased sharply among young people in Western societies, with many studies documenting an association between poverty, marital disruption, and a wide range of deleterious effects in children’s behaviour and emotional state.

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. 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.

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 individual goals of the Western free market value system.
Education and debate

children. The communal ethic seems to promote psychiatric wellbeing by ensuring a degree of joint responsibility for children.

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, 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. 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. For example, when the Organization of African Unity drew up its charter on the rights and welfare of the child, 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. 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. Prescription of these drugs to children is also increasing in many non-Western countries. 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. 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. 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.

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.

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. 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.

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.

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 policy where 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 the standard. 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 the standard. 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 the standard. 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 the standard. 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 the standard. 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 the standard. 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 the standard. 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 the standard. 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 the standard. 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 the standard. 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 the standard. 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 the standard. 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 the standard. 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 the standard. 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 the standard. 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 the standard. 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 the standard. 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 the standard. 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 the standard. 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 the standard. 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 the standard. 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 the standard. 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 the standard. 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 the standard. 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 the standard. 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 the standard. 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 the standard. 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 the standard. 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 the standard. 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 the standard. 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 the standard. 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 the standard. 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 the standard. 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 the standard. 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 the standard. 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 the standard. 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 the standard. 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 the standard. 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 the standard. 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 the standard. 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 the standard. 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 the standard. 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 the standard. 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 the standard. 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 the standard. 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 the standard. 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 the standard. 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 the standard. 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 the standard. 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 the standard. 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 the standard. 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 the standard. 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 the standard. 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 the standard. 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 the standard. 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 the standard. 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 the standard. 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 the standard. 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 the standard. 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 the standard. 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 the standard. 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 the standard. 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 the standard. 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 the standard. 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 the standard. 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 the standard. 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 the standard. We also see it in the ideas that shape global approaches to health policy—for example, the World Health Organization继续保持健康。