

Question: There have been growing international efforts over the years to not only understand and treat physical illness, but to also understand and treat mental illness. Consider whether or not there should be a universal requirement to study and treat psychopathology in adults all over the world. Provide 3 reasons for and 3 reasons against. Be specific and cite your readings.

While I think that international research can be useful for psychological researchers in the United States and other countries, I also feel that researchers in the United States or any other country cannot or should not “require” the study of psychology in adults all over the world. Similarly, while I think that there may be a greater demand for the treatment of psychopathology worldwide, I don’t think that we can or should implement a universal “requirement” to treat psychopathology in adults all over the world. Here is why.

Processes of globalization allow people from different cultural, national, ethnic, and racial minorities to come into close contact. For example, the expansion of tourism, the increase in international education, the implementation of multinational corporations, the creation of geographical unities (e.g. European Union), the invention and utilization of new technologies (e.g. worldwide web, email, telephone), and the increasing flow of migrations (Hermans and Kempen, 1998) present new opportunities for people from different cultural background and countries to come into close relationship. As people engage in more and more cross-cultural interaction, there’s a greater need to understand the worldview and cultural context of other people to minimize misunderstandings and potential conflict. Furthermore, as people travel to other countries for work, education or tourism, they may need the help of mental health care providers. Therefore, there is a need for mental health care providers to be able to help patients from diverse ethnic, cultural, racial, and national backgrounds. International research aimed at understanding the worldview, the healing beliefs, the cultural context of people around the world can be one way of providing mental health care providers with the necessary skills to work with a diverse international population. Furthermore, research can provide knowledge that will help people to understand each other, and thereby, minimize misunderstandings and conflicts. Thus, international efforts to understand and treat mental illness may be required to meet the challenges and opportunities of today’s globalizing societies.

On the other hand, researchers have questioned the utility of cross-cultural and thus international research. These researchers argue that because of the accelerating process of globalization, cultures are moving and mixing, thereby, resulting in a hybridization (Hermans et al., 1998) of cultures. This process of hybridization can make people around the world more alike than different in terms of their ideas, values, belief systems, and healing practices. Given that international research can be costly, time consuming, and cumbersome, some researchers may argue that there is no need to conduct international research because with globalization people around the world will share similar world views and thereby rendering cross-cultural (ie. international) research findings useless. If these researchers are correct, and people around the world are becoming more and more alike, one may argue that there is not need to conduct international research and thus, it should not be required.

International research can help psychological researchers in the United States to understand psychological phenomena that are not easily understood if research is only conducted

in the United States. For example, acculturation researchers have observed that many Latino immigrants suffer from acculturative stress (Smart and Smart, 1995) and that acculturative stress is associated with depression and suicide ideation (Hovey and King, 1996). Some researchers have argued that for Latino immigrants the greatest aspect of acculturative stress is the loss of social support in the form of family ties and close interpersonal relationships (Cobb, 1976). Other researchers have argued that the clash of American values and Hispanic values (e.g. individualism versus collectivism) is an important aspect of acculturative stress (Lum, 1986), while others argue that the need to learn a new language is related to higher levels of acculturative stress. One way of gaining a better understanding of which aspects are most related to acculturative stress among Latino immigrants in the United States is to compare the acculturation process of Latinos in the United States to the acculturation process of Latinos in Spain. In recent years, there has been an increase of people from Latin America to migrate to Spain (Gualda, 2007). Latinos and Spaniards share a common language, similar religious beliefs, and cultural values. Given that Spanish culture is more similar to Latino culture than American culture, one may assume that Latino immigrants in Spain experience less acculturative stress than Latino immigrants in the United States. Studies could be designed in a way that may allow a better understanding of factors linked to acculturative stress in Latino immigrants in the US.

Another advantage of international research is that it may allow researchers to have a greater confidence in the validity of research findings. For example, in the United States, researchers have commonly found that women tend to report higher levels of depression compared to men (Culbertson, 1997). Researchers have also found that women in the United States are twice as likely to report depression compared to men (Culbertson, 1997). Furthermore, cross-cultural researchers have found similar findings and sex ratios in different countries (Nolen-Hoeksema, 1990; Delgado de Snyder, Dias-Perez, and Ojeda, 2000). Replication of research findings in different countries can increase a researcher's confidence in the validity of research findings. In a sense, it can render research findings stronger because they have been replicated cross-culturally. In the case of gender differences in depression, researchers can be more confident that gender matters in mental health because research across countries have found that women experience more depression than men.

Although international research can help researchers gain a better understanding of psychopathology and although more people may need to seek mental health services outside their home country, I don't think we can have "a universal requirement" for understanding or treating psychopathology.

First, as mentioned earlier some people believe that international/cross-cultural research is redundant because globalization is reducing differences among people around the world.

Second, in order to make research and treatment a universal requirement, it seems that all people in the world would need to have the same understanding of psychopathology and the scientific method. This, however, is not the case. For example, researchers and psychologists have identified culture-bound syndromes that exist in one culture but not in other cultures. Furthermore, researchers have identified that cultures differ in the way they conceptualize, diagnose, and treat mental illness (Tsai, Butcher, Munoz, and Vitousek, 2001; Matsumono and Juang, 2004). One problem I envision in making treatment a "universal requirement" is the question of who would have the right to decide what treatment to use, when to use it, and what diagnosis to assign without a common consensus. My concern is that people in power who may have access to monetary resources would have the right (or assume the right) to decide how to

define, diagnose, and treat illness. For example, Widiger (XXX) claims that “the final decisions regarding the DSM reflect simply the a priori viewpoints of the person in closest proximity to the decision-making power, the process can become more political than scientific.” Similarly, women of color often claim that white women decide what feminist issues to support because they have access to necessary resources (King, 1988). My concern is that a similar phenomenon would occur in the sense that industrialized (ie. developed countries) would decide for non-industrialized countries (ie. underdeveloped countries) how to define, treat, and diagnose mental illness, thereby, imposing their values and healing beliefs on other populations. Similarly, in order to make research a “universal requirement” all countries would have to believe in the same way of collecting knowledge (e.g. scientific knowledge). As some researchers have pointed out the scientific method is just one way of constructing knowledge (Scarr, 1985) and for scientific facts to be meaningful one must believe in the scientific method. Even among scholars in the United States, there is great controversy of what constitute knowledge (Hill Collins, XXXX). For example, many feminist researchers argue that quantitative research methods don’t always adequately capture the experiences of women. These researchers often argue that a combination of qualitative and quantitative methods would be most apt to capture the experiences of women. On the other hand, many researchers argue that only “strict” science should be utilized to produce knowledge (Epstein Jayaratne and Stewart, 2008). If researchers within the United States and even within universities cannot agree, then I am having a difficult time believing that people around the world will come to a consensus on the question of what counts as knowledge.

Third, even if people around the world would come to a consensus on what constitutes knowledge and on how to define, treat, and diagnose mental illness, there are many logistical issues that would make the research or clinical praxis impossible. Let’s assume that everyone believed in and agreed with the scientific method and that we only used questionnaires. First, we would have to translate all existing measures into all existing languages in the world so that everyone would be able to read and answer (assuming we have questionnaires) the questions. Then, we would have to back-translate those surveys to ensure proper translation (Cauce, Coronado, & Watson, 1999). This would be extremely time consuming and expensive. Let’s assume, time was not an issue and we had the financial resources to do all the translations. We would have to ensure linguistic equivalence, that “language in which items on an assessment device are written are understood in the same way across ethnocultural groups.” For example, in a study that asked White and Japanese American individuals about either depression or *yuutsu* where *yuutsu* is the closest to the Japanese equivalent of depression, the Japanese individuals tended to respond with external referent such as storm or dark, whereas Whites responded with internal referents such as sad or lonely. This suggests that even when translated, depression and *yuutsu* are not linguistically equivalent (Hughes et al. 1993; Tanaka-Matsumi & Marsella, 1976). Given that language is part of one’s culture (Matsumoto et al., 2004), it would be impossible to achieve linguistic equivalence. For example, if depression does not exist in a culture then there is no meaningful word for depression and we will not be able to achieve linguistic equivalence. It seems impossible implement a universal requirement to study mental illness around the world. Similarly, let’s assume that every country in the world agreed to use the DSM-IV to diagnose patients. We again would have to translate the DSM-IV into all the languages of the world. Again, we would have to achieve linguistic equivalence, which as discussed earlier seems impossible. Even if linguistic equivalence was possible, it would take years to translate research instruments and the DSM-IV. In addition to time, we would need financial resources to cover all the costs involved. From experience, I know how difficult it is to get research funding.

In sum, while I think that international research endeavors in understanding psychopathology has many advantages, I think we cannot implement a universal “requirement” to study psychopathology around the world. Similarly, although, I agree that there may be an increasing need to help patients (e.g. tourists) all over the world, we cannot implement an universal “requirement” to treat patients around the world.

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