



# Global Mental Health: The importance of contextual sensitivity and appropriate methodologies

Dr Ross White, University of Glasgow

Dr Richard Fay, University of Manchester

Dr Rosco Kasujja, Makerere University, Kampala

Fr. Ponsiano, Caritas

*Researching Multilingually at the Borders of Language, the Body, Law and the State*

# Overview

- Researching multilingually in Lira, Uganda
- Identifying problems linked to ‘thoughts, behaviours or emotions’.
- Understanding methodological limitations.
- Syncretization and multilingual working.
- The preservationist ethnic and the issue of ethnopsychiatric curiosities.
- Reciprocity through appropriate methodology.

# Lira, Uganda



- From 1987, the 19-year-long war between the government of Uganda and Joseph Kony's *Lord's Resistance Army* (LRA) caused massive population displacement in Northern Uganda
- It is estimated that the LRA was responsible for the deaths of 100,000 people and the displacement of 1.7 million people (The Independent, 2015)

# Lira, Uganda



- The Langi people along with Acholi and Alur are members of the Western Nilotic language group, and combined these ethnic groups constitute the bulk of the population living in Northern Uganda.
- Together they comprise about 15% of the overall population of Uganda (<http://www.africa.upenn.edu/NEH/u-ethn.html>)

# Lira, Uganda



# Methodology

- DIME (Design, Implementation, Monitoring and Evaluation) developed at John Hopkins University by Applied Mental Health Research Group (AMHR)
- A multiphasic approach developed to assist with the development of psychosocial interventions for mental health difficulties in low and middle-income countries (LMIC).
- Murray et al. (2013) highlight that the process is based on the principles of community-based participatory research (CBCR)
- The research focused on Module 1 of the DIME methodology

# Methodology

## PHASE 1

- **Aim:** Develop an understanding of – A) The problems that people living in the Lira district face, B) The functions that people frequently do for themselves, their families, and their communities.
- **Method:** Free Listing (FL) interviews conducted with a sample of 20 people representing a cross-section of the community. FL interviews were conducted in Lango by the research assistants working in pairs – one interviewer and one scribe. Participants asked to make summary statements of their responses so these could be recorded verbatim.

## PHASE 2

- **Aim:** Obtain information from recognised individuals (key informants) in the community that people consult with about priority problems that were identified in *Phase 1*. Specifically, details about signs/symptoms, causes and effects and practices to deal with the problems (i.e. coping, help seeking behavior).
- **Method:** Free Listing (FL) interviews conducted with a sample of 14 key-informants identified by participants in *Phase 1*. Key-informants could also identify other KIs. FL interviews were conducted in Lango by the research assistants working in pairs – one interviewer and one scribe. Key-informants asked to make summary statements of their responses so the scribe could record what both the interviewer and interviewee said verbatim.

## PHASE 3

- **Aim:** To build on the Function FL data collected identifying the tasks and activities that constitute normal functioning and wellbeing in the Lira district.
- **Method:** Two Focus Groups (FGs) discussions (1 for males and 1 for females) facilitated by a supervisor and a research assistant. 7 females and 7 males participated.

Rank	Problem Description	Number of participants
1	Can dwong (High Level of poverty)	16
2	<b>Gero me yi ot (Domestic violence)</b>	14
3	Kwan obale (Deterioration of Education)	13
4	<b>Mato kongo iyore arac (Alcohol abuse)</b>	11
	Kwö tye adwong (High level of theft / robbery)	11
6	Twö tye apot (Multiple diseases)	9
7	Can tic (Unemployment)	8
8	<b>Laro lobo (Land wrangles / Disputes)</b>	6
	Yot kom pe tye aber (Poor health)	6
10	Kwiya piny (Ignorance)	5
	<b>Peko me tam (Anxiety and stress)</b>	5

# Peko Me Tam

- The Lango language description 'peko me tam' literally translates as 'problems with thoughts'
- However, this was translated as 'anxiety and stress' by the research team (and verified by a Lango language expert).
- Locally trained professionals and international NGOs will use protocols for anxiety and/or stress.

# *Perceived Causes*

Rank	Description of Cause	Number of key informants
1	Poverty	6
2	Disagreement between children and their parents	5
3	Sickness, as a result of being disoriented	4
4	Fighting- if the act brings about injury (physical or emotional), or even death	3
	Death of dear ones	3
	Land wrangles/disputes	3
	Loss of assets as result of theft	3
	Domestic violence	3
	High birth rate	3
	Where there is poor dialogue/misunderstanding in the family	3
	Family separation	3

# *What people currently do about it?*

Rank	Description of What People Currently Do About It	Number of key informants
1	Some commit suicide	6
2	Other people go to their friends	4
3	Some find help from leaders or police/court	4
4	The church has organized pastoral counseling for those experiencing problems	3
	Some seek or consult doctors / counselors	3
	Others fight	3
	Going for prayers	3

# *What should be done about it?*

Rank	Description of what should be done about it	Number of key informants
1	They should be counseled	5
2	People should be supported and advised accordingly	5
3	Encourage them to associate with people who accept, understand and love them	4
	Anybody experiencing psychological problems should seek advice and interact with others	4
4	There should be a psychosocial representative to offer counseling services at a grass root level	3
	Advise them on building social relationship with others	3
	They should be given the support they need	3

# Reflections About Methodology

- Pragmatic attempt to inform the development of psychosocial interventions in humanitarian crises. Not a substitute for detailed ethnographic work.
- The DIME manual is in English. The training for Research Assistants was delivered in English. All data collection was conducted in Lango.
- The participant inclusion criteria purposely excluded people who were not long-term residents in the Lira district.
- No audio recording device to be used – the scribe is expected to record verbatim summary statements that the participants make.
- The methodology insists that the research should be conducted in one language only.

# The Genie Out of The Bottle...

- Over 40 different languages are spoken in Uganda.
- There has been a tendency to translate local language understanding about distress into English (as a step to providing local people with access to pre-existing, or new developed, forms of treatment often offered by international NGOs).
- The textbooks used to train mental health professionals in Uganda tend to come from the US or UK.
- English language descriptions of forms of psychopathology predominate in the training of professional.
- This has created a context where the global and the local dynamically interact.

# The Preservationist Ethic

- Global Mental Health has been criticised as a form of cultural imperialism that extinguishes non-Western cultures of healing.
- Convergence of local and Western knowledge is perceived as a loss or destruction, analogous to ‘an animal or plant lapsing into extinction’ (Watters, 2011).
- The *preservationist ethic* - ‘Assimilation is figured as annihilation’ (Appiah, 2005; P30).
- Is a preoccupation with *extinction* by some western commentators associated with a ‘constant temptation for the Western cultural critic to displace their own cultural dilemmas on to concern for other cultures’ (Tomlinson, 1991, P120)?

# 'The Cabinet of Ethnopsychiatric Curiosities'

- 'We have a critique of a psychiatric ideology that accommodates and legitimizes our complex neoliberal economic, social, and political system.
- *They* have an ethnopsychiatry that exists in a complex, fragile, but ultimately harmonious cultural ecosystem.
- To express the contrast more concretely: Oppositional Defiant Disorder is a daft, downright harmful myth promulgated by the American Psychiatric Association; but koro is an imperiled resource for expressing distress within local systems of meaning'
- A person living in a LMIC 'deserves better than being urged to stay in (his/)her niche in some great cabinet of ethnopsychiatric curiosities'.

(Miller, 2014)

# Context Sensitive & Culturally-Appropriate Methodology

- There are debates across diverse practitioner fields/ disciplines (e.g. cross-cultural counselling, TESOL, intercultural communication, GMH) about utilizing universalist approaches vs. developing context-sensitive and culturally-appropriate methodology.
- Diverse forms of theorizing (e.g. Decolonizing Methodology, Southern Theory) have emerged to challenge hegemonic ontologies, epistemologies and dominant flows (that tend to originate in the Global North).
- This has led to increasing interest in *counter-flows* (White et al., 2014) and/or *common-flows* of knowledge.
- Practitioners can be ethnographers of their own practice. This facilitates an understanding of emergent 'small cultures' rather than self-fulfilling, and often essentialized, 'large culture' prescriptions (Holliday, 1994, 1999).

# Context Sensitive & Culturally-Appropriate Methodology

We need to know more about the role of language in:

- The maintenance of, and challenge to, dominant flows of understanding.
- Practitioner attempts to develop appropriate methodologies through researching their practice-in-context.
- Developing situated (i.e. context-sensitive, culturally-appropriate) ways of working (i.e. practice) and a clear understanding / theorisation of that practice (i.e. praxis)

All of this has implications for researcher development and practitioner development agendas.

# Implications

- There has been a process of syncretization in how people in Lira understand the management of 'peko me tam'. The local and the global have infused (glocalized?) into each other.
- Approaches to education, methodology and translation have facilitated this syncretization.
- Rather than fixating on a *preservationist ethic*, there is a need to redress inequality and inequity in the sharing of knowledge and to improve reciprocity.
- This will be aided by the use of appropriate methodologies for Global Mental Health that can help to highlight good practice in particular contexts .

# References

- Appiah, K. A. (2005). *The ethics of identity*. Princeton University Press.
- Briggs, J. & Sharp, J. (2004). Indigenous knowledges and development: a post-colonial caution. *Third World Quarterly*, 25 (4), 661-676.
- Holliday, A. (1999). Small cultures. *Applied linguistics*, 20(2), 237-264.
- Miller, G. (2014) *Is the agenda for global mental health a form of cultural imperialism?* *Medical Humanities*, 40 (2), 131-134.
- Nakashima, D & de Guchteneire, P (1999). A new impetus for indigenous knowledge from the World Conference on Science. *Indigenous Knowledge and Development Monitor*, 7 (3) p 40.
- Tomlinson J. (1991). *Cultural Imperialism: A Critical Introduction*. London: Pinter.
- Watters, E. (2011). *Crazy Like Us: the globalization of the Western mind*. Hachette UK.
- White, R., Jain, S., & Giurgi-Onucu, C. (2014). Counterflows for mental well-being: What high-income countries can learn from Low and middle-income countries. *International Review of Psychiatry*, 26(5), 602-606.