GLOBALISATION AND MENTAL HEALTH: CONTEXT AND CONTROVERSIES

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INTRODUCTION

Globalization today is a fact of life. It is a period of global restructuring and transition. Globalisation can be viewed as a global movement characterized by an increase in the movement of individuals, information, commodities and money leading to development along with it. It has resulted in faster and greater technological advances, rapid and more efficient means of travel leading to cross cultural amalgamation and a better confluence of expertise and knowledge in various areas, including health in general and mental health in particular.

Health has long been recognized as a central feature of development by which a nation is known. A lot has been argued and counter-argued about the positive and negative effects of globalisation on mental health and whether the human organism is equipped well either physiologically or psychologically to cope with the supercharged rate of change in our fast paced society. This article focuses on globalisation and the effects it has on mental health.

Definitions

Globalisation has been described as a process in which traditional boundaries separating individuals and societies gradually recede[1, 2]. It has been also referred to as 'crossing borders'[3]. Globalisation is more than increased global interconnectedness where advancement in communication resources have resulted in increased movement of ideas despite being aware of variation in social, cultural and economic changes. Globalisation has enabled us to travel from one culture to another through various media such as television, the internet, cinema and books. The increase in cross-cultural communication as a result of globalisation has resulted into possible acculturation with formation of new global culture which is an interesting phenomenon as that means that some cultures are likely to become more homogenised and others become more strident in order to protect external influences.

In economic terms globalisation can be defined as a global process in which prices, products, wages, rates of interest and profits will become similar. The economy is becoming exempt from political control because of free trade rules and free movement of capital. Powerful groups are now influencing the world through their economy driven ideas despite being aware of their acceptability globally. It is also leading to increased socioeconomic difference because of migration towards the economically stronger parts of the world.

GLOBALISATION: THE PAST AND PRESENT

All life involves change. Indeed, our society as well as the subgroups within it is constantly changing. This change per se need not cause difficulty. In fact, we as a society are now used to this change, in addition systems keep changing especially as policies and resources change and many factors influence this change. But though change is a constant thing throughout history and lives of man, cultural change in the past ordinarily took place at a relatively leisurely pace. Unlike in the past new technological innovations sweep through society within a short time, leading, in turn to ideas for further innovations. This can be seen in the recent increase in availability of new technologies such as iPhone and iPad.

Thus, this cycle of technological and social change is both self-perpetuating and self-accelerating. Globalisation is not a present day phenomenon. It has existed since times of evolution, but the reasons for the same were different then: economic to seek a better standard of living; fleeing conflict and persecution; conquering the region and colonisation[4]. So, what was occurring at a slow pace of a tortoise then is occurring at that of the hare. now.

What is questionable now is whether the slow and the steady would really have won the race. The moral of the story can be argued from both sides. While the tortoise pace would have slowed the progress as a whole, the hare's pace is definitely leading to an explosive burst of information, leading to an increase in physiological and psychological dissonance of the mankind. It can be too much to take in! Today even various disasters, whether natural or man-made have bigger impact on the countries even not directly affected as the result of interconnectedness due to globalisation. The 2004 tsu-

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nami affecting much of the south-east Asian countries, took on a global awareness simply not because, some of the affected regions were tourist areas and were frequented by international tourists but also the media coverage led to such an awareness that people around the globe became aware of it. Thus any natural and/or manmade disaster can affect a large number of people around the globe in a relatively short time. Due to the interconnected nature of globalisation the human beings have become more aware of others existence and also been more socially aware.

EFFECT OF URBANIZATION ON FAMILY STRUCTURE AND SUPPORT

With industrial development related to globalisation means that some countries provide resources, others manufacture and others consume. This emphasis certainly on production means that more people from rural areas are moving towards cities and settling there. Approximately half of the world population lives in cities and urban population is increasing at a fast pace. Urbanization can be seen both as a cause and effect of globalisation. Urbanization brings with it, overcrowding which occurs in the urban ghettoes or even in the posh areas with increasing number of people living in the high-rises. Overcrowding has profound effects on human beings, and the violence, disorganization and other pathology associated with congested urban centres are generally thought to be due in part to overcrowding[5].

There are differences in literacy and income rates in urban and rural population which appear less evident in the western world due to wider access to educational and employment facilities. Although migration towards urban parts is driven for various reasons including educational and economical needs it brings with it various other problems including increase in social isolation. Increased urbanization and the resulting social isolation have been associated with mental disorders like eating disorders and self harm. Urbanization has also resulted in scarcity of resources due to population growth in some pockets which has caused further socioeconomic complications. Decreased socioeconomic status has also been associated with various mental disorders although this can be either a cause or a result of the mental disorder.

Toffler had referred to the increasing obsolescence of our family patterns[6]. People who got married in the 1900s could look forward to 30 years together on an average, provided they stayed married for that long; with the increasing life span, this time has been extended to almost 50 years now. Thus marital partners today are expected to make it together for a much longer period despite the rate and multiplicity of changes in our society- in jobs, in the sexual patterns around them, in leisure time pursuits, in values, life styles, and so on- all of which tend to make it more difficult for a husband and wife to grow together over the years. Toffler had rightly talked about it:

"My own hunch is that most people will try to go blindly through the motions of the traditional marriage, and try to keep the traditional family going, and they'll fail. And the consequence will be a subtle but very significant shift to much more temporary marital arrangements, an intensification of the present pattern of divorce and remarriage to the point at which we accept the idea that marriages are not for life" [6].

This is indeed what is being experienced today. The divorce rates have increased tremendously today, not only in the developed nations, but also in the less developed ones.

With globalisation of cultures and wider acceptance of viewpoints, not only is the marital unit changing, but also the family as a unit is affected. The once prevalent joint family system in countries like India is fast disappearing[7], with the moving out of children from their homes early on for better education or jobs This move comes as a necessity because of unequal distribution of opportunities in different regions. The family which *loses* the child goes through the grief of loss and mourns over the child's departure, while the child has to now deal with loneliness and may be an added identity crisis. The family which was acting as a shock absorber now no longer supports the individual who is now left to deal with all the problems himself. The individual's level of commitment to his group and society has been documented to be a most important protective factor during any stress exposures, as well as a crucial factor in early therapeutic interventions[8].

Even within joint families, the amount of interaction and closeness within has decreased as a consequence of changes in lifestyle. The TV and the computer facilitate individual activities rather than shared familial and social activities. The earlier feelings of rootedness and belonging to the family and community are fast disappearing. In fact, two major changes have occurred in parallel in our society, i.e., the amount of stress has increased and at the same time the natural input to the anti-stress systems has decreased.

It is also relevant to emphasize here the changing roles within the families. Particularly in traditional societies with patriarchal settings, authority was formerly vested in the father or the senior-most male member of the family, and the ties that bound the family together were often based on duty and economic necessity, a new type of pattern has emerged in which all family members now share in decision making. In our mobile, urban society it is difficult to establish and maintain close interpersonal relationships outside the nuclear family.

MENTAL ILLNESSES IN CULTURAL CONTEXT

Hofstede gave the concept of cultural types on the basis of individualism and collectivism[9]. Individualism stands for a society in which the ties between individuals are loose; everyone is expected to look after himself or herself and his or her immediate family only, and col-

lectivism stands for society in which people from birth onwards are integrated into strong, cohesive in-groups, which throughout people's lifetime continue to protect them in exchange for unquestioning loyalty[10].

Hofstede explains that during our earlier upbringing, majority of us are accustomed to collectivist societies, where the family is the smallest unit[11]. These include number of people living closely together i.e. parents, children and also extended family members, neighbours and co-villagers. Such groups provide a source of identity and protection which enable a person in sailing through difficulties of life. In this global village urbanization and both international and intra-national migrations are breaking this lifelong loyalty which a person develops over years and leads people to individualistic societies from collectivistic ones. For people living in individualistic societies the interests of the individual prevail over the interests of the group.

Marriages have been less stable in individualistic societies. Lester has found correlation of divorce rates in 1980 with individualistic societies which also indicates that as societies change from collectivist to individualistic, changes in social interaction may lead to vulnerable individuals being ignored[12]. Adolescent children in individualistic societies leave their parents home earlier than collectivist counterparts. Collectivist families stay in close contact with their parents as well as with extended family members and expect such return from their children as well. This implies more expectation within a collectivistic family which can be financial expectation as well as ritual.

Majority of the humanity have some aspects of collectivism in common. The West where individualism is more widespread constitutes less than 30 percent of humanity and even their ethnic minorities and lower socioeconomic status groups tend to be more collectivistic[13]. Hofstede's work had resulted in understanding of culture by understanding values of people. Individualism, power distance, masculinity and uncertainty avoidance were the initial four factors and power distance and individualism/collectivism were highly correlated.

When Triandis et al replicated Hofstede's work he obtained 4 factors: Family Integrity (e.g. children should live with their parents until they get married), Interdependence (e.g. I like to live close to my good friends) representing Collectivism; Self Reliance (e.g. it is best to work alone than in a group) and Separation from subgroups (if a family member is honoured this honour is not shared by other family members), representing Individualism[14]. Triandis concluded from their and others' work that the defining attributes of individualism are, distance from in-groups, emotional detachment and competition, while defining attributes of collectivism are family integrity and solidarity[15]. Triandis had also proposed low stress, stress related disease and mental illness correlating with collectivism[16].

High variation in prevalence rates of psychiatric disorders is found across cultures in various studies. Weissman et al found lifetime prevalence of major depression between 1.5 per 100 adults in Taiwan to 19.0 per 100 adults in Lebanon[17]. In the WHO General Practitioner study current depression prevalence extended in a huge range when it was 15.8% in Rio de Janeiro and 2.6% in Nagasaki[18]. Alcohol dependence was found to be 5.3% in Berlin and 0.4% in Ibadan. While no clear reasons are found behind such variable rates of psychiatric disorders, this could be related to cultural values. More traditional values are linked to lower prevalence of psychiatric morbidity. Maercker [19] analysed data from a multicentre study on cultural values[20] and World Health Organisation (WHO) collaborative study on Psychological Problems in General Health Care[18]. Traditional society values including conservation, hierarchy and self mastery were negatively correlated whereas modern/ postmodern society values including autonomy and egalitarian commitment were positively correlated with psychiatric diagnosis and symptoms. Based on this, Maercker suggested that psychiatric morbidity and cultural values may be closely intertwined. The two most frequently occurring psychological disorders encountered in primary health care services i.e. current depression and generalised anxiety disorder were negatively related with traditional values[21].

Current depression was less frequent in countries in which personal strain and daring (self mastery value) are held in high esteem. The prevalence of generalised anxiety was negatively correlated with conservatism- defined as relying on social control by the peer group- and preference for the hierarchy- defined as appreciation of privileged other persons. Alcohol dependence was predicted by a pattern of two low traditional values (conservatism, self mastery) and a low degree of egalitarian commitment. In another study anxiety disorders were also found less in more traditionally oriented rural regions (vs. urban population)[22]. It seems that the loss of traditional values is related to increase in psychological distress. Tamimi had pointed out how globalisation resulted in inappropriate domination of the Western view of mental health as well as of economic approaches and how children's mental health may be adversely affected by a Western value system that promotes individualism, weakens social ties, and creates ambivalence towards children[23].

MIGRATION AND MENTAL HEALTH

One of the important aspects of globalisation is an increased migration of people, and no discussion on globalisation can be complete without this important aspect. Migration can be inter-national or intra-national as in from the less developed parts of the country to the more developed ones, in search of better opportunities, in job or education. Migration does not come without its ills and all of this cultural diversification can be very difficult for both the parties involved- the indigenous population and also the immigrants. Any type of migra-

tion is known to have effects on health in terms of both physical and mental illness[24,25]. People, who migrate from rural to urban areas with concomitant delinking of physical and emotional ties, deal with a situation when they have no past and only an uncertain future. This leads to a kind of anonymity in them which causes further problem in which the man would do things which he would not do otherwise resulting in many anti-social and criminal activities. Globalisation has resulted in the capable brains moving across borders and leading to development of the region they migrated to, while at the same time it can be also viewed as a loss for the region, from where the brains have emigrated. Migrants may bring along with them, loneliness and poverty. They may have had high socio-occupational and educational status in their own countries, while in the receiving countries, they may have no choice but to stay alone and do whatever menial jobs they get. Even their educational status may not be at par with that of the receiving nation's standards[3]. In fact, Ford had already emphasised the role of such social change in producing new sources of stress that lead not only to physical disease, disability and death, but also to alienation and mental disorders[26]. Recent studies also suggest the same[27, 28]. All of these can lead to various mental disorders in the migrants. Amidst this, the native population is not protected against any harm and may get worried with the sudden arrival of a large number of people who are perceived as competing for already limited resources. Such worries, anxieties can lead to depression, frustration or even explicit aggression which can be dismissed as racism[3].

The concept of "*social-displacement syndrome*" described by Tyhurst completely encompasses the impact of migration in individuals[29]. It consists of two sets of characteristics. The first set consisting of the periods of escape and psychological stress which is followed and highlighted by nostalgia, helplessness, anger, fear etc. The second set is a cluster of symptoms including paranoid behaviour, hypochondriasis, and sleep disturbances associated with anxiety and/or depression.

What Toffler had proposed long back describing the term 'future shock', as a social change that has become too fast for people to assimilate, might be the thing that we are experiencing today at this moment[30]. *In a way, in the present, we are going through that future shock*. The pace of change forces us to make decisions faster than we can sort out right from wrong. Crisis piles on crisis, decisions must be made on inadequate information, and too often the action taken is just a reaction to the present emergency rather than part of a coherent cognitive plan for the future.

The most important mental health problem resulting from migration and globalisation seems to be depression or depressive spectrum disorders. It is most likely to cause burden by 2020. It is a chronic, relapsing, recurrent disorder, the fourth most important determinant of the global burden of disease, and the largest determinant of disability in the world. As patients do not seek treatment and when they do, efficacious treatments are not always used effectively, there is little hope of reducing this burden[31]. The experience of depression in itself is almost universal. However, with globalisation, this disorder is showing certain changes. For instance 40 years ago, many physicians doubted the existence of significant depressive disorders in children. While, a growing body of evidence now has confirmed that children and adolescents not only experience the whole spectrum of mood disorders but also suffer from the significant morbidity and mortality associated with them. The clinical spectrum of the disease can range from simple sadness to a major depressive or bipolar disorder[32]. Recent studies report that 3-9% of teenagers meet criteria for depression at any one time, and at the end of adolescence, as many as 20% of teenagers report a lifetime prevalence of depression[33]. Longitudinal studies have also shown that depression is associated with higher rates of smoking, alcohol abuse, unhealthy eating and infrequent exercise[34, 35]. In a general sense, our culture has become more dependent on alcohol as a social lubricant and a means of tension reduction.

Talking of mental health and migrants in the Indian context, a study by Sharma and Singh shows that mental illness was higher among those migrants who had migrated from rural to urban area, and also was significantly higher in those families where one or both had migrated outside Goa leaving their children in their homes[36]. The study suggested that migration increased the risk not only among those who migrated but also caused disruption in the social ties among the family members[36]. These changes may not be directly attributable to globalisation but undoubtedly similar picture will emerge as globalisation expands across nations.

Emotional disorders were also reported at a lower rate among Indian and Pakistani origin patients compared to Whites, as reported by Cochrane and Stopes-Roe[37]. Maveras and Bebbington reported that Greek Cypriots in London had higher rates of anxiety than White UK-born Londoners but had a similar rate to Greeks in Athens, whereas White Londoners had higher rates of depression[38]. Many studies have shown that influence and adoption of Western values has led to the rise of eating disorders in the non-Western world[39, 40]. Earlier studies had shown that eating disorders were not common in non-Western societies, for which a number of reasons were put forward, including: valuing plumpness instead of thinness[41, 42], protection provided by the collectivistic structure of family and society[42, 43] and that eating disorders were simply not recognised within the society[42, 44, 45]. With globalisation and the resulting amalgamation of various cultures, the prevalence of these disorders may soon change.

ECONOMIC FACTORS AND DISCREPANCY

According to Kirmayer and Minas, globalisation may impact mental disorders in three ways including effect on forms of individual and collective identity, wid-

ening economic inequalities and shaping and dissemination of psychiatric knowledge[46]. Inequality across various parts of the world also has its implications on origin and management of mental health disorders. There are inequalities between social status, prestige, wealth and power. We are aware that low socioeconomic status is associated with a high level of psychiatric morbidity. It seems that globalisation is disseminating information across the world to increase awareness of needs however it has not helped in finding ways to fulfil such needs. Despite the fact that international and intra-national migration results in movement of resources from and to the area of migration, it is resulting in increasing socioeconomic difference globally.

Disadvantaged people have high prevalence of mental disorders whether measured by social class, unemployment or income. Moreover occupational status, income levels or educational achievement have possibly different social meaning in different countries or different cultures within one country[47].

Positive linear relationship has been found between income in-equality (measured by the ratio of the income share of the richest 20% of the population to the poorest 20%) and the prevalence of any mental disorder[48]. Globalization will result in increasing inequalities in years to come[49]. This will be prominent in the form of wealth inequalities but will lead to social inequalities as well. As economic inequalities are associated with higher rates of mental health disorders, increase in economic inequalities due to globalization will further increase these rates[50]. Baklien and Samarasinghe had shown that poverty may give rise to a culture that promotes and maintains substance misuse[51]; it can be said that globalisation and migration leading to poverty in a certain section of society, may lead to the emergence of substance use in different ways.

CONCLUSION

More and more socio-centric societies will turn into ego-centric ones due to globalisation and this could lead to higher rates of common mental disorders. With the increasing migration across globe, social isolation will exacerbate and an inbuilt social support system will continue to diminish within families. Moreover increasing rates of single parents due to high rates of marital separation and never-married single parents are likely to result in family stresses and higher psychiatric morbidity. This highlights need for establishing well-developed mental health systems as the current mental health services will probably be not enough to fulfil such increasing mental health problems. Globalization has resulted not only in people migrating to distant countries and developing mental illnesses and seeking mental help, but also mental health professionals shifting their countries for practice. This means they need to know the cultural perspective of the illnesses also, which brings us to the need for culturally sensitive training of the mental health professionals. Recognition of mental disorders in cultural context and varying presentations across cultures is also important as cultural idioms through which emotional distress is communicated vary across cultures and will continue to change in the global village.

With the increasing distress due to acculturation, increasing inequalities and changing identities, rates of common mental disorders are likely to increase; therefore we need to be prepared for such changes and impact of globalisation on mental health. Recognition and awareness of impact of globalisation could help us devise mental health policies before globalisation could lead things getting out of hand. In the decades ahead, we must prepare ourselves to learn, unlearn, and relearn constantly; to expect and accept changing institutions, relationships and ground rules; and to adapt and readapt at an ever increasing tempo.

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