


Editorial

The importance of anthropology in psychiatry

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Abstract

Anthropology is defined as “the study of humans”, while psychiatric anthropology is a subfield of cultural anthropology which uses qualitative methodologies to explore the experience of mental illness. In a field that is often dominated by quantitative research, an anthropological approach allows us to understand experiences surrounding illness and the cultural context of mental illness. The articles presented in this issue of the *Irish Journal of Psychological Medicine* explore individual and group perspectives within a variety of cultural and historical contexts. This compilation of articles unearths fascinating insights into the lived experiences of distinct and vulnerable groups, including young people, migrants and members of the travelling community. Harnessing these insights can help us to tailor our services to the needs of societal populations, as well as improving therapeutic relationships with the ultimate goal of better treatment outcomes.

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Introduction

The field of psychiatric research has traditionally been dominated by quantitative methodologies, which have led to many valuable insights and discoveries about the aetiology, course and treatment of mental illnesses. However, our understanding of an individual's experience of illness is also important, particularly in the field of mental health, and there has been a tendency for this aspect of psychiatric research to be overshadowed by the quantitative approach. Anthropology is an approach in which insights from individual experience can be explored using qualitative methodologies. In his editorial, Sheehan (pp 115–120) concisely describes anthropology as ‘the study of humans’, and he details the five branches of anthropology. Medical anthropology is a field of study that focuses on the experience and context of illness. It forms part of ‘cultural anthropology’, along with the related subfields of psychiatric anthropology (the study of the experience of mental illness) and psychological anthropology (the study of psychology among individuals and their sociocultural communities).

Kaiser and Kohrt, reflecting on the past 80 years of culture in mental health, discuss the importance of psychiatric anthropology (Kaiser & Kohrt 2019). For example, they describe the anthropological critique of psychiatry that was instrumental in challenging the conceptualisation of homosexuality as a mental illness. In modern practice, an anthropological perspective helps us to understand cultural differences in help-seeking behaviour, to understand the forging of effective therapeutic relationships and to reflect critically on our speciality and our practice. The methods employed in

anthropological research include, but are not limited to, observational studies (such as ethnography), participant interviews and focus groups (Lambert & McKeivitt 2002). Taking an anthropological approach, researchers elicit the meaning and context of what is said, whether in a real life setting or a laboratory-based semi-structured interview.

We are delighted to introduce this themed edition of the *Irish Journal of Psychological Medicine*, which focuses predominantly on psychiatric anthropology and explores individuals' experiences of mental illness, emotional well-being and societal stressors in distinct social contexts. The articles collated in this edition focus largely on non-clinical samples such as children and young adults (Barron; Coughlan et al.), members of the Travelling Community, (Quirke et al.; McKey et al.) and migrants (Murphy & Vieten). This issue also offers a perspective on historical matters including Ireland's evolution from institutionalisation to community care (by Kelly), the history of methadone treatment in Ireland (by Saris) and the pervasive historical effects of alcoholism in post-soviet Latvia (by Skultans). The importance of language in psychiatric classification and in clinical practice is also considered in a perspective piece by Huttunen.

Psychotic experiences

As part of a non-clinical, population-based study, Coughlan et al. investigate adolescent experiences of hallucinations and delusions (pp 173–184). Some study participants did not identify well with psychiatric explanations for hallucinations and delusions, at times normalising them or attributing them to paranormal activities. In a separate study by the same research group Coughlan and colleagues (pp 207–222) investigate the longitudinal trajectories of these experiences from early adolescence to early adulthood. They found that a nuanced approach may be needed to

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differentiate between pathological and non-pathological hallucinations and delusions, including examining the phenomenology of the experience and evaluating the subcultural context in which the experience occurs. These two studies are complemented by a smaller study of 10 young adults by Wallis and colleagues who reported auditory verbal hallucinations (AVH) in the context of emotionally unstable personality disorder and post-traumatic stress disorder (pp 196–206). The study reports that the voices were intimately linked with emotional experience, and participants described a complex and bidirectional relationship with the voices. These studies highlight the importance of a detailed assessment of psychotic phenomena among children and young people and suggest that a deeper understanding of these experiences may be needed to provide effective treatments when indicated.

Minority groups

Other subgroups of interest in this issue are minority ethnic groups, including migrants and members of the Travelling Community. As part of the All Ireland Traveller Health Study Quirke and colleagues (pp 185–195) report that travellers experience high levels of discrimination from a range of health professionals, including mental health professionals, suggesting that culturally competent health services need to be developed. A separate review paper by McKey and colleagues (pp 223–233) highlights the need for greater research in relation to traveller mental health and suicide. The paper highlights that this is an economically marginalised and difficult to engage population, which increases the urgency for improving service delivery and our understanding of traveller mental health needs.

Similarly, Murphy & Vieten (pp 163–172) highlight shortcomings in the provision of mental healthcare for asylum seekers in Northern Ireland, which compromises the delivery of quality care to these individuals. In a mixed qualitative and quantitative study, the study included interviews with asylum seekers, refugees as well as service providers. The study findings highlight that clinicians' limited understanding of migrants' backgrounds undermines the effectiveness of care and that the asylum system can compound the trauma already experienced among this population. Spurway and colleagues (pp 138–147) provide a perspective on another minority group when they consider the social and emotional well-being of young indigenous populations that identify as LGBTQA+. The paper discusses the importance of improving our understanding of contemporary issues such as racism and marginalisation among this population. The findings of these papers involving ethnic minority groups highlight common and overlapping themes, pointing to the value of improving the knowledge of clinicians about the cultural context of their patients.

Another paper in this issue by Barron (pp 155–162) also focuses on young people, exploring the youth perception of exclusion from public places and how this can effect their well-being. The study highlights the need for the voice of children and adolescents to be heard when designing services in the public realm and to have a stronger awareness of the impact of service design on our youth and their mental health.

Historical insights

Further to exploring the lived experience of illness in modern sub-populations, this edition also provides some interesting historical insights. Skultans (pp 148–154) discusses the experience of living in a post-Soviet Latvian society, where alcohol use, particularly in men, has become part of the national identity. The chronicity and centrality of alcohol use in this society suggests that it will continue to shape the perspectives and roles of its inhabitants for some time to come. Saris (pp 131–137), in a perspective piece related to opioid addiction, examines the evolution of opiate addiction treatment in Ireland. Saris argues that the system is limited by a disconnect between the substance user's experience of treatment (such as methadone programmes) and the understanding of policymakers who are responsible for creating addiction services. Such a disconnect has parallels in relation to the evolution of Irish psychiatric services over the course of the 20th century, where it could be argued that the transition from institutional to community care can at times overlook the real social needs of a cohort of vulnerable service users. In his fascinating historical perspective piece, Kelly (pp 121–130) discusses this trajectory from institutionalisation to community care by reviewing three works concerning the anthropology of psychiatry in Ireland. The piece includes references to the complexities of the transition to community care such that in some cases community care might paradoxically serve to deprive service users of a 'community', where this need was historically met by institutions.

Conclusion

The diverse subject matter discussed in this issue of the IJPM unearths fascinating insights into the social context and lived experience of mental illness among vulnerable groups of individuals. Our understanding of these subjective experiences should be enhanced and harnessed to tailor our services to the needs of individual groups. This can lead to services with better therapeutic relationships between patients and clinicians, with the ultimate goal of improved treatment outcomes.

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