

CENTRIPETAL VERSUS CENTRIFUGAL TRENDS IN SOCIAL AND CULTURAL PSYCHIATRY: A CONCEPTUAL ANALYSIS

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Background:

Drawing on the history of social psychiatry (SP) and cultural psychiatry (CP), the author offers a way to discern the distinguishing features and identity of each branch of psychiatry.

Issues:

Are the histories and current practices of CP and SP mutually compatible and enriching or are they hiving off into separate domains?

Proposition:

A schema will be presented for differentiating underlying assumptions and core features of these two allied but increasingly differentiated fields of psychiatry. Key domains include: core arguments/dynamics (CP's critiques of Western psychiatry lead to negation of its claim to universality; SP's documentation of social determinants of health (SDH/MH) affords the affirmation of SDH/MH across societies and over time); domains (CP addresses race and ethnicity; SP investigates class and social structure); allied fields (CP - medical anthropology; SP - medical sociology, epidemiology & public health); metaphors (CP - "prism"/refracting; SP - "creolization"/blending); values (CP - diversity/equity; SP - solidarity/commonality); research (CP - ethnography, CFI; SP - epidemiology, SDH/MH); allied professional movements/outgrowths (CP - Global Mental Health; SP - community psychiatry); allied populist movements (CP - Black Lives Matter; SP - "Gilets jaunes"); and, critiques (CP/GMH - eg, China Mills; SP - "southern epistemologies," the Global South).

Outcomes:

Cumulative results of the two allied traditions, sometimes practiced by the same/overlapping research teams, are discussed under the rubric "centripetal" (unifying, integrating) versus "centrifugal" (separating, dispersing) impacts.

Implications:

The disparate methods and results of CP/SP reflect diverse foundational discourses of these increasingly differentiated fields. CP has morphed into a study of Dostoyevski's "the insulted and the injured" imbued with a liberal, progressive ideology, culminating in identity politics. Meanwhile, social class, the signal critical tool of everything social, from sociology to socialism and SP, is being supplanted by a focus on culture. The author will invite debate on what this means for the future of CP & SP and whether a synthesis is still possible.

Key Questions

1. This conceptual work-in-progress aims at elucidating this key question: What are the identities and core missions of cultural psychiatry (CP) and social psychiatry (SP)? Are they distinct or do they still overlap?

2. What are the impacts of each approach (CP, SP) in the domains of theory, practice, education, and policy-making?
3. Are the differences in assumptions, theory, and practice between CP and SP still convergent enough to make a synthesis possible or have they diverged so far as to create two clearly demarcated and differentiated fields of practice?

Learning Objectives

At the conclusion of this presentation, participants will be able to:

1. Distinguish the underlying assumptions and core features - and thus, the identity - of cultural psychiatry (CP) versus social psychiatry (SP), both historically and in contemporary theory and practice.
2. Describe how the assumptions and features of social psychiatry (SP) and cultural psychiatry (CP) translate into two increasingly differentiated identities and paradigms for the social sciences and medicine, highlighting "centripetal" versus "centrifugal" trends.