

Priorities and Cost-Benefit Approach to Psychiatric Research in Developing Countries:

Is child abuse a relevant priority?

The influence of the so called new international regimen is possibly extending not only to the field of economics and politics but also to the scientific methodology and perhaps the modes of conceptualization. It has been noted (Rakhawy 1990) that cultural differences should not be restricted to investigate differences in relation to the incidence or prevalence of an ill-defined syndrome, presenting symptoms, type and content of a delusion or traditional mode of healing. It should essentially focus on the **how of conceptualization of psychiatric problems**, the hierarchy of priorities and the special meaning and goal-idea of a phenomenon.

In a recent pediatric conference held in Cairo, December 1991, the main issue was about child abuse. It has been justified to ask once and again: why this particular problem in this particular time, in Egypt? Is it a real contemporary national problem? Has its incidence increased to warrant such emphasis? Is it simply a fashion to be followed all over the world? Have we adequately dealt with other more basic and essential problems in pediatrics in general and pediatric psychiatry in particular? (Rakhawy 1991)

Child abuse was first identified legally in 1874 "case of Mary Ellen" (Lynch, 1985). It has become in the light of medical attention after Kempe et al. (1962) described the Battered Child Syndrome (1963). Up to 1967 it was not referred to as a specific independent problem in the first edition of the Comprehensive Text- Book of Psychiatry (Freedman and Kaplan 1967). In the latest edition (Kaplan and Sadock, 1989) this problem has taken a relatively considerable space. The literature about the subject is ever increasing (El - Defrawi et al. 1991). Does this mean that a new significant phenomenon has been detected and deserves such attention? Is it possible that something had happened in the USA society (and the like) that made this phenomenon frequent enough to receive such particular emphasis? (Light, 1973 and Besharov, 1975). Has this phenomenon a special psychiatric significance that justifies such concern from psychiatrist and pediatricians?

Whatever the answers could be, there is no reasons to assume that the same answers would work in our culture in the same way or to the same extent as they do there.

If we try to interpret such increasing emphasis put on such phenomenon in the USA (Green, 1985) we can speculate certain opinions as follows:

1- The authority of the state is more and more replacing the authority of the family. This had made the legal authorities as well as the educational social and administrative institutions take more responsibilities of children as much as, and sometimes more, than their parents do.

2- The adult human rights in such developed societies are about to be accomplished to a satisfactory degree, hence allowing definite shift of emphasis to human rights of special minority or less authorized groups (child rights, women rights, minority rights, insane rights ...etc)

3- The hazards of adolescents and youngsters misconduct in the form of addiction, antisocial behavior, and sexual delinquencies (as examples) are stimulating searching for any etiological relation with such phenomena as child abuse.

If we come to our society, we doubt very much that circumstances are the same or even going in the same direction. Nevertheless we seem to be going by the same pace to put more and more emphasis on the same problems raising the same hypothesis and using, in most cases, the same tools. Such emphasis is liable to make us spoil our efforts and lose our time and energy for something that may not represent an immediate problematic challenge in comparison with other more pressing problems.

One of the earliest definitions of child abuse refers to "The child subjected to intensive, pervasive and continued demands from his parents (Steels and Pottock, 1963)

What particular demands could we subject our children to?

Another definition is that "Child abuse occurs when the individuals in a child environment retard his or her development by hurting the child. (Scully et al. 1989)

What are exactly the norms of development in our culture that would be retarded through hurt? , and what are the conditions that are considered as actual hurt? If we go a step earlier to examine certain semantics related to the word abuse in English one can observe how much it could refer to improper use among other many senses such as (1) to attack in words (2) physical maltreatment (3) corrupted practice and (4) to deceit (Webster).

Child use, a common accepted concept in our culture, could be more serious than child abuse. Children, in principle, are not brought to this world to be used (nor abused). However, certain types of uses look mutual and justified in our culture and are consequently least harmful.

The translation of the term abuse into Arabic language is both ambiguous and misleading. (Rakhawy 1991)

This example would remind us how disciplines imported from more developed cultures and institutions could be misleading and would spoil our time and efforts. This is especially true if we go on copying not only methodological approaches but also priorities of problems and hypothesis.

In relation to the problem of child-abuse, doubts should be raised at the outset in relation to whether the definition of abuse as applied in the Western countries could fit ours or not. The basic differences in terms of cultural differences would put in consideration the following observations.

Western cultures are well structured cultures, where both individuals and groups undergo strict commitments as regards the social codes and legal discipline. There is definite idealization of the democratic model as well as what is called human rights. The socioeconomic standards and levels of productivity are usually satisfactory and possibly providing luxurious opportunities. However, Western people are said to have more loose family relations (particularly after adolescence) hypertrophied individualities, small number of children and relatively cold interpersonal relations within the families. Religion is not in frequently denied, overlooked or practiced as a Sunday optional activity.

Our culture is much more poor, less democratic, less committed to legal discipline though more conforming to the declared social codes. Religion lies in the core of our existence coloring both our daily practice and interpersonal relations. Human rights are poorly practiced in the same way the Western people believe they should be. It is one's right (and duty at times) to interfere mutually with another's free choice.

When we come to handle a problem like child abuse we have to consider such background while we are evaluating priorities. Our approach should go along certain steps that could avoid rushing to do what we do not need or to discuss other's point of view instead of ours. The following is a suggested model illustrating the rational steps to be followed in tackling our problems (taking child abuse as an example):

1-To identify, and define, the phenomenon in question first, not by mere translation or copying some pre-made foreign operational definition.

2-To evaluate the current impressions whether this phenomenon is frequently met with as it is locally defined and to which degree it is pressing.

3-To try to place the identified phenomenon in its proper place within the hierarchy of priorities in relation to the development of our children, e.g. in relation to child deprivation, neglect or undernourishment.

4-To place it once again along the hierarchy of priorities in relation to each special scientific discipline tackling it (pediatrics, psychiatry, legal considerations etc..)

5-To find out the particular tool for investigations that could reveal valid data considering the illiteracy and special habits of the investigated sample.

Unless we put extra - effort at the outset of every investigation we are liable to have very good tables, structured results, perfect statistics and intelligent discussions that are simply good for nothing. (Except for publication here or there). Human problems could be the same in principle all over the world but priorities and the how of tackling definitely differs and should differ. Psychiatry in particular and more specifically in relation to child psychiatry has a wide range of resources stimulating working hypotheses we are in due need to, or can, investigate. Cost benefit principle should work in the field of scientific research more than any other field. I doubt that we need to investigate much in an area like genetic etiology of mental retardation or investigating the biochemistry of our senile demented people.

In relation to the question of priorities of prevalence and incidence of disorders we have to assess which problem would have some direct influence on massive prevention or a real increase in our productivity and creativity. Hypothesis worth investigating could be derived from a large area of resources other than those attracting scientific interest published in western sophisticated periodicals. A hypothesis could arise from clinical practice as much as from a common saying as a running proverb, song or even a mourning rhythm. Special interpretation of certain religious rituals or some intuitive creation in a special novel could be also an appropriate example of such resources for original relevant hypothesis.

Out of our observation in clinical practice and realistic experience our children are mainly used (*actually abused*) as : a) a special investment, b) a potential parent (of the parents), c) an excuse to maintain marriage, d) a source of pride and perhaps grandeur, e) a rationalization to maintain life, and f) a board for parents' pathology. It seems more important to investigate such pressing problems rather than to rush to investigate overt physical or sexual abuse.

The hierarchy of problems related to our children, and its psychiatric sequelae, in relation to their development is hypothesized to be ordered as follows:

1-Child deprivation of optimum material resources of basic requirements including adequate healthy nutrition.

2- Child deprivation of optimum educational opportunities including cultivation of his imaginative and creative abilities.

3-Child neglect out of lack of proper information of the parents or lack of opportunities to have his normal chances of development.

4- Harmful child use (secret abuse, see before).

5-Child abuse specifically defined as a physical or sexual injury as in penal law.

The tools to be used have to take into consideration our unfamiliarity with verbal responses as well as our habit to favour positive rather than actually true answers.

Such order, if proved valid, should not be overlooked except for very special reason.

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REFERENCES

- Besharov, D. (1975) the New York Times, November 30.
- El - Defrawi, M. H., Atef, A., Ragab, L., and Sobhy, A.S. (1991) Parent - child interactions and child abuse in rural and urban population samples in Ismailia, Port - Said, and Suez Governates. Paper presented at the III *Annual Congress of the Union of Arab Pediatric Societies*. December, 11 - 12, Cairo - Egypt.
- Freedman, A.M., Kaplan, H. I., (eds). (1967) *Comprehensive Textbook of psychiatry*. Williams and Wilkins Company, Baltimore.
- Green, A. (1985) Child abuse and neglect. In *The Clinical Guide To Child Psychiatry*, D. Shaffer, A. Ehrhardt, L. Green (ed.) New york, The Free Press.
- Kaplan, H.I. and Sadock, B.J. (eds). (1989) *Comprehensive Textbook of Psychiatry*, 5th ed. Williams and Wilkins, Baltimore, London.
- Kempe, C.H., Silverman, F., Steele, B., Droegemueller, W., and Silver, H. (1962) The battered child syndrome. *J. Amer. Med. Assoc.*, **181**: 17 - 24.
- Light, R. J. (1973) Abused and neglected children in America: a study of alternative policies. *Harvard Educ. Rev.*,**43**:556-598.
- Lynch, M. A. (1985) Child abuse before Kempe. In *Historical Literature Review. Child Abuse and Neglect.*, **9**: 7 - 15.
- Rakhawy, Y.T (1991) Psychiatric profile of child abuse. Paper presented at the III *Annual Congress of the Union of Arab Pediatric Societies*. December, 11-12, Cairo - Egypt.
- Rakhawy, Y.T. (1990) Breakthrough the current psychiatric nosology. Part I. *The Arab J. Psychiat.* **I**: 81-92.