

## RESEARCH OF STIGMATIZED CONDITIONS: DILEMMA FOR THE SOCIOCULTURAL PSYCHIATRIST

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Over the last 23 years, I have had the privilege of researching several stigmatizing conditions in sociocultural context. These conditions have ranged from alcohol abuse and alcoholism, opium addiction and other drug abuse, to incest, depression, amok and other homicide, and psychosis in village settings. Groups in which these conditions have been studied have included the Hmong, Lao, and other ethnic groups in Asia, Chippewa and other tribal peoples in Minnesota, refugees, medical students, and physicians. Roles in these studies have at times varied from the "pure" research role, to various applied roles such as consultant, planner, evaluator, and administrator. Although some work has been done with my own resources or with research funding, other work has been under the auspices of numerous funding organizations; these include the U.S. Agency for International Development, the World Health Organization, the White House (Office of Drug Abuse Prevention), Congress of American Indian Affairs, United Sioux Tribes, the Indian Health Board of Minneapolis, and others (Westermeyer, 1971, 1972a, 1972b 1973, 1975, 1976, 1978, 1979, 1980, 1988; Westermeyer & Walzer, 1975; Westermeyer & Kroll, 1978; Westermeyer & Wintrob, 1979; Westermeyer & Peake, 1983; Westermeyer, Neider, & Vang, 1984; Westermeyer, Phaobtong, & Neider, 1988; Westermeyer & Hausman, 1974a, 1974b).

Against this background, it is especially gratifying to read and comment on Dr. Edward Foulks' paper. His experience in one case study mirrors familiar situations and problems from many of my efforts. His courage in relating these events, and his lucid analysis, serve the useful purpose of examining the social, political, and personal issues associated with this type of work.

### Studying Stigmatized Conditions

Disorders of interest to sociocultural psychiatrist-researchers necessarily touch on matters of cultural pride, personal bias, and racial fear. Persons threatened by such work are not limited to those who profit from others' pain (e.g., bootleggers on reservations, corrupt officials), but often include

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"natural allies" as in this study (e.g., those in the same or allied disciplines). One never knows whence these personal and professional attacks will come, but come they certainly will if the matter being researched is of any consequence at all. The best defense is to maintain a high standard of scientific endeavor and ethics.

The charged political arena associated with these efforts is no reason to abandon them. Child rearing, community security, morbidity, mortality, and cultural survival can be (and often are) at stake. Ignoring these problems serves to perpetuate them. If researchers trained in psychopathology and social science do not address these problems, in most cases they will not be addressed.

#### He Who Pays the Piper Calls the Tune

In conducting pure research, we as researchers originate our hypotheses and methods. Then we proceed on our own time or with funds from a research foundation, fund, or institute. Political issues are limited to the funding sources, our research subjects, and ourselves. Confidentiality can be reasonably assured. The research question is the focal point, not the particulars of individual subjects or communities. It is this situation with which we as researchers are familiar from our training. Although this is not a simple situation, it is readily bounded and supported by our professional traditions and ethics.

Applied research not funded as pure research is not so readily guided by our traditions and ethics. The researcher must know what the funding source wants to accomplish, and how (or whether) research can contribute to that end. Acquisition of new knowledge alone is seldom the goal of the funding source, although it is often the researcher's central goal (or at least one of the major goals). Funding sources may not explicate their goals, or even be clearly self-aware regarding their goals or expectations for a research activity. Consequently, it is easy for the researcher to be duped—as this author once was by a well-meaning U.S. Senator wanting to benefit his constituency through a treatment project (Westermeyer & Hausman, 1974a).

Although the situation is difficult and full of pitfalls, it is not impossible. My own modest successes in applied research (after some bitter failures) have been based on following guiding principles:

- (1) Full prior knowledge of the goals being promulgated by the funding source; this may involve helping the source to clarify and write down their goals.
- (2) Negotiation and specification of the researcher's task and goals—which must necessarily differ in certain regards from those of administrators, agencies, local officials, and others.

- (3) Meetings with subjects, their association or leaders, and other interested parties to describe and discuss the proposed research; this can aid in fine-tuning the methodology as well as heading off future political problems.
- (4) Extensive background information and experience with the community, the individual players in the project, local factions that may polarize around the project, the culture or group being studied, and the topic or problem being researched.

These prerequisites—previously described in two papers (Westermeyer & Hausman, 1974a, 1974b)—not only facilitate a better research project, but also aid in avoiding political pitfalls.

#### Enraged Academicians, Administrators, and Advocates

As indicated above, if the project is important and the researcher has something important to say about the problem, someone (or more likely, several “ones”) will be disturbed or even enraged. Someone’s favorite ox is apt to be gored. If the arguments or objections focus on facts, alternate interpretations of findings, or publication of differing data, we as researchers must attend to them; such assaults concern the validity or integrity of our research work. More often these arguments and objections resemble the personal attacks encountered by Foulks: *ad hominem* arguments, libelous accusations against his credentials, and slanderous alterations of facts. When these occur, the researcher can be comforted by the fact that entrenched attitudes are being called into question by the research findings.

Rage at research findings may have personal origins. An administrator or academic may perceive the group under study to be “my Natives” or “my patients” and resent the intrusion; may have antipsychiatry biases due to personal or family problems; or may feel professionally threatened by the findings. If present, these personal matters are often widely and publicly known. Researchers under attack may feel a natural inclination to counterattack on a personal level. This must be avoided at all costs—as Foulks has correctly done in this report. Researchers under attack must stand with their research questions, methods, findings and interpretations. If this stance is exchanged for personal counterattacks, the researcher has lost sight of the task. In the heat of dispute, this focus on the research may seem to leave the “high ground” to those slinging accusations and personal affronts. With time, however, the correctness of proper scientific argumentation will become apparent—as it has in the Barrow affair.

#### Recommendation

We cannot eliminate these inherent sociopolitical problems from applied social psychiatric research. However, we can anticipate most of them, avert

some of them, and minimize others. Trainees should be alerted to these dilemmas and, during their early experiences, guided and supervised in dealing with them. Colleagues must be able to discuss, support, and critique each other's efforts in such projects—as does occur in the Society for the Study of Psychiatry and Culture, the Society for Applied Anthropology, and similar organizations. This article and its commentaries are part of such a process.

The misalliance of the well-known Barrow affair certainly has implications for American Indian and Alaska Native communities. However, the basic themes in such misalliances are relevant for numerous other populations: citizens of developing countries, tribal peoples in other countries, refugees, occupational groups, and demographic subgroups. This special issue of the *Journal* will no doubt benefit them and other peoples in addressing their stigmatized psychiatric conditions.

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