EDITORIAL: WHY THIS NEW JOURNAL?

With the publication of this first issue of Culture, Medicine and Psychiatry (CMP), it is fitting to ask, "Why this new journal?" Answering this question will allow me to review the scope and purposes of the Journal, to say something about the contents of this issue and the rest of Volume 1, and to underscore several key problems that are shared by the different disciplines that contribute to the Journal and that constitute its audience.

CMP is intended to serve the academic interests of several distinct fields: medical anthropology; cross-cultural psychiatry; and cross-cultural clinical and epidemiological studies. The Journal will provide a forum for scholarly articles in each of these areas and for interdisciplinary efforts that integrate concepts or methods from anthropology and the health sciences. No other single scholarly publication presently does all these things.

In addition to papers on health, sickness, and health care in specific societies, CMP will encourage publication of cross-cultural comparisons, including comparisons between non-Western and Western societies, which demonstrate advances in research methods and strategies. Papers that attempt to show how the concept of culture can be operationalized in field research and those that link mid-range theoretical models to empirical investigations will be especially welcomed. Because medical anthropology, cross-cultural psychiatry, and comparative epidemiological studies have placed so much emphasis on phenomenological description, a real effort will be made to publish research that sets out to test specific hypotheses.

CMP will also serve as a forum for comparative research on normal and deviant behavior in different societies. Thus, it is anticipated that cross-cultural psychiatrists and psychologists and psychological anthropologists will be regular contributors.

The first several issues contain articles principally concerned with three themes: the relation of culture to sickness; comparative studies of medical systems; and cultural influences on health care and the healing process. These themes form a central focus of the Journal. They provide an opportunity to explore questions that are core to the various disciplines and that cut across disciplinary barriers. Many of these papers are products of an interdisciplinary seminar on 'Cross-Cultural Studies of Sickness and Health Care,' held at Harvard University from October 1975 through May 1976, supported by a grant from the Robert Wood Johnson Foundation. Since most of the papers were by anthropologists, Issues 1 and 2 are dominated by an anthropological orientation.

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In this issue, the contributors include three anthropologists (including two medical anthropologists), two psychiatrists, and one psychologist. In Issues 3 and 4, however, this orientation will shift, owing to the inclusion of more papers by epidemiologists, clinicians, and researchers in international health. But, on the whole, the Journal’s chief focus will be anthropological and comparative; and we shall attempt to publish research and theory that is relevant to clinical questions.

In this first issue, cultural analysis is applied to understand sickness and healing. The papers, though quite different in content, are linked through their central concern with the construction of illness and healing as symbolically meaningful (i.e., cultural) experiences. They examine the implications for biomedical and anthropological studies, and for practical health care problems, of the role of meaning systems in structuring normal and deviant behavior in different societies; the interplay between universal and culture-specific elements of disease and illness; the social and symbolic forms organizing health care; and the role of symbolic and instrumental processes in the evaluation of the efficacy of healing.

Specifically, Eisenberg demonstrates how the categories employed by psychiatry and medicine to conceptualize sickness help construct different types of experience, which in turn have a profound effect on clinical practice. Eisenberg suggests that conflicts between practitioner and patient views of sickness and care are responsible for certain intractable problems besetting contemporary health care, problems for which biomedicine seems both ineffective and inappropriate. He concludes that certain basic changes are called for in our orientation to these problems, including the development of clinical social science programs within medicine and psychiatry.

Good examines the lay system of labeling and responding to sickness in Iran. He shows how studying that social and cultural context demands an analytic approach to sickness very different from approaches based on the biomedical paradigm. Good studies sickness as semantic networks joining popular beliefs, interpersonal relationships, physiological and psychological processes, health seeking behavior, and treatment interventions. His cultural analysis disclosed that the popular everyday setting of sickness studied by the medical ethnographer is strikingly different from sickness studied by the medical scientist. Good raises some fascinating conceptual and methodological questions for comparative studies of popular medicine, especially for studies that compare ‘etic’ and ‘emic’ categories and that investigate the biosocial bridge linking meaning systems and social situations to biological processes and behavior. The upshot of Tan and Carr’s examination of the psychiatric sequelae of Amok in Malaysia is a picture of how social labeling and cultural learning combine to create a final common behavioral pathway that includes both psychopathology and non-medical
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deviance of a violent kind. Their paper heralds a basic reassessment, by epidemiologists and cross-cultural psychiatrists and psychologists, of the culture-bound syndromes and the methods used to study them, which will be dealt with by papers in later issues of CMP.

Harwood, in the first of a two-part article to be concluded in Issue 2, describes an ethnography of an indigenous Puerto Rican healing system frequently resorted to by members of that ethnic group who live in New York City. Harwood demonstrates the differences and similarities between that healing system and psychotherapy; he outlines what this comparison reveals about the nature of the former and about the feasibility of incorporating the former into local community health care organizations. His paper shows how comparative studies of healing can contribute both to a better understanding of cultural and universal dimensions of clinical care and to the solution of everyday problems in the delivery of health care to urban communities. Tambiah's paper is a general ethnographic account of a Thai healing cult in which the author analyzes the influence of cosmolological beliefs and performative ritual effects on therapeutic efficacy. He shows that cultural analysis can be applied to the investigation of healing in strictly anthropological terms, divorced from biomedical and clinical questions and methods, much as in the study of other cultural events, in order to disclose what biomedical and clinical analyses often miss: mechanisms by which meaning and ritual are effective in healing. Unlike Harwood and Good's medical anthropological studies, which confront interdisciplinary questions, Tambiah's general anthropological investigation does not attempt to bridge biomedical and cultural orientations. Here cultural analysis is pushed to its extreme, and thereby reveals both its strengths and its limitations as a discipline-bound methodology in the study of sickness and health care in society.

Beginning with this issue, and continuing throughout Volume 1, basic conceptual and methodological questions are raised about the conduct of anthropological and comparative cross-cultural research in the health field. Contrasts between ethnographic, epidemiological, and clinical approaches, which are striking, should stimulate interdisciplinary questions, and where possible CMP will stress publication of work that integrates ideas and methods from these different disciplinary orientations.

Special issues are planned, beginning in Volume 2. For example, one will focus on normal and deviant behavior in Chinese culture, while another will cover cross-cultural epidemiological studies of illness. Beginning with Issue 2, almost every issue will contain a major review article.

Several concerns run through all the issues in the first volume. One is a basic tension between biomedical and social science interests. That tension characterizes the fields covered by the Journal. We anticipate that it will be a source of
considerable creative potential. Although CMP will encourage the elaboration of theory and methods that are original to anthropological and comparative cross-cultural investigations in the health field, the confrontation between those approaches and that of biomedicine will occur repeatedly in these pages. We hope the result will contribute, on the one hand, to the development of medical anthropological and comparative cross-cultural studies, and on the other, to the solution of practical clinical and public health questions.

Another concern threading through the articles in Volume 1 is a split between macro- and micro-analyses. Nowhere is this more sharply seen than in studies of medical systems, where larger questions of sociopolitical determinants or narrower focus on health seeking behavior and practitioner-patient transactions reveal substantial discrepancies in theory and purpose. A third shared problem is alternating concern with culture-specific and universal aspects of sickness and healing. Other questions linking the papers in this and forthcoming issues relate to definitions and models of 'medical systems'; to the evaluation of the efficacy of healing and to comparisons between very different kinds of healing; to contrasts between the structure of lay (popular) and practitioner-centered systems of medical beliefs and practices; to differences between folk and professionally-organized, literate indigenous medical traditions; to concern for pluralism and change versus concern for integration and stability; and to the implications of curative versus preventive points of view.

Clearly these will be abiding concerns. Our expectation is that, while it is unlikely a final integrative framework will emerge from these pages, the Journal will encourage a more critical level of discourse and will help refine the conceptual and research problems.

CMP will seek to provide a broad-based interdisciplinary forum, one open to the many different interests alive in the areas it covers. And it will make a serious effort to reflect the international character of those fields, publishing materials not only about non-Western societies but where possible by members of those societies.

To promote these ends, CMP has brought together two editorial boards that represent different disciplinary and geographical competence, and that epitomize the full-range of interdisciplinary interests described above. CMP is committed to publishing only papers exemplifying the highest levels of scholarship. Because, in the last analysis, the Journal is dependent on the members of the disciplines it seeks to serve both for the quality of its publications and for a critical readership, the editor-in-chief and the editorial boards recognize it is essential CMP be responsive to the concerns of its audience. We plan to work hard to see that that happens. We welcome letters of criticism, comment (and compliment) from our readers.

We believe this Journal covers fields of study that hold potentially great
academic and applied significance. Those fields are in an early but obviously very rapid period of growth. We wish the Journal to reflect those fields and to play a role in their development. We expect the Journal, like the fields it represents, to speak to different audiences. We would like it to exert an influence on clinical teaching and practice and on international health programs, but also in turn to affect general anthropology and comparative studies. If this is to happen, CMP must accurately portray developments in medical anthropology, cross-cultural psychiatry, and related comparative cross-cultural clinical and epidemiological research. It must publish articles that are at the forefront of critical thinking and original research. It must give space to controversy as well as to reviews of ground well-covered. And that is what we intend CMP to do.

Clearly the fields CMP hopes to encompass study different aspects of the anthropology and comparative dimension of health, sickness, and health care. Just as it is important for those disciplines to remain autonomous yet to draw off developments throughout the social sciences and health sciences, so too does CMP aim to situate itself in a crucial interstitial position between anthropology, on the one side, and medicine, psychiatry, and public health, on the other. So poised it will attempt to promote translation and interchange between the two.

ARTHUR KLEINMAN

Editor-In-Chief