RC 49

Sociology of Mental Health and Illness

Research Committee of the International Sociological Association (ISA)

Newsletter

Volume 11, July 2009

Content:

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From the president

Dear RC49 members and friends

As shown by the report from the RC49 activities at the First World Forum of Sociology, 2008 in Barcelona, the sociology of mental health and illness is still an important field of social and interdisciplinary debate and research. This is also underlined by the contribution of Kjeld Hogsbro and Bent Rosenbaum in this issue. The authors present the theoretical background and the results of a study about the role of communicative relations in the development of mental illness.

The next important event will be the ISA World Conference in Gothenburg, Sweden, 2010. In the call for papers 6 thematic sessions and one joint session with the RC 38 are proposed and I am hoping that many of you will take the opportunity to present their work at this meeting. In addition, a new steering board for the next term from 2010 – 2014 will be elected at the Gothenburg meeting. I would be glad if many of you would take the opportunity to propose their candidates for the positions of the new steering committee. A proposal form is attached to this issue.

Hope to see you in Gothenburg!

Reinhold Kilian
President of the RC 49
Ulm University
Department of Psychiatry and Psychotherapy II
Günzburg, Germany

Paper: The communicative basis of the phases in the development of psychotic disorders – A contribution to a humanistic psychiatry.

Kjeld Høgsbro, Professor, Danish Institute of Governmental Research and University of Aalborg. Denmark.
E-mail: keh@akf.dk

Bent Rosenbaum, MDSci, Associate professor, Unit for Psychotherapy Research, Psychiatric University Centre, Glostrup. Denmark.

Background

Development of psychopathology and difficulties of living a normal life can be investigated from many theoretical angles. Psychiatry and psychiatric epidemiology have often concentrated their endeavours listing possible risk factors that may lead to a diagnostic condition. These factors may be either somatic (genetics, intrauterine factors, birth risk) or psychosocial (rearing factors, attachment and other developmental factors).

Within the psychodynamic and phenomenological tradition the interest has concentrated on the first person experience of different event that felt to be traumatic. In this project we have followed this perspective but opened it up to a wider study of how this first person experience are changed during interaction with the treatment system and the social service system.

Aim and Purpose of the investigation

The data of our investigation stem from four separate projects focussing on the patients' experiences of their disordered states of mind, and the interplay between professionals and patients in mental hospitals and in community psychiatry.

 The purpose of accumulating data from these four projects was to conduct an empirically and conceptual study of the decline in communicative function characterising psychotic mental illnesses. This approach was meant to link cognitively deviant phenomena and identity disruptions to communicate in accordance with social convention. The investigation furthermore aimed at integrating the assumed decline in communicative function with a

model of the interaction between the rehabilitation system and the subjects in the course of their psychotic development. In this model the decline in communicative function was related to four distinct phases in the patients' personal development and social interaction with others. These phases were described systematically within the dimensions of: Self-Other structure, Personality, Coping and Social Roles (cf. fig. 1).

The analyses thus implied an alternative to classical medical phase-description outlined as a 'premorbid phase', a 'prodromal and disease phase' followed by an "illness phase", and a 'restitution and rehabilitation phase'.

The four phases of communicative relations in the development towards psychosis can be described in the following way:

1. An initial phase where mental disturbances start affecting everyday life experience (Lebenswelt) and normal social conduct. At this point this influence is experienced as an inner sensation without a clear idea of the origin of this sensation. Sometimes the origin is located in the external environment.
2. A second phase where the condition is acknowledged as an illness, and relations to psychiatric institutions are established on the ground that the person is not feeling well. The social network has been reduced and partly lost.
3. A third phase during which the mental illness is sought mastered and stabilized. The person aims to establish self management through treatment and mechanisms of social support.
4. A final phase where the person has established a self-management of the illness and has developed an individual approach to dealing with problems entailed by a now institutionally well defined disability.

For each of the phases we focus on specific dynamics of *self-other structure, personality, coping and social roles*. The matrix for identifying such transformations of identity and social roles is as follows:

Phases	Self-Other Structure	Personality*	Coping	Social Roles***
1.	• Loss of control • Disharmony of statements • Lapse of common sense perception of self and other	Gradual deconstruction of mental structures and functions	Impression-management**	Citizenship
2.	• External influences on personal conditions (psychiatric treatment) • Collapse of self-other perception • Alienation	Fragmentation	Regression	Role as patient
3.	• Cognitive identification of self coherence	Splitting****	Self management	Role as client
4.	• Conceptions of self and other embedded in an accepted social discourse	Integration	Social participation	Role as user

*	The terms in this column are in modified form inspired by Barret (1996)
**	The terms are acquired from Goffmann (1963) and have further been used in Habermas' theory on performance-based agency - strategies of adaptation that sustain an impression of normality.
***	The terms in this column are developed from Salonen (1999).
****	Patterns in personality dominated by psychotic as well as non-psychotic elements.

Design and empirical data

The empirical data stems from three separate investigations focussing on different parts of the rehabilitation system in Denmark.

The first investigation comprised a number of observations of activities and interviews with people connected to out-patient activities in a middle size county in Denmark. The aim of this investigation was to establish a model for studying the coherence within the service offered to people with mental illness after being discharged from hospital.

The next study was an ethnographic study based on field work carried out in five different regions of Denmark over twelve months from September 2001 to August 2002. The researchers spent in all one-and-a-half months in each of the areas studied conducting interviews and observations. In addition, questionnaires were distributed to a total of 453 users of social provisions in 7 different locations in Denmark. 221 users returned the questionnaire, giving an overall response percentage of 48.8. The respondents had to be completely anonymous and we had no access to request the individual respondent a reply.

This data was then used in an analysis focusing on the users' life-worlds, their social network, their relation to the range of services provided for them, and the impact of the latter on their everyday life and scope for personal development.

The third study, which was funded by FKK, comprised interviews with patients experiencing their first period as in-patients and their contact staff member at the hospital. The interviews focussed on:

- self management versus situations characterised by loss of control
- identity and perception of self
- impression management
- perceived reactions from others (family, friends)
- experience of social roles and relations
- forms of communication, that are ways of communicating experiences to others and methods of adjusting expressions in relation to other peoples responses.

The interviews with the professionals focused on:

- Conception of patient/client situation and structure of communication
- Understanding of their professional role and significance
- Understanding of the terms "treatment", "help", "support" and interventions associated with these terms

- Ways of classifying patients.

With respect to the vulnerability model, our approach identifies the vulnerability as being linked to a specific communicative disability. Or to put it briefly: Mentally ill people do not misinterpret 'reality' because of a cognitive deficit – they misinterpret reality because they cannot bring interpretations in accordance with socially accepted interpretations. They break with the premises of the discourses they cannot adjust to the complicated codes of communication, and hence their idiosyncratic construction of 'reality' seems odd and disturbed. This progressing diffusion of the socially accepted construction of 'reality' both hits the objects of the world and the subjects of the social world. It hits the identification of self and other as well as the defined border between 'me', 'you', 'them' and 'it'. 'Disturbed identity', 'disturbed reality' are both products of a reduced communicative ability as far as both are social products of negotiated social interaction. Therefore it becomes necessary to follow the transformation of the forms of social interaction through the 'hospitalization-rehabilitation-carrier' of the typical patient. It is through those forms of interaction that the patients becomes stigmatized or empowered in the process of rehabilitation.

Because of their position as employees at hospitals and in the social system, social practitioners have an agenda for their patients/clients. This agenda centres on integration. It is their task to bring clients from an undesired to a desired social situation. What constitutes an undesired social situation is defined politically. How to bring people from the one to the other is defined professionally.

This means that the practitioners are upholders of a system that defines what is normal and what is deviant and tries to remove anomy and deviation.

But the practitioners are also persons with an accumulated understanding built up through several years' close contact with clients' universes.

It is not merely the interaction of clients and professionals that is brought into focus in the present study; it is equally the interaction of, on the one hand, the practitioners' and their clients' life-world, and on the other, the systems of provisions within which they both operate. The clients see their own life situation »from within«, and perceive the situation of the practitioner »from the outside«. Practitioners experience clients' life situations »from the outside«, and the context they themselves are part of »from the inside«. Clients and practitioners (as representatives of the system) therefore have different perceptions of problems experienced in their interaction with each other. But through their interaction,

certain dominant discourses within the professional system are surrounding the patient, and subsequently transform the patient's experience of self and other.

  The study identifies a number of different life situations in which users of hospital and social provisions may find themselves – life situations which can be seen as phases the users pass through. In addition, the study looked at social networks in local communities, and the role and function in relation to the user's benefits from individual services and facilities provided.

A summary of the results

The characteristic of the situation we have termed the »first phase« is that the problem has not been recognised by the patient. Intervention in relation to the first phase largely takes the form of what may be termed »general information activity«, e.g.: youth counselling services, collaboration between schools, the social services and the police, etc. Anything that can promote general awareness and understanding of the problem can help prevent the problem escalating before the persons themselves or their family recognise it. This first phase is very difficult to identify empirically as well as clinically. The prodromal project showed that there was no clear evidence for regarding certain clinical observations as being linked directly with a 'pre-schizophrenic' phase. Thus we had to rely solemnly on the narratives of our respondents when they memorised what had actually happened during the first phase when they experienced something odd which they later on conceived as prodromal experiences with their illness.

In the second phase, the user has recognised the problem. This phase involves hospitalisation and the initiation of treatment. We did not encounter any mentally ill person who recognised that he or she had a problem and did not want to have it treated. The results from the interviews with inpatients in phase 2 showed people who were still in doubt about the status of the experience of thoughts and impressions professionally regarded as symptoms of their illness. Especially when they were talking about the way other people had behaved when looking back at their personal history, they were reluctant when they tried to distinguish between what was 'real' and what was 'only a part of their imagination'. Some who had been at the hospital for about a month seemed to use a taxonomy which was taken from professional terminology and some seemed to be open to suggestions from the interviewer. Others seemed to hold on to explanations which they could not skip though they seemed to be aware that these explanations were not in accordance with professional interpretations. Thus

the whole reconstruction of the experience of self and other seemed to take place in a dialog with professionals, just as it is conceived in Barret's analysis.

But the professionals did not show the rigid forms of professional discourse that seems to dominate Barret's informants. They seldom characterised the patients using the medical terminology and it was astonishing to the researchers that they had a much more pragmatic approach to illness than was actually expected. It seemed to be rather typical that they distinguished between three phases in their relation to the patients: An introduction phase where they did not interfere in the patients' conception of the situation but mostly tried to establish a confident relation so the patient could feel safe and have a chance to accept the new situation. The goal was clearly limited to establish a therapeutic alliance between patient and professional. This was followed by a second phase where some kind of dialog and negotiation about the patients' problems were being developed. In this respect, the professionals still seemed to hold on to a pragmatic approach focusing mainly at the way patients could get to cope with relations and imaginations in a les self-destructive way. In the third phase, the focus was put on the coming situation as outpatients, the efforts to stabilise what was reached during hospitalization and services they were able to provide outpatient. We did not find any important conflict between social provision users and the treatment system (as expected), but what is lacking is »the treatment« being supplemented with personal counselling and targeted social support. This was mirrored by the hospital professionals having no clear idea or strategy for the patient when discharged from hospital.

The third phase was characterised by the users themselves getting involved in attempts to control the problem. In this third phase the need for educational-developmental assistance is still confined, but the need for support and guidance is great. In this phase, the mentally ill people experience the serious challenge of building up a new life strategy, learning to cope with their inner weakness and trying to get hold of a new identity as vulnerable people, recognising that they have a problem they need help to solve. This phase is characterised by a previous identity having broken down and a new one needed to be created. This requires solid support in order for the person to see him- or herself as empowered and having future prospects. It is this self-view that must be seen as crucial for the person not to end in a circle of rehabilitation and relapse – discharge and re-hospitalisation.

With respect to social networks, previous networks have broken down in part or entirely, and new ones need building up. The networks to be built up seem necessarily to include a balance of contacts with others in similar situations and contacts with other people in general. The

persons will seek a balance between the demands of normal society and the demands of people in similar situations.

The fourth phase is characterised by the social provision users having obtained a high degree of control over their problem, and being able to see it as a separate part of their personality which to a greater or lesser extent may be a disability in ordinary social contexts.

In phase four the need for professional management and guidance lessens. The need for counselling is now covered through the users themselves seeking certain professional well-known or voluntary organisations. Case managers must be able to bring their own function to a close at the beginning of phase four, without ending up as a personal friend. This must be done in the light of the case manager's knowledge of when the person can be said to have stably established him- or herself in phase four.

In phase four, the most important task for the authorities is to ensure access to activities and training/employment schemes on conditions that have special regard to the user's situation. The activities should be of a kind that opens up towards the surrounding society, and the training/employment scheme one with meaningful products that meet a need in normal society. It seems ideal when such production and work arrangements can be established in cooperation with private-sector employers. When they are set up under the auspices of the authorities only, staff with professional experience in trades, design, planning, etc., should be involved.

There are certain problems with the carrying through of a planned general strategy for provision development flowing from the above.

There is a general lack of holistic understanding of the interplay and functioning of the provisions in relation to the actual situation of the individual user. A common understanding of how users can be supported through a personal development that can change their situation is also lacking. It is important to form an overview of which provisions are to operate within a region, so that there are no »gaps« that result in fundamental needs of persons in certain situations not being met, or such persons being held up in their personal development.

There seems to be also a lack of understanding of the interplay of the provisions and the social environments of the provision users. Neglecting the influence of the environment leads to there being a focus on the direct relation between the individual provision and the individual client. The function of individual provisions as network-fostering and as meeting places for various groups is being overlooked. And furthermore, the opportunity of having a

systematic approach to the losses of social networks that happen along the way in the clients' personal development is lost.

Treatment which is only medical is not treatment. A far more coherent effort is necessary that allows for the necessary (non-directive, client-centred) psychotherapy support, the provision of the necessary counselling, and the social networks and activities needed to support the personal development.

References

Barret, Robert J. (1996): *The psychiatric team and the social definition of schizophrenia. An anthropological study of person and illness.* Cambridge University Press.

Goffman, Erving (1963): *Stigma. Notes on the management of spoiled identity.* Prentice-Hall.

Salonen, Tapio (1999): »Klienter«. I Denvall og Jacobsen: *Hverdagsbegreber i Socialt Arbejde.* Hans Reitzel.

Report from the First ISA Forum of Sociology Sociological Research and Public Debate, Barcelona, Spain September 5 - 8, 2008

Themes of the sessions and titles of the papers:

Saturday, September 5, 9:00-11:00;

Session 1:

HIV Gender and mental health

Chairs: Bronwen Lichtenstein, University of Alabama, USA, J. Gary Linn, Tennessee State University, USA,

Papers and presenters:

HIV prevention for women with incarcerated male partners at a California state prison

Megan Comfort, University of California, San Francisco,

Stigma, HIV/AIDS, and incarceration among African American men

Bronwen Lichtenstein, University of Alabama, USA,

A community intervention supporting AIDS widows in rural areas of Africa

J. Gary Linn, Tennessee State University, USA,

Management of stigma among caregivers of children with HIV or AIDS in Togo

Ami R. Moore, University of North Texas, USA,

Discussant: Terry Labov, PhD, University of Pennsylvania, USA,

Saturday September 6, 11:30-13:30;

Session 2:

New research on gender and mental disorder

Chairs: Ramona Lucas, Institut de l'Envelliment. Universitat Autònoma de Barcelona. Barcelona, Spain, Silvia Krumm, Department of Psychiatry II, University of Ulm, Germany,

Papers and presenters:

Gender and depression

José Luis Álvaro, Department of Social Psychology, Faculty of Political Sciences and Sociology, Universidad Complutense de Madrid, Spain,

Depressive symptoms, quality of life and gender differences among elderly

Ramona Lucas, Institut de l'Envelliment. Universitat Autònoma de Barcelona. Barcelona, Spain,

Family planning in young females with severe mental disorders

Silvia Krumm, Department of Psychiatry II, University of Ulm, Germany,

Gender specific effects of an optimized care model for patients with anxiety disorders in primary care.

Herbert Matschinger, Department of Psychiatry, University of Leipzig, Germany,

Saturday September 6, 15:30-17:30;

Session 3:

Upcoming challenges and new approaches in mental disorder prevention and health promotion

Chairs: Judith Boardman, Health & Education Services, Inc., USA, Reinhold Kilian, Department of Psychiatry II, University of Ulm, Germany,

Presenters:

Papers and presenters:

Predictive factors of metabolic syndrome in severe mental disorders: Rational for preventive interventions

Antoni Corominas, Department of Mental Health, Fundació Privada Hospital de Mollet, Barcelona.

Health related lifestyles of people with severe mental disorder in comparison to the general population in Germany

Reinhold Kilian, Department of Psychiatry II, University of Ulm, Germany,

Health access and integration: Five years later

Judith Boardman, Health & Education Services, Inc., USA,

The European network for promoting the health of residents in psychiatric and social care institutions (HELPS)

Prisca Weiser, Department of Psychiatry II, University of Ulm, Germany,

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Saturday September 6, 18:00-20:00

Common Session 5

Interdisciplinary public debates and the sociological perspective

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Chair: Bert Klandermans, VU-University, The Netherlands

Papers and presenters:

Public debates and feminist scholarship: Interrogating women's and gender studies in contemporary China

Esther Ngan-ling Chow, RC 32 Women in Society, American University, USA,

Beyond stigmatization, stress, and social class. What can sociology contribute in the era

of biological psychiatry?

Reinhold Kilian, RC29 Sociology of Mental Health and Illness University of Ulm, Germany,

The public images of children – between political and expert claims

Doris Buehler-Niederberger, RC53 Sociology of Childhood, University of Wuppertal, Germany,

Sunday, September 7, 9:00-11:00
Session 4:
Recent studies on the social epidemiology of mental illness

Chair:

Hans-Joachim Salize, Central Institute of Mental Health, Mannheim, Germany,

Papers and presenters

Threatening homelessness and mental disorders in Germany

Hans-Joachim Salize, Central Institute of Mental Health, Mannheim, Germany,

Neighbourhood interactions and suicide in Stockholm: A multilevel study

Ka-Yuet Liu, Nuffield College, University of Oxford, UK, Institute of Social and Economic Research and Policy (ISERP), Columbia University,

Extending the demand-control-model. The latent structuring of contemporary working conditions in association with mental well-being among a representative sample of wage-earners

Christophe Vanroelen, Department of Medical Sociology, Vrije Universiteit Brussel, Belgium,

Mental health and social integration of magrebians in Catalonia (Spain)

Amado Alarcón. Universitat Rovira i Virgili, Sociology Unit. Paragona, Catatonia, Spain (

Sunday, September 7, 11:30-13:30

Session 5:

New outcome concepts in the treatment of mental illness

Chairs:

Kjeld Høgsbro, Danish Institute of Governmental Research and University of Aalborg. Denmark. Dirk Richter, LWL-Hospital Muenster, Muenster, Germany, School of Health, Berne University of Applied Sciences, Berne, Switzerland

Papers and presenters:

The social exclusion of mentally ill patients: Towards the measurement of objective and subjective exclusion indicators

Dirk Richter, LWL-Hospital Muenster, Muenster, Germany, School of Health, Berne University of Applied Sciences, Berne, Switzerland

The role of the empowerment / social inclusion dynamic in recovery trajectories of persons suffering psychoses

Michael McCubbin, Université Laval, Québec, Canada,

The social functioning of people with schizophrenia - Four phases in personal development from psychotic breakdown to rehabilitation

Kjeld Høgsbro, Danish Institute of Governmental Research and University of Aalborg. Denmark.

Happiness: Implications for policy and public health

Ian Shaw, School of Sociology and Social policy, University of Nottingham, UK,

The meaning of recovery with psychosis and early intervention

Natasha Posner, RCN Institute, Oxford, UK,

Sunday, September 7, 15:30-17:30

Session 6:

The social representation of mental health and illness

Chairs: Herbert Matschinger, Department of Psychiatry, University of Leipzig, Germany, J. Gary Linn, Tennessee State University, USA,

Papers and presenters:

Adolescents World: Looking for a healthy mind. An analysis of adolescents' needs and the support they receive from a local NGO in the Bom Jardim Favela (Fortaleza, Brazil)

Irene, Dalla Vedova, ISHSS University of Amsterdam, The Netherlands,

Battles in the aftermath: The mental health impact of the Iraq and Afghanistan wars on U.S. veterans and their families

Anita M. Wells, Morgan State University, Baltimore, USA,

Social networks and health: on the making of social support networks in the everyday life of carriers of mental disease

Breno Augusto Fontes, Federal University of Pernambuco, Brasil,

That which does not destroy us makes us stronger. A study on anorexia normalization processes and its communication in Italy

Cattaneo Ada, Life-Health University St. Raphael, Milan, Italy,

Do mass media matter? Media consumption, involvement and social distance towards people suffering from schizophrenia.

Alfred Gausgruber, Department of Sociology, University of Linz, Austria,

Current research activities and recent publications of RC 49 board members:

Takashi Asakura

Current research activity is to investigate effects of neighbourhood quality and social capital on mental health among adolescents in Tokyo, Seoul, and Taipei.

Recent publication

Asakura T, Gee G, Nakayama K, Niwa S (2008) Returning to the "Homeland": Work-Related Ethnic Discrimination and the Health of Japanese Brazilians In Japan. American Journal of Public Health

98(4) 743-750.

Bronwen Lichtenstein

Current research projects include a critical review of HIV-related interventions for women prisoners; the examination of psychosocial support needs of HIV-affected children and families; an analysis of the incidence and prevalence of post-partum depression among HIV-positive women; and the social impact of mortgage foreclosures in the United States.

Recent Publications:

Neal, Tess M-S., Lichtenstein, Bronwen, Brodsky, Stanley L. (Forthcoming). "Clinical Implications of Stigma in HIV/AIDS and other Sexually Transmitted Infections." *International Journal of STD & AIDS.*

Lichtenstein Bronwen, Johnson Ida M. (Forthcoming). "Older African American Women and Barriers to Reporting Domestic Violence to Law Enforcement in the Rural Deep South." *Women & Criminal Justice,* 19(4).

Lichtenstein, Bronwen. (Forthcoming). "Drugs, Incarceration, and HIV/AIDS among African American Men: A Critical Literature Review and Call to Action." *American Journal of Men's Health,* 2(3).

Lichtenstein, Bronwen. (Forthcoming, 2009).” HIV-Positive Prisoners and Institutional Segregation: A Legal and Health Analysis.” In Aiden Renshaw and Emelina Suárez (Eds.). *Violent Crime and Prisons: Population, Health Conditions, and Recidivism.* NY: Nova Publishers.

Lichtenstein, Bronwen, Neal, Tess M., and Brodsky, Stanley L. (2008). “The Stigma of Sexually Transmitted Infections: Knowledge, Attitudes, and an Educationally-Based Intervention.” Special Issue, *Health Education Monograph Series* (25): 28-33.

Lichtenstein, Bronwen, Desmond, Renee A., Schwebke, Jane R. (2008). “Partnership Concurrency Status and Condom Use among Women Diagnosed with T. Vaginalis.” *Women's Health Issues,* 18(5): 369-384.

Lichtenstein, Bronwen. (2008). **“**Little Needles, Big Haystack: Orphans of HIV/AIDS in the American Deep South.” *Journal of HIV/AIDS Prevention in Children, Youth, and Adults* 9(1): 52-69.

Lichtenstein, Bronwen, St Lawrence, Janet. S., Grimley, Diane M., Bachmann, Laura. H. (2008). “The HIV Risk of Long-Haul Truckers in the United States.” *Culture, Health & Sexuality* 10(1*)*: 43-56.

Lichtenstein, Bronwen (2008). “‘Exemplary Elders:’ Stigma, Stereotypes, and Sexually Transmitted Infections among Older African Americans.” Special Issue on Ethnicity, Health, and Health Care. *Current Sociology* 56(1): 99-114. [Reprinted in *RAP*Time,* 12 (3):1].

Reinhold Kilian

Current research projects are the development of an instrument for measuring empowerment in the psychiatric treatment process and the development of a health promotion toolkit for the prevention of somatic comorbidity in residents of mental health care facilities.

Recent publications:

Becker T, Kilian R: (2008) Bases de experiencia y contexto del sistema en la reforma de la atención de salud mental. World Psychiatry (Ed Esp) 6 (2) 96-97

Becker T, Kilian R: (2008) Daily living: Does this matter for people with mental illness? International Review of Psychiatry 20 (6) 462-497

Dragomirecká E, Bartonová J, Eisemann M, Kalfoss M, Kilian R, Martiny K, von Steinbüchel N, Schmidt S.(2008) Demographic and psychosocial correlates of quality of life in the elderly from a cross-cultural perspective. Clin Psychol Psychother. 15:193-204.

Becker T, Kilian R (2008) Experience base and system context in mental health care reform. World Psychiatry 7:96-97.

Kilian, R. (2008) Lebensqualität und Empowerment in der Psychiatrie. In: Groenemyer A, Wieseler, S (Hrsg.) Soziologie sozialer Probleme und sozialer Kontrolle. Realitäten, Repräsentationen und Politik. Festschrift für Günther Albrecht. VS Verlag für Sozialwissenschaft. Wiesbaden. S. 314-335.

Marwaha S, Johnson S, Bebbington P, Angermeyer MC, Brugha T, Azorin JM, Kilian R, Kornfeld A, Toumi M (2008) Correlates of subjective quality of life in people with schizophrenia: findings from the EuroSC study. J.Nerv.Ment.Dis. 196:87-94.

Priebe S, Frottier P, Gaddini A, Kilian R, Lauber C, Martinez-Leal R, Munk-Jorgensen P, Walsh D, Wiersma D, Wright D (2008) Mental health care institutions in nine European countries, 2002 to 2006. Psychiatr.Serv. 59:570-573.

Zechmeister I, Kilian R, McDaid D (2008) Is it worth investing in mental health promotion and prevention of mental illness? A systematic review of the evidence from economic evaluations. BMC.Public Health 8:20.

Gary Linn

Gary Linn,Tennessee State University is working on a project in rural Mozambique which supports
HIV/AIDS treatment through the modification of agricultural practicies and technologies. He has also partnered with Thabo Fako of the University of Botswana to study changes in nursing practices over the past 20 years in Botswana which have resulted from the impact of HIV/AIDS.

Recent Publications:

Thabo T Fako Univ. of Botswana and J.Gary Linn,Tennessee State University,Sexual Activity,Knowledge
About HIV/AIDS and Willingness to Test for HIV Among Young People in Botswana,Journal of
Community and Health Sciences,January 2009,Vol.2 No.2,pps 21-39.

J.Gary Linn,Tennessee State University,Community Participation,Cultural Discourse,and Health
Education Projects in Developing Areas:The Case of the Radio Communication Project in Nepal,
Health Education and Behavior,August,2008,Vol.35.No 4,pps.455-458.

Call for papers: ISA World Congress, July 11-17, 2010, Gothenburg, Sweden

RC 49 programme

Does society still matter? Mental health and illness and the social sciences in the 21th century

Programme organizers: **Reinhold Kilian**, Germany; **Kjeld Høgsbro,** Denmark

At the rise of the 21th century there is an increasing awareness in the crucial role of mental health and illness for the welfare of societies. Currently, the contribution of the social sciences to the actual discussion on the aetiology of mental illness and the further development of interventions for mental health promotion and mental health is rather small and it seems that the biological perspective has become the leading scientific paradigm. Nevertheless, in spite of the tremendous success of the biological sciences in analysing the functioning and malfunctioning of the brain and the aetiology of mental diseases, the evidence for the relevance of social factors in mental disorder prevention and mental health promotion is still growing. However, the rising insight into the complexity of the interaction between biological and social processes underlines the need for interdisciplinary approaches and the cooperation between social and natural sciences.

In the six sessions of the RC 49 actual theoretical and methodological perspectives as well as resent empirical results of sociological and interdisciplinary research in the field of mental health and illness will be presented and discussed with regard to future perspectives and research needs.

Submission of abstracts

Abstracts should include a summary of the paper (300 words) name and the affiliation of all authors. The name of the presenting author should be underlined.

Abstracts should be indicated to one of the following sessions and submitted by e-mail directly to the session organizers until

December 1st 2009

proposed list of sessions

Sessions 1:

Mental health antecedents and outcomes of HIV/AIDS treatment in industrialized and developing areas.

Organizer: J.Gary Linn,PhD. Tennessee State University, Nashville, USA

Relevant topics: mental health status and anti-retroviral drug adherence, anti-retroviral drug treatment and psychological well-being, perceived stigma and willingness to participate in anti-retroviral drug therapy, gender and class differences in mental health outcomes of anti-retroviral treatment, changing expectations regarding access to anti-retroviral therapy. Other relevant topics will be considered.

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Sessions 2:

Emerging perspectives on social disparities, mental health, and HIV/AIDS in the 21st century.

Organizer: Bronwen Lichtenstein, University of Alabama, Department of Criminal Justice; Tuscaloosa, USA

Papers for Session 2 of the RC49 program for the ISA meeting should address emerging issues on the sociology of mental health and HIV/AIDS. Suggested topics include the role of mental health in HIV care for the poor and underserved, novel approaches to conceptualizing HIV stigma among marginalized groups or cultures, and advances in understanding the connections between social disparities, mental health, and HIV/AIDS.

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Session 3:

Stigma and coping strategies of people with severe mental illness

Organizer: Kjeld Høgsbro**,** Anvendt KommunalForskning**,** Danish Institute of Governmental Research, København, Denmark

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Session 4:

Methodological problems in mental health research

Herbert Matschinger, University of Leipzig, Department of Psychiatry, Leipzig, Germany

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In mental health research we have to deal with serious methodological problems both in survey and experimental studies. In the framework of evaluation research for both approaches a longitudinal design is preferable in order to evaluate the effect of a treatment and/or an intervention with respect to relevant outcomes. In this context the definition and assessment of a "control group" is of vital importance. The mere lack of a treatment (or other kinds of interventions) is not sufficient a characteristic for a control group. Problems of matching and/or propensity scores turn out to be crucial either, since selection bias may be considerable. This particularly holds for mental patients, where individually varying treatments between baseline and further measurement occasions is virtually unavoidable and sometimes even undocumented. Therefore, several control groups are employed quite frequently to control for these artefacts.

Both types of studies suffer from problems on how to draw random samples from a population of patients, particularly if the population is small due to a low prevalence rate. In general, mental health patients may be difficult to access and to inquire at strictly defined points in time, which quite often results in systematic panel attrition. Furthermore, the development of important outcome characteristics may be difficult to assess, since either mentally ill people respond differently to the stimuli of instruments developed for a more general population and/or for patient suffering from different diseases. Reliability as well as validity might depend on characteristics of the sample, which prevents to compare subgroups with different characteristics. This regards both the dimensional structure of instruments and Differential Item Functioning and Item Bias caused by characteristic of the items and the respondents.

Contributions to the following topics will be appreciated:

1. Measurement and "Meaning"
2. Modelling rare events
3. Problems of repeated measurement
4. Growth curve models (ALT and CALT)

5. Problems of (cluster) randomised control trials
6. Panel attrition and rare events
7. DIF, Item Impact and the comparison of subgroups

Other topics, regarding specific problems of mental health research are requested and welcome.

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Session 5:

Mental health and the economy in the 21th century

Organizer: David McDaid, London School of Economics and Political Science, London, UK

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Session 6:

Open topics in the sociology of mental health and illness

Organizer: Reinhold Kilian, Ulm University, Department of Psychiatry II, Günzburg, Germany,

This session is for papers on relevant topics with regard to the above description of the RC49 programme but which do not fit to the other sessions.

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Joint Session 01 of RC49 and RC38: "Biography and Mental Health"

Biography and Mental Health

Organizer: Silvia Krumm, Ulm University, Department of Psychiatry and Psychotherapy IIaI Günzburg, Germany,

Biography is considered to be an important concept in the field of mental health. Firstly, certain biographic conditions and/or events may contribute to the development of a mental disorder. Secondly, a mental disorder affects the biographic course. In this understanding coping is equivalent to "living with a mental disorder". By referring to the subjective

experience of a mental disorder, the biographic approach may enhance our understanding of mental health needs. Thirdly, professionals' own biographic background as well as their reflective skills re biographic approach may have an impact on quality of care.

Nevertheless, against the background of the current biological paradigm in mental health, the importance of biography seems to be assessed as nearly irrelevant for psychiatric research and services. In this session we would like to counteract this tendency and reflect the diverse interrelations between biography and mental health. We would be glad to welcome papers focussing on the following topics:

- Biographic events and its impact on mental health
- Impact of mental disorders on biography
- Mental illness and biographic coping
- Biographic (ethnographic, narrative) approaches in mental health care and research

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RC 49 steering board elections for the term 2010 - 2014

The term of the current RC49 steering board ends at 2010. A new steering board will be elected at the RC49 business meeting at the XVII ISA World Congress, July 11-17, 2010, Gothenburg, Sweden. Eligible to vote are all members of the RC 49.

All RC 49 members are requested to send proposal for candidates. Proposals can be made until June 1, 2010, by means of the attached candidate proposal form or in free form.

Please send your proposals by mail, e-mail or fax to:

President: Reinhold Kilian, Germany,

Ulm University

Department of Psychiatry and Psychotherapy II, Ludwig-Heilmeyer-Str. 2,

D-89312 Günzburg, Germany

e-mail: reinhold.kilian@bkh.guenzburg.de

or

Vice President: Bronwen Lichtenstein, USA,

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