

JUNE 14 & 15, 2007
Institute of Community & Family Psychiatry
Sir Mortimer B. Davis Jewish General Hospital
4333 Côte Ste-Catherine Rd.
Montreal, QC H3T 1B4

Recent years have seen a dramatic increase in the use of psychiatric medications among children, adolescents, and adults in many countries. Psychopharmaceuticals are big business and are at the center of the globalization of psychiatry. The production of clinical evidence, professional standards of practice, the conceptual models used to think about psychiatric disorders, and the experience of taking medication are all shaped by the interests of pharmaceutical companies and by wider social and cultural attitudes toward medication. This meeting brings together leading scholars from anthropology, sociology, history, and health sciences to examine the cultural shaping and consequences of the use of psychiatric medication.

Sessions will address the history and political economy of psychopharmacology, the production of professional knowledge and the uses of medication, popular attitudes toward medication, and phenomenological pharmacology.

THIS CONFERENCE IS CME ACCREDITED
FOR 18 STUDY CREDITS

Advanced Study Institute



Division of Social and Transcultural Psychiatry
McGill University

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AMIR RAZ
CÉCILE ROUSSEAU
ANDREA TONE
ALLAN YOUNG

Psychopharmacology in a Globalizing World: The Social Lives of Psychiatric Medication

Psychopharmacology

in a Globalizing World

workshop program

June 12th & 13th, 2007

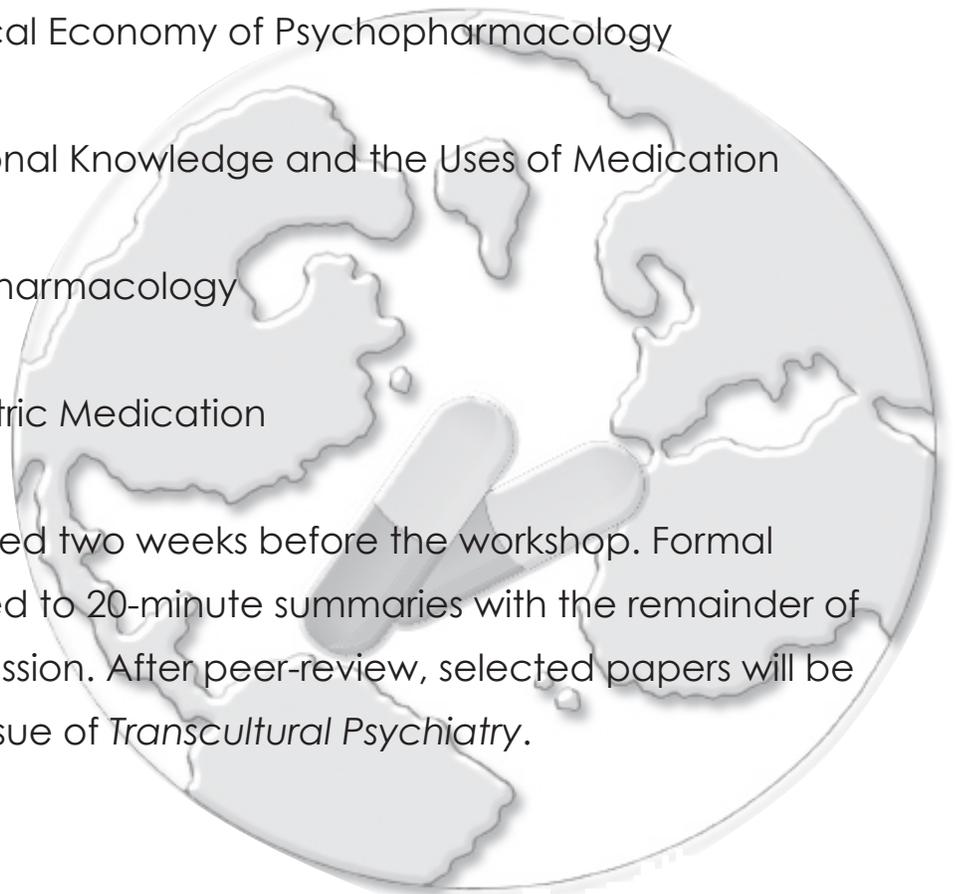
9h – 16h

*Institute of Community and Family Psychiatry
4333 Côte Ste-Catherine Road, Montreal (Quebec)*

The workshop is intended for scholars actively involved in research in the area of social sciences and psychopharmacology. There will be four half-day sessions with papers grouped around the following themes:

- The History and Political Economy of Psychopharmacology
- Popular and Professional Knowledge and the Uses of Medication
- Phenomenological Pharmacology
- The Future of Psychiatric Medication

Papers will be pre-circulated two weeks before the workshop. Formal presentations will be limited to 20-minute summaries with the remainder of the time devoted to discussion. After peer-review, selected papers will be published in a thematic issue of *Transcultural Psychiatry*.



Psychopharmacology

in a Globalizing World

Thursday, June 14th

8h30-9h REGISTRATION

9h-9h30 WELCOME & INTRODUCTION

From Amrita to Substance D: Politics, practice and experience in the social life of psychiatric medication

Laurence J. Kirmayer, McGill University

THE HISTORY AND POLITICAL ECONOMY OF PSYCHOPHARMACOLOGY AND PSYCHIATRIC SCIENCE

9h30-10h

Methods and madness: Severe mental illness in the age of psychopharmacology

Joel Braslow, University of California at Los Angeles

10h-10h30

Psychopharmacology in the age of anxiety: The Miltown revolution in historical context

Andrea Tone, McGill University

10h30-11h BREAK

11h-11h30

Gender stereotypes in the diagnosis of depression: Systematic content analysis of medical records

Jonathan Metzl, University of Michigan

11h30-12h

Cargo cult science: On the interaction between evidence, medicine, and commerce

David Healy, Cardiff University

12h-12h30 PANEL DISCUSSION

Laurence J. Kirmayer (chair), **Joel Braslow**, **David Healy**, **Jonathan Metzl**, & **Andrea Tone**

12h30-14h LUNCH

FROM POLITICS TO PRACTICE

14h-14h30

Partial truths and competing paradigms: Stakes in the administration of drug compliance in the treatment of ADHD

Kalman Applbaum, University of Wisconsin at Milwaukee

14h30-15h

Pills that swallow policy: India's National Mental Health Program

Sumeet Jain & **Sushrut Jadhav**, University College London

15h-15h30

Ways of distributing pills in India: The case of fluoxetine (Prozac)

Stefan Ecks, University of Edinburgh

15h30-16h BREAK

16h-16h30

Psychotropic medication use with children and adolescents: A comparative study

Vivianne Kovess, McGill University/Fondation MGEN

16h30-17h

Edgy ethics and storied science: Marketing neuroscience as the truth of depression

Nathan Greenslit, Massachusetts Institute of Technology

17h-17h45 PANEL DISCUSSION

Sushrut Jadhav (chair), **Kalman Applbaum**, **Stefan Ecks**, **Sumeet Jain**, & **Vivianne Kovess**

17h45-18h

Launch of the TRANSCULTURAL PSYCHIATRY Festschrift for Raymond Prince

18h-19h RECEPTION AND POSTER SESSION

19h-21h PANEL DISCUSSION

Hofmann's Potion (FILM)

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Friday, June 15th

POPULAR AND PROFESSIONAL KNOWLEDGE AND THE USES OF MEDICATION

9h-9h15 INTRODUCTION

Cécile Rousseau, McGill University

9h15-9h45

Ethnic medication: Towards a new scientific racism?

Sylvaine De Plaen, Hôpital Sacré-Coeur

9h45-10h15

Therapeutic reasoning and the rationales underlying day-to-day psychotropic prescribing practices: Back to 19th century therapeutic relativism?

Johanne Collin, Université de Montréal

10h15-10h45

Tense prescriptions: Doctor's knowledge and doubts regarding Alzheimer medications in Brazil

Annette Liebing, Université de Montréal

10h45-11h15 BREAK

11h15-11h45

Scripting control: Aboriginal and mainstream Canadian understandings of "family life"

Michael Oldani, University of Wisconsin at Whitewater

11h45-12h15 PANEL DISCUSSION

Cécile Rousseau (chair), **Johanne Collin**, **Sylvaine De Plaen**, **Annette Liebing**, & **Michael Oldani**

12h15-14h LUNCH

PHENOMENOLOGICAL PHARMACOLOGY

14h-14h30

Uncertainty in an era of evidence-based practices: The ambiguous texture of medicines on a transcultural clinical scene

Ellen Corin, **Cécile Rousseau**, & **Annie Gauthier**, McGill University

14h30-15h

Psychological ramifications of psychiatric medication in university students

Norman Hoffman, McGill University

15h-15h30

Selfhood, psychopharmaceuticals, and society: Narratives of psychotropic medication use among adolescents, their parents, and physicians

Kelly A. McKinney, McGill University

15h30-16h

Adolescent experience of psychotropic treatment

Jerry Floersch, Case Western Reserve University

16h-16h30

The tenuous notion of specificity

Amir Raz, McGill University

16h30-17h PANEL DISCUSSION: THE FUTURE OF PSYCHOPHARMACOLOGY

Laurence J. Kirmayer (chair), **Ellen Corin**, **Jerry Floersch**, **Norman Hoffman**, **Kelly McKinney**, & **Amir Raz**

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abstracts

METHODS AND MADNESS: SEVERE MENTAL ILLNESS IN THE AGE OF PSYCHOPHARMACOLOGY

JOEL BRASLOW, UNIVERSITY OF CALIFORNIA AT LOS ANGELES

From the synthesis of chlorpromazine in 1950 (marketed in Europe as Largactil and in the U.S. as Thorazine) to the present-day mass marketing of drugs like Prozac, Zoloft, and Paxil, the psychopharmacological revolution has fundamentally altered how we understand and treat psychological distress. These past 50 years have witnessed the dismantling of an enormous state hospital system (housing at its peak over a half million patients), the eclipse of psychoanalysis and psychodynamic psychiatry by biological psychiatry, the creation of a multibillion dollar psychopharmaceutical industry dependent upon particular views of psychological distress and its cure, and biological psychiatry's infiltration of nearly every nook and cranny of how we experience and define ourselves.

Despite these profound changes in our understanding of psychological ills, we know little about how the psychopharmacological revolution has altered the everyday job of psychiatrists caring for those most severely afflicted with psychiatric illness. Specifically, how did these new technologies alter what psychiatrists deemed as psychiatric disease, indications for treatment, and what they saw as successful outcomes?

The aim of this paper will be to address these questions by way of examining everyday clinical practices from the 1940s to the present. Looking primarily at patient records from several publicly funded California hospitals, I will focus on the ways in which psychopharmacologic practices reshaped the meaning of the social and the biological in how physicians (and patients to a lesser extent) understood illness and therapeutics.

PSYCHOPHARMACOLOGY IN THE AGE OF ANXIETY: THE MILTOWN REVOLUTION IN HISTORICAL CONTEXT

ANDREA TONE, MCGILL UNIVERSITY

This paper will explore the development, phenomenal profitability, and cultural currency of meprobamate (sold as Miltown and Equanil), the first of the so-called minor tranquilizers. Developed in 1950 and approved by the Food and Drug Administration in 1955, the prescription-only tranquilizer quickly became a commercial sensation, the first psychotropic wonder drug in American medical history. Drawing on a range of historical documents, including archival manuscripts, FDA manufacturers' files, court cases, medical reports, and oral histories, this presentation will locate this critical chapter in the creation of psychopharmacology in a framework attentive to the importance of historical context. It will suggest that the Miltown Revolution, which had lasting repercussions for the development and medical diffusion of drugs to treat outpatient psychiatric disorders, was not only a medical story involving mental illness and health, but also one inseparable from politics, economics, and consumer culture.

GENDER STEREOTYPES IN THE DIAGNOSIS OF DEPRESSION: SYSTEMATIC CONTENT ANALYSIS OF MEDICAL RECORDS

JONATHAN METZL, UNIVERSITY OF MICHIGAN

A growing body of literature describes medicalization as a process whereby pharmaceuticals become treatments for everyday problems and concerns. However, few studies have applied cultural trends in psychopharmacology to actual clinical material. This project addresses this issue by exploring whether criteria outside of the *Diagnostic and Statistical Manual* have been used as indicators for treatment of dysthy-

mic or depressive disorders over the course of the U.S. SSRI phenomenon. Systematic content analysis was performed on randomly drawn medical records of 160 adult patients diagnosed with depressive disorder on initial visit to the University of Michigan Department of Psychiatry from the years 1985, 1990, 1995, and 2000. This analysis was also performed on two randomly selected control groups: the records of 70 psychiatric patients whose primary diagnosis was one other than depression, and of 40 non-depressed medical patients seen in the UM internal medicine clinics, both from the same time periods. The percentage of charts exhibiting certain characteristics (DSM versus non-DSM language) across four time periods was calculated using Fisher's Exact Test for two-way contingency tables. We found that middle-aged women's problems with marriage, motherhood, and menstruation (but not work) became increasingly associated with depressive illness. Aggression, hostility, and athleticism were progressively deemed symptoms in middle-aged men. Such findings suggest that psychiatrists clearly used professional tools such as the DSM in the act of generating the medical record, but their observations seem also to have taken account of a shifting set of cultural expectations and norms. The presentation concludes by suggesting that, in an age of mass-marketing, clinicians of all specialties need to become competent in recognizing how cultural assumptions can shape understandings of mental illness and its treatments.

CARGO CULT SCIENCE: ON THE INTERACTION BETWEEN EVIDENCE, MEDICINE, AND COMMERCE

DAVID HEALY, CARDIFF UNIVERSITY

This paper considers the evidence from randomised controlled trials of psychotropic agents as recently applied to the practice of psychiatry/medicine. It illustrates how one interpretation of clinical trial data and statistics, which takes data of marginal significance as evidence of treatment efficacy, is currently dominant, and why this is arguably not the correct interpretation and definitely not the only possible interpretation. An alternate interpretation points to treatment effects rather than efficacy. The consequences of the dominant interpretation for academic journals, drug development, patient treatment, and globalisation are drawn out, culminating in a description of the processes

of guideline capture, brand fascism, and informational reductionism. The paper questions whether science can be expected to necessarily bring about a global homogenisation or whether what is being globalized at present is simply bad science.

PARTIAL TRUTHS AND COMPETING PARADIGMS: STAKES IN THE ADMINISTRATION OF DRUG COMPLIANCE IN THE TREATMENT OF ADHD

KALMAN APPLBAUM, UNIVERSITY OF WISCONSIN AT MILWAUKEE

Patient compliance (or adherence) to medication is a key focus of practical research in health services. Most research has focused on patient behavioral tendencies and on the provider-patient relationship. In mental healthcare in particular, where noncompliance is seen as both a contributing cause and effect of illness, strategies to improve compliance have met with unsatisfactory success. The current research identifies various provider-stakeholders—physicians, schools, family groups, HMOs, insurers, the criminal justice system, pharmaceutical companies, etc.—as well as patients, aiming to incorporate an analysis of their interests, working models, and assumptions into the reevaluation of mainstream compliance/adherence paradigms. It will demonstrate how stakeholder-providers construct their relationships toward clients (patients, end users) equally in keeping with internal significances (or “theories of practice”) and audit requirements. The paper presents case material pertaining to the use of psychoactive drugs in the treatment of childhood ADHD, and secondarily to the use of anti-psychotics in the management of the varied symptoms of schizophrenia.

PILLS THAT SWALLOW POLICY: INDIA'S NATIONAL MENTAL HEALTH PROGRAM

SUMEET JAIN & SUSHRUT JADHAV, UNIVERSITY COLLEGE LONDON

India's National Mental Health Program (NMHP) was initiated in 1982 with objectives of promoting community participation and accessible mental health services. A key component involves Central government calculation and funding for psycho-tropic medication. Based on ethnography of a community psychiatry program in north India, this paper traces the biosocial journey of psycho-tropic pills from the centre to the periphery. As

the pill journeys from the Ministry of Health to the clinic, its symbolic meaning transforms from an emphasis on accessibility and participation to administration of 'treatment'. At its final destination of delivery in the rural health centre, the pill becomes central to professional monologues on compliance that mute the voices of patients and families. Additionally, popular perceptions of government medication as weak and unreliable create an ambivalent public attitude towards psychiatric services. Instead of embodying participation and access, the pill achieves the opposite: silencing community voices, re-enforcing existing barriers to care, and promoting chemical solutions to social issues. The symbolic inscription of NMHP policies on the pill fails because these are contested by more powerful meanings generated from local social and cultural contexts. This understanding is central for development of policy that can effectively address local needs in rural India.

WAYS OF DISTRIBUTING PSYCHOPHARMACEUTICALS IN INDIA: THE CASE OF FLUOXETINE (PROZAC)

STEFAN ECKS, UNIVERSITY OF EDINBURGH

What role do networks of distribution play in the widening use of psychopharmaceuticals around the world? To date, the social effects of psychopharmaceuticals have mostly been studied on four levels: marketing strategies of companies, psychiatric diagnostics, prescription practices, and popular/patient understandings of drugs. The ways in which medications are distributed have never been studied in detail. In comparison to established topics of research, drug distribution appears to be rather less intriguing. Distribution seems to be something purely technical, a mundane job that needs to be done with any commodity: inventories, storage, shipping, taxes, and so forth. Yet psychotropic drugs are a special kind of commodity, and the precise ways in which they are distributed has tremendous effects on all parts of the chain, including how doctors prescribe them and patients use them. The paper will present initial findings from the collaborative project "Tracing Pharmaceuticals in South Asia" on the distribution networks around fluoxetine (Prozac) in India.

PSYCHOTROPIC MEDICATION USE WITH CHILDREN AND ADOLESCENTS: A COMPARATIVE STUDY

VIVIANNE KOVESS & C. SEVILLA DEDIEU, FONDATION MGEN

Use of psychotropic drugs varies across the diverse EU countries, with some being high users such as France, Italy, Spain, and Belgium, whereas Germany and the Netherlands are low users. These differences may be partially explained by cultural factors such as use of herbal remedies in Germany and by features of the health care systems such as the tendency in France for GPs to conclude a consultation by giving a prescription, whereas Dutch GPs tend to conclude by giving advice. The place given to psychotherapies and alternative medicines play an important role as well.

In this presentation, we will contrast the trends for adults with those concerning children and adolescents. In some countries like France, where psychotropic drug use is the highest in EU, some psychotropic medications for children have an extremely low rate of use due to strong constraints on treatment initiation, while this does not exist for other psychotropic drugs. These restrictions can be explained by the psychoanalytic influence in the child psychiatric domain, which was able to support these restrictions.

We will also present data on a sample of approximately 7000 children and adolescents from a French HMO (MGEN) showing that psychotropic drug use increases dramatically after 15 years; males outnumbered females in the youngest ages, and then this tendency reverses. Most prescriptions for adults are written by GPs and quite a few prescriptions do not conform to the prescription restrictions for adults, although this concerns mainly the adolescents. These results will be compared to the situation in the Netherlands, which has the best documentation concerning child psychotropic prescriptions, where an increase of prescriptions for stimulants has been observed. In the Netherlands, the health care system is oriented toward a non-medical model delivering a message on tolerance toward symptoms and access to non-medical mental health care is part of the health care system. The discussion will show how the use of psychotropic drugs for child psychiatric disorders in the diverse EU countries is shaped by theoretical models, health care system organisation, and especially the place given to non-medical providers together with cultural background.

EDGY ETHICS AND STORIED SCIENCE: MARKETING NEUROSCIENCE AS THE TRUTH OF DEPRESSION

NATHAN GREENSLIT, MASSACHUSETTS INSTITUTE OF TECHNOLOGY

My paper explores how, in the face of increasingly intense public cynicism about the pharmaceutical industry, drug marketers carve out their own ethical niche from which they innovate on ways to persuade U.S. consumer audiences with scientific facts that double as public relations.

Drawing off of ethnographic encounters with marketers, consumer-patients, and psychodynamic psychiatrists, I present a thick description of how individuals encounter and incorporate the putative neuroscience of direct-to-consumer advertising to negotiate their personal knowledge of depression and anxiety, and to manage their identity, everyday practices, and professional pursuits.

ETHNIC MEDICATION: TOWARDS A NEW SCIENTIFIC RACISM?

SYLVAIN DE PLAEN, HÔPITAL SACRÉ-COEUR

As a clinician with training in anthropology, who works with patients from diverse cultural backgrounds, I have always been interested in looking at the interplay of culture and psychopathology in the daily clinical setting. The development of new domains of knowledge in psychiatry, such as ethnopsychopharmacology, is encouraging because it reflects a new sensitivity to the role of culture in the way people respond to treatment and medication. But such a development also raises important ethical issues by offering new legitimization to categorizations of people according to their origin and (often) their skin color. In the United States, the recent release of a new antihypertensive medication marketed specifically for "blacks", Bidil, brings back this issue of race in the scientific domain. Are there any consequences in that revival of old physical stamps to categorize people and define their needs and identity? Does cultural psychiatry have a special responsibility in considering new forms of racism legitimated by contemporary scientific discourse? This presentation will try to address this crucial issue for transcultural psychiatry today.

THERAPEUTIC REASONING AND THE RATIONALES UNDERLYING DAY-TO-DAY PSYCHOTROPIC PRESCRIBING PRACTICES: BACK TO 19TH CENTURY THERAPEUTIC RELATIVISM?

JOHANNE COLLIN, UNIVERSITÉ DE MONTRÉAL

Some time ago, Géza Roheim called attention to a key Western characteristic: slowly evolving societies have become rapidly changing societies, a phenomenon he designated, long before it had gained currency, as "therapeutically oriented societies." In these societies, characterized by the demand that individuals continually strive to adapt, psychiatric and psychopharmacological interventions play a major role in the processes of socialization and the management of social stresses. As the use of psychiatric medications in Western societies has continued its dramatic rise, much has been written about the major role played by pharmaceutical companies in shaping social and cultural attitudes toward medication. Less attention, however, has been paid to therapeutic reasoning and the rationales underlying the day-to-day prescribing practices of physicians. Based on an analysis of medical and psychiatric journals and in-depth interviews with GPs, this paper aims to shed light on three major trends in the prescription of psychotropics (mainly for children and older people): a) the tendency to dissociate psychotropic prescribing from the diagnosis of mental disorder; b) the growing complexity associated with polyprescription and multimodal treatments; and c) the tendency to move from a primary-illness approach to a target-symptom approach, which has paved the way toward relativism in therapeutic strategies.

TENSE PRESCRIPTIONS: DOCTORS' KNOWLEDGE AND DOUBTS REGARDING ALZHEIMER MEDICATIONS IN BRAZIL

ANNETTE LEIBING, UNIVERSITÉ DE MONTRÉAL

Alzheimer's disease emerged as a medical category in urban Brazil in the 1990s. From the beginning, it was considered a disease requiring the attention of neurological, psychiatric, and geriatric expertise. Additionally, more peripheral "multidisciplinary" interventions (psychological, social, etc.) have been emphasized as important to the patient's well-being. The most important tools for all interventions are medications although, as elsewhere, the effective-

ness of these medications has been questioned since their inception. How do doctors prescribe this kind of medication within a context of uncertainty? Relying on interviews with health professionals in Brazil, participant observation in a psychogeriatric unit, and document analysis, this paper analyzes the historical dimension of the use of these medications in Brazil, and presents Alzheimer medications as glocal “technologies of hope”.

SCRIPTING CONTROL: ABORIGINAL AND MAINSTREAM CANADIAN UNDERSTANDINGS OF PHAMILY LIFE

MICHAEL J. OLDANI, *UNIVERSITY OF WISCONSIN AT WHITEWATER*

This paper examines the use of psychoactive medication as a mechanism of individual, familial, and social control. Ethnographic cases are drawn and presented from fieldwork conducted in Winnipeg, Manitoba (2000-2002). Part One of this paper will outline how pharmaceutical prescriptions for mental/behavioral health are employed by parents to improve the mental health of their children while simultaneously mirroring deeply embedded cultural scripts. What these pharmaceutical families, or phamilies, mean for various stakeholders – parents, the pharmaceutical industry, high-prescribing doctors – will then be critically assessed. Part Two will show how rural doctors in western Canada incorporate a racialized geography into their (high) prescribing logic for treating Aboriginal children with complex behavioral disorders, namely FASD. The prescribing practices of doctors and school officials have forced some Aboriginal parents to reject psychoactive medication as a treatment option for their children’s behavioral condition. One such case of resistance will be discussed. In particular, this case will allow for a closer examination of the various (post)colonial scripts that are being incorporated (and repeated) through the current logic of psycho-pharmaceutical prescribing. Taken together, these cases provide an opportunity to reexamine Mattingly’s notion of “clinical and therapeutic plots.” This paper will argue that pharmaceutical scripts (both drug prescriptions and emplotted dramas) continue to structure both real and imagined forms of ph/family life and personhood.

UNCERTAINTY IN AN ERA OF EVIDENCE-BASED PRACTICES: THE AMBIGUOUS TEXTURE OF MEDICINES ON A TRANSCULTURAL CLINICAL SCENE

ELLEN CORIN, CÉCILE ROUSSEAU, & ANNIE GAUTHIER,
MCGILL UNIVERSITY

For decades, the medicalisation of personal and social problems has been a popular object of study for social scientists. The current salience of pharmaceuticals in critical social sciences research can be seen as an offshoot of that line of research, which also reflects the ethos of consumerism dominating Western societies. The concreteness of pharmaceuticals also gives a feeling of mastery over the elusive dimension of mental health problems, particularly in the case of psychosis, and delineates a perimeter of cure easily amenable to standardization. This is in line with the current value attached to “standard”, a notion that Petryna and Kleinman consider as an important social and cultural marker of modernity. This concreteness also constitutes medicines as a privileged healing tool fitting with the current hegemony of evidence-based practices.

As a kind of counterpoint to this vision of medication, narratives collected in the context of research on the place of culture on the clinical scene in the case of early psychosis reveal the high degree of uncertainty that permeates discourses and practices associated with medication, for practitioners as well as for patients and significant others. Forty patients from five cultural origins (Afro-Caribbean, South Asian, Latino-American, Franco-Québécois, Anglo-Québécois), a significant other, and their practitioner were interviewed with the Turning Point/Period Interview, a qualitative grid aimed at reconstructing the perceived history of signs, coping, explanations, reactions, and help-seeking. Re-interviews were done after one year.

This paper will focus on the place of medication in the negotiation of meaning and practices, and on the personal and social significance and import of “certainty” and “uncertainty” in that context. It will also examine the way negotiations about medication act to delineate a privileged space of exchange and discuss its implications in regard to the human dimension of healing in contemporary practices.

PSYCHOLOGICAL RAMIFICATIONS OF PSYCHIATRIC MEDICATION IN UNIVERSITY STUDENTS

NORMAN HOFFMAN, MCGILL UNIVERSITY

There has been a dramatic increase over the past ten years in the percentage of college students taking prescription psychotropic medication. Studies have indicated that between 12% and 25% of college students are on psychiatric medication. While some people have suggested that this is due to improved treatments that allow students with psychiatric disorders to reach university, there is little evidence to support this claim. Clinical experience at the McGill Mental Health Service has indicated that the rise in psychological difficulties in university students may, in part, be due to an inappropriate use of diagnosis and medication in pre-university students. The labeling of adolescents as having a "chemical imbalance" can interfere with emotional development, and encourage both the adolescent and the family to avoid dealing with underlying emotional issues. From a clinical perspective, modern anti-depressant medications appear to be primarily mood dampeners, leading to short-term amelioration of intense affect but often with negative psychological effects. There are also indications that medication can interfere with the efficacy of psychotherapy. These issues will be highlighted through the use of clinical case studies.

SELFHOOD, PSYCHOPHARMACEUTICALS, AND SOCIETY: NARRATIVES OF PSYCHOTROPIC MEDICATION USE AMONG ADOLESCENTS, THEIR PARENTS, AND PHYSICIANS

KELLY A. MCKINNEY, MCGILL UNIVERSITY

Since the early 1990s, the number of adolescents and children as young as two years old taking psychiatric medications including Ritalin (methylphenidate), Prozac (fluoxetine), and other selective serotonin reuptake inhibitors (SSRIs), anti-psychotics, and mood stabilizers has dramatically increased in North America. Most of these medications have not been approved for use with pediatric populations and are prescribed off-label, despite concerns about the potential but unknown effects these agents may have on children's overall growth and development, as well as evidence indicating that children react differently to these medications than adults, and that the risk-benefit ratio for children and adolescents may vary widely across different medications. Based on a study currently taking place in Montreal, this paper will examine the role and

meanings of these medications for adolescents, their parents, and prescribing physicians at an adolescent health clinic.

ADOLESCENT EXPERIENCE OF PSYCHOTROPIC TREATMENT

JERRY FLOERSCH, CASE WESTERN RESERVE UNIVERSITY

The aim of this qualitative study is to broadly describe how adolescents experience psychotropic treatment. Using an open-end, semi-structured survey instrument, respondents, ages 12 to 17 years, diagnosed with one or more psychiatric disorders, and who were currently prescribed psychiatric medications, were queried about their medication and treatment experience. Data were analyzed using grounded theory techniques. Twenty adolescents with a mean age of 14.75 years, with mood (15\20), behavioral (3\20), psychotic (1\20), and eating (1\20) disorders and with a mean of 2.35 prescribed psychiatric medications were enrolled in the study. They reported experiencing medications through body, emotion, cognition, behavior, self, diagnosis/disorder, and expectation/hope dimensions. As well, parents influenced adolescent perceptions of the illness and of the need for medication. It appears that the adolescent experiences psychopharmacotherapy through distinct subjective and intersubjective dimensions. Treatment experience might be improved if practitioners included in their medication treatment the adolescent's personal understandings of the illness, their perceptions of how medications work, and a discussion of how medications are managed daily.

THE TENUOUS NOTION OF SPECIFICITY

AMIR RAZ, MCGILL UNIVERSITY

Modern medicine is based on the ideal of specific diseases, and specificity has revolutionized thinking in clinical practice (e.g., psychiatry) as well as biomedical research (e.g., neuroscience). Different notions of specificity exist (e.g., clinical, biological, and behavioral). Behavioral specificity takes on new meaning in light of recent neuroimaging and genetic findings. Drawing on the metaphor of pharmacological specificity, we provide converging data suggesting that at least for certain individuals, specific behavioral interventions can influence focal brain activations. Interpretation of these data suggests strategies for studying the neural basis of suggestion and placebo response, and holds promise for the optimal matching of patient and treatment.

Psychopharmacology

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selected bibliography

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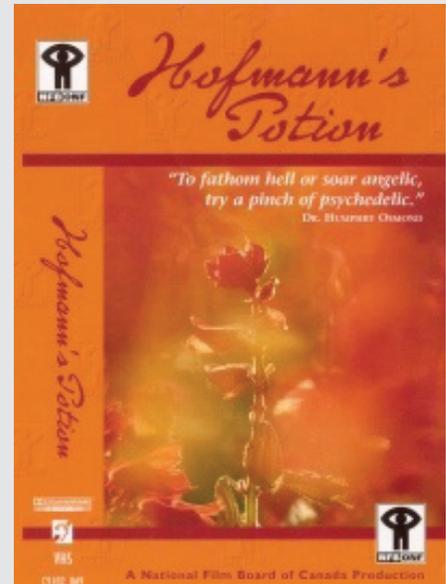
Hofmann's Potion

Directed by Connie Littlefield (2002)
Showing and Panel Discussion
Thursday, June 14th, 2007, at 7pm (19h)

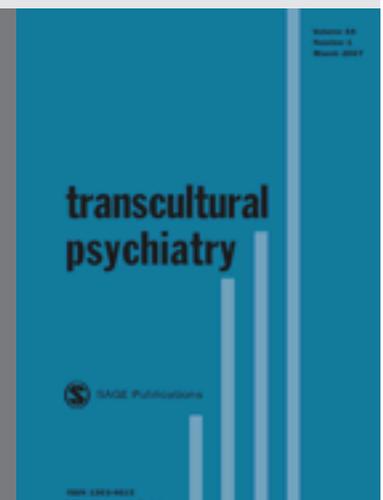
Discovered in 1943 by Swiss chemist Albert Hofmann, D-lysergic acid diethylamide (LSD) was hailed as a powerful tool to treat alcoholism and drug addiction and to provide a window into schizophrenia and other mental illnesses. Much of that pioneering research was done by the team of Humphry Osmond, Abram Hoffer, and Duncan Blewett, all working in Saskatchewan.

While researchers were establishing the medical benefits of LSD, others - like author Aldous Huxley - promoted the drug as a powerful tool for mental exploration and self-understanding. At Harvard, Timothy Leary, Ralph Metzner, and Ram Dass (then known as Richard Alpert) became popular heroes after the university cancelled their research project into psychedelics.

Featuring interviews with many LSD pioneers, *Hofmann's Potion* is much more than a simple chronicle of the drug's early days. With its thoughtful interviews, beautiful music, and stunning cinematography, it is an invitation to look at LSD - and our world - with a more open, compassionate mind.



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Françoise Baylis, PhD, is Professor and Canada Research Chair in Bioethics and Philosophy at Dalhousie University and founder of the NovelTechEthics research team (www.noveltechethics.ca). Her research focuses on issues of identity, community, and social justice. She writes about the ethics of novel technologies (especially those related to genetics, stem cells, and neuroscience), research involving humans, women's health, and feminist ethics. A public intellectual as well as scholar, Professor Baylis is currently a member of the Board of Directors of Assisted Human Reproduction Canada and the Board of Directors for the Canadian Centre for Ethics in Sport. In the recent past, she was also a member of the Governing Council of the Canadian Institutes of Health Research (CIHR). Currently Professor Baylis is Principal Investigator on two CIHR grants in neuroethics: "States of Mind: Emerging Issues in Neuroethics" (2006-2011) and "Therapeutic Hopes and Ethical Concerns: Clinical Research in the Neurosciences" (2005-2009). She holds a PhD in philosophy with a specialization in medical ethics from the University of Western Ontario.

Joel Braslow, MD, PhD, is a psychiatrist and historian whose work focuses on the social, cultural, and scientific constitution of therapeutic practices in medicine and psychiatry. His work examines 20th century American psychiatric practices, employing historical and health services research methods. He has been a faculty member in the UCLA Department of Psychiatry and Biobehavioral Sciences since 1992, and the UCLA Department of History since 1996. Dr. Braslow received his MD from Loma Linda University and his PhD in History of Science from UCLA. His first book, *Mental Ills and Bodily Cures*, examined the ways in which physicians employed somatic and biological therapies, and how these uses were shaped by social and cultural concerns. Currently, he is working on *Antipsychotic drugs: Science, practice, and culture, a history of antipsychotic drugs from the 1950s to the present*. The primary aim of this project is to explore how social and cultural factors shape, and are shaped by, clinical and scientific practices. This project is funded by a National Institute of Mental Health (NIMH) Career Development Award and aims to integrate methods from history, anthropology, and health services research.

Johanne Collin, PhD, a sociologist and historian, is a Professor in the Medication and Population Health Program of the Faculty of Pharmacy at the University of Montréal, where she teaches the sociology of health and the history of medicine. Her doctoral thesis, published in 1995 (*Changement d'ordonnance*, Éditions Boréal), examined the history of pharmacy in Québec from 1880 to 1980 and the transformation in pharmacy practice resulting from the rapid growth of the pharmaceutical industry in the 20th century. She did her

post-doctoral work at the Institut de recherche sur les sociétés contemporaines (CNRS) in Paris and in the Department of Social Studies of Medicine at McGill University in Montréal, where her research interests turned toward the social and cultural practices associated with medication use in Western societies. Her research explores medical rationales and professional dynamics, medication use and the recent cultural history of the body, and psychotropic medications and the new sociality. For the past four years, she has headed a research group working on medication as social object (*le médicament comme objet social, MÉOS*). She has just published *Le Médicament au cœur de la socialité contemporaine* (Presses de l'Université du Québec, 2006) and is currently conducting research on the ways in which knowledge about medications is disseminated via the mass media and the Internet.

Ellen Corin, PhD, is Associate Professor in the Departments of Anthropology and Psychiatry, McGill University and researcher in the Psychosocial Division of the Douglas Hospital Research Centre. She is a practicing psychoanalyst and a member of the Canadian Psychoanalytic Society. She did fieldwork in Central Africa on traditional medicine and therapeutic spirit possession rituals. Her current research focuses on the cultural articulation of psychotic experience in India and in Montreal. Her work also questions and reframes the notion of "recovery" that is used as a key signifier for orienting and evaluating current practices in mental health.

Sylvaine de Plaen, MD, is a child psychiatrist, working in the outpatient clinic of Pavillon Albert Prévost (Hôpital Sacré-Coeur, Montréal). One of her research interests has been the role of secrets in refugee and migrant families. She obtained a BA in anthropology in 1987. She did a fellowship in transcultural psychiatry in Paris with Dr Marie Rose Moro, in 1997-1998.

Stefan Ecks, MA, DEA, PhD, is Co-Director of the Sociology & Anthropology of Health & Illness (SAHI) Programme at the University of Edinburgh. He studied anthropology, sociology, and philosophy at Göttingen, Berkeley, Paris (EHESS), and London (SOAS, LSE), and

graduated with a PhD in Anthropology from the London School of Economics in 2003. From 2001 to 2004, he taught at the South Asia Institute, University of Heidelberg, building up Germany's first dedicated programme in medical anthropology. Since 2004, he teaches social and medical anthropology at the School of Social & Political Studies, University of Edinburgh. He has carried out ethnographic fieldwork in Kolkata (Calcutta, India) since 1999, focusing on postcolonial notions of body, health, and healing. His current research examines emerging concepts of pharmaceutical citizenship and the impact of evidence-based medicine in India. From 2006 to 2009, he is taking part in a collaborative project that traces the trajectories of three key drugs (fluoxetine, oxytocin, rifampicin) through production, distribution, prescription, and consumption in India and Nepal.

Jerry Floersch, MSW, PhD, is Associate Professor, Case Western Reserve University, Mandel School of Applied Social Sciences, and a 1998 University of Chicago, School of Social Service Administration, PhD graduate. He earned his masters degree in social work from the University of Kansas. He is the author of *Meds, Money, and Manners: The Case Management of Severe Mental Illness*, published by Columbia University Press (2002), where, through utilizing ethnographic and socio-historical methods, he examines the rise of community support services, the rise of the case manager and case management, and the limits of management models in providing effective services. In a book chapter, *The Qualitative Research Experience*, he describes a research method called 'practice ethnography'. He has published qualitative studies on old age, culture, and manic-depression, and African drumming and psychiatric rehabilitation. Currently, he teaches qualitative methods to PhD graduate students and theory and practice to master's level students. He is a recent NIMH K08 recipient (2004-2009); the award is for training in and development of qualitative methods to study youth subjective experience of psychotropic treatment. His work on psychotropic treatment focuses on the meanings adolescents make of their medication

treatment, including social and psychological 'side effects.

Ian Gold, PhD, received his PhD in Philosophy from Princeton University, after which he spent two years doing graduate work in Neuroscience at Rutgers University. He did postdoctoral research at the Australian National University in Canberra and in the Faculty of Medicine of McGill University, and between 2000 and 2005, he was on the faculty of the School of Philosophy & Bioethics at Monash University in Melbourne. He returned to McGill in 2006 to take up the Canada Research Chair in Philosophy & Psychiatry. His current research focusses on the philosophy of psychiatry and, in particular, the theory of delusion.

Nate Greenslit, PhD, recently completed his doctorate in the History and Social Study of Science & Technology at MIT. His dissertation was entitled: "Pharmaceutical Relationships: Intersections of Illness, Fantasy, and Capital in the Age of Direct-to-Consumer Marketing." Nate is currently a visiting scholar in the Anthropology Program at MIT. He is conducting new ethnographic research among healthcare marketing research companies and pharmaceutical industry consultants.

Danielle Groleau, PhD, is Assistant Professor and Research Associate at the Institute of Community and Family Psychiatry of the Jewish General Hospital. Dr Groleau is an anthropologist and received her PhD in Public Health from the Université de Montréal and postdoctoral training in Transcultural Psychiatry at McGill University. She specializes in ethnographic and participatory research to study health behaviours that have implications for public health programming and health policy. Her current research interests are: psychocultural determinants of compliance after a heart attack among French Canadians, psychocultural determinants of low breastfeeding rates among disadvantaged French Canadians, and cultural appropriateness of information on breast cancer risk for the Jewish community.

David Healy, MD, studied medicine in Dublin and Cambridge. He is a Professor of Psychiatry at Cardiff University, a former Secretary of the British Association for Psychopharmacology, and author of over 140 peer-reviewed articles, 200 other pieces and 15 books, including *The Antidepressant Era*, and *The Creation of Psychopharmacology*, *The Psychopharmacologists Volumes 1-3*, and *Let Them Eat Prozac*. He has been involved as an expert witness in homicide and suicide trials involving SSRI drugs, and in bringing these problems to the attention of American and British regulators. He has also worked on aspects of how pharmaceutical companies market drugs by marketing diseases and co-opt academic opinion-leaders by ghost-writing their articles.

Norman Hoffman, MD, is the Director of the McGill Mental Health Service and Assistant Professor of Psychiatry, McGill University. He has over 20 years of experience in working with student populations, with a particular interest in the treatment of Personality Disorders.

Sushrut Jadhav, MBBS, MD, MRCPsych, PhD, is Senior Lecturer in Cross-cultural Psychiatry at University College London; Honorary Consultant Psychiatrist in Adult Psychiatric Intensive Care, St. Pancras Hospital, London; and Founding Editor, *Anthropology and Medicine Journal*. His current interests include the deployment of cultural formulation approach in acute mental health, ethnography of heart hospitals, identities and conflicts in Mumbai's underworld, and the culture-bound nature of academic Cultural Psychiatry. He is also Co-Director (with S. Dein and R. Littlewood) of the University College London Masters in Culture and Health.

Sumeet Jain, BA, MSW, is a PhD candidate at the Centre for Behavioural and Social Sciences in Medicine, University College London. Trained in Development Studies at the University of Toronto and in Social Work at McGill University, his doctoral work has been looking at the cultural appropriateness of community mental health policies and services in India. Based on fieldwork in northern India, this has involved ethnography of a community psychiatry team and a rural community serviced by the team.

Laurence J. Kirmayer, MD, is James McGill Professor and Director of the Division of Social and Transcultural Psychiatry, McGill University. He is Editor-in-Chief of *Transcultural Psychiatry* and directs the Culture and Mental Health Research Unit of the Jewish General Hospital, where he conducts research on the anthropology of psychiatry, models of mental health services for multicultural societies, and resilience among indigenous peoples. He is co-editor of *Understanding Trauma: Integrating Biological, Clinical and Cultural Perspectives* (Cambridge) and *Healing Traditions: The Mental Health of Canadian Aboriginal Peoples* (UBC Press).

Vivianne Kovess, MD, PhD, is adjunct Professor of Psychiatry at McGill. She is the Director of a Paris 5 university research centre in epidemiology and policy design in mental health which trains PhD students. She has extensive experience in psychiatric epidemiology and has been responsible for mental health surveys on large population samples in diverse places. She is a participant in many international surveys, European (ESEMED) and worldwide (WMH initiative). She has ongoing surveys in France and Europe and can supervise graduate and postgraduate students who want to conduct surveys or analyze data already collected.

Annette Leibing, PhD, is a medical anthropologist with research interests in psychiatry, aging (especially Alzheimer's), medications, and new medical technologies (such as stem cells). She has taught anthropology at the Institute of Psychiatry, Federal University of Rio de Janeiro, and has been a visiting professor in Social Studies of Medicine, McGill University (2002-2005). She is now an Associate Professor of Medical Anthropology at the Faculty of Nursing, Université de Montréal. Her latest books are entitled *Thinking about Dementia - Culture, Loss, and the Anthropology of Senility* (Rutgers, 2006; co-edited with Lawrence Cohen) and *The Shadow Side of Fieldwork - Exploring the Blurred Borders Between Ethnography and Life* (Blackwell, 2007; co-edited with A. MacLean).

Kelly A. McKinney, MA, PhD, is currently a post-doctoral fellow in the Department of Social Studies of Medicine and the Division of Social and Transcultural Psychiatry at McGill University. She is co-director of an SSHRC-funded research project that examines both macro (political economy, socio-cultural) and micro (subjectivity, selfhood) dimensions of psychotropic drug use among teenagers in Montréal, of which Laurence J. Kirmayer, MD, is the principal investigator. Dr. McKinney has a master's degree in clinical psychology and a doctorate in anthropology. Her doctoral research, completed at The City University of New York Graduate Center, focused on therapeutic interventions for survivors of torture and refugee trauma in New York and Copenhagen, Denmark. The current project represents a continuation of her interest in the anthropology of psychiatry, and the ways in which both psychological distress and interventions are culturally produced.

Jonathan M. Metz, MD, PhD, is Associate Professor of Psychiatry and Women's Studies and Director of the Program in Culture, Health, and Medicine at the University of Michigan, Ann Arbor. In this capacity he works as a Senior Attending Physician in the adult psychiatric clinics and teaches courses in the areas of history of psychiatry, gender, and health at the undergraduate and graduate levels. He is the author of *Prozac on the Couch: Prescribing Gender in the Era of Wonder Drugs* (Duke, 2003) and editor of *Difference and Identity in Medicine* (JHUP, 2005). His work has appeared in journals including *the Lancet*, *American Journal of Psychiatry*, *Social Science and Medicine*, *Harvard Review of Psychiatry*, *Gender and History*, and *SIGNS: The Journal of Women, Culture, and Society*. His research has been supported by grants from such funding agencies as the Women's Health Office of the National Institutes of Health (NIH), the Robert Wood Johnson Foundation, the U.S. Department of Education, ACLS, the Guggenheim Foundation, and the National Alliance for Research on Schizophrenia and Depression (NARSAD), among other sources.

Michael Oldani, PhD, is Assistant Professor of Medical Anthropology at the University of Wisconsin – Whitewater. He trained at Princeton University (PhD, 2006) and the University of Wisconsin – Milwaukee (MS, 1998). His overall project has been to follow prescrip-

tions ('scripts') through their various life-cycles in order to develop key ethnographic sites of inquiry. Initially, his ethnographic work described the impact of pharmaceutical sales practices (i.e. gift exchanges) on doctor prescribing habits at the site of the clinical encounter between sales representatives and doctors. For part of this project, he drew upon his nine-year experience within the pharmaceutical industry (1989-1998) as a salesperson (see "Thick Prescriptions," *Medical Anthropology Quarterly* 18(3), 2004). His more recent work has followed scripts into the home of families in order to ethnographically assess the impact of psychoactive medication on family life from a critical medical anthropological perspective. This work is divided into two overlapping research projects: the mainstream desire of using psychoactive medication to harmonize family relations and the continued use of psychoactive medication to control marginalized populations, namely Aboriginal children. He is currently working on a manuscript based on his dissertation (*Filling Scripts: A Multisited Ethnography of Pharmaceutical Sales Practices, Psychiatric Prescribing, and Family Life in North America*) for submission to Cornell University Press.

Amir Raz, PhD, is Associate Professor, Department of Psychiatry, McGill University. He received his PhD in computation and information processing in the brain from the Hebrew University of Jerusalem, Israel. He went on to be a postdoctoral fellow in the laboratory of Michael I. Posner at the Sackler Institute for Developmental Psychobiology of the Weill Medical College of Cornell University. He was then appointed to the position of Assistant Professor at Cornell University, and subsequently Columbia University, New York. He is the recipient of multiple accolades, including the 2006 Young Investigator Award from the National Alliance for Research on Schizophrenia and Affective Disorders and the 2005 Early Career Award from the American Psychological Association (Division 30). He is a diplomate of the American Board of Psychological Hypnosis. Having examined the safety and efficacy of psychiatric drugs across development, his active research interests span the neural and psychological substrates of attention, expectation, placebo, and consciousness, as well as developmental psychopathology and neuroimaging. Using neuroimaging and other techniques,

his research elucidates the relationship between disparate attention networks and attentional planes such as hypnosis.

Cécile Rousseau, MD, MSc, is an Associate Professor of Psychiatry at McGill University and directs the Transcultural Child Psychiatry Research Team at the Montreal Children's Hospital. Her clinical work is with refugee and immigrant children, mainly in the area of trauma and psychosis, and she consults for health institutions and school boards. Her current research involves evaluation of programs for refugee children and adolescents in schools.

Andrea Tone, PhD, is the Canada Research Chair in the Social History of Medicine. She holds joint appointments in the Department of Social Studies of Medicine and the Department of History at McGill University. Her scholarship explores medical technology, sexuality, psychiatry, and industry, particularly the intersection between patient experience, cultural contexts, and technological and economic change in 19th and 20th century America. She is the author of several books and edited volumes, including *Devices and Desires: A History of Contraceptives in America* and, most recently, *Medicating Modern America: Prescription Drugs in History*, with Elizabeth Siegel Watkins. She is currently writing a book on the history of anxiolytics (under contract with Basic Books) and is beginning research on a project on Cold War psychopharmacology funded by an operating grant from the Canadian Institutes of Health Research.

Allan Young, PhD, is Professor in the Departments of Social Studies of Medicine, Anthropology, and Psychiatry. Dr. Young received his graduate training at the University of Pennsylvania and has studied traditional medical practices in Ethiopia and Nepal and conducted ethnographic research on PTSD in a psychiatric inpatient unit for two years in the US. Dr Young's current research interests include culture and somatization, the ethnography of post-traumatic stress disorder, and the anthropology of psychiatry.

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