NOTES ON THE RELEVANCE OF SOCIOLOGY
FOR PSYCHIATRY IN LATIN AMERICA:
THE CASE OF CALI, COLOMBIA

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I. INTRODUCTION

It is only in the last decades that Latin American countries have begun to design community mental health programs which represent an alternative to the traditional custodial model of psychiatric institutions. At present, several countries share a preoccupation to incorporate mental health plans into the general public health programs and it is precisely in this endeavor where social sciences may be particularly useful for better exploring the characteristics of populations, their attitudes, opinions and practices; their notions about mental disorders and their treatment; their demands to the services and the reciprocal expectations of the service providers.

As part of a wider effort to assess the health needs of the region and to test the feasibility of new programs, the Department of Psychiatry at Universidad del Valle in Cali, Colombia conducted several interdisciplinary research projects in the field of community mental health as related to social factors and this paper will be based on some of their findings. However, it may be useful to first offer a brief description of the place and its characteristics. Cali is a city which at the time of the studies quoted below had a population of about one million inhabitants. It is located in the South Western part of Colombia in the fertile Cauca river valley a region regarded as exceptionally well suited for agricultural purposes. Due to a steady flow of rural-urban migration, Cali has experienced a phenomenal growth during the last years, but in spite of increasing industrialization, the region is economically dependent on agriculture and most specifically on sugar cane cultivation. As it is typical of most of the semi-industrialized cities in Latin
America one can observe great contrasts between the life styles of an affluent minority and the big mass of the poor, between the two of which an emergent middle class is making itself visible. Opportunities for education and occupational mobility are quite limited and the normative structure is based on the traditional Latin American culture, with family relations as the institutional axis for social organization.

II. COMMUNITY IMAGES OF MENTAL DISORDER

The following is a summary view of some of the findings obtained in several interdisciplinary studies focusing on issues of common concern to sociology and psychiatry.

In a study about community opinions on mental disorder and its treatment in Cali using a stratified random sample of 800 people, the respondents show themselves relatively ignorant about causes and characteristics of mental disorder but they evidence a marked tendency to conceive mental disorders as caused mostly by physical factors. In fact, 50% of the respondents attribute mental disorders to physical causes, 27% to psychological causes and 14% to social causes. Physical manifestations are stated as a characteristic of mental disorder by 17% of the informants. A linguistic survey on terms used popularly to designate a psychotic person also found that mental disorder is primarily conceived as a physical factors was more frequent in the lower class, whereas respondents in the middle class showed a tendency to invoke social causes and those in the upper class favored psychological factors.

A comparison of responses obtained in the survey of the general population with those from a sample of 333 representing several types of medical and para-medical personnel shows that doctors also tend to conceive mental disorder in somatic terms. Graduate nurses often mention psychological causes while auxiliary nurses, social workers and psychologists favor social causes.

General population respondents also show a high degree of confidence in the professional ability of psychiatrists to treat mental disorders, (92% positive answers) as well as a good opinion about the psychiatric hospital.

In a study designed to explore feelings and attitudes of rejection of the mentally ill in Cali, it was found that only 50% of the respondents would not accept an ex-patient of the psychiatric hospital as next door neighbour; 12% would not accept him or her as work mate and 52% would reject him or her as spouse. These proportions are lower than any other quoted in the literature, with the exception of those found in a study conducted in Costa Rica.

In regards to notions about how mental disorder is distributed