Notes from the new President

Last July, sociologists from around the world met at the XIX ISA World Congress of Sociology in Toronto, Canada. With its main focus on “Power, Violence, and Justice,” it struck at the very core of sociological thinking. Debates on the concepts, origins, and impact of power, violence, and justice have lost none of their relevance and importance for the understanding of societies. From sociological points of view, power, violence, and justice have always played a vital role in the understanding of mental illness and health (services). In Toronto, a substantial number of RC49 sessions dealt with the diverse and complex interrelations between the two phenomena and provided an inspiring platform for enriching encounters. The lively - and sometimes controversial - discussions can be seen as a further indication of the significance of sociological thinking in the analysis of psychiatric services, mental health, and mental illness. A big thanks to all session organizers and presenters for their valuable contributions!

In this issue, Jorge Chuaqui provides some comments on the RC49 sessions “Social inclusion of mentally ill persons” and “Features linked with social inclusion of persons with mental disorders.” Masoud Zamanimoghadam and Saba Hasanvandi from Yazd University (Iran) share their paper on “Defenseless Women,” which, although accepted, could not be presented at the Toronto congress due to Visa problems.

Another presidential period has ended, and I would like to thank Takashi Asakura for successfully leading RC49 from 2014 to 2018. I feel honored to be elected as the new president, and, together with other board members, I am looking forward to serving you for the next four years. The main goals are to further increase membership numbers and to strengthen the international exchange of sociologists dealing with mental health and illness. Thus, I would like to encourage you to use the annual newsletter to share ideas and initiatives and to get in contact with RC49 members. Please feel free to contact me with any queries or suggestions.

Upcoming opportunities for sharing thoughts are the Chronic Disease and Disability section of the Western Social Science Association April 24-27, 2019, in San Diego, California (please find the invitation in this issue), and the IV ISA Forum in Porto Alegre in 2020. The call for sessions will run from Feb. 4th to Mar. 15th. I will keep you informed about the deadlines.

With best regards

Silvia Krumm
President of RC49
To report the contributions of the presentations to both sessions we have to state some theoretical ideas on social inclusion.

How participates persons on social life in the current social structure we belong to?

Persons belong to a family in which he/her consumes material, social and symbolic goods to satisfy his/her social needs. He/her may receive in it social and affective support and in which younger members receive primary socialization. Families may be nuclear, monoparental, extended or homosexual. In heterosexual and monoparental families sexual relations give as outcome the biological reproduction of persons. Sexual relations may be performed out of families with peers, heterosexual or homosexual.

The consumption that satisfy social needs of persons is financed by the participation of adult members of families in the labour market and other ways of economic property. This is the crucial status of paid work in the life of peoples, that opens the possibility of generate an own family and to satisfy social needs through consumption. If the type of work coincides with vocation the person feels fulfilled doing it. To have an occupation in the labour market also give social recogniton.

All the persons of society are subject to the legal norms and administrative amendments of State and local authorities:. Families, labour market, economic relations, sexual relations, reproductive rights and so. State may restrict or enhance the participation in the labour market, and according political trend may be more active or passive in social security actions. The public policies of the State, and of every organization of the social structure, depends not only in the policies in general but it is specified by the actors or officials that apply them, as any human activity in a system of interactions.

Persons may work on the ideational complex (educational system that have a role in the ideological, professional and scientific training, the mass media of communications, the churches, and so), and the services (including health services and professional sports). People may work in their organizations, and receive the specific activities of several organizations according to the type of the organizations.

In this context: what means social inclusion?:

According to the positions people occupies in their systems of interaction persons have the possibility to get the material, social and symbolic objects that satisfy their social needs, if they are allowed to perform specific actions provided by their positions. To have the possibility of this is the degree of power the person have. Power have also a subjective component, that person may do according the way they perceive the situation. This is an important point, because who knows better which are their needs than the own persons?

Again, which means exclusión/inclusion? When there are structural barriers that damage the power of some positions, that makes difficult that they share properly the social life described above, they are excluded. It has an ethical content, because it is a human right the participation without unfair barriers in social life. To include the persons means to empower them eliminating those barriers.
The presentations in both sessions of the congress we refer to, points at one or other aspects of this inclusion/exclusión dimensión.

The first presentation by Jorge Chuaqui put emphasis on the role of family, not referred to its internal processes, but in the degree they support the person mentally ill in a basic right, the right to have a good job, because of its crucial importance for their fulfillment. The family may give psychological support but respecting the alternative to support an independent empowerment of the person in order to have an autonomous job and to generate an own family, in Chile research done shows that this role of the family is mostly negative.

In the presentation by Mari Higuchi, considering that the role of family may be negative, she presents an interesting procedure of the possibility of more empowerment of the actors, in which the person, the psychiatrist and the family discuss openly with democratic rules. This may go to more convergence of the interests of these three actors.

In the presentations one of Peter Kupka and the other by Salling Weber, they discuss politics of welfare in Germany and Denmark in reference to the officials that help the persons to find a job, mediated by vertical authority relations in one case and the contradictory demands they have in the other, without a proper empowerment of the person in every case.

In the work of Mariana Frizzera and Cristina Pazó, they analyze despite prejudices the legal rules in Brazil that protect the sexual rights of persons with mental disability.

Both works, one of Alfred Grausgruber and Robert Moosbrugger; and the other by Russel Schutt, Marsha Ellison, Matthew Chinman, Chantele Mitchell-Miland and Sharon Mccarthy, deals with empowerment and reduced empowerment in persons that are in or must be drugs treatments, mediated by clinical needs.
Defenseless Women: The Qualitative study of socio-cultural context of women's mental health
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Introduction: In many human societies, gender has long been one of the criteria for the division of human beings. Undoubtedly, women in this division are more exposed than men to violence, discrimination and gender-based suffering. An example of this violence is visible in the family and in the violence of husbands against women. In the Iranian society, because of the dominant male-dominated culture, the problem of domestic violence against women is visible. This is especially true in the poorer neighborhoods of Khorramabad. Because in this city, on the one hand, there are patriarchal prejudices against women, and on the other hand, the social and economic problems of these neighborhoods have put women under double pressure. However, this article study the mental health of women exposed to domestic violence in a cultural and social context.

Method: In this research, qualitative approaches have been used. The research data were collected through purposeful and theoretical sampling and through a deep interview with 15 housewives who were referred to a psychologist at one of the health centers located in one of the deprived neighborhoods of Khorramabad. Khorramabad is a city in Southwest of Iran, with a traditional, patriarchal and tribal culture. Grounded theory was used to analyze the data.

Findings: In the analysis of data, there were 58 concepts that were reduced to 11 main categories. Then we put the main categories in the form of a paradigmatic model. Finally, the core category was identified as "Defenseless women exposed to community violence". The phenomenon of mans' violence against their wives is affected by conditions. These conditions can be categorized into three categories of causal conditions (husband's problems such as addiction, suspicion, and bad financial condition), ground conditions (family unfaithfulness by the family, the male patriarchal attitude of the relative to the marital relationship, and the male patriarchal mentality) and the intervening conditions (lack of power of women, and the turmoil of the couple's relationship). In addition, the violence against women surveyed causes interactions that include: husband's behavior towards a woman (personality humiliation, physical abuse of a woman, insulting a woman's family, relationship with other men, the death threat from the husband, prohibition of family visits, financial disregard for the woman, disregard for wife), the woman's behavior towards her husband (ignoring her husband, huffing), and the interconnected and continuous marital problems. Eventually, such a situation has two types of consequences: one male reaction (taking second wife, divorce). And the other, the woman's reactions. Female reactions are of two types: At first, the women's psychological disorders such as depression, anxiety,
hopelessness, lack of confidence and other high-risk behaviors that these women commit such as divorce, betrayal in marriage, and suicide attempt.

Discussion: However, this research shows that women are more vulnerable to violence through social and cultural structures. In fact, this research shows that society with patriarchal culture and lack of adequate social rights for women makes women vulnerable to domestic violence. In fact, women suffer from many mental illnesses such as anxiety, stress, and depression. Such women are experiencing existential anxiety and ontological insecurity. In other words, they always worry about their lives and do not feel safe. Any problem needs a solution. Therefore, according to the results of this study, the following strategies could be proposed to improve the situation of women who are subjected to violence by their husbands in poor and traditional areas:

- Changing and improving the rights and laws of marriage, in order to protect women who are vulnerable to violence.
- Awareness before marriage. This awareness can be done both through textbooks and mass media, and through pre-marriage counseling.
- The expansion of psychology and social work departments in disadvantaged areas for counseling for women who have been subjected to violence.
- Establishing supportive organizations to protect women from domestic violence.
- Expansion of cooperation between the judiciary and the police with supportive organizations to support women who are exposed to violent physical and psychological violence.
RC 49 Board Members Activities

Asakura, Takashi - Past president of RC49 (2014-2018), Board member

Professor at Tokyo Gakugei University, Laboratory of Health and Social behavior, Tokyo, Japan. Main focuses of my research are “Psychosocial determinants of adolescent mental health” and “Ecohealth approach to children and adolescents in developing countries.”


Chuaqui, Jorge – RC49 Board member

Professor at the Institute of Sociology, Universidad de Valparaíso, Chile.

- Jorge Chuaqui and others: Estructura social, poder y persona (Un tributo a El Capital de Carlos Marx) [Social Structure, Power and the Person (A tribute to Marx’s Capital)]. Santiago: Ril editores (in Print). Financed thanks to a contest of the Ministry of Cultures and Arts.

- Jorge Chuaqui et.al: The role of the family in defining and managing disability of persons with schizophrenia in Chile: Meeting objective and subjective criteria of social inclusion. INTERNATIONAL JOURNAL OF SOCIOLOGY AND ANTHROPOLOGY Vol 9(12), pp. 166-172, December 2017.

- Participó en la revisión del PLAN NACIONAL DE SALUD MENTAL 2017-2025, MINISTERIO DE SALUD (Chile) 2017.


Dixon, Jeremy – Vice president of RC49, Board member

University of Bath, United Kingdom: Department of Social & Policy Sciences
Research on offenders with mental health problems, mental health in schools, the application of mental health law, assessing and managing risk.


Høgsbro, Kjeld – Secretary of RC49, Board member

Professor at the The Faculty of Social Sciences, Department of Sociology and Social Work, University of Aalborg, Denmark

Kilian, Reinhold - Past president of RC49 (2006-2010), Board member

Head of the section of health economics and mental health services research and Professor of health economics and medical sociology at the Department of Psychiatry and Psychotherapy II of the Ulm University, Germany. His research activities include the evaluation of mental health service interventions, the examination of economic aspects of mental disorder and mental health promotion, and the development of methods for cost- and outcome assessment in mental health services. Current research projects deal with the role of masculinity and work orientation in male depression, workplace mental health interventions and with the health economic evaluation of psychosocial interventions for families with mentally ill parents, for young and adult refugees, chronically ill children and for people with severe mental illness.

Results from an Observational Study. *International journal of environmental research and public health*, 15(2).


**Krumm, Silvia – Current president of RC49 (2019-2022), Board member**

Senior Researcher at the Department of Psychiatry and Psychotherapy II at the Bezirkskrankenhaus Guenzburg, Ulm University, Germany. Research in social psychiatry, lectures and training in qualitative methods.


Lichtenstein, Bronwen – Past RC49 president (2010-2014), Board member

Professor of Sociology, Department of Criminology and Criminal Justice, The University of Alabama, USA.


**Grants**


Linn, James G. – Past RC49 president (2003-2007), Board member


Richter, Dirk – RC 49 Board member

Bern University Hospital for Mental Health, Center for Psychiatric Rehabilitation and Bern University of Applied Sciences, Department of Health Professions, Switzerland. Mental illness related research on housing rehabilitation, occupational rehabilitation, epidemiology and health care provision approaches.


Ringø, Pia– RC 49 Board member

Pia, Ph.D, is Associate Professor at Aalborg University, Denmark.

She is part of the university’s research project ‘Welfare policies, Technologies, Knowledge and Views of Human Nature’. www.menneskesyn.aau.dk She has spent the past years researching views of human beings in the connection between understanding mental health problems, politics, management technologies, knowledge and practice. She is a board member in the Nordic Network of Disability Research (NNDR), a part of the center: Sociological Psychiatric Research (CSP).