*Editorial*

# Scientific Methodology and Clinical Practice in Developing Countries

Revision, as well as reparation and innovation of methodology is going on, all over the world, in all sciences without exception. This becomes more crucial and challenging when a special profession is related to something more than scientific discipline. Psychiatry is still, or at least should still be, related to both science and art. In developing countries most of us are fixed at the stage of idealization of linear quantitative scientific methodology (numerical assessment, reproducability, double-blind and multiple rating of overt behavior as examples). Sophisticated tools of brain research (e.g. PET scan, SPECT scan dream laboratory) are, in most cases, beyond our financial resources. The cost benefit evaluation of using such sophisticated tools in sporadic centres here and there refers to a negative balance in most cases.

One has to revise the current, and possibly the future situation, related to what is called scientific research and publications in psychiatry in developing countries like ours. The author suggests to try to answer certain questions such as:

1-What are the real positive and negative influences of the available scientific data published in scientific periodicals on our very clinical practice?

2-Could clinical practice, per sé, be considered a special scientific setting which is less costly deeply probing and pragmatically useful?

3-Is it possible to develop, or at least revive, special methodological approaches more fitting such clinical research which may prove more appropriate to our culture and resources (such as narrative information and content analysis)?

This introduction is rather an invitation to answer such questions. The author in a trial to accept his own invitation puts such possible answers (as hypotheses) as follows.

a-We have enormous original material in our very special clinical practice which is able to add something very precious; the use of which may extend beyond our limited culture.

b-Phenomenological methodology could be utilized via special training and focus group discussions in most clinical fields.

c-Our opportunities to formulate original hypotheses has no limits. It is not necessarily that we are those who could prove or disprove such hypotheses. Both time and facilities anywhere may do it better someday some way or another.

d-Objective pragmatic benefits rather than conditioned publication in dignified periodicals should be the real goal of our scientific activities.

e-We always have a chance in actual practice for critical evaluation of available published data coming from rich and developed countries.

In a trial to stimulate thinking about the background and rationale of such hypotheses two groups of questions are introduced asking the practicing clinician and or research man to try answer and think over what his answer could mean. A multiple choice like answers are introduce as guidelines which are not the least exclusive.

1-The first group:

What are the pragmatic motivation for a clinician to do classical scientific research in psychiatry in our country nowadays?

A)To do like what others do.

B)To have an academic degree.

C)To see his name published in a distinguished periodical.

D)To be have an academic (or professional promotion)?
E)To restore mental health for his suffering patients?
F)To have the pass-word to attend a scientific conference
G)To spend a Fund according to its contract?
H)To market a new drug?
II-The second group
What should be the scientific inquiry that need more our attention money time and effort?
A)To know better who we are perhaps through probing in how we get ill (in particular: how we get mad?)
B)To know better: not only why our patients get ill but essentially how?
C)To know better which therapeutic procedure is more economic and qualitatively significant in dealing with our patients.
D)To satisfy our instinctive genuine creative exploration?
E)To unvcover certain aspects of the truth per sé?
The author believes that developing countries with modest tools of research have a vast range of opportunities to add new information in psychiatry that could not only be useful for their special local practice but could also be made use of in other territories including developed countries with sophisticated facilities and better financial resources.
Some of such opportunities could be introduced, as examples of what we should think of in preference to some common alienated alternatives.
1-Direct Proper registration *rather than* approximate numerical quantification.
2-Operational definitions *rather than* heterogenous omnibus collection of criteria.
3-Original working hypotheses *rather than* repeating verification of some imported ones
4-Recording the words of the patients (verbatim: in writing, by audio and/or audiovisual records) *rather than* instantaneous translation into symptoms and syndromes.
5-Recording the words of the families (verbatim: in writing, by audio and/or audiovisual records) *rather than* instantaneous translation into symptoms and syndromes.
6-Recording the follow up responses (also: verbatim: in writing, by audio and/or audiovisual records) *rather than* quantitative adjectives much improved improved. not improved.. etc
Moreover, certain special areas and types of patients and problems could be met with more in our clinical practice. The following are introduced as examples of special significance.
1-Drug free patients
2-Non-compliant patients
3-Minimal dose response
4-Different latent period of drug action
5-Different side effects or different tolerance to side effect of drugs
6-Special periodicity as more common pattern of the course of disorders.
Studies in cultural characteristics should not be limited to illustrate in caricature manner some peculiar or add behavior. There are much more chances for considering real differences apt to stimulate fruitful discussions.
Respecting the profound significance of cultural differences would give some chances for original hypotheses to be verified.

Another chance for practitioners in developing countries is to revise and review critically certain published information with the possibility of some meta-analysis that may be able to re-organize data in some other appropriate order.

To conclude some reference to certain examples of original hypotheses could be illustrative to such attitude.

1-The schizoid paranoid positions could be traced as phylogenetically as ontogenetically (Rakhawy).

2-New anti-psychotics are broad spectrum neuroleptics (Rakhawy).

3-The mode of action of ECT as rhythm restoring therapy (RRT) or brain synchronizing therapy (BST). (Rakhawy).

4- Drugs as repatterning organizers (Rakhawy).

**Y.T.Rakhawy**

## References

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