

**Basic principles and approach to therapy of
mental disorders in aboriginal scanty peoples of
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Our multiple expeditionary observations, in totality, allow the conclusion that social-economic position of scanty peoples of Siberia, Far North and Far East is antagonistic to the phylogenetic past of these nationalities. One of complex and fragile evolutionary systems of mankind has been affected and the extraordinarily plastic religious-cultural-ecological bases of archaic populations have been ignored, causing a substantial shift in the state of mental health of ethnoses. A catastrophic undermining of evolutionary-genetic basis of wellbeing in the real populations has been carried out, compromising a secular equilibrium and its aesthetic aspect, where it existed.

Absence of involvement into ecosystem, stability of social-economic reforms creates a serious problem of survival among aborigines. Forwarded positions indicate a necessity of changing in demographic policy of small ethnoses, revival of cultural traditions, and creation of the status of protected territories in some areas. Only progressive system of self-determination of the ethnos in a modern system of healthcare may create preconditions for effective realization of monitoring, rehabilitating and preventing mental disorders in aboriginal children.

In general, the populations of Siberia investigated by us have shown a great scale of earlier not diagnosed and not treated mental disorders, in particular alcoholism (62-70.3%) as well as various comorbid somatic pathology (40.5-44%) often not provided with a timely and appropriate therapy. Local district administrations violate laws of national-cultural and territorial-national autonomy. In remote districts, extremist forms with feudal color act. This strategy of destruction of ecological bases, ethno-territorial integrity and commercial lands, along with the full absence of state funding and nutrition supply (they are accomplished exclusively by commercial structures) are leading preconditions of neuro-mental, somatic disorders and addictive behavior. This is why “human factor” is the first cause of “chronic stress” in Siberian ethnoses that should be considered at a total state level.

Without doubt, relapsing mental disorders and addictive problems in real populations have in every case their social, biological and genetic roots interwoven into an inseparable center; anthropologic investigations testify vividly how these and other manifestations of disadaptation are closely associated with types of human culture. They show that experiences and emotions are generated by both outer and inner causes, and are expressed in form accepted within the culture to which the person belongs. The prevalence of human mental diseases (especially this concerns real, archaic populations) is directly associated with their economic position and religious-cultural-ecologic (psychological) norms of stable life stereotype. Therefore, observing the dynamics of alcoholism prevalence and the peculiarities of its clinical course, with a great dependence of mortality and disability from alcohol problems in the general population, we can make the following prognosis of adverse trends among scanty nationalities, which may be expected in the nearest decades:

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1. Reduction of numbers of aboriginal inhabitants associated with reduction of birth rate;
2. Reduction of percentage of aboriginal peoples and newcomers;
3. Increase of urban population and occurred urbanization;
4. Decrease of role of the native language, loss of aboriginal traditions and ecological-cultural bases of aboriginal population;
5. Transformation of original culture into advertising-fancy-dress imitation, in favor to tourists and investigators.

Once deprived of self-governing, aborigines cannot endure the heavy pressure from bureaucracy of clerks at a regional level on the one hand, and from “market relations” on the other hand, as well as they cannot retain the previous folk living on their aboriginal territory, without any prospects for future and every juridical right. Whereas the medical teams and researchers, even though well trained and specialized in healthcare of ethnic populations, are not able to single-handedly shovel the antinational dump and pull out of the deep the sunken ship of discriminated peoples.

The primary prevention of alcoholism should therefore be considered primarily a social one, and directed to maintenance and development of conditions promoting the health, including propaganda of healthy lifestyle, prevention of adverse impacts on social and natural environment (Lisitsyn & Sidorov, 1990). Primary prophylaxis of alcoholism among ASNN (Aboriginal Scanty Nationalities of North) must include prevention of negative influence from alcohol customs of microsocial environment, and the formation in population (mostly in younger generations) of such moral and hygienic beliefs that would exclude and push the possibility of every form of alcohol abuse. This section of prophylaxis may be accomplished only through an ethnic revival of the people with a “spiritual” perspective: i.e., a movement toward the development and the realization of the spiritual potential of the people, toward the raise of an ethnic proud, and the awareness of ethnic interests. Clearly, this is a movement toward a mentality supposing self-sufficiency of national culture.

The secondary prophylaxis of alcoholism consists of identifying the groups of population most vulnerable to alcoholism, establishing early and complex interventions on patients, aimed at making healthier the microsocial ground, and applying educational system impacting on collectivity and family.

The origins of health for the aboriginal population lay in its culture, as in an integral, interrelated organism; and the determinant bases of this culture are rooted in the special relations of the individual with nature, as it has been repeatedly mentioned earlier. The Northerners have never attempted to distinguish themselves out of the nature, nor did they oppose themselves to it, or strive to act as a lord; on the contrary, they always perceived themselves as an organic and very modest part of it. Throughout the history, in different kinds of activity, they attempted to find that connection with the nature that was necessary for themselves, under difficult migratory conditions. At a professional level, this connection was established by shaman but, in general, every individual knew its bases and this helped himself in life.

It is necessary to involve as more as possible potential from scientific institutions to study the cause-effect associations of mental and addictological sickness rate of the population, and the development of effective activities of its prophylaxis. One more difficult task is the realization of activities directed to heighten the level of population’s mental health, involving more participation from the side of the administrations at any level, congruent expenses and, most arduously, a change in the psychology of economists and population on issues of health care.

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