



Editorial

An expansive vision for the *WCPRR*

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WCPRR Dec 2023: 1-3. © 2023 WACP
ISSN: 1932-6270

*“In examining disease, we gain wisdom about anatomy and physiology and biology. In examining the person with disease, we gain wisdom about life.”
Oliver Sacks (1985)*

Though the audience of the *WCPRR* is global, we as academics and clinicians working in mental health each share many of the same goals. Among our shared goals is the desire to distill the relevant properties of mental health and disorders, in order to improve lives through better understanding. Although we can achieve much through cultivating our individual knowledge and perspectives, a meaningful exchange with someone who has a different perspective has the power to be additive, transformative, or even transcendent. Through the best exchanges, we are given the opportunity to acquire ideas that we might not have had on our own. Such exchanges can bring us a little closer to understanding the varied faces of human nature and seeing opportunities for clinical optimization. From this perspective, mental health equity is an integral part of the scientific, academic, and clinical quests for truth and its applications. Without equity in our scientific and clinical literature, we are missing large parts of the human story. Academic publishing has historically been exclusive (Khan, 2022), which I believe has consequently impoverished our knowledge. In my view, the role of the journal is to act as a conduit for continued meaningful exchanges to better improve understanding.

There is also a continual yet urgent need to improve mental health equity around the world in an effort to reach more people, optimize our clinical models, and move towards a better clinical science. From this perspective, attempting to achieve true mental health equity requires the academic literature to be perpetually expansive, to exert an effort to come as close as possible to achieving representative models of mental health and disorders (Bemme & D’souza, 2014). I aim to implement an expansive vision as Editor-in-Chief of the *WCPRR*, which is not radical for this journal but will bring added publishing opportunities that I will outline momentarily.

From its inception, the *WCPRR* aimed to be representative, inclusive, and expansive. The *WCPRR* was founded by Dr. Goffredo Bartocci in 2006 as a journal that accepts subjective and emic articles alongside traditional academic writing. High-quality emic and subjective articles offer unique perspectives that help to

illuminate and characterize experiences outside our immediate societies or social spheres and help to optimize our knowledge of global circumstances, which can lead to better interpretation of scientific and clinical findings. They can act as starting points for new academic and clinical inquiries and conversations. As part of the journal's original vision, every effort was made to remove unnecessary barriers from academic publishing and article access, and the World Association for Cultural Psychiatry (WACP) has graciously absorbed its publication fees. Dr. Bartocci's mission has benefitted mental health research and practice through deepening global insights and dialogues.

Revisiting the original mission of the *WCPRR* now is especially timely, as the journal is beginning a second life. The journal was taken offline by a major server fire, which was followed by the deep impact of the COVID-19 global pandemic. Thanks to the hard work of Dr. Mario Braakman, who was then Editor-in-Chief, the journal remained active during trying times and all online materials were reinstated through his substantial and laudable efforts. The *WCPRR* now has the occasion to rise from the ashes during an interesting time in academic publishing. Currently, numerous academics, societies, and publishers are discussing global reach, equity, and the removal of barriers in publishing (e.g., Asplund & Welle, 2018), which are all already strengths of the *WCPRR*. In this respect, the journal's original mission has become even more timely and prescient.

Under my editorial discretion, the original mission of the *WCPRR* will be preserved and expanded. My personal investment in the *WCPRR* dates back to 2010, when I became an editorial assistant for the *WCPRR* under the supervision of then Editor-in-Chief, Dr. Vittorio de Luca. I continued this role when Dr. Braakman replaced Dr. de Luca. My upbringing was bicultural and I have lived as a migrant in multiple countries, which has afforded me the luxury of witnessing different approaches and perspectives. I volunteered to work on the *WCPRR* because I believe in its mission.

In keeping with the original vision, classic academic articles and high-quality emic and perspective pieces will continue to be the main focus of the journal. I am additionally expanding the publishing scope. Some new article types will be added.

The *WCPRR* will also accept high-quality "negative" scientific findings. For example, there are many instances when patient groups perform the same as controls in mental health studies. These findings are quite important to be aware of and to seriously discuss and reflect upon. Understanding what does not replicate helps us to optimize our clinical models and nuance our knowledge base to fit the state of the science. If a study is designed well, then "negative" findings are equally valid and often equally useful. High-quality articles of this type are appropriate for the journal as long as they are related to culture and mental health.

The *WCPRR* will also accept more studies from the neuro- and biological sciences than it has in the past. I am a neuroscientist by training, and my work has always incorporated culture and disorder. The *WCPRR* has always been friendly to research in these areas, and cultural psychiatry is becoming increasingly interdisciplinary. Increasingly, we understand the rich interplay between the bio,

psycho, social domains in shaping mental health as well as the prevalence, features, and presentations of disorders. I want to nurture this understanding.

The *WCPRR*, thirdly, encourages interdisciplinary submissions. Interdisciplinary research can be challenging to find a home for, which may occur when reviewers and editors have difficulty assessing the quality of an article that takes multidisciplinary perspectives, and therefore may rely on methodological, statistical, or explanatory conventions from unfamiliar disciplines or from very diverse disciplines. However, it can also draw connections that cannot be made without leaving the boundaries of a single field. Transcending disciplines is invaluable for expansive academic dialogues and the quest to deeply understand mental health and optimize our clinical models. I will work to promote the inclusion of these article types. My own research is frequently transdisciplinary, as has been my training, and the Editorial Board includes experts from many fields who are able to handle the different requirements of reviewing an interdisciplinary article.

Finally, short video articles will be accepted. These submissions may be of the same type as written submission (e.g., research articles, case studies, negative findings, etc.) and they will be held to the same academic standards. Since the *WCPRR* community is global and multilingual, video submissions are required to be subtitled. Video media can be more accessible for differently abled academics, and they offer the potential to reach younger and non-academic audiences, all of which contributes to the expansiveness and inclusivity of the journal.

The new Editorial Board and new Assistant to the Editor-in-Chief are talented and dedicated. They have already contributed immensely to the growth and success of the *WCPRR* in a very short period of time. I am very fortunate that they agreed to work with me, and I am excited about the many ways that the *WCPRR* will benefit from their involvement. Everyone involved in the *WCPRR* is committed to preserving its global mission and legacy. They are truly powering the journal's success. Through a great team and a strong vision, I hope the *WCPRR* continues to bring a positive impact to the global mental health community.

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World Cultural Psychiatry Research Review

Editor-in-Chief

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