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IN RESPONSE TO SAMI TIMIMI'S: THE COMMERCIALIZATION OF CHILDREN'S MENTAL HEALTH IN THE ERA OF GLOBALIZATION

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Abstract

Western values, culture, and lifestyle are often idealized in non-Western communities, which see them as a form of advancement and modernisation. In fact, the non-Western framework of children's mental health is not immune to this McDonaldization. However, as Sami Timimi argues, in the long run, it leads to cultural imperialism as it standardizes diagnostic frameworks, which marginalize the experiences of mental distress of the indigenous children. They fail to consider cultural idioms of distress, linguistic diversity, and socio-economic realities, thus flattening the individuality of children's experiences. However, it is not as simple as Timimi views it because his valorization of non-Western culture risks neglecting the harmful practices and internal hierarchies. Timimi's obsession with collectivist, supportive, and community-based non-Western culture is problematic, as they suffer from harmful traditional practices like female genital mutilation, belief in witchcraft, social comparison, and shame. Thus, the "community" reinforces distress rather than care. Thus, this article explores how Timimi, though relevant even today, creates a false binary positive of non-Western collectivism with negatives of western individualism.

Keywords: mental health, globalization, commercialization, neo-colonialism, mcdonaldization.

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Introduction: Revisiting Sami Timimi's Critique on Culture, Diagnosis and McDonaldization of Children's Mental Health

In common parlance, we understand "Globalization" as a process of interconnectedness that reduces the relevance of national borders and fosters the integration and exchange of goods, services, technologies, communities, and culture (Held et al., 1999). However, Sami Timimi (2009, pp.7) argues that globalization is not merely driven by flows of goods, people, and capital, but also involves a potent domination and one-sided exchange of ideas and values. He terms it as "globalization from above," where the we know best attitude of the dominant West is imposed on the rest of the world (Timimi, 2009). He says that the Western approach to children's mental health is being exported like a fast-food chain and idealised across the globe, leading to negative repercussions.

He further argues that the Western model of mental health is not a scientific, universal truth, but rather a cultural product of the West, which he likens to "McDonaldization of children's mental health" (Timimi, 2009). Timimi argues that globalization has commercialized childhood by turning normal behavioural and emotional issues into profitable ones. Advertisers now target children more than ever to make money off parents' anxieties, like the pharmaceutical industries selling drugs to control children's behaviours (which was earlier considered normal) or the massive "parenting advice" industry (Timimi, 2009). This undermines the cultural child-rearing practices in non-Western nations.

Globalization acts as a form of **neo-colonialism** and imposes Western values and cultures while ignoring the background and socio-economic causes of children's problems (Riegert, 2019). He says that the neo-liberal **free market ideology** has permeated Western culture, which prioritizes individual over collective identity (Timimi, 2009). The Western world now targets children as consumers and encourages them to compete with one another, creating a world of "winners and losers" (Timimi, 2009). On the other hand, the non-Western models of childhood have a collective orientation over the individual. In these cultures, the sense of "we and us" dominates the "I" and a person's identity is closely attributed to their family. Unlike the West, the goal is to cultivate interdependence and dependability, and the children are raised within a spiritual and ecological framework (Timimi, 2009). He cites evidence to show that children within these systems have a lower prevalence of mental disorders.

However, these claims might not be entirely true in today's era and thus warrant review. This article aims to shed light on the present relevance of Timimi's work.

Points of Agreement: The Continuing Legacy of Timimi

It's been more than a decade since Sami Timimi wrote this article, and since then, the landscape of children's mental health has been revamped by the relentless evolution of technology and unforeseen global events. However, this analysis remains relevant and acts as a powerful lens to study the framework of children's mental health in a globalizing world. This chapter upholds the continued relevance and salience of Timimi's arguments.

The "McDonaldization" of Children's Mental Health

The author argues that the modern era has "McDonaldized" children's mental health (Timimi, 2009). It treats mental health like fast food, which prioritizes standardization and speed over individualized care. When a child's behavior is inconvenient, disruptive, or stressful, parents desire an immediate "quick fix", like fries and a burger for the soul. Instead of the slow, time-consuming process of understanding and evaluating the child's issues and needs (like preparing a home-made meal), our framework aims at a fast and immediate relief. It fits best with the modern busy lifestyle as it requires little effort - you just have to swallow a pill, which is profoundly hopeful and appealing.

This is in clear contrast to traditional methods that involved counselling, therapy, building trust with therapists, school and family assessments, and long clinical interviews. However, today, increasing mental health issues among children (an estimated 7 million (11.4%) U.S. children between 3-17 years of age have ever been diagnosed with ADHD, as per a survey from 2022 data (CDC, 2024)) and shortage of specialists have led to online screening tools. The pressure on healthcare systems necessitates short consultations and quick diagnosis (Madanian et al., 2023). It leads to conditions where speed becomes more important than actual diagnosis, which is the main idea of McDonaldization. The process is as fast as the time taken to cook fast food.

Modern diagnosis emphasises quantification like frequency ("how often"), number of symptoms, etc., rather than qualitative analysis (Brinkmann, 2024) Tools are used to generate data points for anxiety, depression, etc., and social and emotional realities are reduced to these scores. While it improves accessibility,

it reduces complex emotional life to predictable outcomes. Various factors like academic pressure, bullying, family situation/background, etc., are ignored, paucity of time leaves no opportunity to build trust with therapist and there is no focus on resilience and coping strategies. This can be better understood from the emerging QbTest, which tracks movement and attention in children aged 6-17 years.

Online Quiz/ Screening Tools for ADHD Digital Test (Ordering from the Menu)

For instance, in England and Wales, specialists and psychiatrists have been permitted to use a computer-based test (QbTest) to speed up the diagnosis of attention-deficit hyperactivity disorder (ADHD) in young people and children. The test measures *hyperactivity*, *impulsivity*, and *inattention* by gathering data from teachers, parents, and children. It intends to speed up assessments and reduce long waiting times, since it would take years in some cases (Campbell, 2024). The test is the need of the hour, given the surge in people suspected of having ADHD in recent years.

It is a computer-based test extending up to 20 minutes, wherein the child responds to a target stimulus while ignoring other stimuli (Qbtest). A camera notes the marker's movement that is attached to the patient's head, and the results are then compared with a group of children of the same gender and age who do not have ADHD (NIHR, 2024). This, however, has led to McDonaldization and follows the four principles that were laid down by George Ritzer (1983,100).

1) **Efficiency:** It means doing things in the quickest possible way. In the instant case, the QbTest speeds up the diagnosis that earlier took months and years of waiting (Ross, 2024).
2) **Calculability:** It means prioritising quantity over quality. The QbTest reduces complex child behaviours into a set of numbers (like calories in a fast food) and fails to consider the emotional stress, family context, learning difficulties, and school environment, which also contribute to a child's struggles.
3) **Predictability:** It produces standardized results as every child is subjected to the same test, regardless of individual story and narrative.
4) **Control:** It means monitoring and standardizing everything to ensure it is efficient. The QbTest controls the uncertainty by resorting to an objective and computerized metric rather than time-consuming interviews.

This model is the epitome of predictability and efficiency: the complex struggle of a child is addressed by a short online quiz, followed by a brief video call, and resolved with standardized, predictable, and mass-produced medication. This is like a drive-thru window that focuses on the symptom checklist and involves limited time to dig deeper into the actual cause, and the medication provided amounts to order delivery. This entire system of McDonaldization clearly violates the children's right to express their views in their own terms in matters affecting them (UNCRC Article 12), as modern diagnostic vocabulary expects children to describe their feelings in standardized terms like "depression", "anxiety", etc., but not every child understands distress in similar ways. They may use cultural expressions ("I feel cursed", "God is punishing me", or belief in karma, evil eye, etc.), physiological constraints ("I feel tired", "my body aches"), or societal attitudes ("I feel left out", "I do not feel like interacting"), etc.

In fact, modern systems are being criticized for being decontextualised and ethnocentric as they ignore socio-cultural realities and prioritize fixed categories (Bredstrom, 2017). They constrain how children articulate their suffering, especially those from diverse cultural backgrounds, thus silencing them when their mental well-being is to be protected. They also fail to consider that at times, poor focus might be due to autism, bullying, boredom, sleep deprivation, or stress, and not necessarily ADHD. Ultimately, in certain cases, this leads to *overdiagnosis* (where normal cultural behaviour is considered problematic) or *underdiagnosis* (where actual problem is not captured).

The "One-Size-Fits-All" Psychiatric Model is Troublesome

The author rightly argues that imposing a *universal*, Western psychiatric framework on multicultural populations feels like a form of "cultural imperialism" (Timimi, 2009). It brushes aside and ignores the patient's cultural values, practices, and knowledge, which might lead to a breakdown of trust. Western standards like "depression" and "anxiety" are exported globally with the assumption that they exist in the same form everywhere. Instead, there exist communication and language barriers which affect the quality and amount of healthcare received.

For instance, in the United States – about 37 million adults are non-English speakers, and about 18 million (48%) report that they speak English less than

"very well" (Health Policy Institute). In such cases, if a person cannot even express himself in the accepted language, then his suffering might get ignored. Thus, set aside culture, even language, acts as a barrier to healthcare.

For instance, children in India often feel stressed due to various factors like parental pressure, exam stress, fear of disappointing, etc., still, modern frameworks label this as anxiety, clearly ignoring the schooling environment, social pressure, and family expectations (Pienyu et al., 2024). Similarly, in many cultures, children are taught to be quiet, avoid emotional expression (especially boys), and not question elders, which is in contrast to western norms of "healthy childhood" (one who is vocal and expressive) wherein such silence and low participation might be wrongly diagnosed.

It is to be noted that sharing knowledge is not problematic per se but imposing it as the only valid one is. Non-Western explanations like spirit possession, evil eye, etc., are often dismissed as irrational beliefs and superstitions. This creates a hierarchy where local systems are backward and Western psychiatry is superior and scientific. However, when cultural beliefs are dismissed, families might feel disrespected and misunderstood, and rather, turn to religious practices and traditional healers.

Modern Culture and the Obsession with "Me-first" Culture

The author rightly points out that the recent surge in mental health problems is not merely a biological issue but is the result of real-world events. He says that the Western concept of narcissism has been embedded in our daily life, which is problematic due to its aggressive obsession with "looking after number one" or the "me-first" attitude (Timimi, 2009). This is even evident from the "vicious cycle" where parents are obsessed with academic excellence (India Today, 2020) of children and often end up pressurizing them to perform the "best and be in the number one position".

This creates a hyper-competitive environment where failure becomes intolerable, and relationships become instrumental to personal advancement. Children see "others as competitors and compare with relatives, siblings, classmates, regularly. However, it creates insecurity among children. Children may feel that their value is only in what they can produce, rather than in their individual identity (Deng et al, 2022).

The Dramatic Rise in Psychiatric Medication for Youth

The author tries to solve a big mystery as to why children in the Western world are increasingly being diagnosed with mental health issues and given medications (Timimi, 2009). He argues that the modern lifestyle consists of more pressure, less outdoor play, less family time, and bad food, which genuinely harms children and causes an increase in behavioural and emotional problems.

This argument is powerful and convincing, as, under government policies like "No Child Left Behind" in the U.S., which focus on standardized test scores, there is immense pressure to systematically cut lunch breaks, arts programs, and physical education, and replace them with test preparation and desk time (Lue, 2023). With time, our perception and attitude have changed, but the children remain the same. So, a first-grade child in 1980 would have two recess periods and an extended lunch hour; the same child is fortunate today to get a single break of 15 minutes.

The "Relative Age Effect" in the diagnosis of ADHD

Further, he says our definition of "normal" immaturity has shrunk. The once normal behaviour (like being defiant, daydreaming, or energetic) is now considered a "medical disorder" (Timimi, 2009). This is also a logical argument, as a study conducted by Harvard found that children who were among the youngest in their class were 30% more likely to be diagnosed with *ADHD,* and 25% more likely to receive treatment for it (McCarthy, 2019).

This is because they are naturally more energetic, less focused, and impulsive, which does not fit well with our rigid school curriculum that demands the same behavioural standard for all the children (McCarthy, 2019). Thus, when the age-appropriate immaturity of the youngest child is compared with the maturity levels of their older classmates, they are mislabelled as "suffering from ADHD". In fact, what is even worse is that children are administered medication that they actually don't need (McCarthy, 2019).

This theory even justifies the recent surge in the prescription of drugs everywhere. It is not the result of the identification of a new "illness" but changes in our perception and narrowing of the definition of "normal." Internally, we know that our system is problematic and is hurting our kids, but we find an easy

escape in the form of pills to manage such problems. They are an easy way to avoid questions regarding parenting methods and societal values.

Points of Disagreement: Oversimplification of the North-South binary

While Sami Timimi's 2009 paper is a strong piece, it is not free from criticisms that challenge the core assumptions of the paper.

The Problematic Idealising of "Western Approach"

Timimi centralizes the non-capitalist or the pre-industrial society. He contrasts the narcissistic individualism of the West with the family-oriented and collective cultures of the non-West. He presents the non-Western emphasis on community and interdependence and their child-rearing practices as a solution to a "happier childhood." However, this is problematic and unhelpful for various reasons:

It considers "non-West" as a Homogeneous Identity:

The term "non-Western" is a broad category that includes distinct cultures across Asia, Africa, the Middle East, and Latin America. Timimi relies heavily on examples from the Islamic and South Asian traditions as a prototype for the entire bloc. He completely ignores the varied diversity in the local concepts of mental health, social pressures, and child-rearing.

Example: The South Korean "Education Fever"

There is a stark contrast in the intense academic pressure on the children in China and South Korea, often called the "**education fever**" (Dittrich & Neuhaus, 2023) with a relaxed curriculum in parts of Latin America and Southeast Asia. In South Korean culture, there has been a long-standing cultural emphasis on academic excellence, which has created high stakes for the students. The pressure to succeed has contributed to rising rates of depression and anxiety among the youth (Jeon, 2025). In a study, it was highlighted that the depression rates among the students increased from 25.1% in 2017 to 26% in 2023, while 13.47% students reported having suicidal thoughts (Sung-mi, 2026).

This rigorous schedule is the result of the goal of achieving a high score in the *Suneung,* the highly competitive university entrance examination (Ikeda, 2025). However, for many South Korean students, life is a vicious cycle of studying that begins early in the morning and ends late at night; there is very

little time for recreation or rest (Hyun-ju, 2017). The children feel trapped and unhappy. They often describe their country as "Hell Joseon", a place which is inescapable due to intense competition and constant "rat race" (Jae-yun, 2024). Thus, the South Korean "education fever" is a powerful counter-narrative to the author's idea that non-Western societies are less stressful.

Why a strong family community can sometimes increase School stress in South Korea

Sami Timimi generally argues that collective social units and strong family bonds in non-Western countries foster cultures that act as a protective barrier against individualized stress and alienation in the West (2009). He posits that these cultures produce more stable and happier children. However, South Korea offers a powerful counter-narrative.

In South Korea, parents are deeply involved in managing their child's academic life. Parents' success is determined by their child's score, due to which almost every dining table conversation can turn into a reminder of exams, school, or high expectations (Min-sik, 2025). Thus, the concept of "we-ness" carries the weight of family honor on its shoulders, and the family unit does not alleviate stress but magnifies it. Moreover, if parents or institutions prioritize achievement, rank, or status over emotional well-being, this violates the *best interests of the child* as it produces isolation, anxiety, and insecurity, thus undermining Article 3 (UNCRC, 1989).

In fact, Article 19 of the UNCRC obligates states to prevent, detect, and respond to all forms of harm, including physical or mental violence, abuse, or injury, especially within the care of a parent or legal guardian (UNCRC, 1989). However, constant comparison, conditional love based on performance, excessive pressure, or humiliation can amount to psychological or emotional harm, even if unintentional.

Further, education must be administered in a way that respects the child's dignity (UNCRC Article 28(2)). and ensure his mental abilities, talents, and personality are developed to their full potential (UNCRC Article 29). However, in such a competitive environment, even the school's social capital becomes a rival (Jarvis et al., 2020). They are strong competitors, all fighting for the same spot in the premier institutes. Thus, even being around friends creates a

panopticon of peer surveillance, which is a constant reminder of the competition and can transmit more stress than being a sigh of relief. Thus, this example critically undermines Timimi's idealized binary between the overburdened and stressful West and a supportive "non-West."

Intense focus on the West as the primary source of psychological harm

Timimi posits that interdependence and collective unity in non-Western cultures prevent the stress-led isolated life of Western individualism. However, he overlooks the inherent patriarchy of these community-led traditions. For instance, the family honor is attributed to women's conduct and chastity, which attacks the very basis of Timimi's arguments and transforms the family into a framework of pressure and surveillance, where a girl's identity is suppressed by the weight of collectivism.

Timimi considers Western "consumerism, capitalism, and individualism" as the major source of youth stress but fails to account for the sufferings ingrained in traditional values. For instance, the "Woman, Life, Freedom" protests in Iran led by young women are a strong counter-narrative. These women were not protesting against ADHD diagnoses or consumerism, but a more *internal* matter that governs their minds and bodies – *theocratic patriarchy.* They advocated for bodily autonomy, women's rights, and an end to patriarchal laws – elucidating a movement from collectivism to individualism (OHCHR, 2025). This is a deeply internalized and ancient tool of suffering that Timimi fails to consider.

"Western Colonialism" can be a sign of liberation for the oppressed

Timimi critiques that the global implementation of psychiatric labels like depression and PTSD is a form of *neocolonialism*. They impose a Western understanding of childhood and stress by promoting universally applied therapeutic methods and invalidating the local and indigenous system of healing. However, it becomes problematic when the "indigenous system" is itself a source of trauma and depression.

Timimi's framework has no vocabulary to explain the psychological harm suffered by a child bride who is forced to marry, or a young girl subjected to female genital mutilation. The girl's emotional numbness and terror are rendered invisible and are seen as weakness and disobedience. The indigenous model offers no treatment as it does not recognise the wound. The "collective family

unit" that induces a 14-year-old into marriage is seen as an act of responsibility towards the community.

Thus, under the realm of this suffocating silence, a diagnosis of PTSD provides a language to the event that the indigenous culture fails at. It reframes the experience from "tradition" and "duty" to a "traumatic event." It stands up against the harmful cultural practices by validating the girl's suffering as real and legitimate. For a girl whose suffering was negated for long, it is a crucial step towards healing. Thus, in such contexts, a "Western diagnosis" is not a colonial subjugation but a tool for liberation.

Harmful Cultural Beliefs and Practices

The Western medical fraternity, despite all its flaws, considers mental stress an **illness,** where an individual is seen suffering from a medical condition and warrants treatment. In fact, article 24(3) of UNCRC obligates State parties to take "appropriate and effective measures to abolish traditional practices which are prejudicial to children's health" (UNCRC Article 24(3)). However, the traditional frameworks, which Timimi symbolises, often attribute mental stress to witchcraft, spiritual curse (e.g., black magic, "nazar"), or personal failing (Neuroscience, 2024). The individual's body and mind are believed to be *hijacked* by a demonic possession. The distress is also justified as a result of divine retribution for a sin committed by an individual or the family.

In such cases, no antipsychotic medication is given; rather, "treatments" are acts of torture that are ineffective and lead to social ostracization. In the name of "treatment", these individuals are shackled to trees, deprived of food and water, beaten, or subjected to other forms of violence (HRW, 2016). This is not seen as abuse but a way of weakening the possessing spirit into submission and forcing it to leave. These coercive practices rather exacerbate the children's health and result in the denial of medical care.

For a child with ADHD or any other form of mental distress, this process of treatment is a nightmare. His psychological or neurological symptoms are perceived as a "stubborn spirit" that must be tortured or abused into submission. Such a person is not met with compassion but with violence. Thus, Timimi's blind praise of the "indigenous system" completely overlooks this dangerous reality. His paper creates a false *binary* between a commercialized Western

model and a pure, traditional, and authentic one. He fails to acknowledge the **biomedical model** that offers a humane alternative and considers a person as a patient who needs care, rather than a sinner who deserves punishment.

Timimi ignores how Non-Western nations engage with Globalization

The author presents a framework where a monolithic "West" imposes its views on the victimized "non-West." However, it presents an outdated and simplistic view of globalization, and the ground reality is even more complex. Non-Western cultures are not mere recipients of Western influence but are also active agents of globalization who fuse global influences with local values to create hybrid realities.

This can be understood from the modern "hustle culture" (Carnegie, 2023). A young person working in a corporate firm in Mumbai, or at the financial centers of Shanghai, carries a dual burden: the modern, individualistic drive to succeed (that he must get promoted and succeed for himself) *and* the collectivist duty to bring financial security to the family and maintain reputation and honor for the family and the entire lineage. This hybridized pressure is a domestic creation and not a foreign imposition.

The Two-way flow of Harmful Commercialism: The Korean Beauty Aestheticism

One of the most potent criticisms of Timimi's article is the presumption that cultural imposition is a one-way flow from the Western to the non-Western world. However, it does not hold in today's context, where non-Western nations are also significant exporters of their own commercialized ideals, which are just as damaging to the youth's mental health.

South Korea is a prominent example to explain this argument. Far from being a victim of Western imperialism, it dominates the global culture. K-dramas and K-pop are widely appreciated across Asia and the world. The Korean beauty secret, with its highly rigid and demanding beauty standards like "glass skin" and "paper-thin waist," has created a new benchmark for beauty (The Straits Times, 2017). This aestheticism is promoted by the billion-dollar entertainment and cosmetic industries across the world.

However, they negatively impact the youth's mental health who face intense pressure to conform to these non-Western ideals. This has led to rising

cases of body dysmorphia, eating disorders, and increasing demand for cosmetic surgery among adolescents (Zhang et al., 2018). Thus, this phenomenon is a strong attack on Timimi's presumptions. It is a powerful example of how non-Western societies are contributing to globalization and psychological distress, which Timimi, in general, attributes to the West.

Conclusion: A Ground Framework for the Modern World

Sami Timimi's "The Commercialization of Children's Mental Health in the Era of Globalization" remains an essential and relevant piece even today. I am in complete consonance with Timimi's core arguments that the aggressive and profit-driven interests of the pharmaceutical industries, the indirect pressures of Western neoliberal culture, over-reliance on experts for child-rearing, and terming normal childhood traits as disorders have led to childhood distress and depression. His work acts as a warning against the "selfish capitalism" that medicalizes individual suffering for profits.

However, since this paper was written over a decade ago, it bears certain limitations in the multi-polar reality. I found certain points of disagreement, not per se with his observations about the West, but with the narrative that he builds. The major problem with the paper is that it creates a North-South binary - where he vilifies the individualistic and consumer-centric "West" and idealises the community-centric "non-West." This framework is inherently dangerous and overly simple. In an attempt to romanticize the "non-West," it overlooks the internal sources of distress within it. Whether it is the patriarchal model of traditional societies or the profound stigma against mental illness that attributes them to supernatural curses, Timimi's model loses relevance. His model of one-way flow of globalization is outdated. In fact, non-Western cultures now offer a powerful narrative and are active agents of globalization, which at times contribute towards distress and depression.

Further, Timimi's criticism of "psychiatric colonialism" falls flat when faced with suffering caused by indigenous cultures. For a young bride or the survivor of FGM, a "Western" diagnosis of PTSD is not an act of colonialism but a sigh of liberation which recognises and validates the harm that their own culture fails to acknowledge. In conclusion, Timimi's paper is not wrong but is incomplete. It finds it difficult to cope with the modern developments; thus, it requires a much-needed overhaul.

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