

SCHOOL OF ANTHROPOLOGY,
ARCHAEOLOGY AND SOCIOLOGY

AN1001:03
DISCOVERING ANTHROPOLOGY

Semester 1 Essay Topic 8

*Are mental disorders caused
by universal processes that
create recognisable symptoms
regardless of the culture in
which they occur? (Marsella
and White 1982: ix)*

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Psychiatry, as a branch of medicine pertaining to the study and treatment of mental disease (Turner, 1984: 551), has for the most part continued to ignore socio-cultural factors in its theoretical and applied approaches to mental disorders. Due to the significant influence of biological medicine on psychiatry, there has been a persistent focus on the disease conception regarding its study. This assumes that mental disorders are largely biologically caused illnesses, which are universally represented in aetiology and manifestation. However, this notion is challenged through cross-cultural studies, and through the consequent emergence of trans-cultural psychiatry, which introduces sociocultural factors into the understanding and treatment of mental disorders. ✓✓

This essay will argue that while there are some universal (biological) processes involved in the aetiology of mental disorders, the causes are multi-determined, with socio-cultural factors playing a crucial role. Given that mental disorders affect human behaviour, and behaviour is culturally correlated, their symptoms, meanings and treatment must therefore vary across cultures. The aetiology, manifestations and approaches to the treatment of mental disorders are mediated by culture and society, and this will be demonstrated by examining socio-cultural determinants in a range of mental disorders, including Depressive Disorders, Schizophrenia, Eating Disorders and Somatisation.

Human beings and their sociocultural environment are interdependent systems that reflect the attributes of one another; human beings and their culture cannot be separated. Moreover, culture is not simply incidental to mental disorder and therapy. Rather, it is a basic variable that interacts with biological, psychological and environmental variables in determining the causes, manifestations and treatment of the entire spectrum of mental disorders (Marsella and White, 1982: ix). All behaviour is culturally related and all mental disorders and therapies are culturally specific, in that no mental illness can escape the influence of cultural factors in its emergence, patterns of display and other clinical parameters. Mental disorders and the socio-cultural environment in which they are created are inextricably linked both theoretically and empirically, and illness behaviour is strongly shaped by culture, even when the associated disease processes can be diagnosed with an international nosology (Kleinman, 1988: 192). ✓✓

* Marsella explains this clearly when he states,

Every culture differs in the manifestation of a mental disorder. "Even if certain biochemical processes may be universally operative in the aetiology of mental disorders, it is obvious that the appraisal and behavioural response to these processes must be filtered through culturally conditioned experience" (Marsella, 1982: 373). Mental disorders have personal meaning and social significance only within cultural context. It is this meaning of the illness experience that, together with the social context of a particular patient and his or her biography, shapes the course and outcome of a specific mental disorder. Furthermore, the response to the behaviour pattern must also reflect cultural influences; certain cultural traditions may maintain, enhance and encourage a symptom's development. In short, it is the *meaning* of the illness that differs across cultures and cultural experience plays an important role in defining deviancy. For example, an Aborigine who sees spirits would be considered 'normal' in the Aboriginal culture; in Western society, they may be regarded as 'abnormal'. Normality and abnormality must be considered within a cultural context.

The very notion of 'mental disorder' is indeed a Western idea. In actual fact, 'mental health' and 'mental disorder' are undeniably ethnocentric connotations, and there is much ethnocentricity in many of the Western concepts of mental health and therapy. Westerners have an analytical scientific orientation, and have a tendency to separate things ^{for example, the mind from the body.} This body-mind dichotomy does not exist in many non-Western cultures. Many traditional Asian healing systems are based on concepts of health that view the human being as a microcosm, a reflection of the processes at work in the cosmos (Marsella, 1982: 366). This approach to mental well-being is much more holistic than that of Western civilisations.

The anti-psychiatry movement of the 1960s strongly argued that social changes related to post-modernisation and political and economic factors influence ^d mental disorders. ^{* in this view,} "Insanity is then a part of the price we pay for civilisation" (Jarvis in Marsella, 1982: 360). More recently, Prince (in Kleinman, 1988: 187) suggests that increased rates of depression in Non-Western societies are due to the pressures and problems of modernisation. Kleinman (1988: 187) adds that the high rates of depression in Uganda reflect the political chaos and murderous oppression that the members of that society so tragically experienced. Lin and Kleinman (in Kleinman, 1988: 187) found that prior to 1981, clinical depression was simply not reported in

* Introduce your quote in some way if it is a complete sentence.

China. Today, however, Western influences have led to significantly higher rates of depression being recorded among the Chinese people. Perhaps the swift spread of Western medical influence over the globe causes more problems than it solves. Beiser (in Kleinman 1988: 187) adds that, "...the rates of depression and other neurotic conditions are elevated in refugee, immigrant and migrant populations owing to uprooting, loss, and the serious stress of the acculturation process."

The emergence of trans-cultural psychiatry has led to the consideration of many disorders, such as depression and schizophrenia, being viewed within a ^{their} cultural context. As a result, these illnesses are now beginning to be considered as disorders of Western culture in terms of their definitions and aetiological conceptions. Kleinman (1988: 187) concurs, "There is a strong possibility that at least in some societies, the norms and idioms for expressing distress have changed so substantially that the expression, not necessarily the occurrence of depression is more common." Marsella (1989: 373) argues that the experience and expression of depressive disorders are not universal, and vary as a function of Westernisation. The same can be said about another major mental disorder like schizophrenia, albeit there are many who would disagree.

(Do you have a reference to the biological basis?)

Recent research has demonstrated schizophrenia's strong biological determinants, however it still cannot be considered to be 'culture-free'. Scheper-Hughes (in Kleinman, 1988: 185) contends, "...traditional patterns of social organisation and family interaction, in combination with worsening economic conditions, result in elevated rates of schizophrenia (and institutionalisation) in Ireland." Also, in many third world societies, patients are said to recover faster from schizophrenia and similar disorders due to the popular notion of schizophrenia being an acute illness. Yet, in the developed world, this disorder has always been regarded as progressively disabling (Kleinman, 1988: 192). Another poignant example of the importance of culture with regards to schizophrenia, is the traditional practice of Shamanism. Brown (1989: 170) defines the Shaman as a person who is believed to communicate directly with spirits to heal the sick. Therefore, instead of assuming the role of the mentally ill (the "crazy" person who hears voices and talks to and sees people who are not there), the Shaman takes on the valued and respected role of healer. Hence, societal and cultural influences play an unquestionably crucial role in the emergence and recovery from schizophrenia.

Socio-cultural influences are more obvious and evident in Eating Disorders; that is, the course and experience of these disorders are inseparable from their cultural context. Littlewood and Lipsedge (in Kleinman 1988: 192)

advocate that anorexia nervosa is sometimes regarded as a culture specific illness behaviour of Western society, which at times is associated with personality disorder, and at other times is seen as part of a constellation of psychiatric depression ^{symptoms?} with somatic delusions. Littlewood and Lipsedge (in Kleinman 1988: 192) highlight the fact that Anorexia Nervosa is not highly prevalent outside the West. However, in a country like Japan, cases of eating disorders have recently started to emerge. Kleinman's (1998: 192) reasoning is that Japan is strongly influenced by Western aesthetic standards, which value extreme slimness, and the people have begun to view strict dieting as an emblem of moral discipline. *In his words:*

...the social historical significance of bodily practises in the West, links the cultural analysis of anorexia with the political and economic forces in contemporary capitalism's consumer society to show that this is a disorder whose sign- slimness - is promoted by food and drug and other industries for which this bodily product of hedonism and narcissism holds powerful commercial significance (Turner in Kleinman, 1988: 192).

Somatisation is defined as the occurrence of physical symptoms that are not accounted for by demonstrable physical illness. According to Santosh and Venugopal (2002), somatic symptoms are the most common clinical expression of emotional distress worldwide. Somatisation exists in all cultures, and has been described as a universal phenomenon; however, the contextual meanings of somatic presentations are fundamentally culture ^{also specific} explicit. It is traditionally assumed ^{by whom} that somatisation ^{occurs} transpires primarily in non-Western societies, where certain psychological disorders present typically somatic symptoms. One explanation is that in certain Asian cultures, overt expression of one's emotions is an admission of weakness and socially undesirable (Santosh & Venugopal, 2002). ^{Another explanation} ~~It is also believed~~ that somatic symptoms constitute a neurotic coping mechanism to deal with societal inhibitions. People from the lower class, whose freedom of expression and mobility in society are restricted, are sometimes considered to have to somatise their emotional distress as a

result of linguistic and psychological inadequacies. Other cultural factors implicated in somatisation include the lack of appropriate, specific words for a variety of emotions in many languages (Santosh & Venugopal, 2002).

what?
It therefore confirmed that Somatisation and socio-cultural factors are unquestionably associated. *How?*

Somatisation is an ubiquitous phenomenon but its prevalence and clinical characteristics vary considerably across cultures... The socio-cultural background of these patients gives a meaning to their clinical presentation. The management of such somatic neurosis needs special attention and care to the socio-cultural factors (Santosh & Venugopal, 2002).

not the best way to phrase this

Different cultural traditions hold contrasting views about the nature of personhood and selfhood, and these have implications for mental health and disorder. Conceptions of the person and the self vary across cultures, just as cultures vary with regard to their epistemological and ontological models of causality. Like the aetiology, manifestation, expression and meaning of mental disorders, therapies are not culturally free either; instead they reflect the premises of the culture in which they develop. Efforts to use therapies derived in one cultural setting on people from another cultural setting poses serious problems because of the insidious counter-culture conditioning implications (Marsella, 1982: 381). According to Hossain, "Biology-culture interactions are important in treatment, and are probably also significant in perception of symptoms" (in Kleinman, 1988: 191).

This essay has argued that culture and society determine-- in interaction with biological and psychological factors-- the aetiology, symptomatology, meanings, and approaches to treatment of mental disorders. The paper has discussed how human beings and their culture are interdependent; just as every culture is different, so too is the manifestation of various mental disorders, namely, Depression, Schizophrenia, Eating and Somatisation Disorders. Promisingly, the growing importance of trans-cultural psychiatry is counterbalancing the ethnocentric characteristic of biological/disease focused Western medicine. ✓

References

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HDI
Excellent introduction.
This is an excellent essay - you
have worked your material well
a well ordered argument. You have
consulted interesting material & use it
thoughtfully. The only source that
seems to be a bit questionable, not
well written & seems to conflate
a number of issues is the one by
Santosh & Venugopal.
Next semester I offer a
course in Medical Anthropology
that I think you would
enjoy.
DM