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Reading About . . .

Cross-cultural Psychiatry

"Insanity is then a part of the price we pay for civilisation. The causes of the one increase with the developments and results of the other" (Jarvis, 1851).

Emil Kraepelin, while visiting southeast Asia at the turn of the century, noted the absence of depression among various Asian populations. He believed that mental disorders were organic diseases for which specific pathogens would ultimately be found. Despite the cultural variations in mental disorders he observed during his world trip in 1904, he considered mental disorder to be universal: "mental illness in Java showed broadly the same clinical picture as we see in our country . . . The overall similarity far outweighed the deviant features."

The Kraepelinian legacy, a disease model of mental disorder based on invariant patterns of symptom expression, was the predominant paradigm in cross-cultural psychiatry until fairly recently. Western psychiatric categories were viewed as universal, and non-Western patterns of unusual or undesired behaviour were seen as variants of these Western categories. Transcultural psychiatry was preoccupied with the pursuit of "culture-bound syndromes" and the systematic attempt to fit them into Western psychiatric categories. Although the expression of disorder was culturally variable, there was considered to be a 'core' hidden within the illness which is common to all cultures. The difficulty with this model was that the biological core remained elusive (Littlewood, 1990).

British cross-cultural studies have largely relied on this universalist paradigm deploying "traditional medical perceptions of symptoms based on the classical patterns described earlier this century" (Littlewood & Lipsedge, 1989). In Britain, transcultural psychiatry is now synonymous with the psychiatry of ethnic minorities. There has been a shift from an emphasis on the pathological aspects of the culture of the immigrant groups to a preoccupation with race and racism. There has been an emphasis on two particular themes – overdoses among British Asian women (Merril & Owens, 1988) and schizophrenia among Afro-Caribbeans (Cochrane & Bal, 1987) – with doctors remaining interested in those minority groups which are not of white origins. These themes are discussed comprehensively in *Aliens and Alienists: Ethnic Minorities and Psychiatry* by Roland Littlewood and Maurice Lipsedge (1989), which views mental illness in ethnic minorities often as an intelligible response to disadvantage and racism.

In contrast, American cross-cultural psychiatrists, borrowing from the emphasis of social anthropology on meaning and contexts, argue for an approach which takes into account the local meanings of any pattern of behaviour together with a wide range of related behaviours before attempting any cross-cultural comparisons. Klienman (1977) questioned the universalist assumption that depressive reactions were identical across cultures, announcing the arrival of the "new cross-cultural psychiatry". According to this approach the Western diagnostic categories are not culture-free entities, but are themselves socially, historically and politically constructed models which relate to conceptualisations of the person and self, emotion and social interaction. Local psychiatric systems are seen as self-contained, meaningful and functioning cultural patterns in themselves, not as approximations to the 'real' Western classifications (Littlewood, 1990). Kleinman emphasises that the new cross-cultural psychiatry must start from local conceptualisations of sickness before attempting generalised comparisons. This approach emphasises the symbols that different cultures deploy to construct their notion of mental illness. A classic paper in this respect is that by Byron Good (1977) looking at heart distress in Iran. There is an interest in the analogues of Western psychiatry and its diagnostic categories, such as possession states, and new formulations of old themes, such as multiple personality (e.g. see Kenny, 1986).

The most recent debates in cross-cultural psychiatry centre around a number of diverse issues.

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Firstly, the international validity of DSM–III–R and DSM–IV has been questioned (Littlewood, 1992). How universal are DSM diagnoses such as anorexia nervosa, multiple personality and post-traumatic stress disorder? Are the assumptions about nuclear family life, occupation and education in axis V ethnocentric? Should there be a new cultural axis in DSM?

Secondly, there is an interest in the political implications of psychiatric diagnosis and the way that psychiatric diagnoses may function as ideologies which mystify reality, obscure relations of power and domination and prevent people grasping their situation in the world. One good example of this critical medical anthropology is Scheper-Hughes' (1991) book entitled *Death Without Weeping: the Violence of Everyday Life in Brazil*. This describes how hunger in Brazil is medicalised into a diagnosis of '*nervos*' and treated by medication. Psychosocial distress is misidentified in biological terms.

Thirdly, there is emphasis on understanding patients' perspectives, explanatory models and issues of advocacy (Kleinman, 1988*b*).

Fourthly, medico-legal issues such as child abuse have been examined by anthropologists. One well written book in this respect is *Child Sexual Abuse* by Jean La Fontaine (1993), which draws together themes from psychiatry, ethology and anthropology. Another relevant book is *Child Survival: Anthropological Perspectives on the Treatment and the Maltreatment of Children* by Scheper-Hughes (1987).

Perhaps the most exciting area for future work in cross-cultural psychiatry is the coming together of developmental neuropsychology, cognitive science and social anthropology, and the contemporary interest in consciousness. These themes are well described in Dennett's (1993) *Consciousness Explained*, which unites areas deriving from philosophy, genetics, anthropology, computer science and neuropsychology to give an account of the nature of consciousness, attempting to bridge the gap between physiology and phenomenology.

As a result of the increasing interest in culture and psychiatry, there has been a burgeoning literature in the field of cross-cultural psychiatry, as well as in related fields such as psychological anthropology (the broad area which examines the relationship between psychology and anthropology). Two books of major interest in cross-cultural psychiatry are *Comparative Psychiatry* by Murphy (1982) and, more recently, *Rethinking Psychiatry – from Cultural Category to Personal Experience* by Arthur Kleinman (1988*a*). The latter is the most authoritative, up-to-date text on this subject and is highly recommended as a general overview of the field. It draws on international epidemiological and medical anthropological research to compare and contrast the prevalence, nature and treatment of various mental disorders among the world's cultures. The book articulates around four case histories that illustrate well his theoretical points. Although he deplores the category fallacy "the reification of one culture's diagnostic categories and their projection onto patients in another culture, where the categories lack coherence and their validity has not been established" (p. 14–15), he rejects the view that there are no cross-cultural universals.

Other books of interest are:

Cultural Conceptions of Mental Health and Therapy by Anthony Marsella & Geoffrey White (1982), which emphasises the importance of sociocultural variables in mental health through a survey of cultural conceptions of the person and self, mental disorders, and indigenous therapies in selected Asian and Pacific societies;

Ethnopsychiatry: the Cultural Construction of Professional and Folk Psychiatries by Atwood Gaines (1992). The theme of this book is that all systems of psychiatry are culturally constructed. The distinction between professional psychiatry in the USA and northern Europe and the "ethnopsychiatry" of other cultures is questioned, as is the assumption that Western systems of psychiatry are privileged compared to other cultures' systems. Issues such as the universal relevance of DSM–IV are examined;

New Directions in Psychological Anthropology by Theodore Schwartz, Geoffrey White & Catherine Lutz (1992). This book attempts a *rapprochement* between anthropology and psychology. It discusses cognition, developmental psychology, biology, psychiatry and psychoanalysis, areas which have always been of interest to psychological anthropologists and are now being transformed by new perspectives on the body, meaning, agency and communicative practice;

Pathology and Identity: the Work of Mother Earth in Trinidad by Roland Littlewood (1993) is a thorough enthnographic study of folk concepts of madness in Trinidad. It examines the way that individual madness articulates with society at large. As opposed to an isolated personal experience, madness may at times act as a catalyst which can facilitate rapid social change.

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Cross-cultural psychiatry has now established itself as a discipline and is becoming increasingly popular in undergraduate and postgraduate curricula in psychiatry. Its methods and techniques will illuminate both the biological and psychosocial associations of mental disorders, and ultimately improve patient care. As Kleinman (1980) suggests, the cooperation of anthropology and psychiatry is essential to achieve the "full potentialities of a culturally appropriate, human, integrated practice of clinical care."

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Further reading

Journals

A number of journals have relevance to both psychiatry and anthropology. These include: *Culture Medicine and Psychiatry; Transcultural Psychiatric Research Review; Social Science and Medicine; Medical Anthropology; International Journal of Social Psychiatry; British Journal of Medical Psychology*; and *Medical Anthropology Quarterly*. The newly established *British Medical Anthropology Review* contains a number of articles in the field of cross-cultural psychiatry. Other journals of interest are *Nouvelle Revue d'Ethnopsychiatrie* and *Curare: Psychopathologie Africaine*.

Journal articles

COX, J. (1991) Reading about transcultural psychiatry. *British Journal of Psychiatry*, **158**, 579–582.

KLEINMAN, A. (1977) Depression, somatisation and the new cross-cultural psychiatry. *Social Science and Medicine*, **11**, 3–10. (Questions the assumption that depressive reactions are identical across cultures.)

LITTLEWOOD, R. (1985) Social anthropology in relation to psychiatry. *British Journal of Psychiatry*, **146**, 552–554. (The application of ideas deriving from social anthropology to psychiatry.)

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—— & LIPSEDGE, M. (1987) The butterfly and the serpent: culture, psychopathology and biomedicine. *Culture Medicine and Psychiatry*, **11**, 289–335. (An examination of culture-bound syndromes as symbolic communication. "Western" psychiatric syndromes are conceptualised as 'culture-bound'.)

Books

COX, J. H. (1986) *Transcultural Psychiatry*. London: Croom Helm. A collection of papers from members of the Transcultural Psychiatry Society. Chapters focus on a wide range of issues from traditional psychiatry (when is a delusion not a delusion) through service provision to an examination of Chinese, African and Indian psychiatry.

FERNANDO, S. (1991) *Mental Health, Race and Culture*. London: Mind Publications. An account of racism and its influence on psychology and psychiatry. It gives detailed and constructive proposals for reducing racism within psychiatry.

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LEWIS, I. M. (1976) *Social Anthropology in Perspective*. Harmondsworth: Penguin. An introduction to social anthropology examining essential areas such as cosmology, kinship and religion.

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LITTLEWOOD, R. & KAREEM, J. (1992) *Intercultural Therapy: Themes, Interpretations and Practice*. Oxford: Blackwell. Identifes some of the key problems of working psychotherapeutically across cultures and explains the theories and techniques of intercultural therapy.

RACK, P. (1982) *Race, Culture and Mental Disorder*. London: Tavistock. A handbook emphasising cultural variation in mental illness and offering the professional a guide to diagnosis and communication across cultures.

SHOWALTER, E. (1987) *The Female Malady: Women, Madness and the English Culture, 1830–1980*. London: Virago. A critical overview ofthe relation between gender and psychiatry. The book examines how cultural ideas about 'proper' feminine behaviour have shaped the definition and treatment of female insanity for 150 years.

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