

Anthropology and Psychiatry

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ABSTRACT

In this paper anthropology and psychiatry are defined as well as their scientific area, their methods and research objectives; the high level of their mutual thematic and methodological complementarity has been emphasized. The sociocultural factors which are inherent in the area of cultural anthropology can affect mental health in a number of ways: by forming a certain personality type that is predisposed for a certain type of disorder; by an education model which increases the frequency of some disorders, by criticism and sanctions of a certain behaviour that is actually desirable from the point of view of mental health preservation, by supporting and rewarding a behaviour model that is harmful for mental health; by its complexity and, in some of the segments, by mutual contradictions they can cause mental disorders; by forming symptoms of mental disorders i.e. by a pathoplastic action through which they become an area of scientific interest of cultural psychiatry. Anthropology directs psychiatry towards creating preventive and therapeutic programs that accept the mutual influence and interconnectedness of socio-cultural conditions and the mental health status.

Key words: anthropology, psychiatry, culture, mental health

Introduction

Clinicians noticed as early as mid-18th century the existence of ethnic differences in mental illness. Many superintendents of mental hospitals were under the impression that the immigrants of the time, mostly of Irish or German origin, were more susceptible to mental illnesses and more resistant to treatment if compared to earlier immigrants which were mainly of British origin¹. In late 19th and early 20th century the physicians working in colonies described the symptoms which seemed strange from the European-American point of view i.e. from the viewpoint of western culture and civilization, and those symptoms were categorized as culture-bound syndromes¹⁻³. Those findings did not fail to incite the western psychiatrists' interest in the cultural aspects of mental disorders. While travelling at the end of 19th century across Java, Cuba, Mexico and United States, the psychiatrist E. Kraepelin described the differences in symptoms found in the patients belonging to different societies, and in 1904 he established the concept of comparative psychiatry^{2,4,5}. From the historical point of view, interdisciplinary collaboration between anthropology and psychiatry began in 1898 when the psychiatrist W. H. R. Rivers and a team of physicians organized the Cambridge University Torres Straits Expe-

dition. In this investigation, which was the first British field exploration, Rivers combined a medical and an ethnographical approach⁶⁻⁸. In order to test Freud's theory, the anthropologist B. Malinowski explored the manifestations of the Oedipus complex in matrilineal societies. M. Mead examined the features of adolescence on Samoa comparing them to those of western societies. The anthropologist and psychoanalyst G. Róheim investigated the frequency of neuroses among tribal people in Australia. Despite the interconnectedness culture and individual personality has been recognized for a long time, this fact around 1930 attracted the attention of anthropologists. Based on field investigations in New Mexico, Vancouver i Melanesia R. Benedict developed the concept of »cultural configurations«. Furthermore psychoanalyst A. Kardiner proposed the concept of »basic personality structure« based on the idea that some models of children's socialization created by a particular culture articulate a person's fundamental attitude to life and persist throughout the lifetime of an individual. In 1944 C. du Bois proposed the concept of »modal personality« which is a statistical concept corresponding to the most frequent personality type shaped by a certain culture^{2,9}. The psychiatrists Harland et al investigated

the influence of present-day social changes on creating a predisposition to schizophrenia, while Bush et al investigated the Samoan and psychiatrists' perspectives on the self and the implications of the Samoan view of self for the practice of psychiatry with the Samoan people^{10–12}. In September 1909 Franz Boas, one of the founders of American anthropology, took part in the Psychological Conference on Clark University at Worcester, in which, beside S. Freud participated the most eminent American psychiatrists of the time. This is a significant development and is indicative of the high level of mutual methodological and thematic complementarity between anthropology and psychiatry⁷.

Anthropology

The definition of the semantic scope of anthropology encompasses the area of investigation, its methodology and objective. In the afore-mentioned context anthropology can be defined as a complex liberal and natural-science discipline examining the humankind in all the areas it inhabits and throughout the time-span of its existence. Its aim is to acquire reliable cognitions regarding the physical features of human beings and their behaviour, as well as the history and development of the human society and the issue of what is common to all human beings and what makes them different^{13,14}.

At the beginning the object of anthropological investigation were the »others«, the »different ones« i.e. the non-western peoples which from the ethnocentric, ethically unacceptable viewpoint were referred to as »primitive peoples«^{15–18}. Owing to the general evolution of humankind, these non-western peoples underwent intensive and massive social changes so that they are no longer treated as »other« or »different« as they used to be. That is the reason why the objects of scientific interest and investigation in present-day anthropology are no longer only non-western cultures but also sub-cultures within western societies such as the culture of institutions and organizations of state administration, of economic and trade corporations, of army, police, health system, art, religion, politics, marxism, anthropology of art, feminism, violence and conflict, sports etc^{9,19–21}. The extension of research areas of anthropology has brought about a need to redefine the Boas concept of the so-called »science of four fields« by introducing a fifth one, and that is applied anthropology.

In the course of its development anthropology has broadened its research area, its methodology and objectives, so that present-day anthropology encompasses: 1) investigation of men from a biological, social and cultural viewpoint 2) examination of cultural differences between humans within similar and different societies 3) comparative analysis and synthesis of similarities and differences between the cultures of various societies and 4) generalization of common or similar features in the cultures of different societies. Such a vast area of scientific interests and investigations has led to subdividing anthropology into four main branches which

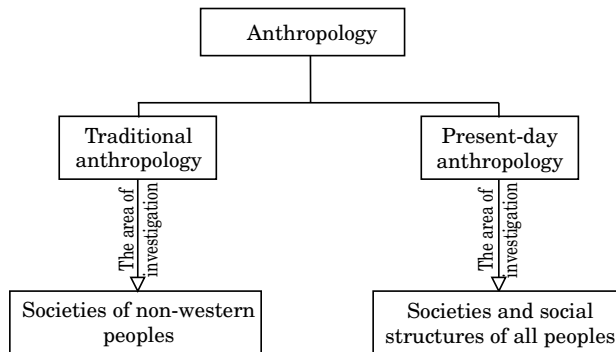


Fig.1. The area of scientific interest and investigation of traditional and present-day anthropology.

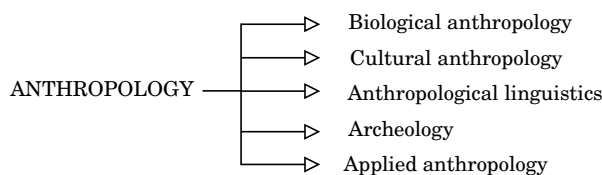


Fig. 2. Multidisciplinary structure of anthropology and its components.

in turn have a whole series of subdisciplines. In conclusion, present-day anthropology is a complex scientific discipline consisting of: 1) biological anthropology, 2) cultural anthropology, 3) anthropological linguistics 4) archeology and applied anthropology^{13–15,22}.

Psychiatry

Psychiatry is a branch of medicine the domain and content of which is the examination, diagnosis, treatment and prevention of mental disturbances, related conditions and behavioural disorders; the term was first introduced into medical terminology by the German anatomist J. C. Reil (1759–1813)^{7,23}.

It is a historical fact that psychiatry, as we know it now, has developed as a branch of western medicine. The theory and practice of modern psychiatry was formed as a part of western cultural and social history. Any nineteenth-century psychiatrist looking beyond his own culture would have been unconsciously influenced by the legacy of J. J. Rousseau. By the end of the nineteenth century, western psychiatrists were beginning to

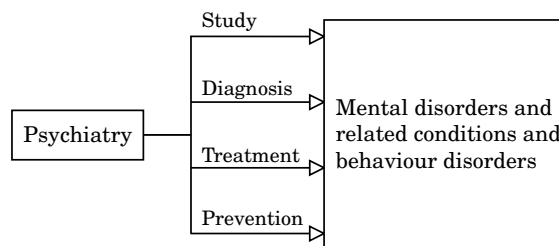


Fig. 3. The area and methods covered by psychiatric study.

make clinical observations in the non-western world, which gradually led to the development of Cultural Psychiatry. In the Twentieth century, however, the opinion grew that depression was very rare in non-western populations of Asia and Africa²⁴.

In 1978 American cultural psychiatrists A. R. Favazza and M. Oman proposed to unify the terminology by using only the term »cultural psychiatry«²⁵. That idea was soon accepted by other psychiatrists, since the term corresponded to the way other subfields of psychiatry were named, such as biological, social and community psychiatry. The term was considered more acceptable because it did not sound strange and did not imply the use of only one methodology². W. S. Tseng defined cultural psychiatry as: »A special field of psychiatry, which is primarily concerned with the cultural aspects of human behavior, mental health, psychopathology and treatment. At the clinical level, cultural psychiatry aims at promoting culturally relevant mental health care for patients of diverse ethnic or cultural backgrounds. This includes culturally relevant assessment and understanding of psychopathologies and psychological problems as well as culturally appropriate care and treatment. In terms of research, cultural psychiatry is interested in how ethnic or cultural factors may influence human behaviour and psychopathology, as well as the art of healing. On a theoretical level, cultural psychiatry aims at expanding our knowledge of human behavior and mental problems transculturally, in order to facilitate the development of more universally applicable and cross-culturally valid theories«².

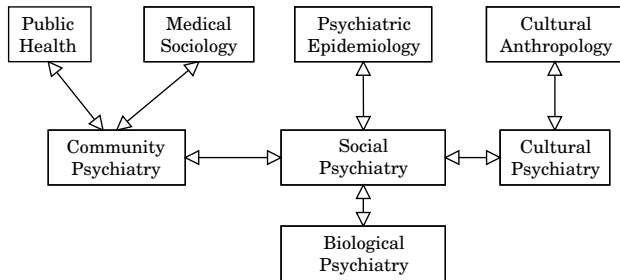


Fig. 4. The area of cultural psychiatry and its interaction with other disciplines.

Independent of social and cultural changes in non-European countries, the psychiatric research carried out at the level of primary health care has brought to the foreground the methodological issues of intercultural equivalents to the concept of illness and the validity of assessment instruments. The Standard intercultural approach is the etic one and it encompasses the application of internationally adapted classification system which is an appropriately translated and standardized instrument. The data obtained in this way are comparable with those in all other countries of the world, and their value has been proven in WHO multicentric studies. However, the critics of the etic approach claim

that it is based on the unacceptable hypothesis that mental illnesses described in Euroamerican countries are actually to be found everywhere that syndromes point to the same basic features and that the existing classification system is still usable. Therefore, there is a risk for some culturally original type of behaviour to be defined as psychopathological, provided that an expert gets the impression that it is similar to a typical Euro-American model. The hypothesis that mental disorders covered by the international classification exist everywhere is at the source of the biological viewpoint according to which the causes of the disorder lie only in the individual. However, by accepting the idea that illnesses differ depending on culture will allow the study of social influences that make some individuals perceive themselves and be perceived as in need of help. In contrast with the etic, the emic approach aims at evaluating phenomena from within a culture in order to describe local models of illness without imposing Euro-American diagnoses. Data are gathered through open-ended unstructured interviews of local informants. Inevitably, such research tends to be small-scale and the data are open to bias in both the recording and interpretation. Furthermore, cross-cultural comparisons are not possible because of the idiosyncrasy of local concepts. Thus, more recently, there have been calls for a new cross-cultural psychiatry, in which value is given to both folk beliefs about mental illnesses and biomedical concepts^{2,7,26–30}.

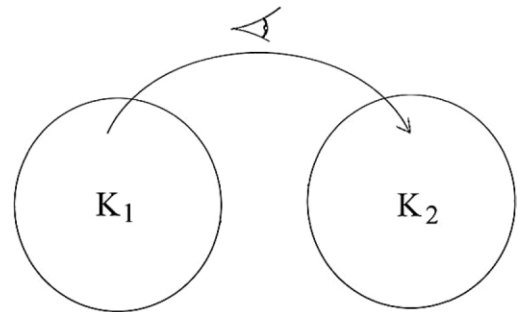


Fig. 5. Etic approach to comprehension and interpretation of a mental disorder. The culture (K₁) from which is observed is taken as a system of reference.

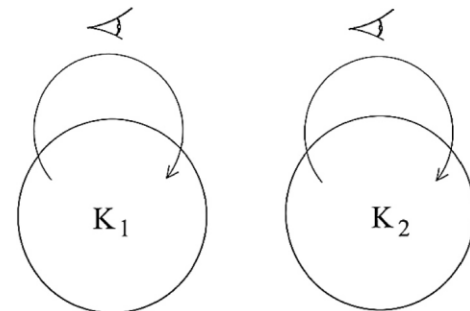


Fig. 6. Emic approach to comprehension and interpretation of a mental disorder. Cultures (K₁, K₂) are observed from »within« i.e. they are their own reference systems.

Precipitating, pathoplastic and partly also predisposing influence of cultural factors specific for individual societies are mostly manifested as culture-bound syndromes. They are phenomenologically heterogeneous just as are the cultures in which they appear. A common denominator to them all is a sudden beginning, a precipitating factor, short duration and, generally, a favourable outcome, i.e. quick recovery. Culture-bound syndromes are a diagnostic not a nosological category and as such they are categorised in DSM-IV., while etiologically they are non-psychotic or psychotic reactions to more or less universal psychosocial and physical stress agents^{2,3,5,27,31}.

Anthropology and Psychiatry

Anthropology has contributed to psychiatry both at the theoretical and practical level. Anthropologists take the role of critics of inconsistency and biases inherent to psychiatric science and clinical practice as well as to the biomedical model of health and illness concept in general. Psychiatric theory and practice are based on established criteria for symptoms and syndromes, which in turn are supported by language and everyday social experience. In other words, in a psychiatric assessment there is no biological validity but only psychosocial reliability, and thus the process is influenced by cultural inconsistency and biases in several ways. Classic examples include the state of trance and obsession which are usual and normal in many non-western cultures. A failure to recognize those phenomena as well as diagnosing a person in religious trance as psychotic, breeds categorical arbitrariness in applying diagnostic criteria to normal people^{2,5,8,27,32}.

Cultural criticism is applicable to personality disorders. Anthropologists plead for flexibility in the approach to subjectivity which changes its very essence in the interaction of different social circumstances. An extremely high rate of sociopathy among ethnic minorities in big city centers is a consequence of cultural inconsistency and biases in diagnosing^{8,27,33}.

Ethnographers show with a high level of consistency that the majority of people (which also means patients) are not isolated individuals, but live as active members of local communities. Those investigations depict processes of interpersonal communication, of negotiations and placement into a context which is a generator of every kind of experience in the local community. The manner a person accepts and experiences illness, deals with it, understands it and lives with it are – from anthropologists' viewpoint – crucial for the understanding and treatment of illness. That is the reason why anthropologists speak of the »social course of an illness«, which means that the local environment shapes the progress of an illness to the extent that in different surroundings it follows a different course. Anthropological contribution consists of recognizing the process by which a sub-

ject communicates with the community. Collective and individual definitions of identity affect the way a schizophrenic patient endures the illness identifying him/her as patient, and also affects his/her recognition by the community as a schizophrenic person with all the consequences of such an identification^{33–36}.

Ethnic origin has a practical clinical impact. It affects the morbidity rate, the way of dealing with the health system and demanding assistance, the doctor-patient interaction, with frequent negative outcomes such as postponing treatment, incorrect diagnosing, non-cooperation and treatment errors. Taking into account ethnic identity implies a number of things such as: providing an interpreter, allowing a different hospital timetable for employed health system users, supplying hospital notices in several languages, and paying attention to different cultural codes and practices^{8,37–39}.

Annex I. DSM-IV. classification contains a list of key parameters by which a psychiatric patient can be described in terms of the culture to which he belongs: 1. cultural identity of the person, 2. explanation of illness in terms of culture, 3. cultural factors related to psychosocial environment, 4. cultural elements in patient-doctor relationship.

This is a viable and worthy way of approaching the care of patients belonging to an ethnic minority, a recent immigrant or a refugee^{2,8,36,40}.

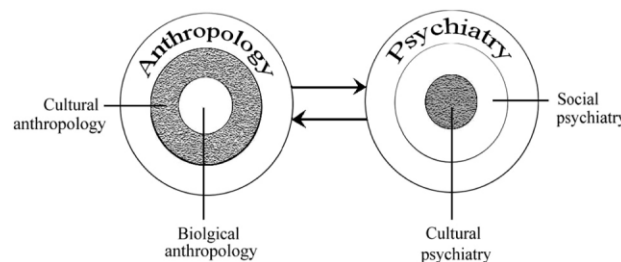


Fig. 7. Anthropology and psychiatry.

The main contribution of anthropology to psychiatry consists of emphasizing the relevance of social environment in the diagnosis, treatment and prognosis as well as in creating concepts and methods that psychiatrists are able to apply. Anthropology also contributes to the development of socially optimal psychiatric programmes. In contrast to a narrow reductionist neurobiological approach to psychiatry, anthropology offers a transnational and transethnic approach as well as data. Anthropology secures the development of politics and programmes implying close interconnectedness of social conditions and mental health. In this way anthropology orients psychiatry towards a global direction in which psychiatric knowledge and practice, transformed so as to better adapt to the local cultural environment, will be given a more important place side by side with politics and decision-making^{2,3,5,8,27,41}.

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ANTROPOLOGIJA I PSIHIJARIJA

SAŽETAK

U članku se definiraju antropologija i psihijatrija te njihova znanstvena područja, metodologije i ciljevi istraživanja s naglaskom na visoku razinu njihove zajedničke tematske i metodološke komplementarnosti. Sociokulturni čimbenici koji su sastavni dio područja kulturne antropologije mogu utjecati na mentalno zdravlje na niz načina: formirajući određeni tip osobnosti koji je predisponiran određenom tipu poremećaja, putem edukacijskog modela koji povećava učestalost nekih poremećaja, kritikama i sankcijama određenog ponašanja koje je zapravo poželjno s motrišta očuvanja mentalnog zdravlja, podupiranjem i nagrađivanjem bihevioralnih modela koji su potencijalno štetni za mentalno zdravlje a svojom kompleksnošću i u nekim segmentima uzajamnim kontradikcijama mogu uzrokovati mentalne poremećaje formirajući simptome mentalnih poremećaja, npr. patoplastičkim djelovanjem na koji način postaju predmetom znanstvenog interesa kulturne psihijatrije. Antropologija usmjerava psihijatriju u smjeru kiranja preventivnih i terapijskih programa koji prihvaćaju uzajamne utjecaje i povezanost sociokulturnih uvjeta i mentalnog zdravlja.