

# Anthropology and Cross-Cultural Mental Health: The Major Questions for Future Research in Global Mental Health

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# *Five Sets of Questions for Future Research in Global Mental Health*

- 1) What is the difference between social suffering and psychiatric conditions? And how does that make a difference in practice?

# Social Suffering

1. Pain and suffering caused by **social forces**: Global and local economics, politics, social institutions, social relationships, culture.
2. The **interpersonal** experience of suffering
3. The contribution that **society and its institutions** make to the causality or worsening of social and health problems.
4. This concept is meant to be **omnibus** and to allow for the combining of social and health problems in order to respond to both together
  - For example, poverty and diarrheal disease, and the health and economic effects of earthquakes.

# Sources of Social and Psychiatric Morbidity

Several key social processes that recur are sources of social and psychiatric morbidity

- Repressive gender practices have widespread devastating consequences; empowerment and education of women, and support for families and youth, are crucial for diminishing many problems
- Ethnic conflict breeds violence, displacement, trauma, and depression
- Economic policies that create inequities in wealth and social resources, that isolate communities from political power, and that remove security systems for those in need spawn cycles of poverty and desperation associated with ill health

# Social Suffering and Mental Disorder

- The question for anthropology, psychiatry, and public health will not be on the classical order of the **normal** and **abnormal**, but rather
  - A much deeper **phenomenology** of the forms of social suffering
  - An **epidemiology** of the causes and consequences of social suffering
  - An **implementation science** of policy and programs
- **Either/or thinking** will weaken, just as a more complex sophisticated understanding of both societal and biological processes will advance the view that **normality as well as disease embodies social suffering**

## *Five Sets of Questions for Future Research in Global Mental Health*

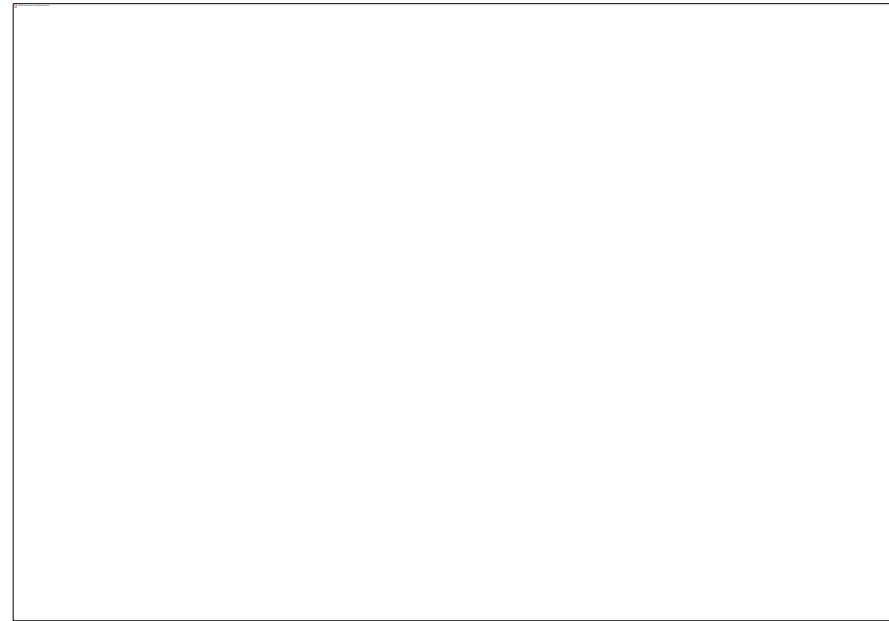
- 2) If ground zero for patients with psychosis globally is **moral death** and **social exclusion**, what is the implication of **going beyond the idea of stigma** to redefine in cultural terms what is at stake for patients and caregivers in the most severe psychiatric conditions?

# The importance of a cultural model of stigma and mental illness

- It is crucial to understand how the mentally ill and stigmatizers alike interpret, live, and react with regard to what is vitally at stake—and crucially threatened—in their worlds
- Must examine both **interpersonal** and **institutional** aspects of stigma
- Such a model calls for attention to the processes of **social rejection** or **social death** involved in stigmatization

# Is it time to consider abandoning the concept of stigma?

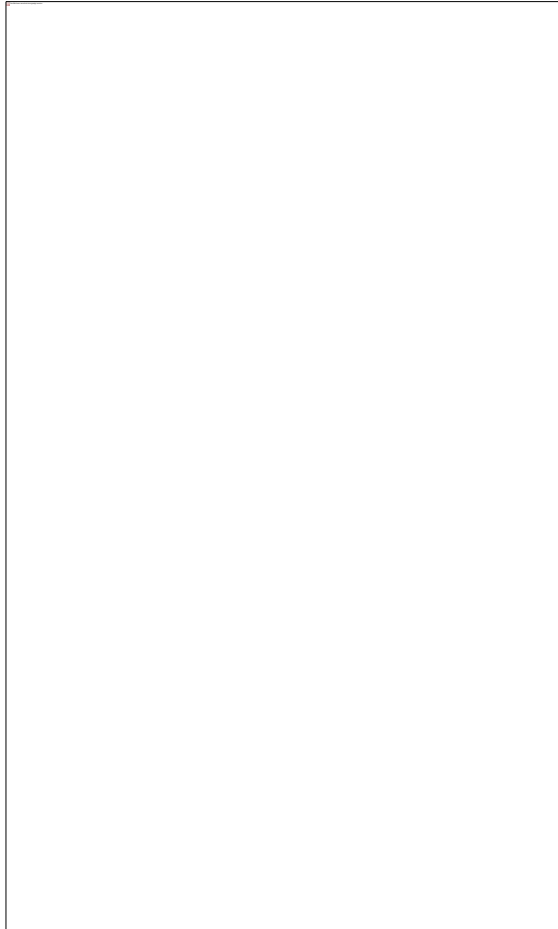
- The concept of stigma has become so psychologized and conventional that it is often an unuseful euphemism
- A moral powerful ontological line of analysis is needed to encompass the meaning and experience of social death and social exclusion



A former professor in Kandahar Afghanistan, chained up for 32 years, due to his mental condition (SCOTT NELSON/GETTY IMAGES).



# Social Death



Long-term patient with schizophrenia chained to a radiator in a Beijing hospital (KATHARINA HESSE/GETTY IMAGES).

- Social death is the exclusion of a stigmatized individual or group from social life in an effort to preserve what matters to excluders
- Such exclusion results in the individual being treated as if he or she is not human, or is socially worthless
- Social death constructs the stigmatized as non-persons who are socially worthless and whose rights can be denied with impunity.

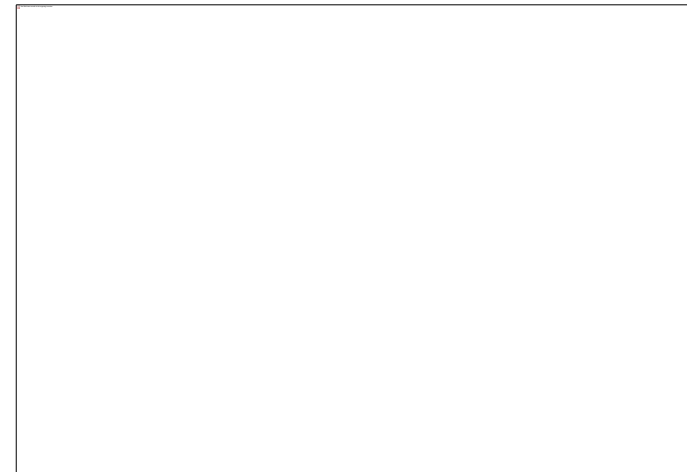
# Stigma and Social Death in China

- Shared etiological beliefs about mental health link mental illness and moral defect
- Chinese notions of personhood require that individuals fulfill social obligations, protect face, and exhibit self-control
- Stigma of the individual spreads to family and social networks of reciprocal exchange
  - 41.1% of Lee et al.'s outpatient sample reported unfair treatment of their family members by others

Lee et al (2006) Experience of social stigma by people with schizophrenia in Hong Kong in *British Journal of Psychiatry* 186 153-7

# Continued:

- Social rights come only after fulfilling social obligations to family and network, but both stigma and the challenges of mental illness make fulfilling such obligations difficult
- Those who cannot fulfill these requirements belong nowhere: they are ignored, humiliated, and treated as non-persons
- Social death results in active avoidance, abandonment, or even imprisonment in institutions or the home.



Kunming Mental Hospital, China (Photo: LIFE)

Guo and Kleinman (forthcoming) Stigma: HIV/AIDS, mental illness and China's non-persons in *Deep China: The moral life of the person, what anthropology and psychiatry can tell us about China today*

# Social Death as a Global Human Rights Concern

- Globally the mentally ill experience exclusion from ordinary life
- Many experience the loss of protection by local worlds, the state, and international communities
- Violence against the mentally ill is common worldwide, for example:
  - Chaining and other abusive restraints with subsequent deaths in fires (India)
  - Starvation (Latin America)
  - At times murders of non-persons go un-prosecuted, as these deaths are considered viable solutions to a stigmatized individual's difficult existence

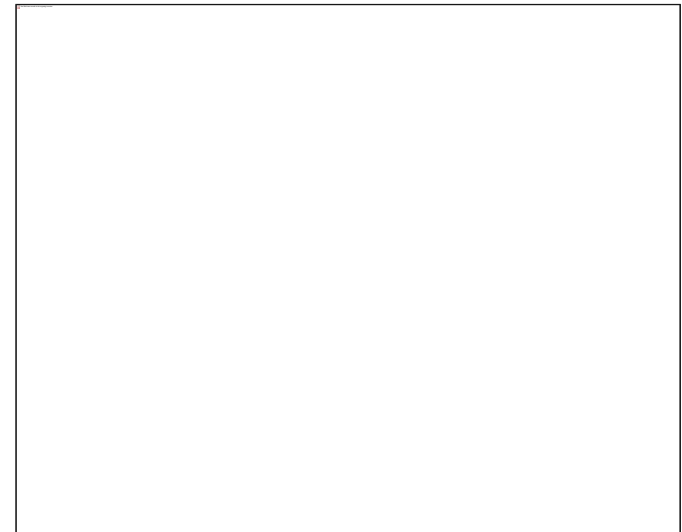


Photo: Sylvester Katontoka



Road sign calling for ending abuse of mentally ill, Ghana (Photo: Rachel Strohm)

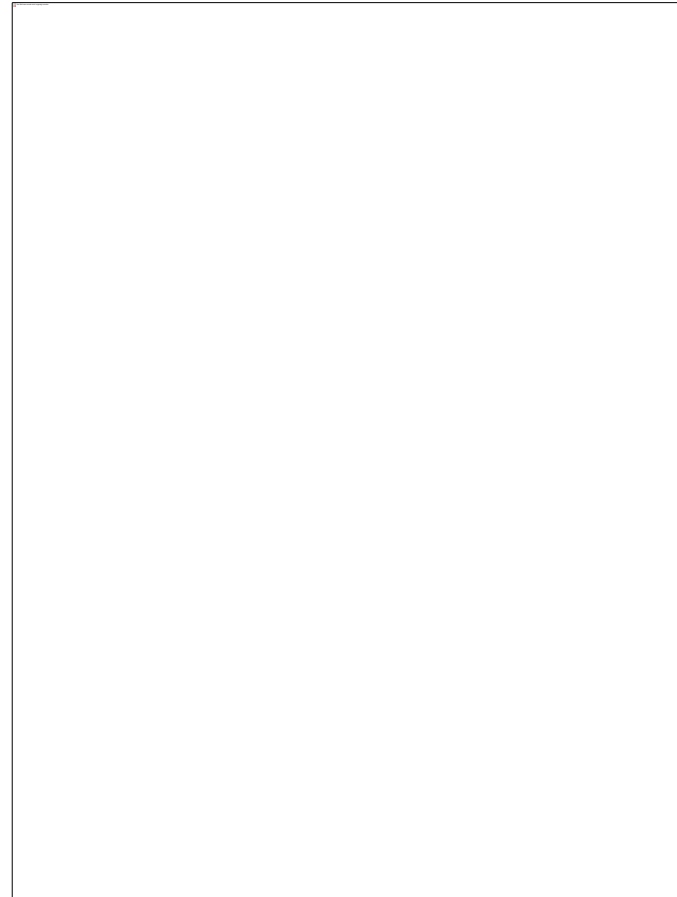
# What is being done?

- There is no evidence that intentional destigmatization campaigns work
- Most claims of success in this area are exaggerated or untruths



# Social Change

- On the other hand, major cultural change has reduced stigma associated with depression, anxiety disorders, and other common mental illness in many societies as part of the current phase of globalization and social change.



# Ideas for Combating Social Death

- Emphasize humanitarian ethics and human rights at all levels of social organization
- Promote an international legal framework of responsibility of the state, and hold states accountable for protecting patients' rights
- Revivify global psychiatry's role as an advocate for the rights of the mentally ill
- Work to make human rights culturally and institutionally at stake for society in general and the mental health care community in particular



## *Five Sets of Questions for Future Research in Global Mental Health*

- 3) The paradox of global pharmaceuticals for psychiatric disorders—under-diagnosis and absent treatment for the poor; over-treatment for the middle class and well-to-do—how is it best operationalized in theory and empirical studies? How will pharmaceutical power influence cross-cultural practice and global mental health policy?

# Pharmaceutical Paradox

- In global perspective, appropriate pharmacological agents for the treatment of mental illness remain in short supply and are rarely used
- In urban areas, even in poor countries, there is a rapid swing to over-diagnosis of conditions, as well as an over-utilization and misuse of psychopharmacologic agents.

# A New Orientation for Medical Anthropological Studies of Mental Illness

- Medical anthropologists have taken an overwhelmingly critical orientation, with **medicalization** as the leading interpretative scheme in the study of mental health care
- Medical anthropologists have failed to adequately examine the effects of absent or inadequate services and interventions
- What happens when we see **the state** *not* primarily as the source of powerful control over the mentally ill and through them, society at large, but rather as fragile, constrained, and almost powerless to provide the most basic care to its most vulnerable members?

# The Cultural Romance in Medicine

- There is danger in the continuing romance of medical anthropologists, ethnomedicine experts, and cultural psychiatrists with traditional healing and traditional healers. This includes “**immodest claims**” (Farmer) of efficacy in the absence of compelling evidence.
- Hence we too often assume that culturally congruent beliefs and practices will lead to better outcomes. This is also an **immodest claim**. More frequently, the intersection of poverty, marginalization, experiences of violence, together with cultural processes, more usefully define the problems that minority and disadvantaged groups experience in the mental health domain.

# *Five Sets of Questions for Future Research in Global Mental Health*

4) How do **ethics, forensics** and **caregiving** fit in with cross-cultural professional and family-based mental health practices?

# Caregiving and Ethics in Global Mental Health

- Global health at present seems to have almost nothing to do with caregiving
- Where is the ethnography of caregiving today for mental health problems?
- Globally, professionalization of psychiatry has been uneven and marked by the lack of serious attention to ethics
  - Misuse of psychiatry for political purposes in China
  - Superficial and hegemonic imposition of NIH-style bureaucratic ethics on global research

# Five Sets of Questions for Future Research in Global Mental Health

- 5) How do we refigure biosocial and cultural approaches to mental health care to encompass the new **neurobiology** and **brain research**?  
This means also providing a more up-to-date understanding of the culture concept and how culture works in the mental health field.

# Biocultural Interactions

- Psychiatric disorder involves both **biological vulnerability** and **social construction**
- Culture affects biology (→ concept of **local biology**)
- How to understand **cultural competence**?
  - Possibilities and limits of a **cultural approach** to mental health
  - Relevance to diasporas, migration, and the cultural transformation of psychiatric categories and practices



# Cultural Competency

- The major problem with the idea of cultural competency is the conceit that culture can be reduced to a technical skill for which clinicians can be trained to develop expertise
  - Cultural competency becomes a series of “do’s and don’ts” that define how to treat a patient of a given ethnic background
  - This idea of isolated and static societies with shared cultural meanings leads to dangerous stereotyping
- An ethnographic perspective enables clinicians to be sensitive to cultural difference in a far deeper way than a cultural competency, ‘trait list’ approach
  - An ethnographic approach can orient a clinician towards empathizing with the lived experience of the patient’s illness, and trying to understand the illness as the patient understands, feels, perceives, and responds to it

# A Revised Cultural Formulation

- 1) Ethnic Identity
- 2) What Is at Stake?
- 3) The Illness Narrative
- 4) Psychological Stresses
- 5) Influence of Culture on Clinical Relationships
- 6) The Problems of a Cultural Competency Approach

Implementation is  
another major  
challenge for  
global mental  
health in poor  
societies



# General Problem Areas in Global Mental Health

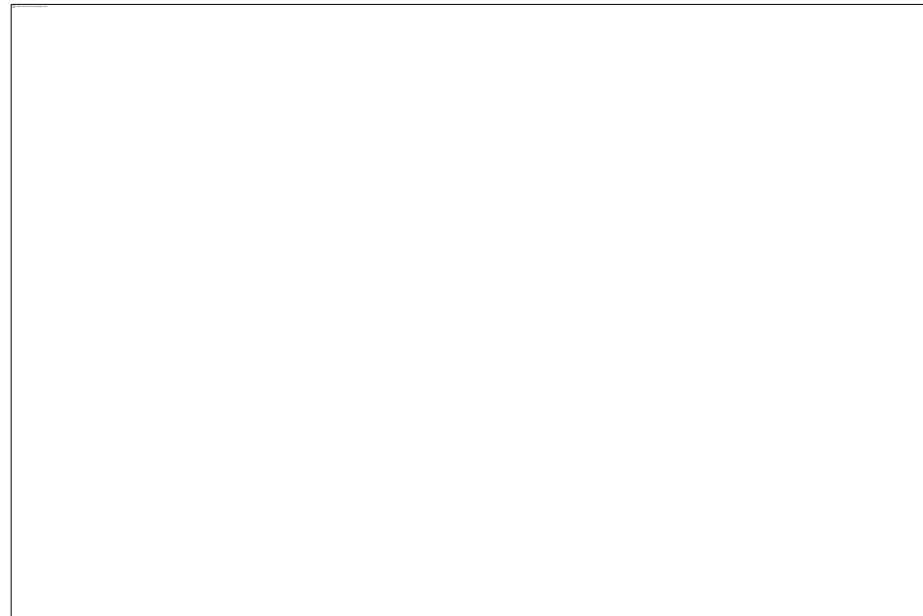
- Primary Care
- Early Intervention
- Mental Health Care Financing
- Quality of Care
- Ethics and Forensics



A caseworker visits mentally ill patients in the community in Ghana (photo: Basic Needs)

# Major Obstacles

- Funding
- Stigma
- Infrastructure
- Leadership



A nurse on her rounds in a mental hospital in the breakaway region of Abkhazia (photo: Avdeev Max)

# Ways to Do It

- 1) Global mental health research collaborations
- 2) Global mental health research centers
- 3) Research training programs
- 4) Population laboratories
  - Collaborative
  - Interdisciplinary
  - Basic
  - Applied
  - Surveillance
  - Local policy agendas
  - Intervention studies
  - Evaluation

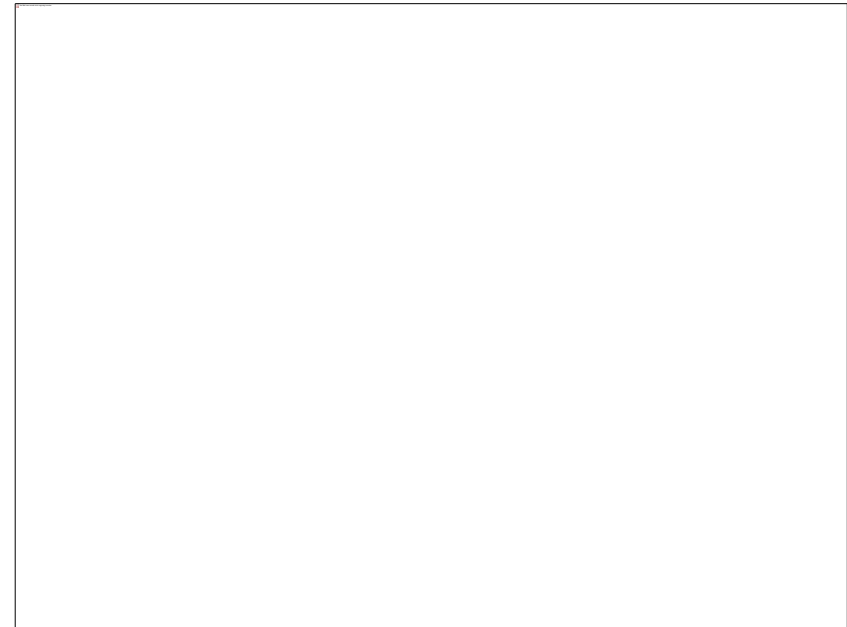
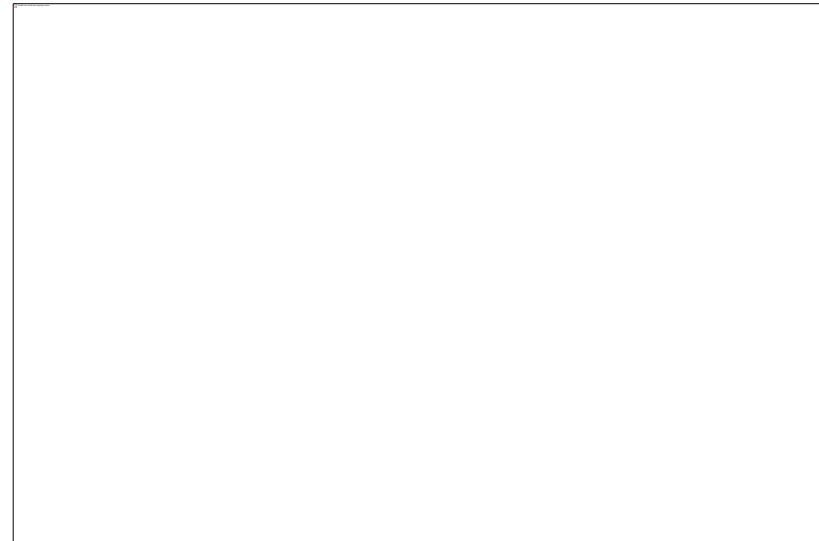


Photo: Basic Needs



# Questions for the Evaluation of Global Health Interventions

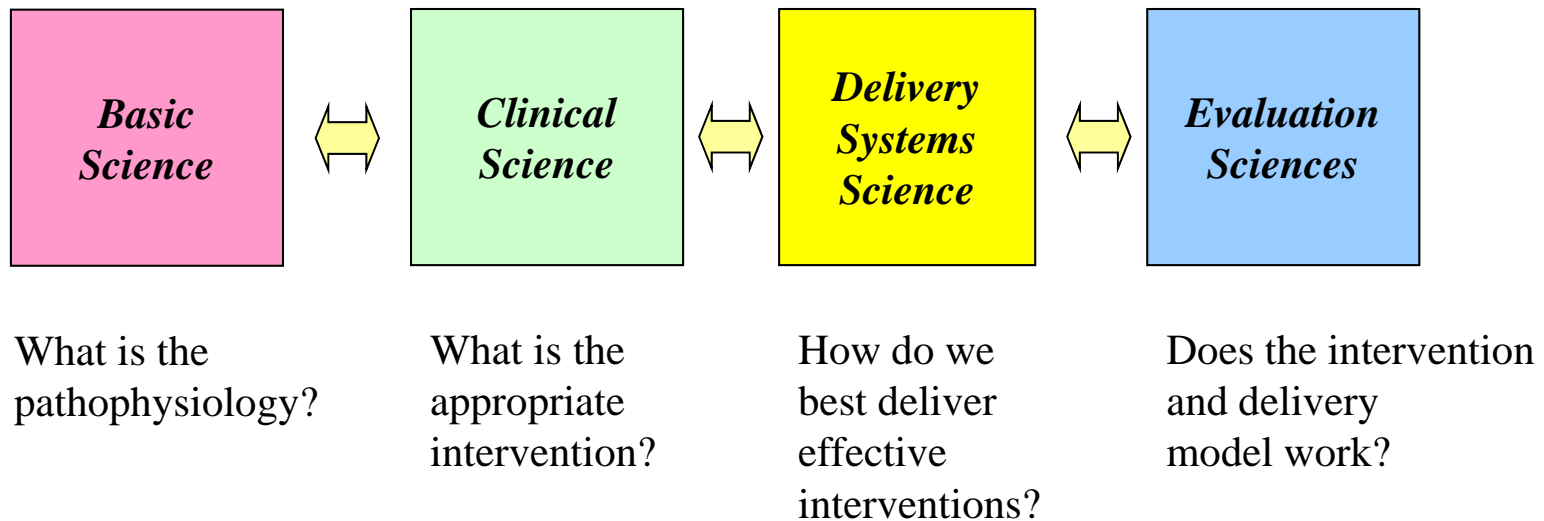
- How accessible is the intervention?
- What are the outcomes?
- How has quality been evaluated?



A psychiatrist and a health worker in a pilot mental health outreach program in Goa started by Dr. Vikram Patel (David Kohn for the New York Times).



# There is an opportunity for multi-faceted research

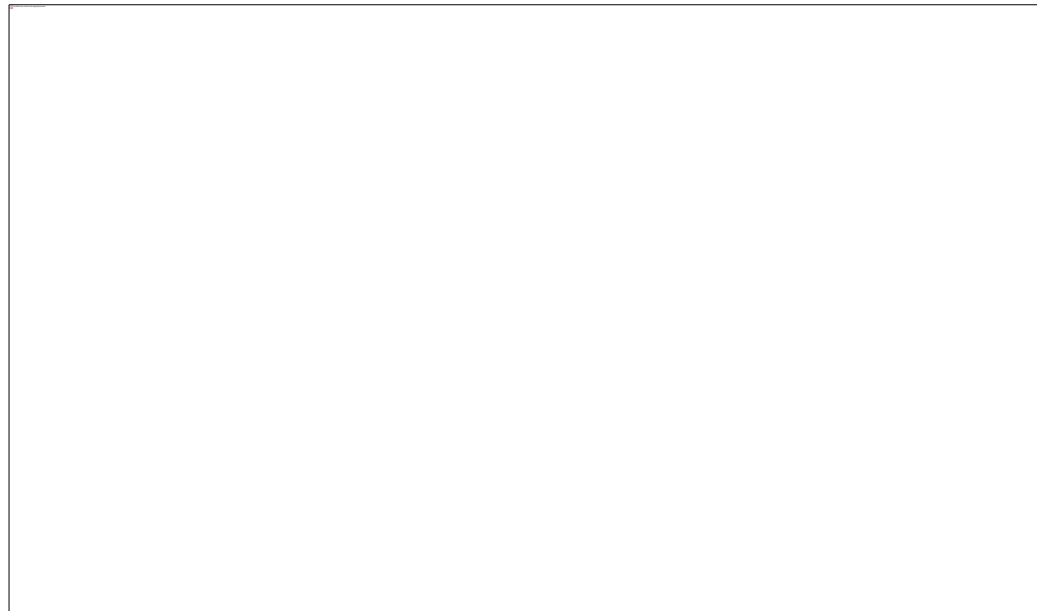


# Key Needs in Global Mental Health

- Demonstration projects tied to rigorous external evaluation and funding for generalization of programs if outcomes are positive
- Network of global mental health policy research centers in the developed and developing worlds
- Networking centers, researchers, and trainees

# Generalization of Programs

- Critical demonstration projects
- Evaluation
- Generalization to various levels
- Formation of international guidelines and best practices



Pamphlets distributed by pilot mental health program in Goa (photo: David Kohn for the New York Times)

# A New Era in the Anthropology of Mental Health

- We must become more comfortable collaborating across methodological and professional divides
- Anthropologists cannot avoid contributing directly to public health and clinical interventions
- We must recreate our field through new theories, new research questions, and new approaches
- We are in a period of moving from the margin to the center of both our discipline and our subject matter

