Are Mental Illnesses Universal! --The Issues and Consequences of Ethnopsychiatry: An Anthropological Observation

Dr. Abhijit Das[1*]

[1*]*Associate Professor, Dept. of Anthropology, West Bengal State University, West Bengal, India.*
Email: romeda.das@gmail.com

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Abstract
Psychiatric systems, like religious, political, or kinship systems, are culturally constructed. Each mirrors a culturally constructed reality and inseparable entity of being an aspect of human culture. The present study broadly interprets that folk and professional psychiatrists are equally trans-cultural, or ethno-psychiatry, the psychiatric edifices expressive of particular cultures. The term 'ethno psychiatry' has been coined in the late 1940s to refer to the local presentation of psychiatric illness, and popularized in the 1950s. Finally, the pertinent area as well as approach to the study of mental illness in the communities through the psychiatric theories and practices at its social and cultural setting is considered as an interdisciplinary concern under the purview of Medical Anthropology. The universal domain of mental illness has also been judged and explored both folk and professional psychiatric practitioners and researchers from numerous cross-cultural studies along with an interface between Medical anthropology Psychology Cognitive anthropology and Psychological Anthropology. The present analyses finally throw light on the mental illness and its own standard of judgments as cultural constracts, ethno-psychology of mental illness, or ethno psychiatrist, featuring local understanding of causes, symptoms, and treatments.

Preamble: Medical anthropology, being one of the applied sub-fields of Cultural Anthropology is concerned with the study of cross-cultural health systems as well as the ways in which disease is understood, perceived and treated in different cultures (Nanda & Warms 2011: 8; Miller 2011: 158). Over the past century, important advances in preventing disease and improving health care have been made around the globalized world. Yet the modern medical model has serious limitations in dealing with each and every health issues in different cultures and specifically among variegated ethnic, racial and class populations in the world over. The relevance of anthropological interference is felt with this regard. Medical anthropology draws upon social cultural, biological, and linguistic anthropology to better understand those factors that influence health and well being. It is concerned with the distribution prevention, and treatment along with the future planning for the same as suggested by the researchers concerned.

Pertinently medical anthropologists adapt the holistic, relativistic and ethnographic approaches of anthropology to the study of health and disease in diverse societies. Modern biomedicine tends to regard diseases as universal entities, regardless of their contexts. However, medical anthropologists have found that disease and medicine never exist independently of particular cultural and historical contents. Health and disease are not just biological notions, but fundamental socio-cultural, psychological and political - economic concepts. It is worth mentioning that Baer, Singer, and Sussman from their study note that health should have to be considered symbiotically with wealth. The degree to which people in different societies have the ability to gain access to resources(e.g. food, water, goods) and social statuses their society values is a critical determinant of health. Similarly, Arther Kleinman (1995), fortunately being medical anthropologist and psychiatrist views that the body connects individual and group experience. Trauma caused by depression and violence caused by chronic pain are best understood as personal experiences of broader social concerns rather than simply individual medical problems.The implication is that medical ills are closely related to social problems. Kleinman including other medical anthropologists are particularly interested in examining the culture of suffering or the behavioural manners and customs in which an ill person manifests his/her disease/distress (Scheper-Hughes & Lock, 1990).

Therefore, medical anthropologists do much more (including psychological state of individual or group mind) than provide broad social, cultural, and political perspectives on health and healthcare institutions. With regard to the domain of application they help to bridge the gap between medical service providers and their clientele (Schensul, 1997). The ethnographic methodologies of medical anthropologists often emphasizes the patient's experience and notion of disease and treatment. So, in addition to studying the way

ill people understand disease and its cure, anthropologists areincreasingly interested in analyzing the medical profession itself and the way it both influences and is influenced by larger cultural patterns.
Anthropology has long hadan interest in the cultural aspects of emotional disturbances. A few well-known researches on this area can be mentioned herebriefly. Jules Henry (1973) analyses the families with autistic children and Ruth and Stanley Freed's (1985) study ghost possession. In keeping with this interest, the socialization and training of psychiatric practitioners has been the subjectof anthropological scrutiny. Surprisingly, anthropologist Tanya Luhrmann (2000) in the book *Of Two Minds: The Growing Disorder in American Psychiatry*, examines the socialization of doctors who specialize in psychiatry in the United State. The major question that shapers psychiatric training is whether mental illnesses are a matter of biological dysfunction best treated pharmacologically, or whether they are the product ofpsychosocial factors such as family dynamics and thus best treated by psychotherapy. Therefore, in order to contribute to the more effective development and implementation of health-system policies with special emphasis on mental health policies, psychological anthropologists from their subfields of Ethno psychiatry do raise their hands as concerned.

II Ethno-psychiatry:
Origins and Historical genesis - A brief outline:
Ethnopsychiatry, synonymously known as trans cultural or cross-cultural Psychiatry examines not only other cultures'understandings of mental illness but also methods of treatment other than standard Western Biomedical procedures. Conversely, the Psychology and the Psychological anthropology, particularly psychoanalysis, have offered Cultural Anthropology (Medical Anthropology as specialty) new hypotheses as well as domains of research for an interpretation of the concept and perception of culture. From its origins in the late eighteenth century, the field of clinical psychiatry recognized that mental illness might be influenced (sometimes even be caused), by a society's mores, emotions, and sentiments. Generally, the patterns of severe illness (i.e, psychosis) identified in European hospitals were taken as universal, whilst it was accepted that wide variations existed in everyday psychological functioning which could be attributed to race, religion as well as community, gender and class (Barnard &Spener, 2010). Emile Krapelin (1904), a German Psychiatrist, after his trip to Java, noted that local understandings could allocate the illness to categories quite different from those of Western biomedicine, such as sprit possession or something like that or a call to a shamanistic role.
It is also a mentionable fact that locally recognized patterns of mental illness but could not easily be fitted into Western nosologies were described as 'culture bound syndromes' which represented a society's character (*e.g. that, amak,witko voodoo death* etc. as recognized locally). Thesesyndromes were recognized locally as folkloric curiosities but there actual behavioral occurrence seem doubtful. During the world War I and the 1950s, anthropological interest in mental illness was largely restricted to the American Culture and Personality school. Following Freud, the school emphasized variation in adult character and culture as originating in childrearing practices and which had little interest in insanity.The standard procedure was for studying personality by using the measurements from psychoanalysis across societies and relates the findings to levels of anxiety, etc.
The term 'Ethnopsychiatry' as copied by the Haitian psychiatrist Louis Mars in 1946 is to refer to the local presentation of psychiatric illness was popularized in the 1950s by G. Devereux in his psychoanalytical study (1961). He added a new emphasis on the systematic study of 'the psychiatric theories and practices of an aboriginal group'. The term is now generally recognized. His associate R. Bastide (1965) restricted the term 'ethno-psychiatry' to the studyof local conceptualizations whichrecalledthose of Western psychiatry anddistinguished it from social psychiatry (the social context of a mentally ill person) and from the Sociology of mental illness (its epidemiology and social causes). Thusit would beappropriate to see the various overlapping sub disciplines (or subfields of disciplines) asranging from medical to anthropological interests each marked by fluctuating popularity and influence: starting from the medical end with epidemiology and social psychiatry, through comparative psychiatry, transcultural, and cross-cultural psychiatry, cultural psychiatry and anthropology and psychiatry, ethnopsychiatry and cognitive anthropology. It may be concluded that this closely parallels the spectrum as well as recent sight from empirical cross-cultural psychology to interpretive psychological anthropology, psycho analyticaland evolutionary interest being replaced by ethnoscience with more detailed studies of the cultural context and local meaning of the phenomena. But, the key issues as well as thematic study contexts remain the same.

III Are mental illnesses universal? – Some observations

It is a mentionable fact in this discourse that during the 1950s to the 1970s the researchers, who carried out the first direct questionnaire-based cross-cultural comparisons, had remained influenced by psychoanalysis. But recently WHO'S international studies on schizophrenia and depression similarly use detailed questionnaires of western biasness. Finally like Krapelin, they conclude that formal characteristics of severe psychoticillness can be identified universally though are biologically determined. The better prognosis has been identified in non-Western societies may be attributed to local categorization under the purview of ethnomedicineTherefore, from the perspective of scientific investigation on mental illness, the Western and non-Western interpretations claim that this disorder is more or less found world wide as well as universal. And diagnoses as well as recovery may be depended on the observations of its cultural contexts, too.Whilst the form or content distinction is widely criticized, it remains debatable as to how in Kleinman's 'new cross-cultural psychiatry' we can derive practical comparative measures from a multiplicity of contexts and at which point local particularity can be ignored But, seeing the light of hope that the official diagnostic manual of American psychiatry (DSM IV) now includes a brief cultural section on each category and a glossary of culture bound syndromes as written by ethno-psychiatrists. Following recent anthropological and historical interest in Western psychiatry, many Western illness such as anorexia nervosa, post-traumatic stress disorder or drug overdoses are now regarded as somehow'culture-bound'

Psychotherapy has often been considered from the traditional/indigenousregions healing patterns. Some contemporary illness namely hysteria and multiple personality disorder are attempted both by Western biomedicine and local healing thatsomething like 'psychological conflict' may be expressed through bodily preoccupations and physical pain is commonly acceptedand was regarded bypsychoanalysts as a primitive psychological defence against anxiety. 'Somatization' is now recognized by ethno-psychiatrists as occurring in all societies. Moreover, theoretical approaches to somatization derive from attribution theory and systems theory, and from ethnoscience particularly its interest in local concepts of self and emotion, which brings the area close to the psychological anthropology of Shweder and Royd, Andrade in the United States. Therefore, the individual in ethnopsychiatryis now less some unity to which explanations are to be referred than the embodied locus of contested meanings. It may be concluded that the earlier psychoanalytical approach lacks the naturalistic, personalistic and moralistic equation of health and value together with the psychopathologicalissues.

Mental illness: Its Ethno psychological domain A brief overview from Psychological Anthropology.

Twoof the most basic yet most electiveconcepts in psychology, and therefore in psychologically oriented anthropology are "self" and "personhood" (Eller, 2019). According to these notional aspects of individual in his/her socio-cultural milieu, societies have ideals or norms about self and personhood, — or, Melford Spiro (1993) put it earliest, conceptions of the selfis a signal of an important issue that has been reappeared throughout the psychological anthropology of the 21stcentury .Namely, while anthropology (and academic psychology) may bring certain analytical categories to the cross-cultural study ofpsychological questions, those cultures often if not always have their own categories and terminology fortalking and thinking about personality. These local self / person are part of localpsychologies or "ethnopsychologies" defined by Catharine Lutz in one of her casestudyas

"The way people conceptualize, monitor, and discuss their own and others' mental processes. All ethnotheories explain some aspect of variability in the world; ethnopsychologies explain inter- and intrapersonal variations and they bothconstruct and derive from people's observations of changes in consciousness, action and relationships."(1998: 83)

Other cultures' ethno psychologies are worth knowing in their own right and often if not always diverge from familiar academic psychology.At the extreme, some critics have disparaged academic psychology as nothing more than Western ethnopsychology.

From its inception, anthropology has been intimately allied not only to psychology but to psychiatry in particular,from the pervasive influence of psychoanalysis [a theory of human mind and culture born in Freud's clinical practice. A number of early (and recent) anthropologists were actually trained in medicine and/or in psychoanalysis or psychiatry, and anthropologists and other scholars have long been aware of so-called 'culture-bound syndromes" which are typically psychological in nature. Even western biomedicine recognizes the culture-bound syndromes, sometimes also called folk illnesses as well as "folk-psychiatriy (Gaines, 1992), as a culture specific pattern of abnormal behavior or ideation, which may have no exact

equivalent in psychiatric classification (Eller, 2019). Simons and Hughes (1985) listed two hundred such ailments in different contexts of Malaysia, Native America, China and West Africa.
The anthropological study of mental illness today stands at the confluence of psychological anthropology and medical anthropology, the latter defined by the Society for Medical Anthropology (2017) as a branch anthropology investigating
"….those factors which influence health and well-being (broadly defined), the experience and distribution of illness, the prevention and treatment of sickness,healing processes,the social relations of therapy management, and the cultural importance and utilization of pluralistic medical systems."
Similarly, Ceil Helman (2007) definesmedical anthropology as intended for health professionals.
"...how people in different cultures and social groups explain the causes of ill health, the types of treatments they believe in, and to whom they turn if they get ill. It is also the study of how these beliefs and practices relate to biological, psychological, and social changes in the human organism in both health and disease,... [It is] the study of human suffering
Etc."
Medical anthropology highlights the fact that it is an especially practical subdiscipline; not merely investigating cultural concepts of health, illness and treatment but contributing to public policy and reform and to the quality of care at various sites such as hospitals, outpatient clinics, shelters, and prisons, Currently, we can have many anthropological studier of mental illness in the journals like *Culture, medicine and psychiatry ;Trans cultural Psychiatry*; and *American Journal of Psychiatry*.

Mental Illness as a Cultural System: Anthropological Issues
The first as well asgreatest anthropological issue in considering mentalillness is that both "mental" and "illness"Many societies do not possess the concepts of "mental" or "mind" that is discrete from the individual person or from the individual person or from social relationships. It is worth mentioning that the instances of shamanism in societies illustrate that not all non-ordinary states of mind are judged as "illness" Nor, in all cultures, is mental illness or aberrant behavior entirely "medicalized", that is, even if a person is regarded as troubled or sick, the treatment of such conditions maynot be handed over to a "medical", institution or practitioner.
Edward Sapir (1938) opined that anthropology and psychiatry arecousins because both examined variationsof thoughts and behavior within a society,further stressing that individual difference and exceptions could become sources of cultural regularities over time. Sapir in his article titled 'Cultural Anthropology and Psychiatry' (1932:283) argued that both the discipline share a concern for the "adjustment processes of given individual" in their respective societies as well as culture. Sapir concluded that cultural anthropology does and should have "the healthiest of all skepticisms about the validity of the concept 'normal behavior', which he grasped to be "an exceedingly elastic thing"; anthropology is unique and valuable precisely "because it is constantly rediscovering the normal" (235). Similarly, Ruth Benedict (1934: 64) concluded after offering many examples of shamanism divination, trance, and catalepsy that"normality is culturally defined". Consequently, there are few if any thoughts or behaviors that are abnormal or insane in themselves but only when assessed by some cultural standard of normality.
It follows- if abnormality, insanity, mental illness or anyone we choose to call it is a cultural judgmentrelative to some standard of normality -that Western concepts and practices regarding mental illness are at least in part cultural. We see in *The Social system* (1951), Talcott Parsons insisted that medicinebe approached as "a mechanism in the social system" and analyzed in terms of the social organization of its rules and roles, but he demanded that we see the patient as playing a sick role "sociologically, he maintained that sickness -- especially mental illness but also physical illness-could be understand as a sort of deviant.
Therefore, the fact that Western medicine, including psychiatry, is culturally constructed implies that it has a social history, which is self-evident. Some scholars including psychiatriststhemselves, have assertedas well as concludedthat there is "culture of psychiatry" (Linda Gask, 2004:36).
Anthropologists have ventured out of the clinic, hospital, and nursing home to investigate how mental health and illness are construed in other cultures. The anthropological investigation for the culture of mental health and illness has inevitably brought researchers to consider how psychiatric categories are applied and how psychiatric care is organized and practiced in institutional settings.
It has been observed that the main thrust of the issue is that fact that mostifnot all societies have their ethnopsychology or allied issues like expression of emotions, dreamer, and other altered states of

consciousness but also local conceptions mind, body, and spirit and of the causes, symptoms, and treatments of mental illness.

IV Ethnopsychiatry: the applied domain

Regarding clinically applied ethno-psychiatry, the work of Bateson and Turner has had a direct influence on family therapy and the newer "expressive European therapies. Psychiatric anthropologists increasingly work on health and development projects, refining epidemiological measures, evaluating community reception of mental illness, the attribution of responsibility, doctor-patient communications the pathways into psychiatric care, networks of care, the consequences of stigma, and the daily life of psychiatric institutions and patients, and have recently turned to record personal narratives of illness and mental handicap. European anthropologists' concern has been the psychiatric care for ethnic minorities.

In the last decade ethnopsychiatry has been of professionally influenced by critical theory, the familiest health movement, and by the studies in epistemology and polities of psychiatry initiated by Foucault.But, the 'critical medical anthropologists' of NorthAmerica, believe the own beliefs of the patients under observation in medical treatment. Gaines (1992) on the other hand, had objected that the Marxist theorists assert an empirical reality for mental illness more than they admit. He proposed to restrict the term 'ethnopsychiatry' to the study of local meaningsalone, arguing that Western science is as much an ethnoscience as anyother, and that its various national schools can be examined like other social institutions. Increasing numbers of psychiatrists in other countries (like Norway, Japan, South Africa, Australia, India, and Brazil) and in the WHO now incorporate anthropological critiques into their cultural and epidemiological studies.

Last ofall, we can summarizefrom the words of Gaines (1992) that, in the future of the newethnopsychiatry there appears to beroom for both the expansion of current area of research and the development of new areas of investigation. As we move more towards recognition thatour world and our ethnopsychiatries and those of others, are line wiseconstructed, we expand the nature and breadth of our research endeavour. At the same time, we demonstrate the cultural construction of the disciplinary and conceptual boundaries asresearch leads us into non psychiatric and non medical fields and back again. It is appropriate, then, to use constructivist approaches which do not falsify our own and other cultural worlds and which do not deny or ignore local realities. Rather, we need to improve cupon our ability to recognize and deconstruct cultural constructions, including the notions and activities called science and medicine as well as notions of sickness, person and the other so that we can find better ways to understand rather than deny them.

References:

1. Nanda, Serena and R, L. Warms. 2011. ***Cultural Anthropology***. USA: Wadsworth, Cengage Learning.
2. Miller, Barbara. 2011. ***Cultural Anthropology***. New Delhi: PHI Learning Pvt. Ltd.
3. Swinge wood, Alan. 2015. UK: Palgrave Macmillan.
4. Devereux, G. 1961. ***Mohave Ethnopsychiatry and Suicide: The Psychiatrie Knowledgeand thePsychic Disturbances of an Indian Tribe.*** Washington DC: Smithsonian Institution.
5. Gaines, A.D. (ed) 1992. ***Ethnopsychiatry: The Cultural Constructions of Professional and Folk Psychiatrist.*** New York: State University of New York Press.
6. Kleinman, A and B. Good (eds). 1985. ***Culture and Depression: Studies in the Anthropology and Cross-cultural Psychiatry of Affect and Disorders*** Berkeley: University of California Press.
7. Hirsch, S.R. and M. Shepherd (eds). 1974. ***Themes and Variations in European Psychiatry.*** Bristol: Wright.
8. Marsella, A.J. and G. M. White (eds). 1982. ***Cultural conceptions of Mental Health and Therapy.*** Dordrecht: Reidel.
9. Murphy,H.B.M. 1982. ***Comparative Psychiatry,***Berlin: Springer.
10. Eller, Jack David. 2019. ***Psychological Anthropology for the 21 stCentury.*** New York: Route edge.
11. Barnard, Alan and J. Spencer (eds) 2010. ***RoutbdgeEueyclopedieof Social and cultural Anthropology.*** New York: Routledge.