

**‘Some mental disorders are culture-bound syndromes.’ Discuss using AT
LEAST ONE example.**

This essay will first examine the factors which influence the prevalence of certain mental health disorders and use analysis of this to critique the idea of a culture-bound syndrome. Then it will use discourse to show why the concept of a mental health disorder is a contentious one and how the treatment of abnormal socio-cultural phenomena as mental health disorders will not allow for them to be treated. The culture-bound mental illness that will be used for this analysis will be anorexia nervosa.

Cartesian mind-body dualism still dominates thinking about illness due to the fact there are distinct and separate categories in healthcare as a whole for dealing with diseases of the mind and diseases of the body. While physical illnesses are considered diseases of the body it is the so called diseases of the mind that are ascribed the category of mental illness (despite the fact that many have a strong impact upon the body). Busfield describes mental disorders as “*a culturally and socially relative category whose precise boundaries and meanings vary over time*” (2001). These changeable boundaries and definitions of mental disorders are best demonstrated in Thomas Szasz’s discussion on the status of homosexuality

“For many years psychiatrists imprisoned homosexuals and tried to “cure” them; now they self-righteously proclaim that homosexuality is normal and diagnose people who oppose that view as “homophobic”” Szasz (2007:96)

Thus demonstrating that the definitions of what is a mental disorder are not fixed and are very much related to what is considered socially acceptable in a particular society and at the time of their existence. The nature of this is rooted in what Foucault calls the ‘order of reason’ which is what is considered reasonable given a particular time and is shown in the methods for explaining things. Mental illness is often considered in opposition to this reason. An example of differing orders of reason would be if today a psychiatrist suggested treating mental health issues with exorcism it would not be accepted whereas 400 years ago it would have. Busfield echoes Foucault when she views mental disorders as the regulation of this ‘reason’ (by defining what is unreasonable) and that all mental disorders are linked to the

ideas of unreason, not just those of madness. Now in defining what is reason, it must be understood what is normal behavior in a society. What can be considered a mental illness in one society may be considered 'normal' behavior in another. To take an example; if someone was talking with spirits and dead people in western society they would be considered madness where as in many other societies, in the world it would be a desirable trait and may lead to the person becoming a Shaman, a respected figure in society.

So it can be said that if mental illnesses are shaped by the type of society they exist in and what is normal to that society then there will be certain mental illnesses that only affect certain societies as only they have the cultural and social ingredients to make that illness. These are what is called a culture-bound illness or mental illness and has been defined as

“The term “culture bound syndrome” is used to denote any of certain recurrent, locality-specific patterns of aberrant behavior and experience” Simmons & Hughes (1993:75)

The next part of this essay will examine the case of anorexia nervosa. This particular topic has been chosen as it once was considered to be a culturally bound phenomena (Prince, 1983, 1985 cited in Gordon) confined to western society.

Richard A. Gordon sees the prevalence of anorexia nervosa in a society not as a medical condition as it was considered for many years but, as a symptom of certain societal conditions. These conditions he outlines as the changing status of women in society from more traditional occupations to competing with men, playing active roles in public life etc, an emphasis on individualism, expanding influence of consumerism and the media where images of thinness are glorified. He states that these factors were prevalent in western societies from the 1960s onwards and are coupled with a dramatic rise in the cases of anorexia nervosa in the western world. The evidence he has for these factors contributing to the prevalence of anorexia nervosa are that in studying the rise anorexia nervosa in other societies around the world he has also found these factors to be of increasing occurrence. There for it is seen as a product of certain socio-cultural factors that have in turn traveled around the world and manifested themselves in different societies and in turn have seen the spread of anorexia nervosa. Thus while anorexia nervosa was once considered a culture-bound illness, there is the propensity for the socio-cultural conditions to manifest themselves elsewhere in the world

and hence, in this instance anorexia nervosa can be considered to be a product of certain socio-cultural conditions that are not necessarily specific to certain locales as Rack has suggested in *Race, Culture and Mental Disorder*. It can then be concluded that all culture-bound illnesses have the propensity to become “unbound” and spread to different locales in the world.

I have shown how the nature of the times has an influence on the prevalence of anorexia. The next part of this essay will continue with analysis of the once culture-bound mental illness, anorexia nervosa. It will show that the discourse throughout history on anorexia nervosa, displays how changing socio-cultural conditions have affected the causes, the explanations and treatments for anorexia nervosa. In fact, what today we would describe as anorexia nervosa, would not have been described as such pre-1874 as this was the year the term originated. However, behaviors that today would be described as anorexia nervosa still existed and instead of being explained as a medical phenomenon between the 17th century and early 19th century were explained using religious terms (Hepworth). Explanations for the behavior were attributed to “wicked powers” and were seen as evidence that women were possessed by the devil. These religious explanations echo anthropological discourse on magic and witchcraft and an example of another culture specific mental disorder. Among the Saora tribe of Orissa State in India, young men and women sometimes start to cry and laugh at inappropriate times, experience memory loss, pass out, feel like they are being bitten. They are usually young people feeling social immense pressure to conform to life as a farmer, as do not wish to follow this line of work. The explanations given to these sorts of behavior are attributed to supernatural spirits that wish to marry the persons. The solution is to marry the person to the spirit in a ceremony resulting in the termination of the symptoms.

The reason this example has been used is to demonstrate that the explanations for certain cultural phenomenon are based upon the culture they are experienced in.

The turn away from religious explanations of anorexia nervosa coincided with the enlightenment, and a general move towards science, rationality and knowledge. And hence, as of 1874 anorexia nervosa was treated as a disease, a sickness. This quote from Thomas Szasz found in Hepworth demonstrates the social aspect of this turn

“We now deny moral, personal, political and social controversies by pretending that they are

psychiatric problems; in short by playing the medical game. During the which -hunts men denied these controversies by pretending that they were theological problems; in short playing the religious game” (Szasz, 1972:189)

hence, we see that classifying anorexia nervosa as a mental illness, culture bound or otherwise, is just the current way of explaining the phenomena. Just like the unusual behavior experienced in the Saora tribe that was explained by spirits wishing to marry the person, the anorexic's of the 17th century being explained as “wicked” and containing the devil, today these phenomena are understood as mental disorders. Even a turn away from western based culture-bound syndromes to more exotic one such as Koro¹ and Amuk² and which have been described as “psychosexual” and forms of “psychogenic psychosis and “schizophrenia” respectively. The western explanations of these phenomena in the 16th and 17th centuries would have probably been based around which craft and religion. The relative explanations for the same phenomena are not just based upon the geographical location but on the time they existed in too and the dominant ideologies at those times. Right now scientific explanations for unusual behavior are used in the form of classifying them as mental illnesses. Therefore it is not useful to use the lens of mental disorders to understand such phenomenon, in the future it may sound as ridiculous as witchcraft which links back to Foucault's understanding of “reason” and how it is a product of the times.

This essay has shown that yes we are guilty of look at things not relatively and through our own lenses. While it is not helpful to analyze things in this way, the attempt at a creation of new ways of thinking risk falling into the same categories and are likely to be victim to what Foucault calls “utopias”.

It has shown how there are two factors that need to be considered when taking of mental illness. The social conditions that cause a particular illness and the cultural conditions that are responsible for the explanation of such. Therefore, it can be said that while certain mental illnesses are considered culture-bound it may be more helpful to consider them social-condition bound with the explanations of these phenomena been rooted in culture. It must also

¹ Koro gives patients the delusional fear that their penis is retracting into the abdomen and found in Southeast Asia

² Amuk is an outburst of frenzy which ends in murder, where the patient sometimes falls asleep after and wakes up not remembering the previous events or is killed by bystanders or commits suicide. It is found in Malaysia.

be noted that these cultural explanations are also rooted in particular timeframes. This has all been demonstrated using the example of anorexia nervosa.

Further research could be into what effects of globalization has had on what are known as culture-bound illnesses and to see how migration to different countries and cultural settings has influenced the prevalence (i.e. the social conditions that cause it), the explanation (i.e. the cultural understanding of it) and the treatment of conditions.

Bibliography

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