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CULTURAL PSYCHOPATHOLOGY: Uncovering the Social World of Mental Illness

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■ **Abstract** We review cultural psychopathology research since Kleinman's (1988) important review with the goals of updating past reviews, evaluating current conceptualizations and methods, and identifying emerging substantive trends. Conceptual advances are noted, particularly developments in the definition of culture and the examination of both culture-specific and cultural-general processes. The contributions of the Culture and Diagnosis Task Force for DSM-IV and the World Mental Health Report are reviewed and contrasted. Selected research on anxiety, schizophrenia, and childhood disorders is examined, with particular attention given to the study of *ataque de nervios,* social factors affecting the course of schizophrenia, and cross-national differences in internalizing and externalizing problems in children. Within the last ten years, cultural psychopathology research has become a significant force. Its focus on the social world holds promise to make significant inroads in reducing suffering and improving people's everyday lives.

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INTRODUCTION

In 1977 Kleinman heralded the beginning of a "new cross-cultural psychiatry," an interdisciplinary research approach integrating anthropological methods and conceptualizations with traditional psychiatric and psychological approaches.

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Researchers were encouraged to respect indigenous illness categories and to recognize the limitations of traditional illness categories, such as depression and schizophrenia. Also, the new cross-cultural psychiatry distinguished between disease, a ‘‘malfunctioning or maladaptation of biological or psychological processes’’ and illness, ‘‘the personal, interpersonal, and cultural reaction to disease’’ (Kleinman 1977:9). (See Shweder 1991 for a critique of this distinction). The perspective that Kleinman and others (Fabrega 1975, Kleinman et al 1978) articulated in the 1970s reflected an important direction for the study of culture and psychopathology—to understand the social world within mental illness. Parallel research efforts in cross-cultural psychology also identified ways in which culture shapes distress and disorder (for reviews see Marsella 1980, Draguns 1980).

Many advances were made during the first decade of the new cross-cultural psychiatry. One was the establishment of the interdisciplinary journal, *Culture, Medicine, and Psychiatry.* This newly founded journal, in conjunction with the reviews and commentaries of *Transcultural Psychiatry,* continues to provide an important forum for cultural research. Also, during this ten-year span, large-scale epidemiologic studies were carried out. The second multinational World Health Organization (WHO) study of schizophrenia was launched, and preliminary findings were reported (Sartorius et al 1986). The Epidemiological Catchment Area (ECA) studies were conducted as well (Regier et al 1984). Although some may question how culturally informed these landmark studies were (Edgerton & Cohen 1994, Fabrega 1990, Guarnaccia et al 1990), most reviews of culture, ethnicity, and mental disorders today refer to the findings from the WHO and ECA studies to address how social, ethnic, and cultural factors might be related to the distribution of psychopathology. Also during this time, the National Institute of Mental Health funded research centers with the sole purpose of conducting research on and for specific ethnic minority groups (African Americans, American Indians, Latinos, and Asian Americans). Some of the research from these centers contributed to the growing cultural psychopathology database (e.g. Cervantes et al 1991, King 1978, Manson et al 1985, Neighbors et al 1989, Rogler et al 1989).

Dialogues across disciplines were also initiated during this time. For example, Kleinman & Good’s (1985) classic volume, *Culture and Depression,* brought together the research of not only anthropologists, but also psychologists and psychiatrists. Another significant indicator of the field’s development continues to be its success in attracting new investigators, as suggested by Kleinman and colleagues’ long-standing cultural anthropology and mental health training grant (for a summary, see Kleinman 1988). In sum, these first ten years can be characterized as an exciting and fertile time for the study of the new cross-cultural psychiatry. Important critiques were made, the empirical database was developing, attention to US ethnic groups grew, interdisciplinary dialogues were being established, and new investigators were being attracted to the field.

Despite the many advances, the field’s main messages were not reaching larger audiences. Investigators were communicating primarily among themselves in spe-

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cialty journals and books. Those findings that did manage to be published in mainstream journals were scattered among a broad array of journals. Thus, the developments of the new cross-cultural psychiatry went largely unnoticed by mainstream investigators. On a rare occasion, one would find a special issue on cultural research in a mainstream journal (e.g. *Journal of Consulting and Clinical Psychology* 1987; Clark 1987). In an effort to bring the field's messages to a broader audience (general psychiatry and other mental health fields), Kleinman (1988) provided a comprehensive review of culture, psychopathology, and related research. Drawing on empirical data and theory, Kleinman eloquently argued that culture matters for the study and treatment of mental disorders. This volume serves as a significant marker in the development of the new cross-cultural psychiatry.

We have chosen Kleinman's 1988 review as the starting point for our review. In our opinion, it is the most comprehensive review of the field to date. However, many advances have taken place since its publication. Accordingly, one of our goals for this review is to identify significant developments in the most recent study of cultural psychopathology, that is, between the years 1988 through 1998. A second goal is to evaluate the conceptualizations and methods that have guided the most recent investigations. We have largely selected systematic lines of inquiry that we consider exemplary and that can serve as models for future investigations. The third goal of this review is to identify emerging substantive trends in the study of culture and psychopathology. We discuss some of the newer, less developed areas of research that show considerable promise. In pursuing each of these goals, we hope to share our enthusiasm for this exciting and dynamic field of inquiry.

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KEY DEVELOPMENTS

Conceptual Contributions

Definition of Culture Central to the study of cultural psychopathology is the definition of culture. Much past and even current research relies on an outdated definition of culture. In fact, Betancourt & López (1993) wrote a critical review of psychological research concerning culture in which culture was defined as the values, beliefs, and practices that pertain to a given ethnocultural group. The strength of this definition is that it begins to "unpack" culture. Instead of arguing that a given expression of distress resides within a given ethnocultural group, for example, researchers argue that the expression of distress is related to a specific value or belief orientation. This is a significant advancement. It helps researchers begin to operationalize what about culture matters in the specific context. Further, it recognizes the heterogeneity within specific ethnocultural groups. Knowing that someone belongs to a specific ethnic group provides guidelines to potential cultural issues in psychopathology, but it does not imply that that person adheres to

all the cultural values and practices of the group (see also Clark 1987, Helms 1997).

Despite the contributions of the values, beliefs, and practices definition of culture, it has important limitations (Guarnaccia & Rodriguez 1996, Lewis-Fernandez & Kleinman 1995). A major weakness is that this definition depicts culture as residing largely within individuals. The emphasis on values and beliefs points out the psychological nature of culture. Moreover, situating practices (customs and rituals) with values and beliefs gives the impression that the practices in the social world are a function of values and beliefs. For example, people are thought to rely on their family in times of crisis because they are high in familism or family-orientation. Investigators rarely examine what about the social world facilitates or fosters reliance on family members. Perhaps harsh environmental conditions contribute to families coming together to overcome adversity. When applying the values and beliefs definition of culture, the social world is subjugated to the psychological world of the individual. Contrary to this perspective, we argue that it is action in the social and physical world that produces culture as much as people's ideas about the world; the social world interacts on an equal footing with the psychological world in producing human behavior.

A second limitation of this frequently used definition of culture is that it depicts culture as a static phenomenon. We believe that culture is as much a process as an entity (Greenfield 1997). Attempts to freeze culture into a set of generalized value orientations or behaviors will continually misrepresent what culture is. Culture is a dynamic and creative process, some aspects of which are shared by large groups of individuals resulting from particular life circumstances and histories. Given the changing nature of our social world and given the efforts of individuals to adapt to such changes, culture can best be viewed as an ongoing process, a system or set of systems in flux.

A related limitation of the values-based definition of culture is that it depicts people as recipients of culture from a generalized "society" with little recognition of the individual's role in negotiating their cultural worlds. More recent approaches to culture in anthropology, while not discarding the importance of a person's cultural inheritance of ideas, values, and ways of relating, have focused equally on the emergence of culture from the life experiences of individuals and small groups. People can change, add to, or reject cultural elements through social processes such as migration and acculturation. A viable definition of culture acknowledges the agency of individuals in establishing their social worlds.

In sum, current views of culture attend much more to people's social world than past views of culture that emphasized the individual. Of particular interest are people's daily routines and how such activities are tied to families, neighborhoods, villages, and social networks. By examining people's daily routines one can identify what matters most (Gallimore et al 1993) or is most at stake for people (Ware & Kleinman 1992). Furthermore, this perspective captures the dynamic nature of culture because it is a product of group values, norms, and experiences, as well as of individual innovations and life histories. The use of

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this broader definition of culture should help guide investigators away from flat, unidimensional notions of culture, to discover the richness of a cultural analysis for the study of psychopatholgy. An important component of this perspective is the examination of intracultural diversity. In particular, social class, poverty, and gender continue to affect different levels of mental health both within and across cultural groups.

Goal of Cultural Research There are divergent views regarding the purpose of cultural research. Some writers imply that cultural research should be carried out to test the generality of given theoretical notions. For example, in a thoughtful analysis of cultural research, Clark noted: ''Conceptual progress in psychology requires a unified base for investigating psychological phenomena, with culture-relevant variables included as part of the matrix'' (1987:465). From Clark's point of view, cross-cultural work can serve to enhance the generality of given conceptual models by adding, when necessary, cultural variables to an existing theoretical model to explain between-group and within-group variance. Although Clark acknowledges the possibility that a construct developed in one country may not have a counterpart in another country, at no time does she discuss the value of deriving models of distinct clinical entities found in only one country or ethnocultural group. This suggests that for Clark the main purpose of studying culture is to enhance the validity of existing psychological models by attending to cross-cultural variations.

In contrast, both Fabrega (1990) and Rogler (1989) criticize researchers for not attending to the cultural specificity of mental illness and mental health. Fabrega examines researchers' use of mainstream instruments and conceptualizations in studying mental disorders among Latinos and challenges such researchers to be bold in their critiques of ''establishment psychiatry.'' Rogler recommends a framework for mainstream psychiatric researchers that attends more fully to culture. For both Fabrega and Rogler the risk of overlooking cultural variations is much greater in current psychopathology research than overlooking cultural similarities. Thus, Fabrega and Rogler urge researchers to consider cultural specificity and recommend practical steps to integrate a cultural perspective in the study of psychopathology.

An important conceptual advancement is the recognition of both positions, that is, studying culture to identify general processes and culture-specific processes. By focusing only on generalities, we overlook the importance of culture-specific phenomena. Thus, Clark's line of research may be less likely to recognize how culture shapes the expression of affect in significant ways. On the other hand, by emphasizing culture-specific phenomena we overlook the possibility of generalities. By developing culture-specific measures of mental illness, as suggested by both Fabrega and Rogler, we may underestimate the commonality of mental disorders across cultures. We agree with Clark, Fabrega, and Rogler that past researchers have neglected the importance of culture. However, the purpose of cultural research is to advance our understanding of general processes and culture-

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specific processes and the manner in which they interact in specific contexts. Our aim is to identify culture's mark amidst the ubiquity of human suffering. (See Draguns 1990 for an elegant discussion of this conceptual tension in the study of culture.)

Major Advances: *Diagnostic and Statistical Manual-IV* and the World Mental Health Report

We now turn to selected recent developments in the study of culture and psychopathology. We begin with a discussion of two of the most important projects that were carried out during the last decade, the incorporation of cultural factors in *Diagnostic and Statistical Manual (DSM)-IV* (American Psychiatric Association 1994), and the publication of the *World Mental Health Report* (Desjarlais et al 1996).

Through the efforts of Parron and colleagues, the National Institute of Mental Health funded the establishment of a task force to develop cultural materials for incorporation into all sections of the *DSM-IV.* Led by the members of the steering committee (Horacio Fabrega, Byron Good, Arthur Kleinman, Keh-Ming Lin, Spero Manson, Juan Mezzich, and Delores Parron) the task force gathered together available research and recommended how best to integrate a cultural perspective. Three main contributions were published in *DSM-IV:* (*a*) the inclusion of how cultural factors can influence the expression, assessment, and prevalence of specific disorders; (*b*) an outline of a cultural formulation of clinical diagnosis to complement the multiaxial assessment; and (*c*) a glossary of relevant cultural-bound syndromes from around the world. A more complete documentation of the task force's findings is available in the *DSM-IV Sourcebook* (Mezzich et al 1997) and in other publications [e.g. a special issue of *Psychiatric Clinics of North America* (Alarcon 1995), a special issue of *Transcultural Psychiatry* (Kirmayer 1998), and a compilation of relevant papers (Mezzich et al 1996)]. Without a doubt, the attention given to culture in *DSM-IV* is a major achievement in the history of classifications of mental disorders. Never before had classification schemas or related diagnostic interviews addressed the role of culture in psychopathology to this degree (López & Núñez 1987, Rogler 1996).

Although the attention to culture in *DSM-IV* is a significant advancement, it also has its limitations. Some observers have noted that significant portions of what was recommended by the Culture and Diagnosis Task Force were left out by the final arbiters of *DSM-IV* (see Kirmayer 1998, Mezzich et al 1999). Those aspects of culture that were included are only a partial reflection of the significant and dynamic role culture plays in psychopathology. The very limited discussion of specific symptoms which can be both culturally normative experiences and signs of distress, and the placement of the cultural-bound syndromes in the appendix tend to exoticize the role of culture. Cultural researchers object to the view that culture only pertains to patients from specific "cultural minority" groups, which present with specific symptoms or syndromes. Instead, cultural researchers

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view culture as infusing the presentation of all disorders among all people. Along these lines, the Culture and Diagnosis Task Force recommended that *DSM-IV* disorders such as anorexia nervosa and chronic fatigue syndrome be included in the ''Glossary of Culture Bound Syndromes'' because they represent North American disorders strongly shaped by culture. It was thought that doing so would counteract the impression that cultural syndromes are only relevant to members of ethnic minorities. The *DSM-IV* developers rejected this proposal, claiming that these disorders are not cultural in nature, as they were already in the body of *DSM-IV.* Furthermore, culturally informed researchers are concerned that the cultural formulation that was included is a ''bare-bones'' version of what was originally proposed. It is presented as a short list of questions with little introduction, and the illustrative case examples were deleted. The use of the pared down formulation may lead diagnosticians to a false sense of understanding culture's role in the diagnostic picture of patients. However, although the attention to culture in *DSM-IV* does fall short in depicting the important role culture plays in the suffering of individuals with mental disorders, it is a significant advancement over past efforts.

A second major development within the last decade was the publication of the *World Mental Health Report* (Desjarlais et al 1996). Desjarlais and colleagues compiled research from across the world to identify the range of mental health and behavioral problems (e.g. mental disorders, violence, suicide), particularly among low-income countries in Africa, Latin America, Asia, and the Pacific. The authors derived several conclusions. Perhaps the most significant was that mental illness and related problems exact a significant toll on the health and well-being of people worldwide, and produce a greater burden based on a ''disability-adjusted life years'' index than that from tuberculosis, cancer, or heart disease. Depressive disorders alone were found to produce the fifth greatest burden for women and seventh greatest burden for men across all physical and mental illnesses.

A second important observation was that mental illness and behavioral problems are intricately tied to the social world. For example, the authors identified the social roots of the poor mental health of women. Among the many factors included are hunger—(undernourishment afflicts more than 60% of women in developing countries), work—(women are poorly paid for labor intensive jobs, oftentimes in dangerous work settings), and domestic violence—(surveys in some low-income communities worldwide report up to 50% and 60% of women having been beaten). Another example of the social world-mental health problem linkage concerns the complex social and economic factors that contribute to people developing substance abuse disorders. One such factor is the social disruption that occurs when adolescents and young men migrate from rural communities to urban cities in search of economic sustenance. The cultural shock, the lack of social supports, and the inability to find steady employment are among the many risk factors that predict substance abuse. The research on substance abuse and

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women's mental health illustrates that psychopathology is as much pathology of the social world as pathology of the mind or body.

Based on their findings, Desjarlais and associates (1996) make specific recommendations to advance both mental health policy and research to help reduce the significant burden of mental illness across the world. Their consideration of the social world leads easily to recommending specific interventions to address not only the clinical problem but also the social conditions in which they reside. In addressing the poor mental health of women, for example, they call for coordinated efforts to empower women economically as well as to reduce violence against women in all its forms. In addition, women's mental health is identified as one of the top five research priorities worldwide. Research is called for to examine the social factors that influence women's health in specific cultural contexts and to identify effective community-based interventions in improving women's health status.

Despite its many contributions, as an example of culture and psychopathology research, the *World Mental Health Report* has limitations. Because of its broad scope, there is little attention paid to methodological issues, which may be important in understanding some of the findings. For example, in the reviewed studies of domestic violence, it is not clear how ''being beaten'' was defined and measured across studies. Furthermore, the authors move into important social, economic, and political domains. However, as researchers of cultural psychopathology, and even as practitioners, these broader domains can extend well beyond our areas of expertise. Certainly, they are important and need to be addressed, but it is unclear what role mental health researchers or practitioners can play in carrying out some of the vitally important goals, such as increasing the economic independence and productivity of women.

Despite their limitations, *DSM-IV* and the *World Mental Health Report* make major contributions to the study of culture and psychopathology. Furthermore, they illustrate the range of conceptualizations of culture and the importance of the social domain. In *DSM-IV,* culture tends to be depicted as exotic through its influence on symptom expression, the noted culture-bound syndromes, and reference to persons from ''culturally different'' groups. There is little attention given to culture in a broader, multifaceted social context to which individuals react. The emphasis is given to culture-general notions with slight cultural variability. The *World Mental Health Report,* on the other hand, recognizes the dynamic, social processes linked to culture. Hunger, work, and education, for example, are integrally related to how people adapt or fail to adapt. Clinical phenomena are recognized, but so are behavioral problems not traditionally considered in psychiatric classification systems, such as domestic and sexual violence. Throughout, the authors recognize cultural variability, but their stance is not extreme cultural relativism, as they recognize the moral and health implications for controversial practices, such as female circumcision. Despite the considerable differences in the treatment of culture by the *DSM-IV* and the *World Mental Health Report,* both documents indicate that culture as a subject matter is no longer solely within

the purview of cultural psychologists, psychiatrists, and anthropologists. It is now the subject matter of all users of *DSM-IV* and policy makers and mental health researchers worldwide.

Disorder-Related Research

We now turn to the examination of selected psychopathology research. We chose the study of anxiety, schizophrenia, and childhood psychopathology because within each of these areas there is a series of systematic studies that examines the cultural basis of these disorders. The review of the published research in these areas is not meant to be exhaustive. Rather, key studies were selected so that both conceptual and methodological issues could be discussed in some depth.

Anxiety There have been a number of recent reviews concerning the study of culture and anxiety disorders (Al-Issa & Oudji 1998, Guarnaccia 1997, Kirmayer et al 1995, Marsella et al 1996), including Neal & Turner's (1991) thoughtful review of the study of anxiety disorders among African Americans. Each of these directly or indirectly builds on Good & Kleinman's (1985) earlier review. Rather than update recent reviews, we chose to focus our attention on one line of research, the study of *ataques de nervios.* This is an important line of research because it focuses on a culture-specific phenomenon for which the triangulation of ethnography, epidemiology, and clinical research has made important contributions. Thus, we will be able to examine some ways ethnography informs mainstream psychopathology research.

Ataque de nervios is an idiom of distress particularly prominent among Latinos from the Caribbean, but also recognized among other Latino groups. Its literal translation is "attack of nerves." Symptoms commonly associated with *ataque de nervios* include trembling, attacks of crying, screaming uncontrollably, and becoming verbally or physically aggressive. Other symptoms that are prominent in some *ataques* but not others are seizure-like or fainting episodes, dissociative experiences, and suicidal gestures. A general feature experienced by most sufferers of *ataques de nervios* is feeling out of control. Most episodes occur as a direct result of a stressful life event related to family or significant others (e.g. death or divorce). After the *ataque,* people oftentimes experience amnesia of what occurred, but then quickly return to their usual level of functioning.

Guarnaccia initiated a program of research by first carrying out ethnographic research in clinical settings (De La Cancela et al 1986, Guarnaccia et al 1989a). Drawing from the rich description of clinical cases and an understanding of the social history of Puerto Ricans living in the United States, these investigators pointed out an association between social disruptions (family and immediate social networks) and the experience of *ataques.* To build on the ethnographic base, Guarnaccia and colleagues turned to epidemiological research to examine the prevalence of *ataques de nervios* in Puerto Rico. After preliminary epidemiological research in which a somatic symptom scale index was used as a proxy

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measure of *ataques* (Guarnaccia et al 1989b), a subsequent study was carried out in which respondents were directly queried as to whether they had suffered an *ataque de nervios* and what the experience was like (Guarnaccia et al 1993). The prevalence rate was found to be high, from 16%–23% of large community samples (Ns = 912 and 1513), and *ataques de nervios* were found to be associated with a wide range of mental disorders, particularly anxiety and mood disorders. The social context continued to be important in understanding *ataques de nervios. Ataques* were found to be more prevalent among women, persons older than 45, and those from lower socioeconomic backgrounds and disrupted marriages. In the most recent study thus far, Guarnaccia and colleagues (1996) returned to the ethnographic mode to explicate the experience of *ataques* from those persons who had reported suffering an *ataque de nervios* in the epidemiological study. Through in-depth interviewing, the full range of symptoms and the specific social contexts were identified. This "experience-near" research approach enabled Guarnaccia and associates to examine carefully how the social world can become part of the physical self as reflected in *ataques de nervios.*

Recent clinical research has further explicated the relationship between *ataques de nervios* and clinical diagnoses. Liebowitz and colleagues (1994) carried out clinical diagnostic interviews of 156 Latino patients from an urban psychiatric clinic that specializes in the treatment of anxiety. They examined the relationship between patients having an *ataque de nervios* and meeting criteria for panic disorder, other anxiety disorders, or an affective disorder. Their fine-grained analysis suggests that the expression of *ataque de nervios* is influenced by the coexisting mental disorder. With a panic disorder persons with an *ataque de nervios* present largely panic-like symptoms; however, with an affective disorder *ataque de nervios* are characterized by emotional lability, especially anger (Salmán et al 1998). Thus, in addition to the social factors previously noted, these findings suggest that the clinical context may also play a role in understanding *ataques de nervios.*

The study of *ataques de nervios* is exemplary for many reasons. What is most striking is the systematic, ongoing dialogue between ethnographic, epidemiological, and now clinical research methods to advance our understanding of *ataques de nervios* and how the social world interacts with psychological and physical processes in the individual. With these multiple approaches, one observes the shifting of the researchers' lenses (Kleinman & Kleinman 1991). In the early ethnographic work, Guarnaccia and colleagues drew from a small number of clinical cases and interpreted their findings with broad strokes focusing on the "microcontexts of power" and migration into strange and hostile environments. In the epidemiological research, the investigators used large, representative samples to identify people with *ataques* and the social correlates of that experience. In this research, the social context is reduced to the respondents' gender, age, educational level, and marital status, which provides some basis for interpretation but certainly lacks the richness of ethnographic material. The clinical studies provide an in-depth profile of patients' symptomatology and the symptom patterns

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of those with and without an *ataque,* but they provide less sense of the social world of the sufferer. Each approach has its strengths and limitations. What matters, though, is not the strengths or limitations of a given study but the weaving of multiple studies with multiple approaches to understand the given phenomenon in depth.

In addition to the ongoing dialogue between research approaches, the research is also exemplary by placing *ataque de nervios* and related mental disorders in their social context. In almost all studies, *ataque de nervios* is presented not as a cultural syndrome or clinical entity that resides within individuals, but as a common illness that reflects the lived experience largely of women with little power and disrupted social relations. In adopting multiple approaches, the emphasis given to the social domain is likely to shift. Nevertheless, over several studies, Guarnaccia and his colleagues have maintained considerable attention to the social context. In so doing, they have demonstrated how to include the social in epidemiological (e.g. Guarnaccia et al 1993) and clinical (Salmán et al 1998), as well as ethnographic studies.

This research is not without its limitations. In particular, criteria for meeting *ataques de nervios* are simply whether a person responds affirmatively to the question, "Have you ever experienced an *ataque de nervios*?" This is a broad definition that is particularly useful in the initial stages of research to identify *ataques de nervios* and the varied experiences of many people with this syndrome. The downside to this open, single-item criterion becomes evident when investigators begin to examine its relationship with clinical disorders based on multiple criteria. Thus, in terms of probabilities alone, *ataques* are likely to be more prevalent than most disorders, as was the case in the Puerto Rico Disaster study. Our point is that using one criterion for *ataques* may introduce a methodological artifact in examining the interrelationship of *ataque*s with mental disorders. Work is ongoing to develop a measure of *ataques* using multiple criteria that could be utilized in future studies.

Despite the question of criteria, the study of *ataques de nervios* reflects a model of the investigation of culture and psychopathology, particularly research that begins with a culture-specific form of distress. The important questions being raised suggest that the study of *ataques de nervios* will continue to make significant contributions to the study of culture and psychopathology in years to come and can serve as a model for researchers working across cultures.

Schizophrenia Fabrega (1989) provided a thoughtful overview of how past anthropologically informed research contributed to the study of psychosis and how future studies can advance our understanding of the interrelations of culture and schizophrenia. An integral point of his review is that the cultural conception of the self is likely to influence the manner in which the disorder is expressed and understood by others, particularly among those with schizophrenia that has not developed into a chronic, deteriorated state. According to Fabrega, schizophrenia is likely to affect individuals and communities differently whether they

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conceive of personhood as being autonomous and separate from others or as connected and bound to others (Shweder & Bourne 1984, Triandis 1989, Markus & Kitayama 1991). The research that most directly addresses this notion is that which examines the role of social factors in the course of schizophrenia. Two prominent lines of inquiry include the World Health Organization (WHO) cross-national study of schizophrenia and a series of studies examining the relationship of families' emotional climate and to the course of illness.

The WHO's International Pilot Study on Schizophrenia (IPSS) and the follow-up Determinants of Outcomes of Severe Mental Disorder (DOSMD) study represent the largest multinational study of schizophrenia to date (IPSS: 9 countries, 1202 patients; DOSMD: 10 countries, 1379 patients; Jablensky et al 1992, World Health Organization 1979). Many contributions have been made by these investigations, including evidence of the comparability of schizophrenia's core symptoms across several countries (for a critique see Kleinman 1988). The finding that has received the most attention by cultural researchers (e.g. Weisman 1997) is that schizophrenia in developing countries has a more favorable course than in developed countries. Some investigators have referred to this as "arguably the single most important finding of cultural differences in cross-cultural research on mental illness." (Lin & Kleinman 1988:563). Others have been critical of the studies' methods and interpretations (see Cohen 1992, Edgerton & Cohen 1994, Hopper 1991). For example, Edgerton & Cohen point out that the distinction between "developed" and "developing" countries is unclear. Moreover, they argue that the cultural explanation for the differences in course is poorly substantiated. They then go on to discuss how such research could be more culturally informed through the direct measure of specific cultural factors in conjunction with observations of people's daily lives (see also Hopper 1991). What is clear is that the WHO findings have provided the basis for an important discussion of method and theory in the context of schizophrenia and the social world.

Another line of research addressing culture's role in the course of schizophrenia focuses on families' emotional climate. Based on the early research of Brown and associates (e.g. Brown et al 1972), it is clear that patients who return to households marked by criticism, hostility, and emotional involvement [high expressed emotion (EE)] are more likely to relapse than those who return to households that are not so characterized (Bebbington & Kuipers 1994, Kavanaugh 1992, Leff & Vaughn 1985). This line of investigation is important to the study of culture because it points out the importance of the social world and, more specifically, because cross-national and cross-ethnic studies have uncovered interesting differences in the level and nature of expressed emotion (Jenkins & Karno 1992).

The most systematic cultural analysis of families' role in schizophrenia has been carried out by Jenkins and her colleagues. In using both clinical research methods based on the prototypic contemporary study of expressed emotion (Vaughn & Leff 1976) and ethnographic methods based on in-depth interviews, Jenkins and associates extended this line of study to Mexican American families

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in Los Angeles. In the first major report, Karno et al (1987) replicated the general finding that patients who return to high EE families are more likely to relapse than patients who return to low EE families. Jenkins (1988a) then carried out an in-depth examination of Mexican American families' conceptualization of schizophrenia, specifically *nervios,* and how this differed from a comparable sample of Anglo American families who viewed schizophrenia largely as a mental illness (see also Guarnaccia et al 1992 and Salgado de Snyder et al in press). It should be noted that *nervios* among Mexican Americans and *ataque de nervios* among Puerto Ricans are similar in that the concept of *nervios* (nerves) reflects both a mental and physical state. The two concepts differ as well; for example, *ataque de nervios* is usually thought to have a suddon onset whereas *nervios* is more of a condition that befalls individuals who are thought to be weak or vulnerable. Based on both quantitative (coded responses to open-ended questions) and qualitative data, Jenkins (1988b) suggested that Mexican Americans' preference for *nervios* is tied to the family members' efforts to decrease the stigma associated with the illness and also to promote family support and cohesiveness. In subsequent papers, Jenkins (1991, 1993) critiqued the cultural basis of the EE construct in general and its components, criticism and emotional overinvolvement, in particular. A most important theoretical contribution to the study of the course of schizophrenia is that Jenkins situates families' EE, not in the family members' attitudes, beliefs, or even feelings, which is usually the case, but in the patient-family social interaction. Overall, Jenkins' work has brought much needed attention to how serious mental illness is embedded in specific social and cultural contexts.

Building on Jenkins work, López and colleagues have further critiqued the notion of EE with its focus on negative family functioning (López et al 1999). They point out that at an early juncture in the study of families and relapse, investigators (i.e. Brown et al 1972) opted to focus on aspects of family conflict that predict relapse rather than the prosocial aspects of family functioning that prevent relapse. In a reanalysis and extension of the Mexican American sample (Karno et al 1987) and a comparable Anglo American sample (Vaughn et al 1984), López et al (1998) found that a lack of family warmth predicted relapse for Mexican Americans, whereas criticism predicted relapse for Anglo Americans. In other words, Mexican American patients who returned to families marked by low warmth were much more likely to relapse than those who returned to families characterized by high warmth. For Anglo Americans, warmth was unrelated to relapse. These findings are consistent with the hypothesis that culture plays a role in the manner in which families respond to relatives with schizophrenia, which in turn relates to the course of illness. Studies carried out in Italy (Bertrando et al 1992) and Yugoslavia (Ivanović et al 1994) have also found that warmth serves as a protective factor in the course of the illness. A limitation of the López et al study is that ethnicity serves as a proxy for culture; further research requires a direct assessment of cultural processes. Nevertheless, the importance of this study is that the exploration of possible cultural variability led to the beginning of a

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line of inquiry that examines what families do to prevent relapse. Such research has the potential to add a much needed balance to family research by focusing on both positive and negative aspects of what families do that relates to relapse. The study of caregiving (e.g. Guarnaccia 1998, Lefley 1998) and families' day-to-day interactions with ill family members will likely shed further light on the importance of families' prosocial functioning.

Childhood Disorders The study of child psychopathology is a rich field of inquiry for those interested in culture. As noted by Weisz and associates (1997), child psychopathology requires that attention be given to the behavior of children as well as the views of adults—parents, teachers, and mental health practitioners—for it is the adults who usually decide whether a problem exists. The fact that others determine whether children's behavior is problematic indicates the importance of the social world in defining mental illness and disorders of children and adolescents.

The most systematic line of culture and childhood psychopathology research has been carried out by Weisz and his colleagues (for a review see Weisz et al 1997). In the very first study that was conducted in Thailand and the United States, Weisz and associates (1987b) found that Thai children and adolescents who were referred to mental health clinics reported more internalizing problems (e.g. those related to anxiety and depression) than US children and adolescents. In contrast, US children and adolescents reported more externalizing problems (i.e. acting-out types of problems such as aggressive behavior) than Thai children and adolescents. In follow-up community studies, where the mental health referral process was not a factor in the identification of problem behaviors, the cross-national differences for internalizing problems were confirmed, but not for externalizing problems (Weisz et al 1987a, 1993b). US and Thai children and adolescents identified in their respective communities did not differ in terms of acting-out problems. Weisz and colleagues (1997) argue that the findings with regard to internalizing problems are consistent with the idea that culture shapes the manner in which children and adolescents express psychological distress. Coming from a largely Buddhist religious and cultural background that values self-control and emotional restraint, Thai children may be more likely than US children to express psychological distress in a manner that does not violate cultural norms.

Aside from these intriguing findings, two other factors stand out in Weisz and colleagues' research: the systematic nature of the research and the care with which the research has been conducted. Weisz et al (1987a) began this line of investigation in mental health clinics, then went to a community survey to rule out the possibility of referral factors. Based on these findings, Weisz & Weiss (1991) derived a referability index for specific problem behaviors (e.g. vandalism and poor school work) that indexes the likelihood that a given problem will be referred for treatment, taking into account the problem's prevalence in a given community. In this study, they demonstrated how gender and nationality influence whether a problem is brought to the attention of mental health professionals. Subsequently,

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Weisz and colleagues examined teachers' reports of actual children (Weisz et al 1989) and both parents' and teachers' ratings of hypothetical cases (Weisz et al 1991). Each of Weisz and colleagues' studies systematically builds on their previous work in advancing an understanding of how adults with differing social roles define children's problem behaviors.

The care that Weisz and colleagues take with their research is best illustrated in their most recent study of teachers' ratings of problem behaviors (Weisz et al 1995), in which they found Thai teachers to rate more internalizing and externalizing problem behaviors than US teachers do. Given that this finding runs counter to the previous clinical and community studies, which only found differences for internalizing problems, they devised an innovative observational methodology to assess whether it was something about the children or the teachers that contributed to this contradictory finding. Weisz and associates (1995) employed independent observers of children's school behavior, as well as teachers to rate the same children who were observed in Thailand and in the United States. One of the independent raters was a bilingual Thai psychologist who had received graduate training in the United States. His being part of both teams of independent observers was critical to assessing the reliability of the Thai and US observers. The relationship between his ratings and those of the other US and Thai raters were equally high, suggesting that the ratings were reliable across both national sites. Interestingly, the observers rated Thai children as having less than half as many problem and off-task behaviors than US children, yet Thai teachers rated the observed students as having many more problem behaviors than US teachers rated their students. These data suggest that Thai teachers have a much lower threshold than US teachers for identifying problem behaviors in their students. Integrating a careful observational methodology in conjunction with rating scales enabled Weisz and colleagues to uncover this intriguing set of findings.

The possibility that culture shapes the type and degree of problem behaviors of children and adolescents is receiving increasing attention by developmental researchers. Weisz and associates extended their Thai-US research to Jamaica and Kenya (Lambert et al 1989, Weisz et al 1993a). Other investigators have compared rates of internalizing and externalizing problems in other parts of the world, including Australia (Achenbach et al 1990b), Denmark (Arnett & Balle-Jensen 1993), Holland (Achenbach et al 1987), and Puerto Rico (Achenbach et al 1990a). Still other researchers have specifically examined internalizing-type problem behaviors (Greenberger & Chen 1996) or externalizing-type problem behaviors (Chen et al 1998, Feldman et al 1991, Weine et al 1995) in cross-national or cross-ethnic samples. An important trend in this research is that the original epidemiologic type research which compares groups cross-nationally and suggests possible cultural explanations is now being complemented by recent studies of psychosocial processes associated with children and adolescents' adjustment or psychopathology. For example, Chen et al (1998) examined risk factors (parent-adolescent conflict and perceived peer approval of misconduct) and protective

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factors (parental warmth and parental monitoring) associated with acting-out problems across four groups of adolescents: European Americans, Chinese Americans, Taipei Chinese, and Beijing Chinese.

The strength of the more recent studies is that they examine processes that may underlie potential cross-national differences and similarities, including social (family and peers) and psychological (values) processes. Thus, an important step has been taken to understand why differences and similarities may occur in behavior problems cross-nationally. Although the conceptual models used to frame such research are rich, include social processes, and have a strong empirical tradition in psychological research, they are minimally informed by cultural-specific processes of the non-US groups under study; investigators apply models developed largely in the United States. Ethnographic research would be particularly valuable at this stage to identify what about the social and cultural world might play a role in the expression of distress and disorder among children. Such research could then lead to directly testing culturally related variables within a conceptual framework, as evidenced in the work of some developmental researchers (e.g. Fuligni 1998, Harwood 1992), and as advocated by others (Greenfield 1997, Schneider 1998). The growing interest of researchers in studying internalizing and externalizing problem behaviors cross-nationally and cross-ethnically attests to the utility of this approach for enhancing our understanding of culture and childhood psychopathology.

Another framework that has considerable promise for the study of culture and developmental psychopathology is the ecocultural model of accommodation developed by Weisner, Gallimore, and colleagues in the context of developmental disabilities (Weisner 1984, Gallimore et al 1993). The daily activities and routines that children participate in are central to this theory. Culture is reflected in these activities (they mirror what matters most to families) and in the psychological processes that result from children's participation in such activities, for example, the children's cultural goals, expectations, and knowledge. In contrast to much of the previously reviewed child psychopathology research, which is largely comparative in nature and attempts to identify ''cultural'' differences, this research is largely process oriented. Investigators are interested in identifying how children's developmental disabilities can disrupt the daily routines and activities of families and, most importantly, how families adapt (Gallimore et al 1996). By examining how families adjust daily routines to address their needs and those of their disabled children, one can learn about the transactional process between culture and disability—how the social world influences disability and how disability influences the social world. Moreover, such research has important implications for interventions. Symptom reduction or skill training is a laudable treatment goal. However, successful interventions require assisting families to establish sustainable and meaningful daily routines for all members (Bernheimer & Keogh 1995). Thus, according to these researchers, the identification of successful interventions requires an assessment of the families' social world.

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Emerging Trends

Immigration A number of recent findings highlight the importance of immigration in understanding mental health and mental illness. The Los Angeles Epidemiologic Catchment Area study reported that Mexican-born Mexican Americans had significantly lower prevalence rates across a wide range of disorders than US-born Mexican Americans (Burnam et al 1987). This finding was replicated in a recent epidemiologic study comparing the prevalence rates of rural and urban Mexican-origin adults in Fresno and nearby communities (Vega et al 1998). [See also a similar pattern of findings regarding academic achievement among Mexican and Mexican-American students (Suarez-Orozco & Suarez-Orozco 1995)]. An important contribution of the Fresno study is that evidence was provided from a Mexico City sample indicating that Mexico City residents had rates comparable to the Mexican immigrant sample, thus countering the "hardy" immigrant hypothesis. Thus, the available evidence suggests that the mental health status of Mexican-origin adults and children declines over generations. In Great Britain also, the role of migration has received considerable attention in studies that found Afro-Caribbean immigrants to have higher treated prevalence rates of schizophrenia than other ethnic groups (e.g. Harrison et al 1988; see Sashidharan 1993 for a review). The social and psychological mechanisms that are responsible for the differing prevalence rates for the immigrant groups at this time are unclear. An examination of the acculturation literature might prove useful in understanding the factors related to these intriguing findings (Berry 1997, Berry & Sam 1997, LaFromboise et al 1993). Furthermore, the prevalence studies of Great Britain are based on treated cases, thus reflecting important methodological limitations (See Dohrenwend & Dohrenwend 1974). Nevertheless, both sets of studies indicate that the investigation of immigration is a ripe area to examine how the social world and psychopathology interrelate (see also Rogler 1994). A particularly wide open area of study is the examination of immigration and mental health and illness among children and adolescents (see Guarnaccia & López 1998). Not only will immigration research be able to address important conceptual and methodological issues in the study of culture, but it will also have important policy implications for the delivery of mental health services to underserved communities (e.g. Salgado de Snyder et al 1998).

US Ethnic Minority Groups We are encouraged by the growing interest in the study of psychopathology of US ethnic minority groups. With regard to African Americans, there has been an increase in the study of anxiety disorders since Neal & Turner's (1991) call for research. The most recent studies include clinical studies (e.g. Friedman et al 1994), epidemiologic studies (Horwath et al 1993), a combined ethnographic and epidemiological study (Heurtin-Roberts et al 1997), and a study of childhood fears (Neal et al 1993). Although these studies are largely descriptive in nature, there is some attention to the differential social world of African American and white patients. For example, Friedman and associates

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(1994) found that, relative to white patients with panic disorder and agoraphobia, African American patients reported a greater likelihood of having been separated as children from their parents and of having experienced their parents' divorce.

In terms of American Indians, a systematic series of studies have examined the mental health problems of children (Beiser et al 1998, Dion et al 1998, Sack et al 1993). Other researchers have examined disorder and distress among American Indian adolescents (e.g. Duclos et al 1998, Keane et al 1996, O'Nell & Mitchell 1996). In addition, after providing a comprehensive and useful critique of American Indian and Alaska Native mental health literature, O'Nell (1989) carried out an in-depth examination of the social world and its relation to depression, suicide, and drinking among Flathead Indians (O'Nell 1993, 1996). Manson and his colleagues (1990) have examined, among other areas, how American Indians report psychological distress, particularly on the Center for Epidemiologic Studies Depression scale. In addition, a special issue was published of *Culture, Medicine, and Psychiatry* (Maser & Dinges 1992/93), addressing the comorbidity of depression, anxiety, and substance abuse among American Indians and Alaska Natives. Overall, we are impressed by recent systematic efforts of psychopathology researchers of American Indians to assess the interrelations of distress and disorder to the social world. This emphasis is continuing, as reflected in Manson and colleagues' current study of epidemiology of mental disorders and services among American Indians.

With regard to Asian American research, Sue and his associates (1991) have had a long-standing interest in treatment issues. Most recently, Sue and colleagues have broadened their interests to include psychopathology (Sue et al 1995). Of particular importance is the recently conducted epidemiologic survey of depressive disorders among Chinese Americans residing in the Los Angeles area (Takeuchi et al 1998). Researchers have been able to examine prevalence rates of traditional depressive and related disorders as well as *neurasthenia* (Zheng et al 1997), a concept that was retired in the classification of mental disorders in the United States, but is still in use in China and other parts of Asia. *Neurasthenia* usually refers to weakness or fatigue, often accompanied by a variety of psychological (e.g. poor concentration) and physical (e.g. diffuse aches and pains) symptoms. Cheung & Lin's (1997) cultural formulation of a Chinese-Vietnamese patient with neurasthenia further considers the utility of this category for Asian Americans by examining, among other factors, the social (migratory experience) and cultural factors (the patient's explanatory model of the illness) that contribute to the expression of this disorder.

Although we have given considerable attention to research concerning Latinos, this research almost exclusively concerned adults. It is worth noting that Vega and colleagues (1995) have conducted an important study regarding Latino adolescents in Miami. This research points out that the relationship between specific acculturative stressors (e.g. language conflicts, perceived discrimination) and problem behaviors varies by immigration status. In addition, in their prevalence study of adolescents in the Houston metropolitan area, Roberts and colleagues

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(1997) found that of nine ethnic groups, Mexican Americans reported the highest rates of major depression. Both studies are characterized by rigor in sampling schools, multiethnic samples, and large sample sizes (Roberts et al, N = 5423; Vega et al, N = 2360).

Other Promising Areas The study of psychopharmacology and ethnicity has received increasing attention (see Lin et al 1995, Rudorfer 1996). This raises a series of issues including the interrelation of culture and biology, which Browner and colleagues (1988) addressed by challenging cultural investigators to ground their interpretative orientation in the study of biologically based phenomena. We agree with their call to bring together both social and biological lenses to study phenomena of mutual interest. However, we agree with Good (1988) that when bringing divergent perspectives together it is important that no one perspective be given priority. Floersch et al (1997) made a compelling argument that in the study of genetics among the Amish, the genetic perspective greatly overshadowed the study of cultural processes, although the latter was not completely ignored (Egeland et al 1983). Future genetic and cultural researchers can build on past efforts to demonstrate how genes and environment interact in psychopathology (Reiss et al 1991).

Despite the dearth of empirical articles, we believe that the study of culture and personality disorders will prove to be a rich area of study. Important review articles concerning culture, personality, and personality disorders support this point of view (e.g. Alarcon et al 1998, Cooke 1996, Lewis-Fernandez & Kleinman 1994, Nuckolls 1992, Paris 1997). One line of research that shows particular promise is the application of item response theory (IRT) to the study of psychopathy in Scotland, Canada, and the United States (Cooke & Michie 1999). IRT models specify the relation between item responses or ratings (the observable characteristics e.g. psychopathy) and the latent trait or construct (the unobservable characteristics) thought to underlie the responses or ratings. What is particularly advantageous for cultural research is that the meaning of the item responses is not tied to the distribution of the latent trait. Thus, IRT models are most capable of detecting whether measures are valid cross-culturally, regardless of whether there are significant cross-national or cross-ethnic differences in sample characteristics.

CONCLUSION

Cultural psychopathology research is "on the map." Articles are being published in culture-focused as well as mainstream journals (e.g. *American Journal of Psychiatry, Journal of Abnormal Psychology, Child Development, Developmental Psychology, Journal of Nervous and Mental Disease*). Substantive areas of psychopathology research are being shaped by cultural research. Efforts to integrate idioms of distress with mainstream constructs, for example, are well under way

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(*ataques de nervios* and anxiety and affective disorders, *nervios* and families' conceptualization of serious mental illness). In 1988, it was important for Kleinman to get the message out that culture matters. The message has been received; cultural research is providing an innovative and fresh perspective to our understanding of several important aspects of psychopathology.

For cultural researchers to build on the empirical and conceptual foundation that has been established, it is important for us to continue to be critical of how culture is conceptualized and how such conceptualizations guide our research. It is clear from this review that culture can no longer be treated solely as an independent variable or as a factor to be controlled for. Rather, culture infuses the full social context of mental health research. Culture is important in all aspects of psychopathology research—from the design and translation of instruments, to the conceptual models that guide the research, to the interpersonal interaction between researcher and research participants, to the definition and interpretation of symptom and syndromes, to the structure of the social world that surrounds a person's mental health problems. Cultural psychopathology research requires a framework that incorporates culture in multifaceted ways. Accordingly, it is important that cultural research not obscure the importance of other social forces such as class, poverty, and marginality that work in conjunction with culture to shape people's everyday lives. The examination of both social and cultural processes is one way to help guard against superficial cultural analyses that ignore or minimize the powerful political economic inequalities that coexist with culture.

A corollary of the need for a broad framework for research is the need for approaches that integrate qualitative and quantitative methods. Cultural psychopathology research can serve as an important site for integrating ethnographic, observational, clinical, and epidemiological research approaches. Mental health problems cannot be fully understood through one lens. Ethnographic research provides insights into the meaning of mental health problems and how they are experienced in their sociocultural context. Observational research captures people's functioning in their daily lives. Clinical research can provide detailed phenomenologies of psychopathological processes and can contribute to developing treatments to alleviate suffering at the individual as well as social levels. Epidemiological research can broaden perspectives to more generalized processes and populations. It is the integration of these perspectives, both methodologies and in the composition of research teams, that will make the cultural agenda succeed.

The ultimate goal of cultural psychopathology research is to alleviate suffering and improve people's lives. This requires attention to the multiple levels of individual, family, community, and the broader social system. Our enhanced notion of culture leads to analysis of the expression and sources of psychopathology at all of these levels. Our commitment to making a difference in peoples' everyday lives argues for the development of treatment and prevention interventions at these multiple levels as well. The increasing cultural diversity of the United States and the massive movements of people around the globe provide both an opportunity and imperative for cultural psychopathology research.

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