

Ways of seeing madness

Book review

Swartz, L. (1998) **Culture and mental health: A southern African view**. Cape Town: Oxford University Press. ISBN 0-19-570981-0.

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"Thinking culturally is all about reflection in the face of what the world offers us. It is about trying to make sense of what we see, and not about applying cultural labels to what we see." (Swartz, 1998:261-262)

Leslie Swartz suggests that his book could be used as a tool to think about questions of mental health and culture. In this it is a significant contribution to the practice of mental health in the South African context. The book gives the reader an understanding of the intricacies of the practice of mental health in a context from distinct from that in which the theories and practices originally emerged. It also facilitates an understanding of how one can effect (and how practitioners are effecting) a change in the practice of mental health so that it deals with the dynamics and issues of the context of South Africa.

Ways of seeing culture and mental health.

In addressing different ways of seeing mental health, mental illness and healing, Chapter 1 emphasises that there is more than one way of answering questions about the relationship between culture and mental health. Swartz highlights the importance of addressing the assumptions underlying the questions we have, particularly those about culture. In commenting that "no human activity is free from cultural influence" (p5) he makes the reader aware of their own positioned perspective regard to culture.

In defining culture, Swartz comments that it is "about the process of being and becoming a social being, about the rules of a society and the ways in which these are enacted, experienced, and transmitted (p7). In this definition, on a metatheoretical level, he implicitly contrasts his view of culture with what the anthropologist Clifford Geertz (1973) would refer to as a "stratigraphic" conception of the human being. Geertz argues that this conception is that of culture as a veneer, as the most external layer which can, and must, be removed to reach an understanding of the individual. The assumption underlying this conception of culture and the individual is that if one peels off this cultural layer (and successive sociological and psychological layers), one will discover universal "truths".

In opting for a definition of culture which reflects the relationship between culture and the individual as being a process, a shared human activity, Swartz aligns himself with Geertz's (1973) alternative synthetic conception of culture. In the discipline of psychology, this conception is expressed as distinct from general psychological theories (which tend to ignore culture), as well as cross-cultural psychological research, where culture is treated as a variable (Lonner & Adamopoulos, 1997). One could identify this understanding of culture with the field of cultural psychology as proposed by Shweder (1990). Debates about the relationship between the individual and culture have been clearly articulated by Miller (1997) and Greenfield (1997), amongst others, in Berry, Poortinga & Pandey's (1997) **Handbook of cross-cultural psychology**.

In the same vein, Swartz's text makes the reader question assumptions about mental health. Where do the boundaries between mental and physical lie, if they lie anywhere at all? What is the role of social context in mental health and how do practitioners use tools such as the DSM-IV in a variety of different contexts? Is seeing mental health as a health problem a cultural construction?

In this initial chapter and as threads through subsequent chapters, Swartz outlines three metatheoretical approaches used to understand mental health and culture. Universalism argues that mental illness is universal and that "our job in looking cross-culturally is to find evidence for these universals" (p12). Relativism argues against imposing Western psychiatric models on the world and stresses the importance of understanding a person's experience of an illness, accessing their explanatory models of illness in relation to their context. However, the findings of this more relativist approach, Swartz argues, cannot easily be used clinically. The critical approach, a third option to address culture and mental health issues, questions the production of knowledge and the interests it serves, clearly situating mental health and culture in a socio-political context of race, gender and power.

Finding out about mental health and illness.

In the second part of the book, Swartz examines the process of diagnosing and assessing mental illness and health. In Chapter 2 Swartz introduces empiricism and hermeneutics as contrasting frameworks for understanding the significance of language and meaning in assessment, diagnosis and treatment in the South African context of mental health care. This is a particularly useful chapters for researchers who have to grapple with language diversity and the use of interpreters.

In an exposé of the tools of the trade in Chapter 3, Swartz examines how diagnostic decisions are made in different healing systems. He explores the way in which, in western psychiatry, diagnosis is a social act which reinforces social relationships. He examines the empiricist and universalist approach of the DSM-IV and questions how, as a cultural product in itself, the DSM-IV can deal with cultural diversity. In contrast, diagnosis in indigenous healing seems to rely heavily on contextual information and emphasises aetiology with less distinct divisions between the assessment and treatment phases of healing. Swartz concludes this chapter with a very useful introduction to epidemiological research and the challenges it poses to researchers across cultural contexts. This chapter raises critical issues for those who have to apply tools of the trade in a context foreign to that from which the tools emerged.

Chapter 4 explores the range of health care sectors from the perspective of the client and the practitioner. Here Swartz draws on Kleinman's (1980) model of professional, folk and popular sectors of health care and unpacks these in terms of the South African context. He discusses how these sectors interrelate and how they each address the aim of healing. He reflects on how healing systems play a role in "reinforcing and developing cultural norms and power bases, and in the political life of communities and nations" (p90).

In Part III of this book, Swartz addresses specific areas of interest viz. depression, somatization, "nerves", stress and mental disorder, using case studies as illustrations.

Depression and culture.

In addressing depression and culture in Chapter 5, Swartz contrasts an evolutionist and a more meaning-centred approach to emotional experience, emphasizing the importance of examining what the particular pattern of symptoms means in the context within which the person lives. In this emphasis on the social and cultural dimensions of mental illness Swartz demonstrates a more relativist leaning. This chapter provides a very useful illustration of an application of the DSM-IV diagnostic categories by mental health practitioners, steeped in the South African socio-political and cultural context, to an individual also inhabiting a dynamic context.

Somatization.

In Chapter 6 the case study character's social and interpersonal difficulties are strongly tied up with experiences of the body. He "speaks with the body", or somatizes. Swartz reflects on the way in which Western professionals' own cultural ideas about somatization interact with, and are influenced by, more general beliefs about race, culture and sophistication. In a detailed examination of forms of somatization, and research into this in Africa, he suggests that we should see somatization as a way of experiencing and engaging with the world, rather than a feature of illness. Swartz highlights the reflexivity inherent in the client-practitioner interaction. If the clinician focuses on the world of the body, physical signs and symptoms, as opposed to the psychological, then that is what the client will represent as problematic. Thus the client's interpretation of his own condition is framed, and constructed, through the clinicians' eyes. Swartz warns against using somatization merely out of a desire to be sensitive to cultural issues. He suggests that "the challenge is not so much to find out who somatizes and who does not, but to incorporate an understanding of the meanings of somatization in all clinical work" (p139).

The body and emotion: Examining the phenomenon of "nerves".

Swartz's chapter on "nerves" (Chapter 7) makes us consider the body as profoundly social and cultural. He presents the term "nerves" as a colloquial and expert expression describing bodily disorders and pains and incorporating emotions such as tension, sadness, weepiness, anxiety, and feeling hysterical. Respondents in a research study related nerves to poor economic conditions, to worries, to bad feelings and to interpersonal conflict. Stories about nerves from all over the world "demonstrates the importance of a cultural understanding of a mixture of bodily and emotional experiences" (p143). Swartz argues that this makes us consider how experiences are embodied "in the context of people's lives and their interaction with healing systems" (p143). For Swartz, the use of the body needs to be understood "in the context of a view of the world which

recognises the political realities which create an environment within which suffering from nerves becomes a representation, in part, of social forces of oppression" (p144).

In a discussion of the phenomenon of nerves as articulated in the Mamre Community Health Programme household health survey, Swartz again enters into the domain of language and meaning used in earlier chapters of the book. He explores the interpretation of terms by lay and professional people and discusses the dynamics of diagnosis and the power of professional knowledge. Swartz argues that it is inappropriate to assert a rigid distinction between folk and professional constructions of illness. He suggests that the phenomenon of nerves has a complex history in the interaction between health services and people; it represents an attempt to communicate between the language of the professional and the language of the lay person.

Understanding nerves as a creation of patients' and clinicians' leads into a discussion of culture-bound syndromes (CBSs). These developed, Swartz argues, when Western psychiatry was confronted with phenomena which do not easily fit what it has regarded as its universal system of classification. There has been a tendency to try to establish how CBSs can be classified according to Western criteria. An alternative approach focuses on the ways in which personal and social meaning are communicated through CBSs. This meaning-centred approach is in accord with a decentering of Western diagnosis as the "truth" and portrays Western diagnostic systems as potentially culture-bound products in themselves. In this respect there are phenomena in Western culture which could also be seen as CBSs, for example, exhibitionism, shoplifting, coronary-prone Type A behaviour, and obesity. To demonstrate the extent of conflict which exists in trying to understand CBSs, Swartz discusses two of the most commonly discussed indigenous conditions in South Africa: *amafufunyana*, and *ukuthwasa*.

Mental health in social context.

How do mental health practitioners address the needs of patients who live in contexts of violence, political and domestic, deprivation, and ongoing hardship? Chapter 8 explores the complex relationship between social pressures, adversity and emotional states. It reflects on how questions about stress and violence are culturally elaborated by professionals? Swartz discusses the psychiatric diagnosis of post-traumatic stress disorder (PTSD) and argues that professionals' ideas about trauma are strongly influenced by social and cultural ideas which change across different historical periods. Swartz addresses some of the issues raised when one adopts a critical approach to inquiry. He questions the neutrality of mental health practice and reflects on the history of this practice in South Africa.

The South African context has posed challenges to mental health practitioners in the sense of dealing with systems such as Apartheid. Whilst it is difficult to measure the mental health effect of apartheid itself, Swartz argues for a focused approach on specific issues, for example, on forced removals and the break-up of families. In this chapter Swartz alludes to the way that South African mental health practitioners can make a contribution to the development of mental health as opposed to merely reacting to theories and models which have developed. One example is his comment that "ways of intervening in the psychology of oppression ... have to do with building constructive identities through work and social action, and not with the curing of symptoms and illnesses" (p180).

Another example is that of South African researchers and practitioners recommending the adjustment of the PTSD to incorporate ongoing deprivation in the form of a "continuous traumatic stress syndrome" as an acknowledgement of the complexity of the individual's experience.

In a reflection on more contemporary social processes, Swartz comments on the cultural role which our understanding of mental health and illness plays in the construction of ideas of national healing and reconstruction in South Africa. With reference to the Truth and Reconciliation Commission (TRC), which has as its foundation the distinctly psychoanalytic principal that the finding of truth (individual truth) is the basis for healing, he questions whether national healing will necessarily heal individuals. How do we understand the interface between the individual's suffering and that of the society? He discusses the approach of exploring *social suffering* as one of the ways in which we could develop an understanding of violence and trauma which respects both the individual's responses and constructions, and the social nature of trauma. He argues that a culturally appropriate mental health response to violence recognises the different explanatory models held by survivors of violence, professionals and other people, and also recognises the social embeddedness of suffering.

Schizophrenia and culture.

In Chapter 9 Swartz addresses cultural factors in defining serious mental disorder and the debates concerning schizophrenia. In presenting the case of an individual who had experienced several admissions to psychiatric care and drawn on other healing systems such as the Zionist church and indigenous healing, Swartz comments on the complex and at times overlapping nature of peoples' healing systems, practices and beliefs. Mental health practitioners need neither reject alternative approaches on principle, nor see other views as necessarily more "true" than the biomedical views. One way to help patients in the context of multiple healing systems is to be aware of some of the social processes involved in the definition of serious mental disorder within the biomedical system itself.

As part of creating this awareness Swartz discusses international and local studies on the nature, prevalence and outcome of schizophrenia. He discusses how in mental health practice, cultural ideas and stereotypes about race and gender interact, interact with ideas about mental illness. For example culture as heritage, in the form of rituals, is used as if it is curative: "Cultural relabelling within psychiatric institutions may be an attempt to replace the image of serious mental disorder as a Barbarian degenerative process, with an Arcadian image, which implies a solution beyond the realm of biomedicine (pp198-199).

It seems that there is some evidence that schizophrenia in the less developed world has a course and prognosis quite unlike the condition recognized in the West. In discussion of international and South African research Swartz highlights the need to obtain more ethnographic information which will help to explain this different outcome in different contexts. His call to obtain more detail about the everyday lives of people echoes Geertz's (1983) notion of accessing "common sense" through descending into detail. Swartz argues that "more ethnographically-informed research in various settings might reveal not only more cultural information about people with schizophrenia in different parts of the

world, but also something of the cultural diversity which may exist in the developing countries" (p212).

The biological and psycho-cultural borderland.

In Chapter 10 Swartz discusses a range of issues which present challenges to the image of the neatly-divided modern world of psychiatry. In so doing he argues that he is dealing with the "borderland" of the field of mental health and illness. In essence, the idea of neat classifications of people, disorders, and healing systems does not hold up in the face of a far more complex interplay of different ways of seeing and being in the world. The debates concerning transient psychosis lead us to question universalist categories of serious mental disorder, and also to think about the interweaving of biological and psychocultural issues in precipitating mental disorder.

Thinking about alcohol and drugs helps us to consider more closely the combined effects of biological and psychosocial variables on human emotions and behaviour. Cultural factors shape the effects of drug usage and also professionals' beliefs about effects. For example, the "cannabis psychosis" debate helps us realise that drug effects are powerfully affected by non-pharmacological factors. Claims made by professionals about the effects of drugs may also be affected by cultural factors and by the beliefs of professionals about drugs, and about who uses drugs and why.

The rise in interest in dissociative disorders makes it clear that cultural issues in mental health should not be seen to be at the fringes of dominant culture, but at the centre. Swartz suggests that it is the normality of the fragmentation of modern day life; the plurality of experience; the multiplicity of interpretations available to us; our constant negotiation of identity; and the fact that reality is contested, which stimulates this interest in dissociative disorders and which in turn, should become the basis for understanding people.

A cultural understanding of mental health.

In the concluding chapter Swartz reasserts the belief that mental health challenges cannot be separated from other health and social issues. He argues that we must recognise the interrelatedness and importance of intervening with these issues in a multi-pronged manner using a diverse range of skills and interventions. He argues for a "cultural understanding" of mental health. This includes multidisciplinary and intersectoral work. It involves an awareness of the cultural construction of professions and the relationships between them and a culturally informed analysis of health and illness. Intersectoral work anticipates that there may well be different interpretations, priorities and aims across different disciplines. In developing and implementing mental health policy he argues for local participation to allow for the range of interpretations which people have about health illness and wellbeing. Research approaches should allow for the identification of the key cultural issues in a particular research area. They should also be action and intervention oriented.

Concluding comments.

On a slightly more critical note, throughout the book there tends to be an overemphasis on mental health in the hospital setting, within the psychiatric framework, even after the author has put forward a broader definition of mental health. However, the issues which would need to be covered in a broader definition of mental health would definitely take

several volumes and Swartz has covered an admirable number of issues in this text alone.

The fact that the text cannot be set at a particular level is both an advantage and a disadvantage. At times Swartz seems to address the novice reader and at other times the expert reader. Some of the terminology makes reading the text difficult for the novice reader and there are times when terms are not fully explained. However, in the book as a whole, there are sections which can be drawn on and understood by lay people, and both students and professionals in the field of mental health, and this makes it a valuable resource.

Ways of thinking about culture and mental health.

Swartz argues for a proactive "thinking" about culture and mental health. He says that we should become aware of the range of different experiences and practices within mental health and have a way of trying to interpret what we see around us. Swartz's book does indeed provide us with examples of ways we can ask useful questions. He makes us aware that everything is cultural, partly because we make meaning of our lives in the light of our own experience and those of people around us. Swartz's book gives us the means to reflect on Geertz's (1973) statement that without culture we would (perhaps) be mentally ill: "there is no such thing as human nature independent of culture. Men [sic] without culture ... would be unworkable monstrosities with very few instincts, fewer recognizable sentiments, and no intellect; *mental basket cases* ... symbols are thus not mere expressions, instrumentalities or correlates of our biological, psychology or social existence; they are prerequisites of it (p46, emphases added).

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