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Term Paper

Perceptions of Mental Illness across Cultures

 When thinking about cultures around the world, it is important to understand that each one has a unique set of rules and norms that regulate that society. These ideas determine the views, behaviors and beliefs of each culture. You can use these culture definitions to examine how a culture explains and reacts to certain behaviors. You can break down the thoughts and feelings about what a society deems “normal” and “abnormal.” For this paper, I will examine different cultures and their definitions and beliefs about mental health. I will discuss what is considered “good mental health” and “bad mental health,” and the repercussions of those categorizations.

 There are a few things to consider when evaluating mental health standards. You must look at the terminology used in the culture; what sort of words do they use to describe different mental phenomenon? Are these terms stigmatizing? Do they encourage or discourage treatment? Are the any outside factors that affect whether or not someone will seek treatment? I looked at four different cultural groups in order to answers these questions.

 The first article I looked at reviewed mental health and resulting stigma in the broad concept of Asian cultures. It is a little broad, but I wanted to start big and work my way smaller. For this article, the author reviewed published literature on the topic and attempted to draw conclusions. They found that many Asian cultures actually share some common features for what they refer to as “psychiatric stigmas,” but that the response to illness if dealt with differently across Asian culture. They also go on to explain that this stigma can range from quite severe, to nonexistent (Ng, 1997).

 I really liked this article because I felt it was a good place to start. Chee Hong Ng seemed to be looking at the same idea that I had, and it was nice to see how someone else approached the concept, and the conclusions they drew. In the end, Ng concluded pretty much the exact same thing I did, explaining, “The stigma of mental illness needs to be studied within its sociocultural context in order to understand its origins, meanings and consequences.” This is essentially the same conclusion I came to when first thinking about this paper. He also goes on to give some examples of what to factor in in your research, stating, “It may be relevant to examine the indigenous concepts, experience and implications of psychological problems to address problems in mental health care relating to stigma” (Ng, 1997). This gave me a good base to think about as I researched further.

 I then turned my attention to a much smaller group, to see if I could apply these ideas and draw conclusions. I looked at a study done by Marvin Karno back in 1969. He focused on Mexican-Americans and how their mental illness is perceived and documented. Mexican-Americans and African-Americans often share similar prejudice, especially at the time this article was written. Both groups are (or were) characterized as being of low socioeconomic status, having very low levels of education and high levels of illiteracy, limited opportunities for things like employment and political influence, and suffer chronic depression. Despite these common misconceptions, Mexican-Americans actually had a good base knowledge of English, and had very good ties with family, their Mexican community and nationality (Karno, 1969).

 The most important thing I think Karno talked about was ideas placed on Mexican-Americans, versus the actual psychiatric results posted. Large-scale urban studies done in this time period often showed that conditions associated with those in poverty correlate with high levels of mental illness and psychosis. It was also stated the immigration also impacted mental illness. People took these articles and findings, and superimposed them on to the Mexican-American community. They drew conclusions that Mexican-Americans must have high levels of mental illness because they fell under these categories. The problem with this is that Mexican-Americans were vastly unrepresented in psychiatric reports and facilities. The author gives some statistics to show just how underrepresented they are:

 “For example, in fiscal year 1962-1963, Mexican-Americans accounted for 2.2% of State Hospital admissions, 3.4% of State Mental Hygiene admissions, [and] 0.9% of Neuro-psychiatric Institute [patients]” (Karno, 1969).

 It was very interesting to read that such drastic conclusions about mental health were being drawn about a group of people who had basically no actual empirical evidence to support it. It, in fact, looks like they were less likely to suffer mental illness than other groups in the same socioeconomic status.

 This article pushed me to look into how other groups influence each other in terms of mental illness. I wanted to see if how one cultural groups perceptions of mental illness in any way affects how a different cultural group will perceive and react to mental illness. For this, I turned to an article written by Kim Nickerson, Janet Helms, and Francis Terrell. They studied a group of 105 Black college student and looked at cultural mistrust between them and whites, their opinions about mental illness, and their attitudes about seeking help for illnesses. The students were asked to complete a Cultural Mistrust Inventory, the Opinions About Mental Illness Scale, the Help-Seeking Attitude Scale, as well as the Reid-Gundlach Social Service Satisfaction Scale.

They hypothesized that as the black’s mistrust of the whites increased, there would be a drop in the black’s attitudes toward getting help for a mental illness. Their study showed that exact thing:

“Greater mistrust of Whites was associated with more negative general attitudes about seeking help from clinics staffed primarily by Whites and with an expectation that the services rendered by White counselors would be less satisfactory” (Nickerson, 1994).

This article really surprised me. Seeing how much the white community influenced the perceptions of the black community was a little shocking. I always assumed, perhaps ignorantly, that different cultural groups held their own ideas and maintained them regardless of outside cultural views. To see that members of the black community choose to not seek psychological help for their mental illness from white counselors was a little sad. Perhaps there is a cultural explanation for this. Commonly in America, Blacks and White have different socioeconomic statuses and opportunities. Blacks may be apprehensive to seek help from white counselors because they do not share common experiences. It can be difficult to form trust with someone who has never experienced the same things and environments that you have. This article definitely made me think about my own culture, and the potential impact and effects it has on other cultural groups (Nickerson, 1994).

 The next article I looked at also compared white American students, but this time with Japanese-Americans. The authors found 72 men and 72 woman from both categories and compared the reported underuse of mental health services. They found that, “Japanese-American students were more likely than White American students to attribute mental illness to social causes, to resolve problems on their own, and to seek help from family members or friends or both” (Narikiyo, 1992).

 They suggested a couple reasons for their findings. First, they suggested that the “preference for informal resources” might differ between the two groups. White Americans are probably more likely to seek help from doctors or other outside sources than Japanese Americans. Mental illness is also less stigmatized for white Americans. White Americans have a lot of transparency, as well as resources available to them. Mental illness is a lot more stigmatized in Japanese and Japanese American culture, so these individuals are less likely to seek outside help (Narikiyo, 1992).

 Overall, I was surprised by my research. I expected to find that each culture has its own clear set of definitions and perceptions, and that these definitions and perceptions were independent of outside influence. While I found evidence for different ideologies about mental illness, there was a lot more evidence that shows outside influence plays a major role in some culture’s perceptions of mental illness and how/if they seek help or treatment. It is quite fascinating to see just how much cultures impact each other, even if it is in a negative way. Mental illness is prevalent in many cultures, but it is dealt with in different ways. Of course, the articles I read were a bit outdated, but I still feel that these problems are prevalent in today’s society, at least in America. Hopefully someday there will be more resources available to non-white cultures, so that they may begin to feel comfortable in seeking the help they want.

Works Cited

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