Schizophrenia, Culture, and Subjectivity

The Edge of Experience

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Introduction

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The fact of the psychoses is a puzzle to us. They are the unsolved problem of human life as such. The fact that they exist is the concern of everyone. Jaspers 1964 [1923].

Background to the Collection

In the fall of 1986, as postdoctoral fellows together in the Department of Social Medicine at Harvard Medical School, Janis Jenkins and Robert Barrett, the editors of this volume, began a conversation about culture and schizophrenia. By the fall of 1996 when Rob visited Janis, then a scholar-in-residence at the Russell Sage Foundation in New York City, it was time to do something about this conversation. We began by organizing a panel that developed into an invited session at the 1997 meeting of the American Anthropological Association in Washington, DC. The session was entitled, “The Edge of Experience: Schizophrenia, Culture, and Subjectivity.”

After this meeting, we submitted a proposal to the Russell Sage Foundation to fund a symposium that would assemble an even larger group of scholars working at the interface of culture and schizophrenia. The foundation generously supported this project under its mandate to generate scholarship concerned with the “improvement of social and living conditions.” The three-day symposium that took place brought together twenty-two scholars of diverse academic and professional backgrounds—anthropologists, psychiatrists, psychologists, and historians—to report on research that had been carried out in North America, Latin America, Africa, South and Southeast Asia, and Australia, as well as on the international studies of the World Health Organization. As our aim was to foster research in culture and schizophrenia, we deliberately invited a mix of scholars, from senior, well-established figures to young researchers reporting on their doctoral work. Students rubbed shoulders with doyens. In the 1930s, the psychiatrist, Harry Stack Sullivan lived just half a block from where the Russell Sage Foundation now stands on East 64th Street,
and it was during this era that his collaboration with the anthropologist, Edward Sapir flourished, generating a body of scholarship oriented to the dynamics of social interaction as the locus of both schizophrenia and culture. Our project continued this rich heritage of studies in culture and mental health associated with this particular New York City neighborhood.

It is from these origins that this volume emerged.

Framework for the Volume: Conceptualizing Schizophrenia, Culture, and Subjective Experience

Disorders of Schizophrenia

It has become commonplace to observe that schizophrenia is probably not a single disorder but more likely a number of disorders that are, for the time being, classified under one rubric. As Bleuler (1950) was the first to emphasize, "the Group of Schizophrenias" is fundamentally heterogeneous. The origins of this heterogeneity may be similarly biological and cultural (Lin 1996). While this volume selects cultural analysis for primary consideration, it is axiomatic that biological investigations are no less critical to an understanding of schizophrenia. This being said, the role of culture has been regarded in many quarters as secondary at best. In seeking to redress the situation, this volume is perhaps the first systematic effort to advance a cultural approach to the study of schizophrenia that takes the complex phenomenon reality of subjective experience as a starting point. We anticipate that the material presented here will therefore be of practical value to mental health professionals, not only for the insights into schizophrenia that are offered by contributing authors, but also for the interpretive approaches that are developed herein – approaches that health professionals themselves can adopt to understand their patients better.

Schizophrenia is one of the most severe psychiatric disorders. It carries serious implications for those who suffer from it and those who care for them because it is associated with significant disability and a substantial mortality rate. The widespread distribution of this disorder and its remarkable variability are two of its striking characteristics. It affects people from all class backgrounds, though persons of lower socioeconomic status are particularly at risk (Cohen 1993). Whether this is due to "social causation" or "downward drift," the association between schizophrenia and social class is one of the most consistent findings in psychiatric epidemiology (Fox 1990). Schizophrenia has been recognized in a wide range of cultures. Contemporary epidemiological evidence indicates that its prevalence varies from 1.4 to 4.6 per 1,000, and incidence rates range from 0.16 to 0.42 per 1,000 population (Jablensky 2000). German to many of the contributions to this volume are the well-established, cross-cultural differences in the clinical features of schizophrenia, particularly in relation to its course.

With regard to the conceptualization of the disorder, we have adopted a strategy that employs contemporary research diagnostic criteria as a productive starting point for cross-cultural studies, notably those of the International Classification of Diseases (World Health Organization 1994), and the Diagnostic and Statistical Manual IV (DSM-IV) (American Psychiatric Association 1994, 2000). Given that, we are broadly concerned with a pattern of symptoms characterized by positive symptoms (disordered thinking, disorganized speech, hallucinations, and delusions), negative symptoms (such as withdrawal or blunting of emotional expression), and disorders of motor behavior that may include catatonia. And we are concerned with a pattern of illness that is of sufficient duration and severity that it leads to a loss of social function in those who suffer from it.

The DSM-IV diagnostic criteria were, for the first time, developed in consultation with a working group of anthropologists and psychiatrists charged with the task of providing cultural perspectives for particular disorders (Mezzich, Kleinman, Fagrega, and Harron 1996). One of the editors (Jenkins) served as the anthropologist charged with summarizing available cultural materials on schizophrenia and supplying text for incorporation into DSM-IV that could provide clinical guidance for an understanding of the ways in which culture should be taken into consideration in diagnostic assessments. Cultural evidence in relation to the symptom criteria for schizophrenia and related psychotic disorders are summarized in a review by Kano and Jenkins (1997). Given the depth and breadth of the ways in which culture mediates nearly every aspect of schizophrenia, it was a significant milestone when "culture" was incorporated into DSM-IV. Nevertheless, publication of DSM-IV fell considerably short of the mark by virtue of a limited representation, in light of available evidence, of the relevance of culture to diagnostic formulation (Jenkins 1998). Moreover, we are mindful that schizophrenia as a clinical concept has arisen within a European and North American intellectual milieu (Barrett 1998). For this reason alone, it is necessary to pursue the study of schizophrenia from a historically and cross-culturally informed point of view. Thus, a number of the contributions pursue a reflexive analysis of contemporary diagnostic criteria and concepts, raising questions about their western cultural underpinnings and their validity in other settings (Good 1992). It is this Janus-faced approach – working with
schizophrenia, as currently defined, while at the same time subjecting it to cultural critique – that characterizes this volume.

Cultural Orientations

The likelihood of a mutual interaction between culture and psychotic illness has been recognized since dementia praecox and its successor, schizophrenia, were first formulated as a category of illness. With the publication of this volume, we mark the centenary of Kraepelin’s 1903 voyage to the psychiatric institutions of Singapore and Java, a voyage sometimes taken to be the ancestral journey that founded transcultural psychiatry. For a number of reasons, at the intersection of culture and schizophrenia, much remains to be charted nearly a century later. Anthropologists who have worked with a sophisticated and deeply contextualized approach to culture have only rarely brought clinical or research diagnostic skills to the task, while psychiatrists who have developed well-honed, operationalized definitions of schizophrenia have tended to employ lay versions of culture that look more like superficialnational stereotypes than anything else. Furthermore, schizophrenia has long been regarded as the core conundrum of psychiatry, and it could well be argued that the concept of culture has occupied a similar position in anthropology, in which case it is not surprising that the question of how the two influence each other has been difficult to specify.

One aim of the present volume is to break this impasse, first, as we have seen, by treating contemporary definitions of schizophrenia seriously, either as research tools or as a body of knowledge deserving thoughtful cultural critique, and second, by bringing more expressly articulated and rigorously theorized concepts of culture to the equation. Whereas schizophrenia is defined from the top down – the WHO (1994) The International Statistical Classification of Diseases and Related Health Problems, tenth revision (ICD) – 10 symptom criteria or the American Psychiatric Association’s (1994) DSM-IV definition – culture is defined here from the bottom up, a strategy that reflects the ethnographic spirit of this volume. It is important that the clinical definition of schizophrenia be operationalized in order to achieve agreement among researchers in diverse field sites that they are talking about more or less the same thing. In contrast, culture is an emergent property of context-bound human interaction, and cannot be operationalized in the same way. Attempts to do so reduce it to something it is not, a quantifiable “cultural factor” or a “cultural variable.”

The papers in this collection are based on research carried out in a range of cultural settings. And while there are as many approaches to culture as there are chapters, the commonalities among them lend coherence to the collection. All the authors recognize culture, in its broadest dimensions, as shared symbols and meanings that people create in the process of social interaction. They see it as shaping experience (including the experience of schizophrenia), interpretation, and action. It thereby orients people in their ways of feeling, thinking, and being in the world. Throughout the volume contributors express an interest in culture as the basic moral and ideational domain from which individuals may deviate. Schizophrenia is an instance of transgression situated at the margins of culture, at the very edge of meaningful experience. There is also agreement that while culture can be regarded as an object (a corpus of shared knowledge, a body of routine practice, a set of values), it is important to recognize that it is more fundamentally a process including the production and reification of knowledge, the transformation of practice, and the reproduction of values. This is best captured in Obeyesekere’s (1990:ix) expression “the work of culture,” by which he means the subjective process of formation and transformation “whereby symbolic forms existing on the cultural level get created and recreated through the minds of people.” Culture theory has come to incorporate distinctions between disciplinary and discursive knowledge in relation to institutional forms of power, on the one hand, and situated, local knowledge in relation to personal forms of power and resistance, on the other. Conceptualization of the relation between these two forms of cultural knowledge and power is best formulated not as mutually exclusive, but rather as reciprocally produced (Bourgois 1995; Ortner, 1996; Floersch 2002).

It is noteworthy that much of the research for this collection has been done across cultural divides, whether it be cross-cultural research in a classical sense, or the exploration of meaning structures within the researcher’s own context that are nonetheless foreign to him or her. Where this is so the authors have brought with them a strong sense of culture as a reflexive process. They have viewed their research as an interaction between cultures, that of the researcher and that of the people with whom she or he is working.

As an analytic and pragmatic strategy, all the authors work with specific concepts of culture; they toy at the microscopic level or in medium focus, not with broad brush. The collection as a whole argues that it is no longer useful in this field of research to equate culture with nation-state or society at large as pursued in much of the initial international multisite research. Instead, analytic attention must be focused in specific domains such as family interaction, gender, religion, ethnicity, or personhood, and each of these, in turn, specified ethnographically. At this analytic level, it is possible to see that culture may be contradictory, fragmented, contested, and politicized rather than necessarily
coherent or uniform. Cultural meanings attributed to schizophrenia are very often embedded in conflict between "traditions" and modernity, for example, between witchcraft and medicine, between patient advocacy groups and psychiatric orthodoxy, or between competing religions and sects. Thus, what unites the authors in this volume is an approach to culture that works between shared and conflicting meanings, between overarching structures and specific contexts, between macroscopic and microscopic.

There is a point at which the microinteractional approach to culture merges with the concept of intersubjectivity, for both are concerned with the meaning structures and interpretive processes through which individuals together make sense of each other. Working on schizophrenia demands such a merger for it is these interactions that are often so fraught for people who have the disorder, as well as for those around them. It is for these reasons that in this volume Jenkins builds a framework for research in this field from the work of social theorists like Sapir, whose concept of culture is interactional and meaning centered, and psychiatrists like Sullivan, whose concept of schizophrenia is located in the everyday details of lived experience.

A number of the chapters raise important theoretical issues for debate. The so-called pathoplastic model has provided a conventional framework to understand the relationship between culture and mental illness. It proposes that symptoms are invariant in form, but that their content is shaped by culture (McHugh and Slavney 1986). Several chapters (Jenkins, Barrett, Hopper, Corin and colleagues, Good and Subandi, and Sadowsky) critique this model, raising questions about the validity of distinguishing between form and content that has been identified by Kleinman (1988). Alternative models are examined that accord a more fundamental role to cultural processes in constructing the experience of illness. Culture may provide stable frameworks of meaning that enable a person to make sense of experiences that may be bizarre and anomalous. They may enable that person to build intersubjective understandings of the illness with others. Alternatively, some people with schizophrenia may draw on cultural resources to obfuscate and conceal experience from themselves and others, creating a barrier to understanding which serves to establishing social distance.

In sum, what we know about culture and schizophrenia at the outset of the twenty-first century is the following: Culture is critical in nearly every aspect of schizophrenic illness experience: the identification, definition and meaning of the illness during the prodromal, acute, and residual phases; the timing and type of onset; symptom formation in terms of content, form, and constellation; clinical diagnosis; gender and ethnic differences; the personal experience of schizophrenic illness; social response, support, and stigma; and, perhaps most important, the course and outcome of disorders with respect to symptomatology, work, and social functioning (Jenkins 1998:357).

**Subjective Experience**

Clinical psychiatry has long been intrigued by the subjective dimension of psychotic experience. It has been a particular focus of attention for psychiatrists who work from a phenomenological perspective, or those who practice within a psychoanalytic framework. Yet with few exceptions (Chapman 1966; Cutting and Dunne 1989; Straus 1994; Jenkins 1997), the subjective experience of schizophrenia has been a neglected area of research in the latter part of the twentieth century. Some people with schizophrenia say that it affects their sense of who they are, their body, their thoughts and feelings, their day-to-day activities, and the people around them. The illness seems to pervade their world. Yet this is by no means the only pathway leading from a psychotic episode. Many of those with schizophrenia experience periods of recovery between episodes, with or without residual symptoms, while still others enjoy sustained improvement. Substantial recovery is possible in relation to favorable living conditions and medication response (particularly for many patients taking the newer, atypical antipsychotic drugs); moreover, such patients are not unlikely to characterize their lives as dominated by the illness (Jenkins and Miller 2002).

Conventional approaches to subjective experience flowing from descriptive psychopathology and classificatory psychiatry have not provided an adequate basis to understand the pervasive, alternating, or transformative aspects of schizophrenia. A number of studies in this volume break new ground in this area. Grounded in an empirical tradition of ethnographic research and a theoretical tradition of social phenomenology, they investigate the triadic relationship between an illness, a person, and that person’s lived world. By these means, they provide new insights into the subjective experience of schizophrenia, how the illness may influence a person’s sense of self, its impact on immediate social relationships, and the distinctive ways in which it may shape that person’s lifeworld.

A theoretical move toward *subjectivity* has taken hold in anthropology at a time when retreat from this domain of inquiry has largely taken place in psychiatry and psychology. As this volume is guided by the rise of anthropological thinking about subjective experience, it is useful to provide a brief summation of recent ideas in culture theory that have led to this development: (1) the primacy of lived experience over analytic
categories imposed by anthropological theory (Kleinman 1988); (2) the active engagement of subjects in processes of cultural construction; and (3) the irrepressibility of subjectivity as embedded in intersubjectively created realms of meaning and significance.

First is the primacy of lived experience. This is reflected in the movement away from what Geertz (1984:124), borrowing from Kohut, has called "experience-distant" concepts and toward "experience-near" concepts. As applied to anthropology, the differentiation is as follows:

An experience-near concept is, roughly, one which someone—a patient, a subject, in our case an informant—might himself naturally and effortlessly use to define what he or his fellows see, feel, think, imagine, and so on, and which he would readily understand when similarly applied by others. An experience-distant concept is one which specialists of one sort or another—an analyst, an experimenter, an ethnographer, even a priest or an ideologist—employ to forward their scientific, philosophical, or practical aims. 'Love' is an experience-near concept, 'object cathexis' is an experience-distant one. 'Social stratification,' or perhaps for most peoples in the world even 'religion' (and certainly 'religious system'), are experience-distant; 'caste' or 'nirvana' are experience-near, at least for Hindu and Buddhists. (Geertz 1984:124)

The theoretical movement in anthropology toward experience has led to person-centered ethnographies and the development of culture theory to incorporate subjectivity (Devereux 1980; Rosaldo 1984; Estoff 1989; Desjardlais 1992; Csordas 1994a; Good 1994; Pandolfo 1999, 2000; Scheper-Hughes 2001). Evidence from such ethnographies called into question the generalizability of European-derived categories for experience. Thus, what is "medicine" in one cultural context may be indistinguishable from "religion" in other contexts, as LeVine (1984) has shown, for example, among the Gusi of East Africa.

Exemplary among contemporary studies of experience is Lovell's (1997) narrative analysis of schizophrenia and homelessness in New York City. Her work provides an ethnographic cautionary tale for the consequences of the denial of subjectivity of persons experiencing schizophrenia that diminishes the "range of communication in clinical settings as well as everyday relations" (356). Likewise, an incisive ethnographic analysis of personal experience, narrative, and institutional structures in Ireland has been elegantly set forth by A. Jamie Saris (1995).

No one has raised these questions with more perspicacity than Desjardlais (1997:10–27), who dissects layer upon layer of assumptions (most of them stemming from romantic and postromantic thought) that attach to contemporary anthropological uses of the term "experience"—its so-called primacy, supreme authenticity, facticity, fundamental constancy, interiority and reflexivity, and proximity to the senses. His argument, that experience itself is historically and culturally constituted, is by no means new, but what is remarkable about Shelter Blues is the way it is worked out ethnographically, in this instance among Boston shelter residents, for whom experience was a matter of "struggling along," a journey, a series of movements through a landscape at once physical and metaphorical." (20).

One cannot follow Desjardlais' injunction to take history and culture seriously without assigning a critical role to linguistic processes in constituting lived experience, a central concern of this volume. As Gergen (1990:576) has observed, "when we use language of other peoples to access their subjectivities, it is essentially their category or conceptual systems that are at stake." Sapir (1924) summarized this vital issue of language with his statement that "the worlds in which different societies live are distinct worlds, not merely the same world with different labels attached." Sapir was no less tenacious in his insistence on the importance of individual variability in the creation of psychocultural dimensions of subjectivity. Such variability, really what we can call a "constrained idiosyncrasy," defies neat classification on the basis of the psychological and cultural categories for experience.

Second, an emphasis on experience has meant an emphasis on the active engagement of subjects in processes of cultural construction. This has been promised to a great extent on philosophical notions of agency and intentionality, with the intended subject moving toward, as Kleinman and Kleinman (1995) would have it, whatever is "at stake" for an individual. As Ortner (1996:2) argues, contemporary ethnographies that "omit, exclude, or bid farewell to the intentional subject" are no longer viable in light of recent developments in culture theory. These developments include the cultural "making" of forms of subjectivity "from the actor's point of view"—where the "question is how actors 'enact,' 'resist,' or 'negotiate' the world as given, and in so doing, 'make' the world."

Third, the notion of intersubjectivity is increasingly important as a bridge between individual experience and social reality, between a subjectivity too often criticized as implicitly isolated and solipsistic and the material conditions of life that are generated in collective processes of production and reproduction. Indeed, part of the discomfort with granting the notion of experience a central place in social theory has been failure on the part of its proponents to theorize experience as thoroughly interpersonal and intersubjective. This step has been decisively and eloquently taken by Arthur Kleinman:

Experience is thoroughly intersubjective. It involves practices, negotiations, and contestations among others with whom we are connected. It is a medium in which collective and subjective processes intermingle. We are born into the flow of palpable experience. Within its symbolic meanings and social interactions our
senses form into a patterned sensibility, our movements meet resistance and find directions, and our subjectivity emerges, takes shape, and reflexively shapes our local world. (Kleinman 1999:358-9)

Kleinman shows that such a conception allows a theoretical and empirical appreciation of the “interpenetration of the moral and the emotional, the social and the subjective” (1999:378), and consequently a more precise understanding of the interactions among cultural representations, collective processes, and subjectivity. Such an approach is essential for understanding schizophrenia, not only as the biologically conditioned affliction of an isolated individual, but, in Kleinman’s term, as a form of social suffering conditioned by the moral coloring of practical activity that occurs “under the impress of large-scale transformations in politics and economics that define an era or a place” (1999:381). To borrow a contrast framed by Kleinman, it is essential to regard schizophrenia not as a disordered modulation of “human nature,” but as a function of a particular configuration (not excluding the biological) of “human conditions.”

Introduction to the Three Parts: Themes and Cross-Currents

This volume is intended to bring the puzzle of schizophrenia under scrutiny from the standpoint of the social sciences; that is, those disciplines that take as their central concern the problem of human life as such. And while the chapters represent perspectives that combine social and medical sciences broadly, the overarching conceptual framework for the volume hinges largely on culture theory from contemporary anthropology. The volume is organized in three parts that elaborate cultural analyses of the problem, each of which constitutes a piece of the puzzle of the psychoses. In the first part, authors outline state-of-the-art understandings of culture, self, and experience that are critical to a cross-culturally comparative and global understanding. Each of the four chapters in the second part sets out a methodological strategy, in turn developing the ethnographic, sociolinguistic, clinical, and historical dimensions of schizophrenia and related psychotic disorders. The third part plumbs the depths of subjectivity and emotion, without an understanding of which the daily lived experience of schizophrenia must remain unnecessarily incomprehensible.

We will summarize each of the parts in turn, and conclude our introduction by reflecting on the clinical implications of the work collected here.

Introduction

Culture, Self, and Experience

The first part deals with a number of critical issues that confront all studies of human experience, and culture and schizophrenia in particular. One is the relationship between the ordinary and the extraordinary; another is the nexus between subjectivity and culture; and a third is the tension between general and specific concepts of culture. These problems, elaborated through studies of schizophrenia, define the broader terms for analysis that are developed more fully in the ensuing parts. Jenkins (Chapter 1) argues that schizophrenia itself offers a paradigm case for understandings of culturally fundamental and ordinary processes and capacities of the self, the emotions, and social engagement. She also shows how the experiences of people with schizophrenia can be quintessentially extraordinary just as they can be exquisitely ordinary. As a consequence, people who suffer from the disorder have a unique capacity to teach us about human processes that are fundamental to living in a world shared with others. A single-minded focus on the similarities between those who have schizophrenia and those who do not carries the risk of negating what is so extraordinary about this illness, underestimating the intensity of suffering it entails, and overlooking the resilience of those who grapple with it. But if the focus is restricted to understanding differences between abnormal and normal, the risk is one of devaluing the person with schizophrenia. Difference may lead to diminution and decomposition of the person into an object. Jenkins embraces the extraordinary and the ordinary in schizophrenia, the abnormal and the normal, and gives no quarter to those who would play down the insights that people with the illness offer, nor to those who would characterize them as flawed or emotionally empty humans.

Lucas (Chapter 5), in exploring some of the cultural processes at work around this ordinary/extraordinary interface, carries this analysis further. Drawing on ethnographic work in Australia among people with schizophrenia and juxtaposing these data with classical formulations of the disorder within the psychiatric literature, he locates schizophrenia both outside and inside the bounds of culture. Psychiatric discourse identifies the source of this illness in the body and in nature, thereby placing it beyond culture. On the other hand, schizophrenia itself is a cultural category, replete with cultural tropes. It is sometimes construed as a primitive state in which archaic sources of violent energy erupt through surface layers of control; or a state of confusion and alienation that mirrors the complex modern society in which we live; or a form of creative power akin to artistic genius. Such images are not only invoked by psychiatrists, but also by people so diagnosed when representing schizophrenia to themselves.
Lucas’s analysis goes further than this, beneath the crust of objectified culture to a more fluid, praxiological sense of culture as a context-bound activity. At this level, he found the participants in his study harnessing elements of popular culture – film, rock music, popular literature – as the medium through which they comprehended experiences that were extraordinary, anomalous, and transgressive. It was through these cultural forms that they conveyed such experiences to others, including the ethnographer. Whether we approach schizophrenia as an objective category of psychiatry, argues Lucas, or engage with people as they negotiate the experience of schizophrenia, we are working both inside and outside culture, across the interface between the “un-understandable” and the familiar.

This focus on the experience of schizophrenia leads directly to the question of how best to approach the nexus between subjectivity and culture. Jenkins makes the case that the “self” is of central analytic importance, for it draws in subjective experience, emotion, intersubjective engagement, and cultural orientation. Her approach is worked out by Corin, Thara, and Padmavati (Chapter 4) in a South Indian context, based on narratives of patients recently diagnosed with schizophrenia. The authors draw on phenomenological psychiatry to grasp the nuances of altered experiences and feelings, especially patients’ distinctive voicing of fear, confusion, and the increasing porosity of personal boundaries. Their analysis is grounded in an understanding of the Indian self as highly sensitive to interpersonal context. Both positive and negative consequences of this kind of interpersonal environment are explored. There is the anguish of failure, the quest for significance that is less a search for etiological understanding than “a general inquiry about the meaning of one’s existence,” and the struggle for a solution that can lead to intensified religious involvement and strategic social withdrawal. The authors provide insightful reflections on the difference between schizophrenic withdrawal and Hindu renunciation. They conclude with a call for longitudinal studies that will even more firmly situate the phenomenology of schizophrenia within the pragmatics of culture.

The third issue is a question of culture and scale. It is addressed first by Hopper (Chapter 2) through a critical interrogation of the corpus of WHO collaborative studies: the International Pilot Study of Schizophrenia, the Determinants of Outcome Study, and the International Study of Schizophrenia. Hopper first demonstrates that no matter what confounding variables are taken into account (gender, age, loss to follow-up, diagnostic imprecision, insensitivity of outcome measures), the conclusions of these studies do hold true – the course of schizophrenia is more benign in the developing world, both in the short term or the long term. But it is far from clear what bearing culture might have on this differential outcome. Indeed the status assigned to culture in these WHO collaborative studies is even less clear. Sometimes the term “culture” stands for a specific location, sometimes a mixture of ill-defined variables (beliefs, practices, poverty, inadequate treatment). Mostly it means “developing” versus “industrial,” and implicitly, he suggests, “there” versus “here.” However when culture was taken more seriously, notably in a WHO sub-study comparing families in Denmark and India, suggestive evidence emerged that lower levels of expressed emotion among relatives in India helped to explain the more favorable short-term outcome there, a finding that is explored ethnographically by McGruder later in this volume. Hopper cautions against the use of uniform, society-wide concepts of culture, and especially against precipitous attempts to operationalize such concepts to generate “cultural factors.” Instead, his chapter persuasively argues that to move forward, we would be best advised to equip ourselves with a definition of culture as local, grounded in ethnography and, as Lucas has shown, embedded in context-bound activities. It should be able to encompass intracultural contradiction and variation, with the capacity to elucidate “microecologies” that may hinder or facilitate the process of recovery from schizophrenia. This is not an injunction to ignore macroscopic cultural forces that influence peoples and epochs. But in this field of research, “culture” writ large can become disconnected from the clinical context. Culture must be conceptualized in a way that is specific enough to connect with notions of self and lived experience of illness.

Barrett (Chapter 3) shows the importance of using such a highly specified understanding of culture in a clinical and ethnographic study that compares psychosis in the Iban people of Malaysia and in Australians. He demonstrates the cultural specificity of perception and thought that must be taken into account in understanding the subjective experience of psychosis by focusing on the process of translating the Present State Examination (PSE) diagnostic interview, particularly those parts of it concerned with Schneider’s First Rank Symptoms. He shows how questions concerning auditory hallucinations translate with ease from English to Iban. However, problems with thinking (thought insertion, withdrawal, broadcast) make little cultural sense in an Iban context, for Iban construe thinking partly as a bodily process, a matter of the heart, and partly as an interactional process, a matter of conversation. It is not surprising, therefore, that he identifies auditory hallucinations with approximately the same frequency in the two populations, but finds different rates of subjective thought disorder. The latter occurs at expected levels in Australian patients but is virtually absent in Iban patients. Perhaps it is simply not
possible to identify such experiences among Iban people due to the problems of translation, but it is more likely, argues Barrett, that subjective symptoms of thought disorder are configured differently in Australian and Iban experience. By demonstrating the utility of ethnography attuned to phenomenological detail, this chapter offers a strategy by which the Western psychiatric category of schizophrenia might be refined rather than simply reproduced.

The chapters in the first part, therefore, set conceptual parameters for the subsequent contributions, arguing for an approach to culture that can be specified and contextualized, an approach to subjectivity that takes the culturally constituted self as central, and an approach to experience that has the capacity to explore and move between the ordinary and the extraordinary.

Four Approaches for Investigating the Experience of Schizophrenia

The second part presents four approaches to understanding schizophrenia: ethnographic, sociolinguistic, clinical, and historical. The ethnographic approach is represented by Good and Subandi’s (Chapter 6) exploration of temporal patterns of psychoses in Java, a classic site for anthropological theorizing about culture and experience. The study is framed by a set of enquiries that arise in relation to the tendency in Indonesia, and elsewhere in the developing world, for psychotic experience to be characterized by acute, brief episodes of positive symptoms (auditory hallucinations, confusion, thought disorder) that resolve relatively quickly with no apparent residual symptoms, and that may or may not recur. The method of analysis is by a single case study of a thirty-six-year-old Javanese woman, Yani, and her mother, who we follow as they grapple with Yani’s episodic psychosis. The authors take the reader into a crowded neighborhood in Yogjakarta to Yani’s house, where their ethnography focuses on everyday modes of being in the world, revealing the day-to-day interactions of Yani and her mother around this illness. Good and Subandi show how self processes are constituted by Javanese and Islamic themes, where contestations over power and potency, danger and protection, are part of the everyday experience. These themes of Javanese cultural psychology mediate psychological and social adaptation to psychotic experience, including ascetic withdrawal, but also remarkable periods of apparently full recovery. The chapter underlines the value of longitudinal research that is based on an enduring relationship between ethnographer and patient. Another strength is its close attention to family interaction. One feels Yani’s irritation and frustration and her mother’s abiding sense of disappointment. It is the specificity of these interactions that is accounted for in the light of locally constructed emotions and ideas.

Wulce (Chapter 7) uses a high-powered lens, that of sociolinguistics, or the ethnography of communication, to achieve a more microscopic analysis still. His fieldwork was undertaken in a village not far from the city of Chandpur, situated in a low-lying delta region of Bangladesh. The case is that of Rani, a young Hindu woman. Wulce uses videotape and audiotape recordings of interviews and family conversations, that enable him to provide the reader with transcripts as well as detailed descriptions of posture and gesture, as family members interact with one another. In Rani’s house you hear her speaking out of turn, and you follow her frustrated sister imploring her, in the end, to “Speak beautifully!” What is unique is the way the author focuses on the minute details of turn taking in conversational interchange, or the use of the passive versus active voice in response to an interview question. If Good and Subandi demonstrate the importance of following patients over months and years, Wulce’s work reveals the value of observing interactions second by second, frame by frame. At the same time, like Good and Subandi, he embeds his analysis within a wider cultural context, here, a deeply gendered but rapidly modernizing Bangladeshi culture. By these means, Wulce leads the reader to an understanding of pāgalāmi (madness) and the rupture of intersubjectivity that it entails. He demonstrates that this rupture, and the continual attempts that are made to mend it, cannot be fully grasped without an understanding of the language, gesture, and aesthetics of interaction.

The work of Diaz, Fergusson, and Strauss (Chapter 8) is set within a rehabilitation psychiatry framework, and is written in a more clinical style. Yet certain features of this chapter resonate with the previous two chapters. The first is the richly textured clinical descriptions that take you into the lifeworld of those undergoing rehabilitation in a way that is rarely achieved in the conventional psychiatric literature. The second is the attention that is continually paid to the location of the rehabilitation program, its ethos and methods, within its South American context. Established to help the homeless mentally ill in Colombia, the program combines rural and urban facilities that provide systematic opportunities for work, artistic, and cultural activities. Because allowance is made for unlimited length of stay, the authors can provide a long-term perspective on people with schizophrenia. Whereas Wulce works in a timeframe of seconds and minutes, and Good and Subandi in months and years, this study draws on data that often exceed a decade. Diaz and colleagues describe six patients who find various degrees of relief and stability through the program, and across these cases they develop an understanding of the subjective experience of recovery as a life trajectory, characterized
at some times by fragility and at other times by resilience. They examine a series of articulated experiential themes concerning illness and its symptoms, spiritual forces, and religion. The authors describe activities such as begging, stealing, scouting for food, adopting a guarded manner, walking, and wandering, as strategies that transcend the weight of the poverty and violence that surrounds these patients. The program places emphasis on these street skills, and discovers innovative ways to harness them in the rehabilitation process. The chapter provides a model of how to develop a psychiatric service in a way that is responsive to local socio-economic conditions and cultural meanings, while at the same time being cognizant of its own institutional ideology – here, one of autonomy and independence.

Sadowsky’s (Chapter 9) analysis of psychosis in southwest Nigeria is starkly different from the other three contributions in this section because it employs quite different methods. What light can be thrown on psychotic illness without interview data, ethnographic description, videotape recording, or clinical interaction? By comparison, the data with which Sadowsky works might appear fragmentary and distanced, yet he shows how the incisive use of several complementary historical methods can reveal insights into illness and its symptoms. His data are drawn from the National Archives in Ibadan and two mental hospitals, and include letters written by asylum inmates. The strength of this contribution derives from the historian’s capacity to reveal how the symptomatic expressions of individuals are embedded within, and informed by epochs, political relationships, and social movements, and, in this instance, colonialism and independence. Like the other contributors, Sadowsky is interested in the reciprocal relationship between content and context although, for him, content is conceived on a vaster timescale. His textual analysis of letters reveals the extent to which the experience of inmates was immersed in the ethos of resistance and revolution that characterized the period of Nigeria’s imminent independence, symbolized by the cry of “Irapadi!” (Redemption!). The content of illness experience was for many Nigerian patients characterized by what Sadowsky calls “the political construction of delusion.” He demonstrates how delusional talk becomes a vehicle to caricature, for example, the “paternalism” of the culture of colonialism. The analysis emphasizes the subjective experience of “persecutory delusions” as “over-determined by the persecutory nature of colonialism itself.”

By juxtaposing these chapters, we are highlighting different perspectives that ethnographers, linguists, clinicians, and historians bring to the study of schizophrenia, and the different time structures of their analysis. Their common project is to understand the lived experience of schizophrenia by placing this experience within broader temporal, political, and cultural contexts.

Introduction

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Subjectivity and Emotion

Jenkins, we have seen, proposed that the study of emotion is critical to understanding the nexus between subjectivity and culture. This third group of chapters explores a variety of emotional dimensions of schizophrenia. As in the previous part, they exemplify radically different approaches to the study of emotion. McGruder’s contribution (Chapter 10) represents an ethnographic working out of the “expressed emotion” (EE) construct that was identified by Hopper as one of the most promising directions in which to explore links between culture and schizophrenia. The study of EE across cultures has raised problems concerning the cultural norms and social processes applicable to its component dimensions, hostility, criticism, and emotional overinvolvement. McGruder’s work, which took place in Zanzibar, tackles these problems by means of some of the classical techniques available to the ethnographer: long-term engagement with people, detailed observational studies of individual families, attention to narrative, and sensitivity to her own contribution to the interactions she observes. This enables her to highlight the interplay of local norms for familial emotional expression and employings of illness constructed against the background of both psychiatric care and traditional etiologies. McGruder describes, for example, the gendered norms pertaining to the concealment of hatred, anger, grief, and love, and her case material highlights contrasting emotional styles characterizing families of patients with schizophrenia in Zanzibar. Concealment of hatred was found in families where indirectness in conflict resolution was valued, and tolerance for idiosyncratic family members was notable. It was intertwined with the conviction that “all adversity is sent from Allah for a purpose one cannot know, and that preternatural spirits are active in producing deranged behavior.” Concealment of anger was premised less upon religious constructs and more around the shame that could encompass both patient and family. By describing day-to-day household scenes, McGruder helps us see with immediacy and clarity the ways in which these emotional styles are legitimately praiseworthy, though certainly not to be romanticized. Against the background of studies showing that the familial emotional milieu predicts clinical course, this chapter is compelling because it concerns arguably the most critical question: How does culture make a difference for who recovers and who remains ill?

A sheer emotional chasm separates the concealment and indirectness of expression described by McGruder in Zanzibar from the open anguish
and rage that bursts onto the pages in Chapter 11. Here Estroff explores a body of literature from North America written by those who suffer schizophrenia and those who care for them. These are works that most often appear in publications such as The Lighthouse, Altered State, and Dendron, in newsletters put out by local self-advocacy groups, and collections privately published, or they may be found in a series devoted to first-person accounts in Schizophrenia Bulletin. This genre has hitherto remained marginalized because it critiques current psychiatric treatment practices in a way that is difficult to read and absorb, and even harder to respond to, given the feelings that it provokes. A personalized and politicized literature of extremes, it speaks out in anger and loathing to themes of danger, fear, personal damage, invalidation, and sensate torture, but also in gracious tones of thankfulness about healing and survival. Estroff is able to usher in these works since she herself has been the subject of a maelstrom of personal criticism and is honest enough to expose the sense of hurt and confusion it evoked in her. Furthermore, she is punctilious in ensuring that the authors represented in the chapter speak for themselves. The analytical structure of the chapter brings these first-person narratives (written and told by individuals with a diagnosis of schizophrenia) and second-person narratives (by people who have been close to them) into confrontation with third-person narratives (by clinicians, advocates, academics). This enables Estroff to explore the fiercely contested field of mutual misunderstanding that, for some North American patients and their families, saturates the experience of schizophrenia. Like Sadowsky, who explicates the relationships between expressions of illness and colonialism, Estroff emphasizes the salience of sociopolitical context. Her work shows the extent to which the emotional texture of schizophrenia may be embedded within that vigorously contested arena that characterizes the political landscape of mental health in North America.

The two final chapters in this volume are both concerned with negative symptoms of schizophrenia. Sass (Chapter 12) brings a cultural and historical analysis to bear on the problem while Kring and Germans (Chapter 13) bring experimental psychology to task. Sass shows how negative symptoms have long been represented in the psychiatric literature as a diminution of higher mental faculties stemming directly from a brain deficit, a model of psychopathology that can be traced back at least as far as Hughlings Jackson. Sass's counterthesis is that they represent a heightened, not diminished, form of conscious activity, characterized by a combination of hyperreflexivity and disengagement. He argues that the essence of schizophrenia, though not necessarily its cause, is a distinctive way of being in the world in which the individual focuses intensely on what is normally taken for granted. What is obvious or axiomatic may become a source of fascination for the person with schizophrenia. What is tacit becomes explicit; background becomes foreground. Bodily processes and sensations that are normally unnoticed are subject to focused attention and this leads to heightened levels of self-consciousness. With such effort and concentration focused on the commonplace, the individual is not able to engage with day-to-day reality in a pragmatic way. Instead, he or she becomes estranged from it and unable to cope with the mundane practical tasks of daily life. Attenuation of emotional expression is one of the principal negative symptoms. Sometimes termed "flattening," sometimes "blunting," it is associated with apathy, paucity of speech, social withdrawal, and other negative symptoms. As such, it is a cardinal diagnostic feature of schizophrenia. But what emotions are subjectively experienced by those who outwardly manifest this clinical sign? A commonplace clinical assumption is that beneath the exterior expression lies a similar flattening and impoverishment of emotional life, as inwardly experienced by the patient. This is not a universal assumption however. A notable exception, for example, comes from Sullivan, who cautioned that "alleged indifference, apathy, and emotional disharmony . . . is more a matter of impression than correct evaluation of the inner experience." Like Corin, Thara, and Padmavati, and the links they trace between social withdrawal and Hindu renunciation, Sass's analysis is subtle. He does not argue for a simplistic causal relationship between culture and psychopathology, but for more subtle forms of resonance and amplification.

The work of Kring and Germans is predicated on a psychological definition that divides emotion into a behavioral or expressive component, a subjective or experiential component, and a physiological component. The authors describe a series of elegant experiments among unmedicated patients, to demonstrate empirically that these patients are indeed not without feeling. While they find a "lack of coordinated engagement of emotion response components" among persons with schizophrenia, these patients may actually experience as much (and sometimes more) emotion than their "normal" counterparts. Furthermore, there is evidence to suggest a lack of congruity between facial expression and physiological arousal. While their work lies clearly in the domain of laboratory studies, Kring and Germans recognize the utility of complementing their approach with naturalistic studies, ethnography, and interpretive analysis. Indeed their chapter can be read as working through at an experimental and clinical level the themes that Sass's interpretive work has identified.

Put together, the contributions in this section argue that culture modulates the expression of emotions that surround schizophrenia, and that family interactions appear to be central to this process. But the political
and institutional landscape in which schizophrenia is diagnosed and treated also gives force, and a particular accent, to these emotions. At the same time, cultural images, transmitted through conventional psychiatric theories and assumptions, and reinforced by patients’ withdrawal, may also serve to limit our appreciation of the emotional intensity that characterizes the inner, lived experience of schizophrenia.

Clinical Implications

A principal objective of this volume is to bring the findings of social science research to a clinical readership because many of the questions it tackles are questions that confront mental health professionals in their day-to-day work. Clinicians, in the main, are alert to the possibility of interactions between culture and schizophrenia, but very often encounter difficulties thinking through these interactions at a practical level. The works represented here suggest a number of strategies.

There is a dynamic tension within this collection between the broad-scale, societywide, and historically continuous dimensions of culture, and the dimensions of culture that, as Hopper emphasizes, are local, context-bound, and emergent in interpersonal interaction. The influence of colonial rule and the independence movement in Nigeria, or of modernity in Europe and North America are examples of the former. A telling instance of the latter is the description by Díaz, Fergusson, and Strauss of the woman who loved begging, in which they develop a personalized understanding of her begging as a compromise between the submissiveness that typifies Colombian womanhood and the rebellion and sense of freedom that it allowed her. To achieve an understanding of psychosis that is culturally informed, it is necessary to work clinically with this same dynamic tension. The clinical question becomes, “What large-scale cultural influences could be at play?” and in the same breath, “How do these influences affect this person in this setting?” To ask only the first part of the question can leave the clinician with a working definition of culture that is spuriously homogenous, and often based on dubious dichotomies (such as, modern versus traditional, West versus non-West). This lends itself to stereotypes and may even serve as an indirect way of saying, “Not like me.” It may be relevant for clinicians, therefore, to read the contributions to this volume with the following question foremost in their mind: “What is the distinctive configuration of cultural influences at play in the patient’s context?” Wilce, for example, not only raises the issue of gender in Bangladesh, but shows how gendered norms of conversation and behavior are transgressed by Rani and responded to by her family, along with the intersubjective rupture that this entails. Likewise, Good

and Subandi address the importance of Islam in Java, but also show how Yani invokes particular Islamic ideas of purity to frame her understanding of psychosis, an interpretive frame that is vehemently contested by her mother who has other views altogether. By moving between the general and the specific, culture can be brought into the clinic as a working construct that can deal with nuances, competing influences, and internal contradictions. This strategy also enables the clinician to approach and understand the conflict and mutual misunderstandings that can surround schizophrenia, as Estroff, more than any other, demonstrates so well.

Many of the chapters in this collection make the case that culture interacts with schizophrenia by means of its influence on patients’ families. Here again, they are concerned with the cross-cutting interplay of norms that provide for certain types of interaction between family members, rather than a more generalized notion of “the family in such-and-such a culture.” Thus McGruder’s work in Zanzibar examines norms for the expression of emotion by exploring variations that depend on the particular emotion concerned, on a person’s gender, or on their status within the family. And she is concerned with a range of family responses to schizophrenia that are possible within this culture. For clinicians who are already sensitive to the role of family emotional dynamics in psychotic illness, it is a short step to sharpen this sensitivity through an awareness of the cultural underpinnings of these dynamics.

Also evident throughout this collection is the inestimable clinical advantage that derives from working with patients and families in their homes, their suburbs, and their villages. It enables direct observation of interactions that take place during scenes of family life: welcoming visitors, eating meals, cooking. Familiarity with the domestic space within which the patient moves when ill, or when well, provides privileged entry into the lived experience of schizophrenia, enabling one to understand the relationship between symptom and lifeworld. The advantages, too, that accrue from a long-term relationship with the patient and their family are readily apparent throughout. Shared space and shared time, this volume argues, enable depth of understanding. This comes as no surprise to community mental health workers who have long recognized the potential for a rich therapeutic relationship that flows from working with patients over time and in their own setting. Institutional and practical constraints dictate that for many this ideal cannot be achieved. Even within these constraints, however, clinicians who foster within themselves an attitude of ethnographic curiosity can, at the very least, allow themselves to be taken by narrative means into their patients’ lived world, where their schizophrenic illness is experienced in space and in time.
The clinical reader will be drawn to discussions of the relationship between culture and self. Usually tacit and subtle, the cultural assumptions that constitute the self are easily overlooked. But by studying in an Indian setting where a permeable, context-bound notion of self prevails, Corin, Thara, and Padmavati provide the clinician with a method of working that brings a patient’s sense of self into the foreground, explores its cultural location, and pursues the consequences for the way schizophrenia is experienced by that patient. Barrett’s discussion, too, reminds clinicians that there may be considerable variation in the way people account for core self-processes of thinking and feeling, their location, their relation to the body, and their accompanying sense of privacy. All of these, he suggests, may influence patients’ subjective experience of schizophrenia. One way to appreciate these variations is to be sensitive to language, and the cultural idioms through which patients construct their sense of self, thought, and emotion.

Day-to-day clinical work with schizophrenia requires the agility to tack back and forth between the normal and the abnormal, between the ordinary and the extraordinary. Jenkins puts a fine point on this by showing that it is a matter of grasping patients’ extraordinary experience without dehumanizing them, while at the same time appreciating their normal experience without ignoring their uniqueness. How does one work at this multiple interface? Lucas’s analysis is invaluable for clinicians because he teases out the cultural resources that they and their patients rely on for this task, whether they do so wittingly or unwittingly. His chapter alerts the clinician to some core cultural themes that patients invoke when attempting to capture and convey experiences that are so unusual, inchoate, or evanescent that they are almost impossible to grasp. It stresses how inter-subjective understandings of these experiences are very often developed between patient and clinician on the basis of their respective participation in this shared culture.

Clinicians for whom cultural psychiatry implies working with people whose country of origin, ethnic background, or first language differs markedly from their own will find within this volume a way of thinking about the cultural aspects of schizophrenia that can be useful for patients whose background is closer to home. This is because it moves beyond an equation of “culture” with “other” to a view of culture as a process of creating shared understandings in a way that always confronts similarities and differences. In addition, there is a strong reflexive theme throughout, whereby an interest in the patient’s culture is matched by an equal measure of interest in the culture of the clinician. Diaz, Ferguson, and Strauss show the value of being aware of the ideological underpinnings of the institution in which one works, in their case, a rehabilitation program, and how this affects the way patients are perceived and treated. It is equally necessary to be aware of the cultural tropes that saturate conventional psychiatric constructions of schizophrenia, or the cultural assumptions that lie beneath standardized psychiatric interview questions. Sass and Kring and Germans show these cultural constructs may not tally with patients’ inner experience of schizophrenia. It can be uncomfortable for clinicians to turn the cultural gaze back on themselves and their institutional location, but no more so than examining countertransference feelings. Perhaps there is a common process at work. It could be argued that Estroff is able to consider patients’ expressions of anguish with such poignancy only because she herself has been the subject of hostile controversy.

It is anticipated that this volume will reinvigorate an interest in culture among mental health professionals by opening them to new ways of thinking about culture and context, and their relevance to lived experience, emotional expression, sense of self, family milieu, and the unspoken assumptions that they themselves bring to the clinical interaction. It is hoped, thereby, to generate a strong awareness among clinicians of the many ways, obvious and subtle, in which culture and schizophrenia mutually influence each other.

REFERENCES


Introduction


