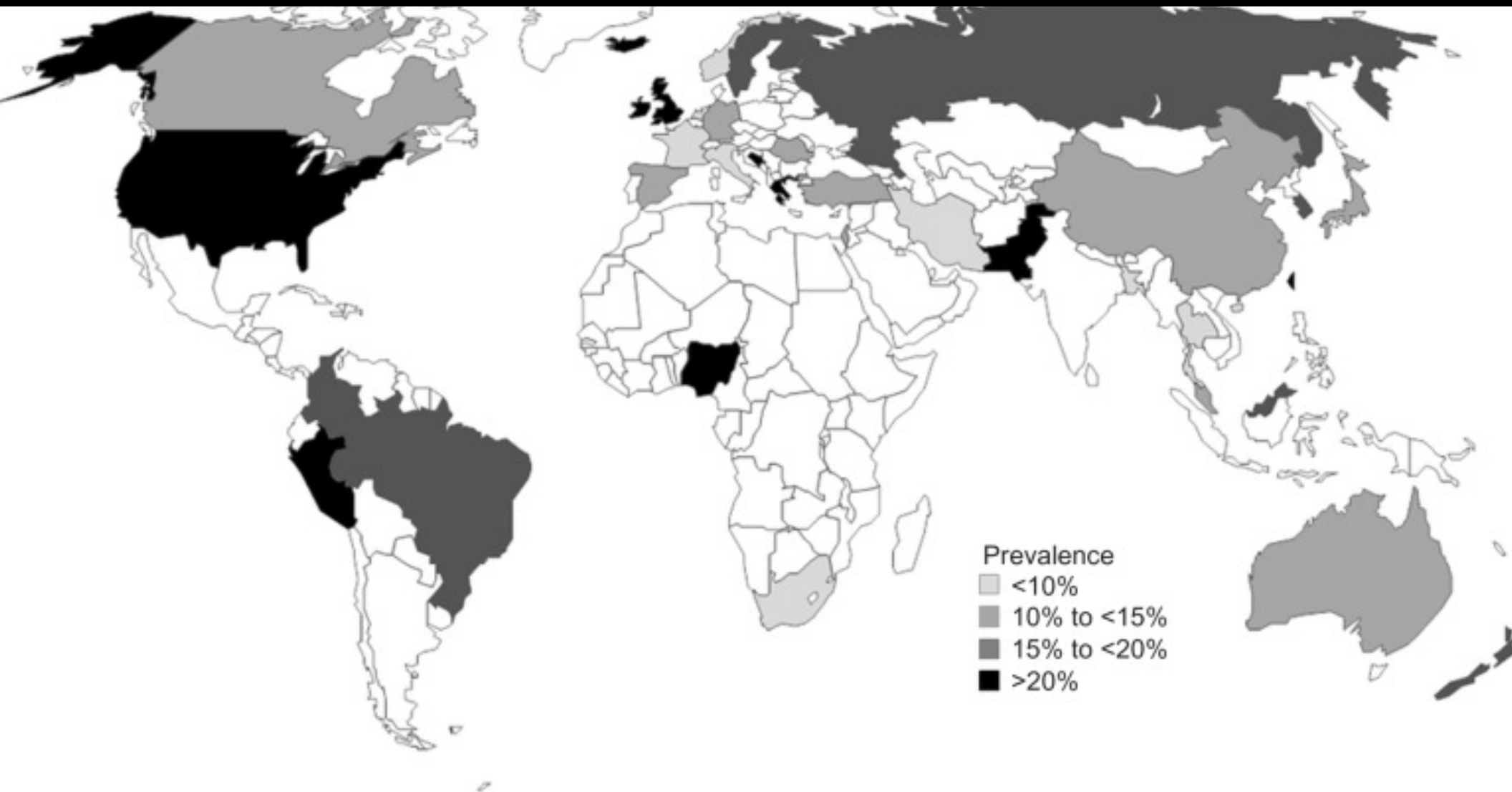


CULTURAL VARIATION IN HEALTH



Worldwide prevalence of irritable bowel syndrome, as reported by country.

CULTURALLY AND SOCIALLY BOUND

- Significant, reoccurring deviation from norms of behavior and feeling
- This type of determination has been dealt with for centuries

PROBLEMS WITH THE 'DIVIDING LINE'

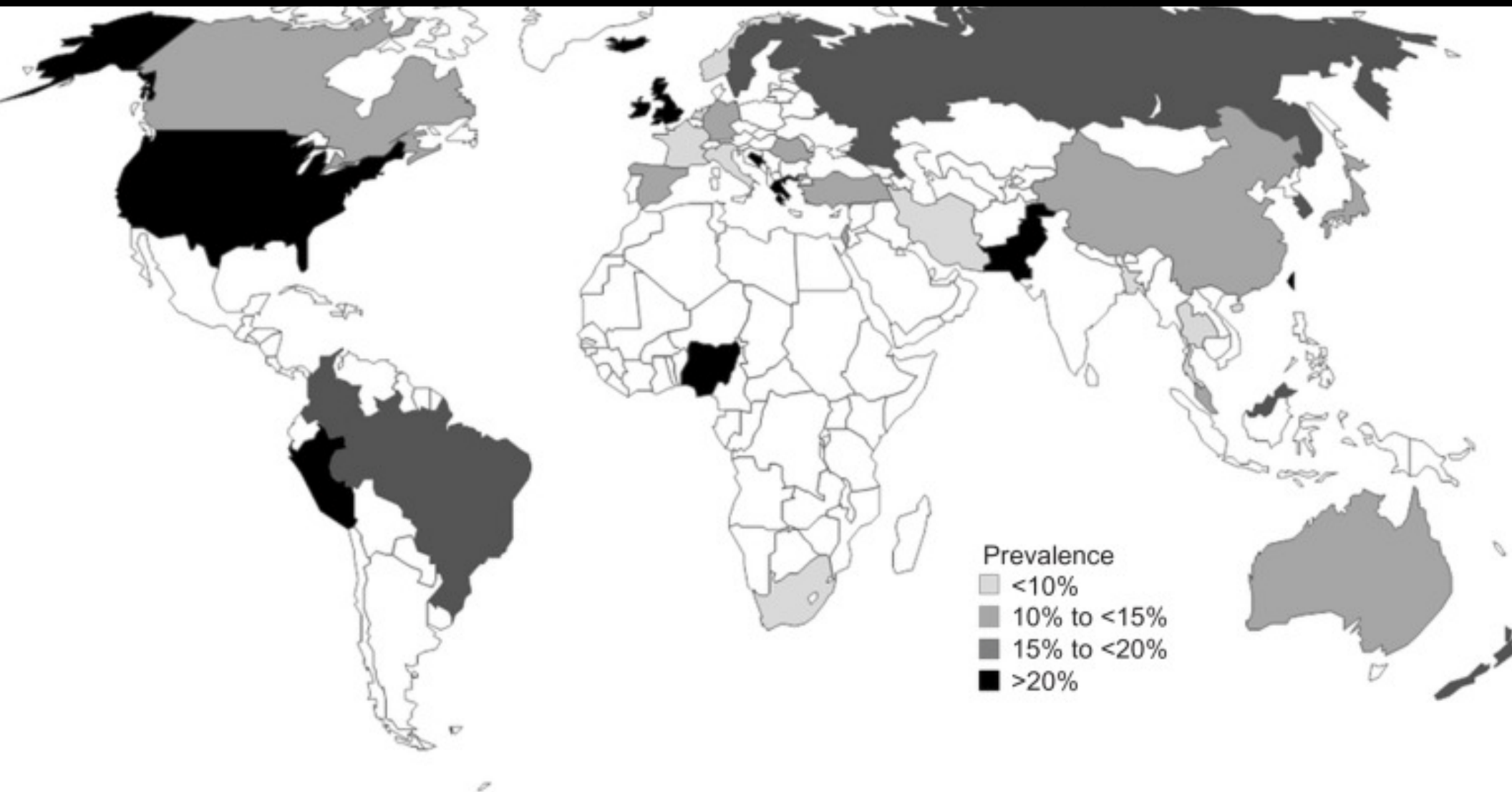
- Rosenhan's "On Being Sane in Insane Places"
 - "If sanity and insanity exist, how shall we know them?" Pp. 250
 - Describe Rosenhan's research for this piece

ON BEING SANE IN INSANE PLACES

- Is Rosenhan arguing that there is no such thing as psychological suffering?
 - Why/Not?
- What is he cautioning against?

"This white 39-year-old male manifests a long history of considerable ambivalence in close relationships, which begins in early childhood. A warm relationship with his mother cools during his adolescence. A distant relationship to his father is described as becoming very intense. Affective stability is absent.... And, while he says that he has several good friends, one senses considerable ambivalence embedded in those relationships"

CULTURAL VARIATION IN HEALTH



Worldwide prevalence of irritable bowel syndrome, as reported by country.

We see such divergent rates of disorders across the globe and the continual rise and fall of new disorders. How might each society's culture bring about this variation (as in the Frances reading for today)?

MEDICALIZATION AND CONTESTED ILLNESS

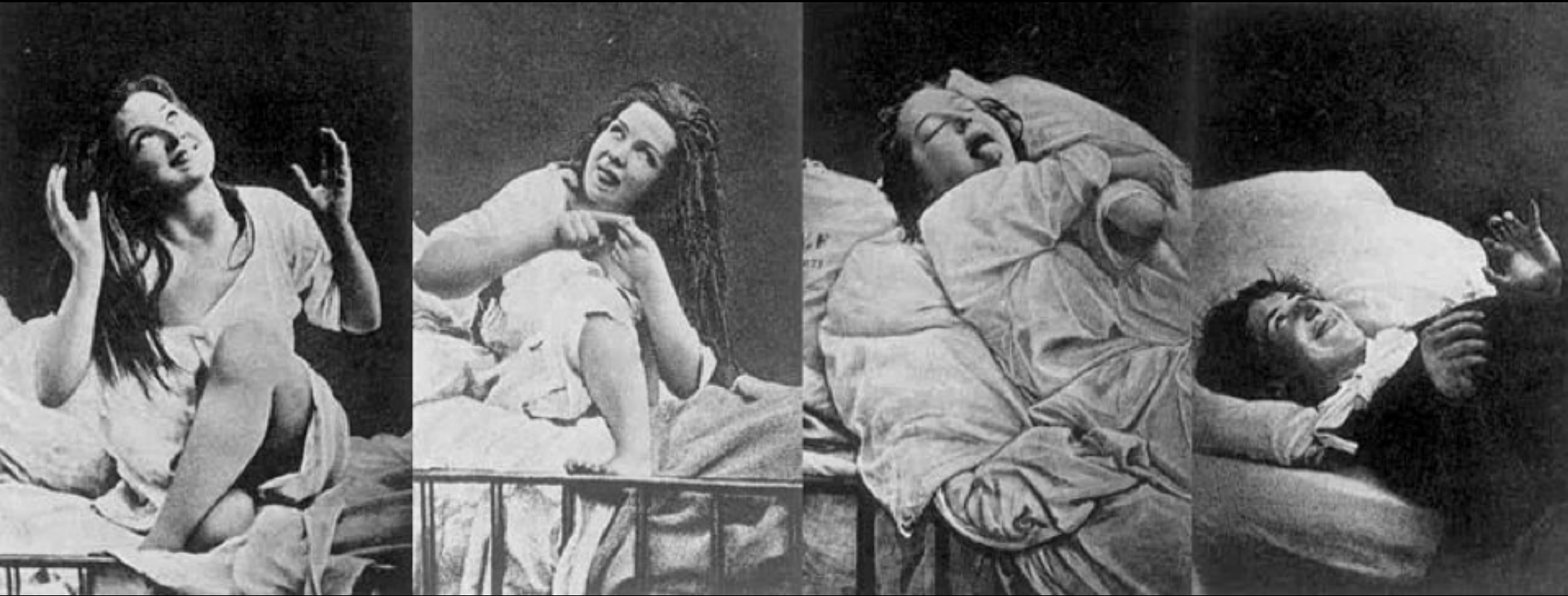
THE SOCIAL CONSTRUCTION OF ILLNESS

SOCIAL CONSTRUCTION

- Challenges the taken-for-granted nature of what appears to be a natural, inevitable, or obvious phenomenon
 - In reality that phenomenon has been wholly or partially created by culture
- Sociology of knowledge - “studies ideas not as true or false expressions of the world per se, but as the realized expression of particular social interests within particular social systems and contexts” Pp. 148

SOCIAL CONSTRUCTIONISM

FEMALE HYSTERIA



SOCIAL CONSTRUCTION OF ILLNESS

- Illness is shaped by culture (varies by time and place)
 - Including what illness is, how it's experienced, and professional beliefs about its diagnosis, treatment, and prognosis
 - Dominant belief system in the US today?

SOCIAL CONSTRUCTION OF ILLNESS

- Diseases must be discovered to exist
 - May be both biologically real and social constructions

CONTESTED ILLNESSES

- Syndromes wherein there is a lack of medical consensus about the biological nature of the illness
 - Gluten intolerance, IBS, fibromyalgia, chronic fatigue syndrome, tension headaches, restless leg syndrome, multiple chemical sensitivity disorder.....
 - Diagnosed based on patients' subjective reports and clinical observations - thus it's "truth" is contested without biomedical markers and effective treatments

CONTESTED ILLNESSES

- Why diagnose these at all?
 - Diagnostic imperative - assigning illness over health
- Consequences for patients?
 - Have a label - provides a degree of validation, among other things
 - Greater 'understanding'
 - Receive health care/compensation

“The label we create, however inaccurate, provides a comforting explanation of the patient’s suffering and a target for treatment. It is a metaphor of distress appropriate to the technology and worldview of a particular time and place. When everyone is interested in electrical power, the metaphor of distress becomes energy depletion. When people get interested in neurotransmitters (as is the case now), the glib metaphor becomes ‘chemical imbalance.’”

–ALLEN FRANCES, P. 127

CULTURAL VARIATION IN HEALTH



CULTURE-BOUND SYNDROMES

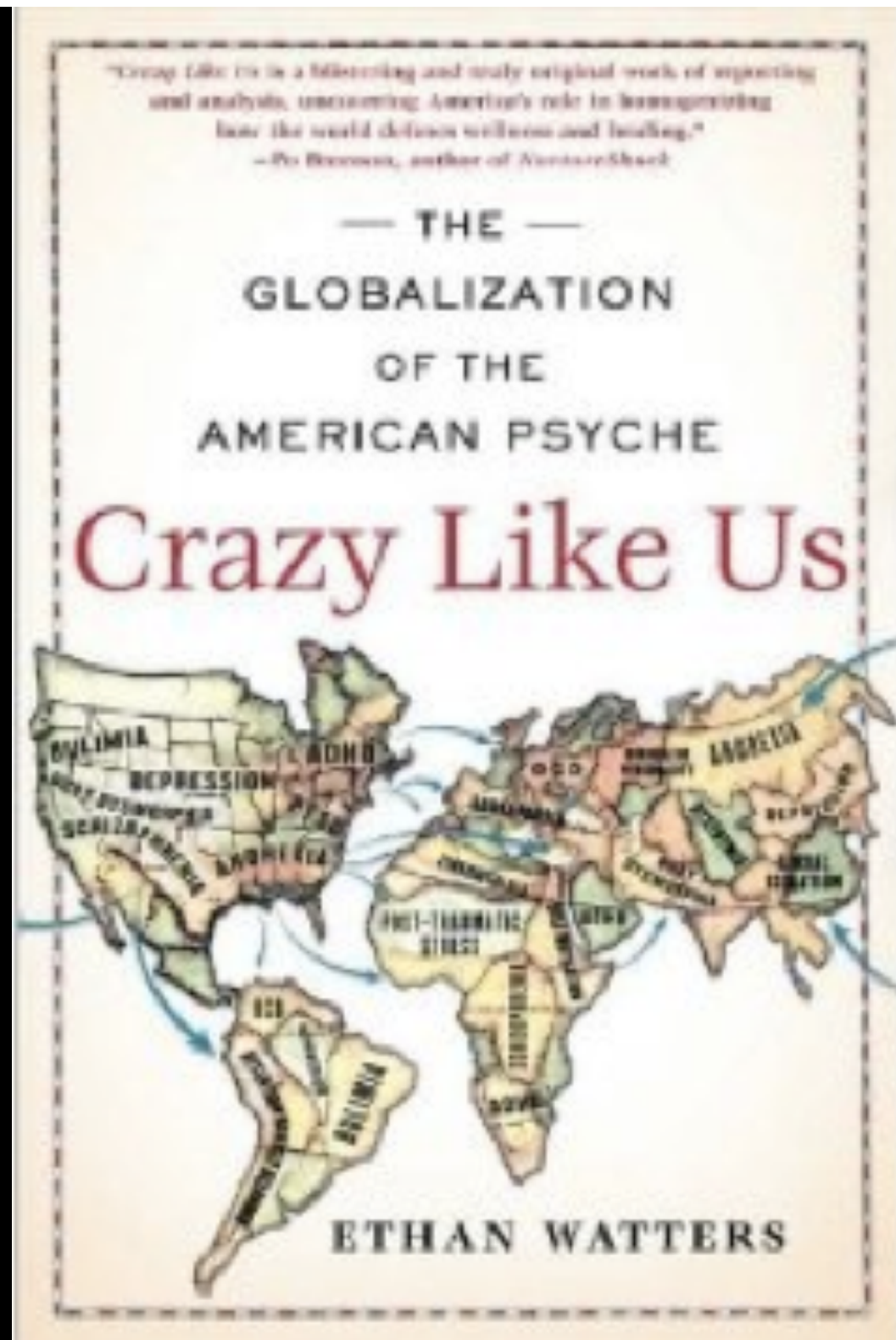
- Koro: Southern China, Southeast Asia, India
- Windigo Psychosis: Cree Eskimos and Ojibwa of Canada
- Arctic Hysteria: Polar Eskimos
- Latah: Southeast Asia
- Amok: Southeast Asia

CHANGES MADE TO DSM-5

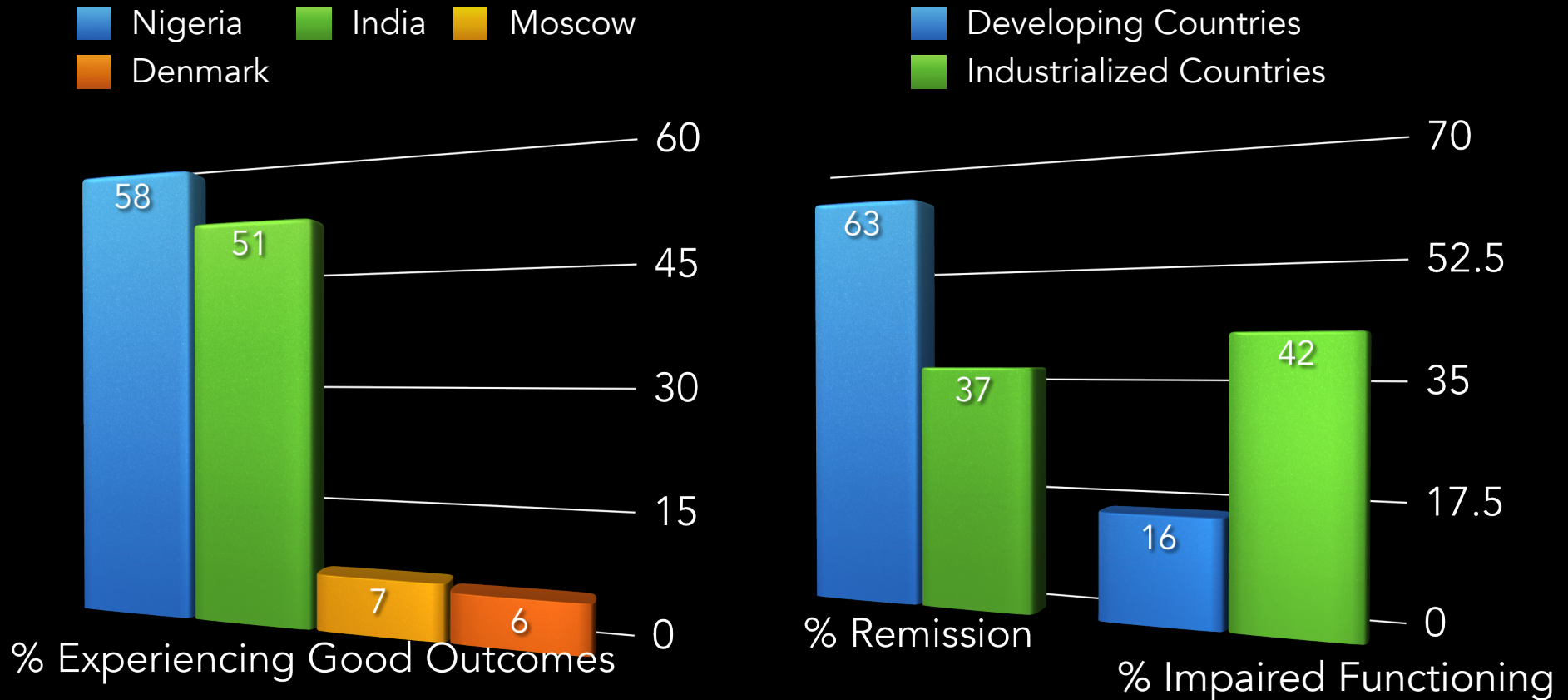
- Addiction Disorders
 - "Gambling Disorder"
 - "Caffeine Withdrawal,"
"Cannabis Withdrawal"
 - "Binge Eating Disorder" -
Binging even once a week
(NOTE: this is not bulimia)
- Childhood and Adolescent Disorders
 - "Temper Dysregulation Disorder
with dysphoria"
- Sleep-Wake Disorders
 - "Restless leg syndrome"
- Gender-Specific Disorders
 - "Premenstrual Dysphoric
Disorder"
- Sexual and Gender Identity Disorders
 - "Gender identity disorder" to be
retained as "Gender Dysphoria"

ETHAN WATTERS

THE SHIFTING
MASK OF
SCHIZOPHRENIA
IN ZANZIBAR



SCHIZOPHRENIA RATES



Data from World Health Assembly Longitudinal Study (Early-to-Mid 1990s)

CULTURAL DIFFERENCES

- Fundamental cause of schizophrenia?
- Cultural variation in symptoms
- Reaction to those diagnosed with schizophrenia