Culture, Mental Health, and Violence

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Methodological, conceptual, and empirical issues for further consideration of Ecological Model
Methodological Considerations: Anthropological Approach

- GLOBAL
- COMPARATIVE
- SOCIAL CONTEXT
- MULTIPLE PERSPECTIVES
- CULTURAL MEANING
- SUBJECTIVE EXPERIENCE
Interdisciplinary & Mixed-Method

- **INTERDISCIPLINARY**
  Anthropologists, psychiatrists, primary care physicians, psychologists, sociologists, political scientists, social workers

- **MIXED-METHOD**
  Naturalistic observations
  Ethnographic interviews
  Research diagnostic criteria/procedures
  Statistical identification of relation among variables
  Qualitative and ethnographic specification of variables in social and cultural context, from perspectives of multiple actors (patients, families, healthcare providers, teachers, local/state officials)
  Broad ethnographic analysis of community & geographic region
Central Conceptual Considerations for Ecological Model: Culture

- Culture cross-cuts overlapping sectors of the individual, social relationships, community, and society
- Decades of empirical research demonstrate centrality of culture for mental health/illness
Culture Shapes Fundamental Aspects of Mental Health/Illness

- Risk/vulnerability factors (e.g. gender inequity)
- Symptom content, form, constellation
- Clinical diagnostic process
- Illness experience: identification, explanatory model, meaning
- Kin emotional response, bonds/attachment
- Community social support stigma
- Service use & preferred treatment modalities
- Resources for resilience and recovery
- Course and outcome

So what’s involved?
Conceptualizing Culture

- Subjective orientations and awareness of the self
- Assumptions about the world and one’s place in it
- Definitions of social worthiness (by age, social class, gender, disability)
- Repertoire of emotions understood as aspects of cultural systems of moral or ideological attitudes that link person, action, and sociological milieu
- Understandings of acceptable /expectable cultural rules and their violation... including those related to mental illness
Cultural conceptions of psychosis with respect to violence & disruption

• Disruptive or violent behavior in relation to mental illness: cross-culturally unacceptable

• 4 East African societies, interview/surveys (N=505)

• Asked to describe behaviors of a person with psychosis, most frequently mentioned (for 3 groups) were destructive or assaultive behaviors mentioned as most socially disruptive

### Table 4. Psychotic Behavior as Construed by Four East African Tribes*

<table>
<thead>
<tr>
<th>Behavior Description</th>
<th>Kamba</th>
<th>Hehe</th>
<th>Pokot</th>
<th>Sebei</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>1. Murder or attempted murder</td>
<td>84</td>
<td>.14</td>
<td>38</td>
<td>.08</td>
</tr>
<tr>
<td>2. Serious assault</td>
<td>72</td>
<td>.12</td>
<td>41</td>
<td>.09</td>
</tr>
<tr>
<td>3. Arson</td>
<td>23</td>
<td>.04</td>
<td>3</td>
<td>.01</td>
</tr>
<tr>
<td>4. Destroys property</td>
<td>37</td>
<td>.06</td>
<td>9</td>
<td>.02</td>
</tr>
<tr>
<td>5. Abuses people verbally</td>
<td>22</td>
<td>.04</td>
<td>17</td>
<td>.04</td>
</tr>
<tr>
<td>6. Shouts, screams, cries, sings</td>
<td>22</td>
<td>.04</td>
<td>11</td>
<td>.02</td>
</tr>
<tr>
<td>7. Runs wildly</td>
<td>12</td>
<td>.02</td>
<td>18</td>
<td>.04</td>
</tr>
<tr>
<td>8. Steals openly</td>
<td>27</td>
<td>.04</td>
<td>4</td>
<td>.01</td>
</tr>
<tr>
<td>9. Goes naked</td>
<td>119</td>
<td>.20</td>
<td>57</td>
<td>.12</td>
</tr>
<tr>
<td>10. Suicide</td>
<td>6</td>
<td>.01</td>
<td>9</td>
<td>.02</td>
</tr>
<tr>
<td>11. Sex misconduct</td>
<td>5</td>
<td>.01</td>
<td>5</td>
<td>.01</td>
</tr>
<tr>
<td>12. Talks nonsense</td>
<td>37</td>
<td>.06</td>
<td>21</td>
<td>.05</td>
</tr>
<tr>
<td>13. Wanders aimlessly</td>
<td>27</td>
<td>.04</td>
<td>13</td>
<td>.03</td>
</tr>
<tr>
<td>14. Eats and smears feces</td>
<td>18</td>
<td>.03</td>
<td>11</td>
<td>.02</td>
</tr>
<tr>
<td>15. Eats and smears dirt</td>
<td>12</td>
<td>.02</td>
<td>2</td>
<td>.004</td>
</tr>
<tr>
<td>16. Wears or collects trash, leaves, etc.</td>
<td>26</td>
<td>.04</td>
<td>8</td>
<td>.02</td>
</tr>
<tr>
<td>17. Sleeps and hides in the bush</td>
<td>28</td>
<td>.05</td>
<td>183</td>
<td>.40</td>
</tr>
<tr>
<td>18. Injures self</td>
<td>6</td>
<td>.01</td>
<td>1</td>
<td>.002</td>
</tr>
<tr>
<td>19. Catatonic stupor</td>
<td>1</td>
<td>.001</td>
<td>3</td>
<td>.01</td>
</tr>
<tr>
<td>20. Acts like a child</td>
<td>12</td>
<td>.02</td>
<td>2</td>
<td>.004</td>
</tr>
<tr>
<td>21. Climbs trees</td>
<td>0</td>
<td>.00</td>
<td>0</td>
<td>.00</td>
</tr>
<tr>
<td>22. Hallucinations</td>
<td>3</td>
<td>.004</td>
<td>1</td>
<td>.002</td>
</tr>
<tr>
<td>23. Shaves head and bites self</td>
<td>0</td>
<td>.00</td>
<td>0</td>
<td>.00</td>
</tr>
<tr>
<td>24. Compulsive actions</td>
<td>2</td>
<td>.003</td>
<td>0</td>
<td>.00</td>
</tr>
</tbody>
</table>

* The figures in Table 4 represent all mentions of behavior given in response to three questions: (1) "How Do Psychotics Behave?" (2) "How else?" (3) "Have you actually seen a psychotic right here in (name of area)? How did this person behave?"

Due to rounding error, the percentages given do not total 100.

Source: Edgerton 1966:414
More broadly, how can concept of culture broaden our understanding of the construct of violence?
Homicide rates by country (2010 or latest available year)

Source: (United Nations Office on Drugs and Crime 2011:9)
What’s Wrong with This Picture?

Violence not uniform transcontinentally

Cultural factors, but not all cultural

Socioeconomic factors, not all socioeconomic

Some regions & nation-states besieged by complex of cultural, economic, and political disadvantage

How do we understand inequality of violence and the daily lived experience of violence in people’s lives?
Conceptualizing Violence as a Cultural, Structural and Public Health Problem

- violence as ordinary
- violence as contextually specific
- violence as lived experience
- violence as organized, multiplex, structured set of ideologies and practices
“Structural violence”

- Structural violence exerted systematically, directly & indirectly
- Social structures and institutions that harm or disadvantage individuals (such as ethnocentrism, racism, sexism, poverty)
- Structural arrangements embedded in political & economic systems (global, regional, national) that do not provide for basic needs (such as clean water, food, health care) which result in disease, mortality, & severely compromised lives
- Violent because such structural arrangements cause injury/harm
- Structural violence can severely constrict individual agency

Conceptualizing Violence: Political Ethos

- Political ethos: “culturally standardized organization of sentiment pertaining to social domains of power and interest”

- Investigation of the nexus among the role of the state in constructing a political ethos, the personal emotions of those who dwell in that ethos, and the mental health consequences for refugees or displaced persons.

Organized Violence and the Mental Health Needs of Displaced Populations

• By end of 2012, the UNHCR estimates 45.2 million people forcibly displaced worldwide as result of persecution, conflict, generalized violence, and/or human rights violations; highest level since 1994 when estimated 47 million forcibly displaced worldwide; 15.4 million classed as ‘refugees.’

   (UNHCR Statistical Yearbook 2012)

• Critical to understand the experience of refugees in a manner that contributes to development of effective services and minimizes the pathogenic effects of violence and dislocation.
Research with Central American Refugees

• Latino Clinic, Cambridge Hospital, Harvard Medical School

• Local communities of Cambridge, Somerville, Chelsea (greater Boston area)
La Situación and Political Ethos

- Refugees refer to the civil warfare and economic devastation as la situación

- Culture of terror creates personal and collective traumatic experience and health sequelae

- Salvadoran political ethos composed of routine encounters with mutilated/dead bodies, extreme tension, substance abuse, domestic violence, fear, strained social relations of mistrust and insecurity

La Situación and Nervios

• For many in the study, narratives of fleeing political violence are suggestive of the relationship between state constructed affects of fear and anxiety, on the one hand, and indigenously defined conditions of nervios (nerves), on the other.

• These narratives also vividly portray everyday encounters with and habituation to truly horrific life-worlds.
Narrative of *la situación* and political ethos

From a 36 year old married woman, mother of three:

“In my country I had un *susto* (a fright) when a man was dying. Already the man couldn’t speak (but) he made signs to me with his eyes. It was during the daytime, and I was going to get some chickens for a Baptism. He could barely move his eyes. He had been shot in the forehead. It was the time of the fair in November. When I came back he was already dead. I returned home with a fever, and it wasn't something I'd ever experienced. Since it was carnival time, strangers came. They kill strangers. They saw him throwing away some papers. Yes, I have seen various dead bodies.”

Salvadoran Refugee Study

**Rationale:**

A large proportion of the client population in the Cambridge Hospital Latino Clinic were Central American women refugees in an extreme state of distress, and this posed an urgent clinical, cultural, and public health concern.
“We Never Saw This on Rotations”

ER, Cambridge Hospital: diagnostic puzzle

- Latino Clinic: surge of Central American Refugees (El Salvador, Guatemala)

- patients presenting complaint: *calor & nervios*

- clinical confusion: “pink papered” to state hospital - held against will, no interpreter
Methodological Strategy:

- Full medical evaluation
- Clinical team review of individual cases
- Majority patients female, adopted gender-specific approach focused on women
- Ethnographic observation in clinic, homes, and community
- Open-ended interviews yielding narrative
Research Clinical Diagnostic Findings

- partial symptoms of PTSD, but without persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (avoiding thoughts, feelings, activities, memories, detached/restricted affect, etc., for Criteria “C”, DSM-IV)

- research diagnostic criteria for depression without vegetative state or disability of work and social functioning, not observed

- “engaged depression” as adaptive

- typically working 2 jobs, 40-60 hours/week to earn money to send home

El calor as bodily metaphor

• *calor* as common cultural manifestation of anger and fear in the context of recovery from traumatic wartime circumstances

• concept of metaphor to understand connection among symptom, emotion, culture, bodily experience, political ethos

Processes of Resilience

- resilience as ordinary
- resilience as profoundly motivated
- resilience as superseding pathology and violence
- resilience as socioculturally organized and not reducible to individual attributes
- resilience supported by culturally competent evidence-based therapies
- resilience amplified by cultural and legal systems that do not support violence as routine
Southwest Youth and the Experience of Psychiatric Treatment (SWYEPT)

T.J. Csordas, Ph.D. and J.H. Jenkins, Ph.D.
University of California, San Diego
Co-Principal Investigators
NIMH Grant R01MH071781-01 (200-2012)
Conditions of Structural Violence & Mental Health: New Mexico

- Highest rates child poverty nationwide:
  New Mexico: 30% & Mississippi: 32.5%
- Great Recession cut deeply: loss of jobs, home foreclosure, radical curtailment of health services
- Adolescents’ lives in study marked by residential instability, familial fragmentation, low-income households, high unemployment, salience of gangs and street drugs, violent crime, scarcity of social and educational resources
- New Mexico: highest per capita heroin-related deaths in U.S.; Drug-related overdose leading cause of unintentional death

KID-SCID Diagnoses
Hospitalized Adolescents in New Mexico
(N=47)

- Major Depression/ Dysthymia
- Anxiety/ Panic Disorder
- Substance Abuse/ Dependence
- ODD/ Conduct Disorder
- ADHD
- PTSD
- Psychotic Disorder
- Bipolar Disorder/ Cyclothymia
- Eating Disorder
Violence-related issues among hospitalized adolescents

- Perpetrator of violent acts
- Suicide Attempt/Preoccupation
- Police/ Legal Trouble
- Victim of Physical Abuse
- Victim of Sexual Abuse
- Self-Cutting
Summing up: what does this mean?

- Culture cross-cuts overlapping sectors of the individual, social relationships, community, and society

- Treatment and intervention programs must take into account cultural aspects of the patterning of interrelations among mental illness, emotion, and violence

- Cultural analysis of strategic importance for investigation of the reciprocal ways that people shape and are shaped by their world