Preface

THIS work, reporting on methods and concepts for comparative studies of mental illness in different cultural groups, is the outgrowth of efforts sponsored by the Cornell Program in Social Psychiatry to explore and understand the nature of some of the problems confronting research in this field. The contributors have approached this topic through reviews of the literature, seminar discussions, and trial investigations. The exploratory field studies were carried out among Eskimos, Navahos, and Mexicans, as well as British and Acadian French in Nova Scotia.

In the early 1950's, two epidemiological studies were undertaken in northeastern America. One study was concerned with a rural county in Maritime Canada. This, the Stirling County Study, was formulated and directed by Alexander H. Leighton.* The research was conducted through Cornell's Department of Sociology and Anthropology on the campus at Ithaca, New York. The other epidemiological study, the Midtown Manhattan Study, concerned an area in metropolitan New York. Instituted by Thomas A. C. Rennie,† who directed it until his death in

* Other chief investigators in the Stirling Study were B. P. Dohrenwend, J. S. Harding, C. C. Hughes, D. C. Leighton, D. B. Macklin, the late A. M. Macmillan, the late G. E. McCreary, J. M. Murphy, A. L. Nangeroni, R. N. Rapoport, and M.-A. Tremblay.

† For the Midtown Study, the other main investigators were P. Kirkpatrick, T. S. Langner, S. T. Michael, M. K. Opler, V. Rubin, L. Srole, and A. Weider.

1956, it was based at the Cornell University Medical College in New York City. The main results of the two studies have been reported in a series of volumes which give detailed presentations of theoretical orientations, methods employed, and analysis of findings.* After Rennie's death, the Stirling and Midtown Studies were joined under the directorship of Alexander H. Leighton and the name "Cornell Program in Social Psychiatry" was adopted.

The two investigations of populations in Western culture were conceived with somewhat similar frames of reference. Although each faced unique problems and pursued a separate course of data gathering and analysis, the exchange of ideas in defining concepts and developing methods of research gave a measure of comparability to the two studies. In both there was interest in the full range of psychiatric disorders from psychoses and mental deficiency to psychoneuroses and behavior disturbances. From the theoretical viewpoint, however, it seems probable that psychoneurotic and psychophysiologic symptoms are the kinds most directly under the influence of different sociocultural experiences and most likely to be found with significant distribution in nonhospitalized and noninstitutionalized groups. The investigators determined, therefore, to pay special attention to discovering the mild as well as the severe forms of mental illness. To accomplish this, questionnaire interviewing was employed as one means of case-finding in each of the studies.

In Stirling County, a fishing, lumbering, and subsistence-

* *Stirling County Study*: A. H. Leighton, *My Name Is Legion* (New York: Basic Books, 1959); C. C. Hughes, M.-A. Tremblay, R. N. Rapoport, and A. H. Leighton, *People of Cove and Woodlot* (New York: Basic Books, 1960); D. C. Leighton, J. S. Harding, D. B. Macklin, A. M. Macmillan, and A. H. Leighton, *The Character of Danger* (New York: Basic Books, 1963).

Midtown Study: L. Srole, T. S. Langner, S. T. Michael, M. K. Opler, and T. A. C. Rennie, *Mental Health in the Metropolis* (New York: McGraw-Hill, 1962); T. S. Langner and S. T. Michael, *Life Stress and Mental Health* (New York: The Free Press of Glencoe, 1963).

farming region inhabited by two main ethnic groups, English and French Acadian, the research program was concerned with studying community life in its total impact upon individuals. The analysis of sociocultural environment focused on contrasts in cultural background as well as on differences in degree of "social integration" and "disintegration." The concepts of integration and disintegration provided a framework for selecting communities displaying both adequate and inadequate functioning, the features of which were predicted to have differential effect on mental health and mental illness. Hence social disintegration was considered to be a pattern or combination of a number of noxious conditions. The criteria by which this process was identified included such factors as poverty, secularization, cultural confusion, fractured social relationships, and rapid sociocultural change. Other components of the process are inadequacies in leadership, recreation, associations, communication, and control of crime and delinquency.

The aim was to find out whether there are important correlations between the prevalence of psychiatric symptoms and residence in integrated or disintegrated communities. Other aspects of life experience, such as age, sex, and ethnic identity, were also investigated. A probability sample of 1,010 adults was surveyed to elicit sociocultural information and data on health of both a physical and psychiatric nature. The county's local physicians were also interviewed about the members of the statistically selected sample, and mental and other hospital records were considered when they pertained to the sample members.

The Midtown Study, as already noted, dealt with a section of Manhattan in the city of New York. In contrast to the rural study area, Midtown is a much more complex and heterogeneous society with several ethnic groups represented: Irish, Italian, German-Austrian, Hungarian, Czechoslovakian, Polish, British, Old American, and others. Broad diversity exists in the occupations and professions present, and the span of economic levels

is extremely wide. In this study the concept of "socioeconomic status" was employed as a way of quartering the environment in order to uncover sociocultural patterns which correlate with the distribution of psychiatric symptoms. A number of the elements of social disintegration used in the Stirling Study were given attention in the Midtown Study. For example, "life stress" was analyzed in terms of components such as broken homes, economic deprivation, ill health, and so on. The prevalence survey in Midtown was carried out with a probability sample of 1,660 adults.

Allowing for the many limitations to comparison and generalization imposed by the differences of procedure in the two studies, some tentative conclusions are nevertheless possible. The differences in environment encompassed by the terms "urban" and "rural" and by the divisions of Western society into ethnic groups such as French, English, Irish, and Italian did not parallel major differences in the prevalence of psychiatric disorder in the two sample populations. Psychoneurotic symptomatology formed an overwhelming part of the total picture of disorders among these nonhospitalized people, and it was much more prevalent than had been suspected. In the Stirling Study the factors of advancing age, of being a woman, and of low occupational position, as well as the experiences of living in a disintegrated environment were correlated with high rates of symptoms. Among the Midtown adults, advancing age and low economic position had similar relationships.

This platform of trends, as well as general interest in non-Western and developing countries, raised several questions for exploration in contrasting groups:

1. What kinds of psychiatric disorders are there and what is the actual prevalence in groups that practice life-ways very different from those of the West? That is to say, will greater cultural contrasts than those found in Midtown and Stirling bring to light significant qualitative and quantitative differences?

2. Do the apparent influences of age, sex, and occupational position hold up cross-culturally? What effects do rural or urban residence have when looked at in cross-cultural perspective?

3. How may sociocultural disintegration be defined cross-culturally, and does it continue to have the same association with prevalence of psychiatric disorders?

4. What is the effect of cultural change, so rapid and extensive all around the world, on these interrelated factors? In other words, do the patterns of social disintegration, rapid acculturation, and low socioeconomic position have similar relevance for the epidemiology of disorders in non-Western populations?

As a start toward investigating cross-cultural problems of this type, many questions of concepts, theory, methods, and feasibility had to be reviewed by members of the Cornell Program. According to interests and opportunities, the contributors chose particular topics and decided on various ways of exploring them. The approaches entailed field studies as well as work in clinics and libraries; and this book is one result.

The volume has been organized so that chapters with a common theme are grouped together. In order to link the chapters to the overall purpose of the book, the editors have prepared an introductory comment preceding all but two of the chapters. These two chapters, the first and the eighth, are general orientations written by one or both of the editors. The first chapter, "Cross-cultural Psychiatry," concerns history of the field, definition of terms, and a map of the problems to be approached. It opens Part One, which focuses predominantly on questions of identifying and surveying for psychiatric disorders. Chapter VIII, "Social Science Concepts and Cross-cultural Methods for Psychiatric Research," begins Part Two, which deals mainly with sociocultural approaches useful to cross-cultural psychiatric research.

Following the first chapter in Part One are two chapters

concerning identification of disorders in societies with cultures very different from that of the West. They complement each other in that Chapter II is devoted to disorder as defined in Western psychiatric terms, while Chapter III is addressed to indigenous conceptions of illness and deviance. The next two chapters take up questions about certain indicators that might be employed to estimate the prevalence of disorder in different cultures. Chapter IV discusses a questionnaire, which is largely concerned with psychophysiologic symptoms. Chapter V deals with the possibility of employing physiological tests that might indicate psychiatric disorder. The next chapters, VI and VII, also deal with a common theme. They concern the special problems of establishing criteria of disorder among adolescents and children. Their interest is heightened by the fact that most of the work done so far has dealt with adults.

Part Two consists of four chapters. The first, Chapter VIII, has been mentioned above. Chapter IX concerns the life story as an instrument for intensive studies of ill and well individuals with a focus on analysis of cultural roles. Chapter X gives consideration to the socially shared sentiments characteristic of different groups of people and discusses what meaning they may have for mental health and mental illness. Chapter XI is the report of an exploratory field study in which certain of the previously described techniques were given trial and in which correlations are pointed up between some kinds of psychiatric symptoms and some kinds of social experiences.

The work described in this volume was carried out between 1956 and 1960. In 1961 some of the investigators began a comprehensive epidemiological study of a rural area in Nigeria. Dr. T. Adeoye Lambo, who was at that time Medical Superintendent of the Aro Hospital for Nervous Diseases in the Western Region of Nigeria, was co-director of this study, which was called the Cornell-Aro Mental Health Research Project. Many of the methods of data gathering and analysis discussed in this book were applied in the Nigerian study, and further

effort was made to substantiate their validity and reliability.*

Our coverage of the field in this volume is, of course, partial and selective. Taken together, however, the chapters deal with a number of technical questions both conceptual and methodological that are germane to a wide variety of problems regarding the relationship of sociocultural environment to psychiatric disorder. Our hope is that they will be useful to others approaching cross-cultural psychiatry.

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* A. H. Leighton, T. A. Lambo, C. C. Hughes, D. C. Leighton, J. M. Murphy, and D. B. Macklin, *Psychiatric Disorder among the Yoruba: A Report from the Cornell-Aro Mental Health Research Project* (Ithaca, N.Y.: Cornell University Press, 1963).