Mental illness explored

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For decades Japanese and Americans talked about — and felt — differently about depression. While Americans looked inward to describe it, the Japanese saw sadness as a natural, and at times, enlightened state, a personal hardship that built character and reaffirmed group solidarity. That's why major drug companies saw no market in Japan for the class of anti-depressant drugs called SSRI's (selective serotonin reuptake inhibitors).

But in the 1990s, according to journalist Ethan Watters, amidst an economic downturn, a devastating earthquake in the city of Kobe and a rash of suicides, Japanese became more responsive to American approaches to depression. And GlaxoSmithKline began to "mega-market" psychopharmaceutical remedies.

In "Crazy Like Us," Watters travels the world — examining anorexia in Hong Kong, post-traumatic-stress-disorder in Sri Lanka, schizophrenia in Zanzibar and depression in Japan — to assess the impact of the Americanization of mental illness. The latest Western theories, he argues, are not the solution to psychological stress; they're part of the problem. Undermining local beliefs about healing and long-held conceptions of the self "is the psychiatric equivalent of handing out blankets to sick natives without considering the pathogens that hide deep in the fabric."

Watters demonstrates, persuasively, that the experience of mental distress varies from culture to culture. Until recently, for example, girls from Hong Kong with "eating disorders" were not fat phobic or obsessed with a distorted body image. Nor did victims of natural or man-made disasters in Sri Lanka show symptoms that make up PTSD, including intrusive thoughts and nightmares, suppression of memory or uncontrollable anxiety or arousal when reminded of the event.

Although Watters warns against "the clichéd argument" that more traditional cultures deal more effectively with mental illness, he often makes somewhat simplistic comparisons between the "deeply insecure and fearful" citizens of a "troubled postmodern world" with the more resilient men and women living in less prosperous nations whose belief systems give "meaning and context" to their suffering.

He also claims that he "deeply believes that the biomedical explanation for mental illness is likely true" — and then proceeds to undercut the remedies associated with it.

"Unlike the spirit possession belief common in Zanzibar," he writes, the "narrative of brain chemistry" stigmatizes individuals who exhibit "abnormal" behavior, and often pushes them outside the group, while allowing those who remain within the social circle to view them as almost a different species. Even more ominously, pharmaceutical companies "control" the information about the efficacy of drugs, make sure that "negative results almost never see print," reduce the mind "to a batter of chemicals we carry around in the mixing bowl of our skulls," and, all too often, push drugs that don't improve the health and well-being of patients.

The diagnosis and treatment of mental illness is best understood as a work-in-progress. Some maladies, like depression, exhibit a wide array of symptoms, making them difficult to define, let alone cure (with or without serotonin supplements). And drug companies do often subordinate science to dollar signs.

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Associate Images:
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Ethan Watters
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