SITUATING DISORDER IN CULTURAL FRAMES

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Background: Culture and society shape symptoms, course and outcome of mental disorders. Cultural frames—including conceptual models, values, norms, attitudes and practices—influence the experience and expression of psychological distress. These frames reflect community, history, ethnicity, religion, gender, politics, and the identity of individuals in specific social contexts.

Aims: This paper will review key historical and contemporary examples of the cultural framing of mental disorder.

Methods: The role of cultural frames will be assessed at multiple levels: (i) individual models that shape illness experience; (ii) professional models that shape clinical practices; and (iii) broader cultural-historical paradigms that influence general attitudes to illness and suffering.

Results: On the individual level, cultural frames shaped individual psychotic symptoms in a religious, or supernatural, context. On the professional level, cultural frames shaped clinical practice in North America according to dominant psychological paradigms of mental disorder. On a broader level, cultural-historical paradigms shaped responses to colonized peoples with mental disorders in the context of a material frame.

Discussion: While some aspects of cultural frames are conveyed through explicit norms, values, ideologies, and practices, much remains implicit in ways of life that shape beliefs and practices. Over time, cultural frames evolve, such that the expression of psychological disorders changes as new narratives and categories gain credibility and dominance. Understanding the dynamic impact of these frames on behavior and experience in illness and health requires a systemic or ecosocial approach. Cultural frames invoke particular ontologies to explain illness, e.g. material (biological or social), psychological, or supernatural. Social frames may focus on historical, political or economic structures to explain causes and forms of mental disorders (e.g. colonial ideologies). These frames influence each other through looping effects that stabilize popular and professional practices while giving rise to new, heterodox and hybrid forms of disorder that challenge existing practice.
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Learning Objectives
At the conclusion of this presentation, participants will be able to:

1. Recognize how cultural frames operate at various levels to influence and shape illness and suffering
2. Identify the role of looping effects in maintaining and changing cultural frames of disorder and distress

References