complete ego-identification with depressive states. On the other hand, it could also be that a more relationally identified sense of self could predispose to greater susceptibility to others’ troubles and difficulties. Such hypotheses have been advanced for women’s mental health status, but as of yet have not been adequately tested. More specific understandings of vulnerability of women to stress and depressive illness are required. As noted earlier, future research that seeks to examine the interactive processes and contextual specifics of depressive disorder can be productively pursued through ethnographic techniques.

In conclusion, we agree with Marsella et al. (1985) “that cultural factors constitute an important context for all aspects of depressive experience and disorder and they must be considered if an accurate understanding of depression is to be achieved” (p. 300). Likewise, we concur with Sartorius (1986), who calls for a more central role for comparative research in determining the nature of depression: “Properly conducted cross-cultural research can yield results which can help to resolve the conundrum of depression and respond to the challenge which depression poses to the society, to public health authorities, and to the individuals who suffer from it” (p. 6). Such research is critical to resolving the dual shortcomings in current literature on this subject, in which depression is not granted an ontological status on a par with physical diseases by anthropologists, and is stripped of personal and cultural meanings by biological psychiatrists.

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