


**CHAPTER 10**

Culture, Emotion, and Psychopathology

Janis H. Jenkins

This chapter contributes an anthropological examination of the nexus among culture, emotion, and psychopathology. The first section is a brief introduction to current approaches to the topic. The second section is a critical appraisal of two conceptual issues underlying these approaches, namely the distinctions between normal and pathological emotion and between feeling and emotion. The validity of these distinctions is called into question through presentation of an ethnographic case. The third section is a brief review of issues surrounding studies of emotion and particular major mental disorders (schizophrenia and depression). Finally, I suggest new directions for studies of emotion based on intersubjective dimensions of culture and experience, as a step beyond cognitive–linguistic and ethno-psychological studies of emotion.

I begin by providing an orientation to the constructs of culture, emotion, and psychopathology. For culture, I draw on a recent definition
by Jenkins and Karno (1962):

Culture can be defined as a generalized, coherent context of shared symbols and meanings that persons dynamically create and recreate for themselves in the process of social interaction. In everyday life, culture is something people come to take for granted—their way of feeling, thinking and being in the world—the unconscious medium of experience, interpretation, and action. Culture is thus the most generalized baseline from which individuals may deviate. 

For a theoretical discussion of culture and deviance (including psychopathology), see Edgerton (1980). For a review of a controversial thesis concerning the notion that widespread or institutionalized forms of deviance (including psychopathology) may constitute a "sick society," see Edgerton (1992).

Culture is therefore not a variable that can be operationalized for use in research protocols; culture is a complex context through which all human experience and action—including emotions—is interpreted (Geertz, 1973). In addition, culture is best conceived as a dynamic process that may be contested by diverse cultural members. In this emergent and processual sense, culture is neither static nor monolithic. As recently argued by White and Lutz (1992), the notion of culture as neither contested nor historically grounded is of limited use.

Although emotion is by no means absent in classic ethnographies (Bateson, 1966; Benedict, 1934; Hallowell, 1955; Mead, 1935), explicit interest in this topic has occurred as the result of a paradigm shift in conceptualizations of emotion. Rather than presuming emotion as a psychobiological universal, emerging anthropological theories of emotion have instead posited emotion as inherently cultural (Geertz, 1973; Lutz, 1982, 1988; Rosaldo, 1980, 1984). Consider Rosaldo's anthropological conceptualization of emotion as self-concerning, partly physical responses that are at the same time aspects of moral or ideological attitudes; emotions are both feelings and cognitive constructions, linking person, action, and sociological milieu. Stated otherwise, new views of culture cast the emotions as themselves aspects of cultural systems, of strategic importance to analysts concerned with the ordering of action and the ways that people shape and are shaped by their world. (Levy, 1983, p. 126)

Identification of the specifically cultural nature of emotion has led to a proliferation of anthropological studies (Abu-Lughod, 1986; Abu-Lughod & Lutz, 1990; Desjarlais, 1992; Gaines & Farmer, 1986; B. Good & Good, 1988; Hollan, 1988; Jenkins, 1991; Kitayama & Markus, chapter 1, this volume; Kleinman & Good, 1985; Lutz, 1985; 1988; Lutz & Abu-Lughod, 1990; Lutz & White, 1986; Mathews, 1962; Myers, 1979; Ochs & Schieffelin, 1987; Rosaldo, 1980; Roseman, 1990; Scheper-Hughes & Lock, 1987; Schieffelin, 1983; Shweder & LeVine, 1984; Wellenkamp, 1988; Wikan, 1990). These studies have provided extensive ethnographic evidence that emotional experience and expression differ cross culturally. In addition, these ethnopsychological studies of emotion examine factors such as notions of the self, indigenous definitions and categories of emotion, salience of particular emotions within sociocultural settings, interrelations among diverse emotions, contextual identification of those situations in which emotions are thought to occur, and ethnophysiological accounts of the bodily experience of emotion (Jenkins, Kleinman, & Good, 1991).

Because the ethnographic record provides compelling evidence that emotional expression differs cross culturally, it follows that we can expect emotional disorders to be manifest in culturally distinctive ways as well. Thus, the cross-cultural validity of diagnostic categories of psychopathology is the subject of controversy (Kleinman, 1988a; Kleinman & Good, 1985; Manson, Shore, & Bloom, 1985). At issue is the extent to which symptoms and syndromes described in the revised third edition of the American Psychiatric Association's (1987) Diagnostic and Statistical Manual of Mental Disorders (DSM-III-R) are appropriately used in clinical and research assessments of groups other than those for whom it was empirically derived (i.e., Euro-American populations). It is possible that the form, content, and constituent components of a given syndrome may vary across cultural groups. Indeed, Kleinman (1987) cautioned that failure to analyze DSM categories critically in cross-cultural research may result in a category fallacy. "A category fallacy is the refutation of a nosological category developed for a particular cultural group that is then
applied to members of another culture for whom it lacks coherence and whose validity has not been established” (Kleinman, 1987, p. 452). While acknowledging the widespread agreement among psychiatric anthropologists that the DSM categories are grounded in cultural conventions, B. Good (1982a) advanced a compelling argument for the productive use of specific DSM categories—rather than generalized distress—as a starting point for comparative research. By submitting the DSM categories to cross-cultural analysis, the cultural conventions on which they are based—including indigenous definitions of normal (and abnormal) behavior, variations in the experience and expression of emotion and self, and culturally informed assessments of what constitutes distressing life circumstances—are brought to light. In addition, diagnostic criteria on the basis of thresholds for symptom severity and duration should also be cross-culturally scrutinized.

Current Anthropological Approaches

Current approaches to culture, emotion, and psychopathology can be summarized within the following interrelated domains of inquiry: (a) studies from psychological anthropology of the cultural constitution of emotion and self; (b) studies from medical anthropology of dysphoric affects and affective disorders; (c) phenomenological accounts of the body as a generative source of culture; (d) sociopolitical analyses of emotion; and (e) experiential accounts of dysphoria and suffering. I will briefly summarize selected relevant works from each of these areas.

Emotion topics studied by psychological anthropologists include cross-cultural variations in the experience and expression of emotion (Briggs, 1970; Edgerton, 1971; Levy, 1973; Myers, 1979; Roseman, 1990; Schieffelin, 1983; Shweder & LeVine, 1984; Wikan, 1990); the cultural constitution of the self (Csordas, 1996; Hallowell, 1955; Marsella, DeVos, & Hsu, 1985; Shweder & Bourne, 1984; Stigler, Shweder, & Herdt, 1990; White & Kirkpatrick, 1985); the socialization of emotion (Clancy, 1986; LeVine, 1990; Ochs & Schieffelin, 1987; Weisner, 1983); linguistic studies of emotion (Beeman, 1985; Lutz, 1988; Ochs & Schieffelin, 1987); cognitive studies


Medical and psychiatric anthropologists have provided cultural analyses of dysphoric affects and affective disorders. Studies in this area have been advanced in recent years with the advent of “the new cross-cultural psychiatry” by Kleinman (1977) and “meaning-centered medical anthropology” by Byron Good and Mary-Jo DeVecchio Good and colleagues (1982). Prior to Kleinman's introduction of a revised approach to cross-cultural psychopathology, the guiding paradigm of universalism and culture as important to the content but not the form or process of psychopathology held sway. This produced a rather static state of academic affairs until the new cross-cultural psychiatry revolutionized the field. Several new anthropological questions have been advanced: (a) To what extent does the course and outcome of psychiatric disorders differ cross culturally? (b) Is there a tacit model in cross-cultural psychiatric research that exaggerates the biological dimensions of disease and deemphasizes the cultural dimensions of illness? (c) What place does translation have in cross-cultural research? (d) Does the standard approach to cross-cultural research in psychiatry commit a category fallacy? (Kleinman, 1987, pp. 448–452). Meaning-centered medical anthropology, introduced by B. Good and Good (1982), has also led the field through an interpretive approach to questions of cultural meaning that invariably constitute illness experience. With regard to the question of cultural translation, for example, B. Good and Good (1988) observed that

the referents of symbols—i.e., their meaning—are aspects of a culture or a life world, not objects outside of language through which language obtains meaning. “Heart distress” for Iranians is not the equivalent of “heart palpitations” for Americans; it does not mean the same thing (cf. B. Good, 1977). It is a symbol which condenses a distinctive set of meanings, a culture-specific semantic network. (p. 14)

Topics in the area of the new cross-cultural psychiatry and meaning-centered medical anthropology are by now vast and include cultural meanings and indigenous definitions of distress and disorder (Gaines & Farmer,
1986; B. Good, 1963; B. Good & Good, 1982; Guarnaccia, Good, & Kleinman, 1980; Jenkins, 1988a, 1988b; Kirmayer, 1989; Low, 1985; Lutz, 1985; Tou- signant, 1984; culture-bound “syndromes” (Carr & Vitaliano, 1985; Simons & Hughes, 1985); the cultural validity of DSM-III-R categories across culturally (Gaines, 1992; B. Good, 1992a; B. Good, Good, & Moradi, 1985; Hopper, 1991; Kleinman, 1980, 1986, 1988a; Manson et al., 1985); affective styles and the course of mental disorder (Corin, 1990; Jenkins, 1991a; Jenkins & Karna, 1991; Karna et al., 1987); the epidemiology of affective disorders across culturally (Beiser, 1985; Guarnaccia et al., 1990; Manson et al., 1985); and critiques of medicalized representations of distress and suffering in Western scientific discourse (Fabrega, 1989; Kleinman, 1989b; Kleinman & Good, 1985; Scheper-Hughes & Lock, 1987).

Another current approach to the study of culture, emotion, and psychopathology is rooted in phenomenological accounts of embodiment (Csordas, 1990, 1993; Frank, 1986; B. Good, 1992b; Kleinman, 1986; Ots, 1990; Scarry, 1985). One aspect of this approach is conceptualization of the body as a generative source of culture (Csordas, 1993). Such approaches move beyond mentalistic and representational studies of culture as located “from the neck up.” Often the body is relegated to the role of an object upon which cultural meaning is imposed or “inscribed.” Recognizing that meaning presupposes embodiment also means more than that the body is a source domain for image schemas and other mental representations (Lakoff & Kovecses, 1987). It means shifting the conceptualization of culture away from emphasis on symbol, structure, propositions, or schema to emphasis on sense, orientation, gesture, and habit. Foregrounding embodiment in cultural analysis brings out the immediacy of emotion (Scheper-Hughes & Lock, 1987) and problematizes the distinction between subject and object (Csordas, 1990, 1993; Ots, 1990).

Another contribution of this literature is to highlight (a) the distinction between body as representation and as being in the world (Csordas, 1990), and (b) the existential ambiguity or indeterminacy underlying categories of culture and embodiment in medical and psychological anthropology.

\(^{1}\) owe the characterization of the restricted relevance of culture as primarily “from the neck up” to Csordas (1990, 1993) from his work on culture and embodiment in medical and psychological anthropology.

like intuition, imagination, perception, and sensation in relation to emotion (Csordas, 1993).

A fourth area is the sociopolitical analysis of emotion. Theorizing by B. Good and Good (1988) on culture and emotion has taken a new direction in attempting to account for the force exerted by the nation-state in producing emotional tones, sentiments, and actions within a society. They urge examination of “the role of the state and other political, religious, and economic institutions in legitimizing, organizing, and promoting particular discourses on emotions” (p. 4). Lutz and Abu-Lughod’s (1990) analysis of the interplay of emotion talk and the politics of everyday social life has also redirected scholarly attention away from largely privatized and culturalized representations of emotion to examination of emotion discourse in the contexts of sociability and power relations. Kleinman’s (1986) case studies from China convincingly demonstrated the social and political production of affective disorders in China. However, analysis of the mental health sequelae of the profound sociopolitical change has scarcely begun (Farias, 1991; Jenkins, 1991b; Mollica, Wyshak, & Lavelle, 1987; Suarez-Orozco, 1989; Swartz, 1991; Westermeyer, 1989).

Emphases on sociopolitical aspects of affectivity expands the parameters of emotion theory beyond those previously conceived as primarily biological, psychological, or cultural. Much of this current thinking is explicitly or implicitly embedded in feminist theory that has long been concerned with power relations and inequalities in social worlds, both personal and public (Rosaldo & Lamphere, 1974). Feminist analyses also question the limits of cultural relativism through grounded locational perspectives on human experience and the human condition (Haraway, 1991). The emerging agenda for studies of emotional processes and experience must therefore take political dimensions into account of intentional worlds large and small.

A final area for advancing emotion theory centers around the concept of experience (Hallowell, 1955; Kleinman & Kleinman, 1991; White & Kirkpatrick, 1985; Wikman, 1990). According to Kleinman and Kleinman (1991), experience can be defined as an intersubjective medium of social transactions in local moral worlds. It is the outcome of cultural categories and social structures interacting with
psychophysiological processes such that a mediating world is constituted. Experience is the felt flow of that intersubjective medium... in practical terms, that mediating world is defined by what is vital in stake for groups and individuals. (p. 277)

The need to focus attention on experiential dimensions of emotion is critical because an understanding of ethnopsychological categories, though important, is insufficient. Kleinman and Kleinman (1991) argued that, in the absence of experientially based accounts of emotion generally, and suffering in particular, social scientific categories (not unlike those from medicine) do not adequately represent (and indeed may seriously distort) human worlds of suffering. This critique can apply to any of an array of prevailing social science concepts that homogenize or romanticize some of the more complex and subtle dimensions of psychocultural worlds. For example, Kleinman and Kleinman critiqued ethno graphic characterizations of the self as sociocentric in many non-Western societies as being not fully adequate.4

Whereas previous anthropological theory may have been quick to endorse the assumption of the fundamental universality of emotional life in each of the above five areas of inquiry, contemporary approaches are more likely to be concerned with cultural specificity and situatedness. The new emphasis calls into question essentialist6 claims of basic, universally shared emotions that are based upon innate, uniform, biological processes. Such notions of stratigraphic levels, where "brute, preculturnal fact" is bedrock have been critiqued by cultural anthropologists (Geertz, 1973). These presumably more fundamental and somehow "pure" biologic realities have long been awarded analytic primacy by many psychologists

---

4See Kleinman and Kleinman (1985, 1991) and Kleinman (1985) for illustrative case examples from China following the Cultural Revolution. For individual variability of emotion within cultural contexts, see Edigeron (1971) and Shostak (1983).

5Essentialist approaches seek to confirm notions regarding essential, pan-human, underlying human characteristics and processes. A principal problem of essentialist approaches is an empirically unexamined readiness to assume the similarity, regularity, and homogeneity of human phenomena. As such, the appreciation of another order of "turbulent" qualities such as diversity, irregularity, and heterogeneity may be sacrificed. Essentialist approaches have been critiqued as reductionistic and overinclusive, imposing order where nonuniforms and unpatterned "characterizations" might better suit. Lutz and Abu-Lughod (1986) and Rimmayer (1985) provided excellent discussion of the problems generated by essentialist presumptions.

---

who endorse natural science paradigms for the study of emotion (Rosaldo, 1984). The psychological research of Plutchik (1980) exemplifies this approach:

Although there is nothing like a consensus as yet on definitions, psychology may well come up with some system of describing the basic elements of personality—the emotions—that will be the equivalent in impact on behavioral science as Mendeleev’s periodic table in physics or Linnaeus’ system of classifications in biology. (p. 78)

As indicated above, current anthropological views of emotion are not inclined toward natural science models as the most productive means for conceptualizing or investigating the key research questions.

Conceptual Distinctions in Anthropological Studies of Emotion and Psychopathology

We turn our attention now to consideration of two conceptual issues surrounding the distinctions between (a) normal and pathological emotion, and (b) emotion and feeling. These distinctions and their inherent problems are fundamental to current studies of culture, emotion, and psychopathology.

First is the distinction between normal and pathological emotion: If we consider normal emotions to be those commonly shared within a given community, are abnormal emotions those outside the range of normal human experience within that setting? Are concepts of the normal and the pathological better conceived as discontinuous categories or as poles on a continuum? Are there distinct qualitative differences between a normal emotion and a pathological state? Could a qualitative continuum between happiness and sadness, for instance, be contrasted with clinical mania and depression at the pathological extremes of the continuum? Is abnormality to be defined in quantitative terms as simply "more" of what otherwise might fall within the parameters of normal experience? In the case of the DSM-III-R (American Psychiatric Association, 1987), specific symptoms are organized quantitatively according to severity, duration, and co-occurrence with one or more other symptoms that comprise a particular syndrome. According to psychiatric diagnostic procedure, emo-
tions are abnormal if they are severe, are prolonged, and co-occur with other behavioral or cognitive symptoms.

The second conceptual distinction concerns the relationship between feeling and emotion. Thus, although there is a developing consensus among psychologists that even the subjective component of emotion is constructed (Ellsworth, chapter 2, this volume; Frøja & Mesquita, chapter 3, this volume), it is still common to assume that there is some basic and irreducible aspect of emotion. One way in which this problem is manifest is in the distinction between (biologically sensation-based) feeling and (culturally interpreted) emotion. Frijda (1987) has identified what makes physical feelings particularly affective:

“Elementary feelings” differentiate affective from nonaffective experience in that they presuppose some object the feeling is about. That is, they have the property of subjectivity: They are experienced as one’s own subjective response, rather than ascertaining a property of the object. They are evaluative: They imply acceptance or nonacceptance of the stimulus or of the experience itself. . . . They cannot be localized in space; they cannot be objectified; that is, referred to stimulus properties . . . . They are evanescent when attention is directed upon them. (p. 179)

Thus, both feelings and emotions can be placed under the broad class of affect. The issue here, much contested at the turn of the century by introspectionists, concerns whether feeling should or should not be considered to be a distinct class of experience (Frijda, 1987, pp. 170–180). According to Wundt (1903) and Titchener (1905), feelings are a basic, irreducible kind of mental element that cannot be analyzed in terms of other kinds of mental elements, sensory sensations, and images (and thoughts). If for them feelings were distinct as mental acts, the contemporary distinction tends to construe their nature more as physical in contrast to the mental nature of emotion. The consequences are two: (a) Feelings are understood to be biological, whereas emotions are understood to be cultural; and (b) because they are biological, feelings are understood to be universal and immutable, whereas emotions are understood to be cross-culturally variable. Because they are immutable, feelings are no longer problematic, and attention is devoted to emotion defined as cultural, cognitive, and interpretative. This biologization, universalization, and ultimately exclusion of feeling thus has remained problematic. It may prove to be more productive to collapse this distinction at the outset and to define emotion as necessarily both a physical response and a cognitive construction (Rosaldo, 1984).

Cultural Realms of Pangs, Vapors, and Twinges: An Ethnographic Account of El Calor (the Heat) Among Salvadorans

I am not convinced that feelings and emotions are neatly separable; nor am I convinced that as a basically irreducible emotion element, feelings are primarily biologically based. Dichotomous presumptions of the cultural as mental and the bodily as biological have deemed the sensate realm of pangs, vapors, and twinges as unimportant to culture theory, considering them instead as largely unelaborated by cultural-linguistic symbols. Recent conceptualizations of the body as a wellspring of culture, experience, and engagement in the world may counterbalance more cognitive approaches to culture that emphasize the study of mental representations (e.g., knowledge, schemes, and discourse) as the centerpiece of culture. When both feelings and emotions are recognized as cultural, their relationship, indeed the very distinction between them, becomes problematic.

Here, we introduce what we found to be an illuminating example from ethnographic-clinical work with Salvadoran women refugees seeking help at an outpatient psychiatric hospital in Cambridge, Massachusetts. The women offer three principal reasons for their flight from El Salvador: escape from large-scale political violence, escape from domestic violence, and escape from impoverished economic conditions (Jenkins, 1991). At the time of entry into the study, nearly all the women reported symptoms of affective and posttraumatic stress disorders (PTSD). Among a diverse set of culturally specific bodily phenomena reported by the women, these findings provide a basis for understanding the cultural and psychological experiences of these women.
women, el calor (the heat) stood out as a particularly salient form of bodily experience. Accounts of personal experience with el calor were offered either spontaneously during the course of the interviews or in response to direct queries. Although "heat" has been reported as central to depressive experience in some cultural settings (Habermas, 1981), heat is not represented in the DSM symptom profiles of depression or of PTSD.

El calor is the experience of intense heat that may rapidly spread throughout the entire body. It sometimes emanates from the head (e.g., face, ears, nose, and mouth, including taste and breath), neck, back, leg, stomach, chest, and hands. Such body sites are often described as a focal point of el calor. Although el calor occurs within one’s body, it invades from without. It may be brief (momentary) or prolonged (continuous for days). Although some women narrated experiences of el calor as both infrequent and largely insignificant, others’ more frequent bouts with it were often described as insufferable. El calor was observed among women aged 25–56 years (Jenkins & Valenté, 1994).

What are the relevant criteria for defining the emotions surrounding el calor as normal or abnormal? In our view, the wide array of symptomatic distress commonly observed among refugees is arguably a normal human response to abnormal (i.e., pathological) human conditions. This is so because sustained exposure to sociopolitical turmoil in the context of war-related violence or terror is likely to produce such emotional distress in nearly anyone. Such distress is culturally patterned and sociopolitically produced in ways that may have relatively little to do with individually based patterns of response or adaptation (Jenkins & Kinzie, in press).

Emotion words associated with strong experiences of el calor include miedo, temor, susto, and preocupaciones (fear, dread, fright, and worry); desesperación (despair/desperation); agonía and muerte (agony, death), and coraje, mojo, enfado (anger). Tropes for calor include similars and metaphors such as vapor (vapor), corrientes (electrical currents/surges), fuego (fire), or llamas (flame). For instance, un vapor (a vapor) is a sort of steam heat that may begin in the feet and quickly rise up to the head. Although intense, el calor may also have an insubstantial, momentary quality that soon dissipates from the body. Therefore, un vapor is a representation of a type of incarnate substance.

Although it is true that el calor is a cultural experience for Salvadorans, it is only a partially objectified one. This indeterminacy is evident in the linguistic ambiguity over how best to refer to el calor. For example, some women used the term readily, whereas a few claimed no familiarity with it. Nevertheless, those women who did not directly use the term el calor typically went on to narrate experiences that are not readily distinguishable from those women who made common mention of it. Some women preferred relatively straightforward descriptions of el calor; others shifted freely between metaphor and simile to convey a strong, yet apparently elusive, bodily experience (Jenkins & Valenté, 1994).

Common situations in which el calor is experienced include threats to one’s physical integrity, such as ongoing civil warfare, impending domestic violence, family conflict, or life-threatening illness. However, aside from these more serious situations, el calor also occurs in everyday, mundane circumstances in which no conflict or immediate threat is apparent. Some contexts that evoke this response may be culturally specific (as in situations in which one interprets a particular action as a grave challenge to one’s status or security). In other contexts, one might hypothesize that there are cross-culturally similar shared features that evoke the primitordial fight or flight response.

How then is el calor better conceptualized: as a feeling or an emotion? We wonder whether this very distinction is predicated on the traditional dualist idea that the closer we come to the body, the farther away we must be from culture. With el calor, however, we do not have the simple situation of an inchoate feeling that is culturally made over into an emotion by being framed, interpreted, elaborated, and objectified. Rather, we have what might appear to be an intermediate phenomenon, one that is sometimes identified and labeled, but as a feeling rather than as an emotion. Does this mean that it is not yet an emotion? Or does it
mean that our distinction between feeling and emotion is overdrawn? Cross-cultural studies of emotion categories frequently demonstrate that the emotional world is carved up differently, with observations of the sort that different emotion concepts do not map directly onto our own. El color is a category of a different order. It is not correct merely to say that it does not map directly onto English-language distinctions between anger and fear. It incorporates these as a bodily metaphor, sometimes blending both, sometimes inarticulate, and sometimes evoking the response "of course I was angry/afraid." From the standpoint of the lexicon of emotion words, the important observation is not that el color fails to distinguish between anger and fear and therefore must be considered to be subemotional. Instead, one can as easily conceive of el color as meta-emotional, a concept that merges the physicality of the socially informed body and the mentality of a culturally constituted self, the evanescence of feeling and the communicability of emotion, the intimate relation between anger and fear, and the primordial "fight or flight" response. It is less correct to say that a person felt el color and had the emotion of fear than it is to say that el color is an emotion—a bodily one, yet no less cultural than any other.

To make a general conclusion, I point out the consequence of distinguishing between biological feeling and cultural emotion in the domain of psychopathology. Here, the distinction is nothing less than the condition of possibility for the concept of somatization of emotion. If feelings are somatized emotions or if emotions are psychologized feelings, a conceptual problem exists. But in the debate about psychopathology, it is typically implied that emotions are somehow more pure, and somatized emotions are distorted or masked forms of this pure experience. The distortion or masking connotes pathology in itself—thus feelings are implicitly pathological by nature.

Thus, the conceptual and methodological separation of feeling, emotion, mood, and disorder remains problematic. There can be no neat boundaries among these diverse emotion realms (Kleinman & Good, 1985). Moreover, the problematic nature of distinctions between emotion and illness extends beyond scientific to popular contexts as well. Popular ethnotheories place emotion on a continuum between lesser amounts that are proper, healthy, or normal, and greater degrees of emotion understood as socially or spiritually dangerous and potentially illness-engendering. In Latin American ethnopsychologies, for example, the personal experience of anger or fear, whether caused by intimate or unknown sources, often poses serious dangers to one's health (Jenkins, 1988b, 1991b).

Studies of Emotion and Major Mental Disorder: Schizophrenia and Depression

Both schizophrenia and depression incorporate a wide range of cognitive, behavioral, and affective symptoms. Thus, it seems somewhat arbitrary that schizophrenia is often conceived as a thought disorder and depression as an affective or mood disorder. Both disorders are affectively mediated with regard to culture and to (a) symptomatic expression and (b) the cause and outcome of an illness. This section briefly reviews these issues in light of longitudinal evidence from the World Health Organization's (WHO, 1979) International Pilot Study of Schizophrenia (IPSS): Badan (Nigeria), Cali (Colombia), Agra (India), Asiras (Denmark), Washington, DC (United States), London (England), Moscow (Russia), Prague (Czechoslovakia), and Taipei (China). Studies of family expressed emotion (Brown, Birley, & Wing, 1972) are also summarized.

Schizophrenia, regarded by contemporary psychiatry as the most biogenetic of disorders, is noteworthy for its considerable heterogeneity of manifestation. Although some of this variation may be biologically produced, the patterned variation in symptoms such as hallucinations, delusions, social withdrawal, and flat affect provide powerful cross-cultural evidence of an important role for culture in mediating symptomatic expression. Although any of the symptoms might arguably be considered affective, flat affect is of special interest here. Flat or blunted affect, often thought of as pathognomonic of schizophrenia, has been defined as "a disturbance of affect manifested by dullness of feeling tone" (Freedman, Kaplan, & Sadock, 1976, p. 1280). For example, a common situation in *Each of these (intimate or unknown sources) may be perpetrated by means of witchcraft."