Cultural Contours of Depression: A Socio-political and Ethnographic Analysis

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Abstract. The essay unpacks the sociopolitical and cultural underpinnings of depression in China, revealing how cultural, historical, and social contexts shape understandings and experiences of mental health. Based on ethnographic methodologies and theoretical frameworks from medical anthropology, this essay will use Arthur Kleinman's concepts of the "local moral world" and illness narratives in attending to culturally particular manifestations of depression within Chinese society. It manifests how the cultural values of Confucian emphasis on social harmony and family reputation influence the perception and expression of depression, somatic manifestations to create an avoidance at all costs. Consequently, such ways are reasoned to likely result in underreporting and undertreating depression if one considers the belief that physical symptoms are more socially acceptable than emotional expressions. Drawing on the work of Junko Kitanaka, this comparison with the Japanese context further puts in perspective how such patterns of the medicalization of depression and its treatment at work are also constructed by work culture and broader expectations set within East Asia. The findings underline a culturally sensitive approach to global mental health practice, aiming at a health system rooted in knowledge about local cultural and social dynamics.

Keywords: Cultural impacts on mental health, Ethnographic study of depression, Medical anthropology, stigma and mental illness, Cross-cultural psychiatry, Mental health in East Asia.

1 Introduction

Depression, as understood and treated in many socio-political and cultural contexts, is the very bright example of how thoroughly the long-lasting cultural values and historical experience do affect the way people see mental health. Depression in China is much more than a medical problem; this is a very multi-faceted phenomenon tied up in history, trajectory, sociopolitical structures, and deep cultural norms of the country. This essay will explore the multifaceted way that depression is positioned within these contexts in China and will further investigate the broader social implications of such positioning.

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This essay set out to argue that the Chinese experience of depression cannot be fully understood if the depth understanding of the cultural, historical, and socio-political fabric of Chinese society is not understood. Therefore, the arguments hold weight based on ethnographic evidence, largely in the form of qualitative data, gathered in anthropological fieldwork, which is insightful into the real experiences faced by people living with depression in China. While the quantitative health survey mostly aims to measure the rates of prevalence or clinical symptoms of phenomena that are part of the study, ethnographic research has the goal of investigating the personal and cultural meanings around the experience of depression within specific cultural contexts. The essay will outline the theoretical and conceptual frameworks guiding the analysis, with specific respect to the cultural models of illness and the concept of a "local moral world" as spelled out by Arthur Kleinman [3]. And, hence, these cultural frameworks are key to the individual making sense of how their experiences of depression are products of larger societal forces and overall cultural expectations.

2 Mental Illness in China

For most Chinese communities, mental illness is deemed a source of shame to the family or to society, primarily again from stigma or ignorance. Again, these are rather influenced by social harmony, attributed to Confucianism, or the view that family obligations need to come before individual emotional expression. This essay critically discusses how these cultural values complicate the recognition and management of depression, hence potentially causing the condition to be reported and treated less often than necessary. According to Zhang, the number of people with depressive disorder in China has been constantly increasing from 1990-2019[7]. Individuals with documented depression globally ranged from 182,183,358 in 1990 to 290,185,742 in 2019, representing an increase of 0.59% [5]. According to Zhang, there are approximately 50.06 million people with depressive disorder in 2019, with 34.14 million people in 1990, representing an increase of 0.47% [7]. This could demonstrate that the acknowledgement of depression is still lower in China due to its unique cultural and social factors, although in recent years the awareness of mental illnesses is rising.

Exploration of depression in China through an ethnographic perspective brings a very cogent case study on how mental health is affected by, and intertwines with, cultural, social, and historical factors. One of the central pieces of work in this area is that by Dominic T. S. Lee and colleagues on the phenomenology of depression among patients in Guangzhou, China [4]. This in-depth study, which is based on ethnography, gives a very enlightening view of how the cultural specificity manifests depression and how it differs from Western presentations and understanding of the same sickness. In the study, patients were recruited from the outpatient department of a regional mental health service to participate in open-ended, detailed interviews into their experiences of depression. Ethnography was, therefore, a very deliberate methodological choice to grasp the complex experience of depression among Chinese patients without imposing an idea in typical Western psychiatric diagnostic. This approach enabled the observation and recording of statements and life experiences by patients who afford them a

variety of cultural specifics on which they tentatively outlined the local phenomenology of the illness.

One of the remarkable findings from Lee's study was the original wording through which Chinese patients described their depressive symptoms. It included terms such as "心慌" (xinhuang) for "heart panic" and "脑肿" (naozhong) for "brain swelling." The terms evoke not only the physical sensations related to depression but also the cultural explanations for emotional distress [4]. In Chinese medical thinking, the heart is not a physical organ but the center of emotion and thought. This gives a holistic view of health interlinked in the physical and psychological. This is radically different from the Western dualism of the mind and body, suggesting a rather synthesised perceptions of mental health.

Depression's most common somatic symptom is shown to be one in which the disease is presented in China—a phenomenon, according to the same study, that may be ignored or misunderstood by clinicians trained in Western medical traditions. The most common physical symptoms of reported patients include tiredness, sleep problems, and even body aches, which patients described as a direct connection with their state of emotions; the body is not trivial and corresponds with the cultural stigma attached to mental illness. Describing bodily symptoms against purely emotional ones is likely more socially sanctioned and less bound to negative evaluation or even ostracism. Another point of emphasis is that the experience of depression is subjected to society's norms and values, and even the expression of the experience is subjected to society's norms. The Confucian ideals critical inform part of how people conceptualise and articulate their dilemmas on mental health. The expression of sorrowful or hopeless feelings might have been regarded as threatening to family or social peace, and the person could be forced to express his distress through somatic symptoms instead. The pivotal effect of this socialising effect helps us understand how depression is prevalent in China and how it intervenes. It has also changed seeking help and how supportive care is sought, impacting not only the way of symptoms expressed.

3 Mental Illness in Japan

In addition, from her work on depression in Japan, Junko Kitanaka tries to deliver a more nuanced understanding of depression within the specific socio-cultural and historical context of Japan [1][2]. Her ethnographic study focuses on how societal expectations, work culture, and medicalisation of mental health each interact in the expression of depression in Japanese society. Particularly insightful, Kitanaka's work points to the line of cultural norms and economic pressures that drive both the prevalence of depression and responses to it. Kitanaka's research illuminates clearly this phenomenon of medicalisation: depression has increasingly been framed as a medical issue to be treated predominantly in clinical settings. This trend has become stronger since the late nineties, when depression first became a public issue, and more exactly in connection with the increased suicide rates and, in general, mental health problems at work.

Kitanaka considers how the Japanese psychiatric community and pharmaceutical industry are at the forefront in weaving public images of depression as a very common and easily curable illness.

Kitanaka's work centred on the effect of Japan's intense work culture on mental health. She goes on to say how this socially supported valorisation of hard work and endurance has led to major mental health challenges, including depression, and even karōshi (death from overwork) cases[2]. Kitanaka introduces how the Japanese word "depression" has been entangled with the conditions at the workplace environment, which is loaded with a sense of pressure to perform and conform to high work standards. This has led to work pressure directly linked to depression in most instances and has created a profile of depression in Japan: that of getting tired, losing motivation, and feelings of intense isolation. Another point Kitanaka explores is how Japanese psychiatrists are constantly negotiating the complexities between treating depression in such a culture where emotional expression is often kept under check and a local, collective ethos where much is made of preserving social harmony and face. The therapeutic strategies used often mirror an extraordinarily human balance—acknowledging the patient's work-related stress while encouraging ways to cope that don't disrupt their social and professional lives. Kitanaka critically analyses the growing necessity for pharmaceutical solutions by discussing how general use and high use of antidepressants are interlinked with cultural practices and perceptions on health and sickness in general.

Despite the medicalisation of depression and increased public awareness, social stigma remains a significant barrier to seeking help. Kitanaka addresses how individual suffering is often silently endured due to fears of social exclusion and professional disadvantage. Her interviews with patients reveal the deep-seated anxieties about being perceived as weak or incapable, which further complicates their recovery paths. This stigma is intricately linked with traditional values of self-reliance and stoicism, making it challenging for individuals to express vulnerability and seek support. Throughout her work, Kitanaka poses critical questions about the ethical and cultural implications of how depression is understood and treated in Japan. She discusses the potential consequences of over-medicalisation, including the overshadowing of social and cultural factors that contribute to mental health issues [2]. Kitanaka calls for a more holistic approach to mental health that considers the societal pressures and cultural contexts that contribute to the high rates of depression and suicide in Japan.

4 Analytical Frameworks

Arthur Kleinman's analytical frameworks, especially his idea to look at "illness narratives" and "local moral worlds," provides a deep lens by which one might attempt to understand the culturally nuanced expressions of depression found in China [3]. Illness narratives are simply the stories told by the patients of how they feel their own illness, reflecting not only their own experience but larger cultural and social contexts that their experience comprises. Most of these discourses demonstrate how people make meaning of and cope with their illness, taking place within cultural values and social expectations predominant in these localities. To this point, how depression is expressed by people in

China often follows the cultural dictum of keeping family and social harmony in general. This reflects the Kleinman's concept of "local moral world" and underscores that perceptivity and handling related to illness are very much influenced by the local social, cultural, and moral order. Somatic expression of depression can be looked upon as the accommodation with cultural dictates that attach stigma to overt displays of psychological distress, rather than direct articulation of emotional pain. This way of expression will compensate for the risk of social stigmatisation, hence maintaining the status of a person and that of his or her family, hence following the Confucian values of order, harmony, and respect in the community.

Emily Martin's point of view could contribute to another cultural viewpoint on illness construction. According to Martin, the definition of diseases and the treatment of those "maladies" can be a simple one, like depression; however, it is also influenced by cultural and human expectations of social and cultural norms [6]. Martin would be most likely to situate the Chinese emphasis on the physical symptoms of depression within a larger story in which illness is aligned with visible and quantifiable symptoms that are far more tolerable and manageable within the biomedicine paradigm. That emphasis reflects not only the biomedical penchant for tangible pathology but perhaps more insidiously conforms to cultural narratives that allow bounded explanations in the physical over psychological ones, which might otherwise be construed as a mark of personal or moral failing. This cultural construction of illness holds profound implications for how depression is treated and managed in China. This would mean that the health system, majorly focusing on the actual symptoms experienced can be reinforcing the stigma that comes with mental illness and hence driving away people who are suffering from its emotional and psychological symptoms. Thus, Martin argues that there is a need for a critical analysis of cultural assumptions in medical practices that influence how patients are treated and care, and consequently influences health outcomes.

Using Kleinman's approach, he would postulate that the alterations caused in Chinese society, rapid urbanisation, migration, and the breakdown of traditional social support systems have increased individual psychological burdens and stress and have also reformed the social canvas. Such feelings can then be made worse by such macro-social changes, contributing to such high levels of depression. This concept of social suffering is key to understanding all the contributing factors to depression in China. The effective treatment must target the societal conditions that precipitate, if not cause, depression, and not from the biological or individual causes of it. These are the issues that call for the mental health policy to be all-inclusive of the dimensions of health for the individual and the collective, and strategies for intervening.

5 Conclusion

This essay has been trying to unravel complex linkages that exist between depression and the socio-political and cultural context of China with reference to ethnographic evidence and theoretical frames from medical anthropology. The critical research from this discussion enlightens the fact that depression is not a closely knitted issue with clinical or medical issues, rather than the condition has strong impulses of cultural

norms and societal values. Such a comparison against Kitanaka's research on Japan gives even further enrichment to this analysis thus far, which has provided a good lens through which to get an idea of how different societies in East Asia interpret mental health and its management.

A detailed case study from China, using the frameworks of Arthur Kleinman and Emily Martin, showed clearly that the forms of depression were significantly framed by local moral worlds and cultural narratives. Challenging the universality of the Western psychiatric model, one finds that this is very important since it shows how even cultural sensitivity should play a big role in diagnoses and providing treatment for mental health disorders. The high value placed on the relevance of the Chinese physical symptoms, together with the social stigma of associating emotional expressions with distress, makes culture relevant to effective mental health care. Similarly, the work by Kitanaka in Japan reflects how cultural norms in work and productivity give structure to the experience and treatment of depression, with an understanding of the impact of societal expectations and pressures of modern economic life on individual well-being. This comparative analysis, therefore, will underline the need for considering work culture, alongside psychological impacts, while identifying the causes and possible intervention approaches to mental health problems in a globalised world.

In conclusion, application of these concepts in understanding the case of depression among the Chinese and Japanese has helped in making the current discussion not only with explanations but also with how to answer research questions that have practical implications on how mental health services could be improved to better serve diverse populations. The examination of depression across such varied socio-cultural backdrops points toward a tendency for more inclusive and culturally sensitive directions for global mental health practice. That is a vindication of the critical role that medical anthropology has in the interpretation of phenomena of health, not as mere biopsychic conditions but rather as interwoven and inherent within the structures of culture and society. Such has an important implication: that one must have a nuanced understanding of cultural context toward effective depression treatment, but mainly to develop worldwide mental health approaches that are sensitive and responsive to the cultural diversities of the patient.

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