



Culture and Somatic Symptoms

Anthropologists who have researched different cultures around the world have found that how individuals describe distress is influenced by cultural beliefs and the manner in which health concerns are treated in a particular culture. In some cultures, individuals report bodily symptoms, whereas individuals in other cultures describe emotional or social distress. This pattern of describing distress in bodily terms has been referred to as *idioms of distress*. Another strand of research shows that conversion symptoms are more common in some cultures than others.

Many cultures show some of these bodily presentations (Kirmayer & Young, 1998). There is a Korean condition called *hwa-byung*, which includes stomach distress, headaches, and other pains. This condition is understood by those who experience it as the result of not expressing anger or resentment that results in a mass in the chest. In Nigeria, students experience a condition known as *brain fag*. Brain fag is experienced as a heaviness or heat in the head associated with the effort of studying. This condition is often reported by those who are the first in their families to become educated and is related to their experience of no longer being part of their larger community. In South Asia, there is a belief that vital essence can be lost through semen. It is assumed that the semen can be lost in urine. This is called *dhat* and is experienced as fatigue and weakness as well as anxiety and depression.

Since the 1970s, a series of research studies conducted in China have found that people in that country emphasize somatic symptoms more than people in Western cultures, especially when experiencing depression (X. Zhou et al., 2016). This pattern is referred to as *Chinese somatization*.

The research suggests that emphasizing somatic symptoms, rather than psychological ones, may be more culturally acceptable and less likely to bring shame on one's family. Somatic symptoms may also lead to faster treatment in the health care system. In a factor-analytic study, Xiaolu Zhou and her colleagues suggested that Chinese somatization can be understood in terms of two factors. The first involved the experience of distress, and the second involved the conceptualization and communication of distress. These researchers also demonstrated that these two factors are culturally shaped.

As the people of China have moved from rural communities to large cities, there has also been a change in how they view mental health problems (Kolstad & Gjesvik, 2014). Traditionally, mental health problems were seen in rural communities as challenges in daily life and relationship strain. With movement to the cities and Western influences, mental health problems are being seen more from a disorder perspective.

Similar changes have been seen in the United States. Traditionally, people living in rural communities looked to their religious leaders for help with mental health concerns. Today, there is a greater willingness to use mental health professionals as an alternative source of help. However, there is also a tendency to describe mental health issues as bodily problems or a case of *nerves*.

Thought Question: Given the issue of somatization, what health and mental health policies and principles could countries like China consider to help their population successfully transition from rural communities to large cities?