Consideration of Cross-cultural Issues in Relation to Somatization

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Abstract

This article discusses the contribution of socio-cultural factors to somatization. Somatization is characterized as the expression of psychological distress in the form of bodily complaints, accompanied by medical seeking behaviours. A review of cross-cultural epidemiological research highlighted that the experience and expression of psychological distress varies across different ethnic groups, which provides cultural relevance in the shaping of somatization. The effect of culture on somatization is charcterised by a process of communication and negotiation with distinctive social and cultural requirements and conditions. In Chinese culture, psychological distress causes a higher level of personal and family's stigmatization. Chinese are less likely to express and communicate emotionally in relation to their distress. This helps explains why expression of psychological distress in a somatic form is more common in China than in Western counties. Future research into somatization needs to have an increased focus on understanding the personal and social meanings behind culture.

Keywords: Somatization, Culture, Alexithymia, Stigma, Psychological Distress, Parental Emotion Socialization

Physical symptoms that cannot be diagnosed as an identified medical disease, results in a variety of primary care issues (Kroenke et al., 1994; Fink et al., 199). Somatization, as a possible phenomenon for explaining unexplained physical symptoms, has drawn attention from both psychological and medical scientists and clinicians over recent decades. Individuals with somatization often expressed their psychological distress as somatic symptoms (Fabrega, 1990; Heinrich, 2004). Somatisation has been examined both in western and non-western countries by medical anthropologists and psychiatrist. Previous research has revealed the prevalence and features of somatisation vary amongst cross cultural or ethnic groups (Chang, 1985; Parker et al., 2001). Some cross-cultural studies proposed that Chinese are more likely to present emotional distress somatically than their Western counterparts (Chang, 1985; Parker et al., 2001) and by extension they see somatisation as featuring more predominantly in certain cultures. This article will discuss the cultural factors, such as, indivudaul values, family and social networks which contributes to expressions of emotional distress.

Definition of Somatization

The concept of somatization, generally proposed by contemporary researchers, refers to three aspects: 1) unexplained physical symptoms linked to the occurrence of psychological distress; 2) attribution of physical illness (i.e., excessive bodily preoccupation and worrying about illness); and 3) seeking medical help for the physical symptoms (Clarke et al., 2008; Fabrega, 1990). This implies that somatic symptoms are experienced and not feigned. When the physical symptoms become persistent, severe and disabling, or induce excessive concern about a disease, individuals seek medical attention. Where physical symptoms are not apparent in identifiable findings or are not consistent with conventional medical diseases, they are often called ‘medically unexplained symptoms’ (Fink et al., 2005; Rief & Sharpe, 2004). This phenomenon is not only apparent in primary care but is also found in the broader community, with a wide spectrum of severity that ranges from mild self-reported unpleasant bodily sensations to multiple physical symptoms that are often reoccurring and which can be chronic, and disabling (Hiller et al., 2006; Katon et al., 1991). Aa a result, a broad conceptualisation of somatization is often adopted by researchers, (Eriksen et al., 1998; Woolfolk & Allen, 2007). Somatization disorder is viewed as an extreme form on the continuum, while most cases, with unexplained symptoms, are not regarded as being sufficiently numerous or diverse to qualify for the diagnosis of a somatization disorder and can be placed on the lower end of the continuum **(**Smith JR, 1994).

Impact of Somatization on Individuals and Society

Unexplained somatic symptoms, described by people with somatization, often involve multiple organic systems. Physicians often undertake are variety of examinations in an attempt to obtain the correct diagnosis. Repeated failures in identifying the pathological origins of the symptoms can lead to frustration for both the physicians

and individuals with somatic symptoms and can negative affect the doctor patient relationship. The patients may be referred to different physicians or specialists for an evaluation of the complaint, or may seek out these additional medical procedures, leading to often unnecessary hospitalizations and treatments (Guze & Perley, 1963) and the excessive use of limited medical resources.

Attention has been focused on the abnormal behaviours of people with somatization, extending beyond medical settings to their workplaces and households. Due to repeatedly seeking medical attention, the individuals frequently take sick leave from work, reducing work time and increasing the risk of them losing their jobs and can result in a sense of alienation from their family members and friends leading to a disrupted life. Medical examinations and treatments elevate costs, bringing additional burden to the individuals. Smith JR (1994) indicated that people, diagnosed with somatization disorder, use health resources nine times more than the general population. In order to avoid high expenditures on health care system and by individuals on unnecessary laboratory investigations and medical interventions and to decrease various negative effects on individuals, family and society, an adequate identification and interpretation, of the somatization, is essential in helping acquire effective interventions in clinical practice.

Demographic Characteristics of Somatization

The demographic characteristics most associated with somatization are sex, ethnicity, and socio-economic status. Research of general populations, performed by Eriksen and his colleagues (1998), across the counties of Denmark, Finland, Norway and Sweden, found that women were twice as likely as men to experience tiredness, headache, migraine, depressive mood, neck pain and arm/shoulder pain and were 50-66% more likely to report worry, upper back pain, and feet pain than men (Eriksen et al., 1998). A more recent study has also highlighted a higher incidence of somatization in female groups. The low prevalence of somatization in men may be explicated, to the male stereotype of a disinclination to admit psychological distress or seek medical help (Wool & Barsky, 1994). In general practice, somatization is less likely to be viewed as a possible explanation for male symptoms (Golding et al., 1991). Thus, gender may be a predictor for the level of occurrence of somatization.

Epidemiological research has suggested the phenomenon of somatization is associated with lower social classes educational levels and household income (Fink et al., 1999; Hiller et al., 2006). An empirical study performed by Fink et al., (1999) found that: 62.5%, of people with somatization had no more that a primary level education; 50% were unskilled and 43.5% were unemployed or on a pension. Similarly, Hiller et al., (2006), indicated that somatization, of any degree, is more likely to appear in people who are lower educated, have poor economic status, and live in less urbanized area.

Studies on ethnicity have revealed less consistent findings. Robins & and Reiger's (1991) did not find differences between Hispanics and non-Hispanics in incidences of

somatization. However, a number of studies reported a higher prevalence of somatization in Asian countries over western countries (Farooq, et al., 1995; Ryder et al., 2008). Research from Ryder and his coworkers' (2008) proposed that Chinese reported more somatic symptoms than Euro-Canadians. However predicting the prevalence of somatization across counties may involve moe social and cultural factors, rather than a single effect of ethnicity (Kirmayer & Young, 1998).

Cultural and Somatization

Cultural differences in the expression of somatization have been proposed by some researchers (Farooq et al., 1995; Kleinman, 1986; Kirmayer, 2001; Mak & Zane, 2004). In recent decades, somatization has been variously described as a 'cultural idiom of distress" based on a process of communication and negotiation with social and personal conditions and requirements (Kleinman, 1986). The phenomenon of somatization varies in frequency and intensity across different ethnic and cultural groups. Eastern, and in particular Chinese, culture is more likely to present emotional distress in somatic symptoms: Empirical research conducted by Chang (1985) suggested that Chinese subjects reported more physical problems, compared with white and black people. While Parker et al., (2001) found that depressed members of the Chinese population scored higher in somatic items and lower in cognitive forms of depression when compared to members of the Australians population. In the west there is a greater likelihood to express affective or cognitive complaints such as depressive moods, pessimism, or low self-esteem (Parker et al., 2001).

The Concept of Culture

Culture is an abstract concept, reflecting the human beliefs, values, and attitudes that shape understandings and patterns of behaviour (Kirmayer, 2001; William & Sewell, 1999). In the history of human existence, culture, as the main component of social life, presents a dynamic construction accompanied by changes in dimensions of both time and space (Kirmayer, 2001). The evolution of culture is complex involving a continuous interplay between individuals and society. Individuals employ customs, institutions, habits and practices (William & Sewell, 1999) to establish norms of social acceptability (Kirmayer, 2001). The emergence of such cultural practices has distinctive social, ethnic and geographic elements (Kirmayer & Sartorius, 2007). In this way, culture is recognised as a distinguishing element of ethnicity, age, and geographical regions, establishing distinctive ways of life for particular societal groups. By extension, if we understand culture, then we can be expected to also understand the meaning of actions, behaviours and thinking on social groupings. Culture, in human phenomena, has been further exhibited in the investigation of aspects of human health encompassing illness experiences and behaviours (Kirmayer & Sartorius, 2007).

Difference of Parental Emotion Socialization in Somatization

Culture plays an important role in shaping emotional experiences. Asian societies are

less likely to exhibit their emotions in both non-verbal (ie., physical affection) and verbal aspects than Europeans. Family is the first place in which children observe, experience, and learn about emotions. Individuals' behviour reflecting beliefs, values and goals are used to socialise their children in learning expressions and modulations of emotions (Eisenberg et al., 1998). This process is referred to as "parental emotion socialization", involving parental discussion and parental reactions to children's emotions (Eisenberg et al., 1998). In childrearing practice, emotional socialization, provided by the parental influence, is based on the distinct beliefs, values, and behaviours that are consistent with cultural values (Lutz, 1983). Asian parental socialization is presented as less affectionate and more restrictive, authoritarian, and controlling in the instruction of their children than western socialization practices. In Japanese culture, parents tend to discourage their children from displays of emotion, while, by contrast, Miller, Fung, and Mintz (1996) found that parents in America are more willing to encourage their children to express such emotions. Given this, an individual's cultural beliefs, norms, and values may account for variations in the communication of emotions.

The Role of Stigma in Somatization

The tendency towards somatization amongst Chinese groups can be linked to traditional Chinese culture, that is, languages of emotion are not viewed as an appropriate expression for visiting medical doctors (Kleinman, 1986). In Chinese culture, mental problems are often viewed as indicating a lack of fortitude or strength, leading to a stigmatization of the person and even the family unit (Parker et al., 2001; Xu, 2004). As a result families will often not report a family member's mental illness in order to avoid a loss of face or discrimination and alienation (Xu, 2004), which extends the issue beyond one of health, to a social or moral problem. The somatic expression of emotional distress provides a blameless and non-stigmatized reason for seeking medical help and has been referred to as "ticket behaviour" (Epstein et al., 1999). For instance, a Kleinman's study employed in a Chinese psychiatric clinic showed that while 30% of the subjects were diagnosed as neurasthenia, only 1% met a diagnosis of depression (Kleinman, 1986). The term neurasthenia, called '*shen jing shuai ruo*' (SJSR), is a Chinese expression which means 'weakness of nerves'. It is a collective diagnosis encompassing a wide variety of physical symptoms, such as, headaches, insomnia, fatigue, dizziness, nervousness and simultaneous depressive symptoms (Kleinman, 1986; Kirmayer & Sartorius, 2007). This avoiding of expressions of emotional distress increases the difficulties in identifying psychological problems (Parker et al., 2001).

In western clinical psychology, somatization has been viewed as a psychosomatic process and has been stigmatized (So, 2008). People with somatization often face shame and a perception that they are wasting precious healthcare resources (Kirmayer, 2001). To avoid prejudice and stigmazation in the mainstream medical community, somatization sufferers often prefer to discuss their problems with family members, spiritual elders, or community leaders, rather than primary care physicians (Kirmayer,

2001). While somatization is often considered as a fake condition in some western cases, the negative effects of psychological stigma on individual and family are relatively small, compared with cases in eastern countries. Therefore, stigma can be an explanation as to the greater likelihood of psychological somatic distress in eastern over western culture.

Personality Implication in Somatization

The importance of culture in the experience and expression of emotions has also been reflected in personality traits, especially the alexithymia personality. Alexithymia is a personality construct that implies cognitive and affective styles and appears to be a risk factor in developing somatization (Wise & Mann, 1994). The alexithymia trait is described as difficulties in identifying and verbalizing affective distress, impoverishment of fantasy, and a poor capability for externally oriented thinking (Mattila et al., 2008; Sifneos, 1973; Wise & Mann, 1994). From a theoretical postulation, the lacking of mental representations of emotion in alexithymic individuals may result from a deficit in the cognitive process (Mattila et al., 2008). The cognitive form that may link somatization with alexithymia is manifested by amplifying the somatic sensations or misinterpreting these as symptoms of disease, when associated with emotional arousal (Mattila et al., 2008). The association between somatization and alexithymia has been implied in extensive research (De Gucht & Heiser, 2003; Mattila et al., 2008). A recent study demonstrated elevated somatization reporting in alexithymic individuals (Mattila et al., 2008), while Pennebaker and Watson (1991) found that alexithymia is statistically significantly when correlated with somatization. In addition, earlier literature pointed out that alexithymic individuals are more likely to be introverted and feel depressed or anxious (Taylor et al., 1997; Wise & Mann, 1994). Introverted individuals often suffer from low energy levels and less social activity and are disposed towards depression. Individuals with depression are likely to report increased somatic symptoms with selective bias in the information provided. This evidence is consistent with augmentation of somatic symptoms as a result of alexithymia personality traits. Research has found strong connections between somatization and emotional factors in Asian cultures. For example, a Canadian college study showed higher levels of alexithymia amongst Chinese language students than amongst native English and European students. This means that the relationship between somatization and alexithymia can be seen as more significant in Asian cultures.

Conclusion

Previous cross-culture research has suggested the influence of culture on somatization. Asian culture, especially Chinese culture, is more likely to make Chinese to express their psychological distress as physical symptoms than western culture. This article provides an explanation of how socio-cultural components shape the unexplained physical symptoms from three perspectives of parental emotion socialization, personality traits, and stigma. To date, culture provides a context for the way of experience, expression, and communication of psychological distress. Culture

difference in somatization determines the resource of psychological distress and the form of illness experience. Given this, the culture implication of somatization goes beyond the characteristics of geography or ethnicity into the personal and social meanings in accosiated with culture values, beliefs, and norms.

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