

(Heine, Chapter 10)  
(Ranganathan & Tanmay, 2007)  
(McDermott & Varenne, 1995)

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Examining mental and physical health as a function of culture reveals a striking amorality. As suggested by McDermott and Varenne, culture not only provides its members with knowledge and tools for survival and growth, but also mechanisms for defining deficits, deficiencies, and abnormalities. Indeed, the critical characteristics of a culture include its opposites and outliers, whether biological, psychological, or social, and the distances between these positive and negative conditions. In many ways, existence within a culture constitutes a battle to avoid the entrapments of the negative minima, the result of which has implications for mental and physical well-being, as well as survival itself.

Mental and physical health exists in the interplay between nature and culture. While the majority of physical and psychological ailments have roots in ecological factors, it is the role of culture to define normality, abnormality, illness, and treatments (Ranganathan and Tanmay, 2007). Thus, a disorder of any type is, by definition, culturally specific, as its diagnosis presupposes a set of beliefs and a violation thereof. Cross-cultural universality of mental and physical syndromes is approached where these expectations and violations begin to overlap (Heine). As Heine, Ranganathan, and Tanmay suggest, however, the existence of purely culture-bound or universal syndromes is dubious, as most disorders fall within the realms of existentially universal or functionally universal. Clinical Depression is a classic example of a functionally universal disorder, as cases are present in a wide array of cultures, but prevalence and symptoms vary considerably, as seen in its typically somatic manifestation in Eastern subjects versus psychological symptoms in the West. Alternatively, Suicide may be classified as existentially universal, as symptoms are relatively uniform while causes and prevalence differ greatly (Heine). Categorization of illnesses is further complicated by divergent definitions of deviance, as seen in the classification of Social Anxiety as a disorder in the United States, while it is viewed as a relatively normal aspect of interpersonal Eastern

cultures (Heine). This range of categorization suggests that accounting for culturally-specific aspects as well as universal commonalities of a physical or mental illness is imperative to devising appropriate treatments.

In addition to outliers of physical and psychological conditions, categorizations of social deviance represent dangerous cultural minima, as well. Furthermore, these definitions are incredibly pervasive, generated within cultures by such wide-ranging acts as altruism, active suppression, and passive existence (McDermott & Varenne, 1995). This is apparent in the American Education system, where labels describing disabilities are increasingly applied both by scholars who “desire to help struggling students” and as a natural consequence of competitive rankings (McDermott & Varenne, 1995). This trend toward debilitating labels results from what McDermott & Varenne describe as the “Culture-As-Disability” model, wherein a culture defines idealism, and, via a well-defined system of measures, stigmatizes those who fall short. Traditional schooling, therefore, effectively reproduces inequalities in the culture at large via a framework of artificial competition, where students as a whole are faced with the untenable requirement that “everyone must do better than everyone else” (McDermott & Varenne, 1995)!

The question remains as to why society engages in this act of systematic debilitation. One answer may lie in the realm of health. Studies in the relationship between socioeconomic status and mortality rate indicate that one of the strongest indicators of longevity is perceived control over one's life (Heine). As such, it stands to reason that dominant members of a culture might systematically engage in Culture-As-Disability as a survival tactic, maintaining allocations of power and control in order to gain not only increased benefits while living, but extended life itself.