

# At Issue: Are Traditional Societies Schizophrenogenic?

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## Abstract

Schizophrenia is apparently less common in traditional than in nontraditional societies, and the course of illness in these cultural settings may also be more benign. Viral, political, economic, social labeling, and other explanations have been offered over the years for these differences. In contrast to those ideas that suggest the presence of a schizophrenogenic stress in urbanized, Westernized populations, I propose that traditional societies are actually schizophrenogenic compared with nontraditional societies. Assuming a multifactorial threshold model for the development of schizophrenia, traditional societies may be characterized by a lower threshold for developing schizophrenia in at-risk individuals. In the short term, this leads to a greater proportion of all clinical cases being of a less severe variety; in the long term, genes predisposing individuals to develop schizophrenia are exposed to the effects of negative selection, ultimately resulting in a relatively lower level of overt schizophrenia in these populations. The greater social demands placed on individual actors in traditional societies and the lack of variability in social network size may contribute to the (relatively) schizophrenogenic environment.

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Schizophrenia seems to be less common in traditional or developing societies than in Western or developed societies. This rather old and somewhat contested insight is not accepted by all researchers in the field (e.g., Leff 1981; Jablensky 1987; Jablensky et al. 1992). However, reviews of epidemiological studies of schizophrenia (Eaton 1985; Torrey 1987) do not support the assertion of a uniform rate of schizophrenia in all populations. Further, Warner's (1985) careful review of legitimately comparable epidemiological studies affirms the contention that schizophrenia is less common in developing countries,

although he points out that the data are not good enough to prove the point. Researchers with viewpoints as different as Torrey (1980) and Sass (1992) have also supported this position. As Sass (1992) states: "The evidence does seem to indicate that the most clear-cut cases of schizophrenia—those characterized by the core symptoms of chronicity and withdrawal, by flat and inappropriate affect, by Schneiderian First Rank Symptoms, and by unusual and abstract styles of thinking—may well be less common in cultural settings where traditional or premodern forms of social organization prevail" (p. 364).

Although it is difficult to say anything about schizophrenia with absolute certainty, the available evidence can be reasonably interpreted to indicate that schizophrenia is rarer in traditional or small-scale societies. Less contentious is the notion that the prognosis for schizophrenia is better in these traditional societies (Murphy and Raman 1971; Waxler 1977; Warner 1985; Jablensky 1987; Hopper 1991; Marcolin 1991; however, see Edgerton and Cohen 1994). Since prevalence is in part a function of duration (Kramer 1957), it should come as no surprise that schizophrenia may be rarer in traditional societies, given the better prognosis. In fact, the results of the World Health Organization (WHO) Ten-Country Study (Jablensky et al. 1992), in which incidence rates in developing and nondeveloping countries were found to be roughly equivalent but with a shorter duration of schizophrenia in developing countries, are consistent with the pattern of lower prevalence in traditional societies.

More difficult still is to assess what happens to the people at risk for schizophrenia who do not develop the condition. If we accept a multifactorial model for the development of schizophrenia (Gottesman and Shields 1982) that combines genetic liability with environmental

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stressors, then lower prevalence in a given population could be a function of a lower frequency of susceptibility genes or a reduction in environmental stress or both. Conversely, a population in which schizophrenia is relatively common could actually be low in environmental stressors but high in susceptibility genes. In such an environment, many at-risk individuals would not develop the disease, but would instead find socially acceptable roles to fill.

Several explanations have been offered over the years to explain the apparent difference in the expression of madness in civilized and primitive societies. Speculation on the issue dates almost from the time that European scholars began to define the primitive "other" in contrast to themselves (Ackerknecht 1968). As psychiatric classification became more precise and explicit in the early part of this century (Blashfield 1984), specific explanations for the apparently low frequency of schizophrenia in traditional societies began to be offered.

Social labeling theory has played a major role, both implicitly and explicitly, in some of these explanations. The notion that people with schizophrenia might serve as shamans and in other important culturally sanctioned roles not associated with illness is a kind of implicit labeling theory. This idea has been in the literature for some time (Ackerknecht 1943; Spiro 1952; Silverman 1967) and remains, if my own personal communications with researchers and lay people are any indication, part of the general folk wisdom about schizophrenia. However, more recent researchers (e.g., Murphy 1976; Peters and Price-Williams 1980; Allen and Sarich 1988) discount this viewpoint, and Steadman and Palmer's (1994) cross-cultural review of the shaman's role indicates that it would be a difficult (although not necessarily impossible) role for a person with schizophrenia to fill.

Social labeling theory was applied explicitly in the 1970s to explain the difference in prognosis in schizophrenia between traditional and developed countries. Waxler (1977; see also 1974) argues that "each society, through the responses of its members to the mentally ill person, succeeds in molding the patient to meet expectations about what a mentally ill person should be" (1977, p. 233). Thus, the relative scarcity of patients with chronic schizophrenia in traditional societies would in part be due to the absence of an appropriate illness role to occupy. At a basic level, social labeling theory is anathema to the strongly biological orientation of schizophrenia research in the 1980s and 1990s, although it could still be seen as relevant in looking at the social acceptance and treatment of people with schizophrenia. Ironically, within medical sociology, labeling theory "has now fallen out of fashion" (Pilgrim and Rogers 1993, p. 16), in part because it allows

for the possibility that a disease can be identified and discussed objectively at some level.

Unique stressors in the Westernized, post-Industrial Revolution world have also been identified as possible factors affecting the distribution of schizophrenia. Warner (1985) suggests that the presence of stressors (e.g., unemployment) arising from the market economy, combined with the absence of the family and cultural support characterizing traditional societies (as identified by social labeling theorists), has contributed to the possible rise in schizophrenia over the past two centuries. In contrast, Torrey (1980, 1987), reviewing this same time period, points to a viral agent as a significant factor in the etiology of schizophrenia. In his view, schizophrenia is a "disease of civilization" in that civilization is a marker for high population density, which facilitates the spread of infectious agents (1980, p. 178). The role of infectious agents in the etiology of schizophrenia continues to be explored (e.g., Taller et al. 1996).

This brief review of some of the ideas put forth to explain the differences in the prevalence of schizophrenia in traditional and nontraditional societies illustrates the lack of consensus among researchers in the field. These ideas are necessarily speculative and difficult to test; nonetheless, they serve to focus and illuminate attitudes and perspectives on schizophrenia that might otherwise remain disparate. Furthermore, by focusing on universalistic aspects of schizophrenia and its occurrence across the human species, they help "desegregate" schizophrenia (to use Warner's [1985] term).

In this article, I introduce a new hypothesis to explain the distribution of schizophrenia in traditional and nontraditional societies; namely, that the difference in distribution is a result of traditional societies being in some sense more "schizophrenogenic" than nontraditional societies. This hypothesis is based on four assumptions: (1) Schizophrenia is a genetically mediated condition with environmental components in its etiology; (2) although some heterogeneity is present, there are cross-cultural similarities in the etiology of the disease; (3) a multifactorial threshold model for the development of schizophrenia, in which risk and severity are distributed throughout the population (even if only a single primary gene is responsible), is realistic; and (4) the better prognosis of patients with schizophrenia in traditional societies is a real phenomenon and not a measurement artifact. Underlying this discussion is a basic evolutionary/adaptationist assumption: The increased frequency of a given phenotype and associated genotypes in one environment relative to another usually indicates a relaxation of selection against (or selection for) that phenotype in the more hospitable environment.