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The Effects of One's individual Cultural Orientation, the Society's Cultural Orientation, and One's Sex on the Emergence of Either Pure Depression or Somatization Symptoms

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Abstract

Cross cultural studies indicated that manifestation of depression in somatic complaints was common in non-Western countries that are different from that of Western who generally non-somatic, usually called as pure depression. The differences were assumed to be related to differences in cultural orientation between Western that generally more individualistic and non-Western that more collectivistic. At the individual level, collectivistic orientation is called allocentrism and individualistic is called idiocentrism. From social construction explanation, allocentric tends to develop somatic meaning and idiocentric tends to develop psychological meaning. Some studies also showed that manifestation of depression in somatic symptoms is more commonly found in women than men. The purpose of this study as to examining the role of one's individual's cultural orientation, society's cultural orientation, and one's sex in developing somatization and pure depression symptoms of distressed persons. Subjects involved in this study were 185. Research design used was quantitative-qualitative mixed method with dominant-less dominant design conducted in parallel (QUAN + qual). Data were collected by interview, depression scale, somatization scale, and idiocentrism-allocentrism scale. Data were analyzed using Structural Equation Modeling and case study approach. The results showed that: (1) society's and one's individual's cultural orientation have direct effect on the emergence of either somatization or pure depression symptoms; (2) sex has no effect on the emergence of both symptoms; (3) the effect of one's individual's cultural orientation is moderated by society's cultural orientation, but not by one's sex; (4) in collectivistic, somatization symptoms are a prodromal of depression and vice versa; (5) in individualistic, there is no correlation between somatization and depression.

Keywords: allocentrism, collectivism, depression, idiocentrism, individualism, individual's cultural orientation, pure depression, psychologyzation, sex, society's cultural orientation, somatization.

Since the economic crisis hit Indonesia in 1998, there have been many cases of suicides. Albert Maramis, a representative of World Health Organization for Indonesia, stated that the increase of suicide cases in Indonesia until 2006 is up to 1,600 – 1,800 cases per 100,000 populations. The increase in suicide cases related with the increasing of depression case in Indonesia which is up to 13,2 million cases (as reported in World Mental Health Day at Medicine Faculty, University of Indonesia, Jl. Salemba, Jakarta, October 10th, 2006).

Kaplan and Saddock research on the relation of depression and suicide case in 1991 showed that approximately 90% of suicide cases are caused by mental disorder and 45% - 70% are caused by mood disorder, such as depression. WHO epidemiologic research in 2001 also showed that around the world (major) depression disorder is the major cause of individual incapacitation, rank fourth in causing premature death (WHO, 2001). In the next twenty years depression disorder will have dubious distinction of becoming the second cause of the global disease burden..

According to Louch (2005) the increased negative effects of depression on live relates with the difficulty of managing depression disorder which includes: diagnostic uncertainty, diagnostic mistake, inappropriate health care (Grau & Padgett, 1988), continuous health care attendance (Fifer et al., 2003), inability to work, and loss of social status (Gureje, Simon, Ustun, & Golberg, 1997; Pang, 1998). Mayou and Farmer (2002) even mentioned that almost 50% of the patients are continuously disabled such as having dysfunctional social, family, and working life.

WHO Reports in 2001 (WHO, 2001) identified that one of the difficulties of managing depression is the sufferer's lack of identification as the effect of high depression comorbidity with somatization that is reflected by the occurrence of symptoms typically related physical illness without organic base. The difficulty to identify depression also relates to psychological pressure expression of physical complains (Wicaksana, n.d.). In Indonesia for example, Andri ("Sakit Fisik", 2006) and Djojodiningrat (Selamihardja, 2003) found that the increase of physical complains are proceeded by psychological problems (psychical distress). Wicaksana (n.d.) found that major depression disorder is usually accompanied with physical complain (without organic base). While in Europe Murck (2003) found the comorbidity between somatization disorder with mood disorder ranged at 30% - 84.2%.

Epidemiological study by several experts (Goldman, Nielson, & Champion, 1999; Louch, 2005; Simon, Von Korff, Pinnicelli, Fullerton, & Ormel, 1999) showed somatization symptom as the manifestation of depression, is commonly found in health care center around nations and cultures, especially outside West Europe, North America, Australia, and New Zealand[1] (Grau & Padgett, 1988; Raguram et al., 1996). Somatization is the most common expression among Japanese, Latin Americans (Mexican-American), North Indian (Grau & Padgett, 1988), South Asian, African, and

[1] Non-western definition is summarized from G. Hofstede & G. J. Hofstede (2005) and Koentjaraningrat (1985).

Middle Eastern (Reynolds, O'Koon, Papademetriou, Szczygiel, & Grant, 2001).

Assumption that somatization is somatic depression expression of non-western society which is different to depression expression of western society (society in West Europe, North America, Australia and New Zealand)[2]—which is usually non-somatic (affective and cognitive) or usually called pure depression which is high intensity depression symptom without somatic symptom (Silverstein 1999; 2002; Silverstein, Caceres, Perdue, & Cimarolli, 1995; Silverstein & Blumenthal, 1997; Silverstein & Lynch, 1998)—corroborates with opposite pattern in western countries. For examples Jadhav (2001) findings showed that 87.5% of depression patients in London spontaneously reporting sadness, 78.7% emphasizing on sadness, while only 10.6% reporting somatic symptoms. Depression patients in Shanghai are only 2.4%, compared to Santiago, which are 27%. Kobayashi, Schallert, and Ogren (2003) found that middle class Americans suffer from depression when experiencing dysphoria and anger. Meanwhile non-western people suffer from physical pain (such as headache or chest pain) when experiencing depression.

From the previously explained researches, the conclusion is there is difference between western and non-western society in expressing and manifesting depression as one of the realization of distress. Distress is negative emotional experiences such as anxiety, depression, or anger as the result of personal judgment or belief that oneself does not have strategies in dealing with threat or live pressure effectively (Lazarus & Folkman in Prokop, Bradley, Burish, Anderson, & Fox, 1991).

Non-western society is more inclined to express somatic symptom from distress compared to western society. The high level of somatic symptom from distress in non-western countries compared to western countries relates with the differences in cultural orientation in both societies (Kleinman & Good, 1985; A. Kleinman & J. Kleinman, 1985; Kleinman, 2004).

Western countries cultural orientation is usually individualistic (emphasizing on individual) which is affected by Western Europe culture such as America (North and South America), Australia, and New Zealand. While non-western countries cultural orientation is collectivistic (emphasizing on social group) which has roots in traditional values developed in Asia and Eastern Europe such as Buddhism, Hinduism, Taoism, Islam, Judaism (Hofstede, 1991; Koentjaraningrat, 1985; Triandis, 1999). Collectivistic society cultural orientation has characteristics such as emphasizing on interpersonal relationship, honor either individual or group (family, organization, ethnic, nation), harmony, allegiance to group, and self submissiveness (Hofstede, 1991; Koentjaraningrat, 1985; Triandis, 1999).

If the individual internalize the society cultural orientation, then the individual cultural orientation will emerge (Triandis, 1999). At individual level,

[2] Non-western and western definition is summarized from G. Hofstede & G. J. Hofstede (2005) and Koentjaraningrat (1985).

collectivistic cultural orientation is called allocentric, while individualistic cultural orientation is called idiocentric (Triandis, 1994b).

Both cultural orientations have different meaning and viewpoints about physical and psychological symptom. Firstly, in collectivistic society or allocentric individuals, soul, body, spirit and nature are perceived as one interrelated unity (body and soul monism) (Mayou, Kirmayer, Simon, Kroenke, & Sharpe, 2005; Pang, 1998; Yeung & Deguang, 2002).

Meanwhile in individualistic society or idiocentric individuals, body and soul are perceived as having dichotomic nature (body and soul dualism) (Freund & McGuire, 1991). Body and soul dualism gives birth to somatization term in medical world in United States (Mayou et al., 2005). Based on this concept, distress as depression symptom is merely considered as mood disorder and somatic complain is considered as clinical artifact (Raguram et al., 2001). Physical symptom is always considered to have physiological base, which are structural physiological, organic or metabolism disorder or change caused by internal process such as hormonal, degenerative effects or external factors such as infections or accidents.

Secondly, in collectivistic society, one is expected to be calm in any emotional condition. According to Kleinman (see Parker, Cheah, & Roy, 2001) an expressive person will be judged as an immature individual, emotion is related with weak-will. Emotional expression is considered as disturbing the harmonic relation, which is an important aspect in collectivistic society (Markus & Kitayama in Triandis, Bontempo, Villarael., 1988; Pang, 1998).

Negative emotions (such as sadness and anxiety) directly relate to distress, which are related to blamable inter-individual and social relation. Thus negative emotion expressions, which are perceived as more risky because of open critic to interpersonal and family relation, is felt as a threat to self-esteem (Boski, van de Vijver, & Chodynika, 2000).

Meanwhile, physical complains are more sympathized because they do not relate with social pressure, but show some disorder within the body itself (Kleinman, 1988). According to Levenson, Heider, Ekman, dan Friesen (1992), this will make individuals less motivated to explore and experience its emotion, either positively or negatively. Therefore, an allocentric individual usually does not focus him/herself to his/her emotional experience.

Opposite to allocentric individual, an idiocentric individual tends to focus him/herself on his/her emotional experience. Mood expression as emotional manifestation is a mirror of unique individual, which should be appreciated (Triandis, 1994a). Emotion is regarded as an individual property.

Thirdly, in a collectivistic society, physical illness is considered as a legitimate excuse to be relieved from social responsibility and daily chores without being burdened by guilty feeling (Abdulla, 2003). Physical illness is a social control because a sick person is more tolerated, cared, supported, and given warmth. (Abdulla, 2003). Therefore, for an allocentric person, somatic idiom is a choice of social pressure expression.

In relation to sex, theoretical studies show that either in individualistic society or collectivistic society, women are expected to develop allocentrism and men are expected to develop idiocentrism (Hui, 1988; Madson &

Trafimow, 2001; Riggio, 1986; Trafimow, Triandis, & Gotto, 1991; Triandis, Chan, Bhawuk, Iwao, & Sinha, 1995; Verkuyten & Masson, 1996). According to Nelson (see Arnd-Caddigan, 2003), the values of the society will be internalized into individual (male or female) in its social context and further into individual's conceptualization level. Because women is to develop allocentrism socially at conceptualization level, psychological meanings which accompany experience are more difficult to formulate compared to physiological meaning. Women show more physiological reaction, which emerge simultaneously with psychological experience.

Meanwhile men are more socially constructed to develop idiocentrism, which assume separation of body and soul. As the effect of idiocentrism cultural orientation internalization, men tend to feel psychological symptoms and separate them thoroughly with somatic symptoms, which accompany them. At male conceptualization level, physical complains tend to be considered as clinical artifact.

Based on those explanations, it is concluded that women's cognitive level is more developed somatically than psychologically, so women who experience distress tend to develop somatic symptoms. Therefore, men who experience distress tend to develop pure depression symptoms.

Beside socio-cultural explanations, women's tendency to suffer form somatic disorder also relate to biological factor (American Psychiatric Association, 2003). Family studies on women who suffer somatization disorder show that they have mother or sister who experience somatization disorder American Psychiatric Association, 2003). Somatization disorders are also found in women whose parents experience antisocial personality disorder (Wilson, O'Leary, Nathan, & Clark, 1996). From the strong correlation between somatization disorder (in women) and antisocial personality disorder (in men), researchers assume that genetically, the same biological predisposition cause different disorder in men and women.

Based on those explanations, it is not surprising that research show women's prevalence to suffer somatization is higher than men (Gureje et al., 1997; Jacobi et al., 2004; Payne, 2004; Silverstein, 1999). Women who suffer major depression have prevalence twice as many as men to suffer metabolic syndromes (Payne, 2004). Comorbidity between anxiety disorder, mood disorder, and somatoform is found more on women than men. (Jacobi, et al., 2004).

Thus, from the previous explanations, it can be concluded that one's individual cultural orientation (idiocentrism-allocentrism), the society's cultural orientation (individualism-collectivism), and one's sex have function in: (1) development of somatization process toward experience understanding, which in distress condition emerge as somatization symptom, which is shown by syndromes typically related to physical illness but without its organic base; and (2) psychological process toward experience understanding, which in distress condition emerge as pure depression symptom, which is depression without somatic symptoms.

Research Objectives

The research general objective is:

To build and test empirically the effects of one's individual cultural orientation on distress experience meaning as psychological process in form of pure depression symptom and somatization process in form of somatization symptom with considering sex and society's cultural orientation.

Based on general objective, it can be broken down to specific objective, which are:

1. To examine interaction effect of one's sex and society's cultural orientation toward one's individual cultural orientation on the emergence of either somatization or pure depression symptom.
2. To examine moderation effect of one's sex toward the effect of one's individual cultural orientation on the emergence of either somatization or pure depression symptom.
3. To examine moderation effect of society's cultural orientation toward the effect of one's individual cultural orientation on the emergence of either somatization or pure depression symptom.
4. To explain meaning construction on distress experience in form of either psychological or somatization process as the effect of individual cultural orientation.

Method

Research Design.

The research designed used is mixed qualitative-quantitative method with dominant-less dominant design conducted in parallel or in one stage study (QUAN + qual) (Creswell, 1994; Tashakkori & Teddlie, 1998). It means that the one combined in this research is its data sampling and analysis method, not the approach or paradigm (Tashakkori & Teddlie, 1998). The main paradigm used in this research is quantitative or deductive model, which emphasize on formulated hypothesis in the beginning based on theoretical construction. The usage of qualitative method is used to explain thoroughly the effect of individual cultural orientation toward psychological and somatization process which cannot be explained using quantitative analysis.

Variables and research instruments.

Pure depression symptoms. Pure depression symptom is dysphoric, cognitive, and psychomotor symptom, without somatic symptom. This variable is measured by scale for depression using the Diagnostic Inventory for Depression (DID) developed by Zimmerman, Sheeran, and Young (2004). Internal consistency correlation (Cronbach's α) of DID was 0,908 (N = 243, 38 items). The three subscales demonstrated adequately internal consistency: symptoms (Cronbach's α = 0.825), psychosocial functioning (Cronbach's α = 0.783), Quality of life (Cronbach's α = 0.819). *Construct reliability* of pure depression subscale was 0.793 (> 0.70), it means that each indicator of this

subscale was consistence. *Variance extracted* was 0.560 (> 0.50), it means that all variances could be explained by its latent construct. The mean of the item-total correlation was 0.378 for the DID symptom severity items; 0.525 for psychosocial functioning items; and 0.528 for quality of life items.

Somatization symptoms. Somatization is somatic symptom, which repeats without clear organic based, and disturbs the individual. This variable is measured by Somatization Scale consists of 44 items. Internal consistency correlation (Cronbach's α) of somatization scale was 0. 898 (N = 240, 44 items). The three subscales demonstrated adequately internal consistency: Endocrinal Disorder (Cronbach's α = 0.843), Pseudo Neurological Illness (Cronbach's α = 0.759), Muscular Pain (Cronbach's α = 0.674). The mean of the item-total correlation of somatization scale was 0.387. *Construct reliability* of somatization scale was 0.765 (> 0.70), it means that each indicator of this scale was consistence. *Variance extracted* was 0.522 (> 0.50), it means that all variances could be explained by its latent construct.

Individual's cultural orientation. Individual cultural orientation is measured by Idiocentrism-Allocentrism scale consists of 28 items. From the score gathered, the higher the individual allocentrism and the lower its idiocentrism. It means that the higher his/her allocentric individual cultural orientation, the more he/she prioritizes interrelation between group members (family, ethnic, nation, and so forth), gives priority to group's purpose, develops behavior based on group norm, and behaves communally. While the lower the score, the higher his/her idiocentric individual cultural orientation, which prioritizes independency, uniqueness, and individual goal. Internal consistency correlation (Cronbach's α) of Idiocentrism-Allocentrism scale was 0.799 (N=244, 28 items). The mean of the item-total correlation of somatization scale was 0.356.

Sex. Sex is biological characteristic, which differentiate male from female. The differentiation of sex is based on biological characteristic of male and female.

Society's cultural orientation. A society is categorized as individualistic if its belief system, attitude, self-definition, norm, and organized value structuralize experience around an autonomous individual. While a society is categorized as collectivistic if its belief system, attitude, self-definition, norm, and organized value structuralize experience in strong inter-individual bonding and outside individual self.

Society's cultural orientation is evaluated by analyzing observation on:

1. Cultural products that reflect society's cultural orientation such as symbol or logo, vision, mission, and strategic plan of the society.
2. Governing norms on individuals and interpersonal relation in the society.
3. Value in society that reflect human and nature relation.
4. Available jobs or employments, which are the main source of livelihood for its community.

If based on analysis of observation data, a society fulfils all or most criteria for individualistic cultural orientation society, and then the society is categorized as individualistic society. Likewise, if based on analysis of observation data, a society fulfils all or most criteria for collectivistic cultural orientation society, and then the society is categorized as collectivistic society.

Research Subject

The inclusion criteria of subjects are:

1. Person with somatization disorder, person with depression, and person with symptoms leads to depression disorder and/or somatization, but does not suffice diagnosis criteria for both disorder which experience moderate or heavy life pressure, which score 3 to 6 in one, several, or all aspects of life in Life Stressor Scale.
2. Aged 17 to 60 years old or in other word within Hurlock (1980) adult period.
3. Male and female.
4. From individualistic and collectivistic cultural orientation society.

The number of subjects analyzed is 185 people, from Javanese ethnicity, which consist of 100 subject from collectivistic society and 85 from individualistic society.

Data Analysis

Quantitative analysis. Moderation effect is tested using Structural Equation Model (SEM) by testing main independent variable effect on dependent variable separately based on its moderator variable category (Arbuckle & Wothke, 1994; Baron & Kenny, 1986).

Qualitative analysis. Data gathered from interviews are processed through case study approach based on Creswell (1998). The first step is making case description. Secondly, analyzed each case to find out themes and relation among themes in every case. Thirdly, doing cross cases analysis to find out themes and relation among themes from all cases. Finally, figuring out the causal relationship and the dynamic of process.

Results and Discussion

The effects of one's individual cultural orientation, the society's cultural orientation, and one's sex on the emergence of either pure depression or somatization symptoms

The analysis result showed only society's cultural orientation variable moderates the effect one's individual cultural orientation on the emergence of somatization or pure depression symptom. The effect of individual's cultural orientation (allocentrism) on the emergence of somatization is stronger in

collectivistic society (β = 0.36; p = 0.000) compare with individualistic society (β = 0.24; p = 0.113). Likewise, the effect idiocentrism on emergence of pure depression is stronger in individualistic society (β = 0.33; p = 0.01) compare with collectivistic society (β = 0.29; p = 0.01).

This is caused by cognitively the accessibility of psychological meaning in idiocentric person or somatic meaning in allocentric person is more available in individual's conception or society's cultural convention (Kleinman, 1980; A. Kleinman & J. Kleinman, 1985; Nelson in Arnd-Caddigan, 2003; Power, 2005). In other words, individual idiocentrism tendency is strengthened by individualistic cultural orientation and individual allocentrism tendency is strengthened by collectivistic cultural orientation where he/she lives.

While sex variable did not moderate the effect of individual's cultural orientation on the emergence of either somatization or pure depression symptom. Analysis toward the main effect of sex shows that sex had no direct effect on the emergence of either somatization or pure depression symptom. The explanation of this result is the gender construction maybe has a stronger effect toward the emergence of either somatization or pure depression symptom compare with sex.

The analysis of main effect showed that on distressed individual, one's individual cultural orientation (allocentrism) influences either psychological process in form of pure depression symptom (β = -0.324; p = 0.000) or somatization process in form of somatization symptom (β = 0.293, p = 0.000). This result also supported by interview result from 3 subjects which experienced somatization and depression disorder. When they distressed, they more realized physiological reaction compared to dysphoric reaction. This finding supports Power (2005) and Kleinman (1980) concept that said if social context internalized in someone emphasized more on somatic symptom than psychological experience, then the individual will experience physiological reaction that emerges simultaneously with psychological experience.

Somatization process

According to A. Kleinman and J. Kleinman (1985), physical complain as manifestation of distress can be seen from the relation between stressors with the appearance of physical complain. In research subjects in China, they found that physical complains appeared when they faced stressor that cannot be handled. The complains disappeared or decreased when the stressor faced is no longer there or there is another mechanism that can be used to face it. The interview results on the subjects of this research show the same pattern as A. Kleinman and J. Kleinman (1985) findings in Chinese society.

On my research subjects, it can be seen that physical complains that they experienced as illness symptom emerge as result of the stressor they faced. The physical complains were getting worse over the stress level they felt.

Based on the interview results of these three subjects who experience depression and somatization disorder, there are three different relation mechanisms between distress and somatization symptoms. First, the emergence of somatization originates from inability of the subject to recognize dysphoric

reaction and its relation with distress physiological and stressor reaction. Second, the emergence of physical complains are the combinations between lack of awareness to dysphoric reaction and conscious effort to use physical complains to get social support. Third, the subjects actually are capable to realize their feelings but seldom aware of the relation with stressor, dysphoric reaction, and distress physiological reaction.

Related to theoretical construction that state somatization process and symptom can emerge in two forms, which are as self-defense mechanism and failure to understand emotional expression. In this research, A showed the first form, and B the second. Even though A finally was capable to realize his/her dysphoric feelings, he/she chose to express his/her physical incapability because it is more acceptable to the society. Meanwhile B suffered somatization symptom because of his/her incapability to realize his/her dysphoric feelings.

Relationship between depression, pure depression, and somatization

From statistical analysis result, it can be seen that in collectivistic society depression can be a prodromal somatization symptom and on the other hand somatization can be a prodromal depression symptom. It means that in collectivistic society somatization symptom is one of depression expression. It is one form of expression of depression because statistical analysis or qualitative result shows that in collectivistic society and allocentric individual, depression is also expressed as pure depression symptom.

This research showed that even in collectivistic society, depression and somatization have significant correlation, but somatization and pure depression symptom do not correlate. This means that someone who experiences depression disorder can: (1) experience only pure depression symptom, (2) experience only various somatic symptoms, or (3) experience somatization and pure depression symptom simultaneously (somatic depression).

This research finds that in individualistic society, somatization is not a prodromal depression symptom and otherwise depression is not a prodromal somatization symptom. It means that in individualistic society, somatization symptom is not expression of depression. Somatization and depression are two orthogonal disorders.

Recommendations

In collectivistic society, somatization and depression disorder diagnosis needs to be reevaluated because this research shows that in collectivistic society, somatization symptom is the expression of depression. Escobar (1987, p.175) opinion about somatization differentiation into 4 dimensions needs to be considered as diagnosis reference.

For health practitioners in collectivistic society, it is recommended to conduct in-depth interview for patients with medically unexplained symptoms because in collectivistic society, somatization symptom often emerge as associated and masked disorder.

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