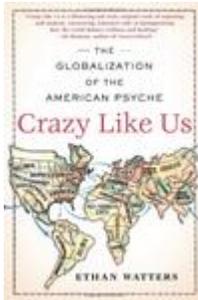


## Should the World Be as Apple as American Pie?

A review of



### **Crazy Like Us: The Globalization of the American Psyche**

by Ethan Watters

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Reviewed by

[Wade Pickren](#)

A growing body of evidence from around the world indicates that we cannot assume that human beings experience mental and emotional distress in the same ways or that treatment of such distress is easily exportable from one culture to another. In American Samoa, for example, a person may be said to be suffering from *ma'i popole*, or worry sickness, if he or she becomes involved in a conflict that seems intractable to solution or, conversely, becomes very unhappy about an impending event. Passage of time is the most typical “cure” for *ma'i popole*; if help is sought, it is most likely that the sufferer will talk with family or religious professionals rather than seek out a mental health professional.

Such examples abound and warn us of the dangers of applying diagnostic categories developed in one culture to the problems that arise in another. They also alert us that

treatment of those suffering may take many different forms and may not involve interaction with a professional (Marsella, 1985).

These simple truths are under assault, according to author Ethan Watters. In *Crazy Like Us: The Globalization of the American Psyche* (and in “*The Americanization of Mental Illness*,” an essay adapted from *Crazy Like Us* that appeared in the January 8, 2010, issue of the *New York Times* magazine), Watters explores the possibilities and the limits of Western (mostly American) notions of mental disorders in a globalizing world.

Watters is an experienced author who has written about psychological topics in a convincing manner before, most notably as coauthor of *Making Monsters* (Ofshe & Watters, 1996) about the recovered memory movement, and *Therapy’s Delusions* (Watters & Ofshe, 1999) about the marketing of psychotherapy to the worried well. He writes in a competent, easy-to-read manner that many Americans find engaging. One might say his writing is exemplary of the popular nonfiction of our day, typical of what can be found in the *New York Times*, the *New Yorker*, *The Nation*, or other slightly liberal print media.

*Crazy Like Us* offers four stories of how American ideas about mental disorders and how to treat them have been exported to other countries, often with negative consequences for the local population and culture. The stories are set in Hong Kong (anorexia), Sri Lanka (posttraumatic stress disorder), Zanzibar (schizophrenia), and Japan (depression).

Watters claims that American conceptualizations of these disorders have been exported along with junk food, air-conditioned shopping malls, and popular culture. In doing so, Americans have been practicing a kind of scientific or psychological imperialism, much like the European and British colonizers of an earlier era, who sought to diminish or destroy the worldview and ways of life of the people under their rule, assuming that the views of the home country represented the correct way to see the world. As Lord Macaulay, member of the Supreme Council of India, said in a speech delivered on February 2, 1835,

We must at present do our best to form a class who may be interpreters between us and the millions whom we govern; a class of persons, Indian in blood and colour, but English in taste, in opinions, in morals, and in intellect. (para. 12)

Watters argues that Americans assume that the diagnostic tools and the therapies derived from the Western intellectual tradition are the correct ones and thus that it is our duty to “give them away” to those less fortunate or less enlightened. This is a form of what Rudyard Kipling called “The White Man’s Burden.”

For the most part, Watters seems to mean that Americans make these mistakes out of a sense of wanting to do good and to help those who are ignorant of current methods. Nevertheless, as he shows in the Sri Lankan example, the imposition of American norms of treatment in a postdisaster setting—specifically after the tsunami of December 2004—can produce more harm than good, and such efforts often result in confusion and delay in the local population’s recovery.

Mental health professionals' reluctance to truly be informed and aware of local cultural norms and what they imply for understanding of mental disorders and their treatment seems, at times, to be endemic to the North American mental health professions. I have observed this in Toronto, which the United Nations calls the world's most culturally diverse city, as psychology departments seem reluctant to acknowledge the importance of culture in shaping mental health and illness and in making sure that students receive real training in cultural awareness.

Toronto psychologists are not atypical or unusual in any way. After all, more than 30 years after the American Psychological Association mandated cultural sensitivity and awareness as part of mental health training, many North American departments of psychology have made only a perfunctory commitment to such training. From a historian's perspective, these are parallel examples that illustrate the reluctance of those in power to acknowledge the importance of cultural knowledge or practices that do not stem from their own intellectual and professional heritage.

Whereas three of Watters's examples merely illustrate the effects of a lack of culturally informed knowledge, his last example is especially frightening. He provides a chilling account of how the pharmaceutical firm, GlaxoSmithKline, engaged in a complex, multiyear strategy to change the Japanese understanding of depression in order to create a market for Paxil, their new antidepressant medication. The strategy incorporated research from cross-cultural psychology and transcultural psychiatry. Knowledge from these fields was utilized to change the Japanese culture, at least in the domain of the interpretation of mood states.

Lawrence Kirmayer, Anthony Marsella, Arthur Kleinman, Allan Young, and many others have challenged the dominant story line of the American Psychiatric Association and its *Diagnostic and Statistical Manual of Mental Disorders*. Over and over again, these researchers and their colleagues have shown the importance of local cultural beliefs and practices in regard to mental health and illness. Their work indicates the richness and complexity of human experience and how we need that complexity to understand the human condition. It also argues against the homogenizing forces of Western (primarily American) psychology and psychiatry and most of all, questions the power of the pharmaceutical industry that stands to make billions in profits from the extension of Western psychiatric nosologies to the rest of the world.

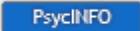
We should also be alert to the cultural arrogance that seeks to export American standards of mental health training to cultures that have a very different view of self, identity, and relationships that leads to very different concepts of mental health. The mental health world needs heterogeneity, not homogeneity.

Finally, it should be noted that human beings are active agents and not mere passive receptacles of Western norms and culture. This is the most glaring weakness of Watters's otherwise engaging and informative book: He fails to account for human agency and the ability of members of non-Western cultures to resist the imposition of alien frameworks.

Watters neglects the more typical outcome of cultural encounters, which is hybridization of knowledge and practice (Canclini, 2005; Hermans & Kempen, 1998; Pickren, 2010).

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