

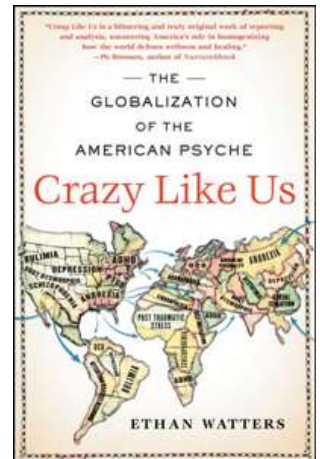
# Watters, Ethan, *Crazy Like Us: The Globalization of the American Psyche*

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**Reviewed by Dr. George F. Simons at [diversophy.com](http://diversophy.com)**

Who'da thunk it?! Marketing disease? This is a book about the globalization of psychological disorders and their American style remedies. Ethan Watters has written a very readable account of how both unconsciously and deliberately US psychological concepts and practices have made their way into both the consciousness of other countries and into their medical marketplace.

What are we talking about? Just as the exportation of biological organisms can create an epidemic, so too, can US psychological understanding be beamed and memed around the world along with our home country remedies to cure them. This is a book which should be of great interest to interculturalists and others concerned with the transmission and alteration of what we often describe as culture via the acting out and promulgation of our own socially constructed realities. I think it particularly useful for many of us to read, particularly because most of us are not in the healthcare business directly, and we can look at the dynamics that Watters describes from a bit of a distance if not dispassionately. This perspective gives us a paradigm for exploring more objectively other areas of social construction that may be harder to look at due to our investment in them.



While the phenomenon is not limited to these, the author puts forward how four diseases, or what we have come to define as diseases, have been spread abroad: anorexia, post-traumatic stress disorder, schizophrenia, and clinical depression. One could wish for more, e.g., ADD, but this is a great start. Each of the four case studies is viewed through the eyes of one or more local participants and serves as a seminal model for understanding the globalization of psychic illnesses.

First, the story of anorexia, an illness relatively rare in history, with a variety of causes and manifestations in different cultures. Brought to prominence by media coverage of several outstanding casualties, it was suddenly a *cause célèbre* in search of an explanation. Enter the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* and the dominating professional influence of US psychological theory and practice. Soon the world is in agreement as to the causes, symptoms and treatment of the disease, at least in its US cultural expression: emotional trauma and fear of fat. Given a simple understanding of the disease, sufferers now had an expression of choice with which to voice their cry for help. The number of cases skyrocketed. Were a lot more people suffering from this disease as they claimed, or did the new clarity about it help the few identify it and the many develop it? The author suspects the latter.

Post-traumatic Stress Disorder (PTSD) is a relatively recent label for the effects of an overwhelming experience of stress caused by involvement in large scale disasters such as earthquakes, tsunamis, war and genocide. While domestically the current definition and popularization of PTSD emerged in the treatment of Viet Nam vets, it became a psychological intervention de rigueur in the case of other domestic natural disasters. The DSM made it known other parts of the psychological world. Watters deals with an instance of its full scale cross-cultural dissemination in a chapter called, "The Wave that Brought PTSD to Sri Lanka." The tsunami of 2004 brought a flood of psychological aid workers and

volunteers, all eager to deal with what in US terms should have been a massive job of mental rehabilitation of the victims. Ignorant of the local understanding of disaster and its personal and social management, well-intended, they nonetheless imposed the US interpretation of the disease and its cures on the population and on what local psychological and educational practitioners were at hand to receive this bounty of “superior wisdom” from the West. A similar invasion of psychological healthcare activists in Sri Lanka occurred just after the recent end to the civil war, posing the possibility that these ideas and treatments about trauma might in fact seed more violence at a future time.

Schizophrenia. Again we have a set of phenomena which enjoyed a variety of interpretations in different cultures, religious, moral, and social, with equally diverse understandings about if and how to manage or treat it. Chapter Three, “The Shifting Mask of Schizophrenia in Zanzibar” is perhaps the most complex of Watter’s stories, relating how both the onset and severity of the condition, its moral and social meaning, as well as its delusional content may differ across cultural settings. It also introduces the biomedical interpretations coming into favor in the West that are attached to pharmaceutical interventions. These will play a decisive role in the chapter to follow.

For this reviewer and interculturalist, Chapter Four, “The Mega-marketing of Depression in Japan” was without a doubt the most depressing (Paxil, please). Here is the story of the efforts of GlaxoSmithKlein to create a massive market for their antidepressant medications in a country where formerly no real equivalent to “depression” in the US sense existed. It is a tale of the seduction, use, nay, corruption of both researchers and practitioners in the successful effort to make a big buck out of a product, whose reliability as well as safety was never satisfactorily established and remains uncertain to the present day. It is a story of brutal corporate globalization. At the same time, when we ask how something so immoral could take place, we are faced with gross self-delusion on the part of missionary do-gooders both corporate and academic, whose aim at least unconsciously seems to be to do well while at least seeming to look like they are doing good. Hmm. There should be a pill for that!

It challenges interculturalists with big stuff, here the urculture of marketing, which we rarely look at and analyze with the tools at our disposal. We all too easily content ourselves with teaching others what in comparison to these overwhelming discourses, looks like polishing the silverware as the ship sinks.

Another part of my interpretation of this repeating saga has to do with the strong discourse in the USA about the need for control given the enormous weight of individual responsibility we have been told we each have for making and maintaining our own life and career. This has led to a common interpretation of life’s discomforts as diseases to be fixed as conveniently as possible via medication. Bad enough, but not something we need to export, unless of course we want to let the world know that we have it right, or if you are a pharma giant seeing an opportunity. While spending much of my time in Europe, I see this trend becoming more common here, more among Germans than elsewhere it seems, but nowhere as pronounced as in the US where each commercial break in a TV broadcast sends me groping for symptoms in some part of my body. Hmm. Could there be a pill for that, too!?