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Interpreting suffering from illness: The role of culture and repressive suffering construal

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A B S T R A C T

Rationale: Mental and physical illnesses are among the most prominent forms of suffering. Cultural worldviews provide tools for making sense of and coping with suffering. In this research, we examine how culture influences both experts' and laypeople's interpretation of suffering from illness.
Objective: We focus on one type of interpretation of suffering— *repressive suffering construal*—an interpretation that frames suffering both as the result of immorality on the part of the sufferer and as having the function of maintaining social order by curtailing deviance. We sought to test whether this type of suffering interpretation is more common in cultural ecologies (e.g., urban vs. rural; higher vs. lower status) traditionally associated with collectivist values.
Methods: Study 1 used data from the General Social Survey to examine variation in suffering interpretation in a representative sample of the U.S. population. Study 2 examined variation in suffering interpretation with a survey completed by a subsample of Chinese health-care professionals.
Results: Study 1 found that U.S. citizens living in a rural environment are more likely to interpret illnesses as being the fault of the sufferer. Study 2 found that those from a lower-SES background are more likely to interpret illnesses in a repressive fashion. In these studies, family size mediates the effect of ecological conditions on RSC.
Conclusion: Our research highlights how ecological variables associated with collectivism may bias both laypeople and professionals to interpret suffering from illness in a more repressive way.
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Mental and physical illnesses are among the most prominent forms of suffering which individuals experience (Bakan, 1968). Suffering must be made meaningful for all people regardless of their cultural setting or particular belief system (Hale-Smith et al., 2012; Shweder et al., 1997). Incomprehensible or meaningless suffering stands to call one's taken-for-granted interpretation of the world into question and arouse aversive anxiety (Janoff-Bulman, 2010).

Cultural worldviews provide tools for making sense of and coping with suffering (Pyszczynski and Kesebir, 2011). A great deal of empirical and ethnographic research suggests that people rely extensively on culturally-derived metaphors to understand illnesses, especially abstract maladies like mental illness, which are difficult to comprehend (Keefer et al., 2014; McMullen and Conway, 2002; Sontag, 1989). Historical and contemporary studies similarly suggest that medical practitioners are also influenced by culturally prominent interpretations (Moskowitz et al., 2012; Wenegrat, 2001). Therefore, it is important to understand how culture influences both experts' and laypeople's interpretation of suffering.

Ethnographic surveys suggest that one of the most common interpretations of suffering across history and cultures is to see suffering as the result of immorality on the part of the sufferer, and as having the function of maintaining social order by curtailing deviance (Murdock et al., 1978; Shweder et al., 1997). Sullivan et al. (2012) recently labelled this interpretation of suffering a *repressive suffering construal* (RSC). Some prior research indicates that RSC can be a common approach for laypeople to understand their own and others' illness. Dixit (2005) found that college students in India conceptualized mental illness as being an indication that the patient had deviated from social norms and was a threat to social

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order. Several other studies suggest that in North America, a significant number of people blame themselves for illnesses that do not always have an obvious behavioral cause, such as arthritis or colorectal cancer (Phelan et al., 2013; Sirois et al., 2015).

If RSC is a somewhat common approach to understanding illness, what cultural factors predict the proclivity towards this particular suffering interpretation? Building on prior work (Sullivan et al., 2012), in the current studies we investigated the possibility that people from social environments that have been associated with collectivism or interdependence would be more likely to endorse RSC for illness. Although prior studies have established a link between collectivism and RSC, this connection has not been systematically tested in representative populations of laypeople and healthcare providers with regard to the specific interpretation of illness. Furthermore, it has only been tested in connection with abstract collectivist values, rather than in the context of culturally specific ecologies. Thus the present research makes an important contribution to the social science of medicine, while also illuminating the practically important issue of how culture influences illness perceptions among laypeople and professionals.

1. Culture and RSC

In a series of theoretically driven experiments, Sullivan et al. (2012) demonstrated that RSC is associated with cultural *collectivism*, a value system that highlights the self's emotional and material interdependence with others and embeddedness in a local environment (Adams et al., 2012; Triandis, 1995). The authors found that U.S. participants who were either dispositionally high in, or situationally primed with, collectivist mentalities were more likely to interpret various forms of suffering repressively, including suffering from illnesses like HIV. Building on this work, cross-cultural studies recently showed that RSC is higher among more collectivist religious groups in the United States, and among citizens in more collectivist countries like China (Sullivan et al., 2016).

Importantly, Sullivan et al. (2012) indicated that there are two aspects to an RSC, one *causal*, the other *teleological*. Causal-RSC involves interpreting suffering as caused by immorality or social deviance on the part of the sufferer. Teleological-RSC involves seeing the ultimate purpose of suffering as prosocial, because suffering teaches individuals to comply with social and moral norms. It is necessary to distinguish between these aspects of RSC because sometimes cultural groups can only be differentiated on one of them (Sullivan et al., 2016).

2. Cultural ecologies: urbanization, social status, and family size

The prior studies mentioned assessed the relationship between collectivism and RSC in fairly abstract ways, for instance through laboratory inductions of collectivist mentality (e.g., asking participants to focus on ways in which they are similar to, versus different from, other group members) or with questionnaire items asking about general interpretations of suffering (e.g., "By and large, the people who suffer most severely in life are immoral people"). In contrast, in recent years many authors have argued to expand the scope of cross-cultural psychology beyond subjectivist or value-based cultural differences like the broad dimension of individualism-collectivism. These arguments take many forms and are important to consider for a variety of reasons.

First, evidence regarding what have been taken as long-standing cultural differences with regard to subjective values has recently been called into question, as processes of globalization appear to be shifting cultural norms. For instance, recent studies show that individuals in China—long considered collectivist relative to the United States—may be becoming more individualistic in their values (Hamamura and Xu, 2015). Second, even if traditional mentalities like collectivism and individualism are stable in some parts of the world, recent evidence suggests that cultural differences are not best explained by these broad dimensions, but rather by more specific daily experiences, tasks, and goals that individuals select out of a repertoire of culturally influenced possibilities (Kitayama and Imada, 2010). For example, a cross-national study found larger cultural differences as a result of habitual elements of daily life—such as the organization and living arrangements of one's family—than of subjective values like individualism-collectivism (Saucier et al., 2015).

Indeed, studies in cultural psychology have revealed that individualism and collectivism are not only abstract value systems which differ across cultures. Rather, these tendencies are embedded in the lifestyles of people in particular social environments. Researchers are beginning to discuss the key importance of cultural "ecologies" – the environment(s) in which a group of people live(s), combining physical and social elements (Oishi, 2014). For instance—as we will elaborate below—studies suggest that people in rural versus urban environments and from lower versus higher socioeconomic status (SES) backgrounds tend to be relatively more collectivist (e.g., Kraus and Stephens, 2012; Yamagishi et al., 2012). What characterizes these kinds of environments (rural, lower SES) is that individuals experience more interpersonal interdependence: they interact with the same people more frequently, and are often more materially dependent on cooperation with and support from these other individuals. While in some instances these experiences clearly lead to more collectivist values and mentalities (Adams et al., 2012), what is perhaps most central are not these subjective cultural aspects, but rather the daily economic and habitual experience of living in a rural or lower-status ecology.

For instance, several studies have found compelling evidence that cross-cultural differences in collectivist values are actually best explained by variables like family size. Both psychological (Vandello and Cohen, 1999) and sociological (Inglehart, 1997) studies have shown that groups who score higher in various measures of collectivism also tend to have larger families and to value having children to a greater extent. Economic sociologists (e.g., Caldwell, 1982) have proposed that higher SES is associated with a decline in fertility and family size due to the reduced economic value of having children in such contexts. Interestingly, studies have shown that international variation in collectivist values is largely explained by SES and personal history of growing up with siblings (Chasiotis, 2010; Chasiotis et al., 2006), again suggesting that larger family size is an ecologically valid indicator of collectivism. We therefore reasoned that if rural or lower social status predicts greater RSC, this effect should be mediated by ecological differences in the experience of interdependence, such as greater family size.

Thus for the present studies we were interested in assessing culture in more ecologically valid ways than in the prior research on RSC. We focused on how actual social environments affect daily life experiences—like family size—and hence encourage specific interpretations of illness. At least some prior evidence offers initial support for this notion. The possibility that lower social status might predict RSC was supported in a qualitative study of individuals suffering from heart disease in Glasgow (Richards et al., 2003). Specifically, individuals from a more economically deprived area of the region were more likely to blame themselves for their health problems, and to fear that the doctors would blame them as well.

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