

Lay accounts of depression amongst Anglo-Australian residents and East African refugees

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Abstract

Layperson accounts of depression are gaining increasing prominence in the health research literature. This paper considers the accounts of lay people from a cross-cultural perspective. By exploring lay concepts of distress from Anglo-Australian, Ethiopian and Somali communities in Australia, we describe commonalities and divergences in understandings of depression. A total of 62 Anglo-Australians were interviewed, and 30 Somali and Ethiopians participated in focus groups and individual interviews. Anglo-Australian accounts frequently portray depression as an individual experience framed within narratives of personal misfortune, and which is socially isolating. In the accounts of distress from the Somali and Ethiopian refugees living in Australia, family and broader socio-political events and circumstances featured more frequently, and 'depression' was often framed as an affliction that was collectively derived and experienced.

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Introduction

Depression is a troublesome concept. Medicine does its best to give an impression of certainty about its aetiology and management, but confusion looms beneath a thin veneer of consensus (Dowrick, 2004). Lay opinion is a useful counter-reality to medical orthodoxies (Prior, Wood, Lewis, & Pill, 2003), including explanations for distress, its causes and effects and appropriate sources of supports (Gray, 1995; Greg & Curry, 1994; Kleinman, 1980; Okello

& Ekblad, 2006). We suggest, however, that there is great diversity within lay accounts that are highly context dependent. In this paper we examine the diversity of lay accounts and attached social meanings imputed in health in different populations (Smaje, 1996).

Research into lay accounts of depression within affluent Western societies tends to emphasise the prevalence of a socially derived lay view with its attendant scepticism about the efficacy of professional treatments and a concurrent preference for informal avenues of support (Kangas, 2001; Lauber, Falcato, Nordt, & Rossler, 2003). Recent migrants to the West from several African societies are also unlikely to accept a biomedical model as an

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explanation for distress. Their understandings may be influenced by cultural variations in expressing depressed mood, value systems and linguistic symbols (Kirmayer, 2001; Kleinman, 1998). Many Ethiopians and Somalis, for example, do not associate feelings of depression with a classification of “illness”, and therefore are reluctant to use professional services for these problems (Alem, Jacobsson, Araya, Kebede, & Kullgren, 1999; Carroll, 2004; Papadopolis, Lees, Lay, & Gebrehiwot, 2004; Silveira & Allebeck, 2001; Tilbury & Rapley, 2004).

Western respondents with high levels of education, however, tend to feel more comfortable with professional concepts of depression and view medical methods of treatment more favourably (Jorm et al., 2000). We postulate this difference is due to increased *acculturation* to biomedical explanatory models within Western societies, with immigration and education providing the basis for increased exposure to professional representations, leading to transformations in the ways lay people conceptualise illness (Angel & Thoits, 1987).

This process of acculturation has led Shaw (2002) to problematise the validity of *lay beliefs* as an analytical category, arguing that in Western society, lay people are inundated with biomedical discourses in or throughout their daily lives. The very category of a lay perspective, independent and easily demarcated from professional paradigms of illness, is empirically tenuous. Similarly, Skultans (2003) argues that consultations with medical professionals function as instruments of socialisation, structuring the lay person’s experience of illness. Radley and Billig (1996) have called for a shift in focus from lay beliefs to *lay accounts*, arguing that illness accounts involve a negotiation of identity between the speaker and the listener, and are thus not representations of immutable belief systems. Rather, they are constitutive actions that locate individuals within a broader social discourse. Therefore, we contend that illness accounts are always—and necessarily—defined contextually.

In this paper, we investigate the views of two contrasting groups of people—settled Anglo-Australians, and Somali and Ethiopian refugee migrants—in order to explore the heterogeneity and context-dependence of lay accounts of depression. The experience of holding refugee status versus being settled in one’s home country are necessarily divergent, and we use this to discuss how the concept of ‘depression’ can be used to frame a range of experiences in varying contexts. We recognise

here that the accounts of Somali and Ethiopian refugees may differ from those living in their home countries. In this paper, we focus on the contextual nature of concepts of depression. We assess similarities and differences in views about depression, its causes and consequences, and how it should be managed or treated, in attending to participants’ interpretations that could successfully be incorporated into the practice of health care (Jadhav, Weiss, & Littlewood, 2001).

Methods

Sample

Anglo-Australian participants were drawn from *diamond* (Gunn, 2006), a longitudinal study of depression in primary care in Victoria, Australia. Participants were 62 women and men, recruited through general practices on the basis of experiencing ‘depressive symptoms’; however half of the sample had not received a formal diagnosis of a mental health problem. They completed a computer-assisted telephone interview (CATI) with a trained interviewer between January and April 2006. Most Anglo-Australian participants lived with a partner or other family members; 15 participants lived alone.

Ethiopian and Somali participants were drawn from a study examining lay accounts of distress in eight ethnic groups in Perth, Western Australia. The data were collected in 2002 and 2003. Thirty Ethiopian and Somali men and women were recruited through collaborations with ethnic community groups and NGOs providing support to newly arrived refugees. The recruitment process did not have as its focus identification of particular ethno-cultural groups, as the research aimed to explore commonalities in the experiences of those identifying as Somali and Ethiopian (Coker, 2004). Despite differences in localised ethnic identity, participants frequently referred to themselves as “we Ethiopians” and “we Somalis”—not surprising given their shared experience as refugees and the associated trauma and dislocation that this entails.

Most Somali and Ethiopian participants were living with some family members, mainly couples with children. A small number of Somali women lived with their children only, or some of their children, while trying to find a way to bring the rest of their family members, husbands and other children, to Australia. Sometimes the fate and the

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