um *Ethnologie* handeln soll, wurde jedoch auch hier wieder durchweg ignoriert[26]. Solange man aber zu diesem Punkt nicht klar Stellung genommen hat, wird eine Beteiligung an jenen Initiativen nicht zustande kommen können.

So bliebe noch die Frage nach der "Forschungswirklichkeit" offen, denn in ihr liegt scheinbar ein realer Grund für viele, sich einer (als "Abstempelung" mißverstandenen) Ortsbestimmung ihrer Arbeitsergebnisse zu verschließen. Die *Arbeit* der Volkskunde, wie sie in Deutschland (und anderwärts) betrieben wird (und betrieben werden muß), ist unbestritten nicht "nur Ethnologie". Es handelt sich dabei allerdings auch um unterschiedliche begriffliche Ebenen. Der Umstand, daß sie nicht nur eine, sondern viele Methoden (die historisch-philologische, die psychologische, die soziologische, die kulturgeographische usw.) anwendet, täuscht häufig darüber hinweg, daß es dabei — wie in jeder Wissenschaft — erst um die Bereitung des Bodens für wissenschaftliche Erkenntnisse geht. Aber erst die Erkenntnisse und nur sie geben Antwort auf die Frage, was für eine Wissenschaft man treibt, weil und indem sie Antwort auf eine bestimmte Fragestellung geben[27]. Daß jede deutsche *Volks*kunde von ihrer Kern-Fragestellung her gesehen zu den ethnologischen Wissenschaften gehören sollte, ist bei nüchterner Betrachtung der Gegebenheiten jedoch ohne allen Zweifel. Die wissenschaftliche Beschäftigung mit ethnisch bestimmten oder gebundenen Kulturerscheinungen erfordert eine theoretische und terminologische Basis[28], welche zwei Möglichkeiten offenlassen muß: einmal die der Einordnung in einen noch weiteren Rahmen (den man heute als "Kulturanthropologie" bezeichnet); zum anderen die der Untergliederung (nach Völkern, "Stämmen", Gruppen usw.) und der Spezialisierung (z.B. auf einzelne Kulturerscheinungen). Eine solche *theoretische* Basis für unsere Arbeit kann wohl nicht anders als eine ethnologische bezeichnet werden. Und in solchem Verständnis verdienen die Bemühungen um möglichst weitgehende Übereinkünfte aller auf diesem Gebiet tätigen Wissenschaftler jede nur mögliche Unterstützung durch Mitdenken und Mitordnen der gelegentlich recht verwirrten Fäden, die sich durch die Geschichte unserer immernoch "halbvollendeten" Wissenschaft ziehen[29].

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26. Oder rasch in die Forderung weitergeführt, Volkskunde und Ethnologie beide in den weiteren Rahmen einer "Kultur- und Sozialanthropologie" einzufügen.

27. Vgl. dazu die einleitenden Abschnitte bei Gerhard Lutz, Die Sitte. *Zeitschrift für deutsche Philologie*, 77 (1958), S. 338-340.

28. Dabei werden sich Volkskunde und Völkerkunde keinesfalls erst auf der allgemeinsten Ebene (so Adolf Bach, *Deutsche Volkskunde*. Heidelberg, ³ 1960. S. 139-140) treffen.

29. Nach diesem schon im September 1967 geschriebenen Artikel habe ich inzwischen mehrfach zum gleichen Themenkreis ausführlicher Stellung genommen: Gerhard Lutz, Drei mögliche Weisen von Volkskunde". *Zeitschrift für Volkskunde*, 64 (1968), S. 13-16. Ders., Volkskunde und Ethnologie. *Volkskunde im 19. Jahrhundert*. Kiel, 1968. S. 23-25 (mit Diskussionen). Ders., Volkskunde und Ethnologie. *Zeitschrift für Volkskunde*, 65 (1969), S. 65-80. Ders., Volkskunde, "Lehre vom Volke" und Ethnologie. Zur Geschichte einer Fachbezeichnung (Vortrag 1970, erscheint demnächst). Ders., Volkskunde und Kulturanthropologie. Zur Frage der Ortsbestimmung unseres Faches. *Zeitschrift für Volkskunde*, 67 (1971), im Druck.

BELA C. MADAY

The Ethnologist and Mental Health

THE PRINCIPAL CONCERN OF THE ETHNOLOGIST is culture, the man-made portion of the environment. But no scientist works in a vacuum. The dynamics of culture involve people, objects, institutions, concepts and interactions extending much beyond the relatively narrow bounds of interests expressed by early descriptive ethnography.

The response to the need for an expanded perspective in dealing with culture has taken two different courses on the two sides of the Atlantic. In Europe a cooperative pattern has evolved which encompasses rigidly departmentalized disciplines. In the New World a fusion of archeology, physical anthropology, linguistics and ethnography-ethnology has created anthropology. What is more, American anthropologists, recognizing large overlapping areas with other disciplines, have developed such specialties as "economic anthropology", "legal anthropology", "political anthropology", "psychological anthropology", and "psychiatric anthropology".

It is obvious that in the contemporary circumstances of scientific research and development no discipline can afford isolation if it strives for a full exploitation of its potential. Whether the various disciplines tackle their problems in cooperation or in fusion is a matter of choice, guided in many instances by the traditions of the land and of its academic subcultures. The main principle is that the study of man cannot be the exclusive domain of any one discipline but rather the task of all.

It is in this frame of reference that we are interested in the relationship of ethnology and psychology, or more specifically culture and mental health. The ethnologist invests in research aimed at the forces which shape the man-made environment, i.e., he is interested in finding out what kind of man makes what kind of environment. He is concerned with child-rearing practices, kinship and family dynamics, the effects of social structure, language and religion, economy and technology, and the interaction of all these.

To pursue his interests, the ethnologist must obviously foray into the realm of other disciplines, and since man is at the center of his interest, he cannot avoid psychology and psychiatry. Hence a competent ethnologist needs to gain some understanding of psychiatric and psychological concepts and techniques.

A corresponding interdisciplinary movement is equally desirable. Individual differences of organic origin may be responsible for certain types of mental disorders in significant number, yet behavior cannot be understood completely from the study of the individual in isolation, without reference to his cultural setting. Psychologists recognize that to be effective, they must take environmental forces into consideration and familiarize themselves with ethnological concepts and implications of culture.

Manifestations of interdisciplinary movements can be seen in the orientation of an increasing number of ethnologists-anthropologists toward such sub-fields as "culture and personality", "language behavior", "ethnopsychiatry", and in the expanding psychiatric subdiscipline of "transcultural psychiatry".

An interesting institutional manifestation of the need for interaction between ethnology and psychology, or in American terms, of the need for the role of anthropology among the behavioral sciences, can be seen in the evolution of support for anthropology by the National Institute of Mental Health in the United States. A statement prepared for the National Advisory Mental Health Council by one of the committees

reviewing training proposals in 1958 contains the following proposition: "Cross-cultural studies as well as those in our own society indicate that the rate and type of mental illness vary from one cultural context to another. The rate of various types of psychosis, the rate of other severe and mild psychiatric disorders, the type of alcohol used and the amount of alcoholism, the rate of suicide and of homicide all show great variation in different cultures or subcultures. We are only beginning to understand the reasons for this phenomenon, but it is clear that cultural context is one of the major sources of variability in pathological behavior. Under these circumstances, anthropology is a critical area of study in terms of its relevance for mental health problems, just as neurophysiology and genetics are.

"In view of these circumstances, the problem of training anthropologists is a matter of concern for the National Institute of Mental Health. A firmly grounded science of cultural anthropology and an adequate group of anthropological field researchers are important for the progress of research in mental health problems in two senses. First, it is important that data on rates and types of pathology in various cultures be collected, and, insofar as possible, be related to features of the cultural environment in which they occur. Second, basic research in anthropology, even when it is not immediately oriented to mental health problems, is ultimately of great significance for the field of mental health, since it is unlikely that we can comprehend the significant pathological features of a cultural environment, unless we understand the functioning of the cultural systems themselves"*.

The professional training of the ethnologist will most probably induce him to overcome his feeling of curiosity regarding "rates and types of pathology" until he has gained some understanding of how mental health and its negative aspect mental disorder are perceived in a particular culture.

Although the definition of mental disorder may vary from culture to culture or among subcultures it will involve universally a certain degree of deficient response to physical requirements or culturally determined conditions of survival. Simple non-conformity to accepted cultural norms in most cases will not be interpreted as representing mental disorder. Rather, "in primitive psychiatry explicitly and in modern psychiatry implicitly diagnosis is made in terms of the patient's conforming on a marginal model of "singularities of behavior" and not in terms of his deviation from the norms" (Devereux, 1963). In other words "each society has rather clearcut ideas of 'how insane people behave'", and on occasion, members of that society even simulate this behavior for their own purposes (Devereux, 1959).

* *National Institute of Mental Health. Statement from the Behavioral Sciences Study Section Regarding the Training of Doctoral Candidates in Anthropology.* May 1958, (Mimeo). NIMH consequently endorsed the recommendation presented by Philip Sapir, and became, through its new program, one of the three principal supporters of anthropological training in the United States. The other two agencies being the National Science Foundation and the Wenner-Gren Foundation. — NIMH, the Wenner-Gren Foundation and the Pauline L. Ickelheimer Fund jointly sponsored the publishing of papers read at the Fourth Conference of the Institute of Social and Historical Medicine, the New York Academy of Medicine. The excellent volume, edited by Iago Galdston under the title *Man's Image in Medicine and Anthropology* is highly valuable to those interested in the interdisciplinary approaches to mental health.

Devereux cites a conversation in which Ralph Linton said that "we will probably never know whether Mohammed was a real epileptic, because among Arabs convulsive seizures were not only 'the' mental disorder *par excellence* but were also consistently interpreted as tokens of devine backing that Arab chiefs often faked a 'fit' just before battle in order to encourage their followers. Odysseus likewise 'acted out' the Greek's idea of mental decay when he sought to deceive the suitors, just as a fugitive Hebrew king acted out the Judaic conception of lunacy by allowing his saliva to dribble on his beard".

THUS, PERSONS BEHAVE AS EXPECTED BY THEIR CULTURE. The patterns of accepted conduct in one culture are different from our and other cultural behavior patterns. It is well known, for example, that the conduct of a shaman and a schizophrenic are in many instances highly similar, but that the cultural acceptance of the symptoms and of the behavior differ greatly according to the culture in which they occur.

The shaman is usually highly honored in his own culture, on the basis of a belief that his ravings and hallucinations are means for understanding the mysteries of life and death. In Western cultures persons who display similar "shamanistic" symptoms are diagnosed as catatonic-schizophrenic and declared unfit to live in the community at large. The fact that shamans are identified in their youth and that their "cure" is automatically invoked according to well entrenched patterns has led to the observation that in small and simple societies, both the diagnosis and the treatment of mental disorders are speedily and ritualistically accomplished (Clausen, 1963).

In large, complex, urban societies there is no such simplicity in the treatment of the mentally ill. In the Western world mental health is defined by criteria from the modern European-American context of psychiatry, and frequently related to the degree of social adjustment of the individual. In extreme views, all deviations from established norms are classified as mental disorders, including most expressions of social discontent, such as public protests, the hippie community, and juvenile delinquency. Those who represent opposing and extreme positions are unwilling to take functional mental disturbances, neuroses, and situation reactions into consideration even as mitigating circumstances in crime. Murphy (1959) who denies absolute standards in psychiatry points out that psychiatric rejections at Armed Forces induction stations in the United States which vary from 0.5 percent to 50.6 percent demonstrate the possible variations in judgment of mental health.

Interest in the discrepancies between the diagnostic practices of the various cultures is in accord with the best traditions of ethnological research. Further meaningful contributions could result from more systematic exploration of the relationship that exists between culture and the concept of mental health. Such efforts, of course, do not have to be either novel or unique to complement the existing data and provide a more reliable basis for cross-cultural comparisons and for the consideration of universals. Psychologists inclined to think in terms of universals have found that they had to accommodate theory to cultural factors. They have found it impossible, for example, to devise uniform criteria for the measurement of human intelligence

with equal validity in all cultures. Either the test must be adjusted to the target culture or the results require qualifications and reinterpretations dictated by the peculiarities of the culture.

Having informed himself of the definition of mental disorders and of the diagnostic practices in a given culture, the ethnologist may then turn to the investigation of the types, frequencies and distribution of mental disturbances. His interest will not be so much in statistical data, but rather in patterns which may shed some light on the interaction between mental health and culture. Psychiatry is interested in such data because of their value in planning for preventive mental health.

That mental disorders have an influence on the development of certain cultural elements is not questioned. That culture may have a large responsibility for the types, rates and distribution of disorders, however, is a relatively novel hypothesis, which is still wanting empirical research in depth. It is not known either in general terms or in reference to a specific culture how the burden of responsibility for the behavior of the individual is divided between organic and cultural variables. What is known is that culture has some degree of influence on the behavior of the individual even as early as his prenatal existence. The cultural environment which decides the behavior of the pregnant woman is believed to influence the newborn's responses in later life. "Intrauterine convulsions of the fetus have been described in mothers who were emotionally disturbed, and there is evidence that the fetus can be sufficiently emotionally disturbed *in utero* to develop a peptic ulcer and be born with it" (Montagu, 1961).

Frustrations resulting from conflict with norms set by the cultural environment can have similar effects, especially if the culture does not contain built-in outlets for the reduction of emotional stress, or if the individual has an insufficient degree of freedom or initiative to find outlets on his own. To mention just a few examples, Montagu (1961) writes in reference to the American scene, that "A great many individuals break down from the effects of unsuccessfully struggling to reconcile the Sermon on the Mount or its equivalent with the principle of competition". In reference to the Indonesian scene, Pfeiffer (1965) has observed that depressive patients are extremely rare, because of the "insignificance of depressive ideas can be interpreted according to the value system of the society in which the individual lives". Here, the value of man is not measured by efficiency as in Western cultures, and he is not blamed for doing nothing.

Useful observation may be made of cultural effects on mental health in a society composed of individuals with differing cultural background. Assicot (1959) has observed, for example, that schizophrenia is rarer among Algerian Moslems than among Algerians of European background. No empirical data is available to answer the question why Algerians of European origin suffer from paranoia while Moslems suffer from catatonic forms, though paranoid delusions can be observed among Moslem women.

A comparative study of Spanish speaking peoples and Anglo-Saxons in the State of Texas indicated that the incidence rate of total psychoses was considerably lower for the Spanish-Americans than for the Anglo-Saxon Americans; and that ecological distribution of incidence rates for the subregions of Texas differed also significantly among the two groups (Jaco, 1959).

Some categories of mental disorders show different frequencies in the two sexes because of cultural causes. It is well known, for example, that among men of European-American background alcoholism is more frequent while among European-American women involutional psychoses are more frequent.

Although there seems to be increasing evidence that such variables as sex, age, urban or rural life, place of birth, marital status, occupation, and education have influence on the incidence of mental disturbances, more extensive inquiries will be needed before reliable causations can be established.

Numerous monographs and community studies report on professional and popular attitudes toward the mentally disturbed, toward those a culture considers "crazy", nevertheless there is still great need for systematic cross-cultural research on how they are treated. For example, popular belief in rural Japan is known to maintain that mental illness expressed in violence, incoherence, loss of reason and unpredictability is inherited. Seventy-one percent of a test group believed that such persons should be sterilized (Terashima and Nareta, 1964).

The relationship of cultural change and mental health is another area which is in urgent need for further exploration. To what extent does change affecting cultural value systems and attitudes influence mental health is a question to which reliable answers are lacking.

These are but few of the many overlapping areas of ethnology and psychology which need cross-fertilization and to which the ethnologist, if trained and motivated properly, can make meaningful contributions.

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P. J. MEERTENS

Hinterlassenschaftsinventare aus der niederländischen Provinz Zeeland

HINTERLASSENSCHAFTSINVENTARE sind bisher merkwürdigerweise nur verhältnissmässig wenig für die Erforschung landschaftlicher Sachkultur benutzt worden. Unsere Kenntnisse besonders der älteren Bauernkultur sind noch immer recht dürftig, und dies gilt wohl vor allem für das Alltagsleben. Die Quellen, die uns auf viele Fragen eine Antwort geben können, sind freilich vorhanden. Es sind aber nicht in erster Linie die Bauernstuben der Freilichtmuseen, die uns darüber Auskunft erteilen können, sind diese doch in vielen Fällen aus mehr oder weniger zufällig vorhandenem Material zusammengestoppelt. Erst in letzter Zeit bemühen sich diese Museen, diese Fragen möglichst genau zu studieren, damit die Einrichtung in allen Einzelheiten der Wirklichkeit entspricht. Dazu bedienen sie sich der Archivalien, deren Bedeutung für die Sachkultur wir in diesem Aufsatz betonen möchten.

Andere Forscher haben das schon vor uns gemacht. Nur einige will ich hier erwähnen. An erster Stelle nenne ich den Aufsatz von Oskar von Zaborsky von 1956[1] und den von Max Udo Kasparek und Torsten Gebhard von 1962[2]. Dieser Aufsatz verwertet die von Kasparek gesammelten Abschriften niederbayerischer Verlassenschaftsinventare aus der Zeit von rund 1620-1800, die sich jetzt in der Bayerischen Landesstelle für Volkskunde befinden. Ferner erwähne ich die Arbeit von Maria Schmidt über "Das Wohnungswesen der Stadt Münster"[3], eine sehr ausführliche Darstellung der bürgerlichen Wohnkultur in Münster vom Ende des 16. bis zur Mitte des 18. Jahrhunderts, wozu die Verfasserin 3100 Testamente aus den Beständen des Stadtarchivs durchgearbeitet hat. Neulich erschien in meinem Lande eine Monographie über die Wohnkultur einer kleinen friesischen Stadt[4], wobei die Erbschaftsverzeichnisse aus dem Leeuwarder Staatsarchiv sich als eine ergiebige Quelle erwiesen haben.

Seit einiger Zeit versuche ich, mittels Erbschaftsinventare ein Bild von der bäuerlichen Wohnkultur meiner Geburtsinsel Walcheren in der niederländischen Provinz Zeeland zu gewinnen. Ich hoffe diese ziemlich mühsame Arbeit für die anderen Teile dieser Provinz fortsetzen zu können. Das bisher im Zeeländischen Staatsarchiv in Middelburg gesammelte Material erlaubt es mir schon, einige Resultate dieser Forschungen mitzuteilen.

Was zunächst auffällt, ist die Ausführlichkeit, mit der man die in den Häusern angetroffenen Gegenstände notiert. Vielleicht hängt das mit dem Lebensstil der Bevölkerung der Insel Walcheren zusammen, die im Rufe steht, sparsam zu sein, auch im Kleinen. Die meisten Bauern auf Walcheren waren Pächter, und ihnen wurde von den Bauern aus den andern Teilen der Provinz vorgeworfen, dass sie an ihren Kauftagen jedes Stück, auch das winzigste, einzeln verkauften. Dies mag auch der Grund sein, weshalb ihre Güterinventare so ausführlich und detailliert sind, obgleich am Ende doch fast immer noch "eine Partie Gerümpel" erwähnt wird.

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