

Anxiety: A Cross-Cultural Phenomenon

Bert Richmond

There are many universal phenomena common to human existence such as the experiencing of love and other emotions, the need for positive recognition from other people, and the reality of death. One of these universal phenomena that continues to be a source of human difficulty in all cultures is anxiety. Many writers, including Tillich (1952), describe the universality of anxiety in human experience. Kierkegaard (1976) also comments on man's common experience in anxiety and depicts it as residing chiefly in the conflicts between the developing individual in relation to others in the community.

Some disparity exists in our understanding of the term anxiety because it may also be confused with the concept of fear or used interchangeably with the word stress. Anxiety should not be confused with fear because fear is actually a reaction to a specific danger. If you are suddenly confronted by a man pointing a gun it is natural and probably beneficial to experience fear and the accompanying shot of adrenalin. However, if you are afraid to go outside your home because you think someone may be there pointing a gun at you then you are likely experiencing the kind of anxiety that can interfere seriously with a normal life-style. Wherever researchers have investigated, in a variety of cultural groups and in all major industrialized nations, anxiety is a common and often destructive problem. It is reasonable to assert that no nation or major cultural group is free from anxiety in this last decade of the twentieth century.

Recently, it is becoming more well-documented that a sufficiently high level of anxiety may be implicated in a wide variety of emotional, social, and physiological problems for the individual man, woman, or child. For example, all of the following recognized problems have been linked, in part at least, to anxiety: alcoholism, insomnia, ulcers, cancer, divorce, homicide, drug addiction, heart disease, hypertension, child and spouse abuse, crime, loss of job efficiency, low performance in school, and suicide.

With regard to one complex problem, that of hypertension and heart disease, there has been considerable research in recent years. Heart disease is one of the more prevalent causes of death or disability and research is linking it rather directly to a pattern of anxiety in some people. Buckley (1983) explains the relationship:

The failure of living organisms to adapt to environmental stresses can result in marked pathological changes in the cardiovascular system, especially the development of sustained elevations in blood pressure. Hypertension has been identified as the major contributing factor in the development of cerebral vascular accidents and it also appears to be a major factor in the genesis of congestive heart failure, coronary thrombosis, atherosclerosis, and kidney failure, thus it appears that stress per se is a factor to be considered when investigating the etiology and treatment of cardiovascular diseases.

Another researcher from Germany, Jan Brod (1983), provides an even more specific description of hypertension that occurs as a result of the different conditions of stress:

A tendency to a salt overload with an inability of the kidney to get rid of it for some of the reasons mentioned above, is the starting point. By raising the blood pressure the organism regains its normal fluid balance. However, it pays a high price for this. By the mechanism discussed at the onset, the high blood pressure starts a vascular degeneration and changes a functional abnormality into a grave and often fatal disease.

Considerable evidence from researchers suggests anxiety is strongly implicated in alcohol and drug abuse. Findings reported by Higgins and Marlatt (1973) and Miller, Hersen, Eisler and Hilman (1974) indicate that anxiety does indeed precipitate increased drinking rates. Kilpatrick, Sutker and Smith (1976) examined 216 hospitalized substance abusers and concluded that anxiety does play a significant role in the development and maintenance of drug and alcohol abuse. Anxiety was described by these patients as the state most often associated with their starting to drink again after they had resolved to quit drinking.

In an effort to understand more completely the nature of anxiety in different cultures, researchers have compared Canadian, Japanese and American children to find that there are cultural differences in the level of anxiety experienced (Richmond and Sukemune, 1984). These psychologists report that Japanese children experience the highest level of anxiety followed by American and then Canadian. There seems to be some positive correlation between the intensity of industrialization in the country and the level of anxiety experienced by children. Some comparisons were also made between German and American children to ascertain similarities and differences in anxiety expressed by these two cultural groups (Boehnke, Silbereisen, Reynolds and Richmond, 1986). These psychologists report similar levels of anxiety for German and American children.

As in most other studies of anxiety in children, females in both the German and American cultures report greater feelings of anxiety than do males. Other research with Uruguayan children reveal the existence of anxiety among these children but at levels lower than for comparably aged American children (Richmond, Rodrigo & de Rodrigo, 1988 and Richmond, Rodrigo & Lusiardo, 1990). These studies reveal a very similar pattern of anxiety among Uruguayan as among American children, but with American children revealing generally higher levels of anxiety overall.

Much of the research in anxiety has focussed on test anxiety among all ages of pupils. From primary school to university, students report anxiety at test-taking time. Sometimes the anxiety is severe enough to decrease the performance of students to a significant degree. In one cross-cultural study, Diaz-Guerrero (1976) compared the extent of anxiety expressed by American and Mexican children at test taking. His reported results indicated that Mexican children, as a group, experience significantly higher levels of anxiety than do American, in this kind of examination situation. Also, children from lower socio-economic levels, across cultural groups, experience significantly more anxiety in testing situations than do children from higher socio-economic circumstances. Finally, he reports that girls express significantly more anxiety than do boys at test taking. One of the possible explanations for Mexican children experiencing more anxiety toward test-taking than do Americans is the nature of the test situation itself. Generally, there is less emphasis on the importance of test taking in the U.S. than in Mexico because the results on the test are often not considered as significant in the U.S. as in Mexico. Given the generally higher level of anxiety among American than Mexican children, this explanation appears to have some merit.

In another cross-cultural context, an examination of generalized anxiety among college students (Le Compte and Oner, 1976) report that mean scores range from low to high for the following cultural groups: Spanish, American, Hindi and Turkish. The Turkish sample of students consistently expressed very high levels of anxiety on all measures administered suggesting a very high and generalized level of anxiety. These were all students in college settings and again it is possible that college achievement for Turkish students is a much more threatening experience than it is for students from the other cultures.

The South Pacific region is also experiencing the sometimes very severe results of anxiety evidenced by young people. In a recent issue of the Pacific Islands monthly, North (1990) reports that the Micronesian state of Truk has one of the world's highest rates of suicide. The figures reported are as follows:

<u>Years</u>	<u>Suicides per 100,000 Population</u>
1964-67	5.7
1968-71	9.8
1972-75	26.1
1976-79	30.9
1980-83	38.8
1984-87	28.3

It is encouraging to note some decrease in suicides for the most recently reported three-year period over the previous three year period but 28 suicides per hundred thousand population constitute a very serious problem. Suicide is reported to be the leading cause of death for males between the ages of fifteen and thirty in Truk. In the 1920s when the Japanese began keeping statistics on suicides for this area, the rate of suicides per 100,000 population was about 8 and it remained that way until the late 1960s. The rate of suicides in Truk is now reported to be about 4 times that in Guam and 7 times that in American Samoa.

Although not quite as widespread a problem, the rate of suicides in Western Samoa and Tonga, especially for males, is also regarded as extraordinarily high, higher than in larger countries such as the United States and Australia. The frequency of suicide in Micronesia as well as Western Samoa and Tonga is a subject of extreme concern for Father Francis Hezel who has studied the problem and attempted to ascertain causes as well as possible solutions. Much of his efforts and his conclusions about this problem are detailed in North's article.

The primary precipitating factor for these suicides in the Pacific region appears to be a sense of alienation from one or several family members. The extended family situation is changing in some instances into a more nuclear family with resulting anxiety that usually accompanies changes in the individual's major social support system. Most of the suicides are described by Father Hezel as attributable to an emotional response toward another family member. In the instances reported this family member seemed alienated and this created feelings of anxiety. Although the extended family may represent a source of strength for the individual member, it can also become a source of anxiety when there is rejection, real or imagined, from the chief authority figure in that extended family grouping.

Not only is suicide a significant problem in some areas of the South Pacific, but alcoholism is regarded as a major problem in at least one island nation. A recent newspaper report (Southland Times, 1990, April 18) indicates that Nauru, despite its wealth from phosphate mining, suffers a major health crisis in diabetes brought on by an alcohol rich diet. Many are blind as a result of diabetes and they have one of the lowest life expectancies anywhere (54 for men and 63 for women). Nauru

has only one sixteen kilometre road on the island but road deaths are the second largest killer of males and alcohol is usually a factor in these road deaths.

Children and adults in the Pacific region, as elsewhere in the world, are being subjected to consistent changes as economic, social and political forces shape their lives in ways previously unfamiliar. Anxiety is present when change is forced upon an individual, and generally speaking, correlates positively with the extent of change. It is to be expected that more change will be expected of Pacific region residents in the future and that anxiety will increase rather than decrease for residents of this area. Whereas in the past, problems of anxiety in any individual might be treated through the network of the extended family, this treatment may no longer be as readily available to each person. Labour conditions may take the individual away from the family altogether. Where the family has become more nuclear, the variety of family members available to offer relief from anxiety is not as great. Also, in those instances where the anxiety of a youthful member is attributable to the family authority figure, there may be no suitable family member to provide relief from anxiety. It is apparent that people in the South Pacific, especially adolescents who are moving from a state of dependence to more independent problem solving, will need greater access to community resources for counselling to help them deal effectively with a variety of anxiety-producing problems. The services normally available through the family or the church must be augmented by professional and confidential services supported by the community.

At the University of the South Pacific in Suva, Fiji there are students from eleven countries in the region including Western Samoa and Tonga - although it is not a regional university for Truk. It is a regional university for many young people leaving their homes, families, and island nations for the first time to live in an alien environment. The close contact with their extended family is no longer available to provide the support it has in the past. As the Student Counsellor at USP explained many of these young students are unaccustomed and therefore reluctant to share their problems with strangers. Consequently, their problems may go unresolved and they may resort to unsatisfactory resolutions of their anxiety and related problems. They may resort to alcoholism or to withdrawal from the university as a technique - certainly both unsatisfactory - to resolve their feelings of anxiety and alienation. There is increasing evidence, among university students as well as among the general population of the Pacific Region, of the need for expanded social, counselling and psychological services to help people confront the anxieties and related problems that are a part of life for us all in the late twentieth century.

The high evidence of suicides in some areas of the Pacific region, the economic, political and social changes that are occurring throughout the world and impacting on this region, emphasize the need for developing counselling or related psychological services to aid those individuals who are unable to cope adequately with the stresses of changes that are inevitable. The people of the Pacific Region enjoy a long history of movement and change to meet the exigencies of their present world at any point in time. It remains for them now to acknowledge the changes that are imminent and to provide for each other the kinds of services that can channel the energy of anxiety responses into positive rather than into destructive forces.

References

- Boehnke, K., Silbereisen, R.K. Reynolds, C.R., and Richmond B.O. (1986) "What I Think and Feel : German Experience with the Revised Form of the Childrens Manifest Anxiety Scale." *Personality and Individual Difference*, 553-560.
- Brod, J. (1983) "Stress and Artificial Hypertension." In H. Selye, *Selye's Guide to Stress Research*. (V.2), New York: Van Nostrand Rheinhold Company, Inc., pp. 424-425.
- Buckley, A. P. (1983) "Present Status of Stress Research Related to the Development of Cardiovascular Diseases." In H. Selye's *Selye's Guide to Stress Research*, (V.2), New York: Van Nostrand Rheinhold Company, Inc., p. 372.
- Diaz-Guerrero, R., (1976) "Test Anxiety and General Anxiety in Mexican and American School Children." In Spielberger, C.D. and Diaz-Guerrero, R. *Cross-Cultural Anxiety*, Washington, D.C.:Hemisphere Publishing Corporation.
- Higgins, R. L. and Marlatt, G.A. (1973) "The Effects of Anxiety Arousal Upon the Consumption of Alcohol by Alcoholics and Social Drinkers." *Journal of Consulting and Clinical Psychology*, 41, 426-433.
- Kierkegaard, S. (1976) *The Concept of Anxiety*. Ed. and trans by H.V. Hong and E.V. Hong, Princeton University Press.
- Kilpatrick, D.G., Sutker, P.B., & Smith, A.D. (1976) "Deviant Drug and Alcohol Use: The Role of Anxiety, Sensation Seeking, and Other Personality Variables." In Zuckerman, M. and Spielberger, C.D. Eds. *Emotions and Anxiety*. Hillsdale : Lawrence Erlbaum Associates Publishers.
- Le Compte, W.A. and Oner, N. (1976) "Development of the Turkish Edition of the State-Trait Anxiety Inventory", In Spielberger, C.D. and Diaz-Guerrero, R. (Eds) *Cross-Cultural Anxiety*, Washington: DC : Hemisphere Publishing Corporation.

- Miller, P. M., Hersen, M. Eisler, R.M. and Hilman, G., (1974) "Effects of Social Stress on Operant Drinking of Alcoholics and Social Drinkers." *Behaviour Research and Therapy*, 12, 67-72.
- North, D. (1990) "The Killing Field". *Pacific Islands*, vol. 60, no. 2.
- Richmond, B. O., Rodrigo, G. and de Rodrigo, M. (1988) "Factor Structure of a Spanish Version of the Revised Children's Manifest Anxiety Scale in Uruguay", *Journal of Personality Assessment*, 52, 165-170.
- Richmond, B. O., Rodrigo, G. and Lusiardo, M. (1990) "Measuring Anxiety Among Children in Uruguay", *Anxiety Research*, In Press.
- Richmond, B. O., and Sukemune, S. (1984) "Anxiety Among Canadian, Japanese, and American Children." *Journal of Psychology*, 116, 3-6.
- The Southland Times*, (1990) Dunedin, New Zealand, April 18. P. 25.
- Tillich, P. (1952) *The Courage To Be*. New Haven: Yale University Press.