

This Week's Citation Classic

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Zola I K. Culture and symptoms—an analysis of patients' presenting complaints.

Amer. Sociol. Rev. 31:615-30, 1966.

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There is a selective process in the differing complaints which a group of Italian and Irish patients bring to the doctor for the same physical disorder. It may be this process rather than etiological ones which account for many of the previously unexplained epidemiological differences between societies and even between subgroups within a society. [The *Social Sciences Citation Index*® (SSCI)® indicates that this paper has been cited in over 160 publications since 1966.]

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"When I was a graduate student in the late 1950s in the department of social relations, Harvard University, one of the most lively debates concerned the definition of 'normality.' In research this suspicion emerged as an increasing dissatisfaction with how problems were conceptualized. For example, suppose you accepted that the standard by which one was labeled 'deviant' was objective and scientific. To investigate such concerns you then got two populations—one possessed of the 'deviant' characteristic and one not—and then asked how these groups differed. The usual focus was on how one became 'deviant' more than on how one remained 'conformist.' Since many of us had interests in the mental health area, it was here that our discussions were most informed. We were intrigued by new findings which showed how widely mental illness varied not only in social prevalence and incidence, but also in perception in cultures around the world as well as within our own.

"And yet we shared some concerns about mental illness as the linchpin in this debate, particularly about the objectivity of conceptions and measurements of psychological functioning. For me the answer came one night at a graduate student party. In answer

to some probably unasked question, I blurted out, 'We need to find some form of deviance which everyone accepts as real, objective, scientific, and then show how that is socially conditioned.' 'Like what?' asked someone. 'Like physical disease,' I replied.

"The next day my insight still felt right, and I shared it with my medical colleagues. It was easy to apply the findings and controversies about mental illness to the field of physical illness: the so-called 'objectivity' of signs and symptoms not only influenced how we delivered our services (i.e., if anyone was sick enough they would eventually be seen), but also how we did any patient research (i.e., we inevitably studied people's information about specific diseases, rarely if ever their attitude or perception of them). Specifically, I decided to investigate how someone decided that 'the trouble' they had was 'important enough' to make them seek medical aid, how they presented these troubles, and whether or not these 'decisions' and 'presentations' varied by ethnic group and by their objective physical condition.

"This research resulted in many papers of which 'Culture and symptoms' is clearly the most well known. Although I recognize its academic quality, it is by no means my favorite article. Moreover, I have always been more interested in decision making¹ than in symptomatology. I did realize, however, that this article provided the scholarly, empirical legitimation for much of my later work. Yet professional acceptance was neither swift nor easy, even for this so-called 'classic.' When I first presented the findings, some accused me of being racist because the results could be used to perpetuate ethnic stereotypes. Even fellow sociologists were rather critical, and the paper required considerable revision before the *American Sociological Review* deemed it worthy of publication.

"It is now well over 20 years since this research was first undertaken and it still seems to warrant citation, reprinting, and discussion. Though flattered, I have over the years become concerned that part of the reason is not the brilliance of the article but the state of the art or at least the state of the audience which reads it. And so when recently offered the opportunity to speculate on this question, I did so and wrote 'Oh where, oh where has ethnicity gone?'²

1. Zola I K. Pathways to the doctor—from person to patient. *Soc. Sci. Med.* 7:677-89, 1973.

2. Oh where, oh where has ethnicity gone? (Gelfand D & Kutzik A, eds.)

Ethnicity and aging. New York: Springer, 1979. p. 66-80.