



Mental health, exercise, and sport in a sociocultural context



Who am I?

- Junior Research Group Leader for Social Scientific Elite Sports Research @ University of Tübingen
- Research interests: Talent development, Health in elite sports
- Discipline: Sport Sociology
- Studied sports science and nutrition @ Lamar University in Texas
- Own sports experience:
 - Former elite distance runner
 - Now: I enjoy hiking, biking and running





Outline for today's lecture

I. Some theory to start with – Sociological perspectives on health and illness

- I. Why a sociological perspective?
- II. Theoretical approaches to health and illness

II. Sociocultural aspects of mental health and mental illness

- I. Social production of health and illness
- II. Social construction of health and illness

III. Culture, sport, physical activity, and mental illness

- I. The culture of physical activity and sports and its relevance in the context of mental health
- II. Physical activity as a vehicle or stepping stone in recovery
- III. Improving provision for women in mental health contexts
- IV. Social support for participation



What does mental health mean to you?



- (<https://www.youtube.com/watch?v=gKNHcnXa-8A>)
- <https://www.youtube.com/watch?v=SZug4p9lWnl>



I. Some theory to start with – Sociological perspectives on health and illness

What is special about the sociological perspective on health and illness?

Sociology is the science that seeks to understand and explain social action, social facts, and society as a whole

- Focus on „the social“ as the cause, context and consequence of health
- The sociology of medicine and health brings general sociological theories and shows how they can help understand and explain health and illness
- Sociological theories try to link health at the micro level with society at the macro level





I. Some theory to start with – Sociological perspectives on health and illness

Theoretical approaches to health and illness

Theoretical approach	Representatives	Conceptualization of health and illness
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Feminism, Gender Theories	De Beauvoir, Butler	Health and illness as a consequence and expression of gender
Intersectionality	Crenshaw, Collins	Health and illness are the result of multiple, interwoven systems of oppression (e.g., patriarchy, racism, capitalism)



I. Some theory to start with – Sociological perspectives on health and illness

Theoretical approaches to health and illness

KEY MESSAGE

- Common to all theories is the basic assumption that health and illness are more than objective, biological facts.
- The core concern of the sociological perspective is to show how health and illness are influenced by social factors, constructed in social interactions and social negotiation processes, and processed in complex social organizations.





I. Some theory to start with – Sociological perspectives on health and illness

The social production of health and illness

- Focus on social patterns of distribution of health and illness
- Search for social and nonbiological or psychological explanations for these patterns



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- How do the prevailing definition(s) of health and illness reflect the culture, politics, and moral beliefs of a society at a particular time?



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The social organization of health and illness

- Analysis and evaluation of the way a particular society organizes, finances and uses its health care
- Recommendations for avoiding imbalances and inequities



II. Sociocultural aspects of mental health and mental illness

Social production of Mental Health and Illness

Social rank and mental illness

The lower the social class, the more severe the mental illness and the longer the inpatient stay

→ Why is this the case? Any ideas?





II. Sociocultural aspects of mental health and mental illness

Social production of Mental Health and Illness

Social rank and mental illness

Social causation (or social stress hypothesis)

- Members of lower social classes are exposed to greater stress and less favorable life circumstances
- Applies particularly to depressive disorders in women and to substance abuse and personality disorders in men

Social selection model (or drift hypothesis)

- Disease processes lead to social relegation or lack of social advancement
- Validity more clearly established, mainly for schizophrenic psychoses in lower social classes → hinder personal and social development



II. Sociocultural aspects of mental health and mental illness

Social production of Mental Health and Illness

Gender and mental illness

Most studies use the biological sex as a reference point for social constructions of femininity and masculinity (i.e. gender)

- These constructions include culturally prevailing expectations and social norms that determine which abilities, personality traits, attitudes and behaviors are typical, appropriate and socially desirable for a woman and a man



II. Sociocultural aspects of mental health and mental illness

Social production of Mental Health and Illness

Gender and mental illness

Women are not healthier nor psychologically or somatically sicker than men, but have different frequencies of different diseases

- Women are twice as likely to be affected by mental illnesses such as depression (excluding bipolar depression) and anxiety disorders (Jacobi et al., 2014)
- Alcohol dependence: men are two to three times more likely to be affected
- Drug (medicine) dependence: women are three times more likely to be affected



II. Sociocultural aspects of mental health and mental illness

Social production of Mental Health and Illness

Gender and mental illness

No firm evidence of gender-specific biological vulnerability for certain diseases

→ Gender differences in health and illness can largely be attributed to differences in social roles and related risk and protective factors

- Unemployment is a risk for both sexes, but leads to more pronounced physical and psychological disorders in men (significantly more alcohol abuse and suicide) because of their primarily employment-oriented gender roles (Heikkinen et al. 1994; Qin et al. 2003)
- Married women between ages of 25 and 45 with little schooling, who belong to lower social classes, have several children and are not employed are particularly at risk for depression



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II. Sociocultural aspects of mental health and mental illness

Social Construction of Mental Health and Illness

Culture and Mental Illness

Culture influences which behaviors we consider abnormal

What is culture?

A comprehensive totality that shapes the life worlds of people and guides their behavior (a collective orientation system)

- Includes knowledge, beliefs, traditions, learned behaviors, social life



Why should culture be considered with regard to (mental) health?

Individualized patient care requires a comprehensive understanding of how people from different cultures think about and define their health.



II. Sociocultural aspects of mental health and mental illness

Social Construction of Mental Health and Illness

Culture and Mental Illness

- https://www.youtube.com/watch?v=ZyNRU_C-wGg



II. Sociocultural aspects of mental health and mental illness

Social Construction of Mental Health and Illness

Cultural differences in the definition of health and illness

- Western (European) cultures explain illness with a biopsychosocial model
- Many other cultures explain illness based on their religious and cultural beliefs
- Mental illnesses are way more stigmatized in other cultures than Western European ones.



II. Sociocultural aspects of mental health and mental illness

Social Construction of Mental Health and Illness

Culturally specific mental disorders

DSM IV: Culture-bound syndromes

- Mental illness that are culturally or geographically localized
- Example: Koro (mainly South East Africa)

DSM V: considers culture in three ways

- Cultural syndromes
 - Cluster of symptoms that occur among individuals in specific cultural groups
- Cultural idioms of distress
 - How groups express symptoms or syndromes
- Cultural explanation of distress
 - Culturally recognized meanings or etiologies



II. Sociocultural aspects of mental health and mental illness

Social Construction of Mental Health and Illness

Culturally specific mental disorders

CULTURAL SYNDROME	OCCURRENCE	CAUSES	SYMPTOMS	TRADITIONAL TREATMENT
EVIL LOOK	Southern Italy, Sicily, Turkey, Greece, Islamic cultures	Jealous look that causes misery for the person being looked at	Sudden onset of symptoms after the evil look: headache, cold, sickness, fatigue, dizziness, accidents, death	Help from traditional healers; Preventive measures: amulets, dirty clothing
KORO/DHAT	South China, South East Asia, Central and West Africa, India (Dhat)	Traumatic event, exercise, after excessive sexual intercourse	Retraction of genitalia; muscle soreness, fatigue, anxiety	Help from traditional healers;
SUSTO/ESPANTO	Latin America, USA, Canada	Sudden shocking event ; the soul leaves the body, which makes the body sick	Loss of appetite, sleep problems, sadness, low self-esteem; Somatic symptoms: muscle soreness, headache, diarrhea	Traditional medicine: herbal teas, prayers Traditional preventative measures: prevent stress



II. Sociocultural aspects of mental health and mental illness

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Culturally specific mental disorders

CULTURAL SYNDROME	OCCURRENCE	CAUSES	SYMPTOMS	TRADITIONAL TREATMENT
NERVIOS/ATAQUE DE NERVIOS	Latin America, USA, Canada, Greece	Susto can lead to Nervios or the other way round; further causes are extremely stressful events (death, divorce)	Sleep disorders, sadness, nervousness, aggressions. Somatic symptoms: headache, stomachache, seizures, trembling	Help from traditional healers; Traditional preventative measures: prevent stress
BRAIN FAG	Africa, China; mainly among young men	In connection with academic challenges; students and academics who are under a lot of pressure	Concentration problems, fatigue, memory problems; Somatic symptoms: headache, neck pain, vision problems	Not known



II. Sociocultural aspects of mental health and mental illness

Social Construction of Mental Health and Illness

Cultural differences in the manifestation of mental disorders – the example of Posttraumatic Stress Disorder (PTSD)

PTSD: persistent state of extreme helplessness and despair that occurs after the direct or indirect experience of a traumatic or life-threatening event

Socio-cultural influencing factors

- Definition of a traumatic event
 - Person's response to a potentially traumatic event
- Individualistic versus collectivistic cultures



II. Sociocultural aspects of mental health and mental illness

Social Construction of Mental Health and Illness

Cultural differences in the manifestation of mental disorders – the example of Posttraumatic Stress Disorder (PTSD)

Collectivistic Cultures

- People grow up in extended families

Individualistic Cultures

- Nuclear families are the norm



II. Sociocultural aspects of mental health and mental illness

Social Construction of Mental Health and Illness

Cultural differences in the manifestation of mental disorders – the example of Posttraumatic Stress Disorder (PTSD)

Collectivistic Cultures	Individualistic Cultures
<ul style="list-style-type: none">• People grow up in extended families• Learn to see and define themselves as part of a group• Interests of the group are placed above own interests	<ul style="list-style-type: none">• Nuclear families are the norm• Learn to see themselves as individuals and to be independent• Social ties between individuals are generally looser



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Social Construction of Mental Health and Illness

Cultural differences in the manifestation of mental disorders – the example of Posttraumatic Stress Disorder (PTSD)

Collectivistic Cultures	Individualistic Cultures
<ul style="list-style-type: none"> • People grow up in extended families • Learn to see and define themselves as part of a group • Interests of the group are placed above own interests • Self is understood as part of a group • Religion and spiritual beliefs play significant role • External control beliefs (fate) 	<ul style="list-style-type: none"> • Nuclear families are the norm • Learn to see themselves as individuals and to be independent • Social ties between individuals are generally looser • Self is viewed independently of a group • Internal control beliefs

→ External control beliefs are associated with a higher likelihood to develop PTSD



II. Sociocultural aspects of mental health and mental illness

Social Construction of Mental Health and Illness

Cultural differences in the manifestation of mental disorders – the example of Posttraumatic Stress Disorder (PTSD)

Cultural differences in symptoms of PTSD

Trauma manifests differently in different cultures (Alford, 2016)

- Diagnostic manuals are based on Western assumptions
- Some symptoms (flashbacks, reliving the trauma) show up across cultures
- Some symptoms (psychosomatic reactions) are not listed in Diagnostic manuals but are common in many cultural contexts
- In some cultures: the body is perceived as ill, not the mind

→ **Affects willingness to engage in movement and sports therapy!**





II. Sociocultural aspects of mental health and mental illness

Social Construction of Mental Health and Illness

KEY MESSAGE

Culture shapes ideas about mental health and illness.

BUT not everyone from a particular cultural context follows a very specific idea of health and illness

→ Less important where a person comes from than what norms and values they follow, what social structures they have grown up in and currently live in, and what **personal experiences** they have had





III. Culture, sport, physical activity, and mental illness

The culture of physical activity and sports and its relevance in the context of mental health

As human beings we exist in a social world and our lives are inevitably influenced by the culture we live in

→ If we are to understand the ways physical activity (PA) and sport may affect mental health, it is necessary to consider and reflect upon the cultural contexts in which sport and PA take place





III. Culture, sport, physical activity, and mental illness

The culture of physical activity and sports and its relevance in the context of mental health

The PA landscape

- PA is framed as mostly positive in Western cultures
 - Emphasis on the „healthy body“ (hoped to be achieved through PA)
 - BUT: “increasing social cachet is attached to the slim body, and a growing prejudice aimed at those who do not achieve this body type” (Shilling, 2005, p.160)
 - Prejudices and stigmatization against overweight people
 - Individualistic cultures mostly deny structural inequalities
- Important for practitioners to understand because gyms, sports centers etc. are not neutral spaces





III. Culture, sport, physical activity, and mental illness

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The sporting landscape

- Also often positively promoted in contemporary Western cultures
- Positive „attributes“ of sport

→ Mentimeter <https://www.mentimeter.com/app/home>





III. Culture, sport, physical activity, and mental illness

The culture of physical activity and sports and its relevance in the context of mental health

The sporting landscape

- Also often positively promoted in contemporary Western cultures
- Positive „attributes“ of sport (Douglas & Carless, 2010)
 - Fulfilling, healthy, fun
 - Builds character
 - Contributes to sense of identity and competence
 - Empowering and a source of enjoyment
 - Way to reduce crime, social exclusion and challenge racism





III. Culture, sport, physical activity, and mental illness

The culture of physical activity and sports and its relevance in the context of mental health

The sporting landscape

- Many biopsychosocial benefits of sport but sport culture is not without problems
- Negative aspects of sports culture
 - Elitist and exclusionary
 - History of being sexist
 - Vehicle for sustaining hegemonic masculinity
 - Negative experiences in school sport may deter people from doing sports for the rest of their lives
 - Participation in elite sport has also been associated with pathological development and a range of emotional and psychological problems



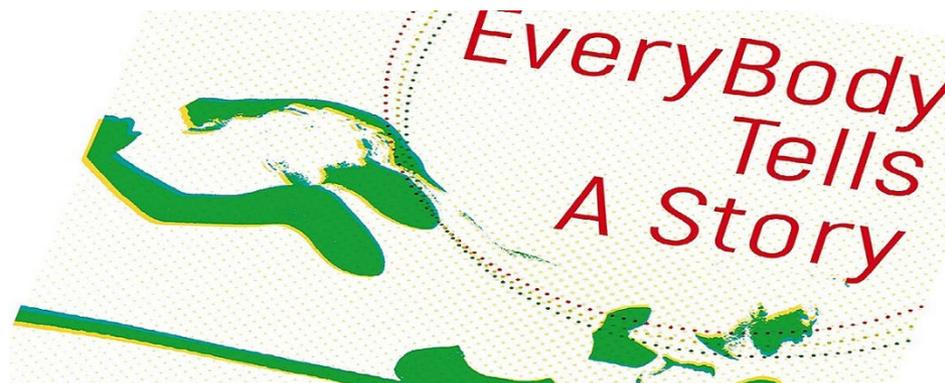
III. Culture, sport, physical activity, and mental illness

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Narrative types in sport and PA

How might sport and PA provision be geared towards positive rather than negative outcomes?

→ One answer is to consider the narratives (types of stories) that circulate within sport and PA environments





III. Culture, sport, physical activity, and mental illness

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Narrative types in sport and PA

The performance narrative

- Performance outcomes are central
- Includes talk of skills, talent, progress, medals, trophies

• Positive

• Can
perform

• In e
their

“I just love sport, any sport. You introduce me to any sport and I’ll have a go. I just like competition – I suppose to see how good you can actually be, so you can stretch yourself. I need to stretch myself to see how capable I am. I need competition – that’s what it is, that’s what you chose to go into. At the end of the day there is a trophy and there is a cheque and another notch in how many wins you’ve had. A lot of it is about winning.” (Douglas & Carless, 2006, p. 19)

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hing

→ Might silence alternative narratives





III. Culture, sport, physical activity, and mental illness

The culture of physical activity and sports and its relevance in the context of mental health

Narrative types in sport and PA

Discovery narrative

- Sport as conduit to discover and explore life
- Characterized by talk about learning new skills and enjoying experiences which are not related to performance outcomes

- “When I was a kid in my mind it was not important to be the first or the second or the third. The important thing was to have a good time. When I was an amateur and I started to be good and win (...) it was good, but it was not that important. It was nice because you go away for a week or for a day, you are in another world, it’s a trip. (...) So you are going to see new people, discover new towns, new food, the hotel, a different bed! Everything is very exciting.” (Douglas & Carless, 2006, p. 21)





III. Culture, sport, physical activity, and mental illness

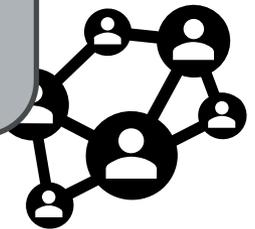
The culture of physical activity and sports and its relevance in the context of mental health

Narrative types in sport and PA

Relational narrative

- Focus on connections between people
- Stories of doing sport with others
- Value relationships with others over and above performance outcomes

“My Dad was a keen golfer, and I wanted to do what Dad did ‘cause I liked being with my Dad. Then when I was ten a lady at my home club says to my Dad, the May Cup would be an ideal opportunity for me to see if I liked playing competitions. I played and didn’t like it, Winning was just nothing other than the fact that I had pleased him and his pleasure was enough for me. (...) Dad and I were really close, there was a bond, and I could tell he was proud – that made me feel good.” (Douglas & Carless, 2006, p. 23)





III. Culture, sport, physical activity, and mental illness

The culture of physical activity and sports and its relevance in the context of mental health

Narrative types in sport and PA

Performance narrative dominates sport and exercise culture

→ Alternative types of stories need to be legitimized and encouraged as they hold the key to beneficial and healthful sport and PA

Knowing alternative narratives is useful for practitioners because

- Personal stories help us to get to know and understand the teller
- Being familiar with plots of different narrative types enables us to understand and prepare for possible consequences of individual's personal stories



III. Culture, sport, physical activity, and mental illness

The culture of physical activity and sports and its relevance in the context of mental health

Narrative types in sport and PA

Strategies to compensate for our cultural bias towards performance-oriented stories:

- Reflect on own talk, conversation and verbal interaction: what kind of narrative underlies your stories?
- Consider your own position on the diverse reasons people may have for becoming involved in sport or PA.
- The physical environment, organization and delivery of sessions are all likely to influence the stories that individuals feel able to create and share. To this end, can competition be minimized or downplayed in favor of new learning and experiences (e.g. through a guided discovery approach to coaching) or relationship building (e.g. through cooperative team activities?)



III. Culture, sport, physical activity, and mental illness

The culture of physical activity and sports and its relevance in the context of mental health

KEY MESSAGE

- Positive and negative outcomes of sport and PA are strongly influenced by socio-cultural factors, expectations and norms.
- Stories we tell about sport and PA make a difference to the kinds of experiences individuals are likely to have.
- *Performance narrative* is only workable when an individual is winning or sticking to training. At other times, this type of story can have damaging effects on individual well-being and self-worth.
- The values and behaviors inherent in the *discovery and relational stories* are more likely to lead to positive long-term psychological outcomes and personal development.
- Great diversity exists in terms of what individuals seek through sport or PA. We need to acknowledge differences in motives and aims.





III. Culture, sport, physical activity, and mental illness

Physical activity as a vehicle or stepping stone in recovery

Positively perceived extrinsic consequences of PA/sport from individuals with mental health problems (Carless & Douglass, 2010)

- Symptom alleviation
- Positive affect or mood
- Cognitive improvement
- Relaxation and stress relief
- Keeping busy and filling time
- Social connectedness
- Physical fitness and body weight





III. Culture, sport, physical activity, and mental illness

Improving provision for women in mental health contexts

Women often have a relational orientation to sport, exercise and PA.

Strategies to foster a relational orientation within sport and exercise programs

- Talk about sport/PA in a relational way
 - Include significant others where possible
 - Tailor the activity towards relational processes and outcomes
 - Choose relationship-friendly activities
 - Evaluate the activity in terms of relational processes and outcomes as opposed to performance processes and outcomes
 - It's not only about the game or match
- For some, just playing is enough!





III. Culture, sport, physical activity, and mental illness

Social support for participation

Social support as a widely recognized factor in recovery from mental illness and in successful exercise initiation and sustained participation

Practical strategies for PA, sport and mental health contexts

- Informational support
 - Advice and guidance concerning exercise related to their personal needs
- Esteem support
 - Bolstering a person's sense of competence or self-esteem
- Emotional support
 - Making the person feel that he or she is cared for by others



→ Not a one-way street: receiving and giving support are both important in recovery.



III. Culture, sport, physical activity, and mental illness

KEY MESSAGE

For sport and exercise programs in the context of mental illness

- Ask less the question of what effect does sport/PA have on mental illness, rather than explore „*what does sport/PA mean for you in the context of your life?*“
- Give attention to the cultural settings in which PA and sport take place

→ Socio-cultural factors inevitably influence the kinds of experience that individuals have through sport and exercise participation





III. Culture, sport, physical activity, and mental illness

Assignment

Reflect on the question:

What does sport and/or physical activity mean for you in the context of your life?

→ 2-3 pages essay (Times New Roman, Font Size 12; double-spaced) till October 20th; jannika.john@uni-tuebingen.de

