Proceedings of ICILLP 2025 Symposium: Property Law and Blockchain Applications in International Law and Legal Policy
DOI: 10.54254/2753-7048/2025.LD30097

Cultural, Spirit Scripts and Embodiment: A Study on Somatic Symptoms in Adolescent Depression Expression in East Asia

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Abstract. In contrast to Western adolescents, who characteristically utilise psychological terminology such as sadness or hopelessness to describe their depressive symptoms, East Asian adolescents more frequently present with physical symptoms, including headaches, stomachaches and fatigue. The present study investigates the cultural shaping of depressive expression among East Asian adolescents, with a particular focus on the phenomenon of somatization. The study draws on Kleinman's concept of "cultural language" of illness and the theory of cultural scripts to demonstrate how sociolinguistic and cultural norms restrict direct expression of negative emotions and instead promote bodily pathways as socially acceptable outlets. Comparative studies further underscore cross-cultural variations, with Canadian and American adolescents tending to verbalise emotional difficulties directly, while Chinese adolescents are more inclined to describe somatic discomfort. Moreover, the phenomenon of somatization is compounded by two interwoven factors: academic pressure and family expectations. These factors serve to reinforce the use of somatization as a coping strategy, particularly in instances where emotional disclosure is deemed to be culturally taboo. The analysis suggests that somatization should not be pathologised, but rather understood as a culturally embedded strategy for communication. The paper concludes with the proposal of culturally sensitive approaches to diagnosis, psychoeducation, and intervention, including the integration of creative expression and AI tools designed with cultural awareness. This study posits that somatization should be recognised as a cultural script, should not be overly pathologized and advocates for a more nuanced and equitable framework for adolescent mental health support in East Asian societies.

Keywords: Adolescent depression, somatization, East Asian culture, cultural scripting, mental health expression

1. Introduction: somatic manifestations of depression in East Asian adolescents

"Chinese somatization" has been a central focus in cultural psychiatry. Somatisation is psychological distress that expresses itself in physical symptoms that cannot be fully explained by organic factors; these are non-specific symptoms widely present in different mental disorders, especially depression and anxiety disorders. Cross-national studies have shown that, while Western adolescents express psychological distress mainly in the form of clear affective symptoms (low mood, hopelessness), East Asian adolescents report mainly somatic complaints such as headache,

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DOI: 10.54254/2753-7048/2025.LD30097

stomach pain and loss of appetite [1,2]. This study gave rise to numerous investigations on “Chinese somatization”. A psychological survey conducted among secondary school students in China indicated that more than a third of the students surveyed had symptoms of depression or anxiety [3]. Although the somatisation of psychological distress has been well documented in the extant literature, empirical studies exploring the underlying process are relatively rare. Therefore, we hypothesised that “Chinese-style somatisation” could be understood as a kind of cultural script [4], and subsequently provoked controversy regarding whether this mode of expression was a special kind of somatic experience or an attempt to adopt a new strategy to avoid stigmatisation. In the East Asian cultural context, somatisation should not be viewed as merely a medical phenomenon, but also as a kind of culturally shaped indirect expression of psychological distress. The general attitude toward mental illness, the philosophical concept of mind-body unity, and social norms regarding the expression of emotional suffering constitute the cultural script, which emphasises the physical symptoms. A thorough investigation into the influence of these factors into the field of mental health provides an explanation for the high prevalence of manifestation of somatisation observed in East Asian adolescents.

The purpose of this study is to address the following core question: The purpose of this study is to explore the reasons why adolescent depressive symptoms most frequently manifest as somatic complaints within East Asian societies. The integration of the frameworks of cultural script theory and somatisation theory is proposed as a means of exploring how culture shapes individual expression and constructing a culturally coherent model of depressive symptom presentation.

2. Expressive characteristics of depression in East Asian adolescents

The symptoms of depression among adolescents in East Asia exhibit certain uniqueness. Physical symptoms are the most prominent. It has been documented extensively that physical symptoms such as headache, abdominal distension, sleep disturbance and abnormal appetite are the most common symptoms of depression among adolescents in East Asia. The prevailing tendency to rely on Western research as the standard source of diagnostic criteria may be a major cause that leads to the high prevalence of clinical misdiagnosis, which consequently aggravates the under-recognisation of mental disorder. Cross-cultural comparative studies provide quantitative evidence for this phenomenon. For example, in a comparative study of adolescents in China and Canada, it was found that Canadian adolescents tended to express their depressive emotions while Chinese adolescents tended to express their depressive emotions through physical symptoms. North American adolescents tended to express their emotional distress directly [5,6]. This can be seen as evidence for the existence of cultural factors influencing emotional expression. It also highlights that policies for clinical identification of depression and psychological intervention should adjust the diagnostic criteria towards the local culture.

The language used to express emotional experience is constrained by cultural conventions, which hinders open discussion about mood disorder and causes diagnostic bias.

In most East Asian societies, the appearance of psychological symptoms is viewed as a kind of personal weakness which is not socially recognised and hence lacks social legitimacy. At the same time, we also see gender differences existing in somatisation manifestation. Such differences may stem from family cultural expectations. Patriarchal families place a strong emphasis on being tough and avoiding the display of vulnerable feelings, and it has been reported that girls are more likely to report certain symptoms, such as abdominal pain and headaches [5].

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3. Theoretical background: how culture determines the expression of depression

To put our heads in place to make sense of how depression finds expression in East Asian youth, we need to begin to understand how culture helps make sense of emotional expression, and of how physical complaints come to function as a 'language of the body'. As Kleinman showed in his clinical field study of Chinese patients, those of Chinese culture frequently invoke physical suffering as a form of 'linguistic container' for psychological problems.Similar, they would tell the parents "I have been having those headaches constantly and I am unable to study " rather than, "I feel depressed." Through these physical symptoms such as dizziness, chest pains, and fatigue, rather than directly saying "I feel depressed", depression is talked about in this way, also in response to sociolinguistic structures.Given the lack of verbal resources for articulating emotion and widespread culture of shame in a society, the body assumes the functions of confidant and palatable vehicle [2], and therefore, somatisation should not be reduced to a disease but perceived as being culturally ingrained way of emotion expression.

In addition, scholars crafted more of a psychological cross-cultural model, stating that patients' "symptom-expressions" are constrained by the "What you can say" rules of that patients' culture system [7]. Suppose, as example, that some student is under considerable duress because of bullying at school. In the first type of setting, the student is probably more likely to divulge her bullying experience, since it is seen as a reasonable motive and will not be questioned and can be taken as a cultural fact. In the second type, which is more fostering of the expression of emotions, the student might be required to divulge her bullying experience more honestly, i.e."I'm bullied and I am afraid". Emotions are deeply rooted in linguistic expression, and various linguistic structures in each cultural background affect whether people are likely to internalize, recognize and articulate nuances of emotions. They point out that in East-Asian cultures where harmony and self-silencing are emphasized, people tend not to reveal emotions publically, and tend to make their emotional experience manifest in physical symptoms, which have the added advantage of being socially preferable to openly expressed emotion [7].

To speak emotions is a problem that raises issues about psychological capability as well as about cultural competence. In light of this, Anna formulated her hypothesis "cultural scripts", by which she identified expressive paths as scripted configurations that are acceptable and necessary in a culture; they tell each of them to you, there is a set of things that you can say and ways in which to say it, by each society.Within East Asian societies, emotional distress has traditionally been more stigmatising, seen as irrational and unmanageable, while physical pain tends to be viewed as more understandable and normalised by the society and their family and the healthcare services [8]. Thus, despite being aware of their emotional distress, adolescents, unknowingly or otherwise, might self-label "translate" their emotional distress to show as body language given the cultural constraints to express emotions.Therefore, the embodied reality of depressive symptoms in East Asian youth may be understood as a result of cultural socialization of emotion suppression and "appropriate" behavior. In East Asian society, the body is not just the physical expression of mental or emotional processes, but is also an information medium, a channel that can communicate to others about feelings.

4. The shaping of depressive expression by academic and cultural pressures

As indicated by the extant literature, the phenomenon of the manifestation of depression may be influenced by a number of factors, both academic and cultural. The two main areas of discussion

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when considering this topic are taboos on emotional expression and the reinforcing role of the education system and the family.

In the culture of East Asian education, there exists a special “taboo emotion” phenomenon, and the slogans of ”pain is a virtue”, ”no fall without rise” has been proven to establish a cultural script that stifles emotions in campus education [8]. Students under this cultural script sometimes find it hard to put psychological anxiety into oral word even under high stress levels, and they are more likely to express anxieties through physical discomfort in campus life.In this context, this change was accentuated by the distance learning mode of teaching after the disease outbreak. Online education has the risk of limiting face-to-face contact, which in turn limits emotional expression opportunities. On the contrary, the restricted family milieu and the emphasis on learning goals have a higher propensity to make adolescents resort to emotional distress in less direct ways, such as in somatization [9,10].Their “preoccupation with educational success” and the “fear of 'failure’” creates a system-level blockage to having open conversation about emotional distress, adding to the idea of somatization paradigm.

5. Mental health educational suggestions

The East Asian adolescents’ emotional distress manifesting through physicalisation can be hardly understood as a matter of merely individual linguistic competence but a social phenomenon as defined by the cultural scripts regulating emotional expressiveness. An important note is that the courses and routes to mental health education should be reformulated culturally.

Firstly, it is important for the healthcare, and school systems to address cultural importance of bodily expression instead of their naming of it as “expression disorder” [11,12]. For this we suggest obligatory cultural sensitivity training for paediatricians, school nurses and counsellors, in which bodily complaints would be seen as expressions of distress in mind.One way of addressing this challenge could be to re-structure screening questionnaires for schools to account for both somatic and psychological symptoms. In this way, the portrayal of the quality of life of the students would be more representative.

Second, it is suggested that more non-psychological ways to express emotions — for example painting, writing, dance and other physical arts — more associated with East Asian culture’s “silence and subtlety” [13] should be promoted, and this teaching paradigm can be incorporated into education curriculum as “embodied expression” programs.For example, the introduction of school-based art therapy classes that focus on somatic mapping, where pupils use drawing as means to represent the physical locations of their emotional feelings.

Third, AI mental health tools must be culturally script aware in order to prevent misinterpreting We should not regard the somatic symptoms of depression among East Asian adolescents as pathological deficiencies or a lack of adequate language. Instead, it is more accurate to view them as context-specific, using culture as a means of communication. The true form of cultural adaptation lies in making a fundamental transformation in our perspective across all systems, not superficial changes in healthcare, education and technology sectors. We should shift our perspectives on bodily expression from regarding them as obstacles to recognising them as channels through which people convey their psychological problems in their socio-cultural context. The first mission for mental health practitioners and support services is to build an internationally available mental health system that overcomes the cultural stigma and makes it possible for people to ask for help. Making this transformation requires a more than a simple improvement in the process of providing mental health support; it represents a fundamental transformation in the nature of mental health services themselves. This method is based on a principle of social justice that demands respect for the

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diversity of people's experiences of psychological problems and provides opportunities for the expression of different manifestations of human mental health. We believe that this initiative has the potential to drive a global transformation in healthcare systems regarding mental health, establishing a new model based on a mutually recognised and respected relationship. Such a shift would not only improve the mental wellbeing of East Asian adolescents but also promote the widespread development of cross-cultural cognitive patterns.the 'silence' of East Asian adolescents as 'non-disturbance' in the eyes of the West [14]. We should encourage developers to train algorithms using locally derived, linguistically heterogeneous datasets with somatic metaphors and non-concise expression of pain.To give an example of the argument, note that AI chatbots could be scripted to ask culturally inflected questions like 'How has your body been feeling under pressure?' instead of asking directly about mood.

Moreover, these tools must be developed to escalate concerns based on somatic stories and behavioural shifts like the social withdrawal, rather than use of words like sadness or anxiety in verbal expressions. Future psychoeducation development must urgently prioritize validation of local languages of expression and the development of culturally-sensitive health indicators.It is to be made clear that the sharing of distress must become a socially acceptable behaviour, not something that you 'should', but that you 'must do' [15,16].

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6. Conclusion

This paper thus explores the culturally-specific processes by which depressivescripture East Asian youthscript culturally construct somatization. We have shown that the combination of Kleiman's illness culture language model as well as that of conceptual frameworks (cultural script theory) provide a fruitful way to reveal how sociolinguistic expectations and cultural scripts in East Asian context enable such direct expressivism of distress emotions.The consequence of all is that they encourage bodily signs as an acceptable method for manifestation.

The results of our study have shown that East Asian adolescents diagnosed with depression tend to report headaches, fatigue and stomach aches, while Western adolescents tend to express their emotions directly. These differences are culturally conditioned expression strategies rather than

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pathophysiological abnormalities. The reason for this great difference may lie in the fact that East Asian adolescents are exposed to an environment that strongly suppresses the expression of emotions. In addition, the dual pressures from work and family also play a vital role in this context. This leads these adolescents to seek assistance from the outside through their somatic expressions.

This paper is both highly significant from an academic perspective, and of great practical importance. On a principled level, depression should not be understood as a biological disease. In theory, we argue that depression appears in a biological body as a psychological feeling with a strong cultural component. This suggests that the experience of mental illness is not a natural-born human one.

On a practical level, we believe that differences between cultures should be recognized in contemporary mental health training, education and design of digital tools. That is, the usefulness of somatic symptoms in depression diagnostics should be emphasized, we should promote therapies that go beyond verbal expression to recognize, and we should develop artificial intelligence that can cross-culturally detect signals of psychological symptoms. Listening to the body as a 'language' should be the new perspective – instead of simply expressing symptoms. It is imperative to emphasise the establishment of support systems for East Asian youth that are more attuned to their cultural and psychological characteristics.

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