UNIT 4 CULTURE AND MENTAL HEALTH

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4.0 INTRODUCTION

By now you must be well aware of the significance of family and environment on the mental well being of an individual. In the last unit of this block, you will be introduced about the relevance of culture on the mental health of individuals. It is well known fact, that the differences in the way people think and behave may also be influenced by the culture to which he/she belongs and it has come to play a major role in the way mental health system is understood, developed and administered. On basis of cultural differences, now individuals are differentiated on basis of people who belong to a culture which gives importance to belongingness to society (socio-centric cultures/collectivistic) and those cultures which give importance to individual independence (individualistic). This kind of categorizations helps in understanding the need of individual with mental health issues. It also helps in deciding what kind of mental health care facility is to be provided for people with such needs. For
example, if people come from collectivistic communities it is essential to incorporate the social support systems (e.g., family) in the treatment process. Specific behaviours that are considered to be deviant and classified as illness are dependent on cultural values and norms. Cultural beliefs about deviant behavior provide information to the cause of the illness, the views about cure and predict access to the nature care system. For example, if schizophrenic symptoms are believed to be caused by supernatural elements, the first choice of treatment would be a faith healer and an underlying hope of complete cure of the illness.

Culture formulates the expression and recognition of psychiatric problems. Culture influences the meanings that are given to symptoms. Culture also impacts the interaction between the patient and the health care system, as well as between the patient and the physician and other clinicians with whom the patient and family interact. Many people may not express their problems in front of clinicians as it would be shameful act in a particular culture.

4.1 OBJECTIVES

With the help of this unit, you will be able to:

- define the concept of culture;
- explain the cultural aspects of mental health and mental illness;
- describe the different types of culture bound syndromes; and
- point out the specific issues related to immigration and acculturation.

4.2 CULTURE AND MENTAL HEALTH

Before we try to explain you the impact of culture on mental health, it is necessary for you to understand the concept of culture. In the following subsections, you will be explained about the concept and role of culture in shaping up the mental health of individuals.

4.2.1 Meaning of Culture

Culture refers to a set of meanings, norms, beliefs, values, and behavior patterns shared by a group of people. These values include social relationships, language, nonverbal expression of thoughts and emotions, moral and religious beliefs, rituals, technology, and economic beliefs and practices, among other items.

Culture has six essential components: (1) Culture is learned. (2) Culture can be passed on from one generation to the next. (3) Culture involves a set of meanings in which, words, behaviors, events, and symbols have meanings agreed upon by the cultural group. (4) Culture acts as a template to shape and orient future behaviors and perspectives within and between generations and to take account of novel situations encountered by the group. (5) Culture exists in a constant state of change. (6) Culture includes patterns of both subjective and objective components of human behaviour.
4.2.2 Role of Culture in Mental Health

Some of the role of culture towards mental health can be discussed as follows:

- **Defines mental health**- In any culture, in order to define mental health, it is vital to identify the state of physical, mental and social well being of an individual. Every culture has an ideal *type of role* an individual plays and *expectations* based on cultural norms that define a sense of well being. For example, cultural norms determine whether being submissive or assertive is associated to well being in women. Men who are competitive may be appreciated in one setting (e.g., corporate places) but not in other setting. Therefore, in order to define mental health, it is necessary to consider the context and cultural norms and values of the sub group to which the individual belongs.

- **Influences social competence**- A culture also influences the social competence among individuals. For instance, research indicates that cultural norms and values effect the development of social competence in children, particularly with respect to the meaning and evaluation of behaviors such as sociability, shyness-inhibition, cooperation-compliance, and aggression-defiance.

- **Influences emotional expression**- Culture can also have an impact on the way one expresses emotions. The manner in which one experiences depression and its expression is affected by the culture to which he/she belongs, for instance, women in India are known to express their depression through their body functions, such as headaches or body pains rather than verbally expressing it.

- **Influences behavior**- The way one explains one’s own actions is also influenced by culture. In fact, attribution of one’s own behavior is considered as an important factor in the field of mental health. For example, few cross cultural researches have shown that in cultures that stress upon interdependence on each other, people tend to explain others’ actions in terms of situational factors rather than internal or personal factors. Therefore, deviant behaviour among people suffering from mental illness may be attributed to external factors and less on individual factors. These cultural differences in attribution may have a positive or negative impact on individual’s responses to mental illness and different prognoses in various parts of the world.

- **Provides self identity**- An individual’s existence of self and identity is based on the culture one belongs to. Individual characteristics also interact with social roles in specific cultural contexts. Throughout the world, characteristics such as socioeconomic status, gender, age, color, ethnicity, religion, sexual orientation, minority status, or, in some places, tribal/caste status or immigration status affect not only role definitions but also self-evaluations, employment opportunities, and quality of life. These social perceptions clearly interact with the preexisting strains and stigmas of mental illness. In any culture abuse to one’s mental health may adversely affect an existing vulnerability or dysfunction.
4.2.3 Indian Family, Culture and Mental Health System

Keeping in view the present scenario, researches have emphasized on the need to preserve and strengthen family life in India as it provides support to the person suffering from mental illness. As discussed in the previous unit also, facts and findings have suggested that the traditional Indian joint families have helped the clinicians to deal with mental health issues of their family members. In Indian context, family is observed to be one of most important social institution that has survived through the ages. Indian society deeply values family integrity, family loyalty, and family unity. Further, in all the events of significant decision makings like career choice, mate selection and marriage are made by the family members collectively. Indian family is described to basically patriarchal in its ideology. The hierarchy, roles and the rules of conduct are clearly drawn. As discussed earlier also that the family members in traditional joint family kind have strong emotional bonding, interdependence, empathy, loyalty for each other. This is considered as the source strength for the family to cope with major life events. There has also been a long tradition of involving families in the treatment of mentally ill relatives. Therefore, the need to preserve and involve families in treatment of mental illness has been pointed out as being important.

4.3 CULTURAL CONTEXT OF UNDERSTANDING MENTAL ILLNESS

It is very interesting to know that even for same kind of mental illness the expression of deviant behaviour is not uniform across the various cultures. Therefore, even though the prevalence of syndromes such as schizophrenia is universal, the manifestations of the symptoms may differ and need to be understood in their cultural contexts. The interpretations of symptoms will differ based on their meaning, source, temporal nature, and curability. These symptoms may evoke different social reactions, which affects treatment seeking behaviour, compliance with treatment, functioning of the support system, stigma attached to the illness etc. The major mental illnesses are characterized by impairments of cognition and affection. Research findings show that there is an underlying vulnerability for many of the categories of mental illness. However, there are certain indicators to show that there may a relationship between stress and mental illness and mental health.

4.3.1 Culture and Mental Illness

Research and experience in the treatment of mental illness shows that culture affects mental health care and services in many ways. The significant influences of culture on mental illness have been discussed in the subsections below.

4.3.1.1 Cultural Identity

A clinician’s treatment process can be influenced by the characteristics of the person’s cultural group such as language use, religious belief, ethnicity, etc. Cultural identity emerges throughout the individual’s life and in social context. It is not a fixed trait of an individual or of the group of which the individual is part. An individual may have several cultural reference groups. The clinician needs to encourage the patient to describe the various elements like beliefs
of the culture to which he/she belongs. Evaluating the cultural identity of the patient allows identification of potential areas of strengths and supports that may enhance treatment effectiveness, as well as vulnerabilities that may obstruct the process of treatment.

With the help of the awareness of the patient’s cultural identity the clinician may be able to,

- Avoid the misconceptions based on inadequate background information or stereotypes related to race, ethnicity, and other aspects of cultural identity.
- Develop a better rapport with the patient, as it enables the clinician to understand the patient in a better way.
- Enhance effectiveness of treatment and
- Understand the vulnerabilities that can interfere with progress of treatment.

4.3.1.2 Cultural Explanation of Mental Illness

There may be a difference in the opinions of the clinician and the patient regarding the nature and causes of his/her illness and the treatment options they would consider. The explanatory model defines that such differences will occur due to the differences in their culturally acceptable means of expression of the symptoms of the illness and their behavioral response. Conflicts between the patient’s and the clinician’s explanatory models may lead to diminished rapport or treatment noncompliance. Conflicts between the patient’s and the family’s explanatory models of illness may result in lack of support from the family. Conflicts between the patient’s and the community’s explanatory models could lead to social isolation and stigmatization of the patient. Few examples of the more common explanatory models are as follows:

- The moral model implies that the patient’s illness is caused by a moral defect such as selfishness or moral weakness.
- The religious model suggests that the patient is being punished for a religious failing or transgression.
- The magical or supernatural explanatory model may involve attributions of sorcery or witchcraft as being the cause of the symptoms.
- The medical model attributes the patient’s illness primarily to a biological etiology.
- The psychosocial model infers that overwhelming psychosocial stressors cause or are primary contributors to the illness.

Culture has both direct and indirect effects on help-seeking behavior. In many cultural groups an individual and his or her family may minimize symptoms due to stigma associated with seeking assistance for psychiatric disorders. Thus, culture influences the patient’s expectations of treatment.

4.3.1.3 Psychosocial Environment and Level of Functioning

In order to understand the patient’s psychosocial environment, it is important to know about their family dynamics and cultural values. Even in the case of
immigrants, where one person moves out from his society, it is important to know how the individual and family perceive the openness of the host society toward people of their country and region of origin, their racial, ethnic, religious, and other attributes. For instance, when a person from India immigrates to a western country, how he views the perception of people from that particular country about Indians is important. The mental health also depends on how the individual identifies the cultural support of the host country when comparing to their region of origin. The patient and family may identify strongly or weakly or at the same gradient with communal sources of support in the host culture.

4.3.1.4 Cultural Elements of Relationship between the Individual and the Clinician

The cultural identity of the clinician and of the mental health team has an impact on patient care. Lack of recognition about patient’s cultural identity may lead to unintentionally biased treatment. Culture influences the relationship between the patient and the clinician. When the patient and clinician are of different genders, culturally ingrained role assumptions may create difficulties. For example, male patients from cultures where men are assumed to have higher status, the male patient may feel that expressing their emotional problems to a female therapist is evidence of weakness and is culturally humiliating. Conversely, females may view it as culturally inappropriate to discuss with male clinicians interpersonal issues and emotions that are only considered proper to talk about with females of their age group and within the setting of their extended family. Thus, it is important for the clinicians to examine their assumptions about other cultures in order to give better service.

4.3.1.5 Overall Cultural Assessment for Diagnosis and Care

In order to successfully deal with the patient, the clinician includes the use of culturally appropriate health care and social services. The clinician may include the family and social levels in their interventional plan. In making a psychiatric diagnosis the clinician should not use classification systems developed for one culture to another culture where its relevance may not be comparable. As discussed earlier also, many psychiatric disorders show cross-cultural variation. The evaluation of cultural factors on psychopathology can be a challenging task for the clinician.

4.3.2 Culture-Bound Syndromes

The cross-cultural literature has shown that certain disorders or psychotic behaviors are found only in specific cultural settings. Therefore the cultural and belief systems influence the presentation of illness. The following are examples of some of the culture-bound syndromes/symptoms:

**Koro:** More Prevalent in Southern China, Southeast Asia, India. This is a mental disturbance characterized by a man’s belief that his penis is shrinking into his abdomen. It is now considered an acute anxiety state associated with sexual dysfunction.

**Windigo psychosis:** Usually found among Cree Eskimos and Ojibwa of Canada. This disturbance is characterized by cannibalistic delusions. The victim believes he has been transformed into a giant monster that eats human flesh. This delusion is possibly derived from tribal mythology and reflects the survival struggle in the Arctic.
Arctic hysteria: Prevalent in Polar Eskimos. The person may scream for hours, imitating animal cries, while thrashing about on the snow in the nude or partially undressed. Some attribute the condition to diet, to hypo-calcemia, or hyper-vitaminosis-A.

Latah: Found among Southeast Asians. This syndrome appears most commonly among women who break into obscenities and echolalia after an event that startles them. They may also follow commands automatically or repetitively imitate another person. It has been suggested that latah is an arousal state (possibly located in the amygdala) that may have developed as an adaptive response to snakes. Seeing a snake is a common precipitant of the startle response in Malayan and Filipino cultures, where snake bite is a major cause of morbidity.

Susto or Espanto: Found among Latin American Indians. It is a fear state or sudden fright attributed to loss of soul by the action of spirits, the evil eye, or sorcery. Symptoms include weakness, loss of appetite, sleeplessness, nightmares, and trembling, and their frequency in this population has sometimes been attributed to hypoglycemia. Susto may be diagnosed as a brief reactive dissociative disorder, but it is unlikely to be healed by modern psychiatry. Its cure requires a traditional healer whose ministrations will influence the spirits to release the soul and return it to the host body.

4.3.3 Culture and Stress

According to the stress-diathesis hypothesis, stressful environmental events lead to biological vulnerability towards a specific condition. Many experts today tend to accept the diathesis-stress hypothesis in the case of major psychiatric diagnoses with known biological and genetic parameters, such as schizophrenia, bipolar disorder, or obsessive-compulsive disorder. Thus, it is important to know the interactions of the social and cultural environment of an individual before implying treatment towards mental disorders.

Self Assessment Questions 1

State whether the statements are ‘true’ or ‘false’

1) Susto or Espanto is a fear state or sudden fright attributed to loss of soul by the action of spirits, the evil eye, or sorcery ...................

2) Research and experience in the treatment of mental illness shows that culture affects mental health care and services in many ways ...........................................

3) The cultural identity of the clinician and of the mental health team does not have an impact on patient care ........................................

4) In order to understand the clinician’s treatment, it is important to know about their family dynamics. ........................................

4.4 IMMIGRATION AND ACCULTURATION

The process of immigration and acculturation also has an impact on the mental health of individuals because it involves adaptation and adjustment towards
another culture. In order to make it more clear to you let us deal with both the processes and their outcome one by one:

### 4.4.1 Immigration

Refers to the movement of people into a country or region from their native place. Immigration is made for many reasons, including temperature, breeding, economic, political, family re-unification, natural disaster, poverty or the wish to change one’s surroundings voluntarily.

### 4.4.2 Acculturation

Refers to the process of cultural and psychological change that results following meeting between cultures. The effects of acculturation can be seen at multiple levels in both interacting cultures. At the group level, acculturation often results in changes to culture, customs, and social institutions. Noticeable group level effects of acculturation often include changes in food, clothing, and language. At the individual level, differences in the way individuals acculturate have been shown to be associated not just with changes in daily behavior, but with numerous measures of psychological and physical well-being. As enculturation is used to describe the process of first-culture learning, acculturation can be thought of as second-culture learning.

### 4.4.3 Fourfold Model

The four possible outcomes of immigration and acculturation are separation, integration, assimilation, and marginalization.

1) **Separation**- When an individual shifts to a new culture, then the individual may wish to maintain his/her cultural integrity, whether by actively resisting the incorporation of the values and social behavior patterns of another cultural group or groups with whom they have regular contact, or by disengaging themselves from contact with and the influence of those other cultural groups. Some religious cults are examples of separation.

2) **Integration**- It is an outcome of acculturative stress faced by an individual which is derived due to the desire to both maintain a firm sense of one’s cultural heritage and not abandon those values and behavioral characteristics that define the uniqueness of one’s culture of origin. At the same time, such individuals are able to incorporate enough of the value system and norms of behavior of the other cultural group with which they interact closely, to feel and behave like members of that cultural group, principally the majority host culture. Accordingly, the defining feature of integration is psychological: It is the gradual process of formulation of a bicultural identity, a sense of self that intertwines the unique characteristics of two cultures.

3) **Assimilation** is the psychological process of the conscious and unconscious giving up of the unique characteristics of one’s culture of origin in favor of the more or less complete incorporation of the values and behavioral characteristics of another cultural group, usually, but not always, the majority culture. Examples include involuntary migration, during war for survival purpose. However, there are many other life circumstances, including racial, ethnic, and religious discrimination, that motivate people to overlook, suppress, or deny aspects of their cultural
heritage in an attempt to have a seamless fit within another group. The price of such an effort, in terms of intrapsychic conflict, can be high.

4) Marginalization is defined by the psychological characteristics of rejection or the progressive loss of valuation of one’s cultural heritage, while at the same time rejecting, or being alienated from, the defining values and behavioral norms of another cultural group, usually that of the majority population. This is the psychological outcome of acculturative stress that is closest to the concept of identity diffusion. As such, it is most often exemplified by the angry, lost, and anguished youth and young adults of many groups, those whose intense intrapsychic conflicts are reflections of substantive intrafamilial, intergenerational, intracommunal, and intercommunal conflict. Part of their search for psychological meaning and self-esteem is reflected in their turmoil about their ethnic identity and in their formation of a negative identity.

The literature on acculturation and acculturative stress emphasizes the need for long-term study of the process. With the help of an understanding towards stress due to acculturation, clinicians can take account of its complex influence on the clinical presentation of the very large numbers of people affected by it and thereby improve the quality of their treatment.

Studies suggest that individuals’ respective acculturation strategy can differ between their private and public life spheres. For instance, an individual may reject the values and norms of the dominant culture in his private life (separation), whereas he might adapt to the dominant culture in public parts of his life (i.e., integration or assimilation).

4.4.4 Cultural Factors Related to Immigration and Mental Health

By now you must have understood that culture influences the health belief system and has an effect on the diagnosis and treatment of mental disorders. However, there is tremendous cultural variability among groups and heterogeneity within groups.

Several key cultural factors that are relevant to this process are as follows:

- **Language:** Language is one of the important factors influencing access to health care. When a person immigrates to another country/state wherein the language of communication is different, the communication between the clinician and the person could be problematic.

- **Level of acculturation:** Studies towards immigration in western countries have shown that generally it takes three generations for immigrants to fully adopt the lifestyle of the dominant culture. Therefore the feelings of alienation, disconnectedness would lead to mental health issues.

- **Age:** In general, the younger people can easily adapt to a different culture when they migrate than older people.

- **Gender:** There are higher chances for men to adapt to another culture than women because of exposure to the other culture.

- **Traditional beliefs about mental health:** The belief system about mental illness differs from one culture to the other. This can influence the access to the mental health care; this in turn will affect the compliance with treatment and the prognosis.
These factors will have differing effects, depending on the individual’s degree of acculturation, socioeconomic status, and immigration status.

Many studies conducted among the immigrants at different countries showed that the immigrants showed above-average levels of admissions for schizophrenia to psychiatric hospitals. This could mean that immigrants face stressful situations while living in an alien country and culture. It might be suggested that for persons suffering from mental illness, appropriate education of caregivers or others in the person’s social network, can help in minimizing stress.

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<th>Self Assessment Questions 2</th>
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<td>State whether the statements are ‘true’ or ‘false’</td>
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1) Immigration refers to the process of cultural and psychological change that results following meeting between cultures ........................... .

2) Marginalization is defined by the psychological characteristics of rejection or the progressive loss of valuation of one’s cultural heritage, while at the same time rejecting, or being alienated from, the defining values and behavioral norms of another cultural group, usually that of the majority population ............................. .

3) Language is one of the important factors influencing access to health care ................................. .

4) The younger people can easily adapt to a different culture when they migrate than older people ................................. .

4.5 LET US SUM UP

It can be summed up from the above discussion that culture plays a significant impact on the mental health and belief system of individuals. The assumptions of role of culture in psychological processes and the application of this in understanding cultural issues in mental health and mental illness is significant. Culture is no more a stable unchanging aspect, as there are widespread political, demographic and economic changes taking place globally. Therefore, cultural aspects have become increasingly important in view of the diversity that exists in a given society, specifically in terms of mental health issues. It should also be understood that the therapists need to be sensitive to the cultural background of the clients. When dealing with clients from different backgrounds, treatment should incorporate three components: awareness, knowledge and skills. Further, immigration has also resulted in mental illness due to the process of acculturation with the change of time.

4.6 ANSWERS TO SELF ASSESSMENT QUESTIONS

Self Assessment Questions 1

1) True

2) True
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3) False
4) False

Self Assessment Questions 2
1) False
2) True
3) True
4) False

4.7 UNIT END QUESTIONS

1) Define culture. What are the components of culture?
2) Describe the important cultural factors that have to be considered by the therapist in the management.
3) Write briefly about culture-bound syndromes.
4) Write in detail about immigration and acculturation.
5) What is cultural identity?
6) What is cultural stress?

4.8 REFERENCES


