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From Mental Disorder to Recovery: Cultural Effect

Ruhsal Hastalıktan İyileşmeye Kültürel Etki

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Abstract

The structure that composes individuals' attribute, meaning and value is defined as culture. Emotions, thoughts and behaviors are shaped by the culture in which the individual lives, and these behavioral patterns become meaningful in the social network in which they are experienced. While some of these patterns of behavior are accepted by society, some are excluded from society. Behaviours other than those accepted by the society manifest themselves in the expression of symptoms of mental disorder. While the cultural structure is addressed both on the basis of the mental disorder statement, and shows the effects of the individual in there recovery process defined as living with mental disorder statements, coping with disorder, regaining control of life and finding meaning from life. In this respect, it is thought that considering an individual's cultural background of an individual with a mental disorder and taking care of the positive effects of the culture during the recovery process would have significant contribution. The review written with this purpose will examine the effects of culture on symptoms of mental disorder and the way to recovery from mental disorder.

Keywords: Mental disorder, recovery, culture.

Öz

Bireylerin simge, anlam ve değer dünyasını oluşturan yapı kültür olarak tanımlanmaktadır. Duygu, düşünce ve davranışlar bireylerin yaşadıkları kültür ile şekillenir ve bu davranış örüntüleri yaşanılan sosyal ağ içinde anlam kazanır. Bu davranış örüntülerinin bir kısmı toplum tarafından kabul edilirken bir kısmı da toplumdan dışlanır. Toplum tarafından kabul edilen durumlar dışındaki davranışlar, ruhsal bozukluk belirtilerinin dışa vurumunda kendini gösterir. Kültürel yapı hem ruhsal bozukluk belirtileri zemininde ele alınırken, hem de bireylerin ruhsal bozukluk belirtileri ile yaşama, hastalıkla baş etme, yaşamın kontrolünü tekrar eline alma ve yaşamdan anlam bulma olarak tanımlanan iyileşme sürecinde de etkisini göstermektedir. Bu doğrultuda ruhsal hastalığı olan bir bireye yaklaşımda, bireyin kültürel alt yapısını göz önünde bulundurmanın, iyileşme sürecinde de kültürün olumlu etkilerini bakıma dahil etme açısından etkili olacağı düşünülmektedir. Bu amaçla yazılan derlemede, ruhsal hastalık belirtilerinin ve ruhsal bozukluktan iyileşmeye giden yolda kültürün etkileri gözden geçirilecektir.

Anahtar sözcükler: Ruhsal bozukluk, iyileşme, kültür.

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CULTURE composes nation and society-specific sets of attributes, meanings and values (Ersoy 1999, Cimilli 2012). Culture, a transferable (from previous generations to next generations, transformable and developable structure, includes language, religion, values, norms, beliefs, traditions and social institutions (Ersoy 1999). Culture lives much longer than individuals and maintains and improves cumulatively from past to present.

Each culture determines good, bad, socially compatible or incompatible behavior patterns for the individuals within the culture (Ersoy 1999). Society tries to repress and eliminate unapproved behaviors while it tries to uphold and consolidate approved behaviors in accordance with these behavior patterns. Individuals endeavor to balance internal and external environments in order to remain in that social structure. At the mean time external environment tries to dominate the individuals consistently (Ünal 2000). This situation is quite similar to the balancing attempts of ego as a result of repression of motives of ID by superego (Freud 2016). Dynamics, occurring as a result of behavioral patterns and interpersonal and intergroup interactions both in internal and external environments, have impact on psycho-pathology (Ersoy 1999).

Considering that psychopathology is affected by interpersonal interactions and behavior patterns, it is impossible for psychiatry, the science of human behaviors, to explain mental disorders by merely biological reasons. Because changes occurring at neurotransmitters can be enough to understand only the biological aspects of human, a biopsychosocial entity, but not enough to understand the 'individual' (Ünal 2000). Thus, social, economical and cultural aspects of disorders and illnesses should be taken into account besides their biological aspects, because process of understanding and evaluating an individual is affected by phenomenological field of both the individual and the person who gives consultation to the individual.

Meanings deployed to the illness (or disorder) by each individual within phenomenological frame differ from each other. Meaning deployed to the illness by the individual reflects the internal life, values and individuality of that person. The way illness is perceived, illness management, coping and help seeking behaviors vary between societies (Ünal 2000). A behavior that is considered usual and ordinary in a society can be considered as pathology in another society. Even parameters used to determine mental disorders may not be valid for another society (Sayar 1998). Therefore it is vital to know what the symptoms mean within a culture.

In this study, effects of cultural aspects are examined on occurrence and recovery of mental disorders.

Construction of Mental Disorders within Cultural Context

DSM (Diagnostic and Statistical Manual of Mental Disorders) diagnostic set is used as the guide for diagnosing and defining mental disorders universally. This diagnostic set which aims to build a common language and patterns usually includes clinical cases of Western Civilizations and mentions the biological aspects of disorders. However, way of expressing the mental disorders, their symptoms and help seeking behaviors differ in every culture (Sayar 1998). Such differences reveal the necessity to examine cultural factors of disorders besides the biological factors. Cultural factors are added in the appendix of DSM-IV and cultural factors are mentioned more in diagnosis criteria of

DSM-5 in accordance with the necessity mentioned above (APA 1994, Regier et al. 2011, Cimilli 2012, APA 2013).

Although some mental disorders are defined universally, the symptoms of these disorders are observed differently and some of them show up as a reaction to culture. Expression of mental disorders may vary (Erdur Baker 2007). For instance; symptoms of mental disorders are expressed physically in oriental cultures, while this state is observed very rarely in Western cultures. Conversion of mental disorders into physical expressions is perceived as a primitive behavior and is not welcome in Western societies. On the contrary, it is thought that somatization of emotions that are not freely expressible is an important way for social harmony of the individual (Özen Şahin et al, 2009). Therefore, depression is characterized with guilt and suicide whereas it is characterized with bodily complaints (Yeşilbaş 2008). Within this context, in a study examining the effects of cultural norms on showing indications it is reveal that somatization rates are higher among Chinese people and they represent more tendency towards depression compared to Western world. It is determined that Asian culture is effective on pressing the feelings among Chinese (Ling Chang et al. 2017).

In their study, Deveci et al. (2007) show that conversion disorders rate is higher among women compared to men. Higher tendency of women to convert unspoken feelings to bodily complaints, seeking more help than men, recessive roles in family relations and dependence to men in many fields are thought to be some reasons of this difference. When looked at the social structure in Turkey, it is observed that men's roles are usually dominant to women. It is likely for women who are unable to express their feelings openly and feel themselves dependent to their husbands (or fathers), to somatizate mental disorder symptoms.

Factors such as expressing the mental disorders differ from a culture to another culture. For example, it is reported that socio-cultural context, social gender inequality and local culture are influencial on delusion of persecution of individuals diagnosed with schizophrenia (Mohammed Alnzawi 2012). When delusion contents of individuals with schizophrenia in China and Korea are compared in a study, the study indicated that Korean patients had more delusion related to family relations, caused by the traditional family structure (Kim et al. 1993). Binbay et al. (2007) state that traumatic life events, unemployment, being a member of a minority group, migration, working environment and several other external factors have impacts on occurrence of psychotic disorders.

In a study which compares the contents of hallucinations and delusions of patients that are hospitalized during two different periods, it is reported that hallucinations and delusions of patients hospitalized during 1980s are characterized with negative and destructive thoughts while hallucinations and delusions of patients hospitalized during 1930s are characterized with positive and religion related thoughts. It is stated that negative environment of 1980s had impacts on contents of hallucinations and delusions (Mitchell and Vierkant 1989).

In another study conducted to compare intercultural differences between and elasticity of schizophrenia patients in Japan and Austria, it is found out that Japanese patients scored lower stamina and self-respect scores while they scored higher despair levels. It is stated that social structure of the country is effective on that result. It is especially mentioned that Asian societies are shame directional. As a result, patients

with schizophrenia in Western Europe and Japan have differentiated needs for recovery. Patients in Asian culture require components like spirituality and hope whereas patients in Western Europe cultures need feeling of control, personal responsibility and freedom of independent decision for recovery (Hofer et al. 2016). As shown in the findings of several researches, there is a relation between mental disorder symptoms and the culture of individuals that have mental disorders. It is possible to say that social environment and cultural background of individuals have impact on mental disorder symptoms they show.

Another mental disorder symptom that is affected by the culture is related to eating disorders. Although easting disorders were associated with Western societies more often, it can be seen that eating disorders become more common in other societies in which aesthetic perception is related to physical appearance and having a slim body is more acceptable (Miller and Pumariega 2001). Aguera et al. (2017) in their study on patients with anorexia neurosis from Western and non-Western societies, found out that body dissatisfaction and somatization levels in Western societies are higher than those in non-Western societies. In the study, individualistic and socialistic structures of Western and non-Western societies respectively are mentioned to affect psychopathology. Slim body expectation, sexual role of females, ideal body perception, importance deployed to physical appearance and sexual attraction are especially influential on anorexia neurosis (Kaya et al. 2003). Another study claims that rapid social transformations, westernization and industrialization have caused an increase in eating disorders in Japan. Such changes have also caused weaker family bonds, decrease in social support systems and changes in moral perception (Yasuhara et al. 2002). Impacts of the socio-cultural transformation from a society-based structure to an individual-based structure on human mentality and body can be observable through eating disorders.

Turkey functions like a bridge between society-based structures and individual-based structures during transformation from former to latter. Some of the symptoms of mental disorders are similar to symptoms in Western societies while some symptoms are similar to Eastern societies' symptoms. However it is reported in many researches that mental disorder symptoms differ even in geographically close societies. It is remarkable that period-specific conditions can direct how illnesses or disorders are experienced. In addition to this, help seeking behaviors of individual in treatment process following the mental disorder vary depending on the social characteristics and conditions.

Symptoms of mental disorders and values that are thought and believed to be the reason of such disorders are closely related to culture (Candansayar and Coşar 2001). All these values and beliefs also lead the individuals to help seeking behaviors. Help seeking behaviors provide and start treatment of and recovery process from mental disorder. All the components of the recovery process are affected by the society in which the individual lives, because attitudes and behaviors of the individuals find their meaning within the social network and those meanings are transferred thanks to culture (Ünal 2000).

From Mental Disorder to Recovery

Despite lack of a global definition for recovery, different schools try to define recovery focusing on different aspects of the term (Çam and Aydoğdu Durmuş 2016). From the

physician perspective, clinical recovery means reduction or elimination of symptoms of the patient, maintaining correspondence to medicines and re-gaining the independent functionality. Despite all the objective measurements for defining recovery, it is also defined as being able to continue to live and function at desired levels by means of family, occupation and social interactions (Davidson et al. 2006, Liebermann 2011). While psychologist perspective focuses on patient's ability to maintain its cognitive, familial and social functions, sociologists consider recovery as decrease in use of mental care services and coping with labeling (Libermann 2011). Recovery as a term of rehabilitation is defined as ability to go on with the illness and find meaning in life despite all the limitations and loss of functions because of that illness (Davidson et al. 2006).

Although definitions of recovery differ depending on the perspective, each of these perspectives serves in favor of the individual and the society. Under the light of all these, recovery can be defined as; patient's ability to cope with the symptoms of the disorder, hospitalization of the patient if needed, medicine treatment and coping with the side effects of the medicine, patient's effort to re-gain the functions that are lost, reconstructing patient's family, work and friendship relations, renewing/refreshing life objectives and taking independent roles back, after mental disorder is diagnosed. Purposes of all these factors affecting recovery are helping individuals maintain their lives the same way as far as possible and making them autonomous again (Liberman 2011, Hummelvoll et al.2015). Hence, gaining autonomy, learning new abilities, integration with the society, trying to keep functionality at the highest level possible and enjoying life constitute the process of recovery (Liberman 2011). The significance of finding self-value in the family, spending effort and producing something for the society and finding a meaning in life in accordance with beliefs and values for the recovery process points out the importance of cultural factors.

It is necessary to take an environment that supports the growth of the individual and encourages going on in life despite the disorder, providing strength against stressors, cultural acquisitions of the individual and his spiritual beliefs and perspective into account during the recovery process (Jacob 2015). Including especially the spiritual processes into the caring process is very important for the individual to evaluate and give meaning to the process that the individual experiences. Spiritual process includes individual's beliefs, directing the mind towards another field, gaining control over the illness or the need for handing over the reins, and coping within moral context (Yılmaz 2011, Boztilki and Ardıç 2017). Belief systems that are brought from the cultural background by the individual are significant at this point as belief system of an individual who tries to cope with a mental disorder can be effective on recovery.

Cultural Components within Recovery Context

Culture plays an important role in the recovery on individuals who have mental disorders. Culture includes several components within itself. Language, religion, cultural norms and rules, attitudes, attributes and values are components of culture. It is thought that knowing the cultural factors causing the mental disorder and introducing positive aspects of the culture into the recovery and caring process will be beneficial (Sayar 1998).

When recovery is observed within cultural context, there are some good examples of positive aspects of cultural elements. For instance, it is known that there are strong

bonds between members of Hispanic or Native American (Indian) families. When they encounter an illness of a member, a state of crisis management occurs and all the members of the family act together and in harmony in order to overcome the illness and provide recovery. For spiritual recovery of the patients, traditional applications or sacred objects can be included in the treatment with accordance with the individual's family (Handzo 2011). In Afro-American cultures, the community is expected to participate in the treatment and caring processes for the recovery (Handzo 2011). There are several studies supporting the introduction of beliefs and symbols into the recovery process of mental disorders.

In Eastern Asian cultures Yin-Yang balance needs to be restored to maintain mental health just like it is believed that physical illnesses are caused by the absence of this balance (Yip 2016). If the balance is not provided, health is lost and illnesses occur according to their belief. In those cultures, the person with the illness is usually more passive while family plays an active role. For the recovery, the need for a harmony between body, brain and the spirit is mentioned. People from Eastern Asian cultures include herbal treats, acupuncture, acupressure, incense, symbol of good fortune and special foods in treatment during spiritual recovery (Handzo 2011). Rathbone et al. (2007) reported that using Chinese herbal medicines in addition to antipsychotic medicines is effective on symptoms of the disorder, in their study conducted with patients with schizophrenia.

In Middle Eastern and South Asian cultures, illnesses are believed to be caused by a divine power because of reasons like stress or bad luck. In some of the beliefs in those territories problems in the previous lives of the people are important factors affecting the occurrence of illnesses. Such cultures include sacred symbols and rituals into the recovery process in addition to western medicine (Handzo 2011). Heffernan et al. (2016) claim that sacred symbols, believing in a divine power, struggle for using and trying to protect rituals and having principals in life have positive effects on recovery if included in treatment. They also report that having a right to choose and control of the life, good interpersonal relations and attempts to deploy meaning to one's experiences have positive impacts on individuals' mental welfare. Therefore the significance of introducing therapeutic interventions via clergymen into the caring and treatment process is underlined.

Another cultural component that is effective on the recovery process is language. Each culture has its own language. The language of a culture is one of the elements that determine the feelings, thoughts and cultural identities. People can express themselves and understand others thanks to language. The individuals who have problems with expressing themselves or who think that they are not understood by the others experience hopelessness and despair. Language obstacles for people who experience abroad migration and sub-cultural uses of language for people who experiences domestic migration increase the ratio of such language-based problems. Such problems make the recovery of individuals with mental disorders even harder. The individuals who have adaptation problems to the culture they migrated into or those who have psychosocial harmony problems do not want to seek help in hospitals because of the language barrier. Since they do not receive treatment, recovery is postponed or it slows down (Tuzcu and Bademli 2014). Some interventions are needed to overcome the language barrier that people who come from different cultures and also have mental disorders are experi-

encing (Özcan 2012).

One of the most significant functions of religion, another component of culture, is to provide physical and mental health to the people. Individuals form their health related behaviors, life styles, social support systems, belief systems, cognitive structure and religious activities according to their religions (Behere 2013). There is a belief that illness is a punishment to the individual by God and the recovery will be obtained thanks to his will (Atmaca 2010). According to that belief, the person suffering pain because of the illness is paying his debt because of his sins. They perform religious rituals in order to be forgiven. Such rituals or ceremonies play a role in integration and unification of the individual with the society since sense of belonging to a religion or a community helps people feel better (Bahar 2012). Religion provides the opportunity to position one's self in existence. That positioning helps the individual find meaning and create objectives in life (Kula 2005). In the existing literature, there are studies that report positive effects of religion on recovery from mental disorders (Whitley 2011, Watson Moss et al. 2013). Impacts of rituals like praying or worshipping on maintaining mental health and coping with stress are also mentioned (Koç 2005). In their research Apaydın et al. (2014) have indicated that religious tendencies of the individuals who struggle against illnesses increase.

Norms are among cultural components, too. Norms are the set of rules that determines the behaviors of individuals in a society. Proper behaviors that comply with the norms are rewarded while inappropriate behaviors are excluded (Eroğlu 2015). For instance, individuals who are diagnosed with a mental disorder are usually excluded from the society as they fall out from the measures of normality defined by the society. Prestige of excluded person decreases as he is marginalized. After a while, the individual with the reduced prestige accepts the labels attributed to him and experiences interiorized labeling. As a result of interiorized labeling, the individual becomes isolated from the society gradually, experiences shame and alienates. Trivialization and marginalization of individuals have negative effects on help seeking behaviors and treatment processes on the way to recovery (Link et al. 2001, Bilge and Çam 2010, Çam and Çuhadar 2011, Parle 2012, Drapalski et al. 2013, Mak et al. 2015).

Help seeking behaviors of individuals differ from culture to culture just as symptoms of mental disorders and ways of expressing them differ. Such differences are not only observed among individuals from different cultures but also among those from sub-cultures of a single society. For instance some people may try herbal treatment, meditation and religious and spiritual activities as a way of seeking help while some other expect cure from visiting hodja, constituting circle (trying to communicate with gins), showing water (treatment with water) and fortune telling or some people from the same community may seek for medical treatment. It is important to consider the culture of the patients and inform them about the process as traditional applications can have effects on medical treatment (Bademli and Lök 2017).

When Jimenez et al. (2012) researched the methods preferred for treatment of mental disorders; they found out that white people except Latinas preferred medicine the most whereas Afro-Americans preferred personal consultancy and Asian Americans combined those two methods in treatment. In addition to these methods, people benefit also from herbal treatments, group consultancy, after-treatment and spiritual support in order to recover from mental disorders. In the study it is mentioned that cultural

differences have impact on health-related beliefs, treatment preferences and decisions. Thus they offer inclusion of cultural factors in the caring process of mental health care services. Another study related to help seeking behaviors conducted by Ünal et al. (2001) indicates that people mostly apply to the doctors other than psychiatrists and apart from this they usually seek help at psychiatric consultancy, traditional and religious treatment applications, not seeking for cure and self-inculcation.

As researches state, cultural components such as language, religion, norms, beliefs and symbols have effects on the recovery process of people who are diagnosed with a mental disorder. Studies try to clarify how the individuals benefit from cultural components in order to feel better. Since each individual's needs differ from each other, it will be more effective if certain cultural components are focused during recovery process.

Conclusion

Culture reflects the life style of a community. It can make lives of individuals both easier and harder. That situation is observed also at mental disorders. Expression of mental disorders and illnesses varies depending on the culture. The way mental disorders are perceived, showing the indications of disorders and variety in contents of hallucinations and delusions are formed by the culture. It is remarkable that variety in the symptoms and indications differs across the countries. Even geographically close cultures may differ widely at symptoms and indications of such disorders. Economical and financial situation, health care system, war and migration are some of the cultural factors that have positive or negative impacts on recovery process. There are several studies in the literature mentioning how period-specific problems that societies face, gender perceptions in a society and health related beliefs influence the mental disorders.

Culture has effects on the way from mental disorder to recovery just like it has effects on how mental disorders and complaints are expressed. The needs of individuals during recovery process are shaped and influenced by the cultural structure. This is why people should be examined and evaluated within the society they belong to. That society informs us about the cultural background of the individual. Cultural background may function as a bridge between mental disorder and recovery process. Understanding the mankind which is a biopsychosocial entity is possible through including cultural characteristics in the treatment and caring process. Within this context, it may be important to know the cultural components that are influential on occurrence of mental disorders and to consider cultural components during the recovery process.

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