IJRAR.ORG E-ISSN: 2348-1269, P-ISSN: 2349-5138
INTERNATIONAL JOURNAL OF RESEARCH AND ANALYTICAL REVIEWS (IJRAR) | IJRAR.ORG
An International Open Access, Peer-reviewed, Refereed Journal

CULTURE AND ITS INFLUENCE ON MENTAL HEALTH

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Abstract: Culture plays a critical role in shaping perceptions, expressions, and experiences of mental health. It influences how individuals understand psychological well-being, interpret symptoms of mental distress, and seek help. This paper explores the multifaceted relationship between culture and mental health, highlighting how cultural norms, values, and belief systems impact the diagnosis, treatment, and stigma associated with mental illnesses. By examining cross-cultural differences in mental health narratives and health care practices, the study underscores the importance of culturally sensitive approaches in mental health services. It also discusses how cultural identity and community support can serve as both protective and risk factors in mental health outcomes. Ultimately, the paper calls for a more inclusive and contextually aware mental health framework that respects and integrates cultural diversity.

Key words: Mental health, cultural differences, diversity, identity differences.

Introduction:

Culture is a broad and vexed term that can be defined in a range of ways, depending on the field of study and the perspective of the person using the term culture refers to the shared beliefs, values, customs, behaviors, and social practices of a group of people.

Culture has been defined in different ways, from the cultivation of crops to being to sharing consist of learnt behaviors and patterns which influence lifestyle, backed by knowledge, customs, beliefs, and values which go on to shape human behaviors which are influenced in turn. Cultures fluidly shape human behaviors and are as likely changed by such behaviors by coming to direct or indirect contact with other cultures. Cultures impact on our lives in number of subtle and not so subtle ways. We all carry cultural capitals whenever we are. The way we dress, speaks, eat and think and develop is influenced by cultural factors. These are integrated and shape our world views.

Culture is constantly in the process of change and it is transmitted from one generation to the next. All societies have it though their styles vary from one group to another. Culture is best conceptualized as a totally composed of a complex system of symbol processing subjective dimensions such as values, feelings, and ideals and objective dimensions including beliefs, traditions, and behavioral preconceptions, articulated into laws and rituals. This unique capacity of culture to bind the objective world of perceived reality to the subjective world of the personal and intimate, lends it, its powerful role as expressor, mediator, and moderator of psychological processes and, ultimately emotional disorders.

Cultural diversity across the world has significant impacts on the many aspects of mental health. As Hernandez et al. suffest "Cultural influences what gets defined as a problem, how the problem is understood and which solutions to the problem are acceptable.

In 2015, a famous Bollywood actor- Deepika Padukone – opened in the media about her struggle with depression (Indian Express-2021). Padukone admitted the stigma around mental health initially posed a dilemma for her and her family in seeking immediate professional help.

Culture uniquely influences mental health of people living in a give society. Mental health problems, from presentation of illness to course and outcome, at every stage are influenced by cultural issues. Large number of patients get referred to the physician or psychiatrist of their cultural Milieu as he/she can understand the patient and his psyche due to understanding of cultural factors which influence the disease and healing process.

There is little doubt that cultures also affect the way we experience distress, the way in which we express distress and where we seek help from. Pathways into clinical care are very strongly molded by the way we understand our explanatory models of our distress which dictate who is approached first for help. Very often we week help first from personal, folk, or social sector and once these are exhausted, we may seek professional healthcare. This will also depend upon the type of healthcare system and funding for this (which will also be decided by the culture and the society).

Geopolitical determinants have started to be recognized as important factors in developing and delivering mental and physical well being of individuals and their families. These factors are essential in our understanding of how diseases spread both physically as seen the current SARS-COV-2 pandemic and movement of people who can carry infectious and mental illness with them along with their cultural capital which may help work as an important factor in developing and maintaining resilience.

Understanding of Mental Health in different cultures

From ancient culture, there are four cultural streams that are prominently seen. The India, Egyptian, Roman, and Chinese culture. One similar phenomenon observed regarding mental health problems in all of them is the impact of supernatural on the human mind. The understanding of illness also in different cultures interestingly has been perceived as imbalance of humors leading to problems of mind and body. For example, the personality traits sat, raj and tam and the three humors, Vat, Pitt, and Kaph conceptual in Indian subcontinent also correspond to theories of Chinese and Roman culture. All cultures develop independently, thousands of miles apart with very little communication.

In India, mental health and psyche has been an area of exploration for centuries together, right from the Vedic period, there has been a description of human mind, its functioning, consciousness, and dynamics of human behavior. There have been a sizeable number of studies which relate to the demographic factors, cultural factors influencing presentation of illness, diagnosis of the illness culture bound syndromes and influence of the cultural factors and the belief system on psychopathology, stigma, and discrimination toward the patient.

Demographics

Trivedi JK et al. in their study "Rapid urbanization – Its impact on mental health: A South Asian perspective" suggested the urbanization is affecting the entire gamut of population especially the vulnerate sections of the society. Rapid urbanization has also led to creation of "fringe population" mostly living from hand to mouth which further adds to poverty. Urban population is heavily influenced by changing cultural dynamics leading to psychiatric problems like depression, alcoholism, and delinquency.

Judicious use the resources, balanced approach to development, and sound government policies are advocated for appropriate growth of advancing economies of South Asian region. Paralikar V et al. while studying "Prevalence of clinically significant functional fatigue or weakness in especially out patients of Pune, India" found that overall prevalence of such disorders is 5.02% which higher rates in dermatology and ayurvedic clinics and a notable (63.83%) female preponderance.

Prevalence and type of Mental Health Disorders

In India, mental health disorders have a high prevalence, impacting a considerable proportion of the population. Epidemiological studies report prevalence rates for psychiatric disorders varying from 9.5 to 370 per 1000 people in India. The prevalence rates of mental health disorders in India highlight the need for effective intervention and support system to address the mental well being of population. Conditions such as

depression, anxiety disorders, bipolar disorder, schizophrenia, and substance use disorders are commonly observed mental health disorder in India.

Social and Cultural factors influencing mental health in India

Social stigma and Discrimination

Mental illness carries a significant social stigma in Indian society, leading to discrimination and social exclusion for individuals with mental health problems. The stigma surrounding mental illness often stems from misconceptions, fear, and a lack of awareness. This stigma creates barriers to seeking help and support, as individuals may fear judgement, rejection, or negative consequences. Consequently, individuals may delay or avoid seeking treatment, resulting in inadequate or delayed care, and further exacerbating their condition.

Gender Inequalities

Gender inequalities in India have a profound impact on mental health. Women face unique challenges and are more vulnerable to mental health problems. Factors such as domestic violence, sexual abuse, unequal power dynamics, limited access to education and employment opportunities, and societal expectations can contribute to increased stress, anxiety, and depression among women. Intersectionality of gender with other factors, such as socio-economic status and caste, further compounds mental health disparities.

Poverty and socioeconomic factors

Poverty and socio-economic disparities play a crucial role in developing and exacerbating mental health disorder in India. Limited resources, including access to quality healthcare, mental health services, and essential social support systems, significantly impact well being. Stressful living conditions, financial instability, and a lack of opportunities for upward mobility contribute to heightened psychological distress and the risk of health problems.

Rapid Urbanization and Migration

India's rapid urbanization and migration patterns have significant implications for mental health. Urban areas often present challenges such as social dislocation, loss of social support networks, increased competition, and high stress levels. The migration process, whether from rural to urban areas, can disrupt social cohesion, traditional support system, and stability leading to an increased risk of mental health problems.

Family Dynamics and Societal Pressure

Family dynamics and societal expectations pressure individuals, impacting their mental well-being. Expectations related to education, career success, marriage, and gender roles can create significant stress and anxiety. Interpersonal conflicts, strained relationships, and dysfunctional family dynamics can also contribute to developing mental health issues.

Presentation of Symptoms in different cultures

Gautam and Kapur in a study of psychiatric patients presenting with somatic complaints reported that more patients from Muslim ethnic group presented with Somatic symptoms in South India population. Headache followed by nauseating sensation and vomiting were the prominent somatic complaints of the neurotic disorders.

Chaturvedi and Bhugra reported that there has been a significant altercation in the concept of neurosis in most culture, with the relative abandonment of term 'neurosis' and replacing the concept with that of common mental disorder, however, other conceptual equivalents of neurosis are seen in somatic form disorders, somatization, and abnormal illness behavior.

Kulhar and Chakrabarti studied "Cultural and Schizophrenia and other psychotic disorders" and observed that there is certain uniformity to the way schizophrenia presents globally; there are equally significant cultural differences. The outcome of schizophrenia appears to be better in developing, than developed cultures, reasons for this are far from clear, nevertheless it can be safely assumed that culturally determined process, whether social or environmental, are partly responsible.

Jacob KS reported in their study, "The cultures of depression" that there are many cultural issues that need to be resolved.

In a review, "Depression among women in the South-Asian region: The underlying issues" Trivedi JK et al gave indications of specific health care needs of women in the region and suggested that mental health needs to be customized as per local needs and cultural sections.

Culture bound syndromes

Sumathipala A et al. in their study "Culture bound syndromes: The story of syndrome" explored the possibility of the presence of similar and symptoms and syndromes in different cultures and historical settings.

Chaturvedi SK et al. their work, "Dissociative disorders in a psychiatry Institute in India – A selected review and patterns over decade" emphasized that unlike in the west, dissociative identity disorder was rarely diagnosed, instead, possession states were commonly seen in the Indian population, indicating cross cultural disparity.

Belief System influencing course and outcome

Shankar BR et al. while studying "Explanatory models of common mental disorders among traditional healers and their patients in rural South India", found that different terms, concepts, and treatments were used by traditional and faith healers.

Bhugra D described "Sati: A type of non-psychiatric suicide" and illustrated cultural factors, which may be seen as contributing to act of suicide.

Gautam S et al. in a prospective study carried out to find relevance of stigma in North Indian population reported that with advancement in treatment, the themes of stigma are changing.

The tools available to study the stigma have become obsolete and culturally relevant tool, Jaipur Stigma Questionnaire designed, standardized, and validated in the given population revealed that segregation of mentally ill from the society and chance for consultation are fading themes of stigma in the present time. The culturally relevant issues leading to stigma in north Indian population are social distance, rejection, guilt, and responsibility for illness.

Implications in psychotherapeutic process

In Indian thought, human behavior has been explored at length. In past Vedic period, in Upanishads, Bhagavad-Gita, Yogic and ayurvedic literature abnormalities of human behavior have been described and the treatise has been emphasized mainly through psychic changes. In India psychotherapy also needs to be based on cultural concepts and the prevailing belief system through centuries from generation to generation, which becomes more acceptable to the patients.

Relevance to modern psychiatry

Role of yoga in stress and sleep management, improving performance in sports and executives is being stressed recently. Preksyyadyan a combination of meditation and relaxation technique has been found useful in improvement of concentration, memory, and anxiety. It has found by Gautam and Nijhawan that Indian patients tend to accept the diagnosis of cancer rather easily. The concept of death prevalent in Indian culture based on philosophy of Gita where soul is accepted as immortal and it is believed to transfer through death from one to another human/species plays a significant role in the easy acceptance of the diagnosis and the planning for the rest of the life. Anecdotes from Bhagwat Gita as a psychotherapy of dying is virtually a tradition in Indian culture. Even now in many families' diagnosis and the planning for the rest of the life. Anecdotes from Bhagwat Gita as a psycho therapy of dying patient is virtually a tradition in Indian culture. Even now in many families when death is anticipated preaching of Lord Krishna stating the thoughts at the time of death determine the spaces of next birth help the individual to accept the death in a more gracious manner. The concept of "Sthitaprajna" how a person can remain detached from pleasure and sorrow unaffected by losses and gains includes peace in the mind.

One of the Neeti Shlokas says:

गते शोको न कर्तव्ये, भवि यं नैवचिन्तयेत । वर्तमानेन कालेन वर्तयन्ति विचक्षणा ॥

"It is not your duty to grieve the past nor should you worry about the future. Only he, who lives in the present and thinks about the present is a wise man" can help a depressed patient worry in for a recent loss.

Similarly, many other anecdotes from ancient literature like Ramayana, Mahabharata, and later writings like Neti Shlokas and Panchatantra can be very usefully employed in supportive psychotherapy. There is need to re-explore this vast treasure of knowledge which try be culturally relevant and useful for Indian patients. What is needed is to make our patients aware of their hidden potentials as was done by Jamwant to human before going to Lanka in the epic of Ramayan. These ancient texts should be re-explored for models of conflict resolution, understanding psychopathology and attainment of self-realization.

Awareness Campaigns and Government Programs & Policies

The Government of India has implemented several programs and policies to address mental health issues. The National Mental Health Program (NMHP) is a flagship initiative to improve mental healthcare services. In addition, the mental Healthcare Act of 2017 is significant legislation that prioritize the rights and dignity of individuals with mental illness. It provides a legal framework for delivering mental healthcare, protects the rights of individuals with mental illness, decriminalizes suicide, and promotes community-based care.

Awareness campaigns and advocacy efforts are critical to promoting mental health literacy, reducing stigma, and raising public awareness about mental health issues. Non-governmental organizations (NGOs), mental health professionals, and community groups actively engage in advocacy education, and destigmatization initiatives. These efforts aim to challenge stereotypes, provide accurate information about mental health, promote help seeking behaviors, and create supportive environments for individuals with mental health disorders.

Conclusions

Addressing mental health problems in India holds immense significance considering the scale of human value impact involved. The countries population size gives added weight to the importance of tackling these barriers. It is crucial to recognize that mental health issues affect a significant portion of population and can lead to severe consequences it left unaddressed. So do the cultural factors influence understanding presentation, diagnosis, management, course, and outcome of mental illness. There is a need for culturally oriented modules of non-pharma ecological management.

It would be appropriate to conclude with the words of Dr. Radhakrishnan: "India has seen empires come and go, has watched economic and political systems flourish and fade. It has seen these happen more than once. Recent events have ruffled but not. Diverted the march of India's History. The culture of India has changed a great deal and yet has remained the same over threat millennia. Fresh springs bubble up, fresh streams cut their own channels through the landscape, but sooner or later each rivulet, each stream merges into one of the great rivers which has been nourishing the Indian soil for centuries.

Reference

- Trivedi JK, Mishra M, Ken Durkar A. Depression among women in the South-Asian region: The underlying issues. J Affect Discord. 2007; 102: 219-25. doi: 10.1016/j.jad.2006.09.204 Epub 2006 Na7.
- Trivedi JK, Sarren H, Dhyani M. "Rapid Urbanization – Its impact on Mental health: A South Asian Perspective" doi:10.4103/00195545. 43623. PMID: 19742230
- Parulekar V, Agashe M, Oke M, Dabholkar H, Abouihia A, Weiss Ma, Prevalence of Clinically significant functional fatigue or weakness in especially out patients' clinics of Pune, India. J Indian Med Assoc. 2007; 105: 424-6, 426, 430.
- Gautam SK, Kapur RL. Psychiatric Patients with somatic complaints. India J Psychiatry 1977; 19: 17-00.

- Gautam S. Psychiatric patients with somatic complaints in a General Hospital with Mental Health Clinic. Souvenir 2nd Annual Conference Rajasthan Psychiatric Society, Jaipur.
- Chaturvedi SK, Bhugra D. The concept of neurosis in a cross-cultural perspective. Curr opin Psychiatry 2007; 20: 47-51. doi: 10.1097 / YCD 0b013e328010ca65.
- Kulhara P, Chakrabarti S. Culture and Schizophrenia and other psychotic disorder. Psychiatry clin North Am. 2001; 24: 449-64. doi: 10.1016/ s0193-953 (05) 70240-a.
- Jacob KS. The cultures of depression; Nati Med J India. 2006; 19:218-20.
- Sumathipala A. Siribaddana SH, Bhugra D. Culture bound syndromes: The story of Dhat Syndrome Br J Psychiatry. 2004; 184: 200 – a. doi: 10-1192/bjp. 184.3-200.
- Chaturvedi SK, Desia A, Shaligram D. Dissociative disorders in a psychiatry institute in India- a selective review and patterns over a decade. Int J Soc Psychiatry 2009 Sep. 17. doi: 10-1177 / 0020764009347335.
- Shankar BR, Saravanar B, Jacob KS. Explanatory models of common mental disorders among traditional healers and their patients in rural South India. Int J Soc Psychiatry 2006; 52:221-33. doi 10.1177/0020764006067215.
- Bhugra D. Sati: A type of non-psychiatric suicide Crisis. 2005; 26: 73-7. doi: 10.1027/0227-5910. 26.2.73.
- Gautam S. Presidential address: Mental health in ancient India and its relevance to modern psychiatry. Indian J Psychiatry. 1994; 41:5-18.
- The burden of mental disorders across the states of India: The Global Burden of disease study 1990-2017. India State-level disease burden initiative mental disorder collaborations. Lancet Psychiatry – 2020; 7: 148 – 161, doi: 10.1016 / S2215 – 0366 (19) 30475-4.
- Pandya A, Shah K, Chauhan A, Saha S. Innovative mental health initiatives in India: A scope for strengthening primary health care services. J Family Med Prim care. 2020; 9: 502-507. doi: 10.4103/ jfmpc – jmpc-977-19.
- Gupta S, Saga R. National Mental Health Programme – Optimism and caution a narrative review. Gupto S, Sagar R. Indian J Psychol Med. 2018; 40:509-516. doi: 10.4103/JPSYM. IJPSYM-191-18.