The effective role of culture in producing mental disorders:
Theories, etiology and therapy

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Abstract
Cultural and social forces play important roles in structure and therapy of mental disorders. The emphasis of DSM on cultural information was in the diagnosis of mental disorders, forming new specialized area in psychiatry as Social Psychiatry and consequently. Numerous theories on cultural topics bring more serious researches and considerations about the influence of cultural and social factors on shaping different mental disorders. In these theories, the psychological signs and symptoms of abnormality are analyzed on the basis of social norms and the studies of mental disorders are based on social roles. The social break-down syndrome explains the etiology of intensive mental disorders. Actually, this syndrome is a gradual break down of the relationship between person and social environment. In addition to the cultural and social forcing roles in shaping and etiology of mental disorders, these factors have implications to preventive and therapeutic interventions and also presentation of psychological health services to public. Most of the time, we have difficulties in contact with people who are in different cultural context. This issue is seen in the relationship between client and therapist too and causes inattention to client’s needs. All aspects of human functioning and growth intensively affected by society and its various dimensions and consequently all of them influence mental disorders. Some examples of these factors are: race, social- economical situation, social attitudes and so on.

Keywords: cultural; mental disorders; etiology

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Introduction
Cultural and social forces play important roles in structure and therapy of mental disorders (Castillo, 1997). But psychiatry literature usually did not concern the role of cultural and social factors in etiology of mental disorders or, in the best case, considered it as a background for other dominant psychological elements. By formation of a new specialized area in psychiatry as social psychiatry and applied part of it as community psychiatry, this view has changed. The formation of social psychiatry began with reformer movements. This area is the incorporation of clinical psychiatry with sociology and its hypothesis on formation of community psychiatry. Consideration the role of social processes in formation of mental disorders, social psychiatry prepared theoretical base for it. This new specialize in psychiatry has a great popularity due to humanistic motives and interests that exist in base of its conceptions. Also in this area, social structures and processes are considered as efficient factors in formation of mental disorders and...
emphasize on planning changes in structural, social and economical processes of community to decrease rate of mental disorders and promotion of psychological health (Jazayeri and Lavasani, 2001). In this study, Cultural concepts will be described first, then the etiology will be discussed in detail and finally the role of therapy will be briefly explained.

The concepts: Culture and mental disorders

Culture is an all purpose concept in sociology. However, there is a close relationship between culture and society, but in conceptual perspective, we can differentiate them from each other. Culture is values, norms and behaviors that belong to a certain group. Values are subjective ideals but norms are certain principles and rules that would expect people to follow them. Society is a system of mutual relationships which connect people with common culture to each other (Fakoohy, 2011). As a theoretical perspective, culture is one of the most important determinant factors for all normal and abnormal behaviors. Then, as we can find different cultural patterns in normal behavior, we can find them in abnormal behavior too. One of the most salient cultural inconsistency includes different religious believes with intense or low limitations about sexual issues and various emphasis on guilt and sin matters. This issue is mostly a participant factor in formation of mental disorders. The structure of family and its obligations, intense affective dependencies with inherent tendency to conflicts, numerous supports from its members and also principals about losses of members, all have different variety in every culture. Certain roles and social situations for men and women, the relationship between parents and children, emphasize success and promotion, ceremonies and rules, nutrition and eating, historical relationship with other nations and the degree of personal identity with membership in a certain group are the factors which may be culturally affected mental disorders (Kookrin, 1997).

The definition of DSM for mental disorder is: A considerable clinical sign or behavioral or psychological pattern that appear in a person and is in relationship with current inconvenience (for example a painful sign), or inability (it means disorder has exist in one or more than one functional area) or with considerable increase in death danger, pain and loss of freedom (American Psychiatry Association, 2000). Culture-specific mental disorder is a frequent behavior pattern or experience of abnormality that is related to specific cultures or societies. In tribe of Orisa’s state in India, adults show abnormal behavioral patterns some times that in western cultures and societies this abnormality is assigned as a disorder. These people cry and laugh in inappropriate times and claim that they have continuous sense of bitten by ants, while actually there are not any ants. In this situation, others celebrate a wedding ceremony with ghosts for person. When marriage occurs, irregular signs terminate and the person is chosen as the magician of the tribe. To the society, this person has been converted to a respectful individual who has valuable skills in contact with paranormal powers (Davis, 1973).

Bhattacahrjee (2011), in his study social understanding of psychiatry disorders, implies that all aspects of human functioning and growth are deeply affected by community and its various elements (for instance, race, social- economical situations, dominant attitudes of society and so on) that consequently influence mental disorders. Farris and Dunham (1965) suggested that psychological state affected by social
situations. This explanation has been known as social-casual hypothesis. Some characteristics of living in low social classification, that have been considered as probable variables, include: severe psychological strains, poverty, lack of control on environment, low levels of education and transmission of values in families. Study results shows that poor people have more psychological strains than wealthy people, and they demonstrate these strains as weaker physical health, more marital problems, more periodical unemployment, etc. Such problems result in progress of mental disorders in various societies and cultures.

Poverty, unemployment, violence, inappropriate schools, crime and migration could be relevant to major mental disorders cases (Riter, 2012; Ziapour et al., 2013). Race and nation have intensive influence on mental disorders too. In the United States, social- economical situation in minority population plays a major role in psychological health problems. Specifically schizophrenia disorder among national and racial minorities in Britain causes two types of influence: 1) psychological distress that result in sense of separation, fear, threat, low self-esteem, rage and depression, 2) lack of access to services (Bhugra and Bahl, 1999). Taking the viewpoint of repression and facilitating model, Winer (1973) explains the role of culture in mental disorders. On the basis of learning theory, behaviors which are rewarded, are indeed facilitated and other behaviors are inhibited (Kio, 2009). Survey researches in 30 different countries support the theory and show that there are differences both in frequency and nature of psychological disorders (Wittkower and Fried, 2008). Also a study among elder south Asian people in Canada shows the relationship between social-cultural factors and depression (Wong et al., 2010).

The relationship between culture and mental disorders

First, the concept of normal and abnormal may be different in various societies. Roth Benedickt (1934) states that a normal behavioral manner in some communities is pathological in the others (Eskandari, 2006). Second, comparative frequency of pathological cases may be different in various societies. Studying the situations that cause pathological effects is directly related to their frequency. Heso and Kitano (2011) shows that Asians learn to have more compatibility with family or society; therefore, whoever has intractability in the system of family is considered as abnormal individual. While in western societies, individualism and independency is encouraged and accounted as norms (Kaplan, 2003). Considering the important role of social and cultural forces in etiology of structure and treatment of psychological disorders, they are reviewed here.

Etiology of culture-specific disorders

Although many studies have been accomplished about mental disorders in recent decades, there is no accurate information about culture-specific disorders. One probable viewpoint is the lack of accurate and systematic studies performed in this area. In Leighton and Hughes (2005) study, eleven hypotheses on how cultural factors affected mental disorders were determined which are briefly reviewed here. Culture is the determinant factor in shaping special pattern for mental disorders. This hypothesis implicated special cultural disorders existing in anthropology, but have no position in western psychiatry (e.g. Amok and Latah in
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Malay) (Abraham, 1912; Van loon, 1927; Yap, 1952; Alexander et al., 2005). Each one of them includes series of symptoms. There is often a consistency between cultural believes and actions and content of these symptoms (Wielawski, 1936). For example, Koro disorder in China is an anxiety disorder and its delusions are about growth of male sexual organs in abdomen. This delusion is related to fear of death because in this culture there is a belief about deletion of sexual organs from corpses (Van Wulfften Palthe, 1936). Some explanations to existence of these disorders are:

- They are reactions to physical diseases like malaria that the content of its delusions are similar to cultural elements (Van loon, 1927).
- They are reactions to stress of living in severe situations such as starvation or long term isolation.
- They are reactions to stress and strain of role characteristics in the culture (Aberle, 1952).
- They are one type of hysteria (dissociative disorders).

We can consider some cultural syndromes relevant to a certain area as neurotic states like suggestibility. The content of these disorders are produced through experiencing growth and living in a special culture and accepting its common beliefs. However, some precautions should be considered about this hypothesis, since there is a bias western psychiatry that every odd behavior is a kind of hysteria (APA, 1952).

2) Culture produces some special personality types that some of them are more vulnerable to mental disorders.

Culture and personality basically are both sides of one coin. Primary studies tried to explore the influence of culture on personality factors taking place by Kardiner and Linton. They analyzed child rearing practices, family relationships, social-structural stresses and specially religion and myths in various tribes. They determined basic types of personality in each. Thus, the basic types of personality are considered as a center of values and attitudes that are injected to individuals by culture.

3) Culture produces mental disorders through special child-rearing practices.

This hypothesis is related to the last one. The difference between the two is whereas the basic of personality types are the result of culture; however, child-rearing practices are the exclusive effects of socialization modes in early years of life. Cultures describe their considerable differences with each other in manners and rules such as bottle feeding or breast feeding, types of punishments and rewards and affirming or limiting parental attitudes. Adolescence, puberty, maturity are considered and explained differently in various cultures.

4) Culture affects mental disorders through its provisions.

It’s a long time that this notion has been accepted that there is a relationship between certain types of disorders and the way people conform or reject cultural issues. There is a considerable variation about punishment modes for disharmonic individuals among different cultures. There is a difference on what is considered as transgression and crime among cultures (Riseman, 1950). Cultures, which intensively monitor the behavior of individuals to determine them as moral or immoral ones, have been known as shame and guilt cultures. In these cultures, the prevalence of mental disorders is higher than the cultures which referring the punishment of a transgression to persons conscience. In some cultures the punishments are so powerful that the person knows himself guilty in the basis of these
punishments. For example, there is a belief in a tribe in Sudan that a woman who gives birth to twins has the evil eye. These persons punish themselves by running their head against a rock while members of their village watching them (Alexander et al., 2005). In other words, they committed suicide. In different cultures with numerous provisions, the forms of psychological health are various. Individuals who break the cultural taboo are known as abnormal persons. For instance, a woman who doesn’t obey this tradition is labeled as patient (Piers, 1953; Ziapour et al., 2013).

5) The influence of culture on its rewards to credible social roles may cause abnormal constant psychological functions.

The positive aspects of cultural provisions are considered in this hypothesis. The relationship between social-cultural roles and mental disorders is complicated and should be reviewed in two ways: first, the roles that fascinating people with special disorders, and second, the roles that may by themselves cause mental disorders in people. In western cultures, such people may be considered as hysterics or psychotics. Thus, there are certain roles in various cultures that cause disorders in normal people (severe mania in shaman) or these roles are supportive shelters for abnormal people (for example, the artist who express himself in his art ingeniously). These people get their position in social systems (for example, some religious groups that have supportive roles (Linton, 1936).

6) Culture affects mental disorders through stressful cultural roles.

This hypothesis focuses on the role itself not on people imitating and patterning it. The role of ambiguity is relevant to it. Specially, ambiguity takes place when social-cultural system changes. Therefore, in this situation people do not have any obvious guidance to adjust to the new condition. For example, housekeepers should choose to work in severe economical conditions. On the other hand, role conflict is another way which culture influences mental disorders through this. For instance, people, who sacrifice their life for humanitarian goals, learn to be aggressive and ragged to obtain their goals. But they understand that their aggressiveness is in conflict with their goals. Linton (1956) reviewed the effects of stressful roles in Madagascar cultures and found a disorder known as Tromba that is majorly prevalent among second sons and childless wives. In this culture more heritage is given to the first son, and the wives who have children have higher excellence too (in this culture polygamy is approved). The stress resulted from these roles cause Tromba that actually is a secondary gain for lack of social value. These individuals can get attention this way from their families.

7) Culture affects mental disorders through process of change.

Changes produce conflicts in social and cultural systems. Immigration, mobility connected to war, separation from family and tribe are the examples of changes which can produce many types of disorders (Alexander, Leghton, Jane and Hughes, 2005). In the modern world, every research about cultural factors requires the study of worlds change (Leighton, 1959).

8) Culture affects mental disorders through dictation of some tendencies and intents into its members.

There are shared values, believes and opinions about human nature, world and the reality in every culture. Some cultures prepare their members with patterns of fear, jealousy or unreal desires for these
subjects that result in mental disorders. However, others accept the real view about these subjects and are psychological wellbeing (Hughes, 1959).

9) The culture, itself affects mental disorders

In primitive cultures and societies which the suppression of aggressive and sexual impulses are rare, mental disorders are less than modern cultures which compress infants into highly artificial patterns of existence (Alexander et al., 2005). This is supported by Freuds notion about civilization and dissatisfaction derived from it. Nonetheless, this hypothesis is extremely criticized.

10) Culture affects the distribution of mental disorders through patterns of breeding

In this hypothesis we should consider some characteristics of groups and kinsman. For example the prevalence of Schizophrenia in Bantu tribe in Africa is high because of the cross-cousin marriage pattern (Alexander et al., 2005). In fact, the cultural factor (family marriage) produces a pattern of race breeding that eventually results in schizophrenia. There is also evidence that in low social-economical levels of western countries, the prevalence of mental disorders is more than the others. One explanation is about the foundation of certain group with special genetic characteristics which result from low level of social classes that in turn causes mental disorders (Laubscher, 1952).

11) Culture affects distribution of mental disorders through the factors that weaken physical hygiene.

The key element in this hypothesis is the role of psychological factors as a mediator between culture and mental disorders. In many non-western cultures, the relationship with western countries cause the more prevalence of physical diseases that directly or indirectly can foster mental disorders. Another example is cultural preferences in nutrition. Avoiding to take some vitamins or malnutrition influences neurotic system and, later, mental disorders. On the other hand, in some cultures, it is prevalent and usual to people to consume opiates in certain cultural ceremonies or treatments (Laroche, 1958). As noted in these hypotheses, various factors influence etiology of mental disorders. Indeed, these hypotheses have important implications to treat psychological-cultural disorders with considering the importance of roles, models, social process, and children rearing practices and so on.

The culture and therapy

In principle, the role of culture in etiology and therapy of mental disorders have been neglected. In some cultures only people who have severe disorders such as schizophrenia consult to psychiatry for treatment and other mental disorders such as depression and anxiety have been considered as moral characteristics or weakness that should be tolerated to be treated. The studies about suicide among Chinese women who immigrated to Canada show the key role of gender-stress. Immigration and contrasting the traditional role of Chinese women with western women result in the conflict with parents or husbands and the stress experience and finally thinking about suicide and committing the behavior. Furthermore, these are many stigmas about mental disorders and finding help for therapy in Chinese society that results in delay or refuse to treatment. Even if a woman searches therapy services, she faces the lack of such services. Moreover, their language is another important factor to inappropriate
expression of their mental disorders.

**The role of recognition of patients’ culture in therapy**

We mostly have problems in contact with people who have different cultural background. This problem is also seen in relationship between therapist and patient. The result is inattention to clients needs. In a study in 2010, 53 specialists in mental health area used different cultural and linguistic contact methods in relationship with seven groups of people to facilitate this process. They considered two important elements: respect and culture perception. The results show meaningful improvement in therapeutic relationships (Cross and Bloomer, 2010). The findings of another study about the relationship between depression beliefs and the probability of looking for help to treat 223 Asian-American individuals has shown that the cultural factors have meaningful relationships with looking for help from therapists (Wong et al., 2010).

**Discussion**

In the cultural view, the normal or abnormal behavior defined differently in persons’ environment. Actually, the customs which are normal in a cultural group may be considered as abnormal rules in another one. Also, the abnormal manners among races during last decades could be acceptable in today society (Dadsetan, 2004). Social-cultural theories consider the social and cultural factors and processes that cause formation and progression of some mental disorders. However, in these theories, the role of biological-psychological factors is undeniable in deviances from social norms, but social-cultural factors are basic causes of stabilized deviances which get mental disorder stigma. At this point, when behavior deviances become stable, they are considered as mental disorders, and social reactions models characterize situations for a person who should inevitably play socially expected roles (Jazayeri and Lavasani, 2001). General cultural formulation pattern has been presented to complete DSM4 in diagnosis and pay more attention to use its standards in multicultural environments. Cultural formulation reviews the person’s cultural background, the role of cultural texture in appearing and assessing signs and symptoms and malfunctioning, the effect of cultural differences on relationship between individual and clinical specialist and so on systematically. So, considering the discussion on the role of social-cultural structures and processes in forming mental disorders, social psychiatry has important implications for therapy domains which are briefly mentioned below.

*Individual cultural identity:* Cultural or native reference group for immigrants and minority native groups, dependency degree to root culture, host culture, and, also, the ability to use language.

*Cultural explanations for individual disorders:* prevalent terms for disorders needed for social support are expressed by them. Meaning and concept of the severity of persons sign the basis of cultural group norms. The label of every disorder has been used to diagnose and recognize it in society.

*The cultural factors of social-psychological environment and functioning levels:* proper cultural explanations for social stressors factors, social accessible supports and levels of function.

*Cultural elements related to individual and clinical specialist:* the differences exist between person and clinical specialist culturally and socially.

*The general cultural assessment for diagnosis and therapy:* this formulation finished by this issuewhether
cultural implication has any special influence on diagnosis and comprehensive therapy.

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