

Stigma Surrounding Depression in Different Cultures

Shumaila Atif¹, Anusha Sajid²

Dr. Ziauddin Hospital¹, Ziauddin University²

Corresponding Email: shumaila.atif@zu.edu.pk

Abstract

Depression progresses as the fourth most common disorder for causing disability in individuals since 2020. There are countless factors that affect the prevalence of depression and culture is one of them. Culture is defined as the norms and regulations put by the society, community or a group you identify with. Culture affects the diagnosis of depression through the symptoms being presented, the language used and the over-all norms of the given culture. To provide effective mental health care and an accurate diagnosis, effective and acceptable culture-appropriate language should be used. Awareness about the illness needs to be spread to break the taboo that surrounds depressive disorders in various cultures. Both collectivistic and individualistic societies have their pros and cons but to eliminate the prevalence of this disorder, one has to be evaluated and understand the benefits and drawbacks of each culture.

Keywords:

Anxiety, Culture, Depression, Stereotype.



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Introduction

Globally, depression is the fourth most common cause of disability¹. Moreover, it is predicted that by the year 2020, it will be the second leading cause of disability and death, after cardiovascular disorders². According to estimates in 2023 by the World Health Organization (WHO), depression affects about 3.8% of people globally³, or about 280 million people, and the yearly death toll from suicide is 700,000 people⁴. Compared to men, women experience depression at a rate that is 50% higher³. According to the findings published in 2019¹, over 27.4% of Pakistanis reported having symptoms of anxiety and sadness. Depression is equally common in industrialized and developing economies, regardless of origin, nationality, or cultural background⁴. Major depressive disorder (MDD), bipolar disorder (manic depression), persistent depressive disorder (dysthymia), and seasonal affective disorder (SAD) are among the different kinds of depression⁵.

The symptoms of depression as categorized by the Diagnostic and Statistical Manual of Mental Disorders (DSM-5)⁶ are as follows:

To warrant a diagnosis, the individual must manifest five or more symptoms persisting over a period of two weeks. These symptoms include:

- *Persistent depressed mood for most of the day, nearly every day.*
- *Noticeable reduction in interest or pleasure across virtually all activities for most of the day, nearly every day.*
- *Substantial weight loss without intentional dieting, weight gain, or fluctuations in appetite occurring nearly every day.*
- *Observable slowing down of thought processes and physical movements by others, distinct from subjective feelings of restlessness or slowed activity.*
- *Daily experience of fatigue or loss of energy.*
- *Daily occurrence of feelings of worthlessness or excessive and inappropriate guilt.*
- *Consistent diminished ability to think, concentrate, or make decisions nearly every day.*
- *Recurrent thoughts of death, suicidal ideation without a specific plan, or a suicide attempt or specific plan for committing suicide.*

Currently accounting for 7.5% of years lived with a disability (YLD) globally, MDD is the biggest cause of disability globally, with an estimated yearly cost exceeding \$1 trillion⁷. The subject of culture's impact on depression is complex and multidimensional. Shared values, rituals, practices, and social conventions that influence how people view and engage with the world are collectively referred to as culture⁸. Cultural influences can have a big impact on how common depression is, how it manifests, how it's recognized, and how it's treated⁹.

The diagnosis rate of depression exhibited variability based on how patients expressed their concerns. In certain cultures, seeking medical assistance for depression is deemed highly

unacceptable, and as a result, patients complain of somatic symptoms that are featured with depression making the diagnosis of the disorder harder and leads to unnecessary investigations.

In a study in China, only 1% of patients were diagnosed with depression in outpatient clinics in Hunan, China, however, 30% were diagnosed with “neurasthenic” which translate to as “neurological weakness” by the Chinese. This indirectly hints to Neurasthenia as being a non-stigmatizing diagnosis within the Chinese community. Depression encompasses various meanings in the Chinese lexicon; “gloomy” or “restrain”; making it socially and culturally unacceptable. From this, the importance of language is seen to be highlighted. Likewise, in a separate investigation conducted by Bhugra et al., two generations of women from Punjab were taken under observation. The older generation would avoid using the term depression and would exclaim “weight on my shoulders” or “pressure on my mind” while the younger generation were familiar with this term. In Asian culture, pain and suffering are seen as a common symptom and hence, are used to indicate an underlying psychological disorder.

Over the past twenty years, there has been a notable evolution in the conversation on how culture affects psychiatric epidemiology¹⁰. It is currently commonly acknowledged that the combination of both Universalist and culturally relativist views, together with their corresponding techniques, is necessary to achieve a genuinely international psychiatric epidemiology¹¹. Numerous important conclusions have been drawn from extensive study on the impact of culture on the epidemiology of depression. A noteworthy finding is that depression in its clinical form is associated with a wide range of persistent physical symptoms in different cultural contexts, whereas psychological symptoms are essential to the diagnosis and are easily elicited.

Furthermore, it is acknowledged that there is a lack of clinical validity in the clinical distinction made between anxiety and depression in general healthcare settings. Finding terminology for depression that is culturally relevant is doable, and using it could improve treatment adherence and recognition rates¹². Recognizing that culture is only one of many elements determining differences within and across countries, even though it plays a substantial role in the epidemiology of depression, is crucial. Significant risk factors for depression include other important variables like gender and wealth inequality, which may interact with culture. Two important areas need to be prioritized for upcoming international research projects. First and foremost, cost-effectiveness outcomes must be included in intervention research. Second, research should try to close the knowledge gap between local public health priorities and psychiatrists' concerns about depression. This dual focus will facilitate successful interventions and align with the perspectives of mental health practitioners as well as public health imperatives, so contributing to a more comprehensive understanding of the worldwide panorama of depression.

Methodology

The PubMed, Cochrane, Google Scholar, Medline, and BioMed Central databases were searched using the keywords “culture,” “depression,” “norms,” “customs,” and “values”. There were 17,500 articles from Google Scholar based on the keywords, “culture AND depression”. Two independent researchers screened the titles and selected the relevant abstracts. The inclusion criteria were qualitative and quantitative studies published in English between 2018 and 2023 that examined relationship between cultural influences on depression.

We also included relevant articles from the bibliographies of the selected articles. The abstracts were screened and the pertinent articles were studied. A narrative review approach was adopted because of the heterogeneous nature of the articles included. Observations and findings were synthesized and integrated into a narrative review.

Data abstraction and quality evaluation were performed using the inclusion and exclusion criteria under a uniform methodology. A data mining form was designed by extracting study information, such as author name, publication year, and targeted population.

Results and Discussion

Anthropological and Ethnographic Explorations of Culture and Depression

The complex relationship between sociocultural environments and mental health is explored in anthropological and ethnographic studies of culture and depression, which reveal a wide range of distressing experiences and expressions. These approaches, which have their roots in the ideas of cultural relativism, highlight the importance of viewing depression as a dynamic construct that is influenced by cultural norms, beliefs, and practices rather than as a universal and unchanging phenomena¹³.

Examining how depression is constructed in culture is a key component of these investigations. Anthropologists are aware that cultural differences in the definitions and conceptualizations of mental health have an impact on how depression symptoms are identified and understood. Cultural settings have an impact on how people express their emotions as well as how communities see and handle mental health issues¹⁴.

Culturally particular means of expressing and going through psychological anguish are represented by cultural syndromes and idioms of misery. These distinct cultural manifestations, which could include physical ailments, culturally specific illnesses, or distress that is acknowledged locally, are painstakingly recognized and examined by anthropologists. These culturally varied expressions shed light on the various ways people express and manage despair within their respective cultural contexts¹⁵.

Anthropological and ethnographic methods, in an increasingly globalized society, also look at how cultural shifts affect perceptions of mental health. Shifts in the prevalence and understanding of depression can be attributed to changes in cultural structures, beliefs, and lifestyle, underscoring the dynamic nature of the interaction between culture and mental health¹⁶.

In essence, anthropological and ethnographic investigations into depression and culture provide a thorough and culturally aware perspective for comprehending the intricacies of mental health. Through their contributions to a more nuanced understanding of the diversity of human experiences, these methods help to inform the creation of culturally sensitive and successful therapies for people negotiating the challenging terrain of depression within their own cultural contexts.

Studies Addressing the Impact of Cultural Factors on Depression

Vaus et al (2018)¹⁷. Exploring the East-West divide in prevalence of affective disorder: A case for cultural differences in coping with negative emotion. This seminal work highlights the significance of taking cultural influences into account when interpreting mental health and challenges the Western-centric concept of mental health. Vaus makes the case for psychiatry to take a more anthropologically grounded stance that recognizes the variety of cultural impacts on mental health.

Kim., et al. (2019)¹⁸. Cultural variation in temporal associations among somatic complaints, anxiety, and depressive symptoms in adolescence. *Journal of psychosomatic research*: In this study, 304 European American, 420 Vietnamese American, and 717 Vietnamese adolescents were used as samples of ethnocultural adolescents to examine the longitudinal relationships between somatic, anxiety, and depressive symptoms. With an emphasis on cultural differences in these patterns, the study attempted to investigate the frequent prevalence of internalizing symptoms and their possible shared cause. Different cultural groupings have different temporal dynamics, according to the research. Anxiety levels in teenagers from Europe America regularly preceded rises in depressive symptoms. However, a significant cultural difference was seen in Vietnamese and Vietnamese American teenagers, where physical symptoms were more important in predicting increases in anxiety. Furthermore, only the Vietnamese and Vietnamese American groups showed bidirectional connections between anxiety and depressed symptoms. These findings highlight how crucial it is to take cultural quirks into account while analyzing the internalizing symptoms' developmental trajectory. The impact of somatic symptoms on anxiety levels in non-Western, interdependent societies, where they are perceived as a culturally-normative means of expressing distress, has been shown. Adolescence is a crucial time for the emergence of internalizing illnesses, and the disparities in the temporal course of internalizing symptoms between cultural groups that have been observed underscore the need for culturally appropriate therapies during this phase. These findings highlight the importance of identifying and resolving culturally specific routes in the development of internalizing symptoms among varied adolescent communities, offering insightful information for mental health practitioners.

Kirmayer LJ, Minas H (2023)¹⁹. The future of cultural psychiatry: an international perspective. Medical Anthropology. Cultural psychiatry has seen development along three major paths of investigation. First of all, it includes cross-cultural comparative research on mental illnesses and conventional therapeutic methods, which illuminates the significant impact of culture on the causes and progressions of psychopathology. Secondly, it encompasses efforts to cater to the mental health requirements of culturally heterogeneous groups, including but not limited to native Americans, immigrants, and refugees. Finally, by examining psychiatry as a product of particular cultural histories, cultural psychiatry conducts anthropological studies of psychiatry itself. These comprehensive investigations highlight the fundamental role that culture plays in the development and genesis of mental diseases as well as in the effectiveness of therapeutic interventions.

Multicultural societies have embraced a variety of approaches for mental health care delivery that are influenced by their own immigration histories and citizenship ideas. Socioeconomic influences on the occurrence and progression of mental diseases, changing ideas about ethnocultural identity, and the creation of psychiatric knowledge are all clear indicators of how globalization has affected psychiatry. Taking a cultural perspective is helpful for academics and clinicians because it helps them recognize the limits and underlying assumptions of popular psychiatric theory and practice. Additionally, it makes it easier to find new strategies that meet the requirements of the increasingly varied groups of people around the world who are in need of psychiatric treatments.

Conclusion

Culture significantly influences the course of depression, playing a pivotal role in its progression. The rise in suicide and morbidity rates can be attributed to depressive disorders. For us to change the way cultures are, is near to impossible. However, to curb the influences of culture on depression, a more culturally appropriate language should be implemented. Labels such as 'crazy' should be avoided and a more diverse vocabulary of words should be used to provide a safe-zone where the patient does not believe that they bring shame to their family. Education should be provided to the nation and the varying cultures to break from the shackles of taboo and stigmatism.

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Conflict of Interest

None.

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AUTHORS' CONTRIBUTION

The following authors have made substantial contributions to the manuscript as under:

Conception or Design: Atif S

Acquisition, Analysis or Interpretation of Data: Sajid A

Manuscript Writing & Approval: Atif S, Sajid A

All the authors agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.



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