Possessed or crazy?
Mental illness across cultures

The World Health Organisation (WHO) defines health as a *'state of complete physical, mental and social well-being and not merely the absence of disease or infirmity'*. Mental health is an essential part of this definition. According to WHO statistics, 450 million people worldwide are affected by mental, neurological or behavioural problems (www.who.int). But how do cultural views impact on these hundreds of millions of people, how do they affect a client's presenting problem and his or her access to mental health services?

Although significant differences in cultural views of mental illness exist across cultures, historically mental illness in most cultures, including some western cultures, has been viewed in a religious and spiritual context. Some attribute mental illness to possession by evil spirits, Djinns or demons, others however, might view a person with mental illness as being cursed or affected by the work of witchcraft, a Sorcerer or the devil's eye. Some might even view such as a religious awakening or a holy message from God and thereby link it with a higher spirit. There is a general agreement in the literature that in most cultures mental illness brings shame and a certain stigma for both the suffers and his or her family. This varies from sending away sufferers to be locked up; to forbidding them from public or social contact; to losing the opportunity of marriage or planning a family. In the west, mental illness is often associated with criminals, rapists and serial killers portraying a discriminatory picture of sufferers as unpredictable, violent and aggressive.

In regard to my own culture, Afghan people with mental illness are considered crazy or possessed by Djinns. There is no concept of psychological problems in the Afghan culture; people are either healthy or 'mad'. Sufferers of mental illness are often cared for and looked after at home by their families rather than being sent to mental institutions. Psychological distresses are often expressed through somatic complaints such as headaches, backaches and stomach aches. This is an acceptable way to express distress in many non-western cultures where psychological problems are stigmatising, and sufferers risk being labelled 'mad'.

The Vietnamese, who believe in Karma, consider mental illness as a form of punishment for the sufferers who may have sinned in their previous life. Similarly in China, mental illness can be perceived as a form of possession by an imaginary demon or an evil spirit. According to Buddhist belief, a person's suffering may be a result of one's previous misdeeds. Thereby mental illness might be perceived as a punishment either for a person's misdeeds or those of his or her family.

Being influenced by such beliefs, family members of clients with mental illnesses, especially those in rural areas, may feel reluctant to disclose or even admit that their relatives have a mental illness. On some occasions, even family members of the sufferers who have sufficient knowledge about mental illness may feel reluctant to seek help. This can leave the family isolated, avoiding contact with friends, relatives and medical professionals.

The Japanese view mental illness as a particularly undesirable form of weakness in the person; shame and stigma prevents people from seeking help. In many Asian cultures, while beliefs about mental illness vary, in general, people with mental illness are condemned and sufferers are kept hidden from the public. India is proving to be an exception, although older views persist in many regions. Until about 17th century all abnormal behaviour was believed to be an act of the 'devil'. The 'mentally ill' were considered evil and described as witches. Later mental illness was viewed as 'deviant behaviour'. The mentally ill were not socially acceptable and were placed in asylums or prisons along with other criminals. In the modern era, a shift from 'evil' to 'ill' has occurred, accompanied by the development of community psychiatry resulting in the integration of mental health care in the community.

In most African countries such as Sudan, Ethiopia, Somalia and Kenya it is often believed that supernatural agents can possess a person and might cause physical and/or psychological disorders. The concept of possession is based on the idea that the spirit makes certain demands that should be fulfilled by the person or his relatives. If they failure to do so the spirit may cause difficulty for all of them. In Morocco it is believed that mental illness is caught like a cold while out walking in a state of absent mind, some one can step on a bit of sorcery or might drink it accidentally.

As with other cultures, mental illness is often stigmatized in Arabic communities. A person with mental distress may not seek advice from professionals, or even family members. Most Christian and Muslim Arabs hold strong religious principles that play a substantial role in healing psychological problems. Family plays a fundamental role in determining whether Arabic clients will utilise mental health services. Traditionally, in Arab culture, an individual's behaviour is an indication of the degree to which the entire family upholds social values, norms and expectations. Social reputation is of significant value in Arabic culture and enormous efforts are made to avoid any shame that may endanger the family reputation. Arabic families show strong preference to provide support for family members when needed, including suffers of mental illness. Families can act as a protective shield against stress, but can also be a source of stress if an individual deviates from their collective values. Help seeking is perceived as a 'collective enterprise' and individual sickness is considered a family business.

In the modern western world, mental illness is becoming more 'accepted'; however, referring to the therapist as a 'shrink' indicates a certain level of discomfort in seeking help.

Although we cannot make a general assumption, it is important to recognise that mental illness in non-western cultures is often seen through a religious and spiritual framework, one where such illnesses bring shame, taboo and stigma to the sufferers. Inevitably, this has a significant impact on a client's access to mental health services. Traditional methods of healing can play a substantial role in a client's recovery such as spiritual and religious practices, yoga, meditation, special diets and massage. If we educate our clients on mental and psychological problems with genuine empathy, compassion and care we improve their access to services and, as a result, a positive therapeutic outcome.

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