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Replication of the "Social Rituals and Mental Health: A Novel Approach to Early Intervention in Mental Illness" Project in an Iranian Setting

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Qualitative Study

Abstract

Background: The present study is a replication of a study designed by the University of Western Australia (UWA). The hypothesis examined is that the deteriorating mental functioning which occurs during early stages of mental illness is recognizable in the form of altered sensitivity to expected rituals and an altered ability to perform the rituals appropriately. The present study aimed to evaluate the cultural applicability and feasibility of the Social Rituals Interview Schedule (SRIS) within the Iranian culture, and to assemble a culture-specific repertoire of social rituals in Iran. In addition, it aimed to examine the extent to which disturbances in everyday expected social rituals can be used for the early identification of individuals, families, and communities who have, or are at risk of soon developing, poor mental health.
Methods: The SRIS domains of social rituals were discussed in an expert focus group discussion and during key informant interviews with mental health patients and their care-givers.
Results: The concept of social rituals was acknowledged as being applicable and relevant in detecting early alterations in one's mental health condition. All domains of the SRIS were also confirmed as culturally applicable in the Iranian setting. A new domain named "Religious Rituals" was added to the domains already identified by UWA researchers as a significant and culturally sensitive domain of the social rituals in Iran. A culturally modified Farsi version of the SRIS -applicable and valid for use within the Iranian culture- was produced.
Conclusion: Both the social rituals concept and the produced Farsi version of its Interview schedule were regarded as culturally applicable to provide a foundation for planning prospective tools for early recognition of mental health deterioration in Iranian settings.
Keywords: Social rituals, Mental illness, Early recognition, Prodrome

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Introduction

This is a project designed and conducted in the Mental Health Unit of the University of Western Australia (UWA) -a WHO collaborative center- supervised by Professor Alexander Janca -an international epidemiologist psychiatrist. The project was based on the hypothesis that the deteriorating mental functioning, which occurs during the early stages of mental illness, is recognizable in a reduced sensitivity to social rituals, and an impaired ability to perform these rituals in the appropriate manner.

Social rituals are ordinary activities and common behaviors such as greetings, giving thanks, taking leave, polite eating customs, or the wearing of conventional clothing. They are an essential and expected part of everyday life in most cultures. Social ritual is a term originally used by Anthropologists to describe behaviors associated with everyday activities. Ritualistic behavior differs from other forms of social behavior by having a clearly defined set of rules attached and being subject to social sanctions. These take the form of approval or acknowledgment when the ritual is performed correctly or disapproval in the form of criticism or social exclusion when it is not.

Social rituals constitute a large part of the fabric or structure of everyday life. Apart from their manifest function, they have a more important latent function in confirming relationships or renegotiate the status and roles of members of a family or group. For example, the manifest function of asking people "How are you?" is to elicit information about their physical or mental health, while the latent function is to demonstrate concern for their wellbeing and an interest in maintaining the relationship with them, and to elicit a response acknowledging this and seeking a reciprocal expression of care (Merton, 1957).

The term social ritual has recently gained interest in the field of psychiatry because it is believed that ritualistic behavior between members of a group/family provides the ongoing mutual recognition and support for the group to function as a self-sustaining social unit. Each member's performance of prescribed ritualistic behavior confirms his/her role and maintains the equilibrium of the group as a unit. Importantly, social rituals should be distinguished from ritualistic behaviors that are symptomatic of mental illness-like obsessive-compulsive disorder- such as debilitating checking behaviors- and from ritualistic activities that may be performed within some societies to enact rites of passage or traditional healing (Hollander & Bezaquen, 1997; Turner & Blodgett, 1992; Van Gennep, 1961).

This study examines the connection between changes in ritualistic behavior and pre-diagnostic signs of mental illness. The prodromal phase of psychiatric illness precedes the onset of the characteristic manifestations of the fully developed mental illness or a period of disturbance that represents a deviation from a person's previous experience and behavior (Yung & McGorry, 1996). Disregard or disrespect of the socially expected activities and behaviors may be related to an emerging mental health problem or a symptom of mental illness. The hypothesis examined is that the deteriorating mental functioning which occurs during early stages of mental illness are recognizable in the form of altered sensitivity to expected rituals and an altered ability to perform the rituals appropriately.

The original UWA project comprised 4 phases. This is the 1st phase of the Iranian study and a replication of phase IV of the Australian study which is aimed to:

1. Evaluate the cultural applicability and feasibility of the Social Rituals Interview Schedule (SRIS) within Iranian culture.
2. Assemble a culture-specific repertoire of social rituals in Iran.
3. Examine the extent to which disturbances in everyday expected social rituals can be used for the early identification of individuals, families and communities who have, or are at risk of soon developing, poor mental health.

Methods

In the original project, phase I was the development of an instrument called "Social rituals Interview schedule (SRIS)". After extensive analyses of anthropological literature, Australian researchers in UWA have identified 10 social rituals as being universal (Brown, 1991).

Having developed the schedule in the first three phases of the study, in phase IV of the UWA study, the instrument was investigated in terms of cross-cultural validity among three groups of non-Australian nations inside and outside Australia (Taffa, Haimanot, Desalegn, Tesfaye, & Mohammed, 1999). Iran, as a Middle Eastern country with a unique culture, could also be a valuable source of data for this study. Thus, the 1st phase of the Iranian study was conducted as a replication of phase IV of the original one.

The Schedule

The instrument is a semi-structured, conversational-style interview that measures changes which occur in ritualistic behaviors during the pre-diagnostic stages of a mental illness. The degree of change is assessed across ten life domains that are representative of rituals that are common to almost every culture, as well as in the domains for "Other Rituals" (any changes not mentioned in response to the 10 set domains) and "Global Impact" (overall rating of the change observed). Following these domains, there is a "Clinical Observations" section wherein the interviewer can record any comments. Each domain opens with an introductory sentence that defines the social ritual and gives typical examples, and encompasses probe questions to help elicit accurate responses. Along with the quantitative rating, the interviewer should elicit qualitative data in the form of specific examples and comments made as the interviewee answers each question.

The SRIS domains of social rituals were discussed in an expert focus group discussion as well as during key informant interviews with mental health patients and their care-givers. The sample (n = 22 persons) consisted of 12 mental health experts who participated in the focus group discussions and 5 mental health patients in addition to 5 care-givers of the same patients who participated in the patient interviews and the key informant interviews. The focus group participants consisted of 6 psychiatrists and academic members of the Department of Psychiatry of Isfahan University of Medical Sciences (IUMS), 2 psychiatrists from Tehran University of Medical Sciences (TUMS), 3 psychologists from IUMS (a family therapist, a health psychologist, and a clinical psychologist), and a research expert from the international affairs office of the IUMS.

Patients were 2 inpatients recently hospitalized in the psychiatric ward of a general university hospital affiliated to MUI and 2 outpatients referred to the day-clinic of the same hospital. Other participants were 5 care-givers of the same patients.

The inclusion criteria for the patients required that the individual

- be of Iranian cultural background;
- be diagnosed for the first time as suffering from a mental illness which was not drug induced, the result of trauma, or a personality disorder;
- had their illness onset or first contact with the mental health services recently (up to 3 years) for the interviewee to have reliable memories of his/her "pre-morbid behavior";
- had relatives/friends who have had daily/regular contact so to act as reliable observers of changes in appearance/behavior prior to first contact with mental health services;
- agree to give informed consent for a relative/friend to be interviewed about personal aspects of his/her life.

Interviews with the patients and the key informants were conducted by the two psychiatrists among the focus group participants who were trained in the administration of the Farsi translation of the UWA original version of SRIS. All of the patients and key informants

provided informed consent to their involvement.

A mixture of opinions was derived about the applicability of the concept of social rituals in Iranian culture and the structure and wording of the Social Ritual Interview Schedule. All discussions of the focus group and also all interviews were recorded as video and audio files and the discussions were later derived and written on paper. The schedule was then modified according to derived opinions and suggestions expressed by participants. Moreover, a refined Iranian version of the SRIS was produced for use in the next step.

Results

A mixture of ideas and opinions was provided about the intercultural applicability of the SRIS domains by the focus group discussions of the expert group, and the patients' and the care-givers' groups, which is summarized hereunder.

The summary report from the focus group

The focus groups aimed to investigate the cross-cultural applicability of the social rituals concept and instrument within the Iranian culture.

The participants were asked to discuss the whole concept of social rituals and then each SRIS domain in respect of its applicability in our culture as a distinct domain of social rituals and a domain of social rituals that the changes observed in individuals' respect or performance of it may indicate their emerging mental health problems. Their suggestions for modification in SRIS to improve its cultural relevance included adding a new domain and making some minor changes in the examples and introductory sentences of the domains which are explained as following:

1. The most appropriate Farsi term was agreed upon to accurately reflect the intended meaning of "social rituals".

2. The focus group made elaborated discussions on the cultural applicability of the idea that changes observed in one's caring for social rituals might be an indicator of his/her emerging mental health problems. The hypothesis was admitted by the participants as being culturally relevant. There were some challenging discussions about how the concept would actually be applied for early detection of mental health problems. Some concerns were expressed by the expert group about the "recall bias" and the extent it can be justified through the concept of "Sanction". Another challenging discussion was about the issue of cultural sensitivity of each domain in its applicability in detecting early mental health alterations. The overall idea of the first challenge was to emphasize that our judgment about the cultural relevance of the social rituals concept is based upon our clinical retrospective observations. Consequently, we need to investigate how reliable and culturally sensitive those behavioral changes would be in each domain for predicting or detecting mental health problems early in their process.

Another concern was about occasions in which a person may make purposeful and intentional changes in the way she/he performs some of the rituals in order to make changes in his/her life conditions or to achieve identifiable gains. For example a person who makes changes in his/her appearance to declare a different ideology or insists on his/her right for independence (not necessarily limited to adolescents), or one who makes intentional changes in her/his appearance and/or in performing some other domains of rituals believing that it might increase his/her chance of achieving a better job opportunity as she/he perceives the society where she/he lives might discriminate people based on their political or ideological inclinations. The reliable observant then needs to be one whose relationship with the person is certainly close and confidential enough to allow him/her to be aware of the person's innermost feelings, intentions, or purposes. These are examples to show that potential considerations would be needed to avoid possible stigmatization once the concept is going is applied prospectively.

All of the SRIS domains were agreed upon as culturally relevant social rituals the changes of which are potentially observable before other

evident presentations of a mental health problem in Iranian individuals. However, participants believed that in Iran, the cultural relevance and sensitivity of the domains would be very different compared with each other when talking about their relationship to emerging mental health problems. Thus, participants agreed to rate the cultural sensitivity of each domain using a Likert scale.

A new domain named "religious rituals" was added to the domains because 100% of the study participants believed that this is not only a manifest and distinct social ritual domain in Iran, but also could be one of the most culturally sensitive ones when linked to mental health issues. The expert group also believed that the changes in this domain are frequently described by the families as the first observed changes in their patients' behaviors before getting diagnosed with a psychiatric disorder. Therefore, it should be investigated as a potentially sensitive domain in respect to early detection of mental health problems in the Iranian culture. Although some aspects of religious rituals may be somehow included in other domains, like personal appearance, the whole extent of this domain of rituals was believed to be distinctly important enough in our culture to deserve to be labeled as a separate domain.

Following, there is a brief report of ideas and opinions about each domain discussed by participants of the study:

1. Personal appearance

This domain was readily agreed upon to be an important area of social rituals the changes of which may indicate early mental health problems. Several clinical examples were described by the participants. Some important cultural aspects were discussed and some modifications were suggested to be made in the introductory sentences of the domain in the SRIS. Needless to mention, Iranian women obey Islamic rules about the female appearance and dressing in public. Furthermore, in some rural areas there is a rather limited diversity in the shape and the colors of the clothing people (especially women) wear. Among many other implications this may have, attentions are readily attracted toward the changes that one makes in his/her form of dressing or in her/his clothing colors. Wearing abnormal clothes or clothes with abnormal colors in the public are frequently observed as the early behavioral changes in those who will later manifest important mental health problems. Especially in women, changes in personal appearance are sometimes perceived as associated to the changes in their bonding to religious rituals. Iranian psychiatrists frequently visit a female patient referred to them by her family for resisting to wear her veil, neglecting the Islamic covering or having made overt changes in her personal appearance. This also includes wearing clothes which are inappropriate or not in accordance to one's social and ethno-familial religious background. These changes can sometimes –not always– be associated with impaired judgment and an overt carelessness about the social consequences of such behaviors. There are also some simple ornaments which are Islamic or religious symbols (e.g. wearing a thin green band over the wrist as a symbol of turning toward the holy Imams or wearing a ring with an agate stone as a symbol of reliance on God's help). Unexpected recent inclination toward excessive use of such ornaments is sometimes observed by the family as the early changes the patient had presented before being diagnosed with a mental illness. These aspects of appearance have explicit overlaps with the religious rituals domain. However, there was a consensus about making slight modifications in the introductory sentences of this domain in order to provide a better coverage of the important culture-specific examples of the personal appearance.

2. Personal hygiene

This was also readily accepted as being a culturally relevant domain of social rituals. Although there are two different specific terms to mean showering and bath taking in Farsi

language, suggestions were made to modify the introducing sentences for this domain, as the two terms are frequently used interchangeably in daily life in Iran. Some participants suggested adding the menstrual period hygiene to the introductory examples of the domain, because not infrequently a family reports it, retrospectively, as an early observed change in a mentally ill family member. Moreover, any disregard for their routine shaving habits was believed to be one of the first observable changes in the personal hygiene rituals in men.

3. Communication

The name for the communication domain was meticulously discussed in order to choose the best Farsi translation which meets the intended meaning. This domain was considered as an important social rituals domain and as one of the most culturally relevant to get potentially linked to early changes in mental health in an Iranian individual. Slight modifications were suggested to be made in introductory sentences to provide a more comprehensible description of the domain in SRIS. The suggestions included adding more examples of verbal communication like talking more or less than usual, the change in the speech tone and volume, and unusual conversations.

4. Eating habits

This domain was accepted as a culturally relevant social rituals domain, but the group believed it to be less sensitive in our culture than the first three domains in relation to early changes in mental health. The most culture-specific aspect of this domain in Iran was believed to be "eating meals together with the family" because the changes made in this routine seems to be more readily observable by others and would be more readily regarded as an abnormal behavior. To specify this example, an easy to understand culture-specific idiom was added to the introductory sentence of the SRIS for this domain.

5. Sleeping habits

This domain was also accepted as a culturally relevant domain, but as one of the least sensitive. According to culturally familiar routines, slight modifications were made in the Farsi translation of the introductory sentence.

6. Sense of privacy

This domain was accepted by all groups as a very important domain, changes of which in an individual may be a very sensitive indicator of his/her mental health problems. In the Iranian culture, respecting one's own and others' sense of privacy is a very important and respected aspect of cultural characteristics.

Any disregard or carelessness about culturally defined privacy rules (which may be a result of impaired 'sense of privacy) is strictly recognized and rejected by the family or the society (the concept of sanction seems highly relevant in this regard). The changes in one's sense of privacy or one's respect toward others' sense of privacy might be observed and noticed readily by others and frequently judged by the family as an abnormal behavior. The group believed that this domain might be regarded as the most culturally sensitive domain in detection of early mental health problems. As religious-cultural rules, in the family and the society, female privacy is carefully cared for by herself and others. A Moslem woman is supposed to veil herself in front of males other than more intimate individuals like husband, father, brother, uncle, and son and son-in-law. Any change in a woman's routine way of acting in this regard -both increased and decreased care for veiling among many other issues- can sensitively indicate changes in her mental health status. In addition, both men and women are supposed to adjust their behaviors in front of the other sex according to their degree of intimacy or closeness. This is somehow more important for women. One can assume that in our culture, privacy, especially but not exclusively for the female, is somewhat broader than that in non-Muslim countries.

Culture-specific additional examples were added to the description of personal modesty. Moreover, the example of 'eating with the mouth closed' was changed, because the focus

group believed that in our culture it could not be a typical example related to this domain. On the other hand, 'eating with the mouth closed' could be considered as a rule of etiquette or politeness.

7. Sexuality

The distinctness and prominence of this domain as a social ritual domain in Iran was agreed upon, and so was the relevance of the domain in reflecting early mental health changes. Some questions were raised about the intended area which is supposed to be covered by this domain. However, most of the questions could be explained by describing the previous steps of revision in the original schedule.

The examples were slightly modified to better cover the concepts of sexual behaviors, attitude, and function and gender role. Participants believed that increased or decreased sexual desire and activity are the most readily observable changes in this domain. Because of a cultural taboo in any overt expression of sexual behaviors, the whole domain has a significant overlap with the sense of privacy domain. This means that the changes in one's sexual activity, behaviors, and attitude are mostly observable by others only when they have already been combined with a decreased sense of privacy or decreased inhibition in sexual issues. The most frequent clinical observations in early mental health problems -which may belong to this domain- were believed to be less shame in asserting one's sexual needs, less inhibition in sexual activities which may have negative social and legal consequences, overt insisting on the need for getting married, less inhibition in marriage suggestion to others, promiscuity and increased masturbating in anxious young girls and boys who cannot otherwise satisfy their increased sexual desire. In the married, the changes in the sexuality domain may be observable by the spouse even if not accompanied by a decreased sense of privacy. However, in most other situations, observations of such changes mostly depend upon an associated impaired sense of privacy. However, when recognized by others, some kinds of change in ones way of acting in this domain are very likely to be regarded as an important and sensitive indicator of mental health problems. The group believed that this domain has a specific linkage with mental health as its changes are commonly reported as the early retrospective changes before the full manifestation of a psychiatric disorder. Introductory sentence and examples were modified according to many cultural considerations in order to present a better introduction of the intended domain as a distinct area and to decrease its overlap with the 'sense of privacy' domain.

8. Avoidance

This domain, as understood by the introductory sentences, was approved as a social ritual domain in Iran, and as a relevant domain in respect to mental health changes. However, the term "avoidance" does not seem to describe any social rituals category in Iran. Because this idea does not seem to be a culture-specific issue, the group decided to offer it as a question to be answered by the UWA and a suggestion for choosing a better name. However, no need for modification in the sentences and examples was felt.

9. Greeting and leave taking

This domain was readily accepted as a social ritual and as a culturally-sensitive one in reflecting mental health changes. The appropriate Farsi translation of the name of the domain was approved by the group. The examples were slightly modified to better represent the most typical examples of this ritual in the Iranian culture.

10. Rules for polite behavior

According to the focus group and interviewees, this domain is an important daily social ritual in our culture. The Farsi name which could accurately reflect the intended meaning was selected. Minor changes were made in the introductory sentence.

11. Religious Rituals

The need for adding this domain was admitted

by all participants. This domain represents a distinct, specific, and important domain of daily social rituals in Iran. Rituals of praying, religious ceremonies, religious aspects of one's general appearance and communications, among many others, are important social rituals in Iran. Any observed changes in one's quantity and quality of religious activities and caring for religious rituals are very likely to be remembered and mentioned as the early behavioral changes in the mentally ill. Some of the frequent early presentations of mental illness in this domain might include: recent over-inclination or over-bonding toward some special religious rules, less tolerance toward others' disregard for those rules, and concretization in aspects of religious thinking or behaving. The religious rituals domain was added to the Iranian version of SRIS in the same format of the other domains. The introductory sentences and examples were assembled according the group discussions.

A Farsi version of the SRIS, applicable and valid for use within the Iranian culture, was produced and revised by the group of experts. Moreover, it will be assessed for inter-rater reliability in the next step of the study.

Discussion

The concept of social rituals and all of the domains of the SRIS were confirmed to be culturally applicable to the Iranian setting. Hence, both the concept and the schedule can be regarded as a base for planning prospective tools for early recognition of mental health deterioration. Although prodromal research has a long history, it has increased dramatically in the last two decades (Bleuler, 1950; Hopkinson, 1965; Kraepelin, 1921; Kraeplin, 1896; Meares, 1959; Sullivan, 1994). This is perhaps due to the prospect of using prodromal symptoms to aid the early identification and intervention of mental illness. Much of the research before that of the UWA project had been focused upon psychoses (Henry, Harris, Amminger, Yuen, Harrigan, Lambert, & et al., 2007; Larsen, Friis, Haahr, Joa, Johannessen, Melle, & et al., 2001; Lieberman Perkins, Belger, Chakos, Jarskog, Boteva, & et al., 2001; Olsen & Rosenbaum, 2006; Yung & McGorry, 1996). However, prodromal intervention has been critically evaluated across the spectrum of disorders, including Alzheimer's disease, eating disorders, post-traumatic stress disorder, and mood disorders (Bryant, 2007; Correll, Penzner, Lencz, Auther, Smith, Malhotra, & et al., 2007; Fava, 1999; Fava & Kellner, 1991; Le & Loeb, 2007; Leifer, 2003). There are critics of early intervention typically concerned with ethical issues and dangers of misdiagnosis (Bentall & Morrison, 2002; Morley, Hall, & Carter, 2004). Nevertheless, there is evidence illustrating that early intervention improves the prospect of recovery for those diagnosed with a mental disorder (Hauser, Pfennig, Ozgurdal, Heinz, Bauer, & Juckel, 2007; Kisely et al., 2006; Marshal, Lewis, Lockwood, Drake, Jones, & Croudace,, 2005; Perkins, Gu,H., Boteva, & Lieberman, 2005). It has been upon such evidence that the original study was developed by the UWA research group.

Not all "at risk" individuals inevitably "convert" to psychosis, and such people need to be guarded from the potential risks of interventions. Primarily, because so far a rather low conversion rate to psychosis has been found, early intervention into mental disorders such as schizophrenia is a much debated topic (Cannon, Cornblatt, & McGorry, 2007). It permits risk assessment, but this must be differentiated from a diagnosis which will dramatically change the patient's life and the actions of third parties (experience of stigma and discrimination); it allows prompt medical care, but medication may have unintended consequences; it currently serves symptomatic and well-defined prodromal populations, but the likely shift toward a younger and less symptomatic population may bring about costly false positives or destroy the period of normalcy prior to the onset of symptoms (Corcoran,

Malaspina, & Hercher, 2005). Furthermore, there is confusion about what symptoms comprise the prodromal phase (Olsen & Rosenbaum, 2006). However, logically, the stricter the prodromal features guiding the detection process, the higher the conversion rate, which is why studies like the UWA study will contribute towards more effective intervention during the prodromal phase of mental disorders.

Regardless of any possible role in explicit diagnosis of a prodromal phase, the concept of Social Rituals -when linked to mental health- would also be useful in increasing professionals' insight toward the early attention toward psychological/mental health problems.

Cross-cultural applicability of the social rituals concept and its applicability in reinterpretation of the concept of prodrome are crucially important in psychiatric diagnosis. It instantly incorporates the idea of 'culture' into prodrome, and hence, psychology must ask about the utility of western diagnostic instruments/techniques in non-western settings or in western settings with non-western people, as would be the case in most parts of our increasingly multi-cultural world. A Subsequent value of the SRIS is one of general orientation for diagnosis, treatment, and etcetera (i.e. alerting psychiatrists –regardless of patient's cultural background– to domains that are important to investigate in a psychiatric evaluation).

The next stage of this research in Iran would be evaluating the inter-rater reliability of the produced Iranian SRIS.

Conflict of Interests

Authors have no conflict of interests.

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