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Cultural Issues in Anxiety Disorders: Some Particularities of the Iranian Culture

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Review Article

Abstract

Anxiety disorders occur in all human societies; yet there are cross- cultural variations in the symptomatology, prevalence, the etiologically contributing bio-psycho-social factors and the social responses to the symptoms and their management. Iran has a heterogeneous population with numerous subcultures bounded closely to each other through the common history, language, Old Persian culture and the similarities in their impressing experiences as a nation. In the format of a narrative review article, here we intend to induce a minimal insight into a few areas of particularity of anxiety disorders in Iranian culture. We will focus on the examples of socio-cultural factors affecting the source of distress, help-seeking behaviors, symptom presentation and treatment of these disorders in Iran.

Keywords: Culture, Iran, Anxiety disorders

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Introduction

Anxiety disorders occur in all human societies; yet, there are cross-cultural variations in the symptomatology, prevalence, the etiologically contributing biopsychosocial factors, and the social response to the symptoms and their management (Guarnaccia, 1993; Kirmayer, 2001; Kleinman, 1982; Lewis-Fernandez & Diaz, 2002; Marsella & White, 1982).

Iran has a heterogeneous population with numerous subcultures bounded closely to each other through their common history, language, old Persian culture, and the similarities in their impressing experiences as a nation (Good, 1977).

Here we intend to induce a minimal insight into a few areas of particularity of anxiety disorders in the Iranian culture. We will focus on the examples of socio-cultural factors affecting the source of distress, help-seeking behaviors, symptom presentation and treatment of these disorders in Iran.

An Ethnomedical Glance at Anxiety Disorders in Iran:

A) Source of distress

1. In general, Iranians have been described as socially and inter-personally sensitive individuals (Good, 1977). They place high value on showing respect and concern for the comfort of others in social interactions (Pliskin, 1992). In

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addition to many positive connotations, this cultural trait can be also a source of anxiety for vulnerable individuals through increasing self-awareness and self-monitoring, as well as evaluation of reciprocal politeness rituals–called Ta'arof. This attribute has been mentioned by many orientalist visitors of Iran even in the ancient ages (e.g. see: Jamalzadeh).

2. The culture puts a partial limit on one's frankness and openness to express his/her expectation, wishes, wills and non-satisfactions as an unwritten rule of politeness. The threshold for the socially-perceived impoliteness or rudeness is even lower for women than men. This may generate distress through complicating the resolution of interpersonal and internal conflicts. It may also contribute to non-verbal and somatic modes of emotional expression (Ahmadzadeh, Malekian, & Maroufi, 2013). However, people's attitude toward and efficiency in self-expression is variable across subcultures (Marsella & White, 1982). Therefore, one can evidently see higher self-expressions in modern subcultures compared to traditional ones; a situation which is more or less similar to other cultures (Ahmadvand, Sepehrmanesh, Ghoreishi, & Afshinmajd, 2012; Kleinman, 1982).

3. The Iranian culture is a family-centered one. The family system is supportive of its members and is regarded as the most influential support resource for individuals (Kleinman, 1982). Care for children and care for old parents are highly valued in the Iranian culture (Good, 1977). Apart from the explicit roles of the family members, family exerts a high amount of implicit expectations on its members; for example, the matters of family honor (Good, 1977).

4. In the big cities of Iran, specially, children's education and academic achievement has increasingly become a matter of family honor, putting heavy expectations on the children (Afshar, Roohafza, Sadeghi, Saadaty, Salehi, Motamedi, et al, 2011). This, in accordance with the demanding competitive educational system, makes academic achievement a major source of stress for adolescents. Perfectionism and procrastination are two significant mental health issues in middle and high school students, and have been shown to be associated with the high rate of anxiety disorders (Afshar et al., 2011).

5. On the other hand, there are high levels of worry and guilt-feeling observed among parents -especially the educated- about their parenting practice and its standards. These concerns can be partly the result of the rapid increase of public awareness about children's psychological issues and the role of parents, which have been a focus of attention in the public media in the past two decades. Parents feel generally ambivalent about how to raise their children to be faithful to family, religious, social, and ethical values, while trying to avoid the traditional paternalistic parenting styles (Marsella & White, 1982).

6. In the past few decades, several extreme social and political events have occurred in Iran, including the Islamic revolution, Iraq-Iran war, big devastating natural disasters (like Bam earthquake in 2003), and sanctions against Iran among many other events (Good, 1977). Challenges of adaptation to all these events, consequent rapid socio-political changes, and related societal, ideological, and social identity crises can be mentioned as a source of distress (Good, 1977; Guarnaccia, 1993). Moreover, we can refer to the issue of trauma and post-traumatic stress disorder (PTSD), other psychiatric problems in the large population of war veterans, other ordinary survivors of the war trauma and disaster survivors (Mohammadi, Davidian & Noorbala, 2005, and the so-called issue of trans-generation transmission of war-related trauma (Ahmadi, Reshadatjoo, & Karami 2010; Ahmadzadeh & Malekian, 2004).

B) Help-seeking behaviors

People in Iran are usually reluctant about help-seeking from psychiatrists; this is partly due to the stigma associated with mental or psychiatric illness (Lipson & Meleis, 1983).

Seeking help for the so called "nerves weakness" is less stigmatized; therefore, many psychiatric patients inappropriately refer to neurologists (Eisenberg, 1980; Mohammadi et al., 2005). On the other hand, in addition to the "psychiatrist" title or instead of it, many psychiatrists refer to themselves as "specialist for illness of psyche and nerve", for example on the board of their private offices and/or on their medical signatures.

Many Iranian people regard emotional problems, like anxiety, as socio-moral problems (Good, 1977). Therefore, they try to solve these problems through their own internal resources (including spiritual and/or religious resources), or the help of trusted others (Vasegh & Mohammadi, 2007).

The field of counseling is becoming a less stigmatized filed than psychiatry and seeking guidance from a mental-health counselor is a preferred way to share one's mental health concerns (Mohammadi et al., 2005).

Expressing anxiety is difficult for many religious patients due to their faithful belief which indicates that relying on God is the best resource for relief (Vasegh & Mohammadi, 2007).

Somatic complaints are also one of the non-stigmatized ways of help-seeking from the health care system for anxiety and emotional problems (Ahmadzadeh et al., 2013; Lewis-Fernandez & Diaz, 2002).

C) Symptom presentation

1. The Iranian culture, generally, has rich somatic vocabularies for conveying both somatic and affective experiences (Ahmadzadeh et al., 2013; Good, 1977).

One of the commonly used Farsi words for anxiety is "Del-shoureh" which literally means belly-turmoil. This somatic vocabulary may both contribute in or be contributed by the high rate of somatic vs. psychiatric symptom presentation in generalized anxiety disorder (GAD) and high co-morbidity rate between anxiety and somatoform disorder (Ahmadzadeh et al., 2013; Good, 1977; Good & Good, 1982).

2. Somatic presentation of anxiety, like musculoskeletal pain, heart discomfort, and gastrointestinal complaints, are frequently observed (Pliskin, 1992).

3. In obsessive-compulsive disorder (OCD), cultural influences mostly define the pattern of symptoms and themes for obsessions and compulsions (Kirmayer, 2001). Religious themes are among the most prevalent themes for obsessions and compulsions in Iranian patients, including religious cleanliness obsessions and related compulsive washing rituals (Mohammadi et al., 2005).

Religious cleanliness has specific criteria which separate it from the general hygienic criteria. These criteria are very simple orders when not affected by obsessive concerns. The Muslim rules of cleanliness are to be met before doing any daily praying and other religious rituals.

Other common themes for obsession in patients with OCD are the "doubt obsessions" about doing prayer rituals well which are usually followed by associated repetition compulsions.

4. On the other hand, obsessions and compulsions with sexual themes are prevalent in religious patients (Mohammadi et al., 2005). This reflects the individuals' concerns about sexual taboos, their guilt-feeling about sexual fantasies, and trying to over-control their mind through vigilant monitoring of their imagination, which completes the vicious cycle of obsessions and compulsions.

D) Protective cultural factors

1. Religious faith has been shown as a protective factor against anxiety. This kind of faithfulness and altruistic attitude toward defending the home-country against invaders has been a core belief in many Iranian soldiers in the Iraq-Iran war. It has been shown as one of the protective factors associated with lower rates of PTSD and depressive disorders in those Iranian war veterans with such a faithful belief (Ahmadi et al., 2010).

2. Basic belief in the general religious values of "trusting in God", "being at peace with God's will", and "relying on God" are also regarded as

protective factors against anxiety. Moreover, they have been associated with lower rate of adjustment disorders and GAD in medically ill patients in a few Iranian studies as well as a good resource to overcome anxiety, and a good prognostic factor in patients with acute stress disorders and GAD (Vasegh & Mohammadi, 2007).

3. The family-centered social context in Iran provides individuals with a strong supportive network, which is a protective factor against many emotional disorders, including anxiety disorders (Lewis-Fernandez & Diaz, 2002). It is also one the most valuable resources for any patient, including those with debilitating anxiety disorders, who needs care and support during the illness. The strong family ties and support has been identified as a good prognostic factor in many types of anxiety disorders (Eisenberg, 1980).

E) Treatment

1. Use of herbal remedies, are quit common in Iranian people (Good, 1980).

Many patients traditionally try using herbal extracts such as Borage, Valerian, and Lavender for treatment of their anxiety or insomnia before consulting medical doctors or psychiatrists (Eisenberg, 1980).

2. Traditional herbal therapists have become organized and supervised in recent years. There are several herbal medical industries which provide standard herbal extracts or processed seeds in forms of drop, tea, suspension, tablet, or capsule (Mohammadi et al., 2005).

3. In Iran, there has also been an increasing trend toward some kinds of complementary and alternative medicine practices, like yoga, meditation, and energy based therapies, in the recent years (Mohammadi et al., 2005).

4. The relative rate of medication use in Iran has been reported to be very high among other countries; yet, there is a general reluctance toward using psychiatric drugs (Pliskin, 1992).

Psychiatric drugs are usually viewed by people as not helpful, addictive, harmful, or causing longtime adverse affects on personality, intelligence, or body organs.

5. Admission to the psychiatric department of the hospital is also stigmatized (Good, 1980). Especially for unmarried female patients, the family usually resists hospital admission, avoiding getting their daughter labeled and causing problems for her marriage in the future.

5. Some university clinics have developed a few culturally and religiously modified psycho-therapeutic modalities for treatment of OCD with religious themes. In addition, as one of the sessions in many cognitive-behavior therapy protocols for selected patients with GAD or mixed depressive anxiety, changing the religious distorted schemas and replacing them with more efficacious functional ones is practiced and has been proven affective.

Conclusion

In conclusion, it should be emphasized that cross-cultural issues are most useful when considered as a way of understanding different people, not to justify our prejudices against others, or to adopt any judgmental attitudes toward any group of people. Such insight can facilitate communication with patients, examination of their problem through their own views, and awareness of the beliefs, resources, and social contexts surrounding a problem. The final message is that we should never forget to consider and assess each patient within his/her familial, societal, and cultural context, strictly avoiding any stereotyping as a therapist.

Conflict of Interests

Authors have no conflict of interests.

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