Cultural Misconceptions and Public Stigma about Mental Illness

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Abstract

Background: This study aims to identify the demographic and cultural correlates of mental illness stigma towards patients and their family members from the perspectives of university students.

Methods: A descriptive, cross-sectional design was employed. A total of 398 students from four universities participated in the study. They completed the demographic data questionnaire, the scale of cultural misconceptions about mental illness and the Discrimination–Devaluation Scale.

Results: Results of independent t-test and one-way ANOVA indicated no significant difference in the levels of mental health stigma towards patients and their families based on students' gender, faculty and place of residency. Previous history of family mental illness was associated with stigma towards patients and their families. Old age was associated with few mental stigmas towards patients' families. Various cultural misconceptions about the causes and the treatment of mental illness were significantly associated with mental illness stigma.

Conclusion: Addressing cultural misconceptions is crucial in reducing mental illness stigma.

Keywords: *Cultural Misconceptions, Mental Illness, Stigma, Patients, family, University Students*

Introduction

Public stigma against mental illness negatively affects the lives of patients and thus leads them to avoid building relationships, working or seeking care [1,2]**.** Numerous patients with mental illness have low income and cannot get a job due to employers' prejudice [3]. In addition, those who experience social discrimination might internalise stigma and thus experience chronic low self-esteem [4]. Stigma does not only affect patients with mental illness, but it also harms family members of these patients [5]. Stigma against family members of patients with mental illness is a consequence of the social bias rather than the failure committed by these family members[6]. The parents of people with mental illness could be blamed for their child's condition due to possible parental negligence that could lead to mental illness[7]. Moreover, their brothers and sisters may be labelled as being contaminated by their sibling who has a mental disorder[8]. In numerous situations, the negative effects of stigma may be more incapacitating than the mental illness itself [1]. Considering stigma's negative effects, mental health research aims to identify the factors that could worsen stigma and take preventive actions[3].

Awareness of the causes of mental illness and its treatments could play a vital role in shaping public stigma against mental illness[8]. Various cultural misconceptions could be identified when investigating stigma. Numerous cultural misconceptions about mental illness exist, and they play a major role in shaping public stigma about mental illness [9]. Numerous people hold patients with mental illness accountable for their own disease and blame them for experiencing the symptoms[10]. In addition, other people may perceive patients with mental illness to be harmful or dangerous[10,11]. Cultural misconceptions regarding the causes and treatment of mental illness could also play a role in determining the degree of public stigma against mental illness[9]. Hence, poor knowledge about the underlying biological origins of mental illness may influence stigma[9]. In contrast to these perceptions,

most patients with mental illness can benefit from professional psychological help[12]. However, mental illness stigma could prevent patients from seeking professional psychological help to avoid being labeled as 'mentally ill'[13]. Therefore, mental illness stigma and its impacts on patients and their families is a concern among health care providers worldwide.

Mental illness stigma among university students in Jordan is significantly associated with attitudes towards seeking professional psychological help[14]. The negative effects of stigma indicate a need for paying additional attention to its antecedents from the society. Therefore, the current study aims to identify the demographic and cultural correlates of mental -illness stigma on patients and their family members from the perspectives of university students. The collected data may determine the cultural misconceptions about mental illness and reveal how people in the Jordanian society perceive patients or those who have history of mental illness. This research proposes recommendations on how to change public attitudes toward mental illnesses in the society.

Methodology

Design, Sample and Setting

A descriptive, cross-sectional design was employed in this study. A convenience sample of 398 college students from different scientific and human sciences schools participated in the study. These students were recruited from four Jordanian universities, whereas two of them were from government schools.

Data Collection Procedure

Zarqa University Review Board approved this study, and students from different scientific and human sciences schools were invited to participate. Participants were conveniently recruited by visiting them in the university campus during their free time. The research team explained the purposes and procedures of the study prior to administering the study questionnaire. Participants were assured that their participation is voluntary and that they were allowed to withdraw from the study any time. All of them signed the consent form. The questionnaire required 15–20 minutes to complete.

Instrument

Discrimination–Devaluation Scale DDS

The DDS is a 12-item measure which rates individual views about most people's acceptance of mental illness. Scores were ranked using a four-point Likert scale ranging from 1 strongly agree to 4 strongly disagree. Seven questions assessed patient-focused stigma, and five questions assessed caregiver-focused family stigma. High scores indicate great perceptions of mental illness stigma. The DDS required 15–20 minutes to complete. The Arabic version of the questionnaire was translated and culturally adapted by Dalky[15]. The Cronbach's alpha coefficient of the Arabic version[15] was 0.87.

Cultural misconceptions about mental illness

Cultural misconceptions about mental illness in Jordan were assessed using an eight-item scale developed by Rayan and Fawaz[9]. Participants were asked to identify their beliefs regarding various statements that reflect common cultural misconceptions about mental illness in the Arab world. In addition, they could answer the questions with 'yes' or 'no' and indicate their agreement with statements that describe the causes of mental illness and its treatment. The scale exhibited a well-established content validity, with a Cronbach's α reliability coefficient of 0.81.

Data Analysis

The Statistical Package for Social Sciences version 21 (SPSS Inc., Chicago, IL) was employed to analyse the data with a significance level α of 0.05. Descriptive statistics means, standard deviations and frequencies for the sample were reported. One-way analysis of variance ANOVA was used to detect whether participants' attitudes towards mental illness differ based on their gender, place of residence and previous contact with mental illness.

Results

Sample Characteristics

A total of 398 students completed the study-102 25.6% males and 296 74.4% females. The mean age of the participants was 20.09 SD = 2.40. About 61% of the participants were from faculties of science e.g. biology, engineering, computer sciences. About half of the respondents were in the first year of their university study, and 80% of the respondents live in a city. Only 14% of the respondents have a family history of mental illness Table 1.

Table 1: Sample Charactrastics

		Frequency	Percent
Gender	Male	102	25.6
	Female	296	74.4
Faculty	Scientific	242	60.8
	Humanity	156	39.2
Year of study	First	206	51.8
	Second	48	12.1
	Third	72	18.1
	Fourth	34	8.5
	Fifth	36	9.0
	Sixth	2	.5
Place of residence	City	282	70.9
	Village	98	24.6
	Al-Badia	18	4.5
Family history	Yes	14	3.5
	No	384	96.5

Cultural misconceptions about mental illness

Various cultural beliefs and misconceptions about mental illness are reported in Table 2. The table shows that 55.8%, 64.3%, 57.8% and 16.1% of the participants believe that mental illness is caused by evil eye Hasad, Seher, Jinn and a punishment from 'Allah', respectively. Most participants believe that mental illness is treatable. However, the majority of them believe that it can be treated by Sheikh 59.8%, Pray 81.4% and Rukia 69.3%.

Table 2:Cultural misconceptions about mental illness

Item		Frequency	Percent
Believe that mental illness is caused by evil eye (Hasad)	Yes	222	55.8
	No	176	44.2
Believe that mental illness is caused by "Seher"	Yes	256	64.3
	No	142	35.7
Believe that mental illness is caused by "Jinn"	Yes	230	57.8
	No	168	42.2
Believe that mental illness is a punishment from "Allah"	Yes	64	16.1
	No	326	81.9
Believe that mental illness is treatable	Yes	368	92.5
	No	28	7.0
Believe that "Shehk" can treat mental illness	Yes	238	59.8
	No	160	40.2
Believe that Pray might treat mental illness	Yes	324	81.4
	No	72	18.1
Believe that "Rukia" might treat mental illness	Yes	276	69.3
	No	122	30.7

Differences in Stigma According to the Sample Characteristics

The results of independent t-test and one-way ANOVA indicated no significant difference in levels of mental illness stigma towards patients and their families based on students' gender, faculty and place of residency. However, students with a history of mental illness in their families demonstrated high mental illness stigma towards families of patients and low mental illness stigma towards patients Table 3. Furthermore, age is significantly correlated with mental illness stigma towards families of patient's $r = -0.126$, $P < .05$ and the overall stigma towards mental illness $r = -0.114$, $P < .05$.

Table 3: Differences in stigma based on having a family history of mental illness

variable	category	Type of stigma	N	Mean	SD	P-value
Is there a mental illness in your family	Yes	Total Stigma	14	28.7143	3.91110	946
	No		384	28.8125	5.33732	
	Yes	Individual Stigma	14	14.2857	2.26779	042
	No		384	16.2552	3.58303	
	Yes	Family Stigma	14	14.4286	2.92770	013
	No		384	12.5573	2.75678	

Differences in Stigma according to Cultural Misconceptions about Mental Illness

An independent t-test was used to examine the differences in levels of mental illness stigma according to cultural misconceptions about mental illness. Students who think that 'Jinn' might cause mental illness exhibit high overall stigma and mental illness stigma towards patients and their families $P < .05$. Additionally, students who perceive that mental illness is a punishment from Allah demonstrated high mental illness stigma toward patients. Students who think that 'Sheihk' might treat mental illness using the Holy Quran or another holy book have high overall mental health stigma and high stigma towards patients. Finally, students who think that 'Rukia' and prayer might treat mental illness have high overall stigmas towards mental illness and patients' families.

Discussion

Using the perspectives of university students living in Jordan, the current study identified the demographic and cultural correlates of stigma against mentally ill patients and their family members. Studies were conducted in several Middle Eastern countries, such as Lebanon, Oman and Qatar, to assess the perception of the university students about mental illnesses. However, to the best of the researchers' knowledge, few studies addressed university students' cultural misconceptions and their role in stigma against mentally-ill patients and their family members. This study is the first in the Jordan context to identify the demographic and cultural correlates of stigma against mental illness in the said country from the perspectives of university students. The outcomes of this study have identified several cultural misconceptions that were associated with mental illness stigma among university students. Addressing stigma towards mental illnesses is an important issue in Arab world. Although the participants in the current study received a high education, they still hold misconceptions about the causes and treatment of mental illness and consequently stigmatise individuals with mental illness and their families.

The findings of the current study revealed that students with a history of mental illness in their families demonstrated high stigma towards families of patients with mental illness and low stigma towards patients with mental illness. About a quarter to half of family members hide their relationship with a family member who suffers from mental illness to avoid shame Jon et al 2008. This result might be attributed to misconception of the causes of mental illnesses.

The participants in the current study believed that 'Jinn' might be a cause of mental illness. This finding is consistent with the results of several previous studies that were conducted on participants from different countries in the Arab world. Rayan and Fawaz[9] studied Lebanese university students and found that about 71% of the students who participated in the study believed that 'Jinn' might be the cause of mental illness. The researchers of the current study suggest that culture and religion might affect Arab people's perception of mental illnesses. Jinn were mentioned in the Holy Quran, the religious book of Islam. Large proportions of Muslim people have traditionally seen Jinn, evil eye Hasad and God's punishments as the causes of mental illness and neurological diseases [9,16,17].

Misconceptions about the causes of mental illness might consequently lead to misconceptions about treatment. Students in the current study believed that reading Holy Quran or other holy books, praying and using 'Rukia' might treat mental illness. This finding is consistent with the results of [18], which revealed that a member of an Arab family who has symptoms of mental illness usually consults to family practitioners 33%, family members 21.6% and to the Sheikh 19%. Only 11% consult mental health physicians. Interestingly, certain Arab families might wait years before seeking mental health treatment. They usually decide to do so when the patients exhibit severe symptoms that can be observed by others. However, the cost of mental health care, the cultural view of mental illness, the ineffective media and the lack of trust in mental health professionals are important barriers to seeking mental health treatment[9].

Future research may develop specific intervention programmes and examine their effectiveness to reduce mental illness stigma. Such intervention programmes should address cultural misconceptions about mental illness among university students in the Arab world. Media may also play an important role in reducing negative attitudes towards patients with mental illness and their families. Furthermore, health care providers should help educate patients and family members to fight misconceptions about mental illness in the Arab world.

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