

PSYCHOLOGICAL WELL-BEING



Ingrid E. Wells
Editor

Psychology of Emotions, Motivations and Actions

NOVA

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INGRID E. WELLS
EDITOR

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Chapter 9

**THE NEED FOR CULTURAL
CONTEXTUALISATION IN ESTABLISHING
PSYCHOLOGICAL WELLNESS
OR ILLNESS**

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ABSTRACT

Even though the wellbeing literature in psychology is fairly massive, earlier attempts at defining the term have failed to emphasize the pertinence of cultural factors in obtaining a more socially appropriate definition of the term. Hitherto, diagnostic manuals and authors in the area of mental health have been largely driven by medically related models as backgrounds in giving explanations in the area of psychological wellbeing. However, many societies (with their pre-historic values and precepts) had long existing frameworks for establishing psychological health or illness before the advent of current nosological approaches. While it is inappropriate to question the scientific basis of current theories, advancing knowledge within the vicissitudes of our historical past in the context of newer information require the adoption of current gains in scientific transformation of the area of psychological health; considering peculiar traditional perception of mental health and illness across cultures.

This paper attempts to illustrate the relevance of culture and sub-cultural practices in defining the concept of psychological well being, yet appreciating the need to situate these within the global definition of psychological health. When this is adopted by psychologists and other mental health practitioners, establishing individual and group norms on the mental health-illness continuum will be more society and context specific. The divergence will also yield broader explanations to the existing dogmas in diagnostic criteria in mental health literature. With this in view, the discipline of psychology will be adding value to evidence based assessment and diagnosis, strengthening the insistence on reliability and validity in psychology.

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BACKGROUND

The wellbeing literature in psychology is fairly massive. Psychological well being is a subjective term that means different things to different people. Many authors have defined the concept in different ways (Adejumo, 2008, Helliwell, and Putnam, 2004, Keyes, 1998). Psychological health, otherwise called mental health is a relative state of mind in which a person who is healthy is able to cope with and adjust to the recurrent stresses of everyday living in an acceptable way. The World Health Organization defines mental health as "a state of well-being in which the individual realizes his or her own abilities, cope with the normal stresses of life, work productively and fruitfully, and is able to make a contribution to his or her community" (World Health Organization, 2005). Hales and Hales (1995) define mental health as:

the capacity to think rationally and logically, and to cope with the transitions, stresses, traumas, and losses that occur in all lives, in ways that allow emotional stability and growth. In general, mentally healthy individuals value themselves, perceive reality as it is, accept its limitations and possibilities, respond to its challenges, carry out their responsibilities, establish and maintain close relationships, deal reasonably with others, pursue work that suits their talent and training, and feel a sense of fulfillment that makes the efforts of daily living worthwhile (p. 34).

As observed by Kobayashi (1999), there are at least two main problems with the definition of good mental health in modern psychology. First, the definition diminishes the value of human relationships, and cultural variations, especially in non-western societies. Second, it is not healthy for everyone in the world to follow a pre-determined ideology housed within a specific culture.

Mental health can be socially constructed and socially defined; that is, different professions, communities, societies, and cultures have very different ways of conceptualizing its nature and causes, determining what is mentally healthy, and deciding what interventions are appropriate (Weare, 2000). Thus, different professionals will have different cultural and religious backgrounds and experiences, which may impact the methodology applied in conceptualisation, diagnosis and treatment of mental illness (Wapedia, 2009). This is why many mental health professionals are beginning to, or already understand, the importance of competency in religious diversity and spirituality (Richards, Bergin, 2000).

It was previously stated that there was no one "official" definition of mental health. From the above definitions, some similarities and differences could be observed. Cultural differences, subjective assessments, and competing professional theories all affect how "mental health" is defined (World Health Report, 2001).

TOWARDS A BROADER DEFINITION OF PSYCHOLOGICAL HEALTH: THE ROLE OF RELATED THEORIES AND CONCEPTS

Obtaining a broader definition of the concept "psychological well-being" requires the identification of the constituents of psychological health and well-being; review of the related theories; and to a greater extent examination of the role of socio-cultural factors in obtaining

a definition of mental health within the context of cultural variations in different societies (Britt-Mari Sykes, 2007, Ed Diener, Oishi, and Lucas, 2003). Others have also argued that a holistic model of mental health generally includes concepts based upon anthropological, educational, psychological, religious and sociological perspectives (Witmer and Sweeny, 1992; Hattie, Myers, and Sweeney, 2004). Resolving these transcend the traditional boundaries of psychology.

To understand psychological health, there have been attempts in the past to provide mutual relationships between the discipline of psychology and related fields. Viktor Frankl, from his multi-disciplinary background, through his theory of Logotherapy highlighted the historical foundations of existential analysis (Victor Frankl Institute of Logotherapy, 2009, Sykes, 2007). This posits that every psychological health theory has a philosophy of human kind at its core. Längle's theory is no exception. It outlines the basic structure of a fulfilling existence, the criterion for and outcome of mental health. Whether stated implicitly or explicitly, every psychological theory has something to say about what constitutes health, well-being and what it means to live a fulfilling and productive existence.

In relation to the discipline of sociology, Keyes (1998) stressed the need to identify the similarities and differences in the definition of psychological well being. According to him, positive functioning includes social challenges and tasks; and he proposed five dimensions of social well-being. Whereas psychological well-being represents more private and personal criteria for evaluation of one's functioning, social well-being epitomizes the more public and social criteria whereby people evaluate their functioning in life. These social dimensions consist of social coherence, social actualization, social integration, social acceptance, and social contribution. Individuals are functioning well when they see society as meaningful and understandable, when they see society as possessing potential for growth, when they feel they belong to and are accepted by their communities, when they accept most parts of society, and when they see themselves contributing to society.

FACTORS ESSENTIAL IN THE DETERMINING PSYCHOLOGICAL WELLBEING

Like many other psychological terms, there are certain concepts that underlie the determination of psychological wellbeing (Christopher, 2001). Even though there is no rigid framework or consensus in existing literature, there exists an agreement on a summative evaluation of existing viewpoints.

The domain of psychological well-being consists of the outcomes of life circumstances and achievements. Psychological well-being indicators attempt to understand people's evaluations of their minds and lives. In the opinion of and Ryff's and Keyes (1995), positive functioning consists of six dimensions of psychological well-being; self- acceptance, positive relations with others, personal growth, purpose in life, environmental mastery, and autonomy. In another dimension, Zangmo (2009) in his study among Bhutanese, identified four broad categories, they are; life satisfaction, emotional well-being, spirituality, and coping with stress. These could also be evaluated in the form of cognition, or in the form of affect. The cognitive part, an information-based appraisal of one's life, is when a person gives conscious evaluative judgments about one's satisfaction with life as a whole. The affective part is a

hedonic evaluation guided by emotions and feelings such as the frequency with which people experience pleasant/unpleasant moods in reaction to their lives. The assumption behind this is that most people internally evaluate their life as either good or bad enabling them to communicate their judgments. Further, people nearly always experience moods and emotions, which have an enormous range of effects on the quality of experience.

From an economic, industrial or organisational viewpoint, psychological wellbeing leads to desirable outcomes, including economic ones. However, economic outcomes do not always lead to positive psychological wellbeing outcomes. In a research done by Ed Diener, Oishi, and Lucas, (2003), people who score high in psychological wellbeing later earn high income and perform better at work than people who score low in wellbeing. It is also found to have a positive relationship with physical health (Ed Diener, Oishi, and Lucas, 2003).

THE NEED FOR CULTURAL CONTEXTUALISATION

Culture, often defined as the enduring behaviors, ideas, attitudes, and traditions shared by a large group of people and transmitted from one generation to the next, is essentially the lens through which a person sees their world (Neff and Suizzo, 2006). What is completely healthy and normal in one culture may readily be defined as deviant in another.

Despite the reliability of existing manuals and tools for measuring and evaluating psychological health in both clinical and non-clinical settings, many of the indices and variables considered are potentially incongruous with the values and standards in many cultures (Christopher, 2001). Considering that the diagnostic tools used for determining psychological well being in psychology is meant for individuals in different societies, and not vice versa, it is simply logical to expect divergent interests, and acceptability of the existing framework for determining psychological health in different cultures.

Wellbeing even for individuals requires interdependence among people who tacitly agree to approve and support each other in particular ways that have been shaped by culture and history. Relevant social world is arranged and practiced differently, incorporating different cultural models of what is good, moral, or what is self. Well being may assume forms other than those currently described and documented in the psychological literature. What counts as well being depends on how the concepts "well" and "being" are defined and practiced. And these variations can make a difference not only for the content or the meaning of well being. It is not just that different things make people happy in different cultural contexts-this is obviously the case. More significantly, it is the way of "being well" and the experience of "well-being" that are different (Kobayashi, 1999).

Cultural practices and meanings define the most natural and ordinary ways of acting in a variety of mundane everyday situations such as saying hello and goodbye, having conversations, playing sports etc (Cole, 1996). No matter how natural or ordinary they might seem at first glance, a closer scrutiny reveals that these everyday situations are in fact regulated and constituted by an intricate, although often haphazard collection of socially shared cognitions, beliefs, images, and behavioural patterns, beneath which one can sometime discern implicit cultural assumptions and premises.

Individual and group behaviours that are acceptable in one society may be regarded as completely deviant in other settings. Even within specific cultures, there are unique sub-

cultural traits that yield significant peculiarities aside from practices within the larger culture. Specific attributes of various social institutions also determine the pattern and standards of behaviour in a given society. In South-western Nigeria for example, women in labour freely express labour pains by screaming to alert family members and attending midwives that labour is progressive. This behaviour forms a yardstick for determining the rhythm and strength of uterine contractions. Whereas among the *Fulanis* of North-eastern Nigeria, such expressions of emotions are regarded as bizarre and hardly acceptable as normal. The idea of concealing or masking emotional expression of labour pains may be a major reason for the high maternal mortality rate in Northern Nigeria (UNICEF, 2009). It is therefore necessary to examine peculiar attributes and values in various societies that account for significant and unique variations as a step towards refining the definition of psychological wellbeing.

YORUBAS AND PSYCHOLOGICAL HEALTH

Yoruba is one of the three major ethnic groups, and the second most populous tribe in Nigeria. The people occupy the south western part of the country, stretching from the upland area to the hinterland of the Lagoon. They speak the Yoruba language. The definition of psychological wellness like many other social phenomena is culturally determined, and, therefore, the explanation of health and illness is a function of culture among the Yorubas. As a result, this has significant implications for health-seeking behaviour (Jegade, 2002).

In the Yoruba society, Osunwole observed that "Traditional diagnostic methods examine the totality of man with reference to his biological, spiritual, psychological as well as social make-up" (Osunwole, 1989). Generally in the culture, virtue is seen as a valuable personality characteristic expected of a psychologically stable individual. However, occasional breaches in expectations of a gentlemanly character (including threatening others with weapons) is expected of a genuine descendant of notable warrior families. At such times, within the culture it is believed that "were ile baba re n'gun," meaning that the madness in his ancestors has come upon him. In this scenario, the society sees nothing wrong in one's failure to maintain "psychological balance" on inhibition in a deliberate effort to maintain sanity. As a result, in a Yoruba subculture among the Ondos, a person frivolously provoked could say "ma a mu pekun kori e konu" meaning I'll behead you with a machete for being angered. Within the psychological state, the angered person could proceed to decapitate the offender.

Many other similar anti-social behaviours are found among youths from the Urhobo and Isoko tribes in the volatile Niger Delta region of South western Nigeria. Similarly, Muslim youths in Northern Nigeria have been frequently alleged to have resorted to mass killing of Christians and non natives, occasionally slashing their victims' throats with daggers in the process, without any consensus of tagging it as extremist or psychological illness, as long as it was perpetrated on the premise of religion. Even though modernisation and enforcement of criminal law in the society has reduced such practices, cultural norms in these societies still leave room for justifying occasional flashes of "insanity" manifested in behaviours similar to the above examples.

JAPANESE AND PSYCHOLOGICAL HEALTH

The collectivist nature of the culture of mainstream Japan has profound effect on issues dealing with mental health in the society. This includes how psychopathological behaviour is defined and manifested among Japanese, and the reaction of society to the mentally ill. The Japanese knows that their *honne*, true feelings are often in contrast with their *tatemae*, public face. Thus, as a result of such cultural and social entities, restraining one's feelings is very appropriate and often encouraged in a good number of public, daily interactions with people. In every culture the defining feature of mental illness or psychopathology is necessarily a deviation from the normal. Although the existence of psychopathology is universal, the way by which society views and treats those people with mental illness varies dramatically.

It is interesting to point out that while mental illness is seen as a stigma in Japan, physical illness is quite acceptable. Thus, it is often the case that universal psychopathologies such as depression and schizophrenia will first manifest as somatic complaints in Japan. Every culture has its own "idiom of distress," the pattern of behavior by which people in that culture signify that they are ill (Alloy, Jacobson, and Acocella, 1999). Thus, a Japanese patient with *utsu-byou*, which is depression, may go to their physician with complaints of weakness, dizziness, and headache, while an American patient is more likely to go directly to a therapist with complaints of lack of pleasure and gloominess. The American patient may not even discuss any somatic abnormalities.

AMERICA AND DEFINITION OF MENTAL HEALTH

Because modern psychology evolved from Europe and North America, and the latter has played a large role in the health field, the core of most psychological literature on the definition of psychological health rests on the American fundamental ideology of individualism (Bellah, Madsen, Sullivan, Swidler and Tipton, 1985; Berscheid and Reis, 1998; Sampson, 1988; Triandis;1995). Modern American psychology would have us believe that a mentally healthy individual is one who is autonomous, free from social context, stable, and with constant characteristics in any context (Markus and Kitayama, 1994).

In order to sustain individualism, two core values are implied in most aspects of American's lives: (1) autonomy, and (2) freedom from any external force. In the US many schools of physiotherapy (Sue and Sue, 1990), the educational system (Tobin, Wu, and Davidson, 1989), child rearing and socialisation methods (Weisz, Rothbaum, and Blackburn, 1984), and the institution of marriage (Dion and Dion, 1993) attempted to adjust to the standard of autonomy and freedom. For example, the common axiom, "the pursuit of happiness," generally refers to individual happiness and usually does not incorporate the idea that the individual contributes to the welfare of the society in order to be happy. Also implied is the idea that every individual should be self sufficient and self actualized. In order words, to be healthy human, the general thinking is that an individual should be independent, self sufficient and possess a strong character that is not easily influenced by any outer forces. Conformity, obedience, and interdependence have come to be viewed as signs of weakness and helplessness in modern psychology (Markus and Kitayama, 1994). In summary, within

the modern psychological framework, healthy human beings have constant characteristics in any context, are self sufficient and are self-realised (or self actualised).

CONCLUSION

This paper attempts to illustrate the relevance of culture and sub-cultural practices in defining the concept of psychological well being, yet appreciating the need to situate these within the global definition of psychological health.

Psychology should become the science and practice of the identification and promotion of adaptationally significant competencies. By embedding individual problems in a socio-psychological matrix the construct can serve to unify the basis of defining psychological wellbeing (Masterpasqua, 1989). Many therapeutic systems and self-help books offer methods and philosophies espousing strategies and techniques vaunted as effective for further improving the mental wellness of otherwise healthy people. A holistic model of mental health generally includes concepts based upon anthropological, educational, psychological, religious and sociological perspectives (Witmer, Sweeny, 1992, Hattie, Myers, Sweeney, 2004).

Defining psychological well being as contentment, satisfaction with all elements of life, self-actualization (a feeling of having achieved something with one's life), peace, and happiness appears illustrative. However, while the above characteristics are goals to strive toward, it is rather unrealistic for a person to feel all of these elements at the same time.

While this seems to be a rather non-technical definition, behavioural scientists should know that too many issues have polarised "western" and "non-western" cultures. Attempting a rigid insistence on foreign prescription of values may further reduce the expected global appeal (Christopher, 2001). The time to consider broader viewpoints in scientific explanation of social phenomena is now, without which very simple concepts will assume too dissimilar meanings in different cultures.

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