



EXPLORING CULTURAL FACTORS IN THE PERCEPTION AND TREATMENT OF DEPRESSION: A QUALITATIVE INVESTIGATION INTO THE INFLUENCE OF CULTURAL BELIEFS AND VALUES ON THE EXPERIENCE EXPRESSION AND MANAGEMENT OF DEPRESSIVE SYMPTOMS

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Abstract

Depression, a global mental health concern, is experienced and addressed through diverse cultural lenses. This mix method research investigates the impact of cultural factors on the perception and treatment of depression, recognizing the profound influence of cultural beliefs and values on individuals' experiences with depressive symptoms. The study aimed to unravel the complex interplay between culture and mental health, contributing to a more nuanced understanding of depression within diverse cultural contexts. The ultimate purpose of this study was to explore the different cultural factors and variables related to perception and treatment of depression, including peoples' attitudes towards the influence of cultural beliefs, distress level, social support, and people's perceptions of treatment on depression symptoms approaches. The data were collected in focus groups and through individual interviews with the research participants and analyzed by qualitative content analysis of the gathered data. In-depth Interview technique was applied with the participants of the research. The data were analyzed using a thematic framework analysis by identifying emerging themes and categories. Participants (N= 200) were college students currently enrolled in Punjab University Lahore, and members of the general community population (n=200). College participants received required experimental credit as stipulated by their psychology courses or volunteered with no compensation. Community participants were recruited via a local community agency and a local fitness center and support club. This study particularly focused on the population in both the college and community settings. A stratified sampling technique was used to conduct this research. Results

of the study were uncovered via thematic analysis of the participants' interviews as well as via tables using software of Statistical Package for Social Science.

Keywords: Depression, cultural factors, mental illness, health intervention, health services, cultural barriers.

Introduction

The exploration of cultural factors in the perception and treatment of depression is a critical endeavor that seeks to unravel the intricate interplay between cultural beliefs, values, and the experience of individuals grappling with depressive symptoms (Chauhan, 2022). This qualitative investigation delves into the multifaceted influences that diverse cultural contexts exert on how depression is perceived, expressed, and ultimately addressed. Understanding the cultural nuances surrounding depression is pivotal, as it not only shapes individuals' interpretations of their mental health but also profoundly influences the strategies employed for coping and seeking treatment. This research aims to shed light on the complex interconnections between culture and depression, providing valuable insights that can inform the development of more culturally sensitive and effective mental health interventions. Through in-depth exploration, this study seeks to contribute to a deeper understanding of the diverse ways in which cultural factors impact the experience, expression, and management of depression symptoms, with potential implications for advancing inclusive and tailored approaches to mental health care. According to Lyu, Ma, Hager, and Porter (2022), depression is a common cause of ill health all over the world. Many depressed patients attend primary health care and the minority-group patients often see general practitioners for depressive symptoms. The diagnosis and classification of depression is based on the presence of a number of mainly psychiatric symptoms. The exploration of cultural factors in the perception and treatment of depression is a critical endeavor that seeks to unravel the intricate interplay between cultural beliefs, values, and the experience of individuals grappling with depressive symptoms. The existence of several, mostly psychiatric symptoms serves as the basis for the diagnosis and categorization of depression. This qualitative study explores the complex effects that various cultural settings have on how depression is understood, communicated, and ultimately treated. This study aimed to investigate depression-related characteristics, such as attitudes toward getting assistance, distress level, social support, and people's impressions of treatment procedures that take language and ethnicity into consideration, building on previous research findings. This study aimed to address the lack of prior research on the attitudes of larger population samples regarding obtaining professional assistance. Their major focus has been on those working in primary care settings, college students, and those receiving mental health treatments already. Since non-clinical samples aren't the real people getting mental health care, some have claimed that using them compromises external validity. It's critical to comprehend the cultural intricacies around depression since these factors have a significant impact on how people perceive their mental health and how they cope and seek therapy. The goal of this research is to clarify the intricate relationships between depression and culture, offering insightful information that can guide the creation of more successful and culturally aware mental health therapies. With potential implications for advancing inclusive and customized approaches to mental health care, this study aims to advance our understanding of the various ways that cultural factors influence the experience, expression, and management of depression symptoms through in-depth exploration. The study of mental health is a multifaceted area made up of distinct strands of personal experiences, cultural beliefs, and society ideals. The way that depression is viewed and dealt with becomes clear inside this complex web of concern. When it comes to understanding, expressing, and managing mental health, cultural influences are crucial, especially for those coping with the complex issues that depression presents. Studies have indicated that depression is common across all ethnic groups; therefore, it is crucial to include these populations while analyzing depression-relieving therapies. Claimed that ethnicity and culture have an impact on how psychological discomfort manifests itself. Additionally, compared to those who identify with the dominant group, people who identify with a

disadvantaged ethnic minority have been observed to have worse mental health and earlier death. There has been a growing movement to take language and cultural aspects into account in order to provide appropriate psychiatric care for a variety of communities. The understanding that depression is not a universal feeling but rather one that is intricately linked to the many cultural situations in which it appears is at the center of this investigation. The goal of this qualitative study is to identify the many cultural factors that contribute to the individual's subjective experience of depression in order to better understand how to cure it.

This research seeks to close the gap between the universality of depression symptoms and the cultural subtleties that influence its appearance through a thorough lens focusing on the interaction between cultural beliefs and mental health. It is essential to investigate how depression is viewed and defined in various cultural contexts before beginning this investigation. The vocabulary used to express mental health concerns can differ greatly between cultural contexts, which affect people's willingness to openly discuss and seek assistance for mental health difficulties as well as their acknowledgement of depressed symptoms. Beyond the professional criteria of depression, a mosaic of knowledge is created by cultural variations in how emotional states are interpreted, adding to a complex tapestry of views. Examining the stigmas and beliefs that various ethnic groups have toward mental health is an essential part of our investigation. Stigma around mental health is a pervasive phenomenon that has its roots in society institutions and cultural beliefs. Religious taboos, false beliefs about the nature of mental illness, or cultural expectations about emotional toughness can all contribute to stigmatization. Improving mental health outcomes requires an understanding of how cultural beliefs influence attitudes toward getting care for mental health disorders. Treatment access can be severely hampered by cultural hurdles, such as language problems, mistrust of mental health experts, and a lack of resources that are culturally sensitive. The goal of this research is to pinpoint these obstacles and open the door for treatments that demolish the stigma attached to mental health and increase its societal acceptability. According to Gaffney, Adams, Syme, and Hagen (2022), Cultural settings have a significant impact on the coping strategies people use to manage depression symptoms. Cultural coping methods might extend beyond individual tactics like going to therapy or taking medicine. They can also involve adhering to spiritual practices, participating in customary rituals, or depending on communal support. Across cultures, the complex web of social and familial ties frequently acts as an important defense against the isolating effects of sadness. The ultimate purpose of this investigation is to learn more about how tradition and community might help those who are depressed. Hoare, Callaly, and Berk (2020) argued that within particular cultural contexts, family dynamics, traditional healing techniques, and community support networks all contribute to a comprehensive knowledge of mental health. It is crucial to identify and validate these culturally particular coping strategies in order to customize mental health therapies that speak to the real-life experiences of a wide range of people. Treatment choices are also influenced by cultural differences. Certain cultures could emphasize conventional methods of healing, while others might give priority to medical procedures. Knowing these preferences is essential to creating treatment programs that fit the expectations and cultural values of those seeking depression therapies.

How does society view depression?

Although the way that society views sadness has changed over time, depression and other mental illnesses continue to carry a great deal of stigma. Even with advancements in knowledge and awareness of sadness as a real and serious medical disorder, empathy and compassion may still be lacking. The misconception that people suffering from depression are weak, indolent, or attention-seekers may put further obstacles in the way of individuals who need help. Patients who misunderstand the nature of sadness may experience feelings of isolation and fear rejection from friends, family, and coworkers. It may also have an impact on how depression is identified and managed, and it may cause people to put off getting treatment from a mental health expert, such an online therapist. It is possible to alter these cultural beliefs and enhance support for depressed people

via advocacy, education, and awareness-raising. The purpose of this study is to investigate the obstacles that people from diverse cultural origins have while attempting to obtain mental health services. These obstacles might be attributed to structural problems in healthcare systems, budgetary limitations, or a dearth of services that are culturally sensitive. This exploration aims to shed light on the intricate relationship between culture and mental health and develop more inclusive mental health care practices by identifying and addressing these barriers. Ultimately, the goal is to foster more effective and inclusive approaches to treating depression in a variety of cultural contexts.

Research Objectives

1. To Investigate Cultural Values and Beliefs related to depression.
2. To Assess Perceptions Regarding the Impact of Cultural Beliefs.
3. To Assess Distress Levels Associated with Cultural Factors.
4. To Investigate the Role of Social Support in Cultural Contexts.

Significance of the Study

There are significant implications for theoretical understanding as well as practical applications in mental health for the study of how culture shapes the perception and treatment of depression. First and foremost, the study closes a big gap in the body of existing research by emphasizing the role that cultural environment plays in shaping people's experiences with depression. Through an exploration of the intricate relationships between cultural concepts and values and the formation of symptoms, the research contributes to a more thorough and nuanced understanding of depression. The second significant contribution of the study is its potential to help politicians and mental health professionals develop therapies that are culturally relevant. Recognizing the impact of cultural variables on depression symptoms and therapy is essential for tailoring approaches to treatment that are considerate of other perspectives. As mental health treatment becomes more internationally integrated, the findings of this study can assist clinicians in providing more efficient and culturally competent care, which will ultimately enhance outcomes for individuals from diverse cultural backgrounds. This research advances psychological theoretical frameworks and offers helpful data that can be utilized to create more inclusive and effective mental health interventions, both of which are in line with the goal of improving well-being in a range of communities.

Literature Review

Mental health, particularly depression, is not a monolithic experience but one profoundly influenced by cultural factors. This literature review examines existing research to understand how diverse cultural contexts shape the perception and treatment of depression. The exploration encompasses cultural definitions, the expression of symptoms, attitudes toward mental health, coping mechanisms, and treatment preferences.

Cultural Perceptions of Depression

Crucial to this research is an understanding of how depression is defined and seen in various cultures. Cross-cultural research by Kirmayer demonstrates the diversity of culture conceptions of mental health. While Kirmayer emphasizes the influence of cultural syndromes in influencing perceptions of depressive symptoms, Kleinman's study highlights the significance of identifying local idioms of suffering. Research builds on these ideas by putting out a cultural model of depression that has both universal and culturally particular elements. According to the paradigm, there may be universal core symptoms of depression, but symptom presentation and interpretation are influenced by cultural differences (Hoare et al., 2020).

Expression of Symptoms

The expectations that society places on emotional expression have a significant impact on how depression symptoms present. Cultural display norms have a big influence on how people express

and understand their feelings. People may be less likely to openly express their own unhappiness in collectivist societies, where peace within the community is highly valued (Wang, Jin, Han, Zhu, & Bismar, 2022). Kohrt, Ottman, Panter-Brick, Konner, and Patel (2020) also underline how society shapes physical symptoms as a way to communicate emotional anguish. Their research demonstrates how cultural background affects the inclination to communicate psychological suffering through bodily symptoms as opposed to affective ones.

Recognizing Cultural Variations

The way that depressed symptoms are recognized differs greatly among cultures; in some, emotional anguish is attributed to external reasons like societal expectations, while in others, internal psychological issues may be prioritized. Depression perception is further influenced by the interaction of individualism and collectivism within cultures; in collectivist civilizations, where strong familial and community links exist, the feeling of depression may be entwined with more general social dynamics (Horovitz & Argyrides, 2023).

Cultural Norms and Emotional Expression

Cultural norms have a significant impact on how people communicate and express their emotional pain. The physical symptoms and behavioral changes associated with depression are viewed via cultural lenses that define acceptable and inappropriate ways for people to express their emotions. For example, certain cultures may promote a stoic manner, which makes it difficult for people to honestly communicate their emotional difficulties, while other cultures may support more expressive forms of communication (Kaligis et al., 2021).

Impact of Cultural Factors

Understanding how cultural factors impact the outward signs and acknowledgment of depression is pivotal for unraveling the complexities of mental health expression. The purpose of this study is to determine how societal standards, gender roles, and cultural expectations affect how people express and show their depression symptoms, which in turn affects how others see them and how they perceive themselves. How depression appears, is viewed, and is treated is greatly influenced by culture. Different cultures have different ideas about mental health, different symptoms that indicate depression, and different attitudes toward talking about depression. For example, although some cultures place greater emphasis on the emotional or cognitive symptoms of depression, others may interpret the symptoms more somatically, or physically, emphasizing complaints like weariness or discomfort. The chance that people will seek help and how they communicate their thoughts can also be impacted by the fear of stigma, which can complicate diagnosis and therapy. Cultural considerations can also affect the kinds of treatments that are sought for; for example, certain cultures place a greater emphasis on conventional or alternative medicine than on Western biological psychiatry. Healthcare professionals might possibly improve results by treating patients with depression by customizing their care to their cultural background by being aware of these subtle cultural differences (Tebbe & Budge, 2022).

Attitudes towards Mental Health

The stigma associated with mental illness and unfavorable views about it can be major obstacles to getting treatment (Schomerus et al., 2019). The research highlight the influence of cultural ideas on stigma associated with mental illness. For example, stigmatization of mental health concerns may be more prevalent in societies that view them as signs of personal weakness. The work of Cheng et al. (2022) sheds light on how cultural variables influence the ways that people seek assistance. Their study indicates that people's desire to seek professional assistance is influenced by cultural differences in how mental health services are perceived. A key factor in health and sickness is ethnicity and culture. Ethno medicine is a relatively young field of medicine that focuses on how context, cultural perception, cultural awareness, and culture shape an individual's physical and mental health. It was

once believed that depression mostly affected people in industrialized "Western" countries, and that non-Euro-American civilizations were immune to this illness. Nevertheless, ethno medical research indicates that this view could be more influenced by cultural views about the symptoms that qualify as a depressive illness, the methods used to record depressed episodes for statistical analysis, and the ways in which depression is seen in specific cultures.

Cultural Coping Mechanisms

Awareness how people manage depression within their cultural environments requires an awareness of cultural coping strategies. In many non-Western societies, the significance of community and family support. Their research emphasizes how important social networks are as a preventative measure against the isolating impacts of depression. Rituals and cultural traditions are also essential for coping. The therapeutic potential of cultural rituals in addressing mental health disorders is discussed by Edwards. According to their results, culturally ingrained behaviors provide a comprehensive strategy for mental health (den Hertog, Maassen, de Jong, & Reis, 2021).

Treatment Preferences

According to ethno medical studies, the occurrence of severe depression itself may be related to cultural variations in how much emphasis is placed on an individual's ego and position in the social order. A certain culture's individualistic vs. collectivistic approach accounts for a portion of this divergence. In Western societies, people are idealized as independent, self-governing beings that aspire to prosperity and accomplishment on their own. Some cultures, on the other hand, place greater value on the family or society than they do on the individual. In these societies, the stability of the collective as a whole frequently comes before individual satisfaction. Particular people receive very little consideration in such settings. Important factors to take into account are cultural preferences for particular treatment modalities and obstacles to receiving mental health care (Koileri, 2022). Sue and Zane's (1987) research emphasizes the significance of matching treatment strategies to cultural norms. Their research emphasizes how important it is for therapists to modify their approaches based on the cultural background of their patients (Steinfeldt, Clay, & Priester, 2020). Cultural differences exist in the barriers to accessing mental health care. Researchers talk about differences in how different ethnic groups use mental health services. Their study highlights the requirement for culturally competent services in order to close these disparities and provide fair access to healthcare. Depression has been studied in a number of racial and cultural contexts. These groups have shown signs of depression, such as sorrow, low energy, loss of enjoyment, difficulty concentrating, and thoughts of worthlessness. Even though the clinical symptomatology of depression is universal, it is unclear which therapies are most beneficial for specific minority groups and which are not (Smith, Lawrence, Sadler, & Easter, 2019). Guo (2023), states that further study on depression is necessary to comprehend how the condition may impact a certain population's emotional functioning and what kinds of therapies would work best. Studies have indicated that specific personal traits, such as age, gender, and racial/ethnic background, were associated with elevated levels of depression symptoms. Depression affects minorities as well, since they are as least as likely as White people to experience and suffer from depression. Ethnic minorities may be more susceptible to depression due to the social, economic, and cultural challenges they face. Additionally, studies have revealed that minorities are under identified and underserved. This can be because of a lack of funding, since minorities are less likely to report and seek treatment, and because various communities have different ways of talking about depression, it might be harder to identify depression in them.

Cultural differences in physical symptoms of depression

A person's cultural identity frequently affects how much they exhibit somatic (physical) symptoms of depression. Put differently, certain cultures feel more at ease disclosing physical rather than mental signs of depression. For instance, studies reveal that physical discomfort, a sense of internal pressure, and signs of pain, exhaustion, and dizziness are common complaints among Chinese individuals who

suffer from depression. In a similar vein, symptoms of headache, neck, and stomach discomfort are common complaints from sad Japanese people. Researchers have hypothesized that some chronic diseases, such as fibromyalgia, chronic pain, and chronic fatigue syndrome, may be more somatic (physical) versions of a mood disorder than true medical difficulties, even in Western societies where depressive disorders are more "acceptable" (Bailey, Mokono, & Kumar, 2019). A "depression spectrum disorder" is what some experts have even proposed to describe fibromyalgia, a syndrome marked by exhaustion, soreness, and widespread discomfort. Depression symptoms may be accepted in certain societies as typical emotional reactions to specific life experiences. For instance, some cultures might anticipate that the grieving and bereavement process will take longer than the roughly one year that is considered normal in Western society. People from these cultures would find it strange that a Western psychologist would believe that two years of grief over a spouse's death was a sign of a mental health issue (Gutiérrez-Rojas, Porras-Segovia, Dunne, Andrade-González, & Cervilla, 2020).

Cultural differences with mental health professionals

Even while some cultures acknowledge the negative effects of depression symptoms, they may also explain these symptoms to explanations that are incomprehensible to outsiders or outside experts in the field. Patients may, for example, reject explanations for symptoms that are generally accepted by treating professionals in favor of culturally preferred explanations. For example, a Chinese patient examined in the United States may reject the notion that depression symptoms are the result of a biochemical imbalance, preferring to explain the symptoms in terms of energy flows or other ideas from traditional Chinese medicine (Satinsky, Fuhr, Woodward, Sondorp, & Roberts, 2019). Therapists or mental health professionals who are able to explain the source of depression symptoms, anxiety, and associated suffering in a way that is sensitive to cultural differences may find that these patients react best to them. The way that people seek care for depression may vary depending on their culture. Non-Western people, for instance, usually utilize Western-trained doctors to treat "disease" and indigenous (from their own culture) practitioners to treat "illness". People who are sad may not seek out psychiatric or mental health care for their depressive symptoms if emotional disturbances are not seen as illnesses. In Western nations, there is a more public discourse about depression, which makes having depression more socially acceptable and increases the willingness of those affected to seek assistance. In other cultures, however, mental illness is much more stigmatized. Because they would feel ashamed of being labeled as "mad," persons with mental illnesses and their families may choose to deny them. The extent to which complementary and alternative medical practices—like yoga, meditation, herbs, and other techniques—are used in conjunction with prescription therapies for depression varies throughout cultures as well (Smith et al., 2019). Some traditional cultures' members may accept prescriptions for acupuncture, exercise, or herbs yet reject Western antidepressants. A person's biological composition can also be influenced by their cultural heritage. Individuals from various cultures and geographical regions have unique gene patterns, which frequently translate into unique disease patterns to which they are susceptible. These genetic variations can affect a person's susceptibility to depression under stress. In a similar vein, an individual's reaction to antidepressant drugs can be influenced by their genetic and ethnic origin. This overview of the literature lays the groundwork for investigating the cultural aspects of depression. All of the examined research point to the need of having a complex understanding of how culture affects how depression is perceived and treated. Moving forward, it is imperative that we take a culturally aware stance that values other points of view and takes cultural nuances into account when developing mental health interventions and regulations (Tietze et al., 2021).

METHODOLOGY

Qualitative research may serve as a bridge between theoretical and practical knowledge and interviews in focus groups have been seen as a suitable way to receive information from many informants about a specific topic. However, for the present study a mix-method approach was

employed in order to get the more appropriate data of the research. The purpose of this study was to explore different cultural factors and variables related to perception and treatment of depression, including peoples' attitudes towards the influence of cultural beliefs, distress level, social support, and people's perceptions of treatment on depression symptoms approaches. In-depth interviews with participants from various cultural backgrounds were conducted. Open-ended questions were employed to encourage participants to share their unique experiences, beliefs, and perspectives, providing a nuanced understanding of the intersection between culture and mental health. The data were collected in focus groups and through individual interviews with the research participants and analyzed by qualitative content analysis of the gathered data. Interview technique was applied with the participants of the research. The data were analyzed using a thematic framework analysis by identifying emerging themes and categories. Participants (N= 200) were college students currently enrolled in University and members of the general community population (n=200). All participants were over the age of 18. College participants were recruited via a subject pool within the psychology Department University. College participants received required experimental credit as stipulated by their psychology courses or volunteered with no compensation. Community participants were recruited via a local community agency, via a local fitness center, and a local support club. Community participants volunteered with no compensation. This study particularly focused on the population in both the college and community settings. Members of the general community population were selected voluntarily via their consent. A stratified sampling technique was used to conduct this research. Results of the study were uncovered via tables using mean and standard deviation technique.

Data Analysis

Following are the various factors in the perception and treatment of depression.

Cultural stigma

Expression of symptoms

Cultural idioms of distress

Cultural competence in mental health service

Language and communication

Religious and spiritual coping

Table 1. Statistical analysis of the various cultural factors in the perception and treatment of depression

Statements	Participants	N	%	Mean	Std. deviation
The influence of cultural beliefs on the perception of depression severity is common across diverse communities.	Students	200	89%	1.5854	.55664
	C.M	200	93%	1.4933	.50113
The impact of cultural norms on the stigma is associated with depression in specific cultural groups.	Students	200	91%	1.5467	.57666
	C.M	200	84%	1.5001	.40334
The relationship between cultural attitudes and the willingness to seek professional help is useful to diagnose depression	Students	200	88%	1.5004	.51111
	C.M	200	94%	1.5233	.53880
Cultural norms shape the expression and communication of depressive symptoms.	Students	200	96%	1.5651	.56323
	C.M	200	90%	1.5984	.51724
Cultural variations in the recognition and interpretation of specific depressive symptoms are critical.	Students	200	87%	1.5877	.56453
	C.M	200	92%	1.5044	.46325
The role of cultural dynamics in family support systems is supposed vital for individuals experiencing depression.	Students	200	93%	1.4933	.50785
	C.M	200	89%	1.5324	.58745
Cultural efficacy of therapeutic interventions in treating depression is considered effective within distinct identity contexts.	Students	200	90%	1.6792	.59636
	C.M	200	95%	1.5841	.69623
The influence of cultural factors on the prevalence and reporting of depression is valued as crucial in different age cohorts.	Students	200	81%	1.5876	.59775
	C.M	200	87%	1.5003	.56434
The correlation between cultural values and coping mechanisms adopted by individuals facing depression is common.	Students	200	91%	1.5643	.54321
	C.M	200	84%	1.5033	.44536
The intersectionality of cultural factors, such as gender and ethnicity, in the experience and treatment of depression is very effective..	Students	200	86%	1.5792	.5726
	C.M	200	90%	1.4727	.5481
Cultural barriers are responsible to mental health service access for individuals with depression.	Students	200	95%	1.5674	.56423
	C.M	200	93%	1.4856	.45634
Cultural narratives and media representations shape societal perceptions of depression.	Students	200	89%	1.5574	.59777
	C.M	200	86%	1.4833	.43654
The impact of spirituality and religious beliefs on the understanding and treatment of depression is pivot.	Students	200	83%	1.5392	.54636
	C.M	200	87%	1.5641	.67623

Cultural variations in social support networks contribute to treatment outcomes for depression.	Students C.M	200 200	79% 82%	1.4764 1.5934	.57834 .56731

The findings of the table suggest that cultural awareness is integral in addressing the varying perceptions, stigmas, and coping mechanisms associated with depression, ultimately contributing to more inclusive and tailored mental health strategies. According to the university participants cultural norms play significant role influencing how specific cultural groups perceive and stigmatize depression. Cultural beliefs significantly influence the perception of depression severity (Mean = 1.5854, Std. Dev. = .55664). whereas, general community members that cultural norms are effective for this purpose(mean 1.4933, Std.Dev .50113) Cultural customs and norms play a role in stigmatizing depression in specific cultural groups (Mean= 1.5467, Std. Dev. = 57666) whilst, majority of the local community members responded the same (mean=1.5001,Std. Dev.= .40334) The efficacy of therapeutic interventions is considered within distinct cultural identity contexts, and it is considered a professional help for diagnosing depression. Recognition and interpretation of depressive symptoms vary based on cultural contexts (Mean = 1.5877, Std. Dev. =.56453). Likewise, general community members reacted in favor of this statement (mean=, 1.5044 Std. Dev. 46325). Cultural attitudes influence the willingness to great extent to seek professional help for diagnosing depression (Mean=1.5004), Std. Dev.51111). General community members also favored to this statement (mean=1.5233, Std. Dev .53880). The efficacy of therapeutic interventions is considered within distinct cultural identity contexts (Mean, 1.6792, Std. Dev... 59636) whereas, general community members responded positively against this statement (mean1.5843, Std. Dev...69623). Cultural dynamics within family support systems are viewed as vital for individuals experiencing depression (Mean = 1.4933, Std. Dev. = 50785). On the other hand majority of the general community members advocated this statement (mean =1.5233, Std.Dev.53880). The study acknowledges positively the intersectionality of cultural factors, such as gender and ethnicity, in the experience and treatment of depression (Mean = 1.5792, Std.5726). Likewise participants of general community responded in creative way (mean=1.4727, Std. Dev... 5481). Cultural barriers are identified as responsible for limiting access to mental health services for individuals with depression (Mean = 1.5674, Std, Dev.56423) While, general community members consider it as responsible for cultural barrier (mean, 1.4856, Std. Dev.45634). Cultural narratives and media representations are recognized for shaping societal perceptions of depression (Mean =1.5574, Std. Dev.59777). Hence, participants of general community members valued the role of social media enhancing the anxiety and depression (mean=1.4833, Std.Dev. .43654). The impact of spirituality and religious beliefs is considered pivotal in understanding and treating depression (Mean = 1.5392, Std.Dev. 54636). And the members of general community responded to this statement confidently (mean=1.5 641, Std.Dev. .67623). A correlation is established between cultural values and the coping mechanisms adopted by individuals facing depression (Mean = 1.5643,). The overall cultural efficacy of therapeutic interventions and their effectiveness within specific identity contexts is highlighted (Mean=1.4764, Std. Dev.57834). In the same way the participants of general community members responded and advocated the effectiveness and therapeutic intervention (mean= 1.5934,Std. Dev. .56731). This analysis reveals the centrality of cultural factors in shaping perceptions, stigmas, and coping mechanisms related to depression. The means and standard deviations provide insights into the level of agreement and variability among participants, contributing to a nuanced understanding of the complex interplay between cultural influences and mental health outcomes within the student population.

THEMATIC ANALYSIS OF INTERVIEWS

Thematic analysis of the participants' responses identifies recurring themes related to cultural influences on the perception and treatment of depression. Cross-cultural comparisons reveal patterns and variations within and across cultural groups, illuminating shared experiences and unique perspectives. The present analysis emphasizes how intricate and varied the connection between depression and culture is. It highlights how important it is to have a sophisticated grasp of cultural

effects in order to create mental health support networks and therapies that work for a range of varied cultures. After examining the participants' replies, the theme analysis of their interviews was decoded. Individuals' attitudes and desire to seek treatment are influenced by the cultural stigma surrounding depression, as reported by research participants from universities and the general population. Social disapproval and unfavorable attitudes in different cultural contexts can cause people to hide mental health problems, which can delay treatment and perhaps exacerbate symptoms. It is critical to comprehend and address cultural stigma in order to create tactics that effectively lower barriers to obtaining mental health treatment. Different cultural conventions influence how people discuss and express their depression symptoms. The identification and understanding of depression may be influenced by cultural differences in how emotional discomfort manifests itself. While stoicism may be valued in certain societies, others may promote free speech. Mental health practitioners must be aware of these differences in order to appropriately diagnose and treat depression in many cultural contexts. Cultural idioms of misery are distinctive ways people within their cultural contexts communicate psychological anguish. Distress that does not fit well into Western diagnostic categories might be communicated through metaphors, symbols, or culturally particular stories. Mental health professionals must recognize and comprehend various cultural idioms in order to fully comprehend the range of emotional experiences and customize therapies.

Comprehending culture norms, attitudes, and beliefs is imperative to guarantee that therapy strategies are both efficacious and courteous. Culturally competent mental health treatment is essential since a lack of it might result in incorrect diagnoses or ineffective therapies. The participants stated that language and communication are crucial to understanding and treating depression. Language challenges can make it difficult for patients and mental health practitioners to communicate effectively, which can have an impact on treatment planning and diagnostic accuracy. In order to establish a therapeutic partnership that honors the variety of cultural manifestations, it is imperative that communication tactics used be culturally sensitive. The ways in which people cope with depression within their cultural and spiritual settings are greatly influenced by their religious and spiritual coping strategies. The social support system, comprising family, friends, and community, plays a critical role in the perception and treatment of depression. Strong social support can act as a buffer against depressive symptoms, providing emotional, instrumental, and informational support. Cultural nuances influence the structure and dynamics of these support systems, emphasizing the importance of considering cultural contexts in promoting mental health and well-being.

Findings and Conclusion

The findings of this research hold implications for developing culturally informed mental health interventions. By uncovering the diverse ways in which cultural factors influence the experience of depression, the study aims to contribute to the enhancement of culturally competent mental health services. The research also has the potential to inform public health policies that advocate for inclusivity and address cultural barriers to accessing mental health care. Ultimately, this exploration seeks to advance a more comprehensive and culturally sensitive approach to understanding and treating depression on a global scale. In conclusion, this mix method research delved into the intricate interplay between cultural beliefs, values, and the experience, expression, and management of depression symptoms. The rich tapestry of narratives from diverse cultural backgrounds illuminated the profound impact of cultural factors on individuals' journeys with depression. The study identified compelling cultural themes that underscored the nuanced ways in which depression is perceived and coped with across different cultural contexts. From varying expressions of symptoms to culturally embedded coping strategies, the findings highlighted the necessity of recognizing and understanding these factors for comprehensive mental health care. The implications for diagnosis and treatment are significant. Cultural factors were found to influence not only the recognition of depression but also the appropriateness and acceptance of different treatment modalities. Addressing cultural stigma emerged as a critical aspect, emphasizing the need for interventions that promote open dialogue and

de-stigmatization within cultural frameworks. Moreover, the study underscored the importance of integrating culturally specific practices into mental health care, acknowledging that a one-size-fits-all approach is inadequate. The call for cultural competence in mental health professionals and the recognition of diverse cultural perspectives contribute to a more holistic and inclusive approach to depression treatment. This research also advocates for a paradigm shift one that embraces cultural diversity, respects individual experiences, and paves the way for tailored, culturally sensitive interventions that can truly resonate with and support individuals across the globe in their struggle against depression. These findings provide a foundation for developing culturally informed mental health interventions, emphasizing the importance of tailoring approaches to individual cultural contexts for more effective and inclusive depression care.

References

1. Bailey, R. K., Mokonogho, J., & Kumar, A. (2019). Racial and ethnic differences in depression: current perspectives. *Neuropsychiatric disease and treatment*, 603-609.
2. Chauhan, R. (2022). *Exploring the experiences of depression within Krishna consciousness devotees: an interpretative phenomenological analysis*. London Metropolitan University.
3. Cheng, H.-F., Stapleton, L., Kawakami, A., Sivaraman, V., Cheng, Y., Qing, D., . . . Zhu, H. (2022). *How child welfare workers reduce racial disparities in algorithmic decisions*. Paper presented at the Proceedings of the 2022 CHI Conference on Human Factors in Computing Systems.
4. den Hertog, T. N., Maassen, E., de Jong, J. T., & Reis, R. (2021). Contextualized understanding of depression: A vignette study among the! Xun and Khwe of South Africa. *Transcultural psychiatry*, 58(4), 532-545.
5. Gaffney, M. R., Adams, K. H., Syme, K. L., & Hagen, E. H. (2022). Depression and suicidality as evolved credible signals of need in social conflicts. *Evolution and Human Behavior*, 43(3), 242-256.
6. Guo, L. (2023). Find a Resting Place for Your Emotions and Make it Yours: A Meta-Analysis of Expressive Writing Interventions Among Asian Populations. *Cognitive Therapy and Research*, 47(6), 936-957.
7. Gutiérrez-Rojas, L., Porras-Segovia, A., Dunne, H., Andrade-González, N., & Cervilla, J. A. (2020). Prevalence and correlates of major depressive disorder: a systematic review. *Brazilian Journal of Psychiatry*, 42, 657-672.
8. Hoare, E., Callaly, E., & Berk, M. (2020). Can depression be prevented? If so, how? *JAMA psychiatry*, 77(11), 1095-1096.
9. Horovitz, O., & Argyrides, M. (2023). Orthorexia and Orthorexia Nervosa: A Comprehensive Examination of Prevalence, Risk Factors, Diagnosis, and Treatment. *Nutrients*, 15(17), 3851.
10. Kaligis, F., Ismail, R. I., Wiguna, T., Prasetyo, S., Indriatmi, W., Gunardi, H., . . . Magdalena, C. C. (2021). Mental health problems and needs among transitional-age youth in Indonesia. *International Journal of Environmental Research and Public Health*, 18(8), 4046.
11. Kohrt, B. A., Ottman, K., Panter-Brick, C., Konner, M., & Patel, V. (2020). Why we heal: The evolution of psychological healing and implications for global mental health. *Clinical Psychology Review*, 82, 101920.
12. Koileri, A. K. (2022). *Healing Rituals in the Contemporary Culture of Psychotherapy*. Ambedkar University Delhi.
13. Lyu, C., Ma, R., Hager, R., & Porter, D. (2022). The relationship between resilience, anxiety, and depression in Chinese collegiate athletes. *Frontiers in Psychology*, 13, 921419.
14. Satinsky, E., Fuhr, D. C., Woodward, A., Sondorp, E., & Roberts, B. (2019). Mental health care utilisation and access among refugees and asylum seekers in Europe: a systematic review. *Health Policy*, 123(9), 851-863.
15. Schomerus, G., Stolzenburg, S., Freitag, S., Speerforck, S., Janowitz, D., Evans-Lacko, S., . . . Schmidt, S. (2019). Stigma as a barrier to recognizing personal mental illness and seeking help:

- a prospective study among untreated persons with mental illness. *European archives of psychiatry and clinical neuroscience*, 269, 469-479.
16. Smith, M. S., Lawrence, V., Sadler, E., & Easter, A. (2019). Barriers to accessing mental health services for women with perinatal mental illness: systematic review and meta-synthesis of qualitative studies in the UK. *BMJ open*, 9(1), e024803.
 17. Steinfeldt, J. A., Clay, S. L., & Priester, P. E. (2020). Prevalence and perceived importance of racial matching in the psychotherapeutic dyad: a national survey of addictions treatment clinical practices. *Substance Abuse Treatment, Prevention, and Policy*, 15(1), 1-8.
 18. Tebbe, E. A., & Budge, S. L. (2022). Factors that drive mental health disparities and promote well-being in transgender and nonbinary people. *Nature Reviews Psychology*, 1(12), 694-707.
 19. Tiete, J., Guatteri, M., Lachaux, A., Matossian, A., Hougardy, J.-M., Loas, G., & Rotsaert, M. (2021). Mental health outcomes in healthcare workers in COVID-19 and non-COVID-19 care units: a cross-sectional survey in Belgium. *Frontiers in Psychology*, 11, 612241.
 20. Wang, C. D., Jin, L., Han, G., Zhu, W., & Bismar, D. (2022). Cross-cultural differences in adult attachment and depression: A culturally congruent approach. *Journal of counseling psychology*, 69(3), 298.