





Cultural Narratives and Their Impact on Family Mental Health

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ABSTRACT

Objective: Cultural narratives significantly influence mental health perceptions, stigmatization, and coping mechanisms within families. This study aimed to explore the impact of cultural narratives on family mental health, identifying the key themes and categories that emerge from these narratives and their implications for mental health practice and policy.

Methods and Materials: A qualitative research design was employed, utilizing semi-structured interviews with 23 participants from diverse cultural backgrounds. Theoretical saturation was achieved, ensuring a comprehensive understanding of the participants' experiences. Thematic analysis was conducted to identify main themes and categories, focusing on the nuances of cultural narratives and their impact on family mental health.

Findings: Four main themes were identified: Cultural Identity and Mental Health, Family Dynamics, Coping Mechanisms, and Societal Influence. Within these themes, categories such as Cultural Stigma, Cultural Support Systems, Communication Patterns, Parenting Styles, Individual and Family Coping Strategies, and Access to Mental Health Services highlighted the complex interplay between culture and mental health. Key concepts emerged, including the role of shame and silence, community solidarity, acculturation stress, inter-generational trauma, and the importance of social support networks in navigating mental health within a cultural context.

Conclusion: The study underscores the profound impact of cultural narratives on family mental health, revealing both barriers and supports influenced by cultural identity, family dynamics, societal factors, and coping mechanisms. It highlights the need for culturally sensitive mental health services and policies that recognize and address the diverse cultural narratives influencing mental health perceptions and practices.

Keywords: Cultural narratives, family mental health, cultural stigma, coping mechanisms, societal influence, mental health services.

1 Introduction

Cultural narratives, deeply embedded in the social fabric, play a pivotal role in shaping perceptions, attitudes, and responses to mental illness within families. Acero et al. (2017) emphasize that family identity, intertwined with cultural narratives, significantly influences the experiences and management of severe mental illness, highlighting the dual role of cultural context as both a source of stigma and support (Acero et al., 2017). Similarly, Bui et al. (2018) explore the caregiving experiences of Vietnamese-American families, underscoring the cultural nuances that affect caregiving practices and the emotional well-being of caregivers (Bui et al., 2018). This body of work underscores the complexity of navigating mental health within a cultural framework, suggesting that cultural narratives can both complicate and facilitate the mental health journey of families.

Ethno-cultural variations further compound the experience and meaning of mental illness and treatment, as explored by Carpenter-Song et al. (2010). Their research illuminates how cultural differences manifest in the access to and utilization of mental health services, pointing to significant barriers faced by ethnically diverse populations (Carpenter-Song et al., 2010). This aligns with the findings of Chang and Horrocks (2006), who provide insight into the lived experiences of family caregivers, highlighting the strain on familial relationships and the need for support systems that are attuned to cultural sensitivities (Chang & Horrocks, 2006).

The role of standards of practice in meeting the needs of families, especially where a parent has a mental illness, is critical to fostering a supportive environment for all family members. Goodyear et al. (2015) advocate for the implementation of standards that recognize the interconnectedness of individual and family mental health, suggesting that such standards could lead to better outcomes for families navigating mental health challenges. This perspective is crucial in acknowledging the collective impact of mental illness on families and the importance of integrated care approaches (Goodyear et al., 2015).

Moreover, the mental health consequences of family separation for refugees, as discussed by Miller et al. (2018), highlight the profound impact of displacement and loss on family structures and mental health. This research points to the necessity of understanding mental health within broader socio-political contexts, emphasizing that family separation

can exacerbate existing mental health conditions and generate new challenges (Miller et al., 2018).

The identity development and service utilization experiences among Asian Americans with mental illness, explored by Park et al. (2023), further contribute to the conversation on cultural narratives and mental health. Their qualitative study reveals the complexities of mental illness identity within Asian American communities, shedding light on the barriers to and facilitators of service utilization. This work underscores the importance of cultural competence in mental health services and the need for interventions that are respectful of and responsive to cultural identities (Park et al., 2023).

Addressing the transgenerational trauma and mental health needs among Armenian genocide descendants, Sarkissian and Sharkey (2021) illustrate the long-lasting impact of historical traumas on descendant populations. Their research highlights the importance of acknowledging and addressing transgenerational trauma within mental health practices, pointing to the need for culturally sensitive approaches that take into account historical and collective traumas (Sarkissian & Sharkey, 2021).

In the realm of caregiving, Park (2012) offers an interpretive phenomenological analysis of Korean immigrants caring for a family member with mental illness, providing a poignant exploration of filial piety and parental responsibility. This study reveals the cultural underpinnings of caregiving responsibilities and the emotional and psychological toll on caregivers, echoing the broader themes of cultural influence and family dynamics (Park, 2012).

In summary, the exploration of cultural narratives and their impact on family mental health is a complex, multifaceted endeavor that requires a deep understanding of cultural, social, and historical contexts. The literature reviewed herein underscores the significant influence of cultural narratives on the experiences, perceptions, and management of mental health within families. It highlights the need for culturally competent mental health services that recognize the diversity of family structures, beliefs, and experiences. This research lays the groundwork for future studies and interventions aimed at fostering resilient, supportive, and culturally responsive environments for families navigating mental health challenges.

2 Methods and Materials

2.1 Study Design and Participants

This study employed a qualitative research design, rooted in a constructivist paradigm, to explore the intricate ways in which cultural narratives influence family mental health. The approach was chosen to facilitate an in-depth understanding of participants' experiences, perceptions, and the meanings they attribute to their cultural contexts and family mental health. Given the exploratory nature of the research, semi-structured interviews were deemed the most appropriate method for data collection, allowing for the flexibility to probe deeper into participants' responses and to explore emerging themes in real-time.

Participants were recruited through purposive and snowball sampling techniques to ensure a diverse representation of cultural backgrounds, thereby enriching the study's findings with a wide range of perspectives. Inclusion criteria were intentionally broad to encompass a variety of family structures, ages, and socio-economic statuses, with the only stipulation being that participants must have lived experiences within a family unit affected by distinct cultural narratives. The study aimed for theoretical saturation, where no new themes were identified in the data, determining the sample size. This was anticipated to be achieved with approximately 15 to 30 participants, based on similar qualitative research benchmarks.

2.2 Measures

2.2.1 Semi-Structured Interview

Data were collected solely through semi-structured interviews, which were conducted by the researcher or a trained assistant. These interviews were designed to explore the impact of cultural narratives on family mental health, with a guide of open-ended questions and prompts to ensure coverage of the research topics while allowing for the exploration of unforeseen areas. Each interview lasted between 60 to 90 minutes and was conducted in a location chosen by the participant for its privacy and comfort, including virtual platforms when necessary.

Prior to the interviews, participants were provided with an information sheet detailing the study's purpose, their rights, including confidentiality and the voluntary nature of their participation, and were required to give written informed consent. Interviews were audio-recorded with the participant's permission and later transcribed verbatim for analysis. To protect participants' anonymity, all identifying information was removed or altered in the transcription process.

2.3 Data Analysis

The transcribed interviews were analyzed using thematic analysis, guided by Braun and Clarke's six-phase framework. This approach facilitated the identification, analysis, and reporting of patterns (themes) within the data. The research team worked collaboratively, initially coding data independently to reduce researcher bias and then meeting to discuss and compare findings until consensus was reached. This iterative process not only ensured rigor but also allowed for the emergence of unexpected insights related to the impact of cultural narratives on family mental health.

3 Findings

In the study, a total of 23 participants were interviewed, encompassing a diverse range of demographic characteristics to comprehensively understand the impact of cultural narratives on family mental health. The participants' ages ranged from 18 to 65, with a median age of 35 years, ensuring a broad perspective across different life stages. The gender distribution was relatively balanced, with 12 identifying as female, 10 as male, and 1 participant preferring not to specify their gender. In terms of occupation, the group comprised 8 professionals, 5 students, 4 homemakers, 3 retirees, and 3 participants who were currently unemployed, providing a wide range of socioeconomic perspectives. Education levels varied, with 7 participants holding college degrees, 9 having some college or vocational training, and the remainder having high school diplomas or equivalent.

Table 1

Categories, Subcategories, and Concepts

Categories	Subcategories	Concepts
Cultural Identity and Mental Health	Cultural Stigma	Shame and Silence, Fear of Discrimination, Generational Differences
	Cultural Support Systems	Community Solidarity, Ethnic Pride, Social Support
	Cultural Conflict	Acculturation Stress, Generational Conflict, Loss of Cultural Identity
	Identity Crisis	Self-identity Confusion, Bicultural Stress, Quest for Belonging
Family Dynamics	Cultural Resilience	Adaptability, Overcoming Adversity, Strengthening Cultural Bonds
	Communication Patterns	Open vs. Closed Communication, Emotional Expression, Conflict Resolution
	Parenting Styles	Authoritative vs. Permissive, Cultural Influence, Expectations vs. Autonomy
	Role Expectations	Gender Roles, Age Hierarchies, Cultural Norms
	Inter-generational Trauma	Historical Traumas, Shared Pain, Coping Legacies
Coping Mechanisms	Emotional Bonding	Emotional Support, Unconditional Acceptance, Sense of Belonging
	Support Systems Within Family	Intra-family Support, Role of Extended Family, Mutual Aid
	Individual Coping Strategies	Self-soothing Techniques, Seeking Professional Help, Emotional Regulation
	Family Coping Strategies	Collective Problem Solving, Shared Emotional Support, Role Distribution
Societal Influence	Community Support	Neighborhood Cohesion, Cultural Community Centers, Ethnic Group Associations
	Religious and Spiritual Practices	Prayer, Rituals, Faith Communities
	Media Representation	Stereotypes, Positive vs. Negative Portrayals, Cultural Representation
	Policy and Legislation	Mental Health Laws, Cultural Competence, Funding for Cultural Programs
	Social Stigma	Public Perception, Isolation, Bullying
	Social Support Networks	Peer Support, Social Media Groups, Community Centers
	Access to Mental Health Services	Barriers to Access, Cultural Competence of Providers, Insurance Coverage
Public Awareness	Education Campaigns, Mental Health Awareness Days, School Programs	
Cultural Sensitivity in Healthcare	Training for Healthcare Providers, Cultural Competence Guidelines, Patient-Provider Communication	

In our investigation of cultural narratives and their impact on family mental health, four main themes emerged from the data: Cultural Identity and Mental Health, Family Dynamics, Coping Mechanisms, and Societal Influence. Each theme encompasses several subthemes and associated concepts, which are detailed below.

3.1 Cultural Identity and Mental Health

Cultural Stigma was identified as a significant barrier to discussing and seeking help for mental health issues within families. Participants expressed feelings of "Shame and Silence" and "Fear of Discrimination," with one individual noting, "In our culture, admitting to mental health struggles is like declaring a flaw in your character."

Cultural Support Systems offered a contrasting view, highlighting "Community Solidarity" and "Ethnic Pride" as sources of strength. One respondent reflected, "Our community gatherings are where we draw our strength from; it's where we are reminded that we are not alone in our struggles."

Cultural Conflict and Identity Crisis were noted as sources of stress, particularly among younger family

members or those navigating bicultural identities. As one young adult put it, "Straddling two cultures means constantly negotiating your identity, which can be exhausting and isolating."

Cultural Resilience was, however, also evident, with families finding ways to "Overcome Adversity" and "Strengthen Cultural Bonds," underscoring the complexity and dynamism of cultural influences on mental health.

3.2 Family Dynamics

Communication Patterns and Parenting Styles were frequently discussed, with variations in "Open vs. Closed Communication" and "Authoritative vs. Permissive" approaches impacting family mental health. One parent mentioned, "Finding the balance between guiding my children and letting them find their own way is challenging, especially when our cultural norms are so prescriptive."

Role Expectations and Inter-generational Trauma highlighted the enduring effects of cultural and historical legacies on family interactions and mental health. An elder in the community shared, "The traumas of our ancestors live

within us, shaping how we raise our children and how we view the world."

Emotional Bonding and Support Systems Within Family were identified as critical to fostering resilience and well-being, with many emphasizing the importance of "Emotional Support" and "Unconditional Acceptance."

3.3 Coping Mechanisms

Individual and Family Coping Strategies varied, incorporating both "Self-soothing Techniques" and "Collective Problem Solving." A notable insight from interviews was the reliance on "Religious and Spiritual Practices" for coping, with one participant stating, "Our faith is what holds us together, providing hope and comfort in difficult times."

Community Support also played a vital role, with "Neighborhood Cohesion" and involvement in "Cultural Community Centers" offering additional layers of support.

3.4 Societal Influence

The role of Media Representation, Policy and Legislation, and Social Stigma emerged as significant external factors affecting family mental health. Participants voiced concerns over "Stereotypes" and the need for "Cultural Competence" in healthcare and policy.

Social Support Networks and Access to Mental Health Services were seen as pivotal in navigating these challenges, with many calling for greater "Public Awareness" and "Cultural Sensitivity in Healthcare."

4 Discussion and Conclusion

In this qualitative study, four main themes were identified, shedding light on the diverse and complex ways in which cultural narratives influence family mental health. The themes encompassed Cultural Identity and Mental Health, Family Dynamics, Coping Mechanisms, and Societal Influence. Each theme was further dissected into a series of categories, providing a detailed exploration of the specific facets within each broader theme. The categories within these themes were meticulously analyzed to uncover the underlying concepts, offering a granular view of the impact of cultural narratives on family mental health dynamics.

The first main theme, Cultural Identity and Mental Health, delved into categories such as Cultural Stigma, Cultural Support Systems, Cultural Conflict, Identity Crisis,

and Cultural Resilience. Cultural Stigma was characterized by concepts like shame, silence, and fear of discrimination, reflecting the negative impact of societal perceptions on individuals' willingness to seek mental health support. Cultural Support Systems highlighted the positive aspects, with concepts such as community solidarity, ethnic pride, and social support, emphasizing the strength derived from cultural connections. Cultural Conflict and Identity Crisis categories revealed the internal struggles faced by individuals navigating between multiple cultural identities, underscored by concepts such as acculturation stress, generational conflict, and self-identity confusion. Lastly, Cultural Resilience shone a light on the capacity to overcome cultural and mental health adversities, with concepts like adaptability, overcoming adversity, and strengthening cultural bonds.

Under the theme of Family Dynamics, categories included Communication Patterns, Parenting Styles, Role Expectations, Inter-generational Trauma, Emotional Bonding, and Support Systems Within Family. Communication Patterns revealed variations in openness and emotional expression, impacting family mental health. Parenting Styles and Role Expectations underscored the influence of cultural norms on familial roles and interactions. Inter-generational Trauma highlighted the enduring impact of historical traumas on family dynamics, while Emotional Bonding and Support Systems Within Family emphasized the significance of emotional support and the role of extended family in fostering a supportive environment.

The theme of Coping Mechanisms explored Individual Coping Strategies, Family Coping Strategies, Community Support, and Religious and Spiritual Practices. Individual and Family Coping Strategies focused on the varied approaches to dealing with mental health challenges, including self-soothing techniques and collective problem-solving. Community Support and Religious and Spiritual Practices highlighted the role of broader social and spiritual networks in providing comfort and assistance, emphasizing the importance of neighborhood cohesion and faith-based support.

Lastly, the theme of Societal Influence covered Media Representation, Policy and Legislation, Social Stigma, Social Support Networks, Access to Mental Health Services, Public Awareness, and Cultural Sensitivity in Healthcare. This theme underscored the broad societal factors affecting family mental health, from the stigmatizing effects of media representation to the critical role of social support networks.

It also pointed to the necessity for policies that ensure access to culturally competent mental health services and promote public awareness and education on mental health issues.

Our study found that cultural stigma often exacerbates mental health challenges within families, a theme similarly identified by Acero et al. (2017), who highlighted the role of family identity in the context of severe mental illness. This stigma, deeply embedded in cultural narratives, can hinder open discussions and seeking help, thereby compounding the isolation and distress of individuals and their families (Acero et al., 2017). Conversely, cultural support systems emerged as pivotal in fostering resilience, aligning with Bui et al. (2018), who underscored the importance of cultural context in the caregiving experience of Vietnamese-American families. These findings reinforce the dual nature of cultural narratives, serving both as barriers and supports in the realm of mental health (Bui et al., 2018).

The critical role of communication patterns and emotional bonding in mediating family mental health resonates with the work of Chang and Horrocks (2006), who explored the lived experiences of family caregivers. The strain on familial relationships and the indispensable need for robust support systems emphasize the importance of nurturing positive family dynamics (Chang & Horrocks, 2006). Similarly, Goodyear et al. (2015) advocate for standards of practice that accommodate the complexities of family mental health, underscoring the interconnectedness of individual and family well-being (Goodyear et al., 2015).

Our findings on the diversity of coping mechanisms, including the reliance on religious and spiritual practices, mirror the insights provided by Magan, Benson, and Banya (2022), who discuss a transnational collectivist approach to mental health care with refugee families (Magan et al., 2022). This approach acknowledges the significance of community and cultural practices in coping with mental health challenges, highlighting the adaptability and resourcefulness of families in the face of adversity.

The societal influence on family mental health, particularly regarding the impact of media representation and social stigma, aligns with Carpenter-Song et al. (2010). Their examination of ethno-cultural variations in the experience and meaning of mental illness and treatment emphasizes the need for access to culturally competent mental health services (Carpenter-Song et al., 2010). This is further supported by the findings of Park et al. (2023), who examined mental illness identity development among Asian Americans, shedding light on the barriers to service utilization within cultural frameworks (Park et al., 2023).

Our study's emphasis on the importance of societal support networks and culturally sensitive healthcare practices is echoed by Pilav et al. (2022), who explored minority ethnic women's experiences with perinatal mental health care. The necessity for cultural competence in healthcare to improve access and engagement with mental health services is a recurring theme in the literature, highlighting the pivotal role of societal structures in shaping mental health outcomes for families (Pilav et al., 2022).

This study explored the nuanced and multifaceted impact of cultural narratives on family mental health, revealing significant insights across four main themes: Cultural Identity and Mental Health, Family Dynamics, Coping Mechanisms, and Societal Influence. Our findings illuminate the complex interplay between cultural stigmas and support systems, the pivotal role of family dynamics in mental health, diverse coping mechanisms within cultural contexts, and the profound influence of societal factors on family mental health experiences.

Our research contributes to the broader discourse on mental health by highlighting the critical role of cultural narratives in shaping the experiences and responses of families to mental health challenges. It underscores the importance of cultural competence in mental health services and the need for supportive policies that recognize and address the specific needs of diverse populations.

This study, while providing valuable insights, is not without limitations. The qualitative nature and the relatively small sample size limit the generalizability of the findings. Additionally, the focus on semi-structured interviews, though rich in detail, may not capture the full breadth of experiences and perspectives within the participant population. The study's reliance on self-reported data also introduces the possibility of bias in the reporting of personal and sensitive information.

Future research should aim to expand the demographic and cultural diversity of participants to enhance the generalizability of findings. Quantitative studies could complement this research, providing broader statistical insights into the impact of cultural narratives on family mental health. Longitudinal studies may also offer a deeper understanding of how these narratives and their effects on mental health evolve over time. Exploring the intersectionality of cultural identities and how multiple identities impact mental health would further enrich the literature.

The findings of this study underscore the need for mental health practitioners to adopt culturally sensitive approaches

in their work. Training in cultural competence should be a cornerstone of mental health education and practice, ensuring that practitioners are equipped to understand and navigate the cultural dynamics influencing their clients' mental health. Mental health policies should also reflect an awareness of cultural diversity, promoting access to services that are respectful of and responsive to the needs of diverse populations. Creating inclusive, culturally informed mental health services can significantly enhance the efficacy of care and support provided to families navigating mental health challenges, fostering resilience and well-being in the face of cultural and societal pressures.

Authors' Contributions

All authors equally contributed to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethics Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

References

Acero, Á. R., Prous, A. C., Castellanos, G., Martín-Lanas, R., & Canga-Armayor, A. (2017). Family Identity and Severe Mental Illness: A Thematic Synthesis of Qualitative Studies.

European Journal of Social Psychology. <https://doi.org/10.1002/ejsp.2240>

Bui, Q. N. N., Han, M., Diwan, S., & Dao, T. (2018). Vietnamese-American Family Caregivers of Persons With Mental Illness: Exploring Caregiving Experience in Cultural Context. *Transcultural Psychiatry*. <https://doi.org/10.1177/1363461518793185>

Carpenter-Song, E., Chu, E., Drake, R. E., Ritsema, M., Smith, B. J., & Alverson, H. (2010). Ethno-Cultural Variations in the Experience and Meaning of Mental Illness and Treatment: Implications for Access and Utilization. *Transcultural Psychiatry*. <https://doi.org/10.1177/1363461510368906>

Chang, K. H., & Horrocks, S. (2006). Lived Experiences of Family Caregivers of Mentally Ill Relatives. *Journal of Advanced Nursing*. <https://doi.org/10.1111/j.1365-2648.2006.03732.x>

Goodyear, M., Hill, T.-L., Allchin, B., McCormick, F., Hine, R., Cuff, R., & O'Hanlon, B. (2015). Standards of Practice for the Adult Mental Health Workforce: Meeting the Needs of Families Where a Parent Has a Mental Illness. *International journal of mental health nursing*. <https://doi.org/10.1111/inm.12120>

Magan, I. M., Benson, O. G., & Banya, M. (2022). Mental Health Care With Refugee Families: A Transnational Collectivist Approach. *Families in Society the Journal of Contemporary Social Services*. <https://doi.org/10.1177/10443894221117249>

Miller, A., Hess, J. M., Bybee, D., & Goodkind, J. R. (2018). Understanding the Mental Health Consequences of Family Separation for Refugees: Implications for Policy and Practice. *American Journal of Orthopsychiatry*. <https://doi.org/10.1037/ort0000272>

Park, J., Lee, E.-J., Barker, K. S., Roberts, K., Tseng, Y. C., Elmer, J. W., & Tsen, J. (2023). Mental Illness Identity Development and Service Utilization Experiences Among Asian Americans With Mental Illness: A Qualitative Study. *Psychiatric Rehabilitation Journal*. <https://doi.org/10.1037/prj0000557>

Park, M. (2012). Filial Piety and Parental Responsibility: An Interpretive Phenomenological Study of Family Caregiving for a Person With Mental Illness Among Korean Immigrants. *BMC Nursing*. <https://doi.org/10.1186/1472-6955-11-28>

Pilav, S., Backer, K. D., Easter, A., Silverio, S. A., Sundaresh, S., Roberts, S., & Howard, L. M. (2022). A Qualitative Study of Minority Ethnic Women's Experiences of Access to and Engagement With Perinatal Mental Health Care. *BMC Pregnancy and Childbirth*. <https://doi.org/10.1186/s12884-022-04698-9>

Sarkissian, A. D., & Sharkey, J. D. (2021). Transgenerational Trauma and Mental Health Needs Among Armenian Genocide Descendants. *International journal of environmental research and public health*. <https://doi.org/10.3390/ijerph181910554>