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# How to express mental health problems: Turkish immigrants in Berlin compared to native Germans in Berlin and Turks in Istanbul

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## ABSTRACT

**Keywords:**  
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The paper explores expressions used by Turkish immigrants in Berlin to delineate psychiatric illnesses and psychological problems. These are compared to expressions used by native Germans in Berlin and Turks in Istanbul to assess possible cultural differences in articulating mental disorders. For this purpose, results of a Free Listing carried out with the three above mentioned groups are presented. The data suggest that relevant items which are connected to mental health issues vary between the groups as well as within the groups, thus showing dependency on factors such as education.

For the group of Turkish immigrants the data further suggest that this group connects psychic stress to family problems. Concerning help seeking, Turkish immigrants, like members of the other groups, mention professional psychological/psychiatric help as useful for solving mental health problems.

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## 1. Introduction

Studies concerning mental health and migration show different results as immigrants are not a homogeneous group. Certain immigrant groups have a higher risk of being diagnosed with a schizophrenia or a depression but in general epidemiological data on mental health status of immigrants is rare [13]. Generally, immigrants have lower access to mental health care services [9,11,13,15]. For Germany it has been reported that immigrants use psychiatric inpatient services as often as native Germans [20], but that they are underrepresented in psychotherapeutic outpatient services [14].

Several barriers to the mental health care system have been discussed in recent years. Concerning drug addiction counselling services, Gaitanides [7] lists barriers such as a lack of knowledge of these services, fear of legal consequences, alternative therapy possibilities in home countries and on the side of the institutions fear of extra work of the staff and ethnocentric and middle class oriented therapy settings. Also minority status, language and cultural barriers, lower social status of immigrants [17] and differences in explanatory models [16] are named as barriers.

Concerning the group of Turkish immigrants<sup>1</sup> several reasons for lower use of mental health care institutions are mentioned. Besides experiences of discrimination and fear of legal consequences concerning drug addiction [8], a sceptical attitude of Turkish immigrants towards psychotherapy [1] and an illness concept that differs from the German majority population is discussed. It is suggested that Turkish immigrants have more pessimistic illness attitudes concerning mental health issues and that they believe less in their own influence on the illness [6]. Furthermore it is depicted that Turkish patients have a different understanding of mental illnesses than Germans, for example naming external causes for illnesses more often [5], believing in the evil eye, locating suffering in certain organs and tending more to somatisation [23]. A similarity between most of these studies is that they use the dichotomy "modern" versus "traditional" medicine and that Turkish people are located in the field of "traditional" health beliefs.

In contrast to these deficit oriented approaches that stress cultural factors, we would like to broaden the perspective by considering social factors as well and focusing on the vocabulary used for expressing mental health problems. As immigrant

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<sup>1</sup> The definition of the „group of Turkish immigrants“ varies among authors or remains unspecific in some cases. The definition used in this article is given below.

patients (often with lower social status) communicate with professionals (often stemming from the middle class) a potential barrier may lie in the different meaning that immigrants and professionals connect to certain terms or expressions. Thus we would like to address the question if people from different cultural and social backgrounds use different words and concepts when asked about mental health problems. A further question is if religious terms figure prominently in the group of Turkish immigrants as it is suggested in the literature that connects illness concepts of Turkish immigrants to traditional world views.

This paper examines terms concerning mental health problems that were named in a Free Listing process of three groups. The biggest minority group in Germany, Turkish immigrants, is compared to native Germans and to a group in the country of origin of the immigrants, Turks in Istanbul. By comparing these three groups, possible differences not only between the native and immigrant populations but also between Turkish persons in Germany and Turkey can be asserted. Thereby differences in the subjective meaning of terms can be investigated which in turn might be the source of communication pitfalls. Secondly, this comparison along cultural lines is transcended by deepening the analysis and evaluating the results according to the parameter of educational background of interviewees. In this way, the assertion of mere "cultural" differences is put into perspective and the complexity of the data is emphasized.

## 2. Method

The research project "Mental health and migration" of the Department of Psychiatry and Psychotherapy of the Charity University Medicine in Berlin is approaching the mental health status of immigrants and the utilization of health care services from different angles. An epidemiological survey on prevalence of mental health problems among the biggest minority group in Germany, Turkish immigrants, is conducted to yield missing data on the mental health status of that immigrant group. Complementary, the status of Intercultural Opening of German community mental health care institutions in Berlin is assessed, thus focusing on how institutions address immigrants' needs (see Penka et al. in this volume) and a cross-cultural competence training is developed, implemented and evaluated. Furthermore barriers to the mental health care system and resources in handling mental disorders of Turkish immigrants are assessed by using the methods Free Listing and Pile Sort [4,19].

In the paper at hand the results of this Free Listing process will be discussed. They allow insights into differences in vocabulary concerning mental health problems, which are indications for possible differences in health beliefs and may impair the communication between patients and professionals in the health care system. Furthermore the homogeneity of ideas about mental health problems inside the investigated groups is analysed.

In the Free Listing process relevant items of the field of mental health problems were collected through interviews, structured by short interview guidelines. In this way information about the "spectrum of words" connected to the concept of mental health issues could be gathered and relevant items be identified. For the Free Listing the study group "Mental health and migration" interviewed 220 persons aged between 18 and 65. 70 persons

were native Germans in Berlin, 66 were Turkish immigrants<sup>2</sup> living in Berlin and 79 were Turks in Istanbul. In each group users and non-users of the mental health care system were interviewed and additionally professionals in Berlin and in Istanbul were included in the sample. Users were defined as currently using or having used in- or outpatient mental health care services in their lives before, while non-users were defined as persons who haven't been treated in in- or outpatient mental health care institutions. Borgatti [4] suggests interviewing a minimum of 20 persons per group to gather the relevant items. As the groups in this study were quite heterogeneous and specific inner differences such as educational background, gender and age were to be addressed, the number of interviewees was raised. The Free Listing process was stopped when a saturation of answers could be observed. For choosing the participants, the theoretical sampling method [12] was used to equally include both genders and diverse academic backgrounds and ages, and thereby collecting data from different sub-groups in order to prevent bias.

During Free Listing the interviewees were asked four questions about the definition, the meaning, the causes and possible cures concerning mental health issues: 1. What is a psychological problem/mental disorder in your opinion? 2. What does it mean to have psychological problems or mental disorders? 3. What could be causes of psychological problems or mental disorders? 4. If a friend of yours had psychological problems or mental disorders, what would you advice him to do and who could help? The interviewees were asked to answer these questions by listing items that came to their mind first and they could list as many items as they wanted. The Free Listing questions were deliberately asked in an open way, such that no own cultural categories of the study group were conveyed to the participants and that the latter could name items that were truly relevant to them. All participants could choose if they wanted to answer the questions in written form or orally and in the latter case answers were noted by the interviewers. Allowing for oral answers was meant to ensure that possible non-literate persons or those for whom writing down the answers would represent a barrier for participation could be included in the study. Additionally, the interviewees could choose if they wanted to be interviewed in German or Turkish, as the interviewers could speak both languages fluently.

The users were recruited in psychiatric outpatient clinics in Berlin and Istanbul and in a counselling centre for chronic mental ill people in Berlin. Non-users were contacted through several social institutions and, starting with the first few participants, through linkage sampling [22].

After conducting the interviews, the items were counted. Altogether around 2700 different items were mentioned in the Free Listing. These items were coded into categories, because in many cases different terms with almost the same meaning had been used and thus items had to be abstracted. In an iterative process the codes were approved several times under multi-disciplinary perspectives to prevent possible bias of a single researcher. After finishing the coding process 750 categories remained in total.

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2 In the study "mental health and migration" the group of Turkish immigrants are defined according to the Mikrozensus in Germany as persons who have immigrated themselves to Germany from Turkey after 1947 or whose parents have immigrated. For the study the criterion of mother tongue as Turkish was also used.

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