Mental Health, Religion & Culture
Volume 7, Number 2, June 2004, 109–130

BrunnerRoutledge Taylor & Francis healthsciences

A focus group exploration of the impact of izzat, shame, subordination and entrapment on mental health and service use in South Asian women living in Derby

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ABSTRACT *There is increasing evidence suggesting that shame, subordination and entrapment can play a powerful role in psychopathology. However, we know little about how these processes are experienced in different communities. This study therefore sets out to examine South Asian women's views of these processes and how they impact on their lives. It was found that reflected shame and honour (the shame and honour that can be brought to others by one's own behaviour) is called izzat. The importance of maintaining family honour and identifying with it (izzat) was linked to personal shame. It was also given as a reason people can be trapped in difficult relationships. Moreover, fear of reflected shame and loss of izzat were regarded as key reasons South Asian women might not use mental health services. A central fear was a failure by professionals to keep confidentiality—a fear found in other research.*

Introduction

Studies of the psychosocial origins of mental health difficulties have shown that contextual factors, vulnerability factors and life events often combine to trigger these difficulties. For example, Brown and Harris (1978) found that on-going low self-esteem and lack of a confidant were powerful vulnerability factors for depression in women. Mental health problems have also been associated with bullying (Schuster 1996), being subordinated (Wilkinson, 1996), and in families with over-control, intrusiveness and criticalness (called high expressed emotion; HEE; Wearden, *et al.*, 2000), and domestic violence (Abbott & Williamson, 1999). Vinokur and van Ryn (1993) found that social undermining (defined as social hindrance, negative social support and social conflict) had a stronger, though more volatile, impact on mental health than social support over two time periods. There is now increasing evidence that depression is

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Mental Health, Religion & Culture
ISSN 1367-4676 print/ISSN 1469-9737 online © 2004 Taylor & Francis Ltd
http://www.tandf.co.uk/journals
DOI: 10.1080/1367467031000160241 8

linked to subordination (Allan & Gilbert, 1997; Gilbert, 1992), feeling trapped (Brown, Harris & Hepworth 1995; Gilbert, 2001a; Gilbert & Allan, 1998) and shame (Gilbert, 2000).

There are number of reasons why people can find themselves in subordinate (and controlled) positions from which they cannot escape. For example, poverty, lack of opportunities to escape, or high dependency or racism can trap people in aversive environments. However, there may also be cultural reasons. For example, in some communities, mothers are less depressed in nuclear than in extended families. Sonuga-Barke, Mistry and Qureshi, (1998) suggest this is partly explained by culturally orchestrated dynamics of families such as the relationships between young women and mother-in-laws. In some cultures, there are extra burdens of care on young mothers (to look after in-laws) and conflicts within the 'hierarchy' of the family (when mothers are in unwanted subordinate positions from which they cannot escape).

In this study, we were interested in the roles that shame and honour can play in the sense of subordination and entrapment for South Asian women living in Britain, and how these might affect mental health and help seeking. Shame can be internal, related to negative self-perceptions and feelings, but also external, related to how one thinks others feel and think about the self (Gilbert, 1998; 2002). Shame can also be *reflected* in that one's behaviour can bring shame to others and others can bring shame to oneself (Gilbert, 2002). There is now good evidence that in collective cultures emotions are more linked to how behaviours reflect on others, whereas in individualistic cultures emotions such as pride and shame relate to reflections on the self (Mesquita, 2001). Personal schema of self and others cannot then be decontextualized from evolved dispositions on the one hand nor cultural forms and personal histories on the other (Cohen, 2001).

Cultural rules and values can shape the dynamics of shame, subordination and entrapment and their impact on mental health. For example, social groups define the characteristics that bring shame and stigma; what is shaming or acceptable in one culture may not be in another. Moreover, the dynamics of shame and stigma may be linked to complex power and self-interest interplays between people. For example, shame–honour systems of one gender can impact on another. This is related to notions of control in that failure to control that which one is seen to own or be responsible for (one's children or wives) can result in stigma. Hence, as Lindisfarne (1998) notes, shame and honour are not only socially defined but attention should be given to those who have the power to define them. She points out that in many cultures, male honour and shame can be related to control of women's sexuality and her body. Males can lose honour and be shamed by failure to control women in their network. There can even be an acceptance of honour killing of wives or daughters who break the rules (who commit adultery). In studies of spousal abuse, Figueredo *et al.* (2001) found that patriarchal family honour, in relation to availability of resources, social economic status and the support of male kin, can benefit women but also be a source of control and abuse. The dark side of honour systems for women that requires

excessive control over their behaviour by others (men and in-laws) have been explored by (Goodwin, 1995). Subordination entrapment can therefore be linked to family dynamics of honour and shame.

Help seeking

It is recognized that despite the high prevalence of mental health problems (and rates vary according to the social deprivation of a community) many mental health difficulties go undetected in the community. For example, in a major community survey of 10,000 individuals in the British National Surveys of Psychiatric Morbidity, Bebbington, Brugha, Meltzer, Jenkins, Ceresa, Farrell & Lewis (2000) found that 'less than 14% of people with current neurotic disorders were receiving treatment for them' (p.1369).

In a further study from this data set, Meltzer *et al.* (2000) found that the most common reasons given for reluctance to contact the family doctor were: 'did not think anyone could help' (28%); 'a problem one should be able to cope with' (28%); 'did not think it was necessary to contact a doctor' (17%); 'thought problem would get better by itself' (15%); 'too embarrassed to discuss it with anyone' (13%); 'afraid of the consequences' (treatment, tests, hospitalization sectioned) (10%). Thus, undetected and untreated mental health difficulties are related to a number of factors. Those related to patient characteristics include: lack of awareness and/or reluctance to acknowledge one has a mental health problem; lack of knowledge of what is available and could be helpful; shame of consulting and openly discussing symptoms; fear of treatments and stigma (Meltzer *et al.*, 2000). Studies in Asian communities (Alexander, 2001; Netto *et al.*, 2001), have suggested that there is a lack of awareness about the availability of mental health services, and barriers to help via racial stereotypes about the value of counselling for Asian people (beliefs that people coming from a collective culture obtain help from within their families and social groups and do not use or need outsider help).

However, in collective cultures that operate with strong dynamics of reflected shame and honour systems/values there may be additional sources of shame that act as barriers to problem identification and help seeking. For example, the Newham Innercity Multifund and Newham Asian women's project (1998) found that a key barrier to help seeking from a GP was 'the fear that details of their distress would not be kept confidential. This particularly arose in situations where the GP was of the same ethnicity, when the whole family was registered with the one practice or where the GP was a family friend or even a relative' (p. 32). Importantly, the culturally mediated fears of confidentiality and discovery that could result in bringing shame (loss of honour) to self and others were not articulated in the Meltzer *et al.* (2000) study since it did not explore specific ethnic factors as barriers to care.

Aims

Given the clear link between shame, subordination and entrapment to depression (Brown *et al.*, 1995; Gilbert & Allan, 1998), this study set out to explore South Asian women's own views on these processes, and their link with mental health problems and help seeking. Moreover, we were interested if some of the barriers to help seeking found by Meltzer *et al.* (2000) might also be suggested as key themes by South Asian women.

Background

Karma Nirvana (KN) was set up as a women's project in 1994 in Derby. Subsequently, due to 80% of project users being South Asian, the project became a specific South Asian women's project. The two main project leaders are of Indian and Pakistan decent and the twelve volunteers within the project are all of mixed sub-continent decent.

The purpose of KN was to offer support to Asian women who faced problems with language or cultural difficulties. The project was named Karma Nirvana which relates to the journey to peace (Karma) and enlightenment (Nirvana).

The Mental Health Unit at Derby University has a developed research programme exploring the role of subordination, entrapment and shame. This approach has been applied to disorders such as depression and social anxiety (Allan & Gilbert, 1997; Gilbert, 2001b) and schizophrenia (Gilbert *et al.*, 2001). Informal meetings between KN and the research unit suggested an opportunity to explore experiences of subordination and entrapment in Asian women and the role of shame and izzat. Not only were we interested in the Asian women's experiences of these processes but also we wanted to explore out how these might affect mental health problems and the use of services.

In cultures derived from Pakistan and the Indian sub-continent, the term used to depict family honour is i*zzat.* Izzat is related to reflected shame but has no single meaning. The South Asian women involved in this research describe 'izzat' as a learnt, complex set of rules an Asian individual follows in order to protect the family honour and keep his/her position in the community. Women working within KN felt that some of the mental health problems of women attending KN were linked to izzat and issues of family control. They approached the mental health research unit to help investigate this possibility.

The concept of entrapment may also appear a Westernized concept. However, we have presented this in a social context (scenario 4). In Punjabi there is no direct translation for the word 'entrapment', but the idea of being stuck and unable to get away is well understood and could be translated as 'udu kul bar nai chai hundai'.

Method

This study used three focus groups of Asian women of different age ranges, from KN. The women identified themselves as being Asian. This study set out to explore their meanings of izzat, shame, subordination and entrapment. Focus groups are a well used method to explore peoples views and beliefs about key topics (Hennink & Diamond, 1999). This phenomenological perspective involves a focus on the *life world* of the subjects and their ability to be open with and about their experiences and beliefs (Kvale, 1996). During our early meetings we discussed whether to ask participants directly of their ideas of izzat, shame, subordination, entrapment. However, KN felt this might be too threatening or leading and that a preferable approach would be to offer more impersonal *scenarios*, which could act as a focus for discussion for each of the processes under study. With this in mind, personnel from KN discussed the project with colleagues and generated four scenarios believed to capture the essence of the research aims. Each scenario was based on a real life example known to KN personnel, but was changed to avoid identification.

We felt this approach would be in line with recommendations by Kvale (1996) who suggests that qualitative methods are about 'understanding social phenomena from the actors' own perspectives, describing the world as experienced by the subjects, and with the assumption that the important reality is what people perceive it to be' (p. 52). Elliott, Fischer and Rennie (1999) have pointed out that, 'qualitative research methods lend themselves to understanding participants' perspectives, to defining phenomena in terms of experienced meanings and observed variations, and developing theory for field work.' (p. 216). As Elliott *et al.* (1999) note, researchers should articulate their own position in the research, which for us was exploring specific views on izzat, shame, subordination and entrapment.

Scenarios

Scenario 1: to tap issues of *izzat*

Sita, a 19-year-old Asian woman, who is studying at college, lives at home with her parents, four sisters and one brother of which she is the eldest. She has been going out with an Afro-Caribbean man of 28 for two years and wants to marry him. She feels she cannot tell her parents or take the advice of a friend and talk to her GP.

Questions:

1a. What do you think makes it difficult for Sita to discuss her feelings? What is she afraid of? Is that izzat?

1b. Do you think izzat is a problem for Asian women? In what ways? How does it show itself?

1c. How do you think izzat affects people's mental health?

1d. How do you think izzat effects help seeking if people have mental health problems?

Scenario 2: to tap issues of *shame*
Roksanna, a 19-year-old Asian woman with three small children is feeling very tired and unhappy. She feels a failure as a mother and a wife and can see no way her life can ever get better. She feels she cannot tell her husband or her mother-in-law of her feelings and is reluctant to talk to her GP or Health Visitor.

Questions:
2a. What do you think makes it difficult for Roksanna to discuss her feelings? What is she afraid of? Is that shame?
2b. Do you think shame is a problem for Asian women? In what ways? How does it show itself?
2c. How do you think shame effects peoples' mental health?
2d. How do you think shame effects help seeking if people have mental health problems.

Scenario 3: to tap issues of *subordination*
Shaida, a young girl aged 20 comes from a very westernized family and has three brothers aged 16, 18 and 24. She is not allowed to go out without her brothers or her mother. Her family believe it is necessary to control her behaviour. Although Shaida resents this she has little choice but to obey.

Questions:
3a. How do you think Shaida feels about her position in the family?
3b. Do you think having to submit and go along with things you don't want to is a problem for Asian women? In what ways? How does it show itself?
3c. How do you think having to go along with or submit to things that people don't want to affects their mental health?
3d. How do you think having to go along with or submit to things that people don't want to affects their help seeking for mental health problems?

Scenario 4: to tap issues of *entrapment*
Fatima, a Muslim woman aged 34 with three children aged 5, 10 and 11 has been married for 13 years and lives in the heart of the community. Over the last ten years she has suffered physical and emotional abuse from her partner and his family, especially her mother-in-law. She feels trapped and unable to get away.

Questions:
4a. Why do you think Fatima is unable to get away from her family?
4b. Do you think entrapment is a problem for Asian women?
4c. How do you think feelings of being trapped effect peoples' mental health?
4d. How do you think feelings of being trapped effects people' help seeking for mental health problems?

Participants

The staff of KN notified attendees that a research project was being conducted on mental health problems and people's feelings about them. Volunteers were invited to participate in a focus group. From those interested and agreeing to participate, three focus groups were convened. Group 1 consisted of women aged between 16 and 25 (mean age: 20). Group 2 had an age range of 26 to 40 (mean age: 32). Group 3 was aged 41+ (mean age: 57).

Procedure

Groups 1 and 2 were conducted in English by JG who is trained in qualitative methods, with JS as second moderator. The older age group was conducted in Punjabi by JS as first moderator. All focus groups took place at the premises of KN and women were offered support after each session.

All participants were welcomed to the session and informed that they would be asked to discuss some instances where an Asian woman had experienced problems. They were informed that although the session was being audio taped they would not be identified on tape or in the following transcripts. They were informed of confidentiality.

After the focus groups, the conversations were transcribed and read by the two moderators who found them to be a correct representation of what had been said. The older age focus group was carried out in Punjabi but, once translated and transcribed, was agreed by the transcriber and JS to be a true account of the proceedings.

Findings and discussion

Our findings are presented in the following way. First, we will explore how each scenario, designed to tap the themes of izzat, shame, subordination and entrapment was discussed by each group. Next we will note how participants related these themes to mental health problems, and finally we present participant views on how these themes may affect the use of mental health services. Because these themes were often spontaneously discussed in all the scenarios we will include these when appropriate. All dialogue is given in italics and as actually spoken.

Izzat scenario

Group 1: The first participant raised the issue of reflected shame. '*Well straight off the first thing you think about is shame, shame she will bring to the family... She is going to feel, you know, that you are going to point at her and her family, that is one of*

the first things her parents will probably face up to. . .' Other participants agreed with this. Some gave examples of people they knew marrying *out of caste*, religion or ethnic group and the consequences, such as families breaking contact and often this meant being disowned by the family and community. Participants thought that the way behaviours of children can affect family was central to izzat. A participant said '*I think izzat is something, it's so pervasive. . .you've been taught it by the time you are 19'*. Another participant said, *'it's like the weather, you can't question it. Izzat is there so therefore it's always been around. If somebody's made it up by somebody centuries back, somebody made up izzat and they probably did it to I think know as a special control*'.

The group discussed issues of the controllers of izzat, particularly by the fathers. However, one participant said '*a lot of it has to do with patriarchy as well but the thing is I come from a family where I can talk openly with my Dad but its my Mum that puts out more of izzat, more than everyone else. So women are just as bad, they are just as culpable so we all talk a lot about men you know and how they put izzat on us, bring us down but women do it just as much and it goes back to that other thing where if you blame someone else it takes the shame off yourself and puts it back on to them*'.

One participant drew an interesting distinction between personal shame and izzat. She said, '*she's going out with this Afro-Caribbean man so she is not ashamed of what she is doing. . . . she is worried about shame from society to her personal self-worth and it's not about her, it's about other people*'. A number of participants felt that izzat has a good side and allows one to *gain respect*.

Group 2: This group focused was on parental disapproval. One participant said '*because with a lot of Asians caste is a problem, let alone religion you know'*. Another participant focused on reflected shame as related to izzat and said, 'i*zzat is the biggest issue in the Asian woman's life. It is not about yourself, it's about your family, it involves your relatives and the people you know, so it's you don't think about yourself, you've got to think about what other people are going to think as well. I think that is the main issue'*. Another participant added that izzat was, '*the main problem for Asian women,* and that, *it's all about reputations, what people are going to think'*. Participants agreed that izzat was related to standing within one's family and the family's standing within the community.

Group 3: Participants felt that izzat and honour where the same thing; one said, '*Izzat is called honour*'. Another participant said, '*If you have honour you have izzat. If you haven't got izzat where is the honour?*' A third participant said '*yes, it's the same thing.*'

In regard to the scenario a participant said, '*she is scared that her parents will not let her marry and consider this act dishonourable*'. Another participant said they consider it is '*dishonourable that blacks marry whites. . .she loves him and wants to marry him but can't tell her parents because they won't want her to marry*'. Many agreed that, *it doesn't look good* and two participants said '*it's against our culture*'. One participant said, '*our izzat can only remain if we marry within our own people*

and take our own izzat. Parents' izzat is made if their sons and daughters heed the demands and stay within their domain'. Two participants suggested the linkage of izzat to maintaining group identity and caste identity. One said, '*Indians should be with Indians, Pakistanis with Pakistanis, Thakaan with Thakaan*'. Another said, '*even if you are Indian it would mean more happiness if it were in the same caste. If it's to another cast then it does hurt. But what can we do*?' In this example the participant was noting how Sita's behaviour could reflect on parents.

Some participants thought that although sons and daughters were both subject to izzat, the responsibility for izzat was greater on the daughters. There was also discussion about how the daughter takes her izzat to her in-laws.

Summary: The key themes to emerge were that izzat is related to issues of family honour and reputations and personal reputations. One could bring shame to one's family by behaviours that damage reputations as perceived by the family. Remaining true to one's culture and maintaining a reputation for the family within society was central to izzat.

Shame scenario

Group 1: One participant drew attention to different types of shame. '*Shame isn't just one thing. . .shame with society, that's about other people's problems with you; it's not about you. You could be fine as a person that's about other people's problems with yourself. This type of shame Roksanna's got, she's got a problem with herself and how do you deal with that*'.

A number of participants felt that shame was related to feeling unable to fulfil roles. They also felt that she might feel depressed because of problems with her identity. '*She's married, she's got three small children and the only identity that she sees for herself is a woman and having worth and that definitely has been taught. . . . and this has been taken away. So she has almost been left in limbo land and that's why she can't tell to somebody. What is she going to say? I can't be a mother and wife, how was she supposed to break away from that?*' The linkage of shame to role identity was commonly mentioned in this discourse.

One participant linked it to social expectations. '*You are an Asian woman and you get married. I think you know your Mum and your society around you has taught you that once you are a woman and you're married you have to live up to this and that, especially when you have children and you have to be a good mother and a good wife and I think if you are not a good mother and not a good wife then you're not a good woman. And if you're not a good woman that's going to bring shame on your family*'. There was some discussion around the idea that to bring shame on one's family was also to bring shame on oneself.

Group 2: A number of participants talked about the linkage of shame to failure and how this could damage both Roksanna's identity and that of others.

One participant said '*it could be if you talked to anyone else outside then it becomes a shame issue because it would be shameful if people find out*'. Another participant said '*if she's a failure other people you know don't want to know. You're not going to want everybody to know your daughter-in-law is a failure because the next person's daughter-in-law might not be and it is shameful in that way*'. A number of participants talked about it being shameful to discuss these kinds of *depression* feelings.

The discussion moved to the links between shame and izzat. One participant said '*shame seems to be negative doesn't it and izzat is more about reputation*'. Another participant said '*and you know what your family feel and your relatives feel. Shame is whether you have done something wrong, your family has found out. You know shame is shame*'.

There was also a linkage between shame and support. A participant said, '*if her family is anything like my family, I just say that keep herself to herself cause nobody ain't going to listen*'. Another said, '*she won't get the support of the family or the in-laws*'.

Group 3: This group of older women focused on the fact that Roksanna was sad and pondered why that was. The moderator then directed attention to why Roksanna might not be able to talk about it. One participant felt that '*she can't go out and can't leave the children at home. If she stays indoors she will be quiet*'. However, the participants focused on what Roksanna was sad and depressed about rather than the issue of shame in being able to talk about her feelings. One participant felt that '*her parents married her off young to save her izzat because of the culture nowadays*'. Another thought she was sad and depressed because '*she is thinking her freedom and life has gone*'. Another felt '*she's realised that she's neither here or there*'. The moderator then asked again about the possibilities of shame. One participant said '*no its not shame. The thought that she was too young is deep routed in her mind*'. Gradually the conversation moved around to the role of the parents in marrying Rukhsana off *early*. One participant said '*maybe they are honourable, they must have thought we don't want anyone gossiping about us, so we will marry our daughter off*'. Again, after this discussion they came back to the question of lost youth, rather than focusing on the issue of difficulties in discussing her problems.

Summary: Shame emerged as a different construct to izzat and was related to personal identity and ability to fulfil roles. Group 3 focused more on the reasons for being depressed and focused less on the importance of person identity to shame. It is unclear if this is related to age and/or an increase sense of self in younger Asian women.

Subordination scenario

Group 1: This group addressed issues of trust and fairness. For example, they noted that if they went out in an evening they would have to go with their brothers.

One participant said '*I had to pretend that I was going out with him* [her brother] *and it made me feel like a second class citizen and it made me feel very low about myself sometimes*'. Another participant said '*it's like they're watching you and if you do one thing and they say hang on we can't trust you 100% . . . they are just waiting for you to make another mistake*'. Another theme was that of fairness, for example one participant said '*you know what pisses you off more than anything else is that you might be ten times cleverer than your brother. . .you get treated like a telly tubby or something like that*.' Participants gave various examples of personal feelings of intrusion. For example, one spoke of how her father had discovered her mobile phone and went through her phone numbers. She was not allowed to use her mobile phone for some months. Another participant talked about her mother finding pictures of her with some boys and she said that she '*had become quite tearful and anxious about her mother's discovery*.' Another participant said it is, '*almost as though they are giving you a sentence before you've even done a crime*'. Another participant added that '*they sentence you even before you've done it and that's so bad*.'

A number of participants talked about the ways of getting around family rules and regulations. For example, although they had to go out with their brothers they often made agreements with their brothers to separate during the time out and then come home together. The theme of izzat and its relationship to subordination were linked, in that one should obey the rules of the family in order not to bring bad izzat to one's family.

Group 2: One participant said, '*she has younger brothers and has to go out with them, it's like being a dog isn't it, out on a lead*.' A number of participants felt that the scenario was unrealistic. Unlike group 1 who felt it was not an uncommon experience this group felt that it probably was uncommon. One participant said '*I think this situation is not that common*.' Another participant said '*I think it's stupid*.' A third said '*I think it's stupid, pathetic if you ask me*.' Nonetheless, they did agree that, . . . '*there is a sort of limit you have to stay within*'. Another participant said '*I think a lot of Asian people are taught when you are young you have to conform and when you get married you get all this freedom. . . you rarely get that freedom*.' Another participant talked of having to '*stick with what other women in the community are doing and the family. You can't be the first one. I don't know: get a job or study or do something different*.' Another participant spoke of variation between families '*not all families are the same. Some parents do allow you to work, some parents don't approve of you working. It really depends on what your family's like*.'

Group 3: This group also linked subordination to izzat. For example, one participant said '*this is because she is a daughter and they are the children which brings back the issue that she is her parent's izzat. Her parents don't want their daughter wandering about by herself. She goes out with her own brothers then they can protect their izzat*.' Another participant said '*maybe nothing bad will happen then and maybe she won't do anything wrong then, that's why her parents sent her with her brothers. The parents don't send the girl out to get their izzat maligned'*. Another participant said,

'*she's thinking I'm educated. I can guard my own izzat but the parents are old and thinking just in case. That's why they do not let her out.*'

Interestingly, in this group of older women, participants felt that things were changing. For example, one participant said '*there has been a great change from previous years. If girls want to malign their izzat they will do so regardless, there are those that don't want to roam around everywhere, one should trust their own children. Now the girls roam everywhere. . . .*' They also acknowledged the possibility that two many constraints can produce difficulties for girls. One participant said, '*I have seen many family men who the more constraints they place the worse their girls turn out. You shouldn't do it too much, girls have a life and have to roam around.*'

Summary: The younger women discussed subordination from their own point of view, as they experienced it. They raised the issue of fairness and (lack of) trust to not bring shame to the family in comparison to their brothers. For group 2 there was the feeling of being '*like a dog on a lead.*' As older women, Group 3 seemed to identify more with the parents than the person in the scenario and they talked more about protecting their own (the parents) izzat by control of their daughters. There were frequent references to concern about their daughters '*roaming.*' Hence, again subordination and control was linked to the importance of maintaining izzat.

Entrapment scenario

Group 1: This group began the discussion by recalling personal examples of women they had known who had been in abusive relationships. One participant said that, '*the point is that when an Asian women gets married, I am not really sure if it's the same for European people . . . you don't marry the man, you marry the family, the house, the dog, everything.*' Another participant agreed, '*you have to please them and if you please them that's how you please your husband*'. This idea might also seem related to subordination and the need to please others. A participant said, '*that's why Fatma feels trapped because she is bound by all the obligations of the family, to her responsibilities as a mother, as a wife, to society, to izzat, everything.*'

Group 2: This group felt that entrapment was related to lack of opportunities and anywhere to go. One participant said, '*well she's got children for a start, probably feels she can't leave, where would she go.*' Another participant said, '*the fact is that she may never get away from the partner anyway.*' A third agreed, '*yes, if she goes away she will be found again and brought back*'. Another participant said, '*I think one day it will get too much and I think if they are alright with her children some women think it's better to commit suicide than to leave because you would get found because it's a way out for you and if you know your children are going to be looked after you know you don't really care. I think from your point of view personally you would rather just die.*' Another participant linked this theme back to shame. '*Shame does come into it if you are going to leave.*' One participant said, '*the family aren't going to say 'oh we beat*

her up' or anything . . . . They are going to say, right she's run off with another bloke or something.' Another participant agreed on the issue of suicide and said; '*so I think she will probably think it's probably a better thing for herself, bring less shame on the family if she kills herself. . . .it's less shameful*.' Another participant linked escape to shame and a sense of failure. '*If she did leave the situation she would probably feel like a failure*.' While another said '*she probably couldn't forgive herself and that wouldn't be good for her mental health*.'

Group 3: This group also felt that the concerns about the children were key to Fatma's entrapment. One participant said, '*she's thinking when I go what will happen to the children. How will the one's that abuse me look after my children.*' Another participant said, '*the children are her weakness, they stop the mother from going, from taking any step*.' Some participants felt that she should leave and take the children; others thought that she should endure the beating. One participant said, '*but she shouldn't divorce . . . . They are thinking it's their dishonour otherwise*.' One participant brought up the theme about help from parents, '*what can she do? If she goes to her parents they will say*, '*endure the beatings*,' *but stay there*.'

The discussion then moved to possible causes with one participant saying, '*maybe she's a bit crazy that's why she is getting hit maybe she speaks bad, does bad things*.' A number of participants agreed with this with two saying, *exactly*. One said, '*she must be talking bad*.' A third participant said '*she must be talking that's why she is getting hit*.'

One of the participants brought the acceptance of the entrapment back to the issue of the izzat. '*It's because she's keeping up izzat but she's been taking the beatings. It's because she's looking at the past izzat and the future izzat that the poor girl doesn't step out of place*.' Some participants noted a change in how these matters are dealt with. One participant said '*before, when this type of abuse used to take place women would not take the children. Now they say* '*oh no they're part of my body*''. Another participant said '*now the girls divorce a lot, they take the children and go to their parent's house. Down the line they can't get engaged or married, especially those girls with children. If they've got children they should give them away. If that woman's life isn't made how can she make it for her children*.'

Summary: Entrapment in this scenario was linked to concerns with the children, lack of opportunities and support, fears of being found if she left, others coming after her, sense of failure for leaving with the fear of being disowned by the family and community and izzat (the need to maintain family honour). It is interesting how some participants felt it would be better to commit suicide than leave.

Effects on mental health

In the next part of the text we will note how the themes of izzat, shame, subordination and entrapment were discussed in relation to their impact on mental health.

Group 1: This group felt that the way izzat affects mental health was through themes of being controlled, being watched and being unable to talk about feelings. For example, one participant said, '*I am an Asian girl who is being watched and it's really, really an unnerving feeling, the fact that you know you can't go out with your friends and catch a taxi home without some idiot sitting there questioning you, why you are out and where you were going . . . . Izzat, it's just that you just have to watch your back all the time no matter what you're doing, it's really weird.*' One participant felt that izzat resulted in people blaming each other to protect themselves. '*It does happen, they blame each other in the family right, and they won't accept it, they won't, instead of supporting somebody like Sita, they would just fall apart as a family I think.*' Another participant linked izzat to being able to talk about feelings. '*Izzat is almost like a veil, and having good mental health promotes people as being able to talk about their feelings openly and honestly. So the two don't really go hand in hand.*'

Shame was linked to mental health problems by feeling a failure and low self-esteem. For example a participant said, '*I think she probably has got low self esteem . . . . and pushed to another world with bigger responsibilities.*' A number of participants noted that shame made it difficult to talk to people.

Subordination was linked to mental health with a distinction drawn between compromising and giving in. One participant said, '*there's a tremendous difference between compromise and giving in all the time. If you're giving in all the time that shows a certain amount of weakness in your own character and your own mental health, they're right all the time, but if you compromise then you get your own way in the end.*'

One participant linked feeling subordinate to feeling low. '*Yes, because if you are subordinated you are on an all time low as it is. Everyone else is higher than you and then you don't feel like you are worthy of their help and you know you are not going to go for it.*' Another participant said '*it's hard to start your battle if you are starting from the bottom.*'

Entrapment and mental health was very much linked to the issues of abuse. For example one participant said; '*if you have been beaten and beaten and emotionally abused every time, you are almost been brought down to a pulp, so . . . . where are you going to get your new lease of life from*?' There was discussion about this view. One participant said, '*people often hide physical and emotional abuse and this is where they can feel trapped.*' As noted above, one participant suggested that, '*if she did leave the situation anyway she would probably feel like a failure herself.*' Another participant said, '*you've got to accept your fate.*' A participant said, '*she probably couldn't forgive herself either and that wouldn't be good for her mental health.*'

Group 2: This group felt izzat created conflicts for people. For example, one participant said of the first scenario, '*either way she is going to be depressed. If she gives him up she is forced into a marriage she going to be depressed. If she runs away with him . . . she's going to be disowned and then what if that relationship doesn't work out and she is on her own.*' One participant said, '*izzat is a main problem, yes, and izzat has going everything to do with it*' (mental health). Other participants said,

'*yes, if she's disowned by the family in a way they've disowned her she is dead in their eyes, she won't get their support.*'

Shame was linked to mental health by bottling things up. '*I think it comes down to keeping everything to yourself again doesn't it, bottling it up inside.*' One participant said '*no it's nothing about shame, its just one of those things.*' Another participant said, '*plus you don't want to burden them with your problems.*'

One participant linked subordination and mental health with support: '*You've got nobody to talk to so it will just blow up inside you and finally you could even try to commit suicide . . . it depends on how badly you feel.*'

Group 3: A participant said, '*izzat can be an issue of pain.*' One participant said, '*you can get illnesses from it.*' Another participant said, '*some parents compromise. Some cut their family ties altogether. Then that daughter doesn't even remain for her parents and can't see her siblings for the rest of her life, nor her parents, she's only good for the white people.*'

For group 3 shame was linked to rumination and dwelling on difficulties. One participant said, '*her mind can become ill if she thinks too much while she is hurting inside.*'

Entrapment was related to fear. One participant said; '*it's a burden on the mind. The more frightened she gets the more beatings she gets. In being so fearful she will get the work wrong and get more beatings. Her mind will deteriorate as a result, she might become crazy. If she's crazy then they'll send her to a crazy place. This story is true, I know of women who have had this fate.*'

Summary: The key themes to emerge were that mental health is linked to each of the themes of izzat, shame, subordination and entrapment. The dialogues suggested that various themes were linked to mental health; such as having to meet obligations, feeling a failure in roles, and lacking support. As noted previously, in group 2 some felt it would be better to commit suicide than to leave an abusive relationship, to protect izzat.

Help seeking behaviour

Group 1: This group linked help seeking behaviour to izzat, fear of discovery and confidentiality. A participant said '*I was really annoyed with mine* (GP). *I spoke to him in confidence about one little matter and even though he was friend of the family, I don't think that what he did was ethically sound and I was not impressed because he told my parents, well he told my Mum at least, like I'm really concerned about your daughter. Oh that's great, I'm sitting in the next room and he's telling my parents this.*' A number of participants in this young age group agreed that GPs might speak to the family, which they saw as a problem. A member of group 3 stated that '*parents can come and weaken the doctor by asking him* '*well you are going to treat our daughter, so what is the exact problem she has*'*?*'

Having to put the needs of others first was also noted. A participant said, '*you can't think of your own needs, our needs do not come into it, it's other people's needs that come first, we don't think about our needs*.'

Help seeking was linked to shame and blame. A participant suggested that help seeking could be compromised because of blame, '*because mainly it's always the girl's fault, whether she has done anything or she hadn't done anything, it's the man who is in the clear, its always the woman's fault*.' Another participant said that '*shame in itself is having to go out to outside the family*.' A participant said '*yeah, because if you are seeking help for your problems you have got to actually tell that person what the problem is and if you are going to tell that person what the problem is you are letting yourself down aren't you?*'

However, many women in these focus groups felt that Asian women from their communities do not know what services are available. '*It's up to you to pick and chose at will but then for somebody to do that you need to be pretty clued up about what's available*.' Another participant went on to say '*I think accessibility is very very important because how many GPs do you know who could help . . . when I first started university I was very unhappy and luckily for me they had counselling in-house and it was so easy my lecture theatre was 200 yards away*.'

Participants suggested that the counsellors were predominately white but having such a service was a start; '*the fact that there was somebody there for me to start off with was a step in the right direction well you know whether they're white or Asian the fact that there was somebody there was important*.'

When participants talked about possible services available they raised issues about awareness, availability and the value of these services. A participant said, '*I don't know that there are those services out there to be honest*.' Another participant said, *how do you find out about these services?* Entrapment and control was also seen as a barrier to help seeking. Participants thought it might be better for people who felt very subordinated to find others who had been in the situation. For example, one participant said '*I think most Asian people know of someone who has been through a thing like this anyway and they at least will understand what you are talking about*.' Another participant said, '[in] *a normal kind of service, they may not understand unless you are Asian or you've got Asian workers*.' There was a feeling that counsellors might give advice. A participant said '*they'll say you can do this and you can do that but she can't, she can't do any of them*.' Another participant said '*it's hard for any woman, I think but within the Asian community it's even harder*.'

When participants talked about possible services available in the subordination scenario, the issue of control and entrapment emerged. One said, '*how is she going to go to any of them when she's got such tight control*.' Another said, *she's not going to go to any of them when she's got such tight control, and then it comes back to that, how is she going to*.'

In regard to going to their GP one participant said, '*I was just wondering why she'd want to take the advice of her GP because GPs in general, they're not really friendly, they're just there*.' A participant said, '*but in these scenarios a lot of it says go to your GP but even if it is depression you should go to talk to someone, that is really the best solution because the doctor is going to prescribe medication*.' Another participant said,

'*he will treat the symptoms at the end of the day*.' Another participant said, '*but he is not going to get rid of the problem which is usually man made anyway*' thus reinforcing the significance of the male contribution to a South Asian woman's experience of being subordinated.

Another participant said, '*also it depends upon who your GP is. If it is an Asian man that will probably be the last person that you would go to because your fear of judgement and they are not going to offer you sound advice because it is difficult for them to understand what it is like to be us and it's difficult for us to understand what its like to be a male, so they are going to be the last person that needs to know*.' Another participant said '*he's an Asian male before he is a doctor so I think any sort of judgement that he makes will cloud, you know the fact that he is Asian and he has his own personal experiences . . .*'

Participants felt that going to a European GP might be helpful but that they wouldn't understand their values or issues. One participant said, '*you see no matter from which GP you go to, a European one he is going to come with his European values and then he will try and be more objective but he will still be coming from that angle and you know he will derive his cultural values from somewhere else whereas an Asian GP will get them from somewhere else so you are not going to get an objective point of view from anywhere really*.'

Group 2: A key theme for this group was being 'found out' if they did seek help. A participant said, '*the big problem is that if they do go to seek help people will find out, word will get out*.' A second participant said, '*they are afraid to seek help*.' A third participant said, '*even a simple phone call . . . you won't seek help because you are afraid it might get out and people, they ain't going to sympathise with you and they are going to think it's your fault*.'

In the entrapment interview a participant said, '*if they do go and seek help with the families it's going to be shame, you know, at the end of the day they are going to blame her for this and some people listen and some people don't listen*.' Another participant said, '*izzat has got a part of it because izzat is the main thing it's a big issue izzat*. Another participant said '*that's what holds women back*.'

Group 3: Questions on help seeking were not responded to because most did not know what services were available or that one could seek help for mental health problems. However, from the subordination scenario one participant felt that even if they did go to a GP, '*the doctors says there was no remedies for her problem*.' A participant also suggested, '*that whilst you're deep in your own thinking they could label you crazy*.'

From the entrapment scenario one participant raised the issue of discovery. One participant said, '*maybe she is thinking, 'if I tell somebody then it could turn into gossip*'.' Another theme was, '*if she tells somebody outside then her parents will think, 'we thought our daughter was so good, why would she go and tell outsiders*'.'

In regard to consulting a GP a participant said, '*if he is one of ours then he can understand, the others won't*.' Another participant said '*white people don't understand ours and your culture, their customs and traditions are totally different*.'

Summary: The keys themes to emerge for help seeking were: the power of izzat and the fear of being found out which were seen as major problems by these South Asian women. This fear seems related to both 'having a problem', and 'help seeking outside the family'. A number of participants raised the issue of confidentiality even from their GPs, including breaches of confidentiality. A third theme was that help given may be inappropriate (giving drugs or biased advice). This linked to the theme of fear of being misunderstood or blamed. There was concern with cultural biases that could affect help given from both Asian helpers and non-Asian. In addition many felt that most Asian women in Derby would be unaware of what services were available and even if they did know, some would be fearful of being found out in using them reinforcing concerns of confidentiality.

Conclusion

This research set out to explore the themes of shame, subordination and entrapment. We found that the concept of *family* shame (izzat) played a powerful role in Asian women's experience. Their discourses offer rich insights into the nature of these process and their complex inter-dependencies. The fear of bringing shame to others, which can be called 'reflected shame' (Gilbert, 2002), was linked to socially defined rules and prescriptions for reputation gaining and maintaining, via culturally transmitted systems of honour (izzat). To lose honour (by the actions of another) or to bring dishonour is to be externally shamed, lose status in the eyes of others' or even disowned by the family and community. This theme pervaded the conversations and far more so than notions of personal shame, which was taken as failing in roles and loss of identity.

The fear of bringing dishonour to others (the family) inhibited many forms of behaviour. Nadya Kassam (1997) who collected various personal stories of young Asian women's experiences reports one women as saying 'the worth of an Asian girl is defined by how she conducts herself and who her family is' (p117). 'I did not want to be a target for gossip and stick my neck out at the expense of my family's izzat . . . Asian girls have to shoulder this responsibility, however unfair it may seem' (p. 119).

The theme of subordination was closely linked to that of izzat and in particular being the carrier of family honour and obeying the cultural rules of family hierarchy. Sonuga-Barke *et al.* (1998) found that in the hierarchical structure of some families, the power differences between men and women, and the power of in-laws can lead to the significant subordination of married women and, as a consequence, mental health problems. Our research supports this finding, although participants realized there were individual and family differences. Some participants talked of 'being watched' or like 'being on a lead.'

There is increasing evidence that the experience of entrapment in unwanted subordinate positions is a significant vulnerability factor for mental health problems (Brown *et al.*, 1995; Gilbert & Allan, 1998). This group of Asian

women recognized that entrapment can come from various sources both internal and external to the culture. We were interested in the view that even if women were being abused at home they should bear it for the sake of family honour. Some felt that suicide might be a preferred option than leaving the home and risking blame and dishonour.

Entrapment can be within a physical environment but also within a set of values. For example, Sen (2001), who has investigated the problem of Sati, discusses the issue of entrapment within social contexts and values and the coercion that can be part of this. She writes, 'in telling the stories of three women . . . I have tried to draw attention to the violence of their life experiences which I believe reflect the experiences of women who remain trapped within the values of tradition. In contrast, I have also met many women who persist in the fight for a change in an oppressive social order by challenging the very foundations' (p. x-xi). There is much that the women said in our study that bears on this theme and our participants note that the experience of entrapment, both physically and within traditional values, may contribute much to mental health difficulties and the use of services. Clearly, the experiences of entrapment will be coloured by how oppressed and subordinated one feels by certain values and traditions in contrast to how empowered one feels by them. As Lindsfarne, (1998) argues, those who are empowered and are given social license to exert control (men, parents or in-laws), or who feel these values contribute positively to their identity, are unlikely to feel trapped by them, but positively endorse them. Thus, as Scott (1990) makes clear, the discourses and valuations of traditional values by the dominant and beneficiaries of a system are likely to be quite different to the subordinates and dis-empowered.

In regard to help seeking and the use of mental health services, it is known that some barriers to accessing mental health services are due to a lack of information and awareness (Alexander, 2001). Indeed, the two older groups were both unaware of what was available for a mental health problem. However, help seeking was also related to izzat, which in turn was closely linked to the concept of confidentiality and the fear of discovery. Our findings are in accord with other studies such as those of the Newham Innercity Multifund and Newham Asian Women's Project (1998) who found fears around confidentiality to be barriers to help seeking from a GP. From our own study one participant felt that a GP should not tell parents but that 'parents can come and weaken the doctor by asking him '*well you are going to treat our daughter, so what is the exact problem she has?*' Another gave a personal experience of how having told a GP of her difficulties he then discussed it with her parents. In later discussions, after the interview had formerly ceased, some participants noted that even being seen in a surgery by members of the family and community could be a problem and that for some women, especially if there is a language problem, they could not attend a surgery without a relative. Being accompanied by a relative can and does inhibit the women further and is often used to control the woman from speaking out. Also after the formal discussions some noted problems in using translators; that they may not be faithful to a women's meaning and that if they come from the

same communities would raise fears of confidentiality. Clearly if family members are used as translators these problems can be compounded.

Experiences from the participants suggested that European clinicians did not understand the issues of izzat and the importance of family honour. It would have been interesting to explore the idea of guilt and the theme of betrayal (of family secrets) that can sometimes be associated with these concerns (Gilbert, 1998) but this was not raised here.

This study has offered some insights into the sources of shame, subordination and entrapment and its links with mental health and help seeking. As in all research of this type, caution is needed in extrapolating to wider social groups, recognition of the limitations of these methods (Hennink & Diamond, 1999) and of assuming that ethnic groups are not themselves heterogeneous with variations in multiple domains such as religion and acculturation. However, our findings are in accord with other studies and suggest that these themes (shame, subordination and entrapment) warrant further research if we are to understand the culturally variant dynamics of mental health and help seeking.

Acknowledgements

We would like to thank Shabana Najib and Sereena Dhillon from KN for their advice, help and support with the research. This research was undertaken by Derbyshire Mental Health Services NHS Trust who received funding or a proportion of its funding from the NHS Executive: the views expressed in this publication are those of the author and not necessarily those of the NHS Executive.

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