Perceived Beliefs about Etiology of Mental Illness among Tribal Patients in India

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ABSTRACT

Introduction: Cultural dynamics play an important role in shaping the perceptions, beliefs and practices of people towards mental illness and its treatment. Cultural relativists mention that the explanation of mental illness cannot stay isolated from the individual's social and cultural context. Every culture has its own way of explaining mental illness which is based on a set of beliefs and practices. **Objective**: To explore the perceived beliefs about the etiology of mental illness among the tribal patients visiting a psychiatric setup. **Methods**: The study has followed a qualitative method to achieve the objective. Qualitative content analysis has been used for data management and analysis. **Results**: The etiology of mental illness has been categorised into four types, i.e. stress, western physiology, non-western physiology and supernatural. Data shows that 44% (22) of patients reported, 'stress' as the main cause of mental illness whereas 40% (20) of the patients believe in the supernatural causes as the etiology. **Conclusion**: Supernatural beliefs are highly dominated on deciding the etiology of mental illness among the patients in this 21st century; which is required immediate actions and creating awareness to educate the people.

Keywords: Beliefs, etiology, mental illness, tribal

INTRODUCTION

The complex life pattern, urbanization, acculturation, displacement, and dislocation have caused grave health issues along with other socio-economic problems among the tribes; mental health is one of the important among them (Banerjee et al., 1986; Mishra, 2015). Epidemiological research of various developing countries (including urbanization) denotes that the most common mental disorders are depression and anxiety disorder (Foster & Mayer, 1966). It can be insisted that mental health issues of the tribal population are lesser-studied or noticed subjects to the academicians and policymakers; their prime debate and argument revolve around the livelihood, art and culture of the tribes. They hardly attempt to understand the mental pain of tribes when they lose their shelter and sources of livelihood. Studies on the tribal people of Canada and Australia strongly seemed to have presented an astonishing fact that they define health more broadly than the WHO definition recognizing the status of mental health (Foster & Mayer, 1966); they consider the wellness of an individual's health in terms of their relationship with the community and the world of spirit. They have their understanding of diseases that is embedded in the culture, tradition, spirit and so forth. Similarly, they have their own distinct century-old collective knowledge of how to cope with it. Hence, there is a need to recognize the level of mental health of tribes through 'psychosocial lenses. 'Psychosocial' lens is the method to diagnose diseases through the interrelation between psychology (individual's thinking, emotions, feelings, behaviour etc.) and the social world of a community. No doubt, their mental health issues are concerned with

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their social organization; the most valuable thing in their life is ‘social capital’ that provides them strength in times of crisis, but the blind and reckless practice of reductionist science and development have crushed the setup in most tribal territories. Now the tribes are in the transition period to enter and adopt the process of cultural change (Mishra, Sinha, & Berry, 1996). This pressure and process of ‘cultural change’ lead to mental health problems among them (Mishra, 2015).

Nandi et al. (1980) have mentioned that tribal communities are not free from the claws of mental illness, which is an old affiliation to humanity. This is a myth, which alludes that, tribes are 'happy primitive' as they are very close to nature and far away from modern technology and lead a simple lifestyle (Nandi et al., 1980). ‘Social exclusion’ and ‘psychological marginalization’ affect their physical as well as mental health (Mishra, 2015). These changes are forced upon them without seeking their opinion and that brings them stress and distress (Berry, 1970). Some empirical studies reveal that tribes with better houses, joint family structure and better farm power are more prone to mental illness (Nandi et al., 1977). Thus, it is necessary to understand the cultural representation in the epidemiological determinants and their beliefs about the etiology of mental illness among the tribal population.

The prevalence rate of mental illness among the tribal population: The country has the largest tribal population globally, but the epidemiological data is silent regarding the prevalence rate of mental illness among them. Though some sections of the tribal population were included in the study NMHS (2015-16), but specific prevalence rate of mental illness among them has not been reported. However, few empirical studies have focused on the prevalence rate of mental illness among the tribal populations: the psychiatric morbidity among the Santal community is 51.88 per thousand (Banerjee et al., 1986); psychiatric morbidity among the Lodha community is 32.8 and among the Munda community, it is 44.6 per thousand population (Nandi et al., 1977). The prevalence rate is slightly higher among the tribal population living in urban areas than rural areas (Nandi et al., 1980). There is no statistical difference in the rates of mental morbidity among these three tribes. The prevalence rate of mental morbidity is positively related to the socio-economic class among the scheduled tribe population, with the higher class having higher morbidity (Nandi et al., 1980a). The tribal morbidity reaches its peak in the age group of 35- 44 (Nandi et al., 1977). These epidemiological figures and facts are from empirical research.

Mental health care among the tribal population: Mental health services, including NMHP and DMHP, remain inaccessible to most of the tribal population residing in remote locations (Sadath et al., 2018). However, some of the districts provide DMHP, but the service users are very few among them due to illiteracy, poverty, and geographical isolation, etc. In most cases, tribes do not prefer modern mental health services and that leads to treatment dropouts (Sadath, Uthaman, & Shibu, 2018). It is commonly believed that mental illness is due to various kinds of supernatural powers or possession of evil spirits (ghost possession), which can be cured by different traditional healing practitioners like tantric, gunia, and ojha, etc. (Wagner, Duveen, Themel, &Verma, 1999). These hindrances prevent them from accessing mental health services. Instead of using modern medical facilities, tribals prefer to go to sorcerers and other faith healers, which could be harmful to their health (Kishore, Gupta, Jiloha, & Bantman, 2011). They even believe that worship places can provide an alternative to psychiatric treatment for people with mental illness (Nayar & Das, 2012). The method of animism (known as a crude form of religion) is a predominant element among the tribal population, and they believe that spirit presiding is the foremost reason for mental health issues (Vidyarthi & Rai, 1976). Dube (1970) has pointed out that magical beliefs and

invisible powers (supernatural powers) will help in controlling the epidemic. Moreover, mental health services remain far away from tribal populations in India.

Objective of the study: To explore the perceived beliefs about the etiology of mental illness among the tribal patients visiting a psychiatric setup.

METHODOLOGY

Research Design: Research in mental health is a complex phenomenon that requires the use of more than one technique. It is extremely crucial to study and understand patients' perceptions and perceived beliefs about the etiology of mental illness. The researcher has used qualitative methodology to explore the objective of the study. Qualitative methods are more suitable for understanding the subjective phenomenon of mental illness, as it focuses on the experience, meaning, and management of mental illness from the individuals' perspective.

Research Setting: The present study was carried out in an institutional setup. The researcher has selected the Department of Psychiatry, Ispat General Hospital (IGH) Rourkela, Sundargarh district, Odisha. IGH is a multi-speciality hospital located in sector 19 of Rourkela city. The Rourkela Steel Plant Authority, Rourkela, controls the hospital. The majority of the people from the district depend on this hospital.

Participants: The key informant of the study are persons with mental illness belonging to tribal communities who were undergoing treatment at the department of psychiatry in IGH. Based on the objectives, the study was confined to fifty (50) cases of tribal patients with mental illness. The sampling procedure had followed the 'purposive sampling' with inclusion and exclusion criteria. *Inclusion Criteria:* patients, both male and female, in the age group of 18 and above who are diagnosed with any form of mental disorder and belong to a scheduled tribe and come for treatment; patients who are currently admitted in the hospital and able to provide the information (patient under remission). *Exclusion Criteria:* ***r***efused to give information or unable to provide the information due to the illness; not in a stabilized position (with doctor's recommendations) to interact with the researcher; and mental retardation

The representation of male and female proportion is 28 (56%) and 22 (44%) respectively. The age of the tribal patients with mental illness ranged from 18-72 with the mean age of the sampling 36.34.

Data management and analysis: The qualitative data has been interpreted based on field experiences, observations, and interactions. Because qualitative information not only provides information about the knowledge of the respondents but also contains the internal logic behind the data which can give solid findings (Sandelowski, 2010). It helps the researcher explore the complex phenomena of the study (Lincoln, & Denzin, 2000). Qualitative research including mixed methods composition plays a vital role in mental health research (Palinkas, 2014).

The researcher has used content analysis to analyse the qualitative data. Qualitative content analysis "is a method for systematically describing the meaning of qualitative data. … This is done by assigning successive parts of the material to the categories of a coding frame" (Schreier, 2014). Further, it has been carefully examined to identify common themes that lead to the next stage of coding and analysis. The coding frame is the initial and central step for organizing the data and making them ready for interpretation (Flick, 2014). Therefore, qualitative content analysis is more systematic and logical than other methods of qualitative analysis (Mayring, 2000). It provides meaning, relevant knowledge, and experiences of the patient in the mental health context (Crowe, Inder, & Porter, 2015).

The content analysis process began with the respondents' responses on the particular theme on beliefs about the etiology of mental illness, consequences of mental illness on marriage and marital life of the patient, and consequences of mental illness on the family. Content analysis involves a "rigorous process of reviewing transcripts and other documents line by line and assigning codes based on a priori and/or emergent topics or themes, and the construction of themes" (Strauss & Corbin, 1998). The coding process starts with the initial /open coding that is followed by axial coding. Open Coding: First level coding- gives units meaning based on labelling concepts. Focus on the words of the participants. Unit to analyze varies from an individual word, line-by-line, several sentences or paragraphs. Axil Coding: Second step of coding: Identify properties and dimensions of categories (key categories themes, sub-categories and specify interrelationships). Selective Coding: Final stage of coding: Where we create substantive theory from "core" categories". Generate a category that integrates all other categories (Hamilton, 2014; Miles & Huberman, 1994; Strauss & Corbin, 1998). For the coding, the researcher has used Eisenbruch's theory (1990).

Ethical consideration: The present study has been approved by the Institute Ethical Committee, National Institute of Technology Rourkela Odisha India. The study has followed all the ethical considerations and confidentiality during the study.

RESULTS

Table 1: Perceived beliefs about etiology of mental illness among the tribal patients

category	Perceived etiology of mental illness (Themes)	Perceived etiology of mental illness Sub-theme(s)
Stress 22 (44%)	General life stress and trauma	Stress from work place
		Child Marriage
		Miscarriage of the first child
		Suspended from the job
		Scolded by mother-in-law for girl child
	Bad experience during childhood	Forced sexual relationship
		Victimisation by parents
	Sudden death of relatives or close friends	Death/ murder of friends/mother/brother
	Conflict in family	Interference of sister-in-law
		Filed divorce case against husband
	Excessive work and study	Pressurised for securing highest mark
		More responsibilities at work place
	Financial problem	Loss in husband's business
	Failed in (romantic) relationship	Financial problem in the family/daily life
	Exposer to fright or shock	Traumatic event
	Physical illness	Health problem (chronic)
Western Physiological 07 (14%)	Chemical imbalance in the brain	Due to substance abuse or alcohol uses
		Brain injury due to accident
	One or more of the person's vital organ disrupted	
Non-western Physiological 01 (02%)	Eating/ingestion of wrong food	Eating wrong food given by the neighbour
Supernatural 20 (40%)	Violation of social rules	Unethical sexual relationship
		Having non-veg on auspicious days
		Not performing daily rituals at home
		Doing mastrubation
	Dangerous unprovoked spirit	
	Seeing, hearing, or feeling something ominous	
	Someone did sorcery	By the neighbour due to quarrel
	Bad or ominous sensations	
	Violation of birth control	Abortion of first conceive
	Effect of previous life	

DISCUSSION

Perceived beliefs about etiology of mental illness among the tribal patients: The perceived etiology of mental illness has been categorized into four types, i.e. stress, western physiology, non-western physiology, and supernatural. The above-stated categories are based on the theory given by Maurice Eisenbruch (1990).

Data shows that 44% (22) of patients reported, 'stress' as the main cause of mental illness whereas40% (20) of the patients believe in the supernatural causes as the etiology. In 'western physiology', 14% of the patients reported the perceived etiology of mental illness. Chemical imbalances in the brain were reported by 12% of the patients and 2% of the patient reported a person's vital organ disrupted. In 'non-western physiology', 2 % of the patients reported the eating/ingestion of wrong food as the perceived cause of mental illness. In stress, as perceived etiology, the researcher found the reasons like general life stress and trauma, bad experience during childhood, the death of relatives or close friends, conflict in the family, excessive work and study, financial problems, the breakup of a family or failure in a romantic relationship, exposed to fright or shock, and physical illness. In 'supernatural cause' as perceived etiology, the researcher has found the reasons like doing something forbidden by social or cultural rules, dangerous unprovoked spirit, seeing, hearing, or feeling something ominous, someone did sorcery, bad or ominous sensations, doing the wrong thing during pregnancy and effect of the previous lives.

As mentioned by Kleinman (1980), supernatural causation theory is common to many cultures. Researches related to this sphere also support the same findings on supernatural etiology of mental illness across the country (Chakraborty, Das, Dan, Bandyopadhyay, & Chatterjee, 2013; Kate, Grover, Kulhara, & Nehra, 2012; Kishore et al., 2011; Saravanan et al., 2007; Thara, Islam, & Padmavati, 1998). 85.5% of patients with mental illness believed in supernatural etiology of illness along with this 29.8% belief in planetary influences (Kar, 2008). Supernatural etiologies are culturally accepted etiology (Padmavati, Thara, & Corin, 2005). But, Shankar, Saravanan& Jacob (2006) have found that family problem is the main etiology of mental illness among most of the respondents (43.8%). Supernatural causation is one of the prevalent explanatory models even today. Indians in general, mostly attribute mental illness to supernatural phenomenon like ghosts, black magic, past deeds, witchcraft (Avasthi, Kate, & Grover, 2013; Bannerjee & Roy, 1998; Ram & Patil, 2016).

Other explanations echoed through studies were excessive masturbation, vaginal secretion, and sexual dysfunction (Kishore et al., 2011; Thanqadurai et al., 2014; Vishwanathan, Prasad, Jacob, &Kuruvilla, 2014). Unawareness of mental illness leads to a lack of recognition of the medical model among the patients, in the short predominance of mental health illiteracy. A study conducted by Ogorchukwu, Sekaran, and Sreekumaran (2016) in South India on late adolescents' mental health literacy found that 29.04% knew about the Common Mental Disorder (CMD) and 1.31% knew about psychosis. Another study conducted by Gaiha, Sunil, Kumar, & Menon (2014) in five states of India showed an awareness of psychosis by only 6% of the respondents. Thus, such illiteracy on mental illness compels families as well as society to conceal the cases of mental illness.

A Study by Nandi et al. (1980) also supports finding in case of stress as the etiology of mental illness among the tribal population. Interpersonal relationships, occupational changes and vertical mobility play major roles in contributing to stress among the Santal tribes living in the urban areas. Some other studies reveal that tribes with better houses, joint family structure and with better farm power are more prone to mental illness (Nandi et al., 1977). Primitives face different kinds of stress due to displacement, protectiveness, as a consequence of great pain or dependence, as well as to prove one's courage and eternity (Steinmetz, 1984).

The Idu Mishmi Tribe of Arunachal Pradesh (Mene, 2011) face serious stress due to domestic violence, conjugal love and hatred, familial love and rejection, marriage issues, family structure, lack of education, inability to cope with changes, aversive to shame and insult, weak tolerance, impulsive by nature, less accommodative.

Conclusion, Implications and Limitations

The objective of the study was to explore the perceived beliefs about the etiology of mental illness among tribal patients visiting a psychiatric setup. A significant portion of the tribal patients (40%) believes in supernatural factors as the main etiology of mental illness. The supernatural etiologies include violating social rules, dangerous unprovoked spirits, seeing or hearing something ominous, sorcery, violation of birth control, and effect of karma of previous life. Forty-four percent of the patients perceived different life stress as the primary etiology of mental illness. People of the tribal community closely associate supernatural beliefs to the etiology of mental illness. This conformity to superstitious belief leads to low acceptability and non-adherence to medical treatment. Exact findings were also reported in several existing empirical studies conducted across all sections of society.

The result from the study would help improve the clinical management and effective implementation of mental health care programs in tribal-dominated regions. For effectively implementation, these programs at the grass-root level, community-level health workers should be trained by professionals to identify mental illness symptoms, and guide patients and their families to seek proper treatment. Incorporation of mental health services to promote the well-being of the tribal population. These services include Cognitive Behavioral Therapy (CBT), mindfulness, narrative psychology, and positive psychotherapy while focusing on their strengths. Most importantly, the inclusion of mobile-based mental healthcare for scheduled tribe villages. Including Systematic Medical Appraisal, Referral, and Treatment (SMART) mental health programme, identifies and provides basic evidence-based mental health to disadvantaged scheduled tribe communities. This mobile device-based electronic decision support system would help improve the identification and management of individuals with more than 18 years of common mental disorders (CMD) like depression, stress, and suicidal risk. Anti stigma campaigns should be developed for the community to make the tribal population aware of mental illness and educate them about the treatment options also.

The current study though added an important dimension of the tribal psyche with regard to their beliefs on etiology, but the study is not free from certain limitations. Some of them could be- i) the study gives no account of those patients who do not access mental health services; ii) in-depth studies with each patient and their caregivers at homes were not possible for ethical and administrative reasons.

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