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Conference Paper · December 2014

DOI: 10.13140/2.1.1117.4724

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Central University of Tamil Nadu

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Culture and Mental Illness

Chittaranjan Subudhi

ABSTRACT: The global burden of mental illness is high and opportunities for promoting mental health care are neglected issues in most parts of the world. Though many of the affected people come from the deprived sections of society and have very limited access to treatment and care, their concerns have remained grossly unaddressed (Kermode, Bowen, Arole, Joag, and Jorm, 2009). Mental illness can be attributed to genetic, psychological, social and cultural factors. Advancements in the field of healthcare and greater awareness about mental illness notwithstanding, cultural dynamics play an important role in shaping the perceptions, beliefs and practices of people towards mental illness and its treatment (Satcher, 2001). Attitudes to mental illness vary among cultures and such cultural influences not only shape attitudes and perceptions towards the mentally ill, but also affect patients' diagnosis, prevention and treatment techniques and so on. Mental illness is a universal phenomenon. Cultural relativists mention that the explanation of mental illness can't stay isolated from the individual's social and cultural context (Siewert, Takeuchi, and Pagan, 1999). The concepts of mental illness are also changing with the change of culture and time. Every culture has its own way of explaining mental illness which is based on a set of beliefs and practices. This paper tries to explore, how Indian culture influence the expression, prevalence and treatment practices on mental illness.

Keywords: Culture, Perception, Mental Health, Mental Illness, Beliefs.

INTRODUCTION

India is a culturally diverse country where it is believed that, in every twenty five miles we come in contact of people from a diverse culture (Srivastava, 2002, p. 529). Our country is also associated with more spiritual traditions from primeval times; and is known as a home of all religion and culture. Culture plays a vital role in directing, shaping, and modeling social behavior at both individual and group levels (Pandey, 1988). Mental illnesses are common and a universal phenomenon (Herrman, Saxena, Moodie, and Walker, 2005, p. 5). So, a one line definition of mental illness cannot be accepted in this complex cultural society (Behere, Das, Yadav, and Behere, 2013, p. 189). The culture shapes the cause and probable treatment of mental illness. So, the perspective and perception of mental illness and treatment practices also vary with the respective culture (Wagner, Duveen, Themel, and Verma, 1999, p. 3). The concept of illness, either mental or bodily, implies deviation from some clearly defined norms of the society (Szasz, 1960). That is why, when any human being changes his/her behavior unexpectedly and behaves differently from the 'normal' (every society has its own way of life and every individual should perform the expected roles and responsibilities assigned to them) way of life, the public construes these signs as mental illness. These changing behavioral

indications are described by Muslims as possessed by 'Peer' and illustrated by Hindus as possessed by 'Goddess' (Behere *et al.*, 2013, p. 187). Due to the lack of instruments or devices through which we can measure the exact cause of this changing behaviour a lots of causes come into the picture for mental illness. As a result, culture is playing a major part in determining the different causes of mental illness and shape the treatment process accordingly. So the people sometimes blame demonic spirits or curse of the past life as the cause of mental illness (Magnier, 2013). The concept of mental illness is changeable over time, but it is specific to a specific culture at a given time in its history (Foucault, 1965; Szasz, 1961, p. 115). Culture has a prominent role in the perception, experience, response, treatment, and outcome of mental illness (Siewert *et al.*, 1999). Culture not only influences the mental health and illness, but also it is an essential part of it (Sam and Moreira, 2012). So, it is necessary to give details about the culture for understanding the relationship between culture and mental illness.

DEFINING CULTURE, MENTAL HEALTH AND MENTAL ILLNESS

Culture

Anthropologist Edward Burnett Tylor (1871) has defined culture as "that complex whole which includes knowledge, belief, art, morals, law, custom, and any other capabilities and habits acquired by man as a member of society" (Loewenthal, 2006, p. 4). Tylor was the person who used the word culture in social sciences for the first time. This definition is very popular, highly accepted and gives an understandable depiction about culture. Another definition given by the United Nations Educational, Scientific and Cultural Organization [UNESCO] (2002), "Culture should be regarded as the set of distinctive, spiritual, material, intellectual, and emotional features of society or a social group, and that it encompasses, in addition to art and literature, lifestyles, ways of living together, value systems, traditions, and beliefs".

In social sciences, culture is something related to human society, including the social experiences, ethics, attitudes, values and ways of life which are transmitted socially, rather than biologically. Culture passes from generation to generation through members of the society. Culture has many dimensions and it includes ethnicity, race, religion, age, sex, family values, the region of the country, and many other features (Eshun and Gurung, 2009).

Social anthropologists place a distinction between 'culture' and 'a culture'; where 'culture' signifies the social heritage of mankind and 'a culture' signifies social heritage of a particular person (MacIver and Page, 1974). It is a way of life of a particular group/people. As a whole, culture is a learned process which changes over time and consists of tangible and intangible behaviors. Cultural traits and norms shape our normative behaviour practices and beliefs, influences our thinking process and defines the everyday activities of a specific human group. Nowadays culture has been categorised and is compared between western versus non-western or modern versus traditional societies in social sciences (Lefley, 2010).

In cultural anthropology, it is defined that culture may proceed at three different levels: (i) learned patterns of behavior (it is a learning process and defines our behavior); (ii) aspects

of culture that act below the conscious levels (such as a deep level of grammar and syntax in language); and (iii) patterns of thoughts and perception, which are also culturally determined. Every culture is dynamic and different from another (Scott and Marshall, 2004).

Mental Health

Nowadays the concept of mental health and mental illness have become a controversial debate and discussion (Macklin, 1972) and as such it is necessary to define both the concepts. The World Health Organization (WHO) quotes that “there is no health without mental health”. So, mental health is a vital component of the health system and both mental and physical health are important.

WHO defines mental health as, “a state of well-being in which every individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community” (October, 2011). Thompson has defined mental health as, “the successful performance of mental functioning, resulting in productive activities, fulfilling relationship with other people and the ability to adapt to change and cope with adversity.... mental health is the springboard of thinking and communication skills, learning, emotional growth, resilience and self-esteem” (2007).

Mental health is a state of normal condition or situation where every human being is able to function efficiently towards themselves and in their respective community; it is the absence of and freedom from mental illness and psychopathology (Herrman *et al.*, 2005; Keyes, 2005). The difference between mental health and illness is just like the difference between health and illness, normal and abnormal, healthy and sick, sane and insane (Herrman *et al.*, 2005; Keyes, 2005; Scheid and Brown, 2010). Mental health is something in a positive sense, and the absence of mental illness, but the absence of mental illness does not mean the presence of mental health (Keyes, 2005).

Mental Illness

The concept of mental illness has a variety of meanings in different discourses (Macklin, 1972). The concept of mental illness is a multi-faceted one and every discipline has their own view points to understand this concept (Aneshensel and Phelan, 1999). The medical model of mental illness always focuses on the internal process of an individual, but the social model focuses on a socially unacceptable behavior which is labeled as deviant by others (Aneshensel and Phelan, 1999). Scott and Marshall (2009) have mentioned mental illness is the judgment of the mind where deviance is one of the behaviors. Dr. *Gro Harlem Brundtland* is of the view that mental illness is not a personal failure, it is just like any other disease (such as cancer, AIDS) that people do not want to discuss openly (WHO, 2001).

The Oxford dictionary of sociology defines, “mental illness is an illness characterized by the presence of mental pathology: that is, disturbances, mental functioning, analogous to disturbances of bodily functioning” (Scott and Marshall, 2009, p. 462).

In the medical model, mental illness is a disease, or a disease like entity, with a psychological, genetic or chemical base that can be treated through medical means (Aneshensel and Phelan, 2006). This model also gives you the idea that mental illness is a chemical imbalance within our brain, which is a neurotic problem, where the social model argues that it is a social dysfunction (Thompson and Bland, 1995). It is the deviation from the normal life of the individual and inability to perform the expected and prescribed social roles. Mental illnesses are illnesses characterised by the presence of mental pathology: that is, disturbances of mental functioning, analogous to disturbances of bodily functioning (Scott and Marshall, 2004). Mental ill health comprises mental health problems and strain, impaired functioning associated with distress symptoms, and diagnosable mental health disorders, such as schizophrenia and depression. The concept and distinction between mental health and mental illness and the distinction between physical and mental illness are highly variable across cultures. In a broad sense, we can state that where physical illness is noticeable in the body, at the same time mental illness is noticeable with the behavior (Thompson, 2007).

Siewert *et al.* (1999) have argued that mental illness cannot be separated from the individual's social and cultural context and culture plays an important role in the perception of mental illness. Cultural anthropologists have mentioned that every society has its own culture and social norms which is distinct from others and these cultural and social norms define the person as normal or deviant (Macklin, 1972).

THE CULTURAL PERSPECTIVE ON MENTAL ILLNESS

Mental illness and culture cannot be isolated. Culture plays a crucial role in the perception of mental illness. Cultural relativists emphasise that concepts are socially constructed and vary across cultures. Mental illness is a social construct. Hence, different cultures have their own beliefs to find the etiology of mental illness, as well as treatment and intervention processes (Scott and Marshall, 2004; Jimenez, Bartels, Cardenas, Dhaliwal, and Alegria, 2012). Not only culture, but also time and situation/place have influenced the determinants of mental health. Due to those changing determinants, it is very difficult to define mental illness. According to the biomedical model, mental illnesses are, "fundamentally biological in origin, and, given the common physiology of homo sapiens worldwide, psychopathology will be essentially homogeneous, with only superficial disparities in presentation across peoples" (Thakker and Ward, 1998, p. 502). The biomedical model of mental illness brings attention to the cause of mental illness being a neurotic problem and considered as a disease like other physical diseases (Foucault, 1957). The biomedical model of mental illness is linked to an individualist ideology where mental illness is treated and diagnosed as something purely individual. Opposing this biomedical view, Marsella and Yamada (2000) have mentioned that mental illness is closely rooted in one's culture, poverty, helplessness, and backed by powerful socio-political and economic structures. Thus, most of the time social construction theorists argue the validity of the medical model of mental illness and claim that mental illness is politically and socially constructed (Szaz, 1960). Cultural theorists always place importance on the society in shaping every individual's perception and

responses, which are possible through social interaction. These are formed in the cultural and sociopolitical context of the society (Siewert *et al.*, 1999).

There are significant variations in the cultural views of mental illness across cultures (Mehrab, 2009). Culture influences the epidemiology, phenomenology, outcome, and treatment of mental illness (Viswanath and Chaturvedi, 2012). Culture has multiple roles to play in the expression of psychopathological disorder (Tseng, 2001) such as:

1. *Pathogenic effects*: Culture is a direct causative factor in forming or generating illness
2. *Patho-selective effects*: Tendency to select culturally influenced reaction patterns that result in psychopathology
3. *Patho-plastic effects*: Culture contributes to modelling or shaping of symptoms
4. *Patho-elaborating effect*: Behavioural reactions become exaggerated through cultural reinforcements
5. *Patho-facilitative effects*: Culture factors contribute to frequent occurrence
6. *Patho-reactive effects*: Culture influences perception and reaction.

Castillo (1997) has also mentioned some significant ways that culture influences mental health. These are:

1. the individual's own personal experience of the illness and associated symptoms;
2. how the individual expresses his or her experience or symptoms within the context of their cultural norms;
3. how the symptoms expressed are interpreted and hence diagnosed;
4. how the mental illness is treated and ultimately the outcome of this treatment.

From the above analysis, we can summarise the relationship between culture and mental illness that "the cultures that patients come from shape their mental health and affect the types of mental health services they use" (U.S. Department of Health and Human Services, 1999). In most cultures, mental illness identifies forms of negatively valued deviant behaviors that are differentiated from anti-social behaviors by their incomprehensibility within that cultural idiom. Now we have to discuss the significance of Indian culture to describe the cause of mental illness as well as the treatment process.

CAUSES AND HEALING PRACTICES OF MENTAL ILLNESS

Causes of Mental Illness

Every society has its own culture which regulates the individual's perception and treatment procedure of mental illness. Srivastava (2002) has mentioned three different theories of causation of mental illness; supernatural theory, shock theory and biochemical theory. In supernatural theory, he has mentioned the possession of a malevolent evil/soul that causes a change in the psychology of a person. These psychological changes in the mind mark that person as mentally ill. Those people believe in supernatural causation; they will approach local faith healers or spiritual faith healers to remove these evils. In shock theory, mention

is made of the sudden changes of the individual's environments in which the individual is unable to cope with the situation, can lead to mental illness. In situations like loss in business, failure in examination, death of the partner, or winning a huge amount on the lottery can be the cause of mental imbalances or depressions and may lead to mental illness. The famous sociologist Emile Durkheim, who had initiated the concepts of normal and pathological, has given the four causes of suicide. One of the four typologies of suicide is 'anomic'. When the existing norms and the rules suddenly collapse and the new norms are not favorable, one commits suicide (Bessa, 2012). The biochemical theory shows that chemical imbalances occur in the brain and are causes of mental illness. But this type of theory is generally confined within the reflective and literate people in Indian metropolises and cities. These people have the knowledge of modern medicines and they prefer to consult with the psychiatrists for their treatment (Srivastava, 2002).

In the ancient epoch, mental illness was due to supernatural power, magical spirit (like witchcraft or demonic), or possession by evil spirits which disrupted our mind (Wanger *et al.*, 1999). This concept is still prevalent in this modern era. Sometimes it is believed it was a curse or a result of a previous life's curse/punishment. In rural India, people still believe the cause of mental illness is by the evil spirits angry that the sick person had killed a cow during his/her past life (Magnier, 2013). Thara, Islam, and Padmavati (1998) has identified some other reasons for mental illness; especially family conflicts and problems in personal relationships; financial and role performance problems; and disturbed relations with the neighborhood as the predominant causes of violence, self- destructive behavior, sadness, insomnia, and alcohol abuse.

Healing Practices of Mental Illness

The different symptoms that arise due to mental illness are viewed by the people as spiritual, psychological, or somatic in origin (Lefley, 2010). If it is believed that the cause of mental illness is due to supernatural or spiritual reason' then most of the people prefer traditional healing practices to address mental illness. Up to about 70% to 80% of the population of mentally ill belong to rural areas and first visit religious places and consult with the indigenous practitioner for their treatment (Trivedi and Sethi, 1979; Thara *et al.*, 1998). Thara *et al.* (1998) have also mentioned eight out of ten mentally ill patients are seen at religious healing centers. Some rural populations have a common belief that the spirit cannot get out because there is no exit point in our body; so they get sticks and puncture the eardrums on both sides to remove this spirit (Magnier, 2013).

Raghuram *et al.* (2002) have mentioned, both the elite literature of traditional culture and the so called higher civilisation of today agree to the same fact; that the cause of mental illness depends on evil forces and lack of devotion to the God. People with mental illness are following various diagnosis (e.g. *Pher*, *kartab*, *shaitani aid*, *jadu tona*, and *stars positioning*) and treatment methods (e.g. *tabiz*, *jhaad*, *phook*, *chirag*, and *jap*) to cure mental illness (Viswanath and Chaturvedi, 2012). Most of the people follow both traditional as well as biomedical healing systems in parallel. But the first choice is to go

to traditional healers and consult with them. *Shamans* are performing ritual activities to remove this illness from our mind. Thompson (2007) has mentioned in his book 'Mental Illnesses' a unique practice that was practiced to cure mental illness. In the Stone Age, they had developed some crude surgery to cure the mental illness. In this surgery a hole was drilled through the afflicted person's skull to release this evil spirit. These practices, called trepanning, are evidenced in fossils of human skulls in South America and Europe. In folk healing systems, the faith healers believe that the cause of mental illness is due to natural and supernatural powers. For treatment and diagnosis of mental illness, they generally follow ritualistic and religious obligation processes. In Tamil Nadu, there are some temples like *Hanumantha puram* where a group of young women used to remain in a so-called trance state for about 30 minutes around noon almost every day. Even if considered a cry for help or attention, this practice gets social sanction and is not perceived as a deviant behaviour (reported by Thara, 2010).

In tribal regions, tribal people prefer to go to sorcerers and other faith healers to cure and get recovery from mental illness (Kishore, Gupta, Jiloha, and Bantman, 2011). They believe that the places of worship can provide an alternative to psychiatric treatment for people with mental illness (Nayar and Das, 2012). *Marine Carrin* has described that the concept of evil 'possession' is very common among patrilineal tribal societies and the matrilineal Tulu society of south Kanara (reported by Thara, 2010).

Ayurveda practice is an ancient practice in our country to cure different health problems, and is still prevalent. The government is also taking the initiative to promote this *Ayurveda* medical practice. The government is offering courses on *Ayurveda* as well as posting practitioners in the health centres. In the mental health field, people also take services from *Ayurveda*. The National Institute of Mental Health and Neurosciences, Bangalore is a major center of psychiatric training in our country and is also promoting *Ayurvedic* medicine to cure mental illness.

CONCLUSION

The relationship between culture and mental illness is highly concrete in our country from the ancient era. This traditional belief system and practice to cure mental illness is still followed in this twenty first century. Mental health practices are fully dominated by different cultures in our country. Our country has given no importance to mental health services and very few mental health professionals are working in this field; this creates another favorable circumstance for culture to dominant mental health practices. Mental illness is considered as a shame, taboo or stigma in our country. It is highly necessary to bring awareness among people and orient them to follow modern mental health services. Research related to the effect of culture on mental health or illness is also given little attention in our country. It is also necessary to find out the merits and demerits of these traditional and folk methods, and faith healing practices through different research, and to share this knowledge from common people to educationalists, policy planners and policy analysts to formulate some concrete plans and programmes. Also, to give importance to some of the practices like yoga or meditation, which keep our mind and body healthy.

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