A CRITICAL ANALYSIS OF THE CONCEPT OF MENTAL ILLNESS

Alino H Assumi
Mahatma Gandhi University, Meghalaya
Centre for Interdisciplinary Studies (Psychology)

Abstract

The understanding of mental illness has been a debate and recent discussed topic when it comes to tribal’s in Nagaland. Mental health has long been ignored and neglected even though people know the consequences of mental illness. The seminars and awareness regarding mental health has not reached certain parts of Nagaland and unlike the western world tribal’s has no exact interpretation or visual knowledge of what mental illness looks like or to say the absolute least many consider mental illness as demon possessions in the tribal areas which is unfortunate for the world to learn and witness. Therefore this study employed 30 respondents from Zunheboto to examine their idea of mental illness with the hope to bring to light the mental health and how important it is to have knowledge regarding mental illness.

Keywords: Mental health, Mental Illness and Demon possession.
Introduction

In recent times we have witnessed many advancements in the field of modern sciences and the impact it has on the medical sciences as well. People suffering from physical sicknesses which were considered terminal is getting help. However, on the other side mental illness is often dealt with ignorance and taboos. There are many things a mentally-ill person faces like struggling with the symptoms and disabilities that result from the disease and the challenged faced by the stereotypes and prejudice that result from misconceptions about mental illness. (Corrigan, 2002).

There are several factors for mental illness such as deprivation and poverty, illiteracy or limited education, lifetime disorders such as panic, phobia, generalized anxiety disorder, alcohol dependence, drug abuse etc. Sometimes, an individual’s life may seem perfect and yet they may end up suffering from a mental disorder. Finances, break-ups, parental issues, failures in life- anything may trigger this illness. Mental illness is a brain dysfunction affecting people’s perception, thinking, mood and behaviour. According to DSM 5, mental illness is defined as: “Mental disorder is a syndrome characterized by clinically significant disturbance in an individual’s cognition, emotion regulation, or behaviour that reflects a dysfunction in the psychological, biological or developmental process underlying mental functioning”. (DSM 5, 2013). There are two ways in which mental illness can be divided, such as severe mental disorder like schizophrenia and bipolar disorder and common mental disorder like depression, anxiety etc. (Benerjee, 2016).

There are 75% percent of people who suffer from mental illness yet receive no medical attention (W.H.O 2003). According to two recent surveys, between 130 million and 150 million Indians are suffering from a mental illness and 90% of them doesn’t seek for medical treatment. (Patel, 2017). The study of Indian Psychiatry has shown that mental illness is often viewed as a past sin or curse of God (Kishore, 2011). Therefore 90% of people with mental illness first approach is a faith healer (Benerjee, 2016).

Nagaland like many states in India is a very religious oriented state. We see that in their history when they were animist and after Christianity also. For every sickness Nagas often tend to first seek religious helps rather than medical help. This is due to their innate cultural belief; where often mental illness is viewed as a disgraceful disease frequently linked to spiritual/religious beliefs (Wabang T, 2016), “a satanic
worshipping, invasion of the body by demons and other spiritual entities” (Neihu K, 2017), where mental disorder is often associated with demon possession, there is called for a need for greater awareness and sensitization (Angami S, 2017). Thus, taking the mentally ill person to the Christian prayer centres for spiritual deliverance from the curse or the possession, or take them to traditional healers, diviners or shamans for healing (Pienyii V, 2014). Thus mental illness is often neglected and labelled as cursed or religious factor. Thus those suffering from mental illness faced discrimination such as isolation, keep them chained; give them names that aren’t theirs, a mark of disgrace which are main reasons which prevents them from obtaining good mental health care. Mental illness is most stigmatized not just by the society but also by close and love ones too. It is the need of the hour, to emphasize the importance of identifying people suffering from mental illness, who are silently kept isolated at home (Yanger, 2016).

In the panel discussion held on World Health Day on April 7, 2017 it is stated that Nagaland has 1 mental health institution, the State Mental Health Institute & Hospital, Kohima and only 2 districts that are Dimapur and Mokokchung covered under the Mental Health Programme. There are 6 psychiatrists at present in Nagaland with some posted as Medical Officers of government health centres (Chikrozho, 2017). Through the data provided by the State Mental Health Institute (SMHI) in Aradura Hill, Kohima there have been 1281 OPD registrations from May 2016 to date at the mental health institute. A number of cases of mental illness including clinical depression and stress, schizophrenia, bipolar disorders, psychosis, substance abuse etc., have been reported in Nagaland. The journal by Assistant professor Longkumer and Borooah in her survey said that “many people with mental disorder are often stigmatized and discriminated by people around them that they are forced to live in shame and suffering”. (Longkumer and Borooah 2013).

Today More than 450 million people suffer from a mental or behavioural disorder worldwide. There is suicidal case among 1 million people with mental disorder every year. Those suffering from mental disorder are victims of human rights violation, stigma and discrimination. Due to social stigma and discrimination, ability to access proper treatment and care as well as recover and integrate into society were denied by people who suffers from mental disorders. (WHO, 2003). National Institute of Mental Health & Neurosciences (NIMHANS) survey 2015-2016 findings reveal that at least 13.7 per cent of India's
population projected to be suffering from a variety of mental illnesses; and 10.6 per cent of this requires immediate intervention. (Murthy, 2017).

The situation is worse in rural areas where schizophrenia and bipolar disorders are often believed to be cases of possession by evil spirits. Mental illness has increase over the years among Naga community. For many, it has become increasingly “alienating and isolating” leading to disturbances in their thoughts, perceptions and behaviour. Naga society is still ignorant about mental health issues “People are often misjudged about mental illness. It is an illness and not a curse. There is still a lot of social stigma attached to mental illness,” (Pienyii, 2014). Mental health day being observed in Kohima raised awareness on mental health issues and mobilizing effort in support of mental health and clearing the misconception that mental illness is not a curse or black magic. Dr.Wapang stated that “mental illness is not a curse or cause by black magic but because of narrow chemical change in the brain”. Since there is no clear picture of mental health patient status that could be drawn out, there is a concern over the distribution and status over mental health, there is need for more proper survey as well as research. (Yang, 2016)

Mental illness is an issue that is not given enough attention in Nagaland hence leading to deficit in knowledge about the issue. The majority Naga society is religious inclined society and owing to this, mental illness is not always but often looked at as a cursed or possessed by evil spirit. There is still a gap that needs to be filled so that people will be more aware regarding the issue. Majority of the religious institution take mental illness as demon possession due to lack of knowledge on mental illness. Longkumer and Borooah suggested that programs on mental illness must be provided in schools, colleges, church etc. to remove the misconception of mental illness and fill the gap regarding the issue and to remove the stigma. (Longkumer and Borooah, 2013)

Materials and Methods

The researcher employed a qualitative method to bring out the quality paper. The researcher regarding the data collection employed indepth interview methods using non-probability sampling. The researcher sat face to face with the respondents using vignette methods which is a form of story telling regarding mental illness
where the respondents gave their feedback regarding the story from which the researcher draws out their understanding or concept of mental illness. The researcher further probed the open ended question.

LITERATURE REVIEW

I. Possessed or Crazy? Mental Illness across cultures

According to Mehraby (2009), Cultural views of mental illness exist across cultures; historically mental illness in most cultures, including some western cultures, has been viewed in a religious and spiritual context. Some attribute mental illness to possession by evil spirits, Djinns or demons, others however, views a person with mental illness as being cursed or affected by the work of witchcraft, a sorcerer or the devil’s eye. Some even view such as a religious awakening or a holy message from God and thereby link it with a higher spirit.

In the west, mental illness is often associated with criminals, rapists and serial killers portraying a discriminatory picture of sufferers as unpredictable, violent and aggressive. The Afghan people with mental illness are considered crazy or possessed by Djinns (demon). There is no concept of psychological problems in the Afghan culture; people are either healthy or ‘mad’. Sufferers of mental illness are often cared for and looked after at home by their families rather than being sent to mental institutions.

Similarly, places like Vietnam, China, Japan, India and in most African countries such as Sudan, Ethiopia, Somalia and Kenya, mental illness is consider mental illness as a form of punishment for the sufferers who may have sinned in their previous life or an undesirable form of weakness in the person; shame and stigma prevents people from seeking help. Thereby mental illness might be perceived as a punishment either for a person’s misdeeds or those of his or her family. Later after the 17th century, mental illness was viewed as ‘deviant behaviour’. The mentally ill were not socially acceptable and were placed in asylums or prisons along with other criminals. In the modern era, a shift from ‘evil’ to ‘ill’ has occurred, accompanied by the development of community psychiatry resulting in the integration of mental health care in the community.
II. Western perspectives on mental illness

Many western theories have been developed to explain mental illness (Sue, Sue, & Sue, 2003). According to the psychodynamic theories mental illness is a result of unconscious psychological conflicts originating in childhood. Sigmund Freud, the founder of this theoretical perspective, believes that both normal and abnormal functioning is motivated by irrational drives (which are sexual in nature) and determined by childhood experiences. He further proposes that mental illness is caused by the imbalance in the structure of personality (Freud, 1940). The imbalance in the structure that results in the mental illness is created when the ego is too weak to manage conflict between the id and the superego more effectively (Meyer, Moore, & Viljoen, 2003).

Behavioural theorists, like BF Skinner, including the social cognitive learning perspective does not attribute mental illness to internal conflicts or guilt feeling like Freud. Skinner attributes mental illness as lack of effective behaviour or behaviour that does not help the individual in coping with the environment (Corey, 2005). Mental illness is seen as the product of unfortunate early learning or conditioning in the three processes namely; classical conditioning, operant/instrumental conditioning and vicarious learning process (Meyer et al., 2003).

Erik Erikson, a psychoanalyst, focused on the boundary between the child and environment and the graphed evolution of the maturing ego’s relations with an expanding social world. He identified dilemmas or polarities in the ego’s relations with the family and larger social institutions at nodal points in childhood, adolescents, and early and middle adulthood. His epigenetic principle holds that development occurs in sequential, clearly defined stages and that each stage must be satisfactorily resolved for the development to proceed smoothly. He pointed out that if successful resolution of a particular stage does not occur; all subsequent stages reflect that failure in the form of physical, cognitive, social or emotional maladjustment (Kaplan & Sadocks, 1997).
Erikson’s eight stages of the life cycle have its own psychopathological consequence if it is not mastered successfully. For example, a damage of basic trust leads to basic mistrust. This lack of trust may be manifested by dysthymic disorder. Basic mistrust is a major contributor to the development of schizoid personality disorder and in most severe cases to the development of schizophrenia (Kaplan & Sadocks, 1997).

According to Corey (2005), the goal for counselling in the Social Cognitive Learning approach is to teach the client how to dispute and challenge irrational beliefs and replace them with more rational statements, which results in a change that gives rise to a new set of behaviour and feelings. The humanistic-existential theory relies heavily on the assumption that people all have the potential for growth and change. This theory maximises that personal growth and mental illness is believed to be caused by a blockage or disruption of the normal growth potential and this leads to a defective self-concept (Huffman, 2007).

III. Myths, beliefs and perceptions about mental disorders and health seeking

According to Kishore, J. (2011), a study done in Delhi assessed the myth, beliefs and perceptions about mental disorders and health-seeking behaviour in general population and medical professionals of India. The study found out that the myths and misconceptions are significantly more prevalent in rural areas than in urban areas. The study has shown the results that are ignorance prevailing in Indian society and urgent need of awareness among people. According to the finding mental illness is thought to be due of loss of semen or vaginal secretion, less sexual desire, God’s punishment for their past sins, polluted air, sadness and unhappiness. Professionals believed mental illness is not curable; many believed that psychiatrist are peculiar leading to the ignorance of professionals that psychiatry is a branch of medicine. Most people in rural area believed that fasting or faith healer can cure mental illness whereas 11.8% with medical professionals is of the same view. The study has shown the results that is ignorance prevailing in Indian society and urgent need of awareness among people.
IV. Knowledge about and attitudes toward mental disorders among Nagas in North East India

The study done by Longkumer., Borooah (2013) in Nagaland among the Ao community found out that out of 500 participants nearly three fourth of them could recognised that mental illness is a psychological problem whereas the others factors identified in the responses that mental illness is an evil spirit possession, black magic spell, curse or ill luck, genetics, poisoning and misuse of drugs and alcohol, and malfunction of the brain; proportion of participants endorsed evil spirit possession as the cause and prayer as the sole treatment, and so this needs to be addressed. Prayer is an important part of life for most Nagas and irrespective of their level of religiosity. Almost of the respondent reported that people with mental illness is not being referred to the psychiatry or medical treatment but taken to seek prayers, and 7.6% of the respondents claim that people with mental illness would go to the black magician or traditional healer. Also half of the participants believed that individual depicted in the vignette are more dangerous than others and that they were scared of people with such problems. More than a quarter of participants also attached the stigma of shame to such disorders. The finding also shows that there is less stigmatizing attitude and less discrimination toward the mental disorder with higher educational levels.

V. Perceptions and Attitudes Towards Mental Illness: The Case of Pantang Community in Africa

According to Adeeku (2015), in this study the participants view mental illness as a curse from supernatural beings as the result of punishments of wrong doings, stress from strained relationships with a significant other, over indulgence in drugs. Some also said that people with mental illness no longer functions as the member of the family as they are not normal. Some is of the believe that mental illness can be passed down from biological parents while some belief that mental illness is the result of breaking the taboo therefore people with mental illness are believed to have been bewitched by god. The findings also shows that mental illness are also caused by Alijeni (bad air), evil spirit that travels at night and afflict night travellers. Some is of the view that people of mental illness is a curse and that they should not be part of the larger society. Some is of the view that mentally ill person should be locked up for their own good and such person must be avoided because mentally ill person are believed to be aggressive. Some participants suggested that
alternative treatments that is use of herbs and prayers is best for treating mental illness since they believe hospitals only manage symptoms and do not provide treatment while some is of the view that people with mental illness should be permanently kept in psychiatric facility to protect them and society.

A study of Jinn and psychiatry: Beliefs among (Muslim) doctors by Uvais N.A, (2017), found that according to the Muslim Doctors in Kerala, the belief of jinn can cause mental illness in human through afflictions or possession is widely accepted among Muslims. Belief about jinn in Muslim medical professionals, especially medical doctors has not been studied till date. Thus the research is done to explore the belief among Muslim doctors regarding jinn and psychiatry. It has been found that majority of the participants believed in the existence of jinn and a significant proportion of the sample believed in jinn possessing humans and jinn causing mental illness in humans and recommended treatment by doctor and religious figures together for jinn afflictions. Thus, the belief in jinn and jinn causing mental illness are common among Muslims and remain intact even after medical education. It deserves attention from practitioners in the field of mental health care and demand strengthening of liaison between religious leaders and mental health services.

VI. A study of stigma of mental illness: Effects of labelling on public attitudes towards people with mental disorder

According to Angermeyer and Matschinger (2003) done in Germany stated that labelling as mental has an impact on public attitudes people with mental disorders particularly schizophrenia, with negative effects clearly outweighing positive effects. Endorsing the stereotype of dangerousness has a strong negative effect on the way people react emotionally to someone with schizophrenia and increase the preference for social distance. A survey done in America on Public Conception of Mental Illness as labels, causes, dangerousness and social distance found out that while there is reason for optimism in the public’s recognition of mental illness and causal attributions, a strong stereotype of dangerousness and desire for social distance persist. These latter conceptions are likely to negatively affect people with mental illness. (Bresnahan and Pescosolido, 1999).
The study Social Rejection of Former Mental Patients: Understanding Why Labels Matter by Link, Cullen, and Wozniak (1987) stated that when a measure of perceived dangerousness of mental patients is introduced, strong labelling effects emerge. Specifically, the data reveal that the label of "previous hospitalization" fosters high social distance among those who perceive mental patients to be dangerous and low social distance among those who do not see patients as a threat. This suggests that labels play an important role in how former mental patients are perceived and that labelling theory should not be dismissed as a framework for understanding social factors in mental illness.

According to Link and Phelan (2001) Stigma as a Barrier to Recovery: The Consequences of Stigma for the Self-Esteem of People with Mental Illnesses study found that stigma associated with mental illness harms the self-esteem of many people who have serious mental illnesses, therefore it is important to build up self-esteem, for people who have mental illness.

VII. Demon or disorder: attitudes toward mental illness in the Christian church

According to Matthew S. Stanford (2007) the study assessed the attitudes and beliefs that mentally ill Christians encountered when they seek counsel from the church. Finding stated mentally ill participants were accepted by the church, approximately 30% reported a negative interaction. Negative interactions included abandonment by the church, equating mental illness with the work of demons, and suggesting that the mental disorder was the result of personal sin. Analysis of the data by gender found that women were significantly more likely than men to have their mental illness dismissed by the church and/or be told not to take psychiatric medication. Given that a religious support system can play a vital role in recovery from serious mental disorders, these results suggest that continued education is needed to bring the Christian and mental health communities together.

According to Handsley (2016) Faith, Mental Health and Deviance: Possession or illness? is a study about culture that is the causative of mental disorder stigma resulted in those affected who were labelled as either mad, bad or deviant (Scheff 1974), however it is the culture identity which is portrayed as both natural and predisposed, and as a manifestation of mental disorder and deviancy at the same time command conclusive currency that can be traced back to preindustrial era which saw those possessed by ‘demon’ either exorcised
or burnt or starved to death. Demonic possession and mental disorder in medieval and early modern Europe by Simon and kevin (2009) is a study on the belief of demonic possession as a caused of mental disorder. It appears that the variety of mental disorders attributed to demonic possession has narrowed down. However there seems to be differences in the outlook on mental disorder by certain individual and culture that are still evident today in the belief demonic possession.

According to Njagi (2013) on a study Knowledge and perception about mental illness among Kenyan immigration living in Jyvaskyla, Finland has been found that although the Kenyan have knowledge about mental illness, despite the awareness that there is service and treatment available they still hold onto their cultural belief and perception which is related to curse caused by witchcraft and evil spirit. An explorative study conducted by Pleifer S. (1999) done in Switzerland is about the belief in demonic influence has repeatedly been described as a delusion in schizophrenic patients. Belief in demonic oppression is associated with lower educational level and rural origin and influenced by church affiliation. The study conclude that belief in possession or demonic influence are not confined to delusional disorders rather interpreted against the culture and religious background which shape the mental distress in the individual

The tribal concepts towards mental illness.

I. Over thinking hinders process of thoughts

The research participants are of the view that over thinking can lead to a person’s mental instability. In addition, contemplating over and over about his desires that are unfulfilled leads to emotional disturbance causing him to go mad. Some believed that excessive study and learning can be a cause of mental illness. Participants also describe that sadness over disappointment can also be a cause in making a person get crazy.

An anonymous writer writes about this pattern of behaviour as somebody who might be suffering from obsessive thinking disorder; this disorder involves surging of ideas, impulses and images in a person’s mind over and over again. It involves thinking, fantasizing, ruminating etc. and is considered to be an emotional
defence technique, used by people to dissociate from the emotional pain one has experienced. The writer and the theme suggests the same. (N.N, 2018)

In the article written by Anna Rocca, writes that over thinking completely devours our mind, and our mental state can deteriorate. Mood changes from happy to angry in one second, and angry to having a complete mental breakdown. Over thinking happens when one is trapped in a thought and sometimes does not know how to get away from it. (Rocca, 2015).

The theme and the article both talk about over thinking which leads one to have a distractive thought about self. It is also seen that over thinking devours the mind and make one confused how to deal with it.

“*He went crazy because he thought too much of his desires that he couldn’t find his happiness*”(C2)

“*Over Studying and thinking too much causes him to get mental illness.*”(C3)

“*He does not share his thoughts and keep on thinking which made him go crazy.*”(B1)

“*Confining himself led him to think bad and made him mad. He was not aware of society that’s why he over think maybe*”(A4)

A4, N.P a housewife said that over thinking made the person mad. He was confined which lead him to over think since he was not aware of the society anymore. He was far away from family and there was no one to take care of him or the way he was thinking so he was confined which led him to over think.

B1, K.T a female government servant strongly feels that the victim’s inability to share how he really feels and what he wants led him to insanity. His prolonged and futile thoughts on baseless reality led him to create a persona which made him socially and mentally awkward. This also led him to become a recluse and made him more comfortable to be alone while making people in and around him uncomfortable. Through vignette the findings, the research participants are of the view that over thinking can lead to a person’s mental instability. In addition, contemplating over and over about his desires that are unfulfilled leads to emotional disturbance causing him to go mad. Some believed that excessive study and learning can be a
cause of mental illness. Participants also describe that sadness over disappointment can also be a cause in making a person get crazy.

The participants describe how sadness, over contemplating over oneself and desired achievement can be a cause for the person in vignette. Similar to a study on Myths, beliefs and perceptions, mental illness is thought to be due to sadness and unhappiness (Kishore, 2011). In similar to an article that state that over thinking can deteriorate one’s mind, there can be fluctuation of emotions where one cannot start to control oneself (Rocca, 2015). Also from an article, it stated that over thinkers can create distressing thoughts and leave them in a state of constant distress, where swelling on shortcomings, mistakes problems increases the risk of mental health problem (Morin, 2016).

II. Demoniacal and Christian faith affecting mental illness.

Participants in the research believed in prayer and fasting that can heal a person who is mentally ill. Being a majority Christian, church and faith plays a significant role in the life of the participants. Participants are of the view that through faith and prayers one can get cured, the first priority to get treated is through seeking God, church and prayer centres.

The research conducted by Mohammad Kabir in Karfi Village found out that 34.3% of the respondents stated that mental illness is the result of Divine wrath/God’s will and magic or spirit possession. (Kabir, 2014).

The research done by Simon and Kevin it is stated that demonic possession is caused of mental disorder. It appears that the variety of mental disorders attributed to demonic possession has narrowed down. However there seems to be differences in the outlook on mental disorder by certain individual and culture that are still evident today in the belief demonic possession. (Simon and Kevin, 2009)

Prayer is an important part of life for most Nagas and irrespective of their level of religiosity. Almost of the respondent reported that people with mental illness is not being referred to the psychiatry or medical treatment but taken to seek prayers. (Longkumer, 2013).
“Must be the work of the devil, and only in God alone he will be healed.” (B2)

“His parents may have sinned. His forefathers may have disobeyed God. They might have wronged God in some ways.” (A3)

“He’s possessed by evil spirit.” (C4)

“The only way to get cure is prayer centre.” (C4)

“Our faith can heal us, mentally ill person can get cure through faith.” (C5)

A3, TY, a farmer said that mental illness can be a punishment from God since the parents and forefathers might have wronged or disobeyed God in some ways and that only prayer can heal the person with mental illness.

B2, R.R a male deacon says, since having their own religious beliefs suggests the work of a supernatural phenomenon such as being possessed by a demonic entity and the cure to such cases as their belief would suggest is to seek a higher being or as deity to deliver individual who are suffering from such illnesses. They also term it as curses from the wrong doings of their ancestors or family members.

The article and the theme talked about the cause of mental illness as God’s wrath to the people who disobeyed him and that the result has said is mental illness. We see that they attribute mental illness as some kind of punishment from the Divine and that prayer is the only thing that can help the person suffering from mental illness.

From the above quotes, the participants believe in demoniacal presence in causing a person to be mentally ill. Similar to a finding of a study on Mental Illness, that state that mental illness is cause by possession by evil spirits, Djinns or demons (Mehraby, 2009) as well as a study done in Nagaland that stated that participants endorsed evil spirit possession as the cause (Longkumer and Borooah, 2013).

In addition some participants are of the view that mental illness are caused due to punishment from god as well as cursed. Similar to the findings from previous study that mental illness as a form of punishment for the sufferers (Mehraby, 2009) punishment either for a person’s misdeeds or those of his or her family
mental illness as a curse from supernatural beings as the result of punishments of wrong doings (Adeeku, 2015)

Christianity and faith plays a vital role in treating a mentally ill person. Similar to the findings of previous study done in Nagaland, that stated that Prayer is an important part of life for most Nagas and irrespective of their level of religiosity (Longkumer and Borooah, 2013) and in addition, prayers is best for treating mental illness (Adeeku, 2015). Relating to other study, similarity can be seen in the study of Kishore, J. (2011) that Most people in rural area believed that fasting or faith healer can cure mental illness as well as another study that state mental illness is caused to a religious awakening or a holy message from God and thereby link it with a higher spirit to (Mehraby, 2009). Therefore we can conclude that differences in the outlook on mental disorder by certain individual and culture that are still evident today in the belief demonic possession (Handsley, 2016).

III. Tribal conventionalism on mental illness

The findings from the research participants on the tribal beliefs of mental illness are of the view that, people who are unable to find happiness and unable to achieve their goals and desires are likely to become crazy or mad. Some participants are of the view that a person is prone to mental illness when he/she is too intelligent, and also some stated that seeing things beyond our imagination causes a person to get mentally ill. In addition, some participant stated that young people gets mental illness if they are distress, sad and couldn’t meet up to the expectation as well as unable to express themselves. Some participants are of the view that mental illness is caused by generation cursed.

“People get crazy when they over think and couldn’t find too much happiness.”(C2)

“When a person is too intelligent he is likely to get mental illness”(C3)

“Young people get mental illness since if they are disappointed, distress, cannot meet up the expectation and cannot find happiness” (A2)

“It must have been a generation cursed.”(A3)
From the quotes stated above, mental illness or tagging a person as mad or crazy are caused by many belief such as, a generation cursed, unhappiness, too intelligent, over thinking, distress, when they couldn’t express themselves, disappointments, see beyond imagination and cannot meet up to expectation, goals and desires. Similar to a study on mental illness where it views a person with mental illness as being cursed (Mehraby, 2009). Relating to an article, stated that over thinkers can create distressing thoughts and leave them in a state of constant distress, where swelling on shortcomings, mistakes problems increase the risk of mental health problem (Morin, 2016). Similar to the study of Kishore (2011) stated that sadness and unhappiness leads to mental illness.

From the above quotes, some participants are aware that mental illness can be cause due to brain injuries and physical illness. Similar to this findings, a study done in previous years in Nagaland stated that, mental illness can be caused due to injury and malfunction of the brain (Longkumer., Borooah, 2013)

**The factors that influence a person’s values by social structure on mental illness among tribal.**

I. **Social factors impacting Mental Health**

From the research findings, some participant’s views that not all mental people cannot be considered dangerous while some of the participants stated the fear of encountering a mentally ill person in and around the neighbourhood. In addition, some participants are of the view that a mentally ill person cannot be sociable and befriend with.

In the article by Public Health Havering states that mental illness can become a vicious circle of negative thoughts. Being socially isolated can be a big factor in loneliness which in turn led to depression. Once depressed, feelings of anxiety and low self esteem can lead to people removing themselves from their circle of friendships due to perceived stigma about their condition. Article written by Darya Gaysina, states that there is no doubt that parents and other main caregivers are critical figures in child’s development. Family related experiences have profound and long lasting effects on children. Adverse childhood experience can
cause harm or distress and may disrupt the child’s psychological development to some extent. (Gaysina, 2017).

“Most probably he left home, went out by himself without the guidance of his parents and was alone to face the world.” (A5)

“He made himself confined and the situation was such that even parents were unable to take proper care of him”. (A9)

“Parents were maybe maintaining the family standards hiding the mental illness that he was suffering that's why this thing happened.” (A8)

“even though he is mad, he does not harm others, there is love in him” (C5)

“Mentally ill person can roam around if they seem harmless” (B2)

“Many fear to keep or encounter mentally people in their colony” (C1)

A5, a pharmacist, stated that the person left the shelter of his parents and went out to all by himself without the guidance of his parents which caused a sudden change in his behaviour and thus leading him to depression.

The respondents view and the article similarly talk about the causes of mental illness that is isolation where both stressed that being away from society leads one to be confined in a way and makes one to enter into depression having low self-esteem and lonely.

A9, HC, a female nurse said that the parents did not take care of him which made him depressed, he made himself confined and the situation was such that even parents were unable to take proper care of him.

A1, NK, who is also a nurse said that the family of the concerned person might have hidden what was happening with their child in order to maintain a reputation in the society which is why the situation became worst.
As seen from the article and the views of the respondents it is clear that the role of the parents can play a major role either impacting the child positively or have an adverse effect. All of them talks about how parents maintain the standards to fit in the society or parents not taking care of the child in a proper manner can lead the child to develop psychological problems.

Above quotes by the participants perceived mentally ill person as dangerousness, aggressive, unsociable and should be confined at home. Similar to the findings of previous study that stated that participants are on the view that mentally ill person should be locked up for their own good and such person must be avoided because mentally ill person are believed to be aggressive. (Adeeku,2015). In addition, optimism in the public’s recognition of mental illness and causal attributions, a strong stereotype of dangerousness and desire for social distance persist. (Bresnahan and Pescosolido,1999).

As seen from the respondents and the studies, the society are aware of the mentally ill person in their settlement, while some optimistic positive attitude prevail majority of the respondent feels that mentally ill should be confined since they are dangerous and unsociable.

II. Social stigma and acceptance

Through the findings, some participants are of the view that one must have the attitude of being supportive to create positivity among those families with mental illness. The participants believed that being a neighbour must support, encourage and love one another. In addition, being aware of the stigma that distresses the mentally ill person as well as the family.

However some participants are of the view that, mentally ill person are stigmatized because they cause harm as well as discussed that it is okay as neighbours have close connection with mentally ill person and its family.

A survey done in America on public conception of Mental Illness has found that while there is reason for optimism in the public’s recognition of mental illness and causal attributions, a strong stereotype of dangerousness and desire for social distance persist. These latter conceptions are likely to negatively affect people with mental illness. (Bresnahan and Pescosolido,1999). It is a positive thing that the people are
aware of the mental illness and the pain the family suffers. However this knowledge also drives people to look at the individual with prejudice.

“If only we encourage them and be supportive he will be healed” (C4)

“In our culture, what the neighbours did are wrongful, each one of us should help and love one another.” (B3)

“Am sure it will hurt the family as well as the state of mentally ill person” (C1)

“Probably neighbours will tease him because they know him well.” (A6)

“They might be calling him names because he might have hurt someone.” (C2)

B3, S.R a female housewife however suggests that the society need not avoid individual suffering from mental illness but try to learn what will be the best way to deal with the individual and also try to help the family members deal with their situation.

Similar to the participant’s statements on neighbours and stigma relating issue, Link and Phelan (2001) states that stigma associated with mental illness harms the self-esteem of many people. Further giving importance in addition, a study by Link, Cullen, and Wozniak (1987) stated labels play an important role and that labelling theory should not be dismissed as a framework for understanding social factors in mental illness.

III. Kindred relationship of mentally ill person.

Through the findings, the participants are of view that, family of the mentally ill person will be living in shame, embarrassment and anxiety and relationship of mentally ill person with others is hampered. In addition, some participants reveal that
“I feel that the Families might be living in distress and shame.” (A7)

“Family of the mentally ill are ignorant and embarrassed” (B2)

“He won’t have any friends because he is unhygienic, also sometimes he is no longer considered as a family” (C3)

Living with retarded person is okay as long as we always treat them right. (C5)

Above quotes reveal the insecurity of the families and the challenges they are facing as well as their ignorance. Similar to a study done previous years in Nagaland which stated that more than a quarter of participants also attached the stigma of shame to such disorders (Longkumer & Borooah (2013)).

Some participants are of the view that mentally ill cannot make friends since they are unhygienic while some reveals that living with compassion is the right way to treat mentally ill person.

Above quotes state by the participants that mentally ill cannot befriend with others while another participant stated that living in the same roof with a mentally ill person is okay as long as there is compassion. Similar to a study done, some said that people with mental illness no longer functions as the member of the family as they are not normal (Adeeku 2015).

IV. Recovery from mental illness through love and nature

A research participant suggested that the victim can be helped by taking him to see new and beautiful places. It can help coping with the recovery. Marrying somebody he loves can help in the recovery as well.

The theme and the article stated above proposes the idea that it helps in the recovery.

*If we let him see the beauty of nature of let him marry his lover he will be healed.*

An article written by Laura Barton says that part of romanticism of mental illness is that someone who is mentally ill can be cured by love or that someone can be a cure for someone else’s mental illness. Mental illness doesn’t rely on love or lack thereof. It does help get through tough situation. Although it helps in the process of recovery it does not necessarily mean that love itself is the cure. (Barton, 2011)
V. Expectation exceeding aspiration

A research participant stated that the family and the individual might have differed in their goals he needed to set. And when he wasn’t able to set the goal set before him he might have been ridiculed and he might have developed a sense of low self-esteem. This also might have led the individual to follow a darker path.

\textit{Maybe he wanted to do something in the future for his dreams were not fulfilled so he got disappointed.}

A columnist Jenny Anderson from Quartz at work writes in one of her articles that high parental expectations are associated with high academic achievement. But setting expectations too high is counterproductive. This is true not only in education but in other aspects as well. Parents or family members sometimes have different aspiration towards a family member and sometimes put that individual to a pedestal where when one does not reach towards it is despised and looked down upon. These incidents lead one to a darker path. (Anderson, 2015).

The awareness level of mental illness

I. Lack of awareness hampering the knowledge of mental illness.

We see from the study as well as the respondents of the participants that due to certain barriers like stigma, low structures, poverty, and poor usage of the facilities leading to the low awareness of mental illness and that it is need of the hour to be aware and organize such program in schools as well as develop care centres. We also see that since there is no detailed awareness done on mental illness hence leading to low awareness level.

From the findings, Majority of the participants stated that no awareness on mental illnesses has been conducted and had no idea regarding the services that are available and given to mentally ill individual. While, only one participant was aware of the mental illness and the mental hospital where it can treat people who are mentally ill.
The research done in Nepal perceived the lack of awareness about mental health problems to be a major problem even among those with high levels of education or status. The study identifies barriers to accessing care and people with mental disorders do not always receive appropriate treatment due to range of structural and individual issues, including stigma and poverty. They proposed strategies to improve awareness such as channeling education through trusted and respected community figures (Brennan, 2014). According to Dr. Teressa O’Sullivan, people struggle because of lack of awareness of the mental, thus people are severely depressed and are at a higher risk of suicide (Sullivan, 2013).

“There is no service available for people with mental illness” (A4)

“On the scale of 1 to 10 only one percent of people are aware of mental illness, there is no information or awareness to many people.” (B5)

“I don’t know if there is any service available to help mental ill person. There is a need for it if there are no such services in our state.” (A2)

A4, NP, a housewife states that she did not see any detailed awareness given on mental illness and that there is no service available for people with mental illness.

A2, KM, A female teacher states that there is no such service available leading to low level of awareness and that it will be very good if the government can aid to the needs of organizing such programs or help build a structure to take this kind of programs in the schools.

B5, a male missionary suggested the same as stated that very less percentage of people are aware of what mental illness is and how far it can help. All the participants agree that they themselves are unaware and ignorant about it.

A participant stated that olden days mental hospitals are perceive or referred to as jails instead of a hospital. This understanding is reflected in the following statements:

From the above quote that the participants describe that due to lack of awareness and ignorance not much is known about mental illness. The study findings showed that the majority of the participants had not much
knowledge about mental illnesses and suggested that there is need for such awareness. Relating with the study on Myths, beliefs and perceptions, there is Ignorance prevailing in Indian society and need of urgent awareness among people (Kishore, 2011). Similar to the finding of a previous research on the knowledge and attitudes toward mental disorders among Nagas stressed the need where programs on mental illness must be provided in schools, colleges, church etc. to remove the misconception of mental illness and fill the gap regarding the issue and to remove the stigma (Longkumer and Borooah, 2013).

From the participant quote, education being an important role in laying positive attitudes on mental illness. Similar to the findings of a past research that stated that there will be less stigmatizing attitude and less discrimination toward the mental disorder with higher educational levels (Longkumer and Borooah, 2013). Barke, Kyarko & Klecha (2010) concludes that higher education leads to more positive attitudes towards person suffering to mental illness.

**Conclusion and recommendation**

**Conclusion**

The study found that tribal misconception on Mental illness persist, it has been misunderstood in various cases in which individual suffers more because of stigmatization or lack of facilities to treat mental illness. It is seen that over thinking is one of factor leading to have a distractive thoughts which causes mental illness. Most of the participants have the notion that over thinking is the major cause behind mental illness. The participants are also in the notion that a person suffers mentally because of failed expectation that his/her family and society expected of him and leads one to be so low of himself/herself thus leading to mental illness. Also, while maintaining family standards, cases like mental illness are kept hidden due to which mental illness is prolonged and becomes severe. From the findings, it is seen that education is viewed as an important role in laying positive attitudes on mental illness. Lack of awareness and poor facilities are also the major cause because due to lack of awareness, people tend to misinterpret mental illness as demon possession and any other spiritual sickness and thus needing faith and prayer to treat mental illness. On the Positive aspect there is a tribal notion that treatment can help the person and it is curable. The cultural notion of being supportive, understanding and encouraging the family and individuals with mental illness
prevail. On the Negative aspect, labelling and stigmatisation still prevails in the society, lack of awareness and knowledge appears to be an obstruction in providing the needed support to the mentally ill.

Recommendation:

A thorough research targeting study on the concept of adolescence and adulthood on mental illness can be carried out to further enhance the tribal concept of mental illness. The future researchers’ can do a study on the different tribal concepts of Nagaland to gain insight and knowledge from the entire tribes of Nagaland on mental illness. In order to eradicate the misconceptions associated with the mental illness, there must be advancement on awareness and educating tribal communities on issues of mental illness.

Reference


Morung express (2026, July 24). Mental health issues in Nagaland, retrieved from morungexpress.com/mental-health-issues-nagaland/


Michl, LC, McLaughlin KA, & Nolen-Hoeksema S. Rumination as a mechanism linking stressful life events to symptoms of depression and anxiety: longitudinal evidence in early adolescents and adults. Doi: 10.1037/a0031994


Neihu, K. (2017, January 23). Mental illness gripping Nagaland Health-Scape. The