

Supernatural Attitude and Mental Health Practices among the Tribal with Special Reference to Jharkhand

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ABSTRACT

Background: Tribal constitutes a distinct socio-cultural community in India. Though they form a part of the Indian population, there are major differences in their social, cultural, economic, administrative structure, spatial locations etc. Previous studies found that the majority of tribal people are not aware about mental illness and it is a general belief among tribes is that mental illness is something to do with God and previous deeds. The psycho-social issues found in Jharkhand leading to mental illness are alcoholism, unemployment, debt, family disputes, inferiority complex, poverty, illiteracy malnutrition etc. **Aim:** Aim of the study is to assess the supernatural attitude among tribal about mental illness, to explore general practices related to mental health and to find out the psychosocial issues among tribes. **Materials & Method:** A community based crossed sectional study was conducted at Jharkhand. The supernatural attitude was assessed by using a supernatural attitude questionnaire, a especially design semi-structured interview schedule was used to collect other relevant information. A total of 60 participants were included in the study from selected villages of the Ranchi and Pakur districts. **Results:** The majority of the participants believe in supernatural powers and they attribute common physical and psychological illness to the bhoot prèt (ghost), opri kasar (black magic) and devi-devta prakop (God's curse), etc. **Conclusion:** There is a need for community-based awareness programs about mental illness; it should be launched at weekly marketplaces in tribal areas with the collaboration of health workers and local people.

Keywords: Tribal, mental health, practices & psycho-social issues

INTRODUCTION

In India, the tribal constitute a distinct socio-cultural community. They have a strong culture and value with which they had organised in their social, cultural, economic and political administration and structures. This is the reason why they continue to remain distinct people in spite of every attempt to bring them under the mainstream. They are primarily rural and their economy is predominantly agricultural based.^[1] Some Psychiatric disorders like acute psychosis, dissociation which has at times very peculiar behaviour manifestation and very often blamed for witchcraft because of superstitious

or magico-religious attributions by the community.^[2]

Their primitive cultures are conducive to mental health. This community believe that supernatural forces are fundamental to mental health and illness causation. Studies have shown that psychotic experiences were attributed to supernatural forces. They believe that their whole life is governed by benevolent or malevolent spirits. They worship nature and natural objects like trees, streams, mountains and springs. They also worship their ancestors, as they believe that their ancestors are their

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real benefactors and can be approached easily. Hindu literature has suggested that mental disorders are a reflection of abstract supernatural beings, due to witchcraft. However, Ayurveda principles suggest that ill health is an outcome of an imbalance of dosha. This imbalance is caused by inappropriate diet, disregard to the gods, teachers or others; excessive emotional imbalances unable to enjoy life may cause inappropriate behaviour. As per the symptoms, treatments were given from of herbs and ointments.

The supernatural force is derived from the Latin word "supernatural" where *supra* means "above" and *naturalis* means "nature", that means beyond nature.

This paper emphasises on the tribals attitude towards mental illness and their causes, and the practices used by them to cure any physical or psychological problems. It also describes supernatural phenomena prevailing among them.

MATERIALS AND METHOD

Participants and procedures: The purpose of this study was to understand the attitude and practice of mental health among tribes of the Jharkhand state of India. The participants for the study were selected from two districts (Ranchi and Pakur) of the Jharkhand. The villages were determined by using the stratified random method, selected villages were situated in a remote area of both the district. Sixty participants were selected for the study. The study participants were informed regarding the aims of the study and informed consent was taken from participants.

Tools of Data Collection: The questionnaire consists of three sections. Section 1 contains items regarding the socio-demographic background of the participants such as gender, education, occupation, marital status, religion, socioeconomic status, and type of family, physical and psychiatric history. Section 2 consists of questions related to the practices of healing for physical and especially mental illness and section 3 was the Supernatural Attitude Questionnaire (SAQ), which is a twenty-seven item questionnaire.^[3] The questionnaire inquired into the attitudes and beliefs in various types of magico-religious and supernatural influences and their role in causing mental illness.

Procedure: Ethical clearance for the study was obtained from the institute ethics committee RINPAS, Kanke, Ranchi. The village leader (Mukhiya) were explained the aim of the study and the list of the population obtained, further a total of 60 samples were drawn keeping a 10% proportion of the total population of the village. After obtaining informed consent from the participant's questionnaire was administered on an individual basis in the village itself.

Analysis of the data: Collected data tabulated and descriptive statistics obtained using statistical package for social sciences 16.0 version.

RESULT

Socio-demographic profile

Table 1 Socio-demographic profile (N=60)

Variable	Level	Frequency (%)
Sex	Male	21(35.0)
	Female	39(65.0)
Education	Illiterate	20(33.3)
	Primary	2(3.3)
	Middle	6(10.0)
	Secondary	10(16.7)
	Intermediate	12(20.0)
	Other	10(16.7)
Occupation	Farmer	29(48.3)
	Business	2(3.3)
	Private job	4(6.7)
	Govt. Job	8(13.3)
	Housewife	17(28.3)
Marital status	Married	53(88.8)
	Unmarried	7(11.7)
Religion	Sarna	51(85.5)
	Christian	6(10.0)
	Other	3(5.0)
Socioeconomic status	Low	38(63.3)
	Middle	22(36.7)
Monthly family income	Below 3000	37(61.7)
	3000 to 5000	7(11.7)
	5000 to 10000	14(23.3)
	Above 10000	2(3.3)
Type of family	Nuclear	37(61.7)
	Joint	23(38.3)
Family History of MI	Present	4(6.7)
	Absent	56(93.3)
Family History of Phy. illness	Present	5(8.3)
	Absent	55(91.7)

The socio-demographic detail showed that 65% of the respondents were female, 33.3% was illiterate, 48.3 % of the respondents were farmer, 88.3 % are married, 85.5% belong to the Sarana religion, and 63.3% of them belonged to low socioeconomic status. The average family monthly incomes for most of the families are below 3000 rupees. 61.7% of the participants live in the nuclear family system.

Practices on physical/psychological illness

Practices performed by the participants for physical and psychological illness are divided into Gharelu Totka (GT) (Household remedy), Religious Prayer (RP), Faith Healing (FH), Traditional Healing (TH) and Allopathic Doctor (AD). 65% of participants use Gharelu Totka for physical illnesses like cough, cold and fever. 43% of participants do pray when any family member gets fearful without apparent reason, 15% prefer to go to faith healers. When some person talking to self or have an inappropriate smile, etc 33.3% of participants would go to faith healers. If any person pretends to be a god or have claimed a high 35% of participants would go to religious prayer and 35% would consult the faith healers. 45% of the participants would consult the allopathic doctor for headache, body aches and other severe pain and 30% would prefer to take help from traditional healers. 41.7% of the participants would go to faith healers if they find the person is hearing some voices. If any family member or community member gets seizures then 40% of the participants would take them to an allopathic doctor whereas 35% would prefer to use gharelu totka. For chronic alcoholics, 48.3% of participants would go to an allopathic doctor whereas 38.3% of participants reported seeking help from traditional healers. 45% of participants would go to faith healers if the person claims to be controlled by an external force, 30% would do the religious pray in such condition. 58.3% of the participants would consult to faith healers if the person claims that his/her thoughts are being stolen and only 20% would consult an allopathic doctor.

Attitude and beliefs towards mental illness

The supernatural attitude of the participants was obtained, 63.3% believe in Jadu tona (Magic), 66.7% believe in Bhoot Pret (ghost), 66.7% believe in Opari Kasar (Black Magic).

58.3% of participants believed that jadu tona can cause mental illness, 66.7% reported that it can cause by the bhoot prēt, 58.3% reported that it can cause by opri kasar, 76.7% of participants reported that it can cause by devi devta prakop (Gods curse), 58.3% believed that it can cause by adverse Grah nakshatra. 56.7% believed that it can cause by a dissatisfied evil spirit. 65% of participants reported that it is a retribution of the sins in a

Table 3 Supernatural belief regarding psychological illness

Item	Yes (%)	No (%)
Relative belief in Jadu tona	38 (63.3)	22(36.7)
Relative belief in Bhoot Pret	40 (66.7)	20 (33.3)
Relative belief in Opari Kasar	40 (66.7)	20 (33.3)
Jadu tona can cause mental illness in a person	35 (58.3)	25 (41.7)
Bhoot Pret can cause mental illness in a person	40 (66.7)	20 (33.3)
Opari Kasar can cause mental illness in a person	35 (58.3)	25 (41.7)
Mental illness can be caused by Devi Devta Prakop	46(76.7)	14 (23.3)
Mental illness can be caused by adverse Grah- Nakchatra	35 (58.3)	25 (41.7)
Mental illness can be caused due to effect of dissatisfied or evil spirit	34 (56.7)	26 (43.3)
Mental illness can be affected as retribution of a bad deed in a previous life	39 (65.0)	21 (35.0)
Patient's behaviour or abnormal experiences are due to Jadu Tona	37 (61.7)	23 (38.3)
Patient's behaviour or abnormal experiences are due to Bhoot Pret	40 (66.7)	20 (33.3)
Patient's behaviour or abnormal experiences are due to Opari Kasar	32 (53.3)	28 (46.7)
Patient's behaviour or abnormal experiences are due to Devi Devta Prakop	42 (70.0)	18 (30.0)
Patient's behaviour or abnormal experiences are due to Evil Spirit	41 (68.3)	19 (31.7)
Relative believe that ritual/puja/jhad phook can improve patient's behaviour	43 (71.7)	17 (28.3)
Member of family vested or consulted a faith healer	47 (78.3)	13 (21.7)
Puja/jhad phook performed during the present illness of the patient	20 (33.3)	40 (66.7)

Table No. 2 Practices of the participants in physical and psychological illness

↓ Variables	Responses →	GT f(%)	RP f(%)	FH f(%)	TH f(%)	AD f(%)
Whom will you consult in any type of physical illness like cough, cold or fever?		39(65.0)	1(1.7)	00	00	20(33.3)
If any member of family or community is fearful without any reason, what will you do?		12(20.0)	26(43.3)	9(15.0)	4(6.7)	9(15.0)
If any member of family or community has behavioural change like talking to self, inappropriate smile, etc. then what will you do?		5(8.3)	5(8.3)	20(33.3)	14(23.3)	16(26.7)
If any member of family or community pretends to be god's avatar, then what will you do?		3(5.0)	21(35.0)	21(35.0)	3(5.0)	12(20.0)
If any member of family or community has any physical problem like head pain, body pain, etc., then what will you do?		15(25.0)	00	00	18(30.0)	27(45.0)
If any member of family or community hear voices which others don't, in such a case what will you do?		4(6.7)	13(21.7)	25(41.7)	3(5.0)	15(25.0)
If any member of the family or community had seizures then what will you do?		2(35.0)	1(1.7)	1(1.7)	13(21.7)	24(40.0)
If any member of the family or community drinks excessive alcohol, then in order to make him to stop drinking what steps will you prefer?		4(6.7)	4(6.7)	00	23(38.3)	29(48.3)
If any member of family or community says that he/she is controlled by some external forces then what will you do?		4(6.7)	18(30.0)	27(45.0)	2(3.3)	9(15.0)
If any member of family or community says that his/her thoughts are being stolen then what will you do?		3(5.0)	5(8.3)	35(58.3)	5(8.3)	12(20.0)

Gharelu Totka (Household remedy) (GT), Religious Prayer (RP), Faith Healing (FH), Traditional Healing (TH) and Allopathic Doctor (AD)

past life. 61.7% of participants attribute any persons abnormal experience due to jadu tona, 66.7% attributes it to bhoot prēt, 53.3% attributes it to the opri kasar, 70% attributes it to devi devta prakop, 68.3% attributes it to an evil spirit. 71.7% of participants believe that ritual/puja/jhad phook can improve such behaviour, 78.3% of participants consult faith healers for such behaviour, 33.3% reported performing such practice currently.

DISCUSSION

The present study result shows that more than 60% of the people believe in bhoot pret, opari kasar and jadu tona, whereas 76.7% believe that mental illness can be caused by Devi Devta Prakop. Whenever someone falls ill he/she is immediately taken to an Ojha or the mati. Ordinary priests are not considered competent to deal with such cases. Special ceremonial rituals severigeis are performed to deal with such cases. These ceremonies are performed in order to appear the proper deities and give relief to the excited persons.^[4, 5] Observed that faith healing is preferred in cases with psychiatric illness.

In another study on the pathways of psychiatric treatment and supernatural attitude of the caregiver of the rural and urban population, study results do suggest similar findings of present study socio-demographic findings^[6]. In the present study 58.3% of respondents believe that mental illness can be caused by adverse Grah- Nakchatra, 56.7% attributed the cause of mental illness to the effect of dissatisfied or evil spirit. In another study reported that most Indian families believe that mental illness is caused by supernatural forces and only faith healers can heal the problems.^[7]

It is also observed that the present study findings are similar to previous research^[4, 6] Majority (65%) of study participants believe that mental illness can be caused as retribution of a bad deed in a previous life, whereas the majority of respondents believe that patient's behaviour or abnormal experiences are due to Jadu Tona, bhoot pret, opari kasar, devi devta prakop, evil spirits.

The majority of the people (71.7%) think that the patient's behaviour can be improved by ritual/puja/jhad phook.

A similar finding was reported in the study done by [6], it was found that 47% of respondents believe in *Jadu Tona*, 42.5% believe in *Bhoot Pret*, 43.5% in *Opari Kasar*.

Present study findings show that the majority of respondents practice home-based rituals followed by traditional treatment and consulting general physician for the cure of physical illness like cough, cold or fever whereas, in the case of physical problems like frequent stomach pain, multiple body aches, the majority of the respondents prefer to consult general physician than practising home-based rituals.

In Indian societies, supernatural factors are believed to be fundamental to health and illness causation.^[8, 6] In particular the interrelationship between the laws of Karma destiny and God's will is often held accountable for ill health by Hindu Indians.^[9] Participants generally believed that the symptoms of the illness could be treated by orthodox medicine (home-based rituals, faith healers, *tantrik*, *ojha*, etc), whereas the root cause of the illness, grounded within supernatural beliefs, could be treated by alternative healers.^[8, 6] Indian health beliefs have been described as holistic, incorporating physical, psychological, social & supernatural factors.^[8]

In the present study, it was found that the majority of the respondents perform religious prayer whenever a family member shows fearfulness without any reason (43.3%) and pretend to be God's *Avtar* (35%). Centre of Alternative Dalit Media (CADAM), reported in their empirical study in four states that belief in supernatural beliefs still prevailing among the socially and educationally backwards and excluded communities of rural India.^[10]

Religion and religious practices are significant in every aspect of life in India as in several communities all over the world. Seeking help in a religious setting or from faith healers is a common practice used to get relief from any kind of illness, including chronic mental illness.^[11]

Present study results reveal that family members prefer to consult faith healers in situations of abnormal behaviour, abusing or teasing without any reason (38.3%), God's

Avtar (35%), suspicious behaviour (41.7%), repeated acts (40%), and irrelevant talk (58.3%).

There are several resources for seeking traditional and religious help to alleviate the mental problem. These include places of worship like temples *dargahs* and churches in the country as well as the indigenous faith healer. The construction of an explanatory system for changes in behaviour is a norm in most cultures. The social-cultural and religious beliefs of the patient their families and the community contribute significantly to the understanding of mental illness, assessment, diagnosis, help-seeking & management.^[12-15]

CONCLUSION

The majority of participants have reported having very little awareness of the mental illness, the key results also indicated participants had supernatural beliefs regarding mental illness. The study also indicates the need for community-based awareness programs about mental illness should be launched at weekly marketplaces in tribal areas with the collaboration of health workers and local people. With the proper training for mental health workers and educational materials for the members of minority populations, culturally sensitive services can be made effective in treating and understanding mental illness. There is a need for more researches in this field in order to understand the diverse presentation of mental health problems and the effectiveness of different socio-religious practices in healing so that these may be incorporated in modern practice in order to improve the acceptability of the modern treatment methods. From the present study, it can be concluded that the tribal environment in which they inhabit, is different from that of the mainland. A large portion of the population has been isolated in their remote habitats. The development process in educational, financial, social and political fields has invariably given rise to an unbalanced platform, which is incapable of withstanding the changing pattern of development.

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