Chapter V

SUMMARY AND CONCLUSIONS

Earlier investigations have shown that there are cultural and sub-cultural variations in the development and symptomatology of mental disorders. Certain cultures exhibit peculiar kinds of mental disorders which are not found in other cultures. It is said that there are variations in the nature, symptoms and even in the cause of mental illness.

The social milieu in which Indians live is supposed to create many problems. It is to be remembered that religion took precedence over every thing else to the people of ancient India. As a result of it, the ideas of 'Karma', 'Reincarnation', 'Dharma' and so on are deep rooted in an Indian. Religious practices and customs also were introduced to reinforce these values. Joint family system and village organization played a dominant
role in the lives and the welfare of all to a considerable extent. However, the impact of modern technology and industrialization struck at caste, the factory system resulted in city slums and attendant social problems affecting the individual's health, peace and happiness.

In the present investigation, an attempt is made to see whether the social and cultural milieu in which individuals are born and brought up in India play any decisive role in the development of some common neurotic disorders, their nature and symptoms, and in the nature of treatment.

The aim of the study is to find out the association, if any, between:

1. mental illness and factors related to family,
2. mental illness and socio-economic status,
3. mental illness and religious values, beliefs, and practices, and
4. mental illness and attitude toward sex, marital adjustment and attitude toward artificial method of family planning.

Eventhough the aim of the study is broadly stated under the above four major heads, each of these problems is studied in terms of the different components or factors that fall under these major heads.
In addition to this, an attempt has also been made to obtain information from the mentally ill regarding the treatment, if any, received before consulting the psychiatrist, the type of treatment received and so on with a view to mainly understand the nature of the treatment peculiar to Kerala. This was done with a view to see whether the patients consult the psychiatrist or approach some native healers and also to understand the nature and type of treatment used by the native healers.

**Method**

The sample consists of 200 mentally ill belonging to the anxiety neurotics, depressives, obsessive compulsive neurotics and phobics. The study is limited to neurotics for the following reasons: (1) The literature suggests that cultural values and social relations are far more widely accepted as significant factors for the aetiology of neurosis than of psychosis, (2) Psychiatrists practicing in various hospitals in Kerala whom the investigator consulted were unanimous in their opinion with regard to the difficulty of collecting data from other types of mentally disordered. Therefore, it was decided that the purpose of the study would be served by taking the neurotics alone.
Since the aim of the study was to see whether there is any association between mental illness and socio-cultural factors and since the socio-cultural factors in a traditional society like India are inseparably interlinked with religious affiliation and the beliefs, values and attitudes entertained by these groups, the sample was taken giving due representation to the three major religious communities in the state, viz., Hindus, Muslims and Christians. People belonging to Scheduled Caste are also given representation. Representation was also given to males and females, married and unmarried and also people in rural and urban areas. The patient group was selected from government hospitals and private clinics in different parts of Kerala. The patient group was selected by the psychiatrists in the mental hospitals or the psychiatrists in charge of the section in general hospitals.

A control group of 200 normals comparable to the mentally ill in age, sex, socio-economic status, religious affiliation and so on is also taken. Care was also taken to see that they had no history of mental illness or serious physical illness and that they are more or less well adjusted in their family and society.

An interview schedule, prepared to collect the relevent data, included all possible factors in the social
and cultural setting in Kerala and the respondents were interviewed by the investigator individually and the data were collected. The data are analysed using Chi square test to see whether any association exists between mental illness and socio-cultural factors.

Analysis of results and interpretation

Factors related to family:

Parents' attitude, encouragement received at home, adjustment in the family, father-mother relationship, relation with parents and freedom enjoyed at home are significantly related to mental health both in the case of males and females. The number of neurotics is found to be more among males and females who responded negatively at the birth of a younger one in the family. The study reveals that unfavourable conditions at home is fertile ground for the growth of maladjusted behaviour and a healthy family background is conducive to mental health.

Separation from parents and coming from homes where there is serious illness or invalidism are found to affect males only. In Indian culture, males are usually preferred to females and they are brought up with more attention. A lot of affection is poured on them and therefore separation from parents affects them negatively. In
this culture the responsibility of looking after the members of the family is on the male. This feeling of responsibility may make the person anxious about how to handle the family situation where there are people with illness under their care.

Parents' outlook on life, shocking experiences like death in the family and lack of economic security are found to be related to maladjustment only in the case of females. This may be due to the fact that females are more sensitive to the outlook of parents and they are more the victims of the narrow outlook of parents. Boys on the other hand are more free and they develop their own views on life and may not get affected by the outlook of parents. Economic security in the family is found to affect women most. Whenever there is a scarcity of something it is the women who know about it and suffer as a result of it.

Socio-economic status:

While occupation of the respondents and job satisfaction of the respondents are taken into consideration there is significant association between these and mental health for both males and females. The type of job and the satisfaction derived from it seem to be important determinants of mental health. Association is
found to exist between mental illness and education of respondents, income of respondents, education of parents, occupation of father and income of parents in the case of females.

Religious values, beliefs and practices:

Belief in deities or Saints, guilt feeling if church/temple going is interrupted, difficulty in mixing with other religious or caste groups, fear of objects, animals or places and belief in the 'evil eye' are the factors that are found to be significantly related to neuroticism in the case of both males and females.

But some of the factors considered under religion were significantly related to neuroticism, only in the case of males. They include participation in religious observances, belief in supernatural power in curing mental illness, practice of daily prayer, going to the church, mosque or temple regularly, obedience to elders, parents, teachers, etc. and belief in 'jathaka'. Participation in meditation, guilt feeling and prayer and opinion about marriage to/from other castes are related to mental health only in the case of females.
Attitude toward sex, marital adjustment and attitude toward artificial methods of family planning:

Age at which sex information is acquired, sources of sex information, feeling shy about sex, guilt feeling about involvement in sex which, generally, are not considered normal, attitude toward the other partner, marital dissatisfaction and infidelity on the part of the partner are found to be significantly related to neuroticism in both male and female. Absence of sex education at the proper time and in the correct way can lead to marital problems, conflict and maladjustment.

Maladjustment is significantly related to impotence in the male, but it is not significantly related to frigidity in the female. Neuroticism is found to be significantly related to agonising experiences in the family of the in-laws in the case of females.

With regard to the type of treatment received, nature of referral, etc. it is seen that a high percentage of patients go to native healers before going to the psychiatrists. The main sources of referral to the psychiatrists are by relatives, doctors or friends. The situation precipitating breakdown is found to be domestic quarrels, financial worries and getting frightened.
SCOPE FOR FURTHER RESEARCH

(1) The study is conducted to see whether there is any association between socio-cultural factors and mental illness. Since the social and cultural factors are interlinked with religious affiliation, values and practices especially in a traditional society like India, it was considered necessary to select a sample giving due representation to at least the three major religious groups in the state, viz., Hindus, Muslims and Christians, apart from the Scheduled castes and Scheduled tribes. It was also found necessary to give representation to married and unmarried men and women from the rural and urban localities and so on. The sample selected for the present study, however, had to be limited to 200 mentally ill on account of the limited time and finances at the disposal of the investigator. When the sample was divided on the basis of these characteristics, the groups were found to be too small to apply any statistical techniques to warrant any worthwhile conclusions. Therefore it was not possible to say anything regarding the association between mental illness and the affiliation of the individuals in the sample to different religious groups. Likewise the size of the sample did
not permit the investigator to proceed with the analysis of married and unmarried men and women from rural and urban areas belonging to different religions. The investigator feels that these are important factors which will throw greater light on the problem. Therefore an investigation of this problem on a wider scale seems to be necessary to say anything about these factors.

(2) The study is limited to different types of neurotics like depressives, anxiety neurotics, obsessive compulsive neurotics and phobics. It is worthwhile to study further the association, if any, between other types of mental illness and the socio-cultural factors.

(3) The case study method applied to a few cases would throw more light on the problem. Of course the method has the problem of a limited sample.

(4) Use of some projective techniques is likely to bring out the factors that are not likely to be revealed by the patients and therefore an attempt in that direction will be useful in investigating the problem.
An investigation of this problem by a team of experts belonging to different disciplines like psychiatry, psychology, sociology, social work and so on is likely to make more valuable contributions to the nature and causation of mental illness.