CHAPTER- V
FINDINGS AND CONCLUSION

Mental illness is one of the most serious problems in the world today. Simply stated, it causes a living hell for both the afflicted people and those around them. Mental illness as social problem in India has received little attention from the relevant quarters owing to a host of conscious and unconscious reason. Mental illness is more or less an unexplored field in India, particularly from the social-psychiatric point of view. It is normally considered a problem, which is technically enigmatic and socially stupendous. From the time of conception, individuals are exposed not only to a physical and chemical environment, variation in climate, nutrition, and somatic health, but also to a series of social, psychological and cultural phenomena that influence and enrich the process of learning which determine, to a large extent, the individual experience, character and response.

Keeping in view the present study “SOCIAL STRUCTURE AND MENTAL ILLNESS: A SOCIOLOGICAL STUDY OF GENERAL HOSPITAL, GURGAON” has been conducted at General Hospital Gurgaon district of Haryana. The central focus of the study is to understand the etiology of mental illness in relation with the social structure of Indian society. The four fold research objectives are (i) To know the Socio-economic background of mentally ill; (ii) To unfold the etiological factors which are active in the pre-disposition of mental illness; (iii) To know societal response towards mental illness and its sufferers; and (iv) To understand the views of medical practitioner and indigenous practitioner towards the mentally ill patients. Keeping in view the objectives of the study the exploratory research design has been used to analyse the basic issues pertaining to mental health.
Purposive sampling technique is used in the present study. We made the list of patients who visited during three months period (February 2012 to April 2012) and then whosoever was coming second time for their treatment was selected. In above said period 1057 new patients came to this OPD. Out of them, 399 visited OPD second time. But we could interview only 4 patients per day. It means that in three months period, we could interview 213 mentally ill patients. To know the socio-economic and etiological background of the patients, we interviewed their family members as mentally ill person are sometime not coherent in their response. Our emphasis is to understand the response towards mentally ill from the attendants/guardians so the suffering of mentally ill can be understood comprehensively. We have also taken some case histories and narrations reported by their attendants/guardians. Doctors and Indigenous faith healer are also interviewed to understand their line of treatment and their views towards mentally ill.

For understanding the view of professional doctors and faith healers for treatment of mental illness, we used the snowball technique. One doctor was interviewed from the OPD of the Psychiatric Department of General Hospital and four doctors were interviewed who were having their clinics in different locations in the city of Gurgaon. On the other hand, five faith healers were also interviewed which included fakir, siyane, Bengali doctor, etc. We approach these doctors and faith healers as reported by the attendants/guardians of the mentally ill patients. In the process of interview they at some point of time consulted them for the treatment of mentally ill. Since, it was difficult to interview all the doctors and faith healers from whom the mentally ill have their treatment in the past. However, we tried to contact the doctors and faith healers to whom majority of the mentally ill patients confined their frequent visit to these doctors and faith healers.

Along with observation, interviews and case study method, we also conducted field work as primary tool of data collection. A detailed interviews
schedule which was presented beforehand with both open-ended and close-ended questions proved helpful in the field. The field research intends to elicit participant situated knowledge based on interpretations of their own experiences, necessary to understand and analyses the culture. Although the prolonged field study in hospital situation helped in understanding the various processes with some indirect responses given by the attendants/guardians, I got certain interested information which I could bring together to a basic understanding of the situation. Structured interviews always created a formal kind of atmosphere and the people sometimes get bored and tired of answering. So informal interviews were conducted to get the better insight. As it was difficult to interview different mentally ill, so the attendants/guardians were questioned as he/she is well informed and usually the caretaker of mentally ill and can give better information. Apart from data collection through interview schedule, some exclusive unstructured interviews with the help of guideline questions were also conducted. These interviews gave me useful information on the changing structure. Wherever it was difficult to carry out interview in Hindi, local dialect was used to collect information regarding the treatment process, we interviewed the psychiatrists and faith healers with the help of unstructured schedule.

Along with the primary data, secondary sources were of great importance as without understanding the past, it would have becomes difficult to understand the process of social change and continuity. Secondary sources included survey reports, Census reports, gazetteer, statistical information, research papers, articles and literature on mental illness in printed form and on web.

The data revealed that out of total 213 respondents, majority of them belonged to male respondents. Regarding age, majority of the respondents belonged to age group between 15-35 years. Most of the respondents were married. It was further analysed that majority of the respondents were educated up to middle class level followed by high school. On examining the occupation of the respondents, majority of the respondents were unemployed and belonged
to lower income group. Most of the respondents belonged to Hindu religion and belonged to general castes among Hindus. Regarding locality of the respondents, majority of our respondents belonged to urban areas. When we threw a light on size of the family, it was found that the majority of the respondents had 4-5 members in their family. On analyzing children of the respondents, it was found that the majority of the respondents had 1-2 numbers of children in their family. On examining the housing status of the respondents, it was found that majority of the respondents were residing in rented houses. It was further analysed from the data that majority of the respondents were non-migrated or local resident. On examining the age and sex of the respondents, it is evident from the data that majority of our respondents were male and belonged to the age group between 15-35 years. On analyzing sex and marital status of the respondents, it was found that that majority among male and female respondents were married. On examining literacy level with sex of the respondents, it was found that majority of our total respondents were literate, but male respondents were more literate as compared to female respondents and when we compared sex and education of the respondents, it was found that majority of our total respondents were low educated and belonged to middle school and high school respectively, but male respondents were more qualified as compared to female respondents. On analyzing monthly family income and the size of the family, it was found that the majority of the respondents in all income groups had 4-5 members in their family, while in the medium income group, majority of the respondents had 6-7 or more members in the family.

When we analyze the sex and types of mental illness of the respondents, it was found that majority of male and female respondents were facing F20-F29 and F30-F39 types of mental illness respectively. On analysing the type of illnesses and its duration, it was found that majority of the respondents were suffered from f30- f39 type of mental illnesses and had a history of illness from 1 to 5 years followed by the respondents from same illness from 6 months to 1 year respectively. On analyzing the marital status and types of mental illness of
the respondents, it was found that majority of our respondents in all types of marital status, were suffering from F30-F39 and F20-F29 type of mental illness respectively. When we analysed occupation and types of mental illness of the respondents, it was noticed that the majority of our male respondents were unemployed and were suffering from F20-F29 and majority of female respondents were housewives and were suffering from F30-F49 type of mental illness. When we examined the interest of respondents in studies during school days, it was found that majority of our total respondents were not interested in studies in school days. When we analysed the intellectual status of the respondents, it was found that majority of our respondents were extremely poor and sub-normal in intellect. When we threw a light on respondents’ life during school days, it was observed that the majority of our respondents were dull in school skills. On examining the Inter relationship within the families of respondents during their childhood, it was observed that the majority of the respondents had strained relationship with their family members in their childhood. Regarding family history of mental illness, it was found that that the majority of the respondents had no family history of mental illness. On examining the living status of parents of the respondents during childhood, it was observed that the majority of the respondents had their parents alive. But a considerable number of them had only father alive, some had their mother alive and some brought up by their step mother or step father. When we analysed the respondents’ position among siblings, it was found that the majority were the eldest child among their siblings. Regarding adjustment within house, it was found that the majority of the respondents were unadjusted in their family. When this adjustment analysed with outside the home, it was observed that the majority of the respondents were unfriendly hostility outside their home. When we analyze the marital relations of the respondents, it was found that that among married respondents, the majority of the respondents had strained relationship. However, among widowers/ separated/ divorced respondents, the majority had disharmonious relationship between them. On examining respondents’ attitudes
towards their children, it was found that the majority of the respondents had indifferent attitude towards their children. When attitude of the married respondents towards their marriage was analyzed, it was found that the majority of the respondents said that marriage has been a constant source of worries. On analyzing the attitudes of the unmarried respondents towards their marriage, it was observed from our data that the majority of the respondents were much anxious to marry. Regarding views of widowed, separated and divorced Respondents towards their marriage, it was noticed that the majority of the respondents were of the view that marriage was a support for life. When we analyze the attitudes of respondents towards religion, it was found that the majority of the respondents had indifferent attitude towards religions. When the attitudes of respondents’ father was analysed, it was found that the majority of the respondents’ father had moderate attitude towards religions. When the attitudes of respondents’ mother was analysed, it was observed that the majority of the respondents’ mother had moderate attitude towards religions. When we threw a light on the interest and means of recreation of respondents, it was found that the majority of the respondents were interested in watching pornographic movies. Regarding interest and activities of respondents during their adolescence, it was noticed that the majority of the respondents’ had no interests and activities followed by the respondents, who were indulged in masturbation. On examining addiction among the respondents, it was found that the majority of the respondents were addict of tobacco consumption followed by the respondents, who were addiction of alcohol consumption. When economic status of the male and female respondents after the onset of mental illness was analysed, it was found that the majority of the male and female respondents’ were dependent on others. When we analysed the socially disapproved behaviour of respondent during their adolescents, it was found that the majority of the respondents were involved in drunkenness and substance abuse and in bad company. On analyzing nature of crime committed by respondents, it is obvious from the data that majority of the respondents were involved homicide crime
followed by the respondents who committed robbery. Some of the respondents were taken by police into hospital as prisoner, out of them the majority of the respondents were under trial and some of the respondents were convicted prisoners. Regarding their stay in prison, majority of them were staying there for 3-7 years.

The data further reveals that regarding causes of mental illness according to attendants/guardians, the majority were of the view that mental illness is a result of their deeds of previous life, domestic worries and wrath of god/goddess. On examining views of attendants/guardians about neighbours’ attitudes toward mentally ill people, it was found that the majority of the mentally ill were taking mental illness as a matter of jokes and amusement to the people. They were also tortured and treated wickedly or considered victim of supernatural forces. On analyzing attendant’s/guardians views about the mental illness as stigmatization, it was found that majority of the respondents were of the view that mental illness is a stigma in the society. Regarding the parameters of stigmatization viewed by attendants/guardians, we found that majority of the respondents were of the view that mental illness creates problem in getting married, whereas a considerable number of them thought that it creates problems in job and it is very difficult to share the information of their kids/siblings about mental illness unlike other disease. When we examined revelation of truth about the mental illness, it was found that majority of the respondents would not tell at all to their relatives, while a considerable number of them tell their illness to doctors or indigenous practitioners.

The last section of the study deals with treatment patterns of mental illness. When we analyze about the treatment of respondents before coming to hospital, it was found that majority of the respondents have taken medical treatment before coming to hospital. On examining treatment received by respondent immediately after the first onset of their mental illness, it was observed that majority of the respondents have taken treatment from indigenous practitioner at
the time of first onset of their illness. Regarding type of medical doctor from where treatment taken before coming to General Hospital, it was found that the majority of the respondents have taken treatment from M.B.B.S. or M.D. or other allied streams. After analyzing the multiple types of treatments of respondents, it was noticed that majority of the respondents have taken treatment of psychiatrists, but a sizeable number of them were taking indigenous type of treatment also. Thus, it is interesting to note that people still believe in indigenous treatment along with medical treatment. On examining the pattern of treatment by psychiatrist in the hospital, it was found that majority of the respondents were treated only by the medicines, but a sizeable number of them were treated by the combination of medicines and psychotherapy/counseling, but a negligible number of them were treated only counseling and psychotherapy. On analyzing the overall money spend on treatment during their mental illness, it was found that people not only believe in seeking treatment from the indigenous practitioner, as their indigenous practitioner came from the same socio-cultural background. Furthermore, it also concludes the cost of treatment from medical practitioner and indigenous practitioner differs significantly, which provokes the respondents to see indigenous practitioner as compared to medical treatment. On examining the source of reference to psychiatric treatment, it was observed that majority of the respondents referred to psychiatrist by the old patients of same OPD or their relatives respectively. Regarding the type of indigenous practitioners who treated the Respondents, it was found that the most of the respondents have taken indigenous treatment from ‘Siyanas’. On examining the pattern of indigenous treatment received by respondents, it was observed that that majority of the respondents have gone to Mehndipur Balaji and Jharha phoonk for their treatment. Regarding motivational factors to consult with indigenous practitioners, it was found that the majority of the respondents have gone to the indigenous practitioner due to easy approachability, lack of awareness of psychiatric treatment respectively. On examining the views of practitioner about causes of mental illnesses, it was
noticed that according to qualified doctors, heredity and organic factors and environmental and psycho-social factors are the main reasons of mental illness, while according to indigenous practitioners, the mental illness was a curse of religious factors and supernatural causes. When we asked about treatment part of mental illness all indigenous practitioners told that they could treat all type of mental illnesses.

Hence, it is concluded that people with disabilities are our nation’s largest minority group. It is the most inclusive group and, at the same time, the most diverse. Yet people who have been diagnosed with disabilities are all different from one another. The only thing they have in common is being on the receiving end of societal misunderstanding, prejudice and discrimination.

Considering the circumstances under which many clients would access family relationship services, it would seem likely that mental health and wellbeing would play a prominent role in their reasons for seeking help. Responding to mental health issues will depend on the level of practitioners’ understanding, knowledge and skills, as will the extent to which they can intervene, assist, and/or incorporate such issues into service provision. Whilst providing mental health treatment to a person who has a mental illness may be outside of the scope of the practitioner’s role and/or knowledge and skill base, working with the family surrounding the person, or working with the person with a mental health problem regarding their relationships and family, may still be an option. The needs of carers and family members who are impacted upon by a member’s mental illness should be attended to in their own right. This is in contrast to many current responses in the mental health service system that only consider these needs in relation to how they may benefit their unwell family member. There is also a public health opportunity within family relationship services to help ameliorate the stigma associated with mental illness and intervene early to prevent and reduce the risk and onset of mental health problems.