

Causal explanations of Health and illness in Indian Psychology: Implications for practicing Clinical Neuropsychology

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FOCUS.....,

- ◆ Basic facts about India.
- ◆ Cultural beliefs and causal explanations of health and illness.
- ◆ Factors unique to Indian clients.
- ◆ Some Approaches.

INDIA : Basic facts

India : Basic facts

- ◆ 29 States and 7 Union Territories.
- ◆ Total population in 2005 : 1,080,264,388.
- ◆ Total Population in 2025 : 1,361,625,000.
- Life expectancy :
 - Men : 63.25 yrs.
 - Women : 64.77 yrs.

(Kurian, G.T., 2007)

India : Basic facts

- ◆ Urban area : 28.3%
- ◆ Literacy rate : 59.5.
- ◆ Men : 70.2%.
- ◆ Tertiary level educational institutions :
8,407.
- ◆ More than 130 Universities.

(Kurian, G.T., 2007)

India : Basic facts

- ◆ 1,652 languages and dialects are spoken.
- ◆ 15 recognised languages.
- ◆ 190 million people have proficiency in English.

(Kurian, G.T., 2007)

India : Religious practices

All most all religions are practiced in India.

◆ Four of them have originated in India.

◆ Hinduism

◆ Buddhism

◆ Jainism

◆ Sikhism

◆ Islamic

◆ Chrstianity

(Kurian, G.T., 2007)

India : Religious practices

83% practice

HINDUISM

(Kurian, G.T., 2007)

India : Religious practices

**13% practice
ISLAM.**

(Kurian, G.T., 2007)

India : Religious practices

**3% practice
Christianity.**

(Kurian, G.T., 2007)

Multi-culturism

- India is a multicultural country with a diverse array of customs, beliefs, rituals, dietary practices and dressing.
- Diversity can be based on religion and geography/States where they live.
- Cultural diversity plays a role in immigrant Indians as well.

Shah, A.P. (2007). In : Int. Handbook of cross-cultural Neuropsychology

Role of family

- Strong emphasis on extended/joint family.
- Family is the central focus of life.
- Specific roles for each family member.
- Whole family is involved in offering support to the person suffering.

Shah, A.P. (2007). In : Int. Handbook of cross-cultural Neuropsychology

Role of gender

- Specific roles for men and women.
- Men enjoy more privileges.
- Men take the role of breadwinners.
- Women take domestic responsibilities.
- Hierarchical system in decision making.

Shah, A.P. (2007). In : Int. Handbook of cross-cultural Neuropsychology

Traditional models

Karma and its implications

- Indian philosophy and belief system largely rests on principles of Hinduism.
- The concept of Karma (fate) is fundamental to the Indian belief system.
- All actions during one's life time have consequences, and determine one's destiny in this life and after life.

Karma and its implications

- Strong belief in rebirth.
- Religion advocates graceful acceptance of all misfortunes and hardships.
- Western clinicians wrongly misinterpret this as passivity and fatalism.

Karma and its implications

- Follows the law of cause and effect.
- Equated with Newton's law of every action produces an equal and opposite reaction.

Karma and its implications

- Every person is responsible for his/her own actions, so each person's Karma is his/her own.
- In order to achieve good Karma, one needs to live life according to Dharma.

Karma and its implications

What is good Dharma:

- a) Austerity
- b) Purity
- c) Compassion
- d) Truthfulness

Traditional Indian medical model : Ayurveda

- ◆ Developed by Charaka.
- ◆ It formed basis for Physical/mental illness.

Traditional Indian medical model : Ayurveda

Causative factors:

- Diet
- Disrespect to
Gods, elders & teachers
- Mental shock due to emotions
- Faulty bodily activity

Ayurveda : A Biopsychosocial approach

Classification of mental disorders:

- (a) purely psychological or emotional disorders (e.g., jealousy, fear, inferiority and grief);
- (b) “psychosomatic disorders” (e.g., epilepsy, obsession and hysteria); and
- (c) unspecified/exogenous disorders (diseases caused by the ill effects of God’s anger)

(Balodhi, 1999; Prasadarao & Sudhir, 2001).

Ayurveda : A Biopsychosocial approach

- Harmony between mind, body and soul.
- Focus on preventive, curative and promotive aspects of mental health.

Causal explanations of health & illness

Role of explanatory models

They describe how illness is understood from their own framework and how people attribute meaning to their illness.

(Coleman, Koffman, & Daniels, 2007).

Role of explanatory models

These models focus on “cultural construction” and “specificity” of mental disorders in persons with specific cultural roots.

Role of explanatory models

How an individual responds to his/her illness is dependent on the conceptualizations and the explanatory model unique to the individual and his/her culture.

(Coleman et al., 2007).

Role of explanatory models

Patients who attributed their epilepsy to supernatural causes initially consulted traditional healers, whereas those attributed to biomedical causes sought modern medical treatment.

(Banerjee and Banerjee, 1995).

Role of explanatory models

Developing insights into these explanatory models facilitates health care professionals in formulating culturally appropriate communication paradigms and diagnostic tools, and culturally sensitive intervention programmes.

(Coleman et al., 2007).

Role of explanatory models

These cultural explanatory models may need to be considered in the modern health care system if treatment is to be accepted by people.

For example, taking western medication may not make sense to patients who perceive their problems are a consequence to 'religious misdemeanour' (Dein, 1997).

Role of explanatory models

Explanations of mental illness take into account wider social and religious factors. These include such phenomena as witchcraft, spirit possession, the capture of the soul by a spirit, breaking of religious taboos, and divine retribution (Dein, 1997).

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Role of explanatory models

Beliefs such as the role of angered ancestral souls, evil spirits, supernatural agents, and witchcraft are often seen as causes of mental illness.

(Patel, et al. 1995, 1997; Razali, et al. 996)

Explanatory models in India

- Many explanations do exist.
- Supernatural, astrological and religious explanations are also common, including karma, evil eye and spirit possession.
- Economic and relational factors, such as poverty and family conflicts, are commonly identified as causes of mental disorders.

Explanatory models in India

People follow a
PLURALISTIC
Approach.

Explanatory models in India

Acculturation may influence the causal explanations.

Help seeking behaviour

- Family decides if and when help seeking is warranted and from where help is to be sought.
- Care of the mentally ill is primarily responsibility of the family.
- Patients are always accompanied by the family members to the treatment centers.
- Common treatment modalities include: religious healers, Indian traditional medicine, astrologers, faith healers, etc.
- They may also approach biomedical systems of medicine either concurrently or after the initial approaches.

Traditional healers in India

- Healers practicing indigenous systems of medicine.
- Healers who use astrology and charms.
- Healers function as mediums for spirits and demons.

Mental Illness and Temple Healing in India

Raguram et al. (2002)
study.

Significant improvement was
seen in the symptoms in patients
who received no formal
psychiatric treatment .

Mental Illness and Temple Healing in India

- Raguram et al. opined that the “cultural power” of residing in the temple known for its “healing potency,” may have contributed to such a change in psychopathology.
- Improvement may also be attributed to the “supportive, non-threatening, and reassuring” environment of the temple.

Factors unique to
Indian clients

Therapeutic relationship in the Indian context

- Guru-Shishya relationship.
- Therapist is conceived as some one mature and with wisdom.
- The client expects to get direct suggestions to the problems from therapist.
- Not fulfilling the above is considered as someone not interested in helping the client.

Some features unique to Indian clients

- Sharing private issues is a taboo.
- Strong stigma associated with mental illness and consultation.
- Stigma is related to the cultural beliefs systems.
- Respect for authority.
- Directive vs collaborative approach to therapy.

Some features unique to Indian clients

- Somatic vs psychological symptoms.
- Rituals, rituals, rituals.
- Issues of confidentiality.
- Problem of congruence in therapeutic relationship due to value systems.

Some guidelines

Some guidelines

- Myth of homogeneity in clients.
- Establish the level of acculturation.
- Show interest in the client's social and cultural background.
- Include families in the process.
- Be aware of communication patterns (both verbal and nonverbal).

Some guidelines

- Whom to greet first?
- Issues related to eye contact.
- Understand body language.
- Avoid jokes and overly friendly behaviors, yet show caring concern and empathy.

Some guidelines

- Physical setting of the interview.
- Be sensitive to spiritual/religious issues.
- Pay attention to concepts the client draws on in explaining problems.
- Honour the client's worldview even if it challenges your own.
- Be aware of issues related to racism and discrimination.

Some guidelines

- Formal professional relationship is important.
- Modesty in dressing is helpful.
- Role of touch/physical contact.
- Maintain physical distance.
- Pay attention to the culturally appropriate styles of greeting and introductory conversation.

conclusions

- Indian culture has strong roots in the ancient scriptures.
- There are multiple sub-cultures.
- There are causal explanations of health and illness unique to Indian culture.
- Acculturation plays a significant role.
- It is important to adopt specific strategies while working with Indian clients.
- Cultural sensitivity and competence play a significant role in developing relationship and outcome.

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