UNIL / Faculté de biologie et de médecine / Faculté des sciences sociales et politiques / Haute école de santé La Source

Module B3.6 – Immersion communautaire

Abstract - Group 46

Depression doesn't exist

A community immersion in Santal tribes

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Introduction

Depression is an increasingly important mental health issue in our society. Our aim was to understand the perceptions of depression in a community characterized by a plurality of health and medicine representations (1). A literature review informed us that depression could be diagnosed by psychiatrists in our population of interest and that its prevalence, lower than in Switzerland, didn't seem to increase with the urbanization that some of them are subject to (2,3). Depression is important because it has a big impact on the quality of life and can even lead to suicide, of which tribal populations in India have high rate, though there is no article about it concerning directly the Santals (4). Despite the possible impact of depression on health outcomes, perceptions of depression in Santal communities have not been studied yet. We decided on a bottom-up approach to understand depression in Santal people. That led to the formulation of the research question: How is depression perceived, described and dealt with by the Santal community?

Method

The objective of an interprofessional research group is to work together, using and combining our knowledge and tools. Our scientific method was based on the inductive approach, which means that we tried our best to be guided by the field, trying to be aware on our presuppositions. The snowball sampling permitted to encounter all types of people and was central in an inductive approach. Once the data collection was over, we used several analysis techniques (reading table, coding process, mindmaps) that match with the grounded theory (5).

The research question underwent some modifications during the field work. The adaptation resulted in changing the word "expressed" to "described and dealt with" to value our interviewees' point of view. Even if we had in mind the reference grid of the DSM-5, we centered on the terms used by people (6).

The field work lasted for 2 weeks and permitted to interview 39 persons including Santal people, Hindu people and official and unofficial health professional (doctor, quack doctor, nurse, social worker, Accredited Social health Activist, pharmacist). 2 mediators (local social workers) worked with us to ensure translation and cultural mediation. A pluridisciplinary professoral team supervised us all the way through our research. We took notes and pictures and shared our results through daily debriefing. At the end of our stay, we made a presentation at the University of Visva Bharati, in order to have a feedback from Santal activists and members of the social work department and respect the principle of restitution.

Results

On the basis of a mindmap we organised our data in 4 main categories, causal attribution, symptoms, resources and outcomes. Our interlocutors related that the first step in depression is a fracture between the everyday life caused by a life event and amplified by a list of risk factors (for example having many responsibilities, having a "fragile mind"). These two components were identified as causal attributions that bring the individual out of his routine - that is to say he/she can't undertake his/her habits anymore. Then, some symptoms start to appear. Very often, we heard about overthinking, anxiety, alcohol consumption; but the main point was the behaviour modifications. What is to be said, is that the symptoms could be combined and were not always identified as "bad" symptoms. The individual can then use available resources to deal with his/her issues, until an outcome is reached.

We conceptualized our results with the idea of an identification filter, which is the way people explain the world with the tools/ideas/education they embodied. We have identified probable cases of depressive people, that weren't seen or described as so by Santals. On the other hand, the DSM and

our knowledge sometimes weren't adapted because some of what we consider symptoms of depression did not make sense in an agricultural community (e.g. eating or sleeping disorders).

Santals had different perceptions of what we call depression. For example they used many different terms to talk about it, meaning they have no direct concept of depression as an illness, even if some of them understood the word "depression". The Santals reported that they did not take time into consideration to evaluate the severity of their problem. There was also a conflict between generations, social status, gender etc... on the meaning of depression. Sharing feelings didn't seem to be a solution or a habit nor a kind of treatment. Santals seem to identify depression at the level of result of resources and outcomes. For Santal people, depression is either treated or makes people mad.

Discussion

Depression doesn't exist in Santal community as we thought we would find it. It seems like the western identification filter detects depression with the symptoms where Santal identify it by the outcome. The plurality of experiences, perceptions, discourses, practices and therapeutic itinerary makes it impossible to generalize our results. However, a consensus has been given: depression can be kept away by a daily routine, because this routine prevents overthinking. Our results value the bottom-up approach to investigate transcultural issues in medicine (7). It can improve caregiver's competences to deal with depression, their empathy abilities and the health outcomes coming out of their decisions.

Current literature on our subject did not have the same goals as our research as we had an anthropological approach. We understood some of the representations and the resources Santals have concerning depression, valuing their point of view as previous studies did not do (2,3)

Our interprofessional approach led to skill mixing and a better consideration of all different aspects of our research (8) but its scope was still limited by its duration and timing, language barriers and translation, cultural biases and directed answers.

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Key words
Depression ; Representation ; Resources ; Scheduled tribes; Inductive approach ; Medical anthropology

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« Depression doesn't exist »

Community immersion in Santal tribes

Context

- Field work in the the Santal community, the largest tribe in India, out of the caste system (1)
- Interprofessional research between students in anthropology, nursing, medicine and social work (2)
- Depression is the most common mental illness in the Santal community (3)
- Big difference in prevalence between Santals and Switzerland
- Sensible topic and difficult to investigate

Research question

How is depression perceived, described and dealt with by the Santal community?

Methodology

- Two weeks field work
- Inductive approach : observation, refining of research question, snowball & opportunistic sampling (4)
- Interprofessional research : skill mixing
- 39 interviews with the help of transcultural mediators (5)
- Daily debriefing with interprofessional team of tutors
- Analysis : thematic analysis & creation of mindmaps
- Respect of ethics values (6)

Interviews

People from Santal villages, one Hindu village and official/unofficial health care professionals (doctor, nurse, quack doctor, ASHA, pharmacist, social worker)

Results

Therapeutic itinerary: We organized our data in four main categories : causal attributions, symptoms, resources and outcomes. Those categories all contribute to answer our research question.

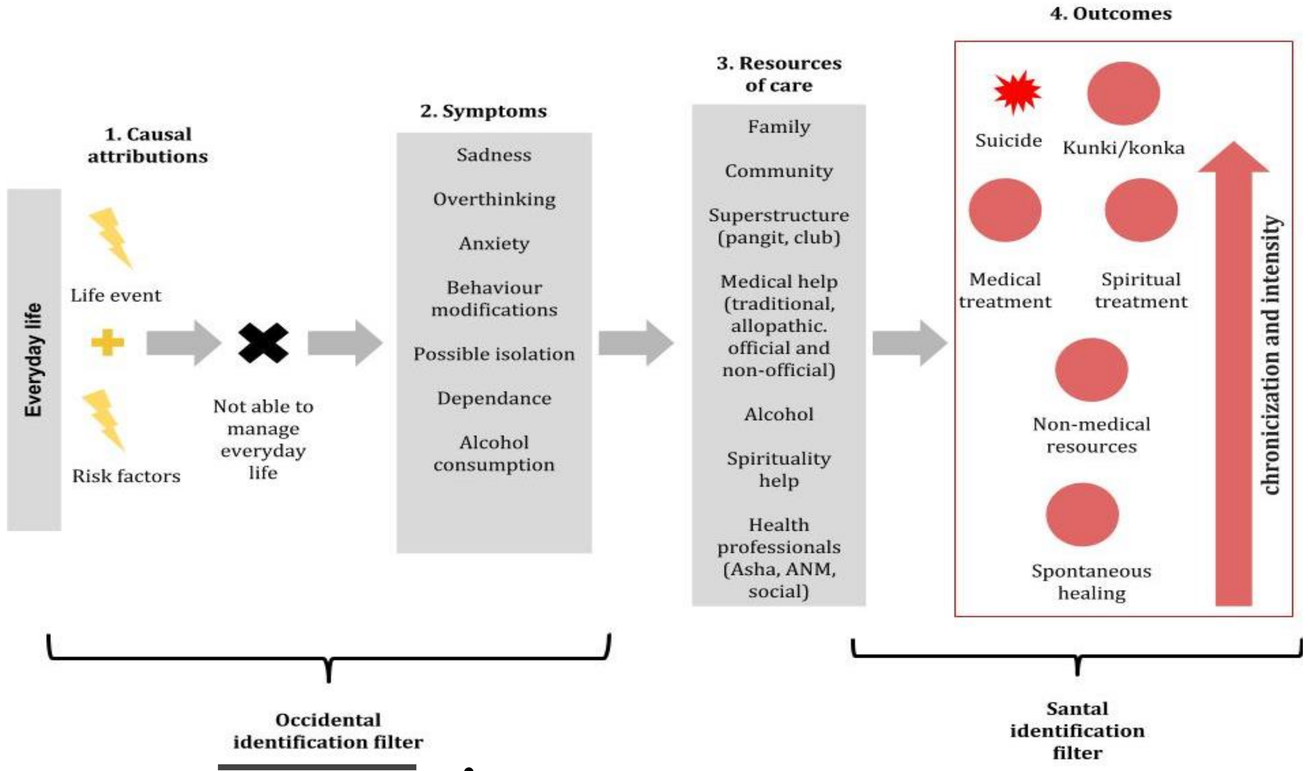
1) A life event is followed by a break in the routine.

2) Symptoms appear if the person cannot cope with his/her problem.

3) Resources are available to solve the problem.

4) Depending on the duration and intensity, the outcome can vary.

" If the problems lasts for too long and you have a fragile mind, you become Konka (=mad)"
Villager



Way of undestanding, perceiving and explaining a situation.
One detects depression at the semiologic level, where the other one identifies it by the outcome.

Field notes: several people told us that they don't share their feelings with others.

Discussion

- Plurality of experiences and perceptions
- Plurality of discourses and practices
- Plurality of therapeutic itinerary

According to the results of our field work, depression does not exist in the Santal community as a list of symptomatic criteria but as the result of one's therapeutic itinerary. These results value the bottom-up approach for investigating depression in rural areas. (7)

Opening : How does globalization influence mental morbidity in rural communities?

References

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