

Review Article

Hindu Belief Systems and the Practice of Psychiatry in the UK

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Abstract : In the United Kingdom (UK) there is a rising population of 471 000 people of Hindu faith. Statistically ten per cent may have some form of mental illness. A large number of Hindus are deeply religious with ingrained cultural beliefs and superstition. This adds to the difficulty in understanding mental illness symptoms in this ethnic minority. This article is a brief narrative review of Hindu belief systems and their relevance to practice of Psychiatry in the UK. The authors employed literature searches using on-line databases (PubMed, PsychInfo, Ovid, Dialog Datastar, ProQuest, and the Google search engine). Following the review of the Hindu belief systems, the authors conclude that cultural explanations for mental illness are more likely to be accepted by Hindu families due to the taboo and stigma associated with mental illness; and cultural practices and poor knowledge can make access to appropriate treatments more difficult and remote. The authors recommend the need for 'informed' and 'culturally sensitive' psychiatric practice for patients of ethnic minorities.

Keywords : Beliefs, Culture, Explanatory Psychiatry, Hindu, India, Mental Illness

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INTRODUCTION

This article should be viewed more as a narrative account (rather than an in-depth overview or exposition) of key recurring themes in the belief systems amongst Hindus of the Indian sub-continent with an emphasis on their relationship to mental illness. We hope to provide the reader with some understanding as to how Hindu belief systems and culture need to be kept in perspective whilst evaluating or managing people of such ethnic origin (specifically from India) within the United Kingdom (UK) mental health services. This information would be useful to both the psychiatrist trained in India as well as British trained psychiatrists.

For the purpose of this review, we adhered to English literature searches conducted on online databases such as PubMed, PsychInfo,

Ovid, Dialog Datastar, ProQuest and the Google search engine. It is acknowledged that we would not have adequately assessed information in foreign, non-indexed journals prior to 2009 (e.g. Indian Journal of Psychiatry) and that a considerable amount of literature on this particular subject may still be unpublished.

RELEVANCE OF THE ISSUE

One of the major criticisms that has been enunciated on mental health outcomes in different cultures is the failure to understand not only important differences within cultures, but also a lack of knowledge of what might be, and of how, sub-cultural issues are mediated;^{1,2} This lack of full understanding of this complexity is often not translated into appropriate service development.^{2,3} Also, one needs to keep in perspective the issue of 'cultural intelligence'⁴

due to ever increasing globalisation and economic expansion influencing different cultures.²

India is a country of several religions. Most people in India are deeply religious with ingrained cultural beliefs and some degree of superstition. One needs to keep in mind 'cultural relativism' which states that normality and abnormality need to be defined within a social and cultural context.⁵ Hence, distinguishing between psychosis, pseudo-psychotic experiences and cultural/religious beliefs or myths in the Hindu ethnic minority of Western countries (especially the UK) can be a significant conundrum for health care professionals who are not aware of cultural issues.

SOME COMMONLY HELD HINDU BELIEF SYSTEMS

Black Magic

Description of sorcery and black magic in India dates back to the *Vedas* (circa 500 BC).⁶ Often, many people are misled by individuals who claim to have special powers. Their ability to wield such 'black magic' may be seen as otherworldly or divine. It is debatable whether there is any scientific explanation; however, their talent for dictating someone else's life can be an extreme example of cultural conviction. The British Broadcasting Corporation (BBC) reported several killings of suspected sorcerers in India, 'Traditionally, local people would remove the teeth of suspected witches in the belief that it would take away their powers'. Removing the teeth was thought to disable the witch from chanting evil spells. This current practice parallels that seen in 17th and 18th century Europe when thousands were killed in the belief they were witches or sorcerers.

Astrology, Reincarnation or Rebirth

Vedic astrology (the effect of planetary positions

on one's present and future) is of great importance and almost another social culture in India. The arrangement of the nine planets in a person's horoscope can predict future events e.g. age of marriage and even the onset of mental illness.

Central to many Hindu beliefs (and part of Vedic astrology) is reincarnation or rebirth – the cycle of birth and death. A soul can gather good and bad deeds which are carried over into its next birth. The person may expect to be born as an animal in their reincarnation depending on the extremity of their sins! However, beliefs do not only encompass the supernatural but also exist in health and illness as was found in a comparison study between the beliefs of British Gujarati immigrants and British Caucasians and the impact of migration.⁷

SOME COMMON ILLNESS MANIFESTATIONS

Dissociative Disorders

In India fugue states and hysterical conversion are common (10% of psychiatric outpatients) and usually manifest as paralysis of a limb or blindness. Such states are commonly seen in young females who are angry or have sexual conflicts that they are unable to express in a different way due to the possibility of ridicule.

Mass Hysteria

In recent years, there have been well reported and/or publicised reports of the phenomenon of mass hysteria manifesting in public or large family set-ups in India.⁸

A monkey man is reported to have attacked and left dozens of people hospitalised with fractures and severe injuries in 2001 in the Ghaziabad district of Northern India. The Times of India newspaper reported it to be mass hysteria rather than a physical entity, an observation confirmed by a systematic study on 18 affected people.⁹

There is also the case of 'family hysteria' involving a Hindu family in rural North India where various symptoms including dissociation, conversion and possession attacks occurred across two generations of the family.¹⁰ Extended and closely associated family structures, false beliefs, and basic religious belief systems can work concurrently in leading to such 'hysterical' phenomenon and may be more common in India than the literature leads us to believe.

Spirit Possession

Possession, a belief that a spirit or supernatural entity enters the human body¹¹ occurs commonly in young females. The phenomenon usually resolves after addressing the primary cause, usually family disharmony. Sometimes these 'displays' may be for secondary gain. Three psychopathological mechanisms have been hypothesized, dissociation theory – a hysterical basis with biological underpinnings, communication theory – where individuals are unable to communicate in another way, and socio-cultural theories – possession being culturally legitimate and appropriate.¹² Whether these are psychotic experiences or true possession can be difficult to answer as a large proportion enter into remission from their apparent suffering. This behaviour has been conceptualised as a dissociative (or conversion) phenomena in both the DSM and ICD classificatory systems. Interestingly, it has been found that possession states are culturally accepted by 90% of the world's population.¹³

It is pertinent to mention that the concept of possession exists in almost every culture and religion. Hence, possession states are best understood through a combination of 'biological, anthropological, sociological, psychopathological and experimental perspectives'.¹⁴

INFLUENCE ON TREATMENT

In India people are likely to seek treatment from

medical practitioners as well as traditional healers. It has also been seen that patients suffering from mental illnesses tended to access 'traditional healers' frequently;⁶ those with neurotic illnesses having more prolonged contact compared to those with psychotic illnesses (Misra AK, personal communication).

The *Chottanikkara – Bhagawati* temple in South India, has a shrine within which there is a tree; in the trunk are embedded hundreds of nails. Devotees who have mental illness, or are believed to be possessed or to harbour evil drive nails into the tree by using their head. This process is believed to rid them of their affliction. A 'brief' stay at the healing temple in South India can improve the symptoms of mental illness and there is a reported reduction in thinking disturbance and hostile suspiciousness; similar to improvements gained on any antipsychotic. It was concluded that the observed benefits seemed to result from 'a supportive, non-threatening environment'. Many people in India go to religious centres ('healing temples') for curative and restorative benefits for their emotional distress and mental illnesses.¹⁵

Hindu families tend to play a key role in the treatment of illnesses. They tend to exert considerable influence on the treatment-seeking behaviour of patients. However, there is inconclusive evidence on their belief in supernatural causes and treatment seeking behaviour from 'magico-religious' sources.^{6,16}

RELEVANCE TO PRACTICE OF PSYCHIATRY IN THE UK

Training Issues –Diagnostic and Management challenges

There has been a deep impact of Western psychiatry on Eastern training. The questions posed by understanding the underlying belief systems, and their relationship with 'normal/abnormal' phenomenon generate philosophical

debate too easily. Cultural explanations for mental illness are more likely to be accepted by families in ethnic minorities (like Hindus) because of specific belief systems. There is also greater likelihood of taboo and stigma being associated with mental illness. 'Individuals' perspectives, beliefs and values should be taken into consideration when we assess something as complex as insight'; and naturalistic explanations such as disease can co-exist with personalistic explanations such as the supernatural.²²

Hindu extended families are a major support mechanism for the mentally ill in India, tending to favour traditional healing initially. It is only when difficulties arise or the situation becomes unmanageable, that non-traditional methods are then sought. The influence of supernatural and/or traditional beliefs has been found to influence the treatment seeking pattern amongst predominantly Indian Hindu families.^{6,16} Isolation from general communities, language barriers and seclusion within society make treatment seeking more difficult; especially when psychiatric treatment is only sought once all other alternatives have failed.

The philosophical, religious and anthropological tenets that underpin psychiatric disorders need to be put into perspective by mental health professionals. Training in psychiatry needs to reflect anthropological content in both core theoretical and practical syllabuses. This will help resolve to some extent the gap in knowledge that practicing doctors suffer when on-call and face the dilemma of sectioning someone due to their coincident cultural beliefs. In practice, diagnosing either late and/or too-early can lead to mechanistic problems, taboos, misperceptions, as well as patient and family estrangement. The Accreditation Council for Graduate Medical Education (ACGME) in the United States has

established new training standards for all residency programmes, which includes cultural competency.¹⁷ It would be interesting to see if the Postgraduate Medical Education Training Board (PMETB) will mandate such a 'cultural' competency assessment.

Service Delivery and Management Issues

Poor knowledge and cultural practice can make access to appropriate treatments more difficult and remote. The need for separate mental health services for ethnic minority groups, and the conceptual skills and knowledge database of professionals to provide equitable management of mental illness is important. Services need to respond appropriately to the needs of all patients.¹⁸

There is a poor adaptability of measures (i.e. rating scales and diagnostic instruments) across cultures.¹⁹ Diagnostic instruments e.g. Short Explanatory Interview (SEMI) have been developed for primary care assessments for mental illness in ethnic communities.²⁰

Both mental health practitioners and service users often lack common ground of their cultural backgrounds or the explanatory models of illness. This may lead to the misperception that if psychopathology is culturally grounded, then it is not abnormal. To quote- '*Doctors often feel that the patient's view is exotic, unscientific and, more specifically, embedded in a cultural world view that they do not understand. Such situations often end up as case presentations and spark grand-round debates about how culture influences psychopathology*'.^{21,22}

A method to reasonably overcome these issues has been proposed. A cultural formulation recommended by the American Psychiatric Association coupled with the use of the patient's explanatory model has been suggested to help make the clinicians' practice more culturally appropriate, relevant and representative.²¹

CONCLUSION

We hope this article generates awareness amongst readers of some of the cultural issues when managing patients from the Indian subcontinent in other countries (each country having its own unique socio-cultural norms). This should thereby help mental health professionals (practising in countries other than India) in being able to further develop and offer more informed 'culturally sensitive' psychiatric practice for patients of ethnic minorities (and not simply of Hindu faith).

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