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The Ao Nagas' Indigenous Views On Mental Health

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Abstract:
Cultural and social values, beliefs, and traditional thought processes significantly shape cognitive patterns. Likewise, the Ao Naga, as an indigenous community, constrains their cultural interpretation of mental health due to inadequate knowledge and comprehension. This study explores the indigenous perspective on mental health in the Ao Naga community. This article delineates a primary objective of the author's doctoral research, entitled "Sayutsüngi: An Analysis of the Concepts, Practices, and Implications to Therapy of a Prevailing Indigenous Counselling among Ao Nagas." The methodology and sample population will remain consistent with the original study for this purpose. An extensive interview methodology was utilized to fulfill the study's aims. A non-probability sampling technique was employed to select 32 males aged 60 and older who possess indigenous knowledge relevant to the study's findings. According to the study results, elders have a fundamental understanding of mental health, but they tend to view it primarily from a lay perspective rather than a clinical standpoint. Furthermore, the stigma that is associated with mental health in society also creates significant barriers, which frequently leads to widespread misconceptions about the subject matter.
***Background**: When discussing vulnerabilities that negatively impact society on a global scale, mental health stands out as one of the most significant. Understanding the intersection of cultural values and mental health is crucial, particularly within indigenous communities such as the Ao Naga. People often perceive and address mental health differently due to the traditional beliefs and practices that shape their worldview. The Ao Naga community may lack access to contemporary mental health education, leading to a reliance on traditional interpretations that can sometimes contribute to stigma. This stigma not only affects individuals seeking help but also perpetuates a cycle of misunderstanding and isolation within the community. The research aims to shed light on these cultural dynamics and their implications for therapy and counselling practices. By focusing on the insights gathered from elders with indigenous knowledge, the study seeks to analyze the unique ways in which the Ao Naga conceptualizes mental health. Such an exploration is vital not only for academic discourse but also for developing culturally sensitive therapeutic approaches that can bridge the gap between indigenous beliefs and modern mental health practices. The findings will hopefully contribute to a greater understanding of how to support mental well-being within the Ao Naga community while respecting their cultural identity. The perspective of the Ao Naga on mental health remains significantly under-researched, with a distinct lack of studies that examine local viewpoints. This gap persists despite the extensive research efforts conducted by numerous scholars both in national and international level. The researcher deems this gap to be significantly important as the study progresses.*
***Materials and Methods**: The research employs qualitative research methodology. A non-probability sampling technique was used for participant selection. Data collection was conducted through interviews; thematic analysis was applied to examine and interpret the collected data. The researcher aimed to include 32 participants in the study. All participants were male individuals aged 60 and above who were law-abiding citizens with knowledge of Ao Naga customs.*
***Results**: Elders understand mental health, but from a lay perspective rather than a clinical one. Social stigma against mental health also creates barriers and leads to widespread misconceptions about the topic.*
***Conclusion:** Research indicates that mental health issues have likely been present since the emergence of Ao Naga society. Nonetheless, they remained hidden and overlooked until recently, highlighting the need for immediate attention.*
***Key Word:** Perception, Culture, Elders, Mental Health, Ao Naga*

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I. Introduction

The Ao Naga tribe of northeast India, a region known for its rich cultural diversity and traditions, often holds misconceptions about mental health. Diverse cultures perceive mental health through frameworks such as witchcraft, demonic possession, or divine retribution for transgressions committed by individuals or their forebears. People widely believe that stigma and adverse perceptions pose greater challenges for individuals

with mental health compared to those with physical ailments. Families frequently worry about social ostracism, a fear that hinders them from seeking help. In indigenous communities, the stigma associated with mental health frequently hinders access to treatment, thereby postponing healing and recovery. The primary objective of this study is to explore the unique concepts that reflect the Ao Naga's cultural perspective on mental health. As the study progresses, its findings will identify potential areas, thereby suggesting avenues for future research. This study is essential due to the Ao Naga tribal community's current deficiency in knowledge and guidance concerning mental health.

II. Theoretical Framework

In the January 2018 publication "Mental Health of Scheduled Tribe Population in India: Policy and Research Recommendations," Prof. M.S.V.K. Raju, President of the Indian Psychiatric Society, highlight that despite numerous initiatives to improve tribal mental health; including the establishment of the Ministry of Tribal Affairs in 1999, the formation of the National Commission for Scheduled Tribes in 2004, and the UN Declaration on the Rights of Indigenous Peoples in 2007; there is still a significant lack of evidence concerning mental health morbidity, needs, and service delivery strategies for this demographic. He additionally remarked, "Furthermore, there are inadequacies in the supervision and evaluation of ongoing or recently concluded programs," highlighting a concerning reality. Despite the diligent efforts made, the mental health crisis continues to escalate. Social pressure and expectations prevent people of all ages, genders, and statuses from adapting to a competitive environment in this rapidly changing society. As urbanization continues, rural residents often lack access to essential services like mental health care and early interventions. A literature review indicates that depression is projected to be the second most prevalent cause of illness in low-income countries and the third in middle-income countries by 2023 (Rej et al. 2023). The author emphasizes that the absence of facilities and obstacles to accessing mental health services contribute to the issue, while the enduring stigma associated with mental health further exacerbates it. Previous research demonstrates that various challenges, including resource scarcity, limited opportunities within tribes, and inadequate facilities, significantly impact individuals' daily lives (Alee et al. 2018). Literature reviews further emphasize that individuals in indigenous communities often encounter daily discrimination. The widespread stigma surrounding mental health and illness, coupled with inadequate understanding, often stimulates feelings of shame. This stigma hinders individuals from pursuing timely assistance and support. Crandall (2000) and Major & Steele (1998) contend that stigma is a characteristic that causes individuals to be viewed as unclean, eroding their identity and leading to their devaluation and marginalization. This creates a perception of those individuals as "inferior to fully human." Thus, stigma undermines individuals' dignity, devalues their humanity, and obstructs their capacity to participate fully in society (Dovidio, Major, & Crocker, 2000). Hasan and Alee (2018) indicate that the geographical positioning of India's northeastern states significantly contributes to their isolation and limited access to essential services. This seclusion leads to an absence of vital services, such as educational institutions, healthcare facilities, public transit, and others. The Ao Nagas, a significant tribe in India, encounter numerous challenges as the community neglects the significance of mental well-being due to insufficient awareness. The tribe possesses a historical lineage that associates their origins with perceptions of mental health and illness as abnormalities related to taboos. Families' obscure individuals with mental health disorders in rooms to conceal them from public view and avert disgrace. Moreover, the Ao Nagas contend that individuals with mental health problems frequently face societal discrimination, which diminishes their resilience. The comprehension articulated reveals entrenched convictions that individuals encountering mental health issues are frequently viewed as being demonically possessed, enchanted, or enduring divine retribution for their misdeeds or those of their forebears. This perspective concerns the consequences of such transgressions or the existence of tainted bloodlines resulting from incestuous unions. Fijian culture exhibits a view on stigma akin to that of the Ao Nagas; literature suggests that Fijians frequently ascribe illness to a curse inflicted by another individual or a spirit (Johnston, 1999). Islam et al. (2017) emphasize the various challenges encountered by South Asian populations concerning mental health within their communities. Literature reviews have substantiated Gopalkrishnan's (2018) assertion that cultural differences significantly influence individuals' perceptions of mental health. The stigma surrounding mental health is believed to impede the progress of the Ao Naga community and their willingness to seek help for improving their quality of life. Despite advancements in science and technology, the growth of mental health awareness remains both limited and slow; indigenous populations continue to lack sufficient information about current issues. This study is important, as the study intends to identify the root causes of these issues, enhance the quality of counselling services, and empower the Ao Naga indigenous perspective on mental health.

III. Material And Methods

A qualitative study was conducted with Ao Naga elders in Mokokchung District. The target sample consisted of 32 male participants aged 60 years and older.

Study Design: Narrative Explorative Study Design

Study Location: Mokokchung District, Nagaland

Sample size: 32 elders

Sample size & Selection Method: This study employed a sample of 32 participants. Data was gathered via individual, in-person interviews. Chain referral sampling was utilized based on recommendations from respondents familiar with Ao Naga indigenous knowledge. All participants were male, aged 60 and above, and were law-abiding citizens possessing a profound comprehension of Ao Naga traditions. The study examined demographic variables such as gender, age, experience, and pertinent knowledge associated with the subject matter. The researcher employed convenience sampling, considering 4 of the 6 administrative ranges, which encompassed 15 Ao villages in the Mokokchung district: Jangpetkong, Japukong, Langpangkong, and Ongpangkong ranges.

Inclusion criteria:
1. An elder must be 60 years of age or older
2. Individual who may or may not hold any position in the council in the past or present
3. It should be male and a rightful citizen
4. One who possesses indigenous knowledge

Exclusion criteria:
1. An elder who is less than 60 years of age
2. Female respondents were excluded
3. Elders who are eligible by age but lack indigenous knowledge

Procedure methodology

The researcher initiated the selection of the participants for the interviews, taking factors such as time, distance, and cost into account to achieve the desired outcomes. Prior to the interviews, the researcher thoroughly explained the consent form and the research topic. According to Ao customary law, the '*shiyim yimyim'* (allocation of works) in the village of Putu Menden varies among villages; the distribution of tasks is regulated by classifications including *Aola* or *Tazüngba*, *Tatar* or *Tazüng*, *Tongla*, *Unger*, *Senyim Tazüng*, or *Chidang Odang* (Bendangkoba, 2019). Despite this customary law, the researcher acknowledged that many elders over 70 encounter significant challenges and health issues stemming from the unique difficulties of modern life. Therefore, it was essential to define the inclusion criteria for the study to ensure that the interview sessions could meet the study requirements. The researcher finalized the list of interview participants, ensuring that participation was entirely voluntary.

Statistical analysis

The researcher employed thematic analysis to analyze the data, as this method allows for a clearer description and interpretation of the findings. The interviews were performed in the local language, followed by translations into English for the transcripts. To improve clarity and reliability in data analysis, the researcher engaged two external coders. This collaborative method sought to enhance comprehension of the principal meanings articulated by the respondents. Each transcript was systematically coded to accomplish the objective.

IV. Result

Ao Naga Perceptions on *"Tekolok Anema Aliba"* (Mental Health)

The majority of the respondents shared their general understanding of mental health; however, although their knowledge does not include actual clinical experience, it was encouraging and hopeful for the researcher to receive the basic understanding from the Ao Naga elders. Furthermore, it is evident that the convictions of tribal communities, coupled with the stigma associated with mental health, profoundly affect their understanding of mental well-being.

Physical and Mental Health: Respondents increasingly acknowledge the correlation between health and mental well-being as a crucial element in attaining happiness. The study results reveal that 12.5% of respondents recognize the importance of a healthy lifestyle in fostering peace of mind and contentment. This perspective aligns with the growing body of evidence that demonstrates the profound interconnection between mental and physical health; one cannot thrive without the other. According to the respondents when individuals prioritize their mental health, they frequently observe enhancements in their physical health, resulting in a more balanced

and fulfilling life. Moreover, the recognition of the saying "health is wealth" signifies a deeper comprehension of the holistic essence of well-being for the elders.

Over thinking and Mental Health: The study result indicates that 15.62% of respondents' experience excessive thinking disturbs peace of mind, which highlights the widespread nature of this issue. Respondents stated, when individuals remain in a constant state of over thinking, they may feel disconnected from their surroundings, leading to a significant lack of peace and an inability to enjoy the present moment. In addition, 9.37% of respondents raised their concern regarding excessive introspection according to them self-reflection can be beneficial, but an overload of introspection often lead to a negative lifestyle that diminishes one's overall happiness.

Social Support and Mental Health: The findings from the interview emphasize the vital role that social support plays in maintaining mental health, particularly during challenging times. With nearly 29% of respondents indicating that they turn to trusted individuals when facing problems, it becomes evident that the presence of a reliable support system can significantly alleviate stress and foster resilience. This reliance on family members, especially parents and relatives, highlights the foundational role that close relationships play in navigating life's adversities. Participants noted that these trusted figures provide emotional comfort and assist in problem-solving, which can enhance an individual's ability to cope with various stressors.

Spiritual Well-being: 25% of respondents say they internalize their problems and just surrender to God. This indicates that the community values human resources and divine intervention for overall well-being. The study highlights respondents' mental health understanding as a major issue. Despite their basic knowledge, their reluctance to seek professional help is concerning. They rely on spiritual support rather than psychological assistance suggests a strong cultural belief in faith over clinical intervention. To them they think relying on God alone can address mental health issues. This mindset may prevent them from getting vital recovery aid. It is essential to convey that seeking mental health treatment does not undermine one's faith or spirituality. Engaging in community discussions about the importance of professional support can help bridge the existing knowledge gap and lead to better mental health outcomes for individuals seeking help.

Stigma and Mental Health: The results show that 12.5% of respondents were unaware of mental health. This confusion highlights societal mental health misconceptions. Many people still associate mental health with negative stereotypes like insanity or malevolent possession, blaming personal misconduct, familial curses, or consanguineous unions. These outdated beliefs continue to influence contemporary perspectives. These kinds of connections keep the stigma around mental health alive and make people less likely to talk about or get help for their mental health. Cultural and familial beliefs often depict mental health issues as shameful or as signs of personal inadequacy, rather than recognizing them as legitimate medical conditions that can affect anyone. Therefore, educational initiatives aimed at correcting these misconceptions and enhancing understanding of mental health is crucial. By fostering open discussions and providing accurate information, society can work to reduce stigma and promote better mental health awareness.

V. Discussion

The investigation into Ao Naga elders' perspectives on mental health uncovers a complex understanding that goes beyond clinical definitions. While these elders may not be familiar with formal psychiatric terminology, their awareness of mental health's importance reflects a deep cultural insight. They know mental health is vital to overall health and affects both individuals and their communities. This understanding frequently originates from traditional customs and communal connections that emphasize emotional support and resilience. Moreover, the elders' candid expressions of concern regarding their limited knowledge about mental health highlight a critical gap in resources and education. This acknowledgment not only points to the need for increased awareness and training in mental health literacy within the community but also suggests an opportunity for integrating traditional wisdom with contemporary mental health practices. By fostering dialogue between mental health professionals and the elders, a culturally sensitive approach can be developed, allowing for a richer understanding of mental health that honors both indigenous knowledge and modern science. The respondents in the study did mention their belief that mental health issues arise from curses, evil spirits, or sins passed down through generations, reflecting a deep-rooted cultural perspective that intertwines spirituality with psychological well-being. Such views often lead to the stigmatization of mental health conditions, with individuals seeing themselves as being cursed or punished rather than recognizing a need for medical or therapeutic intervention. Furthermore, marriages between family members as a contributing factor to mental health challenges highlight the complexities of familial relationships and genetic predispositions. In cultures where intermarriage is common, the risks associated with inherited mental health

issues can be compounded by the social and emotional stressors inherent in these close-knit unions. This perspective invites further examination of how cultural practices, beliefs, and familial structures can influence mental health outcomes, leading to the importance of culturally sensitive approaches in mental health care and education. A lack of understanding and awareness in communities often leads to mental health problems being stigmatized. Many individuals hold misconceptions about mental health, viewing it as a personal flaw or a sign of weakness rather than a legitimate medical condition. This misunderstanding can instill fear, causing people to avoid situations that might leave them feeling isolated, intensifying the issues. The community may unintentionally maintain a cycle of shame and silence, which might discourage individuals from openly discussing their mental health and seeking the necessary help. To fight this stigma effectively, it is important to focus on education and awareness campaigns that will help people learn more about mental health. The community, professional settings, and schools can all make a big difference by providing resources and training that help people understand mental health issues.

VI. Conclusion

The stigma attached to mental health issues is a pervasive barrier that affects not only individuals but entire communities, particularly in the Ao Naga tribal community. This stigma often leads to a lack of understanding and awareness about mental health, perpetuating harmful stereotypes and misconceptions. As a result, individuals feel isolated and reluctant to share their struggles, fearing judgment or rejection. This silence can make their problems worse, creating a cycle of mental health problems that aren't being talked about, which makes the stigma in the community even stronger. Furthermore, the hesitance to pursue assistance can obstruct individuals from obtaining essential resources and support systems that could facilitate their recovery. Traditional beliefs and cultural norms may also play a role in this hesitance, as some view mental health issues as a sign of weakness or a personal failing rather than a medical condition that requires treatment. To effectively tackle these challenges, it is essential to promote open conversations about mental health, educate community members, and encourage a culture of empathy and support. By dismantling the stigma, the Ao Naga tribal community can create an environment where individuals feel safe to express their emotions and seek the help they need.

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