

A community immersion in Santal tribes

"Depression doesn't exist"

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Introduction

Depression is an increasingly important mental health issue in our society. Our aim was to discover whether it was culturally determined, and to understand the perception of depression in a community characterised by a plurality of health and medicine representations. That led to the formulation of our research question: How is depression perceived, described and dealt with by Santal communities [2, 3]?

Method

To understand the meaning of depression in the Santal population, our scientific method was based on an inductive approach (a bottom-up approach), which means that we tried our best to be guided by our experience in the field. Snowball sampling, consisting of not predefining our interviewees, allowed us to meet all types of people and was central to the inductive approach. Once the data collection was over, we used several tools derived from the grounded theory for our analysis [4]. Although we kept the reference grid of the DSM-5 in mind, we focused on the terms used by the participants [5]. The field work lasted for 2 weeks and included 39 interviews with Santal people, Hindu people and official/unofficial health professionals (doctor, quack doctor, social worker, Accredited Social Health Activist ASHA, pharmacist...). Two local social work students helped us, to ensure translation and cultural mediation. A pluridisciplinary professoral team supervised us all through our research. We took field notes and pictures and shared our results through daily debriefings. Feedback from Santal activists was obtained at the end of the stay.

Results

Therapeutic itinerary

We organised our data in four main categories: causal attributions, symptoms, resources and outcomes (fig. 1).

- 1 Causal attributions: a fracture in everyday life is caused by a life event and amplified by a list of risk factors (responsibility, having a "fragile mind"...). The individual cannot go on as usual.
- 2 Symptoms appear if the person cannot cope with the issue. The symptoms can be combined and are not always identified as "bad".
- 3 Resources are available to solve the problem.
- 4 Depending on the duration and intensity, the outcome can vary.

We conceptualised our results with the idea of an *identification filter*, which is the way people explain the world with the tools/ideas/education they embody. The DSM makes it possible to identify probable cases of depression that were not identified as so by Santals. On the other hand, some symptoms of depression, such as eating and sleeping disorders, did not make sense in an agricultural community. In the Santals' perception, depression has a different meaning. For example, they used many terms to talk about it, meaning they had no direct concept of depression as an illness. The Santals reported that they did not take time into consideration when evaluating the severity of their problems. There were also social conflicts about the meaning of depression. Sharing feelings did not seem to be either a solution, a habit, or a kind of treatment. Santals seem to identify depression at the level of resources and outcomes. For them, depression is either treated or makes people mad. However, a consensus view was that depression can be kept away by a daily routine, preventing overthinking.

Discussion

Depression does not exist in the Santal community as we expected to find it. It seems that the western identification filter detects depression from the symptoms, where Santals identify it from the outcome. Our results support a bottom-up approach to investigating transcultural issues in medicine. This can improve caregiver's competences to deal with depression, their empathy and the health outcomes of their decisions. This project was important because it is both transcultural and interprofessional. It allowed us to examine the ways in which culture, society and individuals are

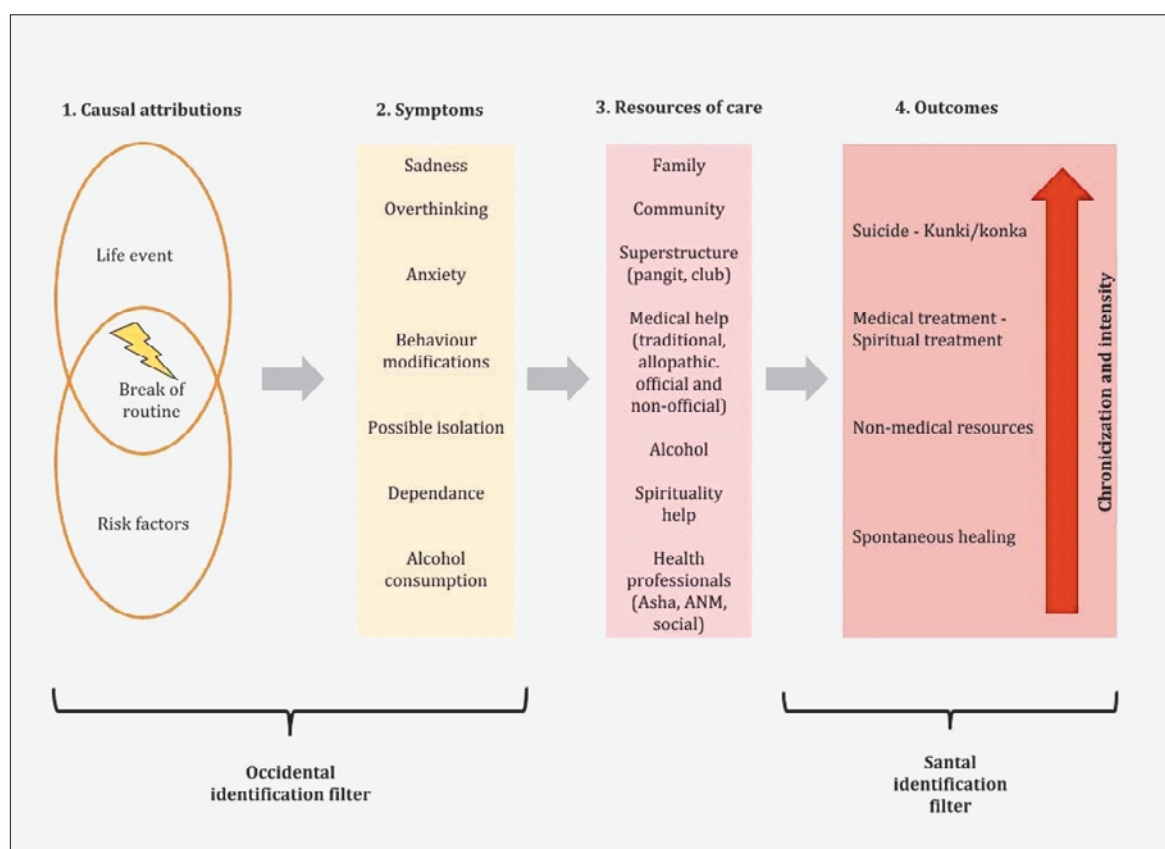


Figure 1: Organisation of data into four main categories.

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organised around health and care with a much wider scope and led to a better understanding of the different determinants of our research.

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