

## Mental health in India

# *Kunki* and *Konka*: madness according to Santals

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## Introduction

In 2017, the literature indicated a prevalence of diagnosed mental illness of 18–20 per 1000 people in India, and a total of 40 hospitals specialised in mental health across the country [1]. Research about mental health has been conducted in various parts of India, mostly focusing on the stigmatisation of the people affected by psychiatric disorders [2]. Other studies have considered the topic of psychiatric pluralism, focusing on how to improve the patients' condition by means of different types of therapies [3]. However, most of them have investigated Hindu or Muslim populations, and we notice a lack of research and literature concerning tribal communities, especially when it comes to the cultural perceptions of mental health and illness and their social implications for the individuals concerned. Consequently, we structured our initial research question on the specific aetiologies, treatments and social responses related to the mental disorders found in Santal populations. We planned to refine this intentionally wide question according to the data emerging from the fieldwork. After an exploratory phase, we focused our fieldwork on the freshly discovered local terms *Kunki* and *Konka*, which refer to women and men, respectively, considered as “mad” [4]. At this point, the goal was to identify the particular uses of those terms and their associated representations in order to understand the resultant social responses and therapeutic behaviours.

## Methodology

Our fieldwork was based on an iterative approach consisting of continual feedback between data collection and analysis, and the research process. It comprised observations and 34 semi-structured interviews with health and social workers, and Santals and

Hindu community members. During the fieldwork, we were accompanied by our professors who supervised the research and by two local social work students who ensured cultural mediation with the respondents. Observations and interviews were interpreted with the help of fieldnotes taken during or immediately after the encounters, and then summarised and indexed in a chart, which served as a database for the thematic analysis we present in the next section.

## Results

Our findings can be divided into four thematic axes. The first one focuses on the Santali terms *Kunki* and *Konka*, which seemed to be associated with three main features: aggressivity, loss of self-control and nonsense behaviour. They form a frame of deviant attributes that justify the labels [5] *Kunki* and *Konka*, resulting in various consequences discussed in the other axes of the research.

The second theme focuses on the different types of aetiologies that were given to explain the state of the people affected. Depending on the people interviewed, we found references to biological causes (brain issues), spiritual causes (involving local spirits named *Bongas*) and an overload of negative events in areas such as family, finances, work, etc. This last category was not named “psychological causes” to emphasise the Santal perception of being unwell, which never appeared to be distinguishable from the events that caused it.

The third axis consists of an exploration of the different types of therapies used by the Santals to treat the condition described as *Kunki* or *Konka*. Allopathic medicine was used, but not exclusively, partly because of the great costs involved and most notably because it was often not considered as relevant to the cure these kinds of troubles. Many people opted rather for plant-based treatments such as ayurveda, or sought help from Brahmins or other “spiritual leaders” who are not necessarily Santals. There was some people who did not seek treatment at all. It seems that for chronic



Figure 1: A Santal village.

conditions, for example, which are not thought to be treatable for crises, as if the disease did not exist except during these times.

Finally, we addressed the social responses of the people who lived with individuals considered as *Kunki* or *Konka*. Depending on the perception of the deviance, we identified four types of behaviours: avoidance of affected individuals (particularly during crises), marginalisation (through mockery and exclusion), isolation (inside the family, aiming to protect) and role reconfiguration, which can occur when the *Kunki* or *Konka* person is considered to be possessed by a good spirit, giving him/her the ability to communicate with the divinities.

## Discussion

Having formed a grounded definition of a Santal terminology for mental disorders, we established a typology of aetiologies, treatments and social responses associated with it. India is a country characterised by

great cultural, linguistic and religious diversity, as well as by globalisation. However, what has been depicted here is a situation of plurality occurring in a relatively small geographic area and within a population often considered as homogeneous. Thus, when considering health policies, and in particular when it comes to mental health, one should take into account this plurality and act accordingly.

## References

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