Dwellers: An Indigenous Perspective

Megha Singh and Pallavi Bhatnagar

Abstract

The ancient texts of yogic philosophy, such as the Upanishads, Bhagavad Gita and Patanjali's Yoga Sutras have addressed multiple factors in health. Health in Ayurveda is a holistic approach which aims at harmony between the body, mind and the soul. Mystics and yogis view suffering as an opportunity to evolve in higher states of consciousness. Cultural and religious teachings often influence beliefs about the origins and nature of mental illness and health beliefs. In addition, there are certain beliefs that are pertinent only to Indian culture. Thus, the present paper makes an attempt to explore the construing of health and mental health beliefs in slum dwellers using an indigenous perspective. Qualitative research methods in the form of observation and in-depth interview were carried on 105 male and 102 female slum dwellers with the age group 21-45 years of Vinayakpuram area, Lucknow, India and the results were content analyzed for the same. The results revealed that awareness of slum dwellers regarding health and mental health related concepts is poor. Females have even lesser knowledge about the concepts in comparison to their male counterparts. The results also discovered that these people are living in a state of impoverishment and a state of denial where life is a day to day struggle and the only thing that keeps them going is their belief system. Thus, the need of the hour is to find the echo of their strength in the cultural ethos which would serve as a base for addressing the issue of creating and restoring well being for the masses. The preventive intervention taking two levels- one at community level and other at public health level would also be discussed in the indigenous perspective.

Keywords: Mental Health, Slum Dwellers, Indigenous perspective, Upanishad, Ayurweda

Introduction

The conceptualization of health is seen in holistic terms since ages. People have many different beliefs and attributions as precursors to health related behavior. Several thousand years ago, the Vedic seers had beautifully described in Rig Veda desire for longevity and health (mental and eternal physical) in the much quoted Atharva Veda sukt: "Pashyem sharadah shatam, Jivet sharadah shatam" (let me see 100 autumns, let me live 100 autumn). (White Yajurveda, 1899). With the longing for hundred years Vedas also emphasized on a life which is

active, vibrant and full of dignity. Such an active life is possible only when a person is healthy.

According to the ancient books of knowledge, health is considered as a prerequisite for achieving the supreme ends of life consisting of righteousness, wealth, artistic values and spiritual freedom. Preventive and curative aspects of diseases are considered as important components of the concept of positive health. Ayurveda becomes one of the oldest systems of health care dealing with both the preventive and curative aspects of life in a most comprehensive way (Devanathan, Gopinath, Brinda, 2011).

Ayurveda is a Sanskrit term, made up of the words "ayu" and "veda." "Ayu" means life and "Veda" means knowledge or science. The term "ayurveda" thus means 'the knowledge of life' or 'the science of life'. Ayurveda can be defined as a system, which uses the inherent principles of nature, to help maintain health in a person by keeping the individual's body, mind and spirit in perfect equilibrium with nature.

Two well-known Ayurvedic manuscripts, the Charaka Samhita by Charaka, and the Sushruta Samhita by Sushruta, have established the roots of modern Indian medicine. According to Sushruta Samhita health is defined as:

"Sama dosha sama agnishcha samadhatu mala kriyaaha|

Prasanna atma mana indriyaha swastha iti abhidheeyate ||"

(Sushruta Samhita, Sutra section, Ch. 15: 44)

Here Samdosha means the equilibrium of the body humors; Samagni refers to uniform healthy digestion; Samdhatu denotes normalcy in body tissues; mala kriyaaha means normal process of excretion; and Prasanna atma mana indriyaha refers to happy organic functions of soul, mind and senses. Thus, it means- "When bodily humors and the metabolic process are in dynamic equilibrium, all the tissues are functioning in harmony, all the excretory material is expelled out adequately and the soul, the sense organs and the mind is happy, it is the perfect state of health." In this definition all essential components of health have been included. This description emphasize the biological, metabolic, seasonal, social, mental, spiritual, social, dietary and environmental dimensions of holistic health.

Lad (1994), an ayurvedic physician, also focussed on the normal functioning of the senses where body, mind and consciousness are harmoniously working as one. He explains that a state of health exists when the digestive fire (agni) is in a balanced condition, humors (vata, pitta, kapha) are in equilibrium; the three

waste products (urine, feces and sweat) are produced at normal levels and are in balance. This denotes that the Indian ancient scriptures construe health in different forms taking into account the holistic picture of health and include multiple factors in defining health.

Another aspect of healthy life is the satisfaction faced by the individual, despite facing the challenges or ups and downs of his life. In Bhagvad Gita, Lord Krishna focused on the liberation of even mindedness in pleasure and pain. Chapter 2, Shloka 15 outlines the immense gain to be got by bearing with associations and dissociations. A person who is moved by these pair of opposite contacts and who is even minded towards the perception of pleasure and pain qualifies for immortality (Sinha, 2004).

The Bhagvad Gita defines Yoga as 'samatvam' meaning that yoga is equanimity at all levels. It may be also understood as a perfect state of health wherein physical homeostasis and mental equanimity occur in a balance and health harmony. In Yoga Sutras, Maharshi Patanjali says that the purpose of yoga is to stop misery from befalling you. It has offered guidelines that will allow an individual to have enhanced emotional and mental well being and a more fulfilling and meaningful life. Thus, the scriptures enable an individual to cope up with their adversities in a more positive way. Besides, there are certain ideologies also that help an individual to be healthy (physically and mentally) even in their sufferings, adversities and problems.

According to Buddhist thinking, happiness and sorrow are one's own responsibility and completely within our control. Daisaku Ikeda, Buddhist philosopher in his words of wisdom conveyed that "Suffering is the fuel of wisdom, and it opens the way to happiness. Illness, for example, can help us gain insight into the meaning of life, develop a deeper appreciation of life's value and dignity and ultimately enjoy a more fulfilling existence." Mystics and yogis also have viewed suffering as an opportunity to evolve in higher states of consciousness.

The ancient Indian scripture have not only talked about the concepts of health and mental health but have also focused on the causes and emergence of mental illnesses in our lives. Atharva-Veda, mentions that mental illness may result from divine curses (Nizame & Goyal, 2010). Great epics such as the Ramayana and the Mahabharata made several references to disordered states of mind and means of coping with them. (Weiss, 1986; Bhugra, 1992).

Even cultural and religious teachings often influence beliefs about the origins and nature of mental illness and health beliefs. In addition, there are certain beliefs that are pertinent only to Indian culture. Dalal (2001) points out that health systems and practices in all societies are based on certain shared beliefs

about the world, self and human existence. These cultural beliefs provide the necessary framework for defining health, understanding the causes of illness and deciding the modes of treatment.

The notions of health and illness are embedded within broader social beliefs and meaning systems. These broad systems of meaning may be related to the central values of collectivises and social groups. The common sense meaning may be derived from various socio-cultural factors such as knowledge gained through social interaction, scientific ideas prevalent in society, features and dynamics of community, ideas regarding an ideal and healthy life style, commonly existing explanations and causal beliefs regarding illness conditions, the representation and explanation of life and death among others (Dixit, 2005). Moscovici's (1973) theory of social representation has provided the much needed socio cultural framework to the social psychology of health and illness.

The influences of these cultural beliefs, religious beliefs and philosophical traditions have been identified in several health studies. In the Indian context, many social scientist and cultural anthropologists have studied health and illness beliefs as part of cultural traditions (Sahu, 1991; Swarankar, 1994).

A review of ethno cultural beliefs and mental illness stigma by Abdullah et al. (2011) highlights the wide range of cultural beliefs surrounding mental health. Another study reported that mentally ill individuals experience social stigma and beliefs about mental illness which can affect patients' readiness and willingness to seek and adhere to treatment. (Nieuwsma, Pepper, Maack, Birgenheir, 2011). Rizvi's (1991) anthropological work examined the common beliefs about health, diseases and disabilities among the Jaunsaris of the Himalayan region.

Therefore, understanding individual and cultural beliefs about mental illness is essential for the implementation of effective approaches to mental health care. Although each individual's experience with mental illness is unique, the following studies offer a sample of cultural perspectives on mental illness. Thus, to obtain an understanding of the causes of illness, perceptions about health and disease and the coping strategies followed by people, attention should be focused on the phenomenological aspects of an individual including the effects of the culture, society and role of teachings of Vedas and Upanishads in an individual's life.

There are few researches that have focused on health beliefs and illness but they are mostly related to either urban or educated groups or are done on a specific community or tribe. Rural, socially disadvantaged and poor people who live below poverty line have found relatively lesser coverage with reference to empirical researches.

The phenomenon of slum is worldwide and no country is without slums. Slums are rapidly spreading throughout the world resulting in changing proportion of urban to rural population. As per the Census 2001 data India's population stood at 1027 million on 1st March 2001 which has increased to 1210 million in Census 2011. However, researches related to them are related to only their quality of life, poverty and unemployment.

Therefore, the present paper makes an attempt to explore the construing of health and mental health beliefs in slum dwellers using an indigenous perspective.

Objectives: The main objective of the study were

- To explore the perception and status of health of people residing in slum area.

- To explore the perception and status of mental health of people residing in slum area.

- To explore their coping patterns in dealing with these health issues.

Method

Design:

Survey technique and ex post facto research with exploratory orientation was used.

Sample: The sample has been taken from a slum (Ambedkar Basti, Vinayakpuram) in Lucknow city of Uttar Pradesh, India. 207 people were undertaken including one unit from each house to get a representative picture of Ambedkar Basti. In depth interviews were carried on 105 males and 102 females with the age group of 21-45 years.

Data collection:

The data was collected using the perceived health schedule developed by the researcher. This was substantiated by the researchers own observation. The perceived health schedule was individually administered on an adult (male/female) from each household. The data thus obtained was content analyzed for each item to be able to generate meaningful mutually exclusive categories.

Results

Health is understood, interpreted and described differently by different groups in a community. Looking at the holistic picture of health given in Vedas, Upanishads, Gita etc. these meanings are generated in individual from the everyday experiences and the cultural beliefs that he possess. In order to understand the meanings of concepts related to health, questions regarding the conceptualization of health, healthy person, disease, mentally healthy individual, happiness and unhappiness were asked.

Semantic of health-

Health has been regarded right from then Vedic times as an essential requisite not only for the accomplishment of the three common objective of life (viz. virtue, wealth and enjoyment) but also for the liberation from the miseries of phenomenal existence which is the ultimate goal.

In order to understand the conceptualization of health among respondents they were asked "Aap sehat se kya samjhte hai?" (What do you understand by health?). The respondents predominantly describe health as 'normative' (Acha samjhat hai or achi honi chahiye) (24.64%) followed by 'Physical Strength and Built' (Mota tagada hoye, takat hoye jisme) (21.25%). However, significantly greater percentage of females (11.76%) in comparison to males (3.81%) were unable to define health (C.R. =2.10< 0.05 level).

The results after content analysis also bring forth the response "absence of illness" where respondents believed that illness is the major cause of their poor health. Similar finding was found in the study of Dixit (2008) where she reported that health was more of an absence for Bondos of Orissa and not something clearly positive.

Health has been viewed as "absence of disease" till early 90's and has been part of social belief system. Health was an element of medical terminology where people were provided with medical care to prevent them from disease. However, in Vedas, Upanishads, Bhagavd Gita and various ideologies prevalent in India had long before addressed health to be more than absence of disease. It means living in peace, harmony, happiness and a positive aspect of life. They followed health programs which activates the body's inner healing ability, well being and creates a balance between body and mind.

Semantic of healthy person-

Semantic of health contains no meaning in itself unless the conceptualization of healthy person is explained. Hence the question asked was "Sehatmand aadmi kaisa hota hai?" (Who is a healthy person?) It brought forth almost similar results as health. It is the category of 'Judgmental' which has obtained

maximum number of responses (38.65%) with responses like 'Acha hoat hai, badhiya hoat hai" (Is good, very good). This is ollowed by 'Strong Built/ Physical Strength' with 37.68% respondents "Tagada mota hoat hai" (Well Built), "Gale ki haddi nahi dikhat hai u hi tandaroost hoat hai" (Those who do not have exposed collar bones are healthy), "Khae piye ko acha mile, wohi sehatmand hoat hai, iha do waqt ki roti nahi milat hai" (The person who gets healthy good food is healthy, we even do not get 2 times of meal in a day).

Such beliefs can be corroborated by the religious or cultural beliefs mirrored in Chapter 17, verse 8,9,10 of Bhagvad Gita.

"Ayu Sattva Balarogya sukkha priti vividharna

Rasya Srigdha Sthira Hridya Aahara Sattvikpriya"

These shlokas explain that food which promotes life, vitality, purity, vigour, health, happiness, satisfaction and cheerfulness are liked by 'sattva' people who leads their life peacefully.

The point worth reporting here is that both health and healthy person is construed as good physical health by the respondents. The respondents construe health and healthy person in terms of the somatotype viz.- "hatta katta hoye to dekhe mein bhi sundar lagat, gale ki haddi dikhe wale ki sehat na hoat hai" (The person who has a strong built look nice, however, one who is thin is unhealthy), "Salman Khan jaisa hoye to aur kauno cheez nahi chahiye sehat banana ko" (Anyone having the built of Salman Khan then requires nothing to maintain health) which reflects that for them health is being fat and strong built. A number of respondents address this personally deriving the conclusion of being unhealthy on account of being thin " Hamare kauno sehat nahi hai, dekh leho, didi, patle duble se dikhat hai" (I am not healthy sister, see for yourself how lean and thin I am).

Indian scriptures and belief systems has a positive correlation between a body which is full of musculature to shaurya, sahas, health and power.

Health History (Self & Family)- Family-life is the backbone of the entire social organization. Happiness, peace and heavenly atmosphere of prosperity depend only on its excellence. (Acharya, 2007). Rigveda emphasized God has given longevity to all in this world, but man reduces his life-span by improper diet and way of living. The families that are healthy and husband and wife share mutual relationships only thrive and are happy.

Hence, the health status of inhabitants of Ambedkar Basti and their families was explored in terms of ailments they have had. The question asked was- "Ab tak

aapko kaun aur aapke yahan kaun kaun si bimariya hoti hai?" (How many diseases have you and your family faced so far?) There seems to be a dominance of seasonal problems viz:- "sardi, jukham, palti jyada raht hai" (Have more of cold and vomiting). This is followed by infectious diseases "Cholera, Malaria, chechak, nikal aat hai" (I had got small pox, cholera and malaria), "Gharaon ma T.B. ho gayi mahraro ko, bachan ka chechak nikal aat hai" (At home also my wife is suffering from T.B. while children have got small pox).

The researcher also observed more of seasonal and infectious diseases prevalent in these areas mainly due to unhygienic conditions which were clearly visible both inside and outside their homes. There is lot of dirt, unsanitary conditions, lack of clean water which affects the health of the individuals. Dalal (1991) reported that these various chronic diseases are frequently associated with personality characteristics, attitudes and lifestyle of an individual. Therefore, attending to the organismic causes of a disease is not enough to restore a person's health. Alleviating anxiety, ensuring compliance to the treatment regimen and attending to emotional disorders are some of the domains in which concentration should also be focused.

Even the implications of Ayurveda also points that psychological factors play an etiological role for every physical illness (Chand et.al., 2012; Shamasundar, 2008). Besides, there are no genes, chemicals or other agencies that can be blamed for one' deteriorating health, an individual is responsible for his one's state of health.

Semantic of disease- In the Buddhist holistic perspective, disease is the expression of the disturbed harmony in our life as a whole. By its physical symptoms, disease draws our attention to this disturbed harmony (Ratanakul, 2008). The meaning of health and disease in Buddhism can be divided into two related areas "Disease of body and disease of mind." (Woodward, 1995). The former links to a conventional truth (sammatisacca) which is similar to today meaning while the latter associates with the ultimate Truth (lokuttaradhamma).

How one addresses and copes with disease is to a large extent dependent upon the perceived meaning of disease. The question asked was "Bimari kya hoti hai?" (What do you understand by the term disease?) Results reveal that meaning of disease evolve around various health problems. 63.29%of the respondents construe specific diseases as the meaning of disease like "Bukhar, khashi, jada, bimari hoti hai" (Fever, cough and cold means disease) "Badi bimariya bhi hoti hai jaise T.B., Malaria" (There are other serious diseases like T.B. and malaria). More of females 'Don't Know' about the semantic of disease in comparison to males (C.R. =2.21< 0.05 level).

Some of them frequently viewed it as a state of discomfort and unhealthy life style and reported that it is an affect of displeasure of God or Goddess. Semantic of disease was closely linked to their religious beliefs where they believed that suffering comes to them because of their karmas of the past. This belief of slum dwellers is being supported by Radhakraishnan (1926) decades ago where he reiterates that in the Buddhist and Hindu philosophical traditions, belief in the theory of Karma is widely accepted as a causal explanation for major events in one's life.

Even the doctrine of karma in Bhagavad Gita propounds that for every morally determinate thought, word, or action, there will be corresponding karmic compensation, if not in this life, then in some future life. Therefore, an individual should not remain action-less, because the present experience is the result of previous karma. There is no renunciation and nobody can escape from karma.

According to the W.H.O. (1946) connotation of health any study or research addressing perceptions of health is incomplete if issues pertaining to Mental Health are not addressed. Thus, it was essential to explore the semantics of mental health also.

Semantic of mentally healthy individual- Shamasundar (2008) in an indepth study of Epics and Hindu scriptures contends that "State of Mental Health should not be dependent on the presence or absence of illnesses or difficulties, and should transcend both. Thus, it should be possible for an individual to be mentally healthy in spite of difficulties and/or illnesses." Human suffering is an integral part of life. For being mentally healthy does not mean that I am free of problems. All of them believed that sufferings are a part of life and provide completeness to our existence. According to ancient Indian scriptures, an ideal person is expected to manage one's life in spite of adversities of any nature.

To explore semantics of mentally healthy individual the question asked was "Dimagi taur par sehatmand kaun hota hai?" (Who is a mentally healthy individual?) The most significant finding that emanates from the distribution of the responses is that 53% of the respondents are not aware of the meaning of mentally healthy individual (39.13% do not know and 14.01% redundant responses). Responses were something like "Janat nahi", "Nahi maloom", "Hum ka jani" (We do not know) and "Jo ki aa jaaye" (Anybody who comes) "Sab btiya aise hi chalet hai jeevan" (The life goes on like this daughter). However an interesting finding worth reporting is a difference in their perception for the category of intelligent/ educated wherein more of males (9.52%) construe mentally healthy person as 'Intelligent/ Educated' in comparison to females (1.96%) (CR=2.29<.05 level). They said- "i<+k&fy[kk

vkneh gh fnekx ls lsgrean gksr gSA" (The one who is educated is mentally healthy).

Semantic of Happiness- In the Hindu Vedas, Upanishads and Bhagwad Gita, happiness is supposed to be one of the four moral ends towards which human beings direct all their efforts, consciously or unconsciously. Philosophers say that we desire Immortality, Knowledge, Freedom and Power also, but the Bhagvatam instructs that these are mere means of attaining happiness. Happiness is an important determinant of mental health, therefore, it was essential to understand slum dwellers conceptualization of happiness. "Khusi se aap kya samjhte hai?" (What do you understand by happiness?)

The results seem to bring to fore the dominance of positive relations and feelings clubbed into the felt experience of happiness. It is the category of 'Peace and Healthy Relation' which is rather dominant (36.71%) with responses like- "Apan biwi bache khush rahe to khusi aawat hai" (When your wife and children are happy then there is happiness), "Ghar mein such chain hoye, ladai jhagda na hoye to khushi" (When there is peace in the family and there are no fights, then we are happy). This is followed by the 'Feel good experience' (23.67%) indicated by responses like "Acha lagat hai" (It feels nice), "Hansi aat hai" (When we laugh).

These responses gets a clear indication from our Vedas and Bhagavd Gita which describe the significance of grihastha life where a householder's see all kinds of happiness in religion, economic development, sense gratification and the begetting of children, sons and grandsons.

However, a point worth reporting here is that more males (16.20%) conceive semantic of happiness as "Money and material prosperity" in comparison to females (4.90%) (CR= 2.59< .05 level). While more of females (14.71%) construed 'occasion of happiness' as semantic of happiness than males (5.71%) (CR= 2.11< .05 level) "Ladka baccha hoye, shadi byah hoye to khusi aavat hai" (When there is marriage or birth of baby then we are happy).

This picture of Indian women is the clear resemblance of the wife in Vedic culture whose duty is to create and maintain a very peaceful and happy family and home environment. Srimad Bhagavatam Canto 7: Chapter 11: Verses 25 also described the duty of a wife similarly- "To render service to the husband, to be always favourably disposed toward the husband, to be equally well disposed toward the husband's relatives and friends, and to follow the vows of the husband—these are the four principles to be followed by women described as chaste."

Semantic of Unhappiness- Happiness and unhappiness are the two sides of the same coin. The principle of dukkha is one of the most important concepts in the Buddhist tradition. The central importance of dukkha in Buddhist philosophy is not intended to present a pessimistic view of life, but rather to present a realistic practical assessment of the human condition—that all beings must experience suffering and pain at some point in their lives, including the inevitable sufferings of illness, aging, and death (Gethin, 1998). Happiness and it's understanding would be incomplete if the perception of unhappiness was not explored. Hence, they were asked-"Dukkhs se aap kya samjhte hai?" (What do you understand by unhappiness?)

The semantic of unhappiness is perceived as the deprivation or loss from any basic necessity/person and slums are reproachful towards it. However, majority of the respondents (43.96%) gave 'Judgmental' response viz- "Bahut buri cheez hoti hai", "Kharab cheez hoti hai" (It's very bad).

Every major system of Indian philosophy takes it's beginning from the practical and tragic problems of life. In this context and important Indian concept is that of 'klesha' or the origins of human misery. It is best explained in Patanjali's Yoga Sutras. It states that the source of human misery is our attachment to desires. 'Raga' is the attraction towards things which gives us pleasure, and 'dvesha' is the repulsion we feel towards objects that gives us unhappiness. The responses given by slum dwellers are a clear indication that they are deprived of the things which they desire and thus, perceive unhappiness to be dreadful state.

Perception in most of the response categories is similar with an exception that more males are experientially feeling the denial and lack of essential requirements of life in comparison to their counterparts (23.81% and 11.76% respectively with CR=2.22< .05 level) "Khae piye ka na hoye, chat na ho to dukkha hi dukkha hai" (When there is no food and house then there is unhappiness). Thus, males seem to be self focused and objective in perceiving unhappiness while females are other focused and relational as they (26.48%) seem to be having a higher response rate for personal experiences embedded in relationships in comparison to their counterparts (5.71%) (CR= 4.01< .01 level) viz. "Apne ghar ma matti ho jaye to u hi dukkha hai" (When there is death in family), "Baccha bimar ho, bistar par pada ho to u hi dukkha hai" (When my child is ill then I am unhappy).

These results are again in line with the results of semantic of happiness where women perceived happiness in family's growth, economic gains and smile of their children. This again emphasized that the roles provided to women in Vedas and scriptures form the base of religious and social teachings where they are more inclined and concerned towards relationships and family issues and

therefore experiences happiness, as well as, unhappiness in the well-being of their family only.

Coping- Coping does not inevitably succeed in eliminating the stressor but it may help the person to handle the stressors. Each one of us has our own way of coping or dealing with negative experiences and life events. Thus, it was essential to identify the coping strategies and patterns used by slum dwellers.

Coping with sickness- Ancient rishis have spoken abundantly about self-control through meditation and thereby achieve integration of self, stronger will, development of latent potentials, and self-purifications. Mundaka Upanishad declares that attachment and desires cause all distresses. In the absence of desires, the restlessness of the mind is composed and one becomes blissful. Balancing of personality through balancing of gunas is a major teaching of the Vedas (Mundaka Upanishad). In addition prayers, meditation, sacrifices are used for attaining mental peace, and pure thoughts. The Rig Veda, Yajur Veda and Sama Veda dwell upon the other world and the greatness of gods, while Atharva Veda dwells upon the ways of knowing individual psyche and attaining power in the world, specially related to atman and manas.

Since different scriptures are dealing with the different aspects of coping with illness and getting mental peace thus, it was relevant to explore the coping pattern of people living in difficult circumstances. In order to explore how the males and females of this area cope with illness, they were asked the following question- "Bimar hone par aap kya karte hai?" (What do you do when you get sick?) It was very reassuring that an overwhelming percentage of respondents (81.64%) have indicated that they visit a doctor/ hospital when they are ill- "Doctor ko dikha aat hai". Further, in terms of gender difference, 11.76% of females 'do nothing' in comparison to their male counterparts (2.86%) (CR=2.43 < .05 level). Moreover, significantly greater percentage of females (14.71%) takes medicine from a chemist's shop than males (3.81%) (CR= 2.67 < .01 level). E.g. "Dukan se jakar dawai le aat hai" (We bring medicine from a chemist's shop).

A marginal number of subjects have at their cognitive base the healer who provides some relief when coping with their sickness. They reported "Jhadwa phukwa kar aat hai kahi se" (Get in exorcised by an exorcist), "Tabeej bandha laat hai" (Tie Talisman), "Bacha bimar ho gaya rahin ojha ne jhad diya tab se theek hai" (My child was ill but went to an exorcist and now he is fine), "Dua tabeej karat hai" (Obtain a talisman from an exorcist). These results clearly indicates that temple healers, shamans, exorcist, ojhas are not only the part of pluralistic health care system rather they provide a physical, social, emotional and psychological support to the people.

The beliefs on supernatural powers have been a part of the Indian Vedas, especially, the Yajurveda which gave descriptions of black magic. The black magic, generally involves some tantric (occult) rituals. These rituals are used to remove the spell of the individuals who think that they are being possessed by ghosts or/and god. Even in chapter II shloka 44 of Bhagavd Gita there is a mention of supernatural powers. They explained that the mention of supernatural powers of the gods to provide enjoyments is made only to emphasize that the gods provide the wherewithal's of life.

Reactions when Happy- It is said that everyone wants to be happy, but happiness is not the same to everyone. So Lord Krishna said to Arjuna in Bhagvad Gita, Chpater 14 verse 25 that "One who is steady in honor and dishonor; one who treats alike both friend and enemy; and who has renounced all material activities—such a person is said to have transcended the three modes of nature & lives in a peaceful state of mind".

This means that if you want to have peace of mind in life and needs to be happy then the person need to be satisfied with what he/ she have at present in life & should not hanker after those desirous objects which are beyond your reach.

How one handles happiness reflects the extent of comfort with happiness in his/her life. Thus, it was essential to ask- "Khush hone par aap kya karte hai?" (What do you do when you are happy?) Almost 80% of the respondents have positive coping. They celebrate their happiness which is expressed in laughter and merriment. Amongst the inhabitants of Ambedkar Basti celebration is marked with activity (32.85%) with responses like "Bakra Katat hai", "Party hoti hai, deck bajata hai" (We cook mutton and party). Though a higher percentage of males celebrate their happiness when compared to females (50.47% and 14.70% respectively with CR= 5.39< .01 level). It is followed by the category of 'relationship sharing' by 21.26% respondents e.g. "Khush rahat milkar sab log, bacho ko pyar kar let, biwi bache milkar baat karat" (We all remain happy, I love my children and we share with each other our happiness). This is in line with the Indian philosophy where relationships provide immense amount of satisfaction, support and warmth to the people. The ancient texts explain that we can never be satisfied by any amount of bodily pleasure. In fact we are always seeking newer and newer sensual enjoyments in an attempt to find that elusive satisfaction. Besides, Vedas also reported that the amount of satisfaction received by a grihastha is when his loved ones are happy and near him.

Some of them reported "Bhagwan ka yaad karat hai" (I remember God) This depicts their ideology of Bhakti or hero-worship which provides them the strength to deal with all the positive and negatives.

Reactions when Unhappy- According to Buddhist thinking, happiness and sorrow are our own responsibility – and completely within our control. Even in Bhagvad Gita it is emphasized that the nonpermanent appearance of happiness and distress, and their disappearance in due course, are like the appearance and disappearance of winter and summer seasons. They arise from sense perception and one must learn to tolerate them without being disturbed.

To understand how the respondents coped with unhappiness, they were asked "Dukkhi hone par aap kya karte hai?" (What do you do when you are unhappy?) The response reported was of crying on their state and doing nothing "Rowat hai" and beating people at their home "Mare lagat sabka ghar ma". On the contrary, some responses were like "Bhagwan ka bhajan kart hai", "Dhair rakhat" (Pray and keep patience). On a positive note few people continue doing their work go for work "Jyada din kaam par jait hai" (Go for work most days)

The cognitive construing of coping with happiness and unhappiness has the component of religious faith and 'massiah' principle, though only marginally. God appears to be a significant other in their life and the schema for coping, though to a marginal extent, reflects a dialogue with God in terms of either thanking or praying to be healed or to be out of the problems. They address him and hold him responsible for their problems and happiness both viz. – "Bhagwan chaht to sab kuch hoat humare pass" (Had the Almighty wished then I would have had everything), "Bhagwan se prathna kare lagat u hi sab samjhega" (Prays to God), "Bhagwan ki pooja karat, dhanywad deat hai" (Start Praying and thank god).

Our ancient scriptures also support these evidences where it is believed that a messiah will come and save us from all the adversities and wrong that is going on in our life. Chapter IV Verse 7 of Bhagavd Gita also supports this doctrine-

;nk ;nk gh /keZL; XykfuHkZofr HkkjrA

vH;qRFkkue/keZL; rnkRekua l`tkE;ge~AA

Conclusion

The results clearly outlines that their belief system about health, mental health, disease, coping patterns are inspired or based upon the ideologies of Bhagvad Gita, Vedas, Upanishads, cultural beliefs, Buddhist philosophy and Patanjali's Yoga Sutras.

Their ignorance of the issues and hard core belief systems clearly emphasizes that there is a need to design health intervention programmes for the slum dwellers to increase their awareness about various diseases and health issues.

Such intervention programmes should not only include the theoretical paradigms and belief systems of our ancient books but should also focus on the strategies that they give to fight with the adverse circumstances. The health intervention so designed need to also take into account local beliefs about health and illness of people.

In the Indian philosophical tradition the major focus has always been on the human misery (kleshas) which are present within the person. Therefore, efforts should be made to bring a change in the schemas and thought patterns of the individuals about their self. The change in their thinking pattern will help them identify the causes behind their mental suffering.

The Indian culture has over the centuries shown the skill of adaptation to adjust to new demands and situations. Thus, the programs should also consider slum dwellers as a part of the intervention process where they take the initiative of their problems and work on it. At a preparatory level they are made aware of the health issues, but inputs to enhance their functioning at cognitive and affective level is needed. The intervention programs should find strategies which include the belief system of these slum dwellers so that they can easily understand and relate with the changes that are being introduced to them. Slum dwellers should act as the community change agents so that their fatal acceptance can be converted into radical acceptance. They take the ownership of their acts and models should be modulated and formulated in their religious and cultural context.

Dalal (2001) advocates that many scriptures such as Bhagvad Gita, Yoga Sutra and Charak Samhita have discussed highly developed strategies to mange tragic experiences, to alleviate sufferingand to enhance the quality of life and health. Thus, there is a need to understand the way our plural health care system works.

To achieve these goals a multi thronged multiple approach is needed of all the units' viz. government organizations, NGO's, psychologists, community change agents who should join hands together to bring these ostrachized groups into the mainstream. Our rich philosophical heritage of the past combined with modern science or psychiatry will provide a rich basis for the development of mental health programs and benefits to the people. Thus, the need of the hour is to find the echo of their strength in the cultural ethos which would serve as a base for addressing the issue of creating and restoring well being for the masses.

References

Abdullah, T., Brown, T.L. (2011). Mental illness stigma and ethnocultural beliefs, values, and norms: an integrative review. *Clinical Psychology Review*, 31: 934-948.

Acharya, S.S. (2007). *Divine messages of the Vedas.* Mathura: Yug Nirman Yojna.

Bhugra D. Psychiatry in ancient Indian texts: A review. *Hist Psychiatry,* 3: 167–86.

Briton, N. and Hall, J. (1995). Beliefs about female and male nonverbal Communication. *Sex Roles*, 32: 79-90.

Census of India (2001). Slum Population Series-1. Office of Registrar General, INDIA.

Census of India (2011). Slum population in India. Retrieved from the link http://www.indiaonlinepages.com/population/slum-population-in-india

Chand,G.S., Sumanth,S., Manjunatha, S. T., Mita, K. (2012). A review on Aachara Rasayana W.S.R. to the management of Psychosomatic disorders. *Indian Journal of Research in ayurveda and Pharmacy,* 3 (3): 353-356.

Dalal, A.K. (1991). Health psychologists in hospitals. *Health Management,* 5: 2-4.

Dalal, A.K. (2001). Health Psychology. In J. Pandey (Ed.) *Psychology in India revisited- Developments in the discipline, Vol. 2 Personality and Health Psychology* (pp- 357-411). New Delhi: Sage Publications.

Devanathan, R., Gopinath, V and Brindha, P. (2011). Review ayurvedic concepts in Vedas. *Health sciences*, 1 (1): 5-8

Dixit, S. (2005). Meaning and Explanations of mental illness: A social representations approach. *Psychology and Developing Societies,* 17 (1): 1-18.

Fabes, R. and Martin, C. (1991). Gender and ages stereotypes of emotionality, personality and socia. *Psychology Bulletin,* 17: 532-540.

Fischer, A.H. (2000). *Gender and emotion: Social psychological perspectives.* New York: Cambridge University Press.

Gethin, R. (1998). *Foundations of Buddhism*, New York: Oxford University Press.

I.K. Taimni, The Science Of Yoga (The Theosophical Publishing House)

Kelly, J.R. and Hutson- Comeanx, S.L. (1999). Gender emotion stereotypes are context specific. *Sex Roles*, 40:107-120.

Lad, V. (1994). *Ayurveda: The science of self-healing*. New Delhi: Motilal Banarsidas Publishers.

Moscovici, S. (1973). Foreword. In C. Herzlich, *Health and Illness: A social psychological analysis.* London: Academic Press.

Nieuwsma, J.A., Pepper, C.M., Maack, D.J., Birgenheir, D.G. (2011). Indigenous perspectives on depression in rural regions of India and the United States. *Transcultural Psychiatry*, 48 (5): 539-568.

Nizamie, H. S., Goyal, N. (2010). History of psychiatry in India. *Indian J Psychiatry*, 52: 7–12.

Radhakraishnan, S. (1926). *Hindu view of life*. London: Allen & Unwin.

Ratnakul, P. (2008) Health, disease, and healing: The Buddhist contribution. *Dharma World*, 35: 44-50.

Rizvi, S.N.H. (1991). Folk concept of health and disease: A case study. *The Eastern Anthropologist,* 44: 179-188.

Sahu, S.K. (1991). *Health culture in transition: A case study of Oraon tribe in rural and industrial nexus.* New Delhi: Khama Publishers.

Shamasundar, C. (2008). Relevance of ancient Indian wisdom to modern mental health- A few examples. *Indian J Psychiatry*, 50 (2): 138-143.

Sinha, D.M. (2004). *Bhagvad-Gita for all times.* Lucknow: Hindustani Book Depot.

Swarankar, R.C. (1994). *Indian tribes: Health ecology and social structure.* Jaipur: Printwell.

Weiss, M. (1986). History of psychiatry in India. *Samiksa,* 11: 31–45.

White Yajurveda (1899) Chapter 36 Hymn 21. In: Griffith RT (Ed.) (1899). p. 292 Available from: http://www. sacred texts.com/hin/wyv/wyvbk36.htm. [Last accessed 30-6-12].

WHO (1946). World Health Organization. *WHO definition of Health*, Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York. In Grad, P. Frank (2002). "The Preamble of the Constitution of the World Health Organization". *Bulletin of the World Health Organization* 80 (12): 982.

Woodward, F. L. (translator) (1995). *The book of the gradual sayings (Aguttara-Nikāya) or more-numbered suttas Vol. II* (The book of the fours). Oxford: Pali Text Society.