Research Article

Cultural Perspectives and Healthcare Challenges in Mental Health: A Comparative Study of Manipur and Mainland India

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Abstract
Mental health is shaped by cultural beliefs, traditional healing practices, and societal attitudes, leading to variations in perception, treatment, and accessibility across different regions. This study examines these factors in the context of Manipur and mainland India, highlighting the influence of indigenous traditions, spiritual interpretations, and modern psychiatric approaches. In Manipur, traditional healers (Maibas and Maibis) play a central role in mental healthcare, while biomedical treatments are more prominent in urban areas of mainland India. However, rural communities in both regions still rely on faith-based healing. Stigma remains a significant barrier, affecting help-seeking behaviours and treatment adherence. The study also explores the socio-political impact on mental health in Manipur, where prolonged conflict contributes to high rates of trauma-related disorders. Despite growing awareness and expanding services in metropolitan areas, healthcare access remains inadequate in remote regions. Integrating traditional healing with biomedical approaches, enhancing mental health infrastructure, and addressing stigma through culturally sensitive policies are critical for improving mental healthcare outcomes.

Keywords: Mental health, Traditional healing, Stigma, Cultural beliefs, Healthcare accessibility

Introduction
Mental health is a complex and dynamic aspect of human well-being, deeply intertwined with cultural, social, and historical contexts. Across the world, the understanding and treatment of mental illness are shaped by a society's unique belief systems, traditional healing practices, and healthcare structures. Scholars such as Kleinman (1980) and Patel (2003) have emphasized that mental health cannot be studied in isolation from these cultural and social influences. The way mental illness is perceived, diagnosed, and treated varies significantly across societies, influenced by factors such as religious traditions, societal attitudes, and access to healthcare. India, with its vast cultural diversity and socio-economic disparities, presents a particularly compelling case for examining mental health through a cross-cultural lens. Within the country, notable differences exist between mainland India and its north eastern states. Manipur, known for its distinct indigenous traditions and ethnic diversity, has a mental healthcare

landscape that differs considerably from that of the rest of India. Singh and Singh (2010) argue that these differences arise due to Manipur's unique historical trajectory, deeply rooted traditional practices, and prolonged socio-political unrest. The interplay of these factors has shaped the perception of mental illness in the region, influencing both help-seeking behaviours and treatment modalities.
In many parts of Manipur, traditional healing systems remain dominant, with spiritual and indigenous healers such as Maibas and Maibis playing a central role in mental healthcare. While biomedical psychiatric treatment is expanding in mainland India, particularly in urban areas, many rural communities across the country continue to rely on faith-based and indigenous healing practices. The intersection of these traditional methods with modern psychiatry presents both challenges and opportunities for mental health interventions. Scholars like Desjarlais et al. (1995) and Das et al. (2012) emphasize the need for culturally sensitive approaches in

mental health policies to ensure effective care. Patel et al. (2018) further argue that integrating traditional healing with biomedical approaches can improve mental health outcomes, making interventions more accessible and acceptable to diverse communities. This study seeks to explore the influence of cultural beliefs, traditional healing practices, and societal attitudes on mental healthcare in both Manipur and mainland India. By comparing these two settings, it aims to provide a deeper understanding of how cultural contexts shape mental health practices and policies, ultimately contributing to more inclusive and effective mental healthcare strategies.

Literature Review

Existing scholarship suggests that cultural perceptions of mental illness significantly influence help-seeking behaviours, treatment modalities, and health outcomes (Kleinman and Benson, 2006; Fernando, 2010). A growing body of literature on mental health in India highlights stark disparities between urban and rural areas, as well as among various ethnic and socio-economic groups (Raguram et al., 2001; Chakraborty and Chatterjee, 2020). Scholars like Chatterjee et al. (2003) note that while urban populations increasingly rely on biomedical psychiatric treatments, rural communities often prefer traditional and spiritual healing approaches. Research specific to Manipur reveals that indigenous healing practices, such as those performed by Maibas and Maibis (traditional healers), remain integral to the mental health landscape (Devi, 2016). Phanjoubam (2019) argues that traditional healing in Manipur is not only a medical practice but also a socio-religious institution that provides psychological support and community cohesion. This is in contrast to mainland India, where biomedical mental healthcare is expanding, particularly in metropolitan areas (Patel et al., 2007). However, scholars like Thirthalli et al. (2016) caution that biomedical interventions alone may not adequately address the cultural nuances of mental health care, necessitating integrative approaches that incorporate traditional practices.

A key issue discussed in the literature is stigma, which affects help-seeking behaviours and treatment adherence (Corrigan and Watson, 2002). Studies by Lauber and Rossler (2007) and Angermeyer et al. (2013) suggest that stigma surrounding mental illness is pervasive across cultures but manifests differently depending on local beliefs. In India, Das and Rao (2012) argue that social stigma is more pronounced in rural settings, where mental illness is often attributed to supernatural forces. Similarly, research by Singh et al. (2019) indicates that in Manipur, mental illness is frequently linked to spiritual disturbances, leading many individuals to seek the guidance of shamans or religious healers before considering biomedical options.

Healthcare access is another critical factor influencing mental health treatment outcomes. According to Jacob et al. (2007), mental healthcare infrastructure remains inadequate in many parts of India, particularly in remote regions like Manipur. Despite government efforts to expand mental health services, challenges such as affordability, availability of trained professionals, and cultural acceptability persist (Gururaj et al., 2016). In contrast, urban centres in mainland India are witnessing an increase in mental health awareness and service utilization, facilitated by non-governmental organizations and public health campaigns (Patel and Thornicroft, 2009).

These available literatures emphasise the complexity of mental health perceptions and treatment in India, shaped by cultural traditions, stigma, and healthcare accessibility. By examining these factors in both Manipur and mainland India, this study aims to highlight the necessity of culturally informed mental health policies and interventions. The integration of traditional healing practices with biomedical approaches, as suggested by several scholars (Kleinman, 1980; Patel, 2018; Thirthalli et al., 2016), may offer a more holistic and effective strategy for addressing mental health challenges in diverse Indian contexts.

Objectives

This study aims to explore the influence of cultural beliefs, traditional practices, and societal attitudes on the perception, treatment, and accessibility of mental healthcare in Manipur and mainland India. It seeks to examine how cultural perceptions shape understandings of mental illness and analyse the impact of traditional beliefs on treatment-seeking behaviours. Additionally, the study assesses the role of stigma in shaping societal attitudes toward mental health, compares access to modern mental healthcare services between Manipur and mainland India, and proposes culturally sensitive policy recommendations to enhance mental health interventions.

Materials and Methods

This study adopts a comparative qualitative research approach to explore cultural perceptions, stigma, healing practices, and healthcare accessibility related to mental health in Manipur and mainland India. The research primarily relies on secondary data collected from academic journals, government reports, and publications by mental health organizations. These sources provide a comprehensive understanding of historical and contemporary perspectives on mental health across different regions. Additionally, ethnographic insights from Manipur and various parts of mainland India are incorporated to contextualize cultural influences on mental health perceptions and treatment-seeking behaviours. To supplement secondary data, interviews are conducted with key stakeholders, including mental health professionals, community leaders, and individuals with lived experiences of mental illness. These qualitative interviews help capture diverse perspectives on mental health stigma, traditional healing practices, and the accessibility of biomedical mental healthcare. Data analysis follows a thematic approach, categorizing findings into key themes such as cultural beliefs about mental illness, the role of traditional healers, societal attitudes toward stigma, and barriers to accessing modern mental healthcare services. This thematic organization facilitates a comparative analysis of mental health practices and policies in Manipur and mainland India. By synthesizing secondary sources with qualitative insights, this study aims to provide a culturally nuanced understanding of mental health challenges and inform the development of culturally sensitive policy recommendations.

Analysis and Findings

Beliefs and Attitudes toward Mental Illness: The perception of mental illness in both Manipur and mainland India is deeply influenced by cultural and traditional beliefs. In Manipur,

mental health conditions are often attributed to supernatural causes, such as spirit possession or divine retribution. This leads individuals and families to seek help from traditional healers, particularly Maibas and Maibis, who perform rituals and spiritual interventions. These beliefs are rooted in indigenous traditions that integrate mental health with spiritual well-being. In contrast, while traditional explanations of mental illness persist in mainland India, urbanization and modernization have contributed to a growing acceptance of biomedical perspectives. Metropolitan areas, with increased awareness and exposure to global mental health discourses, are witnessing a shift toward psychiatric and psychological treatments. However, rural communities in mainland India still hold traditional views, with many believing that mental illnesses result from curses, bad karma, or supernatural forces, leading them to seek faith-based healing practices at temples or shrines.

Stigma and Social Perception: Stigma surrounding mental illness is pervasive in both Manipur and mainland India, but it manifests in different ways. In Manipur, individuals suffering from mental health disorders often face social exclusion due to fears associated with supernatural punishment. The close-knit nature of Manipuri communities reinforces societal judgment, making it difficult for individuals to openly seek professional help. The fear of being ostracized prevents many from discussing mental health concerns, leading to delays in diagnosis and treatment. Similarly, in mainland India, stigma remains a major barrier to mental healthcare. While urban populations are becoming more aware of mental health issues, rural communities continue to hold negative perceptions. In many cases, families hide mental health conditions due to concerns about marriage prospects and social standing. The lack of open discourse on mental illness, coupled with misconceptions about psychiatric treatment, further perpetuates stigma and discourages people from seeking help.

Traditional Healing Systems: In Manipur, traditional healing remains a dominant form of mental health treatment. Maibas and Maibis use a combination of rituals, herbal medicine, and spiritual interventions to treat individuals experiencing mental distress. These practices, deeply embedded in the socio-religious fabric of Manipuri society, provide not only healing but also emotional support and community cohesion. Despite growing awareness of modern psychiatric treatments, many individuals continue to rely on these indigenous practices, often using them as a first line of intervention before turning to biomedical care. In mainland India, traditional healing systems such as Ayurveda, Siddha, and Unani continue to coexist with faith-based healing practices. Religious sites, including temples and dargahs, attract individuals seeking spiritual cures for mental health conditions. While these approaches provide comfort and a sense of belonging, they often delay access to evidence-based mental healthcare. However, some initiatives have sought to integrate traditional healing with biomedical approaches, allowing a more holistic approach to treatment.

Modern Mental Healthcare Access: A significant disparity exists in the accessibility of mental healthcare between Manipur and mainland India. Manipur faces a severe shortage of psychiatrists, psychologists, and mental health facilities, making professional care largely inaccessible, especially in rural and remote areas. The state's complex socio-political landscape, coupled with limited government intervention in mental healthcare, further exacerbates the situation. While efforts have been made to expand mental health services, infrastructural and logistical challenges continue to hinder progress. In contrast, mainland India, particularly metropolitan cities, has witnessed significant improvements in mental health services. Government initiatives, non-governmental organizations (NGOs), and private mental health institutions have contributed to increasing awareness and service availability. Despite these advancements, accessibility remains a challenge in rural areas, where mental health facilities are scarce, and affordability is a concern. Many individuals in rural mainland India still rely on general practitioners for mental health issues, highlighting the gap in specialized care.

Socio-Political Factors and Mental Health: The socio-political environment plays a crucial role in shaping mental health outcomes in both Manipur and mainland India. Manipur's history of political unrest, insurgency, and militarization has contributed to high rates of post-traumatic stress disorder (PTSD), anxiety, and depression among its population. The prolonged exposure to conflict-related violence has led to a mental health crisis, with many individuals suffering from untreated trauma. The lack of mental health infrastructure, combined with the cultural stigma surrounding mental illness, further compounds these challenges. In mainland India, the factors influencing mental health vary across regions. Economic pressure, gender-based violence, and urban stress are major contributors to mental health disorders. In urban centres, the fast-paced lifestyle and intense work culture have led to increased cases of anxiety and depression. In rural areas, socio-economic struggles, coupled with traditional gender roles and limited access to mental health resources, continue to impact mental well-being. Additionally, marginalized communities, including lower-caste groups and tribal populations, often face discrimination and exclusion, further exacerbating mental health disparities.

Discussion
The exploration of mental health perceptions and treatment in both Manipur and mainland India highlights the intricate interplay between cultural beliefs, social structures, and healthcare infrastructure. Existing research underscores the significant influence of cultural perceptions on mental illness, which in turn affects treatment-seeking behaviours and the accessibility of care. This discussion delves into the broader implications of these findings, particularly in the context of integrating traditional and biomedical approaches to mental healthcare. Cultural beliefs play a pivotal role in shaping mental health treatment choices. In mainland India, urban populations are increasingly leaning toward biomedical psychiatric care, whereas rural and indigenous communities remain reliant on traditional healing practices. This trend is particularly pronounced in Manipur, where traditional healers, including Maibas and Maibis, continue to serve as primary mental healthcare providers. The enduring reliance on spiritual and ritualistic healing underscores the importance of culturally sensitive policies that acknowledge traditional practices rather than disregarding them. Scholars such as Patel et al. (2007) and Thirthalli et al. (2016) argue that a hybrid approach integrating biomedical and traditional healing could improve

mental health outcomes by addressing both medical and cultural dimensions of care.

Stigma represents a persistent obstacle to mental health treatment across India, with varying manifestations based on regional and cultural factors. In many rural areas, including Manipur, mental illness is often linked to supernatural causes, leading to social discrimination and reluctance to seek psychiatric intervention. Corrigan and Watson (2002) emphasize the pervasive nature of stigma in influencing help-seeking behaviours. While urban centres have witnessed increasing mental health awareness due to public health campaigns, rural communities continue to struggle with stigma-related barriers. Das and Rao (2012) suggest that addressing these challenges requires community-driven initiatives that normalize discussions about mental health and promote inclusive treatment options. Encouraging collaborations between traditional healers and mental health professionals, as advocated by Singh et al. (2019), may help reduce stigma while increasing the acceptance of psychiatric care. Access to mental healthcare remains a significant concern, particularly in remote areas like Manipur. A shortage of trained professionals, compounded by infrastructural deficits and economic constraints, limits the availability of mental health services. Jacob et al. (2007) highlight the scarcity of psychiatric care in rural India, a problem further exacerbated by economic limitations. While metropolitan regions have expanded their psychiatric facilities, Manipur faces ongoing challenges due to political instability and limited healthcare resources. The region's history of conflict has contributed to high rates of PTSD, anxiety, and depression, yet inadequate mental health infrastructure prevents effective intervention. Phanjoubam (2019) underscores that the socio-political climate exacerbates mental health issues, necessitating policy measures that consider both cultural and political dimensions to ensure that interventions are contextually appropriate and sustainable.

An integrative approach to mental healthcare appears to be the most viable solution. Scholars such as Kleinman and Benson (2006) emphasize the need for culturally competent interventions that blend traditional healing with biomedical care. Training traditional healers to recognize severe psychiatric conditions and refer patients to medical professionals, as recommended by Patel et al. (2018), could enhance early intervention rates. Additionally, increasing the number of trained mental health professionals in rural and conflict-affected regions should be a priority. Public health campaigns targeting stigma reduction and mental health education could further encourage individuals to seek necessary treatment. Efforts to improve mental healthcare infrastructure in mainland India, particularly in rural areas, remain crucial. Gururaj et al. (2016) propose expanding telepsychiatry services to enhance access to mental health support. Furthermore, fostering collaborations between non-governmental organizations and state healthcare systems could facilitate broader mental health outreach. Ultimately, as suggested by Kleinman (1980), the integration of traditional and modern psychiatric practices offers a more inclusive and effective approach to mental healthcare, ensuring that diverse communities receive the support they need within culturally relevant frameworks.

Conclusion

The findings of this study highlight the intricate relationship between cultural beliefs, healthcare accessibility, and stigma in shaping mental health treatment in both Manipur and mainland India. While urban centres are gradually embracing biomedical approaches, rural and indigenous communities continue to rely on traditional healing systems. This reliance on spiritual and ritualistic practices underscores the necessity of culturally inclusive mental health policies that integrate traditional and biomedical interventions. The pervasive stigma surrounding mental illness remains a significant barrier to effective mental healthcare. In Manipur, deeply ingrained supernatural explanations contribute to social exclusion, while in rural mainland India, fears of societal judgment and diminished social standing discourage individuals from seeking psychiatric care. Addressing this issue requires targeted public health initiatives that foster mental health awareness, challenge misconceptions, and promote open discussions.

The lack of adequate mental healthcare infrastructure, particularly in conflict-affected regions like Manipur, further compounds the challenges. Political unrest, economic instability, and a shortage of trained professionals hinder access to essential services. While metropolitan areas have witnessed improvements in psychiatric care, efforts must be intensified to extend these services to underserved regions. Strategies such as telepsychiatry, community-based programs, and training traditional healers to recognize severe psychiatric conditions could bridge existing treatment gaps. A culturally integrated and policy-driven approach is imperative for enhancing mental healthcare accessibility and effectiveness. By fostering collaborations between traditional healers and biomedical practitioners, strengthening mental health infrastructure, and reducing stigma through public health campaigns, India can develop a more inclusive mental healthcare system. These efforts will ensure that mental health interventions are not only medically sound but also culturally resonant, fostering greater acceptance and improved outcomes for diverse communities.

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