Culture and Depression: A Study of Tribal and Non-Tribal Society

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Abstract

This study was aimed to find out the impact of cultural variation and types of marital circumstances on the magnitude of depression in a developmental perspective, It was contended that : (i) variation in culture would cause variation in the scores of depression, (ii) younger participants would be more depressed than the older ones and (iii) women accompanied by their husbands would found less depressed than the women far from their husbands. 240 participants ranging between 25-55 years served here and they were arranged according to the requirements 2x2x2 factorial design with 2 types of culture (Bhotia and General Kumauni), 2 levels of chronological age (25-30 years and 55-60 years) and 2 types of marital circumstances (wives accompanied with their husbands and wives far from their husbands) i.e. 30 participants per cell. Depression scale of Shamim Quareem and Roma Tiwari was used to ascertain the amount of depression. Data were analyzed by 3-way ANOVA and it was noticed that magnitude of depression was higher in the women of younger age groups and wives of migrated husbands. Cultural variation was also prominent.

Findings interpreted the relative efficacy of cultural variation, chronological age, and marital circumstances on depression. At last, attempts were made to reduce the magnitude of depression in women.

Keywords : Cultural variation, depression, marital circumstances .

Depression is a common and serious medical illness that negatively affects the feeling of a person resulting in which a sense of sadness and despair appears in mind. It takes time but it is curable. It causes a sense of sadness and loss of interest (Suteri, 2015) and leads to a variety of negative emotions and decreases the ability to work at home and the workplace (Geeta, 2010).

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Introduction

Concept of Depression

Depression is a syndrome that occurs when the feelings and behavior are not fleeting and when they occur along with other symptoms such as, a decline in motivation, a decrease in energy level, and feelings of self-deprecation (Cohen, 1980, Geeta, 2010; Peterson & Seligman, 1984). Depression may occur as a primary problem or secondary to other disorders, such as, drug or alcohol problems. It is a disorder that connects a characteristic of the clinical picture and that has an expected course of onset, response to treatment, and expected outcome, much like other illnesses. Also, it is considered a fully developed psychiatric problem (Gupta, Bahadur and Gupta and Bhagra, 2006).

The criteria for a diagnosis of major depression are listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM-V).

A five or more of the following symptoms present during the same two-week period, represent a change from previous functioning, and include either

1. Depressed mood
2. Diminished pleasure
3. Significant weight loss
4. Insomnia or Hypersomnia
5. Psychomotor retardation
6. Fatigue or loss of energy
7. Feel worthless or guilty
8. Diminished ability to concentrate, indecision
9. Recurrent thought of death or suicide

B. Symptoms to meet the criteria for a mixed episode.

C. Significant distress or impairment

D. Not due to substance or medical condition.

E. Not better accounted for by bereavement after the loss of someone loved people have a chronic but less severe form of depression, called dysthymic disorder, which is diagnosed when depressed mood persists to for at least two years and is accompanied by at least two other symptoms of depression. Many adolescents with dysthymia later develop major depressive episodes (American psychiatric Association, 2000).

Symptoms after persist for weeks or months. A physical examination rules out medical causes for the symptoms. A psychological evaluation confirms a diagnosis

of depression. Diagnosis of depression the people can be difficult. People are expected to be moody and unpredictable to some extent, due to the dramatic physiological changes they are undergoing, It is difficult to know what is the accurate age when clinical depression starts but then are some definitive signs that something is awry, which should not be ignored. To be taken seriously include :

· Extreme behavior and mood changes including a persistent depression,

· Loss of interest in previous interests,

· Risk-taking behavior such as drug or alcohol abuse.

· Social withdrawal.

· A break in a key relationship, which could be a best friend or even present who was and is no longer, close to the teenager.

A proper diagnosis of depression must be made to rule out other explanations for the adolescent's behavior such as school phobia, attention depicts hyperactivity disorder and generalized anxiety disorder. A thorough family history should be taken physical examination should be conducted, with and urine samples to detect me there are any medical constraints on treatment choices (Schulz & Drayer, 2002).

Depression has been viewed as a cognitive disorder in several well-known theories (Beck 1987; Bibring, 1953; Freud, 1917/1957). One focus of recent interest has been of the causal attributions made by depressed patients for the good and bad events in their lives, for instance, according to the attributional reformulation of the learned helplessness model of depression depressives emphasize internal stable and global causes to explain why bad events occur (Abramsom, Seligman and Teasdale, 1978). Depressives in other words believe their own characteristics (i.e. stable attributions) and situations (i.e. global attributions). This attributional style is hypothesized to be a strong correlate of depressive symptoms (Seligman, Abramson, Semmel, and von Baeyer, 1979, and more important to be a risk factor for future depression.

Researchers primarily interested in depression began raising a parallel set of questions about the learned helplessness model of depression: does exposure to non-contingent outcomes produce depression if the outcomes are positive? How does the model account for lowered self-esteem a symptom frequently associated with depression? If depression stems from a belief in response outcome independence why do depressed individuals characteristically make internal attributions for their failure? How can variations in the generality chronicity and intensity of depression be explained?

Following these views into consideration, this study was planned and it was aimed to ascertain the impact of cultural variation, chronological age, and marital circumstances on the magnitude of depression in tribal and non-tribal society. The objectives and hypotheses were as follows :

1. The first objective of the study was to find out the impact of cultural variation on depression. It was hypothesized that variation in culture would cause a variation on the depression of the participants
2. The second objective of the investigation was to explore the relative efficacy of chronological age on health-related beliefs. It was contended that age-related discrepancy would reveal a discrepancy in the scores of depression.
3. The third objective of the study was to ascertain the impact of marital circumstances on depression. It was assumed that variation in marital satisfaction would lay its impact on depression.

These objectives and hypotheses enabled the researcher to work on and achieve something that has not been appeared still yet. To go through these objectives and hypotheses this study was planned in a factorial perspective.

Method

Insert Table 1

Table 1

Schematic presentation of experimental design

	A			
	B		B	
	A1		A2	
	B1	B2	B1	B2
C1	30	30	30	30
C2	30	30	30	30

Legends

A=Cultural variation ***B=Chronological age***

A1=Bhotia tribe B1=25-30 Years

A2=General kumauni B2=55-60 Years

C=Marital circumstances

C1=Wives accompanying with husbands

C2=Wives far from husbands

Sample

As this study was a part of a major project of ICSSR, New Delhi a sample of 240 women ranging between 25-60 years served as participants. They were

arranged by the requirements of 3-way factorial design with types of cultural variations (Bhotia tribe and general Kumauni). Two levels of chronological age (25-30 years and 55-60 years) and two levels of marital circumstances (wives accompanying with husbands and wives far from husbands) I .e.30 participants per cell. The schematic presentation of experimental design is as follows :

Material

In this study, only one measure was used and its description is as follows

Depression Scale

The depression scale is constructed by Shamim Quareem and Roma Tiwari and it consists of 95 five point items based on which one's level of depression can be measured. Total scores range between 95-495. Low score indicates a low level of depression and a high score vice versa.

Procedure

At first the investigator contacted the target places from where the data collection had to be taken. Then the researcher contacted tribal women at Pithoragarh and Dharchula and general Kumauni women at Almora Uttarakhand from where the data were collected. Researcher took the help of some pradhans to collect the data of tribal women. Data collection was made individual/in-group as per convince of the participants and their availability and best efforts were made to avoid external distractions.

Results

Insert Table 2

Table 2

Summary table of analysis of variance showing the impact of cultural variation, chronological age and marital circumstances on depression

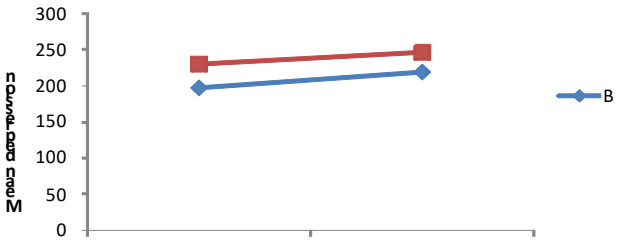
Sources of Variation	*Ss*	*Df*	*MS*	*F*
A	5.38	1	5.38	4.79
B	11.12	1	11.12	9.79
C	5.77	1	5.77	5.14
AB	4.54	1	4.54	4.04
AC	5.38	1	5.38	4.79
BC	6.75	1	6.75	6.01
ABC	10.79	1	10.79	9.61
Error within	206.48	232	0.89	239

Obtained data were analyzed by 3-way analysis of variance and interpreted in terms of culture variation chronological age and marital circumstances on depression in table 2.

Table reveals that the main effect of cultural variation was significant (F, 1, 239=4.79 P<.01). It was noted that non-tribal general Kumauni (X=239 participants were less depressed on compared to Bhotia tribal participants (X=237.74) The next main effect of chronological age was also significant (F, 1, 239=9.79 P < .01). It was noted that older participants were highly depressed (X=280.35) as compared with younger participants (X=208.43). The third main effect of marital circumstances was significant (F, 1, 239=5.14 P< .01), and it was strongly found that wives accompanied by their husbands were found more depressed (X=232.52) as compared to the women living far from their husbands (X=214.25).

The two-way interaction of cultural variation and chronological age was significant (F, 1, 239=4.04 P < .01), and it appears in figure 1.

Figure 1
Mean value showing the impact of cultural variation and chronological age on depression

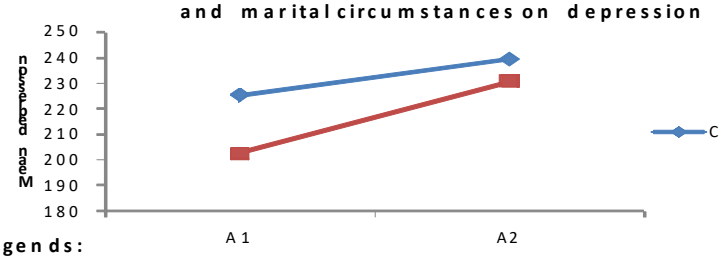


Legends:

A=Cultural variation	***B=Chronological age***
A1=Bhotia	B1=25-30 Years
A2=General kumauni	B2=55-60 Years

Figure reveals that cultural variation was more pronounced in the young age group than the older age group. Also, it was revealed that age-related discrepancy was highly visible in a non tribal group. The cultural variation and marital circumstances interaction was also significant (F, 1, 239=4.79 P < .01), and it is given in figure 2.

Figure 2
Mean value showing the impact of cultural variation and marital circumstances on depression



Legends:

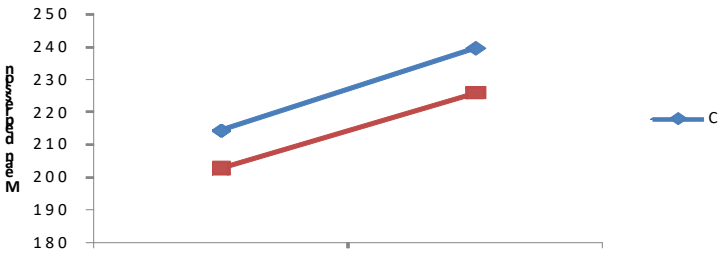
A=Cultural variation ***C=Marital circumstances***

A1=Bhotia C1=Wives accompanying with husbands

A2=General Kumauni C2=Wives far from husbands

Figure reveals that cultural discrepancy was more pronounced in those participants who were living far from their husbands.

Figure 3
Mean value showing the impact of chronological age and marital circumstances on depression



Legends:

B=Chronological age ***C=Marital circumstances***

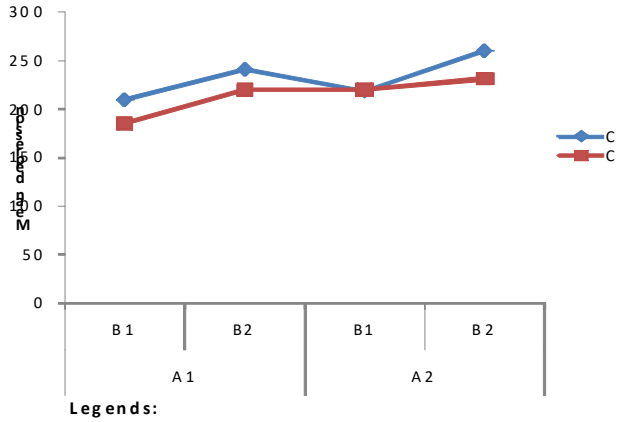
B1=25-30 Years C1=Wives accompanying with husbands

B2=55-60 Years C2=Wives far from husbands

The chronological age and marital circumstances interaction was significant (F,1,2,3= 6.01 P < .01) and it is appeared in figure 3.

Figure shows the marital circumstances related to discrepancies were comparatively less in the participants who were living far from their husbands.

Figure 4
Mean value showing the impact of cultural variation, chronological age and marital circumstances on



Legends:

A=Cultural variation	***B=Chronological age***
A1=Bhotia	B1=25-30 Years
A2=General kumauni	B2=55-60 Years
C=Marital circumstances	
C1=Wives accompanying with husbands	
C2=Wives far from husbands	

The three-way interaction of cultural variation, chronological age, and marital circumstances were significant (F, 1, 239=9.61 P< .01), and it appears in figure 4.

Figure shows that all variables laid their impact on depression.

Findings in sum, revealed that all main effects and interactions were significant. They reveal the fact that the magnitude of depression is affected by cultural variation, chronological age, and marital circumstances.

Discussion

Obtained data were analyzed by three-way analysis of variance and interpreted in terms of cultural variation, chronological age, and marital circumstances as affectors of depression. Before the conduction of the work, some hypotheses were made and findings will be interpreted accordingly.

1. Variation in culture would cause variation in the magnitude of depression:

Our first and foremost objective was to trace the impact of cultural variation on depression. It was contended that variation in culture would cause variation in the magnitude of depression. Our results confirmed that tribal women were highly different from women of non-tribal society. Dealing them in a qualitative and informal set up

the investigator found so many notions and interacted with them positively. It was found that tribal women, as they lived in remote areas, did not share their depression with anyone else even with their husbands and other family members used to avoid their feeling. Moreover, they did not get any chance to show their pleasure and pain and mixed them in the society. They were reluctant about their bodily needs, emotional satisfaction, and social roles in addition to their household.

Once a person starts to avoid himself/herself, nobody cares about and very sincere deeds done by the person appear as taken for granted. All these circumstances caused a feeling of depression and negligence in them. Our findings are in close consonance with Blazer (2002), Domain (2007), Niaz and Hasan (2006), Shukla (2006), and Suteri (2016) who stressed the role of depression in varying social setup.

2.Variation in Chronological age would cause variation in depression :

Our second notion was conserved with the age-related in the magnitude of depression. It was thought that age-related change would cause variation in the amount/presence of depression. Fortunately, our hypothesis was confirmed and we found that older-aged participants were significantly more depressed as compared to their young counterparts. It was appeared in their behavior, Supporting our hypothesis we can say that at the age of 40 years women suffer from so many symptoms of climacteric and they perform all their duties and chores along with their climacteric condition. It may be that they have not paid attention to their symptoms and even after beat their responsibilities. But they could not overlook the demand of nature and call of the time. Moreover, at the age of our participants, women generally, depute their responsibilities to their young ones and they (young mass) at the same time overtook and disobey their elders. Some Participants while data collection, told that they were being controlled by their younger ones. Perhaps, it has caused a sense of being neglected. As a result, their depression by increased. Similarly, it can be said that women at any age normally feel satisfied with their lives, psychological and social conditions. As a result, they had an almost commendable level of depression. Our findings are in close com with Suteri (2016), Shukla(2006, 2010) who shared their views on the impact of age on depression.

3. Variation in marital circumstances would reveal variations in the magnitude of depression

last but not least was the hypothesis in which it was stated that variation in marital circumstances would produce variation in depression. Our findings confirmed the hypothesis and it was noted that women living with their husbands were more depressed as compared with their scores for the participants living far from their husbands. It may be because living with husbands does not allow them to take care

of themselves. Sometimes they have felt that they have lost their identity. Findings are in close consonance with Suteri (2016) and proved the notion that marital circumstances play a major role to decide the of depression.

Our findings strongly prove the relative efficacy of cultural variation, age, marital circumstances on depression. There is a need to minimize the magnitude of depression so that normal and positive rays in society could prevail.

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