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CONFLICTING MEDICAL COSMOLOGIES AND ONTOLOGICAL INSECURITY: ANALYSING MENTAL ILLNESS IN TRIBAL ODISHA

Abstract

Today many parts of tribal region in India are experiencing industrialization and modernization. As a result modern education and modern medicine have reached many tribal communities. Today we have various competing explanations, often in conflict with each other, to explain disease, misfortune, and suffering in tribal area. The present paper examines the experience of ontological insecurity in Ho tribe in Odisha as it undergoes transformation due to mining industrialization and modernization. Ethnographic fieldwork was conducted in three Ho villages in Odisha and the data was collected by methods such as participant observation, interview and case study. Qualitative analysis was done after the interviews were transcribed. The paper reveals that modern medicine, in many aspects, is in conflict with the Ho medical cosmology. The paper dwells on the lived experience of mental illness to find ontological insecurity as a defining factor. It is also argued that for successful mental health interventions in tribal community the cultural meaning of suffering needs to be addressed.

Keywords: *Ontological Insecurity, Mental Illness, Ho Tribe, Ethnography, Medical Cosmology.*

Introduction

Today tribal communities in many parts of India are experiencing a transition to modern way of life due to industrialisation and modernisation. Industrialization contributes to a wide range of economic, social, cultural, and political transformations. Consequently there is modern education and modern medicine in many remote tribal areas of India today. Further, we see new explanations for diseases, suffering and other existential questions in tribal area. Allopathic medicine provides such competing explanations often coming in conflict with traditional explanations of disease and suffering. In many parts of contemporary tribal India, the traditional explanations are dominated by modern scientific explanations. However this has resulted in ontological

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insecurity among the *adivasis* of India. The local medical cosmology and other traditional beliefs provide a sense of security to *adivasi* life. The paper argues that the loss or de-emphasing of the traditional explanations have created, for many, a sense of ontological insecurity, leading to anxieties and other mental health problems. The conflicts in medical cosmologies have been examined with respect to its relation with ontological insecurity in suffering persons in Ho community of Odisha, a state in the eastern part of India.

Ontological Security

The concept of ontological security was first introduced by R D Laing, an eminent existential psychologist to indicate human need for a security of "being" (1990:20). We all need a sense of security for our physical existence, which is our body. This is the basis of our life on this earth. Similarly we too need a secured sense of being, a sense of continuity of our existence or self. Self is a result of continuous accumulation of experiences. Herbert Mead described self as developing from socialization. According to him, self is not there from birth but it develops as a result of social experience and activity (1934: 135). Meaning plays a crucial role in sustaining the self. Self develops in a coherent manner. Self-continuity is a fundamental feature of personal identity and is based on meaning-making capability of human beings (Becker, 2018). That means, there is a continuity of meaning that can be revealed across the trajectory of changes in self. Security emerges from this continuity or coherence. If the changes become incoherent or meaningless, insecurity erupts. A secured self emerges from the experience of a non-ambivalent and stable world. Similarly an insecured self emerges from the experience of ambivalent, incoherent and disconnected events.

Anthony Giddens too examined ontological security in the context of modernity. He argues that self ensures its stability by continuing its narrative internally as well as by having a coherent experiences and knowledge about the functioning of various components of the surroundings. Giddens defines ontological security as the "confidence that most human beings have in the continuity in their self-identity and in the constancy of their surrounding social and material environment of action" (1991:92). An ontologically secured person is not troubled by existential questions. One's knowledge and experience of what constitutes the self and what constitutes the universe are fundamentally linked to ontological security. An ontologically insecure person fails to achieve a consistent and enduring conception of self.

Giddens associated ontological insecurity with risk and lack of trust which are characteristics of modernity. Pre-modern societies, Giddens argues, is predominantly trust-based and the local circumstances define the forms of risk and danger (1991). Therefore ontological security in pre-modern cultures has its sources in localized contexts of trust. He examined four such sources of ontological security, namely kinship system, religious cosmology, tradition and local community. In contemporary time these features of traditional

societies are witnessing transformation due to increasing contact with modernity. The paper dwells on this observation and subsequently argues that ontological insecurity is increasing in tribal societies.

Ontological insecurity and Mental Illness

What happens to persons who experience ontological insecurity? The foremost consequence of experiencing ontological insecurity is the need for an urgent psychic reorganization (Giddens, 1991) to be able to cope with the changing self. Attempt to reorganize one's self always comes with stress and tension. Giddens has elaborated such aspects and discussed anxiety as a consequence of ontological insecurity. One of the pioneer scholars who situates anxiety with reference to ontological insecurity is Kierkegaard, an existential philosopher. He explained anxiety as resulting from freedom of our self or "freedom's actuality as the possibility of possibility" (2014:139). Anxiety is linked to the self's response to the loosening of traditional sources of security as argued by Kierkegaard.

Though we need more evidence to empirically connect ontological insecurity and mental illness we have strong theoretical base (Laing, 1990) for arguing for a correlation between the two. Recent studies have explored role of ontological insecurity in the onset of mental health problems. Based on non-clinical samples Marlowe's study found that ontological insecurity plays a significant role in psychosis (Marlowe, 2020). Similar studies have suggested definite connection between ontological insecurity and mental health conditions the symptoms of which, though, are not included in psychiatric diagnosis. Brooks' work is an important contribution in this regard as it shows with the help of ethnographic research how ontological insecurity is connected to the rise of psychological distress resembling depression, anxiety, paranoia and dissociation (Brooks, 2020). Recently some other studies have used ontological insecurity scale to correlate anxiety and mental health problems with ontological insecurity (Bell, 2019; Luo C etal, 2022). There are a few studies (Henwood B F etal, 2018) which analyse ontological insecurity qualitatively. Further, though there are recent studies on various aspects of tribes such as relationship with the mainstream (Chaudhury and Patnaik, 2008), historical and political contexts of the idea of tribe (Channa, 2020), and suffering due to mining industrialization (Padel, 2009), there are very few works on tribal mental health and illness except Srivastava who gave an overall account of mental health and illness in India including the tribes (Srivastava, 2002). However there is hardly any study which examined ontological insecurity in the context of tribal mental health.

Objective

The objective of this research was to study the lived experience of mental illness in Ho tribe in Odisha. Further the study intended to explore the Ho medical cosmology and the spread of biomedicine in the villages under study. The third objective was developed while in the field when the collected data suggested

experience of ontological insecurity by suffering persons. The effect of ontological insecurity on recovery from mental illness was ethnographically examined.

Methodology

To realize the above objective the study was conducted using anthropological fieldwork and ethnographic methods. Fieldwork was conducted for a period of over eight months first in 2007 and subsequently four follow-up studies between 2008 and 2018 were undertaken. The author lived in a tribal village named *Dhabahali* in the Jajpur district of Odisha, in the eastern part of India (Figure 1) and conducted participant observation as the method of data collection. Written informed consent was collected from all participants in the study. For person with mental illness the informed consent in writing was collected from the guardian of the person. Two other villages named *Tari* and *Gamharipatia* were included in the ethnographic study from where data was collected on local medicine and health practices with the help of methods like observation, participant observation and interviews. Data on spread of modern medicine was collected from these villages using observation and interview. In-depth case study was conducted with the person with mental illness in the village *Tari* which was based on multi-session interviews with the concerned person, his relatives, some villagers, the *raulia* (medicine man) of the village and the *deuri* (the village priest). The study also involved observation and key-informant technique. Qualitative analysis of data was performed after all interviews were transcribed. The existing conceptual differences between modern medicine and the local Ho medicine were examined with the help of both ethnographic data and secondary literature.

Figure 1: The Field Area is in Jajpur district shaded red in the map of Odisha in Eastern India.

Spirit over Body: The Ho medical cosmology

The community under study is the "Ho" tribe of Sukinda in Jajpur district of Odisha. The tribe has an indigenous medical system which is based on the locally available plants, various types of soil/salt available locally and the influence of ancestors, community members and the *bongas*, the non-anthropomorphic supernatural powers. The material part of Ho medicine such as ethnomedicinal plants and various rocks/salts etc have been described elsewhere (Moharana, 2014). In this paper the super-natural part of Ho medicine has been discussed which comprises of the influence of ancestors, community members and the *bongas* on health and illness.

Body is the site of health and illness in Ho society though the factors influencing the bodily activities include both material and non-material objects. *Bongas* or spirits can affect physiological functions in Ho body. *Bongas* usually are located at specific places in and around a Ho village. There are both benevolent and malevolent *bongas* found in Ho cosmology. They are like unseen community members with higher power who have definite roles in daily lives of people. This is evident from the following observations in the villages under study.

The Ho tribe under study lives in an environment which is risky and dangerous. The fear and unpredictability associated with venturing into jungle and hills for subsistence activities is overcome with the help of interactions with *bongas*. These *bongas* live in various natural components and expect certain norms and practices to be followed. They provide a protective canopy to the Hos in the risky environment that they inhabit. The unpredictability associated with the subsistence agricultural practices is also managed with the relationship with the *bongas* believed to represent rain, earth and sun etc. Thus the Ho everyday life is given meaning with the help of their relationships with various *bongas*. *Bongas* are very much a part of Ho social world. The symbolic universe that the *bongas* help to create serves very crucial function of meaning making in Ho life (Fig 2).

The Ho mind knows that there are benevolent *bongas* around and they expect certain reciprocation in terms of abiding by the norms and values of the society. Likewise there are some malevolent *bongas* who can't be satisfied and are better kept away by sorcery and other methods of propitiation. Unlike most world religions which accept soul as a concept transformable to higher states the Ho individual is bereft of any such mechanism to get rid of the *bongas*' influence. Soul is conceptualized in these religions as capable of surpassing the negative effect of malevolent spiritual forces. This theory of mind (Luhrmann, 2020) is lacking in Ho society. A Ho is completely at the mercy of these *bongas* who regulate his/her everyday life. Given this theory of mind the effect of *bongas* on Ho health and illness is conceivable. The mandatory worshipping and propitiating the surrounding *bongas* before the

commencement of any social, economic and political activities is a testimony to this. A compulsory part of healing rituals in Ho society is the performance of a *puja* which aims to re-establish one's relationship with the *bongas* and ancestors. These practices indicate the effect of spirit over body in Ho society.

Material and non-material/supernatural aspects therefore are integrated in Ho medicine unlike modern medicine which ignores the supernatural or social factors in matter of disease and health. Body in modern medicine is bounded and influenced only by material items. In contrary the Ho body is not limited only to the material or tangible influences rather varieties of intangible forces influence it too. The cultural practices observed in Ho society address to the above basic idea of a porous body and its vulnerability to the surrounding natural and super-natural forces. This ontological framework instills meaning to the observed cultural practices in Ho society and provides a sense of security to the people.

Figure 2: A cactus plant symbolizing a *bonga* called Sid Baba who helps in divination.

The ancestors too play significant role in the health of the Hos because they keep a special interest in the activities of the family members and respond with illness and misfortune in case of any wrong doings on the part of the family members. *Bongas* and ancestors together create a meaningful framework which helps the Ho community to operate in its everyday life and social interactions.

As a community the Hos are regulated by the same source of fear, apprehensions, norms and values. In this situation the moral experience and somatic experience are interlinked. The villagers' claim of affliction and healing

due to spirits can be sidelined in biomedicine by terming it as mere superstition but the data from the field shows otherwise. Various models have been put forwarded by earlier scholars to account for the pathways of interaction between biological and socio-cultural factors (Hinton and Kirmayer, 2013); Kleinman,2006). For Kleinman, the moral-somatic interconnections indicate that "the flow of experience is thoroughly dialectical. In that flow, cultural representation, transpersonal relations, and embodied subjectivity interact so as to transform experience" (1997:326).

The idea of human body being permeable to both natural and supernatural forces has created corresponding cultural practices, norms and institutions in Ho society. This is also responsible for creating a compatible cosmology in which an individual situates himself or herself within it. This arrangement provides meaning to the cultural practices observed in Ho society. Every illness is invariably dealt with a *puja* or healing ritual in Ho society. This is intended basically to undo the negative effect of the *bongas*. By doing so the Ho mind ensures a peaceful coexistence with the *bongas* in and around the villages. This is how healing is ensured by being in communion with both the community as well as the *bongas*.

An individual is in the midst of a network of spirits who regulate the Ho social life in real terms. There are specific locations in a Ho village which are considered as the abodes of various *bongas*. Almost all natural components in the village are presided by specific *bongas*. Apart from presiding over and protecting the natural components in the village the *bongas* , along with the ancestors, provide meaningful continuity to Ho self thereby creating ontological security.

The Rise of "Body" and Conflict in Medical Cosmologies

Since last several decades the field area witnessed mining industrialization rapidly. In the vicinity there are now many chromite mines like Kaliapani, Kalarangi, Saruabila, Sukurangi and iron ore mines like Tomka. The area acquired and sold by the government to the industries is known as Kalinganagar Industrial Complex which is almost developed as a steel and metallurgical hub (Figure 3). A total area of 30,000 acres has been earmarked by the government for this purpose in 1992 (Khuntia, 2006). For this big development project the Hos of Sukinda, the original inhabitant of this area were asked to evacuate their villages. Under the Land Requisition Act their lands were requisitioned. The first land acquisition was done in 1990-96 near Duburi. In exchange the people were promised a compensation package which included land for land taken, jobs in the industries, houses, and schools for children. The process of displacement and resettlement was not smooth at all and was marked by broken promises, violence and forceful evacuation of the Hos from their villages.

Figure 3: Entrance of Kalinganagar Industrial Complex

While the Hos were experiencing a complex set of events associated with industrial development, a more fundamental transformation was taking place at the level of their thought process. Modern education, contact with non-tribal neighbourhood, and Christianity have positively influenced the spread of modern medicine in Ho society. In a radius of 20 kilometers of the study area there are a number of alloapathic centers established by several private practitioners as well as by the government. Among the hospitals nearby the villages under study are a Primary Health Centre (PHC) at Gobardhanpur, a Community Health Centre at Danagadi, and a Christian Health Centre at Nadiabhanga, Duburi. These are the health centers the Hos referred to when asked to name the hospitals during the fieldwork. The nearest hospital is a government primary health center at Gobardhanpur which is about five kilometer away from the village under study.

What is emerging among the educated persons now is a new conception of body that is not permeable to supernatural forces. Modern education and occupation have created an image of body that is discrete and bounded as opposed to the Ho concept of body which is regulated by relations with both physical and spiritual beings. Allopathic medicine is used in the community as a new basis for claiming modern identity. Modern education which teaches and values natural sciences emphasizes a concept of mind based on the function of brain. So for the modern educated Hos the site of health problems as well as behavioral problems is considered to be the body affected by material factors only.

The contemporary Ho society is witnessing a rise in number of people joining a variety of modern occupation. Due to rise in possibility for various non-traditional occupations, more number of people are earning cash on a

daily basis or on a monthly basis. The different emerging occupational groups include the daily wage labour working in mines, the drivers and helpers in mineral transport, the salaried employee in the steel plants, and the salaried employee with the government. The above occupational groups prefer biomedicine to traditional medicine (Moharana, 2014). There is a sense of enchantment towards the modern way of life that is happening around them. Use of modern medicine has enabled them to claim higher status in the society (ibid). Working in mines gives a sense of detachment from the Ho social structure as well as a sense of flexibility from the rigidity of traditional medical practices and beliefs. For treatment of any disease and illness the mines workers go to the raulia but also consider visiting biomedical personnel. The allopathic prescriptions never require any relationships, social, ecological or super-natural, to be mended. Thus the spread of modern education, modern occupation and availability of allopathic medicine lead to the emergence of a concept of body impermeable to outside intangible influences. This is a new medical cosmology which is in conflict with the traditional Ho medical cosmology.

This conflict in medical cosmologies affects the illness experience of people in Ho society. Persons experiencing illness and undergoing healing process now face a disturbance in the earlier ontological framework. Ignoring the Ho concept of body and mind brings forth a situation in which people experience a state of meaninglessness leading to insecurity about their own ontology. In many cases the process of recovery gets negatively influenced due to this conflict. The following case study reveals this.

A Case Study

Soren Hanaga[1], 37, is the eldest son of Maitra Hanaga of village Tari. He has a younger brother named Naren and a sister who has been married off. Soren went to High school and wanted to do ITI Course[2] to work as a mechanic but due to financial constraints he had to cut short his education. But the dream of becoming a mechanic was bright when his uncle took him to a garage at Duburi (the nearest commercial place) to learn the motor repairing work. He started to work in the garage as an assistant to the mistri, the owner and chief mechanic of the garage. The training was rigorous which included repairing motor cycles, trekker (a four-wheeler vehicle used in rural India) and lorry. Duburi was a small market at that time-consisting of only 8-10 shops. This is the period when the road was broadened to facilitate more vehicles transporting minerals from the nearby mines. For that most shops were asked to shift to other places by the government authority and in the process the garage where Soren was working was demolished. With nowhere to go, Soren started to work as a wage labourer with a contractor who was providing labourers for the establishment of a railway line which connected the Sukinda mines with the Paradeep port. The railway was planned to go

through the villages and Soren worked there for one year. During this time he met Tulsi, his future wife who was also working as a wage earner in the railway construction work. Both got married and continued to live in the village till the time when Soren started to work as a helper in the mines transport. Due to the nature of his work Soren got less time to visit his village. After two years of work in the mines transport he suffered from tuberculosis and the supervisor sent him back to his village. He started allopathic medication in the Danagadi hospital. The doctor had prescribed him medication for 2 months with complete rest, nutritious food and a relatively secluded environment to avoid contamination. During this time one of his friends suggested him to visit the Nadiabhanga Church where he could get all facilities. He visited the church for treatment, felt well after 3-4 months and then he started working as a mason.

During this period Soren suffered from a great personal loss. Interviews with Naren (Soren's brother) and other family members revealed the sorrowful details of the death of Soren's father. Maitra Hanaga was a great raulia (medicine man) and was well known in most of the villages in the region. He was worshiping all bongas including some Hindu Gods and Goddesses. He had saved many lives from sorcery as Naren emphatically reported me. One day, Maitra Hanaga along with his wife and other villagers was going to the nearby forest for collecting timber. While going to the forest he hurt his toe against something on the road and became unconscious. He was brought back home and was found dead. Soren was informed about this tragic event. He returned immediately to the village from his work and performed the burial rites of his father. While performing the rites Soren decided that he would not worship the Ho gods any more. His father was worshiping a pantheon and was saving lives of the villagers from sorcery and witchcraft. Though he saved many lives from evil spirits he could not save himself. The bongas, whom his father was worshipping with great devotion, could not save his father. With this realization Soren had a thorough discussion with his family members and eventually they decided not to worship the Ho bongas anymore. They started visiting the Nadiabhanga Church regularly.

After his father's death Soren continued his work as a mason and sent his children to school. This was the period when some villagers approached him to build houses for them under the Indira AwasaYojana[3]. He eagerly accepted the proposal. The people collected and gave money to Soren for building the houses. Soren started the construction and the walls of the houses were completed. At that time there was untimely rain which wasted the bags of cement kept outside for work. Soren tried to save some of the bags but there was no safe place in the tribal settlement to avoid rain and moisture. Some people understood the situation and tried to empathise with Soren but after some days the people asked him for the money. Soren expressed his inability to return the money and requested them to wait for some days. This was the

period when Soren started to show abnormal behaviour. He started to scold the people who came to his house and subsequently scolded everybody who passed in front of their house. When the family members tried to calm him down he thrashed them. The villagers sent this information to Naren (Soren's Brother) who was working in the Nadiabhanga Church that time.

After knowing about his brother's illness Naren came home at once and along with the family members took Soren to a raulia near Jajpur road. The raulia performed a healing ritual and told the family to see a doctor. This was refuted by many villagers who said that the family never went to a raulia. It can be noted here that there exists a tension in the community regarding whether the family ever visited a raulia for Soren's illness. However, what could be inferred from interviews was that the family still believed in the power of the bongas though they also believed that no bonga can overpower the power of Jishu (the Jesus Christ). The change in the belief system of the family was not complete and cannot strictly be regarded as conversion to Christianity. Rather it is an attempt to adhere to a more powerful spirit (the Christ) basically to get rid of the illness and misfortune. This is contrary to reasons observed by other scholars for tribal conversion to Christianity (Chaudhury, 2008).

Naren knew someone at Duburi who was from Ranchi, a city in the neighboring state of Jharkhand. According to his advice they took Soren to Ranchi Manasik Arogyalaya, the Ranchi Psychiatric Hospital. The doctor gave medicine for six months and did not tell anything about the diagnosis. They returned home and the treatment continued for only three months because after taking medicine for three months Soren threw away the rest of the medicine. Naren, after a gap of several months, took Soren to the local church where the visiting doctor started his treatment. The treatment went on for six months but his conditions hardly improved. This was the phase of Soren's illness which was observed during the fieldwork. The condition of Soren was far from satisfactory. He was not taking regular food/medicine and he had almost become a vagabond. It was in fact difficult for the researcher to find him for interview during fieldwork. He rarely returned home in time and many times slept in nearby market or relatives' place.

Analysis: Meaningless Suffering and Ontological Insecurity

A closer look at various events in Soren's life reveals that his suffering is basically social suffering (Kleinman etal, 1997) which is rooted in the larger socio-political environment. Soren wanted to become a mechanic, an introduced aspiration in a tribal land. Afterwards he had to change his work many times due to various larger socio-political forces. Working in mines without basic amenities and health facilities is like putting one's life into risk of suffering and death. Both open cast as well as underground mining involves hazardous activities and the workers are vulnerable to suffering without adequate

healthcare and insurance facilities. The change in occupation from a tribal subsistence farmer to a mining worker comes with a corresponding shift from pure to polluted workplace. We can see here how large scale socio-economic factors get translated into individual suffering (Farmer, 1997). Further, this suffering is intolerable when it becomes meaningless.

Quest for Meaning and Ontological Insecurity

Soren's father's death was a turning point in his life. His father was a great raulia well known in the surrounding villages. Soren laments that his father worshipped the Ho pantheon but was himself a victim of witchcraft. The bongas couldn't help his father and save him. This lead to the near-collapse of his conception of reality based on the power of the Ho bongas. A sense of insecurity and conflict emerged in Soren's mind. Eventually the family shifted its allegiance to a more powerful god, namely the Jesus Christ. However Soren's suffering didn't seem to subside with this change of religious allegiance. Soren's wife left him and the final blow was his severe financial breakdown due to loss of money as a contractor to build Indira Awas houses. A sense of utter hopelessness and confusion was revealed in the interview with Soren about the protective power of gods including the Jesus Christ. Even he started doubting about his own self and the meaning of existence.

Researcher: Do you visit the father at Nadiabhanga Church now-a-days?

Soren: Not regularly. Why should I visit? They have very strict rules and regulations. I went through a tough training. They were sending me to distant churches. But I denied.

R: Why?

S: Nothing seems to work. I have no happiness. I don't know ….No body helps me. Even Gods are like this….Why my life is like this?

R- Ok. Now tell about any events in your life which made you happy.

S- There is no event in my life which made me happy till now. You know it, nearly one year back I had an accident. After the accident I went to Delhi. Then I returned from Delhi. After I returned from Delhi there is no happiness in my life. Yes, it's already two years I returned from there at the time of Diwali.

R- Then what happened?

S- After returning from Delhi nothing gives me happiness. No happiness with my wife, with my children. What can I do? Now I am alone. Now I am like this…

R- Ok. You are telling that you have no reason to be happy. What

would have given you happiness?

S- If the family is destroyed…. then the problem lies there. It is very difficult to rebuild it again…..

We can see a deep sense of hopelessness and meaninglessness in his life. Throughout the multi-session interview the important feature which was also observed is the incoherence in his narratives about the events recollected by him. The incoherence in his narratives, repeated emphasis on particular events, and omissions and additions of certain events in his life are the reflections of an attempt to weave his life events into a meaningful sequence. His "going to Delhi" as reflected in the above narrative was not confirmed by any of the members in his family or community though it got mention repeatedly in his narratives. Thus Soren's failed aspirations for a modern life repeatedly got fulfilled in his constructions about his visit and job in Delhi in the narratives provided to the researcher.

Religious cosmology provides a sense of security in traditional societies (Giddens, 1991). But Soren had already distanced himself from his own belief system. Neither the local moral world nor the world of church goers in the area was helpful for him. Further, a shift in the allegiance towards Christianity made him stigmatized in his own community. As a result he experienced ontological insecurity.

Loss of Meaning and Effect on Recovery

Soren strongly believes in the existence and effect of evil forces and witchcraft. His suffering can well be explained taking help from the local narratives. However the exclusive use of modern health care including the psychiatric services that he underwent never used any of these native explanations. His ongoing treatment at various modern psychiatric clinics is mostly amoral and limited to prescribing certain medications only. There is neither any acknowledgement nor any importance of the meaning of suffering in the process of the treatment that Soren is presently undergoing. As Holmes (2000) suggests modern medicine with all its technological advancements has made Psychiatry utterly helpless in providing any meaning to the suffering patient. In the hope for recovery Soren lost most of his life experiences to oblivion.

What would have happened if Soren was treated in the traditional system? Probably there would have been a possibility of addressing the need for meaning that Soren was trying to find. His suffering would have received a meaning in the social, political and cultural context in which he lives. Several studies show that a sense of congruity in the meaning of illness between the practitioner and the patient helps in diagnosis and recovery (Parnas and Gallagher, 2015). Meaning is crucial in initiating the healing process as described by Kirmayer who sees system of healing to be part of local worlds of meaning

and power. The meanings conferred by healing practices include the personal, social, religious and moral significance of affliction and recovery (Kirmayer, 2004). The gap in meaning between the two medical cosmologies that Soren encountered is deeply linked to the adverse pathways in his recovery process.

Conclusion

The paper explored the lived experience of mental illness among the Ho in Sukinda region of Odisha. The study revealed that many Hos are undergoing suffering due to mining industrialization and related issues. Displacement, loss of traditional occupation and loosening of traditional belief system create social suffering in the community. The suffering is mostly meaningless for them due to an emerging trend to deemphasize the existing cultural mechanism of explanation. This has created ontological insecurity for many sufferers. Modern medicine and modern education have managed to bring new ways of explaining suffering and existential problems. A new concept of body which is impermeable to non-material and supernatural forces is in the air. This has created, for many, discord in their understanding of self and its relationship with the universe and thus added to ontological insecurity. The paper shows that ontological insecurity is strongly associated with the origin and experience of mental health problems. The paper also recommends that the treatment of mental health problems must include the locally available culturally meaningful explanations of suffering.

Notes

1   Names of all informants have been changed to protect their identity.

2   ITI (Industrial Training Institute) is a class of institutes in India which provide industrial training after school education.

3   Indira AwasYojana is a Government of India social welfare programme to provide housing for the rural poor in India. It is one of the major flagship programs of the Rural Development Ministry to construct houses for BPL(below poverty line) population in the villages.

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