Multidisciplinary Research Journal
ISSN: 3049-2718 (Print)

Volume 1, Issue 2, 2025
April – June 2025

Case Study

The salutogenic approach in community mental health: A single case study of Schizophrenia remission in Bodoland Territorial Region, Assam, India

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Received: Date: 31 December 2024; Accepted: 22 April 2025; Published: 28 April 2025

Abstract: The salutogenic approach encompasses a broader perspective of health and well-being in a mental healthcare scenario. This approach extends beyond treating mere illness, emphasizing a holistic framework through a proper health system governance. This needs to be inclusive and should include all the stakeholders, including the patients, their caregivers and their surroundings; as the factors supporting human health and well-being are important in case of mental health scenario. These factors cannot be adequately explained in the negative framework of Pathogenesis, which traditionally focuses on disease characterization in the community. In defining, explaining, assessing and managing the mental health of community-dwelling patients, the salutogenic approach has been propounded in recent times. The conventional biomedical emphasis on pathogenesis has been replaced by the perspectives of salutogenesis. In this approach, more emphasis has been laid on the positive aspects, namely enhancing the sense of coherence, promoting health-promoting behaviours, enhancing coping skills, teasing out Generalized Resistance Resource (GRR), constructing and maintaining a social network, strength-based intervention and factors affecting mental health. In this manuscript, a case is being reported that highlights the critical interplay in the lens of salutogenesis with a person living with Schizophrenia in the Bodoland Territorial Region, Assam, India.

Keywords: Salutogenesis; Mental health; Schizophrenia; Bodo community; Resilience; Positive psychology

1. Introduction

The framework published by WHO regarding health systems has been used to describe a health system [1]. This includes a coherent lot of components influencing the health of the individuals and communities. The escalating impact on mental health is acting as a pressing challenge for the prevailing health systems. Stress and coping strategies play a very important role in the mental well-being [2]. Relating to this, the term Salutogenesis was coined by Aaron Antonovsky in his 1979 book Health, Stress and Coping. The salutogenic approach also adopts a holistic view of health and tries to integrate positive values and aligns with the inclusivity of the concept of a health system. The support mechanisms are very important in the prognosis of any infirmity, be it mental or physical [3] [4].

The perspective of the pathogenic approach is to observe health as the absence of infirmity, disability and premature death. In contrast, the salutogenic perspective observes health as the sustenance of positive states in the effect, cognition, and behaviour. This encourages health beyond the damage recovery [3].

Conceptual constructs of salutogenesis bear similitude and synergism with spirituality [4].The term Bathou amongst the Bodo community means the culmination of five distinct elements. Bathou is unique and omnipotent and determines all the events related to life. The result is according to the deeds (karma) of the individual. The balance of the universe is borne by the Bathou. What was the worship of trees at one time, has been changed into a higher philosophical and progressive ritualistic religious practice in due course of time [5]. From the frame of reference of salutogenesis, all these factors are essential in the causation and recovery of illness, as also asserted by Koenig et al [6] (Figure1)

The case in question is from Bathou religion of the Bodo community. Bathou religion has been the traditional facilitator of spirituality amongst the greater Bodo community [7] [8]. Bathou is the main deity represented by a live Siju tree (Euphorbia splendors) [5] [9].

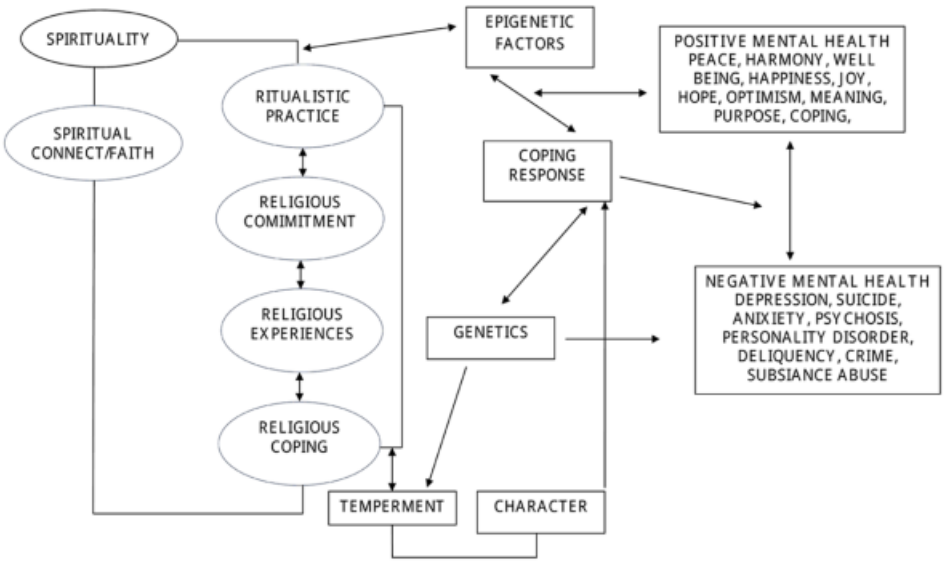

Figure 1. Causal pathway for mental health, adapted from the "Theoretical model of causal pathways for mental health (MH)", Koenig HG, King DE, Carson VB. Handbook of Religion and Health. 2nd edition. New York, NY, USA: Oxford University Press; 2012

2. Materials and Methods

This is a case study on Schizophrenia (F20, ICD11) remission of a community-dwelling patient from Bodo community in Bodoland Territorial Region, Assam, India. The lifetime prevalence of mental morbidity in the state of Assam, India is estimated at 8%(National Mental Health Survey 2015–16). This multimodal case study is methodologically combined with overt and covert clinical ethnographic observations and Descriptive cum Linguistic Phenomenological principles. Employment of the chronological and causal sequence is done from the retrieved data of the electronic Health Management Information System (eHMIS).

This is a non-intervention study. At all stages, the ethical principles, including protecting health-related data, have been maintained as per the latest ICMR guidelines. Informed documented consent has been obtained. The study primarily involves the history sheets, clinical ethnographic observation, and the event log from the electronic Health Management Information System.

3. Results and Discussion

3.1. Case vignette

We explore the illness trajectory of a Bodo individual living with schizophrenia (F20) over a span of five years. This case involves a 34-year-old community-dwelling patient from the Bodoland Territorial Region, Assam, under a conventional therapeutic regime from primary to tertiary care facilities. The patient hails from an area which was affected by civil strife for a long period, until the last decade. There was history of transmigration of people of different ethnicities in that area. The patient was married. There was no history of any substance abuse. The educational qualification was lower primary and the patient was accompanied by the parents. Suicidal ideation was absent. The patient often lacked awareness of her changing state over time, frequently displaying a blunt or oblivious reaction to the condition. Emotional responses, including mixed anxiety, depression, and irritability, were documented during history-taking sessions in initial consultations and follow-ups. Night terrors were occasionally present, particularly during relapse periods triggered by adherence issues or other factors.

Symptoms included purposeless movements of the neck and lips, significant self-neglect, and daily struggles with routine tasks. These issues were more pronounced during a period of cohabitation with a spouse. Catatonia occurred thrice during the course of treatment. Over five years, the patient's weight increased from an initial 49 kg to approximately 80.5 kg, despite no marked change in food habits. As a non-vegetarian, their appetite remained static throughout the illness. Complaints of lethargy and weakness were frequent, and metabolic disturbances such as amenorrhea were noted even before the introduction of atypical antipsychotics. Episodes of hot flushes were also reported on several occasions.

Gradual distortion of routine perceptions led to increasingly severe symptoms over subsequent months. Auditory hallucinations became the predominant issue, accompanied by disabling sensory experiences, such as tactile hallucinations, including sensations of crawling ants or insects on the body. These auditory symptoms were particularly crippling, leading to an avoidance of household chores and other responsibilities. During a period when the spouse was away, the patient began living with the parents. This change provided significant emotional and practical support, which enhanced coping skills and built resilience. With family support, remission was achieved, highlighting the critical role of a supportive environment in managing the condition.

We explore the contextual elements having the propensity of triggering both relapse and remission of symptoms through the lens of salutogenesis, as the patient underwent the conventional care provisions. The spiritual dimensions of health can be reflected in the trajectory of illness, relapse and recovery, as well as in the way the individualis connected to the surroundings beyond physicality. The salutogenic perspective aligns with the spiritual support mechanism of Bathou religion, which played a role in the individual's journey.

The patient presented with an insidious onset of symptoms over nearly a decade, marked by a lack of insight and difficulty acknowledging the reality of their discomfort. Despite visible stress, affecting behaviour and overall well-being, the patient remained unconvinced of the disconnect from reality. Changes in her beliefs and perceptions were initially ignored by her parents. The family, deeply connected to the patient's struggles, sought the guidance of priests and the village headmen within the community. Self-care was markedly diminished, requiring assistance from family members, such as the patient's mother and aunts,

for daily routines like dressing and other personal care. Although Generalized Resistance Resources (GRR) were available, the overall quality life was markedly reduced.

The prodrome was characterized predominantly by negative symptoms, including withdrawal from family and society, diminished communication, alogia and reduced emotional expressiveness. Functional capabilities declined throughout the illness, barring a few episodes of remission. Despite these challenges, the patient remained motivated to work and expressed a desire to resume studies and complete graduation. A variable sense of coherence was observed throughout the trajectory of illness, with meaningfulness and manageability evident during follow-up visits and in historical accounts. The capability to cope with the stressors remained intact to some extent.

There was disorganized speech at times with some unusual bouts of anger, aggression and impaired thoughts, behaviours, emotions and perceptions. These were gradually exaggerated and false beliefs, despite evidence in contrary, were present. These included persecutory delusion and delusion of reference. The patient also reported culturally influenced fears, such as beliefs in Daina Daini (witchcraft) and supernatural influences. Sleep patterns were very vividly disturbed and there were episodes of withdrawal from social and spiritual activities, such as refraining from attending prayers at the Bathousali which serves as a sacred space in the practice of Bathou religion amongst the Bodo Community.

During conversations, loose associations, abrupt topic shifts and disorganized speech, including the word salad and neologisms were observed. Physical symptoms included bizarre sensations such as tingling and extreme cold and hot feelings. Long-term memory was compromised and the patient struggled with concentration, which interfered with daily functioning. Auditory hallucinations, including the sounds of traditional musical instruments like the Sherja, Siphung and Kham, were reported, along with delusional beliefs tied to cultural practices like Rangjali Baisagu and celebration of kherai puja. The patient sought guidance from community religious figures, like traditional healers or the priests. There were also instances of amenorrhea and dysfunctional uterine bleeding, for which the patient consulted a gynecologist. Delusional thoughts about pregnancy persisted despite negative urine HCG test results. Many initial symptoms aligned with cultural beliefs about possession, such as the concept of Hyna Muli (Love potion) in the Bodo community. Family members partially attributed symptoms to spiritual causes, despite accepting modern medicine. This belief system delayed timely care-seeking and led to periods of non-adherence to prescribed treatment.

Only reductionist approach undertaken by the care provider limited the scope to use the spiritual aspects, thereby limiting the value of the holistic care. Exploring the support system came later. Polypharmacy was observed. In India, we don't have yet a mechanism to check and monitor the trends in prescription of psychotropic. Many of the antipsychotics and other medicines used in the treatment of mental illness lead to debilitating side effects and this often leads to non-adherence of the treatment. There are different guidelines at the international or national level to deal with the patients of mental and neurological ailments. But the subjective opinion of the care provider mostly takes the precedence over any other consideration. This is a special handicap of the biomedical approach of treatment, which needs to be tackled from the health policy perspectives. Relapses were frequent and severe, requiring dose augmentation of psychotropic medications. There were quick remissions of the symptoms following prescription of multiple medications. But this was followed by tremor, tics and abnormal gaits. So, even though there was quick relief of symptoms, there was repetitive non-adherence for

the treatment. The remission was not long standing and there were frequent relapses. From mid 2022, the patient was gradually drawn towards the spiritual practices, under the active cooperation of the family. Holistic view, guided by the salutogenic approach, highlights the importance of integrating spiritual and cultural factors into care.

The caregiver family of the patient did Kherai Puja multiple times in a year and the patient was active participant to those. They offered flowers instead the traditional practice of sacrificing cock, pigeon or duck. The patient was taking part in it since the middle of the year 2022, following repeated relapses and development of debilitating side effects. The tradition of Kherai puja is considered to be the Maikhoum (Main) religious festival. The ethnographic observation revealed that like most Bodo people who follows Bathou religion, they pray at the altar of Bwrai Bathou, which was located towards the northern side of the courtyard. Holy Siju (Euphorbia splendors) tree had been planted on the altar. The altar is surrounded by bamboo sticks. The ritualistic practices of Bathou religions were followed during this period. The family, along with the patient, offered their worship to Bathou every Tuesday. The patient practiced active ritualistic practices of Aaraaj (Mass Prayers) during Mainao Kherai puja (For the Goddess of wealth), Wngkham Gwrlei Fwrbo (Feast with new crops) and Aamethi Fwrbw for the worship of Hailung (God of earth).

This perspective supports a gradual reduction of the need for atypical antipsychotics, mood stabilizers and sedatives as symptoms are better managed through a combination of medical, cultural and social interventions (Fig 2).

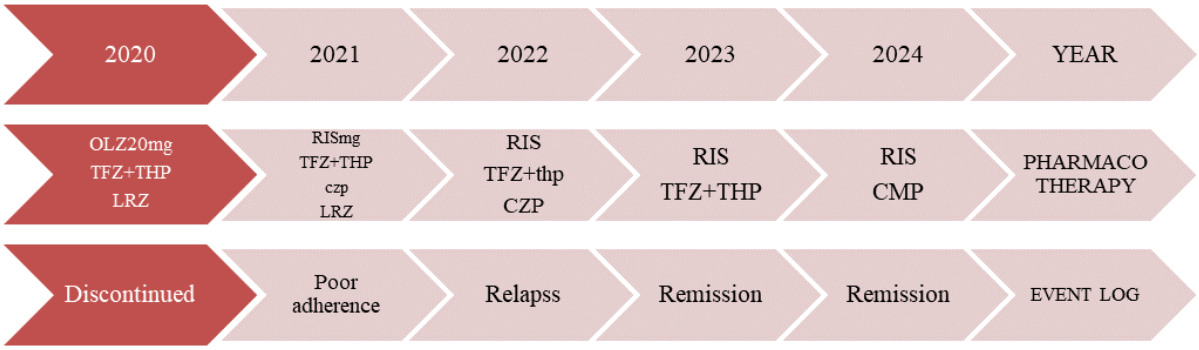

Figure 2. Chronological changes from e HMIS (Electronic Health Management Information) (Ris : Risperidone, TFZ+THP: Trifluperazine+Trihexiphenidyl, CZP : Clozapine, LRZ : Lorazepam, CMP: Carbamazepine)

The limitation of the study is that, this study primarily involves the history sheets, clinical ethnographic observation, and the event log from the electronic Health Management Information System and not direct human interaction.

5. Conclusions

We see some of the contextual factors prevalent amongst the Bodo community, which can serve as a support mechanism by instilling a sense of coherence and enhancing the cognitive and emotional qualities in the salutogenic approach. The extreme strength of the spiritual culture in the form of Bathou religion can foster resilience amongst the susceptible individuals and the communities. This also aligns with the salutogenic principles and the extended biopsychosocial model of mental health care. The support mechanism from the

Bathou religion can be cherry-picked to harness in the interventions for a better reintegration of the people living with mental illness, into their families and communities.

Multidisciplinary Domains

The case study covers the domains of (a) Cultural Psychiatry (b) Spirituality and Religion (c) Health Policy and Systems Research (HPSR) and (d) Philosophy.

Funding

This research received no external funding.

Conflicts of Interest

The authors declare no conflict of interest.

Acknowledgements

The authors acknowledge the partners of the Mental Illness Treatment Alliance to use their HMIS, from Bodoland Territorial Region, Assam, India.

Declaration on AI Usage

The authors declare that the article has been prepared without the use of AI tools.

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