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ABSTRACT

This report is based upon information obtained from personal interviews with a representative sample of Puerto Rican adults, both patients and non-patients, 20 years of age and over, living in two urban communities in central Connecticut, with 1,000 and 8,000 Spanish-speaking residents, respectively. The findings of this research are summarized as follows: the informants, whether patients or normal members of the community, differ very little in their conception of mental illness; they distinguish two broad categories of mental illness "craziness", similar to psychotic behavior, and "nervousness" or "bad nerves", which could be categorized as psychosomatic or neurotic conditions; for both types of conditions there is believed to be a range of causative factors, supernatural or natural: among the natural causes there are three major types - bilogical (e.g. alcohol, drug abuse, sexual excess, and malnutrition); psychological (e.g. excessive emotional suffering and excessive physical punishment in childhood); and social (e.g. working too hard and poverty); spiritualism, witchcraft and fate are believed to be the most important supernatural causes of mental illness; and, the latter become most clearly apparent as factors of importance when informants are asked about them in such a way that they are not obliged to speak directly about their own personal beliefs. (Author/JM)

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MENTAL DISORDER AND SUPERNATURAL INFLUENCE:

BELIEFS OF PUERTO RICANS IN TWO CONNECTICUT URBAN COMMUNITIES ABOUT THE CAUSE AND TREATMENT OF MENTAL ILLNESS

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Introduction

There are currently about 1.5 million Puerto Ricans living in the (mainland) United States, as compared with 2.7 million living in Puerto Rico. Those living on the mainland are concentrated in New York City and other urban areas of the Northeast, particularly in New Jersey, Connecticut and Massachusetts (Gomez, 1970). Most have settled in those communities within the past 20 years. In Connecticut there are 113,000 Spanish-speaking people, of whom 88,000 are Puerto Ricans.

As with other ethnically distinct minority groups, Puerto Ricans have confronted formidable obstacles to their social and economic adaptation in the urban communities of Northeast United States. As families they experience the pressures of acculturation in terms of sharp intergenerational conflict of values, beliefs and behavioral norms. At the personal, individual level, these conflicts are expressed in feelings of rejection, alienation, devalued self-esteem....or, as Erikson sums it up....intense identity conflict. However, as authors such as Glazer and Moynihan have pointed out, these acculturative and identity conflicts are more apparent and more severe among Puerto Ricans than other Spanish-speaking people because of the high degree of negative stereotyping of the large Puerto Rican population in the Northeast (Glazer and Moynihan, 1970; Gordon, 1964).

Two consistent findings have been reported about the mental health of Puerto Ricans in the (mainland) U.S.A. First, there is a high rate of mental illness among them (Malzberg, 1948; Malzberg, 1956). Second, there is a striking underutilization of available mental health facilities among them, as well as a "lack of cooperation" in community health and social welfare programs (Cohen, 1972). They have consequently been considered by mental health agencies (and many other "helping agencies") as people who are "difficult to reach" (Furman, 1967; Reissman, 1967).

The purpose of the study of which this report forms a part, is to explore concepts of mental disorder among Puerto Ricans in two urban communities in

central Connecticut. Our objectives are; 1) to determine beliefs about the causes of mental illness, its manifestations and how it should be best treated; 2) to evaluate the relative importance of cultural and socioeconomic characteristics as determinants of the search for healing; and 3) to clarify those factors that might explain the underutilization by Puerto Ricans of existing mental health services in both communities, in the hope that such clarification can provide necessary data for the design of more effective mental health programs for the Spanish-speaking people of these two communities -- and perhaps for communities in other parts of the country with sizeable Spanish-speaking populations.

Methodology

This report is based upon information obtained from personal interviews with a representative sample of Puerto Rican adults, both patients and non-patients, 20 years of age and over, living in two urban communities in central Connecticut with 1,000 and 8,000 Spanish-speaking residents respectively.* For the "non-patient" group of informants living in the first community, we interviewed a random sample of 20 people - 10 men and 10 women - drawn from Puerto Rican households registered with the town's Community Organization. For those living in the second community, we interviewed a random sample of 10 men and 10 women drawn from the Puerto Rican household register maintained by the Spanish Speaking Center. For the patient group, we interviewed the first 20 Puerto Ricans with no prior history of psychiatric illness or treatment in Connecticut, who had applied for treatment and were being evaluated for the first time at the regional Mental Health Clinic.

All interviews were conducted in Spanish (by M.G.) during a 12-month period, from December 1972 to December 1973. A 180-item questionnaire was designed for this study and used as a guide in carrying out the interviews. The questionnaire dealt with the following topics: personal and family background, value orientations

* The two communities studied were Bristol (population 66,000) and New Britain (population 83,000).

(especially concerning man: man and man: supernature), descriptive concepts of mental disorder, concepts about etiology of mental illness, attitudes toward treatment, degree of knowledge about mental health services in the area, and expectations about the effectiveness of treatment received.

Demographic Characteristics of the Study Population

For the non-patient group, 40 subjects were interviewed, 20 men and 20 women. Twenty-eight subjects (70%) were married, seven (18%) divorced and five (12%) separated. Six of the seven divorced subjects and four of the five who were separated were female (Table 1). By contrast with those subjects interviewed in the community, among the 20 patients interviewed, 17 (85%) were female and three (15%) male. Five patients were married, 7 separated and three divorced. All those patients who were separated or divorced were female (Table 1). The patient sample was somewhat younger than the community sample: 70% of patients were less than age 36, compared with 45% of informants in the community (Table 2). In every case our informants and both their parents were born in Puerto Rico.

Concerning formal education, most subjects had completed elementary school and many had some years of high-school education. Fifteen percent of community interviewees had completed high-school or beyond. In general, the educational level of the group of patients was several years less than community subjects: none of the patients had completed secondary education and several had no formal education at all. (Table 3)

Less than 50% of the community subjects and 35% of patients were able to either speak or clearly understand English at the time of interview. Twenty-five percent of the community subjects and 35% of patients spoke no English at all.

Among community subjects, 19 of the 20 women were not working at the time of the interview. (Table 4) By contrast, 19 of the 20 men were working; 12 were factory workers. One man and eleven women were receiving social welfare support. For the patient sample, fifteen (75%) of the 20 patients were not working and 17

(85%) were receiving state welfare support. (Table 4)

Most of the subjects of this study, both patients and community subjects, had first come to the U.S.A. more than five years previously. Many had gone back and forth several times between Puerto Rico and the U.S.A., often for periods of six months or more, before settling on the mainland. Family considerations -- family closeness, concern about the well-being of parents and relatives, and the wish to keep intact the close intergenerational bonds of the extended family -- played a major role in the decision to come to Connecticut and subsequently to settle there. Slide 5 (Table 5) Principal secondary reasons given were the greater calm and safety of living in Connecticut, better job opportunities in comparison with New York City or Puerto Rico; and among patients, a wish to get away from an abusive husband and/or other marital difficulties. (Table 5)

Conceptual Categories of Mental Disorders

Our informants identified two broad categories of mental disorder. The first related to the person thought to be "loco" (crazy), whose behavior is typically described as aggressive or bizarre, including homicidal and/or suicidal behaviors. Bizarre behavior was usually described in terms such as;

> "They may take off their clothes in public"...."They may try to direct traffic"...."They wander on the roads with no purpose."

Thirty-five percent of people we interviewed focused their description of "the loco" on aggressive behavior, while 18% were primarily struck by the bizarre behavior of such patients. (Table 6) People considered "loco" were described by 31% of interviewees as suffering primarily from a disorder in thinking.

> "They talk to themselves when nobody is around them"...."You can't understand what they are talking about."

The second category of mental disorder identified by our informants involves

"bad nerves", or nervousness. Most respondents pointed to symptoms generally consistent with neurosis, such as depression and anxiety:

> "They cry a lot; they can't seem to control it".... They are nervous and frightened all the time"...."They're afraid something bad will happen to them."

Others were struck by symptoms of dissociative crisis:

> "They fall on the floor, and don't recognize people"...."They can become violent."

Still other informants described symptoms consistent with psychosomatic disorders:

> "They say their stomach is upset all the time"...."They feel like they have something stuck in their throat and they have trouble catching their breath." (Table 7)

Among the symptoms that our informants describe under the category of nervousness or bad nerves, is the syndrome of "susto" or "soul loss"; a syndrome reported to occur in many Latin American countries, and considered a psychophysiological disorder (Gillin, 1948). Susto is an intense fear that a supernatural power has come from the earth, forced the soul to leave the body of its victim and prevented its safe return. These three elements of fear, soul loss and supernatural power emanating from the earth are viewed as the necessary components of susto. (Gobeil, 1973; Sal y Rosas, 1957).

Beliefs About Causes of Mental Illness

We used two approaches in exploring our informants' beliefs about the causes of mental illness. The first and more direct approach was to ask; "What do you think causes a person to become crazy or to have a nervous condition?" Later in the interview we presented our informants a list of factors that might be related to mental disorder and asked them to estimate the extent to which

people in their community would agree that such a relationship was valid evidence for the existence of mental illness. The result of utilizing this more indirect approach to explore our subjects' beliefs about the causes of mental disorders was that a combination of "natural" and "supernatural" factors were cited as causative explanations of mental disorder by our informants, whether patients or "normal members of the community", whereas the direct approach rarely stimulated consideration of supernatural causes.

Among community subjects, the direct approach to beliefs about causation of mental illness resulted in natural causes being ranked very high (91% of all opinions expressed) in comparison with supernatural ones. (Table 8)

The principal "natural causes" of craziness or nervousness defined by our informants were: 1) biological; notably alcohol and drug abuse, heredity, malnutrition and head trauma, as well as a distinct bio-psychological disorder called "the desgaste syndrome", or weakness of the brain*; 2) psychological; including excessive worry and excessive thinking or rumination, or turmoil in the family; and 3) social; including factors such as poverty or excessively arduous or stressful working conditions. As Table 8 indicates, the direct approach to concepts about etiology produced a psychological explanation in 39% of all opinions expressed, as compared with 34% biological explanations and 18% social explanations. Supernatural explanations; susto, daño**, witchcraft, account for the remaining 9% of all opinions expressed by community informants regarding etiology of mental illness.

On the other hand, the more indirect approach to the same issue proved to be highly productive in terms of defining culturally shared beliefs about the supernatural causes of mental disorders (Table 9). Thus, beliefs in spiritualism,

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* Desgaste syndrome: or wasting, is believed to result from excessive use of a bodily function or organ. It is believed that excessive use causes a degeneration of that function or organ with subsequent mental illness.

** Daño: or harm, is believed to be caused by another person because of motives of vengeance or envy and is viewed as a causative factor in many kinds of illness.

witchcraft, bad luck, fate, daño, and envy emerged quite clearly as important causative factors -- probably because this approach allowed subjects to project their own feelings and beliefs onto the community and thereby talk about their own beliefs without so identifying them.

Among "supernatural causes" of mental disorders, identified by the indirect approach, spiritualism is thought to be clearly the most important, followed by witchcraft, "daño" (harm inflicted by a jealous individual) and fate. As shown in Table 9, 80% of our informants regard spiritualism as a cause of mental illness, 60% feel similarly about witchcraft, 55% about bad luck or fate, and 1 out of 3 subjects also point to daño and envy as causative factors of mental illness. Furthermore, as explanations of mental disorder, these supernatural factors appear to be as important as psychological and social explanations, though less clearly or directly related to mental illness than such biological conditions as alcohol and drug abuse.

Turning now to the findings for the 20 patients interviewed, the direct approach to tapping the patient's beliefs in the etiology of mental illness; "What do you think causes a person to become crazy?" -- reveals a view of the etiology of mental disorders remarkably similar to that of community informants. That is, natural explanations account for 95%, supernatural factors (in this case, daño only) for 5% of the total number of opinions expressed. (Table 10) Among the natural factors, and in comparison with the findings for community patients (Table 8), psychological conflicts, particularly family turmoil and marital problems, are regarded as considerably more important than biological factors. (Table 10)

The indirect approach to etiological concepts of mental illness among psychiatric outpatients produced data again very similar to that for community informants (Tables 9 & 11): spiritualism, witchcraft, fate, daño and envy emerge as important causative factors in mental illness. Among patients, spiritualism is recognized

as a causative factor of some importance by 90% (Table 11). Furthermore, as the data of Table 12 demonstrate, when we asked the 20 patients to indicate what they believed to be the principal cause of their own psychiatric illness, spiritualism ranked first in importance, followed by mental anguish, witchcraft, bad luck and heredity. At least for this group of patients then, supernatural explanation of mental illness is a more important category than any other, with more than half of the patients feeling it was the principal cause of their own illness.

The responses of our informants, both patients and non-patients, indicate a high degree of caution and wish for distancing when thinking about such matters of potential danger as spiritualism, witchcraft, susto, ñaño and envy. Indeed, one out of three informants expressed a close variant of the following comments:

> "If you start to believe in things like that you can get (mentally) sick from it yourself...."It can drive you crazy or even kill you"....."If a spiritualist works something on you ("trabaja la obra"), you can get (mentally) sick"...."Yes, it happens; a friend of mine became crazy ("loco") because somebody worked on him."

One subject clearly stated what we have come to define as the fear of witchcraft contamination:

> "I don't believe in witchcraft myself, but they do things that scare you, and if you keep thinking about that (subject) you can become crazy yourself, or develop a nervous condition."

Discussion

I. Spiritualism, Witchcraft, Fate, Dano and "Desgaste": An Outline of Concepts

Rogler and Hollingshead (1965) have very cogently summarized the nature of belief in spiritualism among Puerto Ricans as follows:

> "Spiritualism involves the belief that the visible world is surrounded by an invisible universe populated with spirits who have moral qualities of good or evil. They have the power to penetrate the visible world and to attach themselves to humans; they may manifest themselves as a reincarnation of some other person or thing. As metaphysical beings they are able to coerce and influence human affairs, oftentimes in a very dramatic manner. Spiritualistic doctrine also asserts that persons may develop "facultades" (psychic faculties or mystical antennae) which enable the individual to communicate with spirits. In this sense the person with facultades has gained a measure of control over the spirits; consequently, an individual with facultades may exercise influence over human affairs by commanding the obedience or favor of the spirits." (Rogler and Hollingshead; Trapped: Families and Schizophrenia, pp. 244-245.)

The data of the study reported here reveal that 80% of community informants and 90% of the patients interviewed are convinced that a positive relationship exists between spiritualism and mental illness. (Tables 9 & 11) Furthermore, 30% of those patients relate that their own illness is principally the result of spiritualism.

In the context of psychiatric illness, Wintrob (1973) has defined witchcraft as;

> "the term used in general discussion to cover all forms of supernatural influence bringing illness, misfortune or death to it's victims. The essential belief is that any individual jealous of the achievements, advantages or abilities of another, whether in love, business or politics, can arrange to have an evil spell cast on the adversary."

As a cause of mental disorder, this factor was seen as important by 50-60% of community informants and patients alike: 10% of the patients interviewed regarded it as the main underlying cause of their illness.

Daño (harm) is believed to be caused by another person because of motives of vengeance or envy and is viewed as a causative factor in either nervousness of craziness. For example:

> "People say that my brother-in-law suffered from daño. It made him wander from place to place acting like he was crazy."

Forty to fifty percent of informants in the community -- both patients and non-patients alike -- regard this factor as a cause of emotional disorder, while envy is regarded as a causative factor by approximately 30% of our informants. Both these concepts of daño and envy reflect a general tendency among this population to perceive the world as hostile and dangerous.

Finally there are factors of a biopsychological type explained as super-natural in causation. One of these is the concept of "desgaste" or "wasting", (Valdivia and Zapata, 1959) believed to result from excessive use of a specific bodily function or organ. The concept here is that excessive use causes a degeneration of that function or organ, with subsequent mental illness. For example, it is believed that excessive thinking and chronic worrying can lead to craziness as a consequence of "desgaste" of the brain. On the other hand it is also believed that sexual excess can be the origin of "desgaste" of the brain and thereby lead to emotional disorder.

II. Folk Healers and Their Effectiveness in the Puerto Rican Community

The importance of beliefs in supernatural factors as causes of mental disorder applies, of course, not only to those Puerto Ricans living in Connecticut. Our findings are entirely consistent with those of other investigators, such as Lubchansky, Egri and Stokes (1970), who found in their study of the Washington Heights section of New York that Puerto Rican spiritualists were consulted by almost one third of the Puerto Rican household heads they interviewed.

> "...the greater the degree of mental illness evidenced by the Puerto Rican New Yorker, the more likely he is to visit a spiritualist. De facto, the spiritualist in New York City appears to be one indigenous non-professional in the field of healing."

Rogler and Hollingshead (1965), studying Puerto Rican families in San Juan in which one or both spouses was schizophrenic, found after 20 months of follow-up that none of the 24 schizophrenic patients in th[illegible]ad been hospitalized. Forty-two percent had never seen a psychiatrist other than the authors. Fifty-eight percent had seen a psychiatrist at least one other time, but the median number of visits was only two. And only five saw a psychiatrist more than five times. By contrast, however, they found that in no less than eighty percent of the families they worked with, at least one spouse believed in spiritualism. In 48% of families both spouses believed in spiritualism, and in 40% of the families at least one spouse had consulted spiritualists (healers). They added:

> "We don't have the research design to test the proposition that spiritualist group sessions alter the personality structure of mentally ill individuals in the direction of mental health. We believe, however, that spiritualist sessions have many of the therapeutic advantages of group psychotherapy."
> (Rogler and Hollingshead: Trapped: Families and Schizophrenia, pp.253).

Rogler and Hollingshead conclude that outside the nuclear and extended family, spiritualism is the most prevalent form of social organization that helps the schizophrenic person in San Juan cope with his illness.

Thus we are led to consider the more inclusive question of why Puerto Ricans resort to supernatural explanations and to folk healing techniques to [illegible]ch a high degree. Our data, as well as that of others, indicates that the Puerto Rican population of Northeastern United States cities is still characterized by a high rate of family breakup (mainly among the females of our sample), high mobility between Puerto Rico and the mainland, relatively low le[illegible]el of formal education, far from fluent command of English, and a high degree of underemployment, unemploy-

ment and welfare assistance. Some of these factors, as Lewis has contended (1966), are characteristics of the culture of poverty, especially when we add to the picture their high degree of resignation and fatalism in the face of poverty, their h gree of suspiciousness of family and neighbors, their mistrust of state institutions and their sense of powerlessness to effect any change in their conditions of life.

This description of value orientations is characteristic of those Puerto Ricans on the island living within the culture of poverty as defined by Lewis. However, it is certainly conceivable that the experience of migration may result in important modifications of these value orientations. In fact, the loosening of ties within the extended family, the stressful adaptation to an urban environment in which our subjects often find themselves handicapped by a lack of marketable skills and limited command of English -- these are some of the disorienting and debilitating experiences the people we interviewed have struggled to cope with in settling in mainland communities in Northeastern United States.

The correlation between migration and the high incidence of mental illness reported among Puerto Ricans in the United States is far from clear. However, the resort to supernatural explanation does not disappear under conditions of acculturative stress. It is present to a high degree even though people supress the expression of such beliefs when they go to the mental health clinic and hospital out of a fear of being misunderstood and ridiculed by health professionals unfamiliar with and unsympathetic to such "superstitious" beliefs. Furthermore, they generally consider the treatment procedures of such formal health facilities as mental health clinics and hospitals to be palliative at best; never curative. Consequently, it is not at all uncommon for an individual to seek treatment for relief of symptoms at the mental health clinic while at the same time seeking "curative" treatment from folk healers in their community who share their beliefs

about the cause of illness, as well as sharing their ethnic and social class background (Lubchansky, Egri & Stokes, 1970; Abad, Ramos & Boyce, 1974; Ruiz and Langrod, 1974).

In their recent study of folk healers in the Puerto Rican community of the South Bronx, Ruiz and Langrod contend that:

> "The modus operandi of folk healers in the South Bronx is very effective because they take into account and utilize cultural concepts that are vital in the Hispanic community, such as the extended family network of compadres, ahijados, and padrinos (godparents and godchildren). Folk healers also reach more patients in a state of crisis than psychiatrists do; that is, at a time when they are more amenable to change. Many cultural manifestations that are rejected forthwith by psychiatrists, such as 'ataques' (highly emotional trance-like states) and 'talking to God', are accepted and worked with by folk healers, who have been specially trained in handling them."

> "Folk healers tend to use the patient's symptomatology in a positive way. They do not consider its removal as an indispensable precondition for healing the patient; on the contrary, they view the client's symptoms as a gift or a quality. The client is viewed as someone who can control or reduce his symptomatology by relying primarily on his inner strength; this offers him hope of achieving greater autonomy in life."

Conclusion

Ruiz and Langrod conclude that folk healers are more effective than psychiatrists in understanding the social and psychological significance of their patients' symptomatology. They stop just short of concluding that Puerto Rican folk healers are more effective in relieving psychiatric distress among Puerto Rican patients in their communities than are psychiatrists in those same communities. Nonetheless, we need to consider that proposition more closely. At the very least we need to remind ourselves once again of the fundamental importance of cultural relativism -- that in the context of the causes and treatment of mental illness, the beliefs and attitudes of the people to be treated must be carefully and non-judgmentally explored and taken account of in planning the course of treatment. It should follow

from this position that there needs to be agreement -- a fit -- between recipients and providers of mental health care as to the perceived causes of illness and its appropriate management. Failure to arrive at agreement on these fundamentals will jeopardize compliance with whatever plan of treatment is suggested, and will likely lead to the failure of the patient and his family to continue treatment at the mental health clinic or hospital. As long as the patient and his family place major causative emphasis on supernatural factors, they will seek treatment from folk healers in preference to mental health professionals. This is no reason for mental health professionals either to feel rejected by, or offended by the patient's decision to seek therapy elsewhere. It must not be used as a pretext... as it all too often is...to reject the patient and others like him on grounds of hopeless superstition and scientific unsophistication. Reminding ourselves again of the fundamental importance of cultural relativism should help us cope more effectively with (if we cannot avoid) the therapeutic pitfalls of our own ethnocentric biases. It should also cause us to reflect that the folk healer's high status and prestige within his community derives in large measure...like that of physicians...from the help he can give and the anxiety he can diminish among those who come to him in need and trust that his skills will be used for their benefit.

Summary

Our informants, whether patients or normal members of the community, differ very little in their conception of the causes of mental illness. They distinguish two broad categories of mental illness; "craziness", which we would characterize as psychotic behavior, and "nervousness" or "bad nerves", which we would categorize as psychosomatic or neurotic conditions. For both types of conditions there is believed to be a range of causative factors; factors that can be considered supernatural on one hand, or natural on the other.

Among the natural causes there are three major types; biological, psychological and social. Among the biological causes, alcohol and drug abuse, malnutrition and sexual excess and considered most important. Among the psychological causes, excessive emotional suffering and excessive physical punishment when the individual was a child are viewed as most important. And among the social causes, working too hard and/or excessively long hours, and poverty are seen as most directly related to emotional illness. Spiritualism, witchcraft and fate are believed to be the most important supernatural causes of mental illness; and become most clearly apparent as factors of importance when informants are asked about them in such a way that they are not obliged to speak directly about their own personal beliefs in supernatural determinants of illness.

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TABLE 1:

COMPOSITION OF PATIENT AND COMMUNITY SAMPLES ACCORDING TO SEX AND MARITAL STATUS.

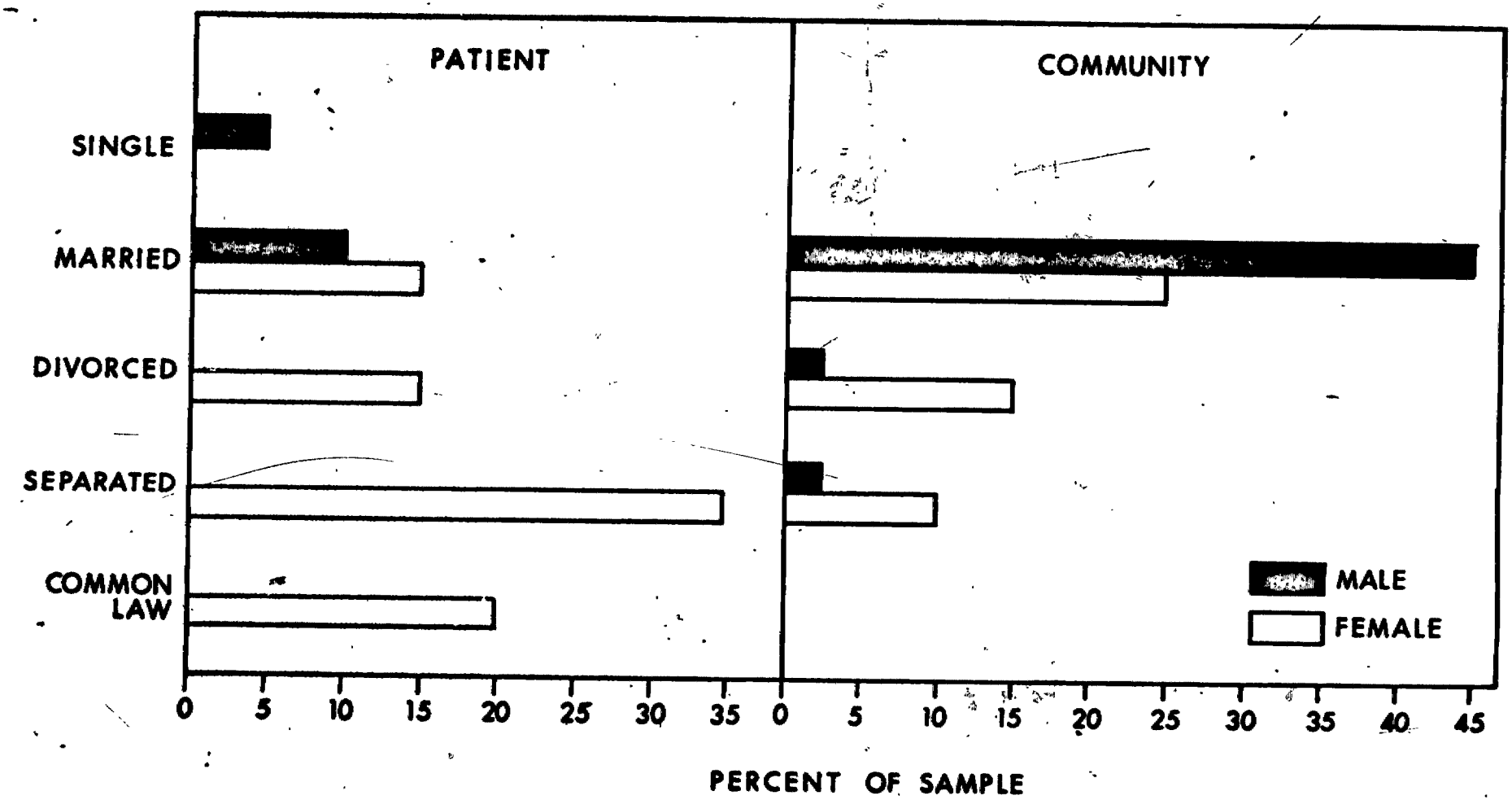

TABLE 2:
COMPOSITION OF PATIENT AND COMMUNITY SAMPLES ACCORDING TO AGE AND SEX.

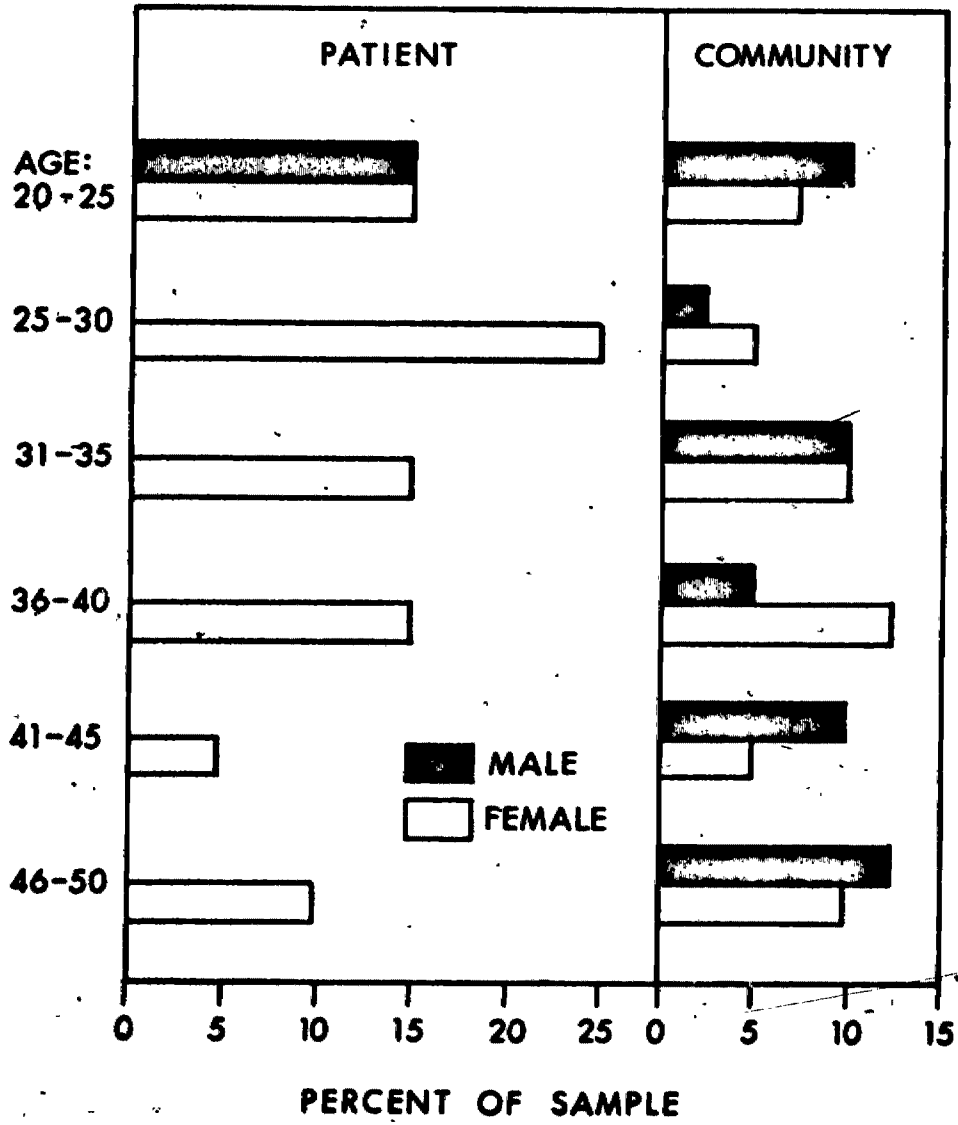

TABLE 3:

YEARS OF EDUCATION COMPLETED AMONG PATIENT AND COMMUNITY SAMPLES ACCORDING TO SEX.

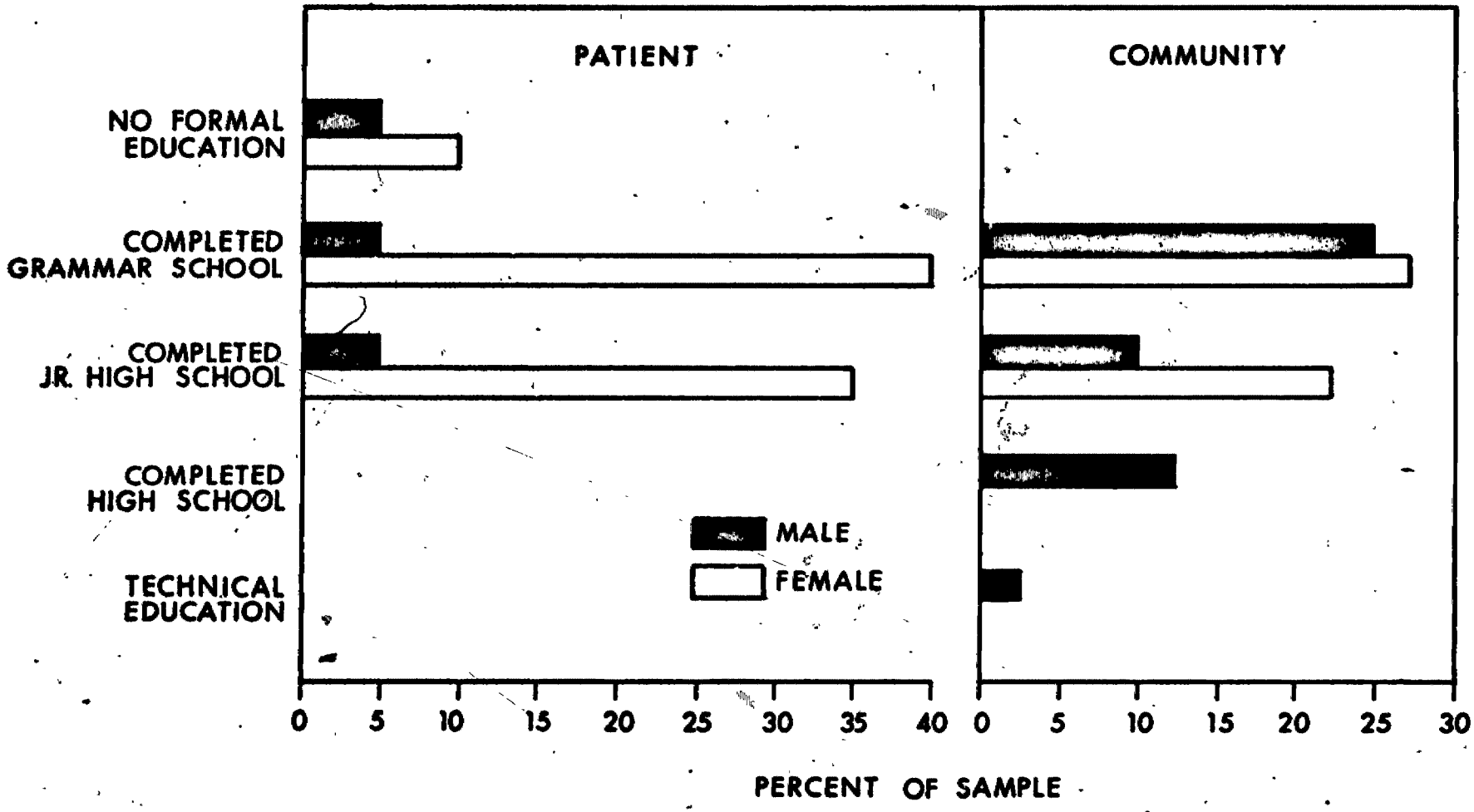

TABLE 4:

PREDOMINANT OCCUPATION AND SOURCE OF INCOME IN U.S. AMONG THE PATIENT AND COMMUNITY SAMPLES

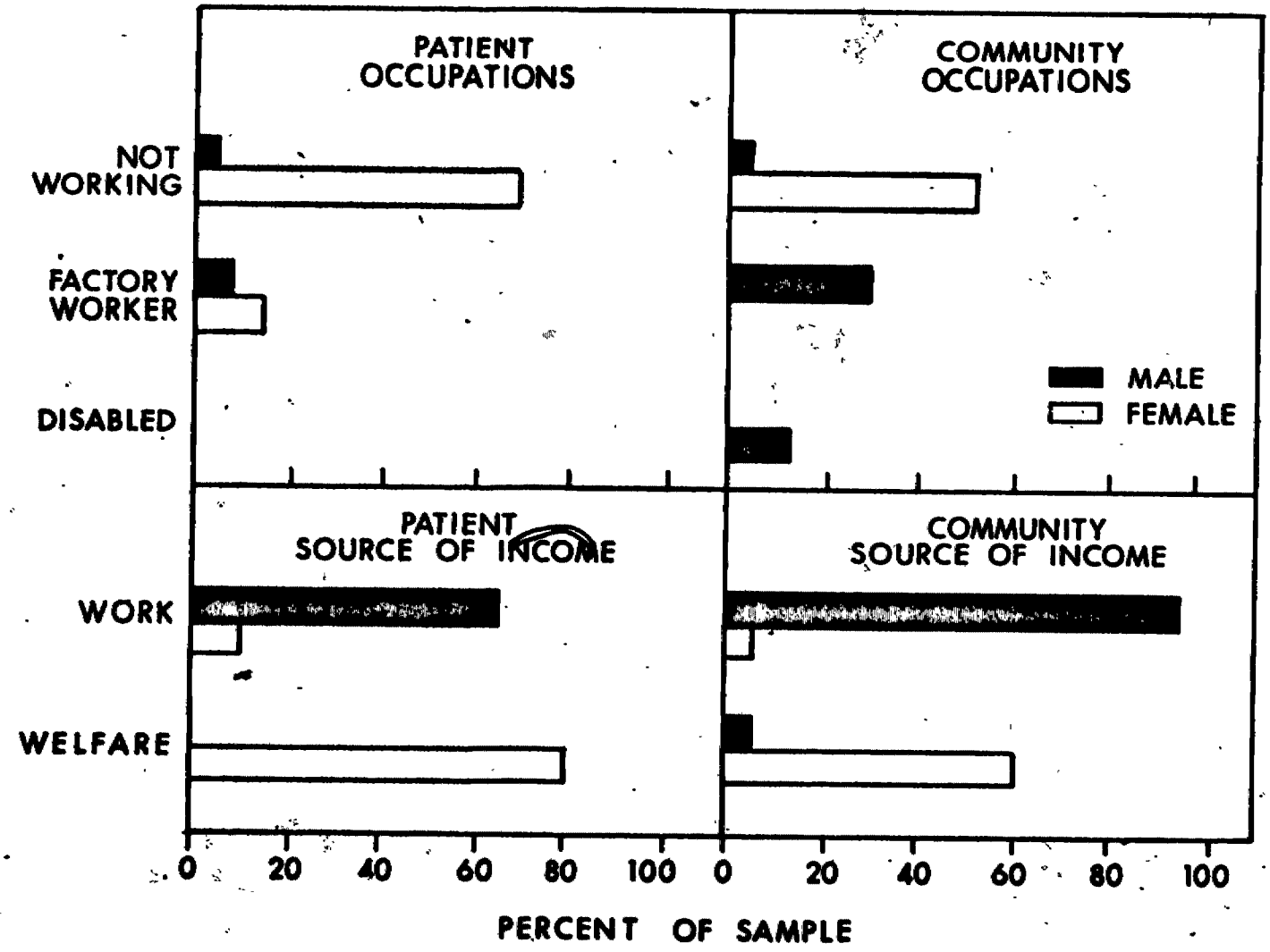

TABLE 5

TABLE 5:
PRINCIPAL REASON FOR SETTLING IN CONNECTICUT GIVEN BY PATIENT AND COMMUNITY SAMPLES.

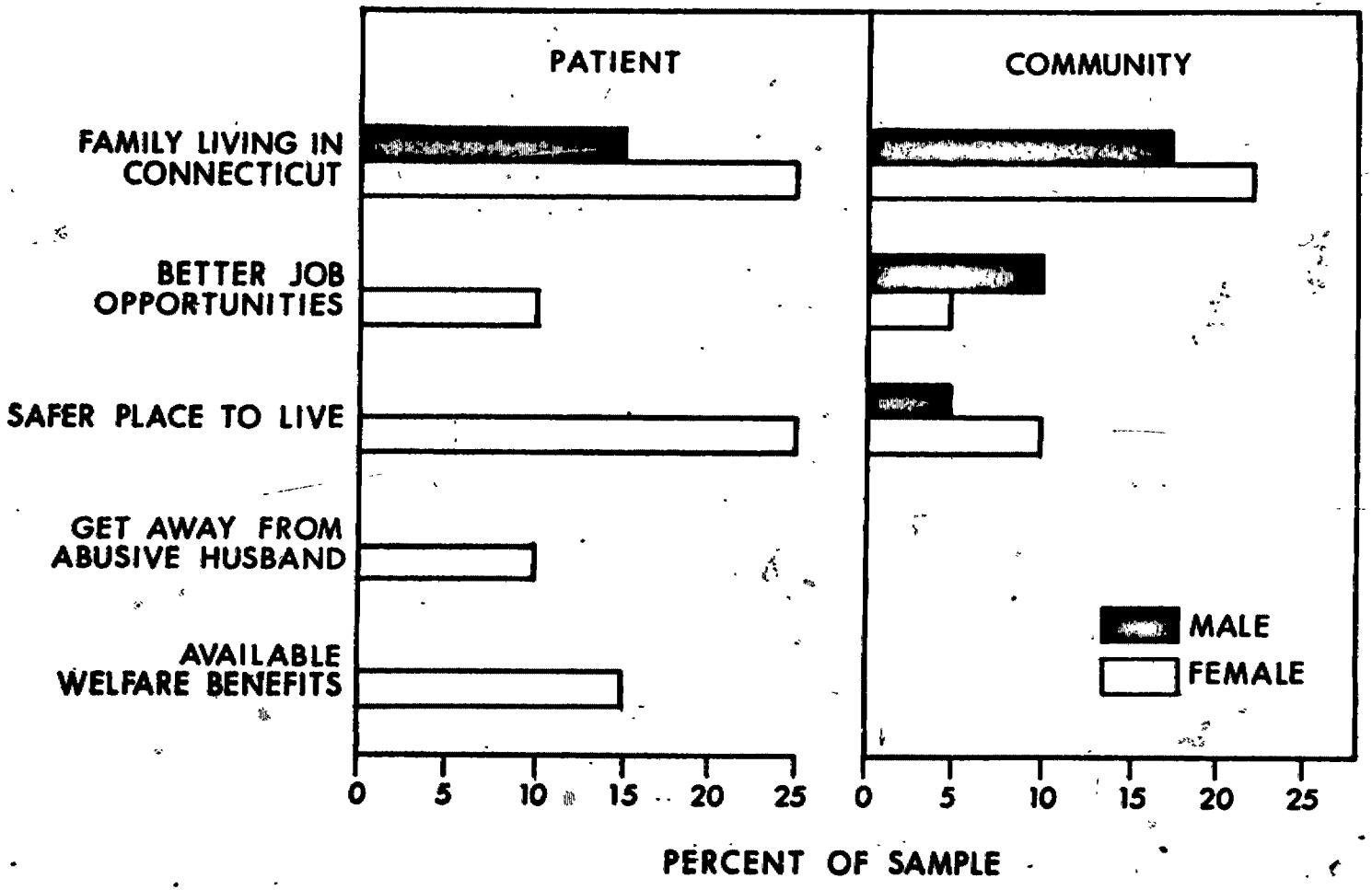

TABLE 6:

DISCRIPTIVE CATEGORIES OF BEHAVIORS WHICH PUERTO RICAN SUBJECTS BELIEVE TO BE INDICATIVE OF MENTAL ILLNESS.("CRAZINESS")

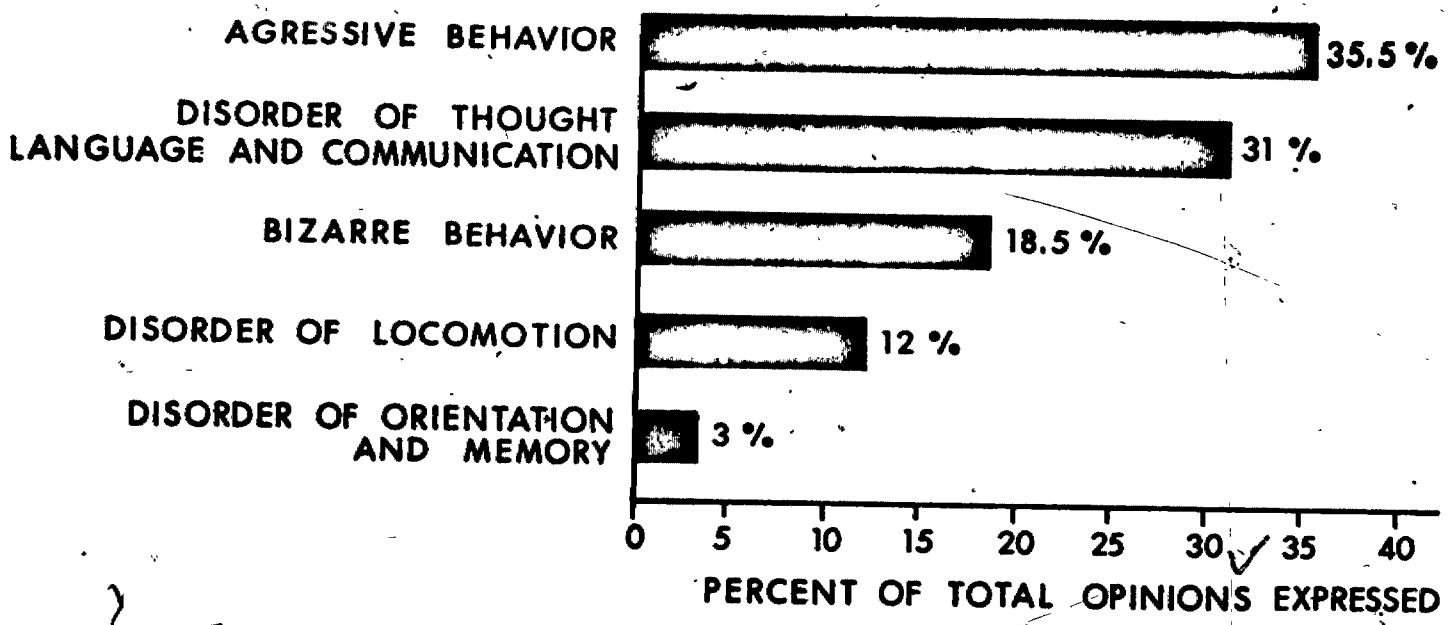

TABLE 7:

DESCRIPTIVE CATEGORIES OF BEHAVIORS WHICH THE TOTAL PERCENT OF PUERTO RICAN SUBJECTS BELIEVE TO BE INDICATIVE OF NERVOUSNESS ("mal de nervios")

%	
	NEUROSIS
26	CRYING SPELLS, SADNESS, IRRITABILITY, INSOMNIA
24	ACUTE FEARFULNESS AND ANXIETY
9	DISSOCIATIVE PHENOMENA
	PSYCHOSOMATIC PHENOMENA
13	GASTROINTESTINAL SYMPTOMS
10	CARDIOVASCULAR, RESPIRATORY SYMPTOMS
15	HEADACHE, BACKACHE
3	SOUL LOSS (SUSTO)

TABLE 8:

PERCENT OF TOTAL COMMUNITY INFORMANTS' BELIEFS ABOUT THE CAUSES OF MENTAL ILLNESS: (DIRECT APPROACH)

%	
	PSYCHOLOGICAL (39%)
20	FAMILY TURMOIL
13	EXCESSIVE THINKING
6	EXCESSIVE WORRY/MENTAL ANGUISH
	BIOLOGICAL (34%)
8	HEREDITY
8	WEAKNESS OF THE BRAIN ("DESGASTE")
6	ALCOHOL AND DRUG ABUSE
6	MALNUTRITION
6	HEAD TRAUMA
	SOCIOLOGICAL (18%)
11	POVERTY/FINANCIAL PROBLEMS
7	EXCESSIVELY ARDUOUS/STRESSFUL WORKING CONDITIONS
	SUPERNATURAL (9%)
3	SUSTO
3	DAÑO
3	WITCHCRAFT

TABLE 9:

PERCENT OF TOTAL COMMUNITY INFORMANTS' (n=40) BELIEFS ABOUT THE CAUSES OF MENTAL ILLNESS: (INDIRECT APPROACH)

%	
	BIOLOGICAL
100	ALCOHOL ABUSE
95	DRUG ABUSE
70	MALNUTRITION
60	SEXUAL ABUSE ("DESGASTE SYNDROME")
	PSYCHOLOGICAL
100	EXCESSIVE MENTAL SUFFERING (ANXIETY)
	SOCIOLOGICAL
90	EXCESSIVE PUNISHMENT DURING CHILDHOOD
70	POVERTY/FINANCIAL PROBLEMS
50	EXCESSIVELY ARDUOUS/STRESSFUL WORKING CONDITIONS
	SUPERNATURAL
80	SPIRITUALISM
60	WITCHCRAFT
55	BAD LUCK/FATE
40	DAÑO
35	ENVY

TABLE 10:

PERCENT OF TOTAL PATIENTS' BELIEFS ABOUT THE CAUSES OF MENTAL ILLNESS (DIRECT APPROACH) (N=20)

%	
	PSYCHOLOGICAL (65%)
40	FAMILY TURMOIL
15	MARITAL PROBLEMS
10	EXCESSIVE WORRY/MENTAL ANGUISH
	BIOLOGICAL (20%)
10	HEREDITY
5	HEAD TRAUMA
5	HEART DISEASE
	SOCIOLOGICAL (10%)
5	POVERTY/FINANCIAL PROBLEMS
5	EXCESSIVELY ARDUOUS/STRESSFUL WORKING CONDITIONS
	SUPERNATURAL (5%)
5	DAÑO

TABLE 11:

PERCENT OF TOTAL PATIENTS' BELIEFS (n=20) ABOUT THE CAUSES OF MENTAL ILLNESS (INDIRECT APPROACH)

%	
	BIOLOGICAL
90	ALCOHOL ABUSE
80	DRUG ABUSE
40	HEAD TRAUMA
30	HEREDITY
30	MALNUTRITION
	PSYCHOLOGICAL
90	EXCESSIVE MENTAL SUFFERING (ANXIETY)
	SOCIOLOGICAL
80	FAMILY TURMOIL
50	MARITAL CONFLICT
50	POVERTY/FINANCIAL PROBLEMS
	SUPERNATURAL
90	SPIRITUALISM
50	WITCHCRAFT
50	BAD LUCK/FATE
30	DAÑO
30	ENVY

TABLE 8 & 10 COMBINED

BELIEFS ABOUT THE CAUSES OF MENTAL ILLNESS (DIRECT APPROACH)

%	PATIENT	%	COMMUNITY
	PSYCHOLOGICAL (65%)		PSYCHOLOGICAL (39%)
40	FAMILY TURMOIL	20	FAMILY TURMOIL
15	MARITAL PROBLEMS	13	EXCESSIVE THINKING
10	EXCESSIVE WORRY/ MENTAL ANGUISH	6	EXCESSIVE WORRY/ MENTAL ANGUISH
	BIOLOGICAL (20%)		BIOLOGICAL (34%)
10	HEREDITY	8	HEREDITY
5	HEAD TRAUMA	8	WEAKNESS OF THE BRAIN ('DESGASTE")
5	HEART DISEASE	6	ALCOHOL AND DRUG ABUSE
		6	MALNUTRITION
		6	HEAD TRAUMA
	SOCIOLOGICAL (10%)		SOCIOLOGICAL (18%)
5	POVERTY/FINANCIAL PROBLEMS	11	POVERTY/FINANCIAL PROBLEMS
5	EXCESSIVELY ARDUOUS/STRESSFUL WORKING CONDITIONS	7	EXCESSIVELY ARDUOUS/ STRESSFUL WORKING CONDITIONS
	SUPERNATURAL (5%)		SUPERNATURAL (9%)
5	DAÑO	3	SUSTO
		3	DANO
		3	WITCHCRAFT

TABLE 9 & 11 COMBINED

BELIEFS ABOUT THE CAUSES OF MENTAL ILLNESS (INDIRECT APPROACH)

%	PATIENT	%	COMMUNITY
	BIOLOGICAL		**BIOLOGICAL**
90	ALCOHOL ABUSE	100	ALCOHOL ABUSE
80	DRUG ABUSE	95	DRUG ABUSE
40	HEAD TRAUMA	70	MALNUTRITION
30	HEREDITY	60	SEXUAL ABUSE ("DESGASTE SYNDROME")
30	MALNUTRITION		
	PSYCHOLOGICAL		**PSYCHOLOGICAL**
90	EXCESSIVE MENTAL SUFFERING (ANXIETY)	100	EXCESSIVE MENTAL SUFFERING (ANXIETY)
	SOCIOLOGICAL		**SOCIOLOGICAL**
80	FAMILY TURMOIL	90	EXCESSIVE PUNISHMENT DURING CHILDHOOD
50	MARITAL CONFLICT	70	POVERTY/FINANCIAL PROBLEMS
50	POVERTY/FINANCIAL PROBLEMS	50	EXCESSIVELY ARDUOUS/STRESSFUL WORKING CONDITIONS
	SUPERNATURAL		**SUPERNATURAL**
90	SPIRITUALISM	80	SPIRITUALISM
50	WITCHCRAFT	60	WITCHCRAFT
50	BAD LUCK/FATE	55	BAD LUCK/FATE
30	DAÑO	40	DAÑO
30	ENVY	35	ENVY

TABLE 12:

PATIENTS' BELIEFS ABOUT THE PRINCIPAL CAUSATIVE FACTOR OF THEIR OWN MENTAL ILLNESS.