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RESEARCH ARTICLE

THE ROLE OF COUNSELLING IN STRESS AND DEPRESSION: A STUDY INVESTIGATED ON TRIBAL PEOPLE OF ODISHA

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ABSTRACT

The contemporary world which is supposed to be a world of triumph is also a world of anxiety or stress. Right from the time of birth till the last breath drawn, an individual is consistently visible to innumerable stressful condition. Hence, it is not astonishing that such subject has been intensifying with the advancement of the current era, which has been called the age of stress and depression. Depression can also interfere with normal functioning and frequently causes difficulties with work, social and domestic adjustment. Study suggests that stress and depression are major psychological issues found among tribal population (Husain *et al.*, 2007). In connection to this, the present study focuses the examination of depression and stress level among tribal people of Dhenkanal district of Odisha. In addition to this, the present investigator examines the impact of counseling towards the experience of depression and stress level. According to pre- and post-design and objectives of research, analysis including t-test was performed with the sample of 97 tribal population. Simple random sampling technique was adopted. For measuring depression and stress, the present researcher used Beck's Depression Inventory (BDI) and DASS 21 stress scale. Both scales were checked their psychometric properties through internal consistencies (chronbach's alphas) and construct validity (confirmatory factor analyses, CFA). The result reported that both depression and stress level found significantly among tribal population and also established the significant differences on pre- and post-depression and stress level among tribal populations of Odisha. This work has been concluded with implications for policy mechanisms, limitations and future research directions.

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INTRODUCTION

The modern world which is said to be a world of achievement is also a world of anxiety or stress. One finds stress everywhere, whether it be within the family, business organization / enterprise or any other social or economic activity. Right from the time of birth till the last breath drawn, an individual is invariably exposed to various stressful situation, thus, it is not surprising that interest in the issue has been rising with the advancement of the present century, which has been called the age of anxiety and stress. The modern world which is said to be a world of achievement is also a world of anxiety or stress. One finds stress everywhere, whether it be within the family, business organization / enterprise or any other social or economic activity. Right from the time of birth till the last breath drawn, an individual is invariably exposed to various stressful situation, thus, it is not

surprising that interest in the issue has been rising with the advancement of the present century, which has been called the age of anxiety and stress. We are all familiar with the experience of anxiety to a greater or lesser extent. Anxiety is, of course, a part of everyday life and what it means to be human. Indeed, existential thinkers view it is a given of existence. It is an emotion that is principally characterized by feelings of dread, worry, apprehension or fear. The experience of anxiety lies on a continuum form of normal adoptive response in the service of survival to a more severe form, which can lead to the disruption of a person's life.

Depression disorders are classified as mild, moderate and severe. Mild depressive disorder complain of lack of appetite, fatigue, lack of concentration, enthusiasm, the thinking process is more or less logical and coherent and hallucination and delusions are rare. There is general loss of interest for mental and physical activity. The level of activity and functions of a mild depressive patient shows down to the extent of finding difficulty in doing simplest works like eating. Feeling of unworthiness, failure and guilt dominate his thought process.

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In depressive disorders of moderate severity, there is sharp decrease in psychomotor activity; the feelings of loneliness, quilts and gloom are highly aggravated. Occasionally hallucinations, illusions and delusions are present; there is also low mood, lack of enjoyment, reduced energy and pessimistic thinking. In severe depressive disorder there is complete inactivity and unresponsive to people or environment. The person suffers from this disorder becomes more often than not bed ridden and totally indifferent about the happenings around him. He is extremely uncooperative. By and large, negativism is the most significant characteristic of this stage. A depressed patient, whether retarded in motor actions or not, is always retarded in thought and other mental processes. He is characterized by a pervading feeling of sadness accompanied by loss of appetite, indigestion, aches and pains and sleep disturbances, he does not harm anybody but himself.

Stress is the extreme condition of force, pressure, strain or hardship at physiological, psychological or behavioral levels occurring when a person's internal or external demands exceeds his regulation power, reflecting a mismatch or lack-of-fit or depletion of resources available for adaptation. Stress is synonymous with change. Anything that causes a change in life causes stress. It does not matter if it is good change or a bad change they are both stress. Stress can be categorized as stimulus oriented stress, response oriented stress, psychodynamic oriented stress. Stimulus - oriented stress is generated by an external force that creates a projective change and that can be easily identified from the symptoms or reaction shown by the person. Response oriented stress is the result of persons environment transaction which explain how people react and function under stress. Psychodynamic-oriented stress may be induced by intra-personal or intra-psychic factors resulting in anxiety, physiological arousal and psychological alertness. Stressful situations provoke emotional reactions ranging from exhilaration to the common emotions of anxiety, anger, discouragement and depression.

If the stressful situation continues, our emotions may switch back and forth among any of these, depending on the success of our coping efforts. Stress is caused by an situation which is perceived as a threat whether a real or imagined to the individuals live or wellbeing Most often stress is caused by normal events of daily living which are perceived to be threat to individuals wellbeing, safety or self-image, the event or action which triggers the stress mechanism is usually referred to as the stressor.

Mental health in tribal context

Relatively few studies have demonstrated unswervingly the psychological health services and treatment requirement of the tribal peoples of the world. Studies on psychosomatic health of tribal people are not considerable in numbers. Insufficient researches made on them have created inconsistent findings (Bhaskaran *et al.*, 1970; Mahanta, 1979; Khandelwal *et al.*, 2004; Wig *et al.*, 1981). In addition, their life is rescinded through disease, loss of territory, repression of language and culture. It makes clear that tribal people are more prone to have psychopathology. In most cases, socio-cultural aspects are more closely connected with the mental health of tribal people.

Mental health has been rooted with economic and political distresses including poverty, hunger and malnutrition, social revolution, violence and finally disturbance with lots of issues. These are well connected with depression and stress. According to Mirza & Jenkins (2004), socio-economic adversity is closely associated with depression especially in tribal people. They even added that the lack of social relationship problem and lack of social care worsen the mental health of tribal people. With the view to these erratic findings of Indian research, the present research aims to explore the effects of depression and stress on tribal people.

The theoretical works on stress recommended that tribal people were always prone to have stress as they remained antagonized with possibly unique stressors such as discernment, stereotyping, social seclusion and work conflict (Kalla & Joshi, 2004). One classic study also conducted on tribal people of Pakistan which says that they experience both life stress and depression significantly (Husain, Chaudhary, Afridi, Tomenson & Creed, 2006). According to them, stress in tribal people is always rendered due to socio-cultural and indigenous causes. Another work related to tribal mental health by Dewan (2012), suggested that the stress is one of the major experience among tribal people of Jharkhand. He also noted that the contribution of ethnicity towards stress was significant. Succeeding this extensive literature and empirical findings of previous studies, the present investigator makes clear with following hypotheses,

H₁: There is significant difference in depression level among tribal people.

H₂: There is significant difference in stress level among tribal people.

Counseling as intervention

The second objective of this study is to examine the effect of counseling towards the level of stress and depression among tribal people. Though previous studies have confirmed that the interventions like group counseling is working significantly and alleviates effectively to chronic illness and psychological issues (Simon *et al.*, 2004; Bolton *et al.*, 2007). So it is assumed that proper counseling can mitigate the level of mental health including stress and depression among tribal people of Odisha. The present researcher stays with following hypotheses,

H₃: There is a significant difference between pre- and post-depression level among tribal people.

H₄: There is a significant difference between pre- and post-stress level among tribal people.

MATERIALS AND METHODS

The several facets of research methods are deliberated as follows.

Study Design

According to the objectives, the present work involves pre- and post- design as counseling applied to the tribal people as an intervention. So two-factor design approach reflects in this

study. Through this design, theory extrapolation and core beliefs can be explored. The researcher provided group counseling after collection of responses from tribal people in the first round. Gaps of 2 days have given to them to start the second round of data collection. Within these two days, they were requested to participate in the group counseling processes. Different approaches of group counseling were followed by the present researcher including active listening, opened question, closed question, paraphrasing, summarizing and note taking. Varieties of issues were identified. A relaxation technique along with group counseling was also delivered. According to severity of problems, individual counseling also suggested in some part.

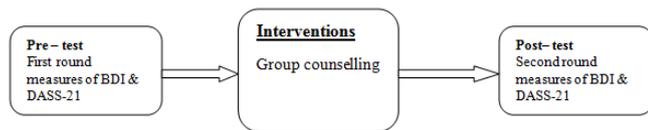


Figure 1. Study Design

Sample Explanation and Technique

The study comprises the Munda tribe as sample located in Dhenkanal district of Odisha. Survey method was used to collect the data. In total, 150 questionnaires were administered initially and only 120 questionnaires were returned back from which 97 questionnaires were filled properly in all respects by tribal people. The researcher collected response through simple random sampling technique which was based on lottery method. The following table 1.1 describes the descriptive statistics of demographic variables via percentages and standard deviations with 97 samples.

Table 1.1. Descriptive statistics of demographic profiles

Demographic profile	Categories	Percentage	Standard Deviation
Gender	Male	62.9	.49
	Female	37.1	
Marital status	Married	52.6	.50
	Single	47.4	
Education	Illiterate	53.6	.51
	Literate	46.4	
Occupation	Employed	49.5	.52
	Unemployed	50.5	

N: 97

Table 1.2. Scale’s CFA and reliability coefficients

Variables	Model	Item	Item removed	GFI	RMSEA	Cronbach’s alpha
BDI Depression scale	1	21	2	.90	.07	.65
DASS Stress scale		21	3	.82	.06	.55
BDI Depression scale	2	19	0	.95	.05	.73
DASS Stress scale		18	0	.92	.03	.70

Table 1.3. Normality test

Demographic variables	Categories	Depression			Stress		
		Skewness	Kurtosis	Kolmogorov-Simrnov	Skewness	Kurtosis	Kolmogorov-Simrnov
Gender	Male	-.52	.63	.20	-1.43	3.35	.01
	Female	-1.04	.63	.06	-.82	.29	.06
Marital Status	Married	-1.02	1.41	.01	-.79	.52	.20
	Single	-.01	.20	.21	-1.90	6.60	.02
Education	Illiterate	-.96	.61	.01	-.76	-.88	.06
	Literate	-.37	-.66	.22	-1.64	3.44	.02
Occupation	Employed	-.01	.85	.20	-1.39	2.71	.11
	Unemployed	-.97	.54	.06	-.87	.77	.07
		-.05	.25	.06	-.83	.65	.08

Measures

For collecting data, two scales were used, namely Beck’s depression inventory (BDI) for assessing depression and DASS-21 for life stress. Both scales contain 21 statements which were based on real experience about precedent time. Each item has four point Likert scales ranging from 0 to 3 where 0 represent “never” and 3 represent “almost always”. These scales were psychometrically analyzed through construct validity and reliability coefficients. Through confirmatory factor analyses (CFA), items of these scale reported acceptable standardized regression weight or β values ($<.40$) accept two items of BDI (item 5 and item 18) and three items from DASS-21 (item 4, 9 and 17). These items have low β weights ($\geq.40$) which were removed in the next CFA model. Model fit were assessed by goodness of fit index (GFI) and root squares error of approximations (RMSEA). Model one has lower GFI higher RMSEA with compared to model two which suggests that the BDI Depression scale with 19 item and DASS Stress scale with 18 item were confirmed for the present study sample. Higher cronbach’s alphas were also reported in model (See Table 1.2).

Normality test

An estimation of the normality of data is a requirement for several statistical tests since normal data could be an essential postulation in parametric statistical test. Numerically, the normality was checked with the help of SPSS package. The researcher verified normality test of each demographic variable under depression and stress level. Skewness and kurtosis were observed along with normality parameter of kolmogorov-Simrnov test.

The values under each variable in depression reported normal distribution ($p \geq 0.05$), except the category of married group under marital status and illiterate under education. The values of demographical variable under stress also reports above p value ($p \geq 0.05$), except the group of male, single and literate. (See Table 1.3). Overall depression and stress score were satisfied that the response given in these measures are normally distributed. By checking this normality of these variables in this study, the researcher confirmed that the parametric statistical test is tool for analyses in this research.

Table 1.4. Demographic variable wise analyses under depression (t test)

	Categories	Mean	SD	T value
Gender	Male	30.84	1.99	2.33*
	Female	26.77	2.32	
Marital status	Married	30.24	1.79	3.50**
	Single	25.44	2.26	
Education	Illiterate	29.81	2.19	2.37*
	Literate	33.45	1.47	
Occupation	Employed	31.60	2.04	2.10*
	Unemployed	28.01	2.17	

* $p \leq 0.05$ level of significance and ** $p \leq 0.01$ level of significance

Table 1.5. Demographic variable wise analyses under stress (t test)

Demographic Variables	Categories	Mean	SD	T value
Gender	Male	43.16	1.57	.47
	Female	42.53	1.61	
Marital status	Married	42.29	1.74	2.11*
	Single	44.95	1.31	
Education	Illiterate	42.13	1.53	2.08*
	Literate	44.90	1.75	
Occupation	Employed	42.77	1.69	2.04*
	Unemployed	45.25	1.27	

* $p \leq 0.05$ level of significance and ** $p \leq 0.01$ level of significance

Table 1.6. t test for depression and stress

Variables	Mean	SD	SE	Mean difference	T value
Depression	Before	30.28	2.06	1.01	7.35
	After	22.93	1.58		
Stress	Before	42.93	1.24	0.92	23.94
	After	18.99	1.53		

** $p \leq 0.01$ level of significance

Analyses and Results

To test the significant mean variations, independent t test has been performed. The outcomes of two factor means under depression measures, t test in table 1.4 reveal significant mean differences between male and female ($t = 2.33$, $p \leq 0.05$), married and single ($t = 3.50$, $p \leq 0.01$), illiterate and literate groups ($t = 2.37$, $p \leq 0.05$) and finally between employed and unemployed ($t = 2.10$, $p \leq 0.05$). So, in accordance with the value of 't' it is cleared that tribal people experience some sort of depression with respect to gender, marital status, education and occupation. According to mean and SD, with compared to female tribe, male tribe and with compared to single, married people report more depression. Similarly, depression can also be major worry among literate and employed people. The results of two factors mean under stress measures, t test in Table 1.5 reveal significant mean differences between married

and single ($t = 2.11$, $p \leq 0.05$), illiterate and literate groups ($t = 2.08$, $p \leq 0.05$), and between employed and unemployed ($t = 2.04$, $p \leq 0.05$). So, by analyzing the value of 't' in Table 1.5 it is understood that tribal people experience some sort of stress with respect to marital status, education and occupation.

Mean and SD of this table suggests that the experience of stress are more among male, single, literate people, and unemployed. By taking mean, SD and t test into consideration, the present researcher confirms H_1 and H_2 . In order to get the significant mean variations between pre- and post-interventions, paired sample t test has been executed. The outcomes of before and after interventions over depression measures reveal significant mean differences ($t = 7.26$, $p \leq 0.01$). The researcher confirms that the interventions have really helped the tribal people for lowering depression. Similarly, the results for before and after interventions in stress measures disclose the significant mean differences ($t = 25.99$, $p \leq 0.01$) which says that the experience of stress can also be controlled very effectively through proper interventions (See Table 1.6). Hence, supporting H_3 and H_4 .

DISCUSSION AND CONCLUSION

The prime objectives of this study are to examine depression and stress level among tribal people Odisha and at the same time the present researcher examines the impact of intervention towards these mental health issues. The hypotheses framed by the present researcher have confirmed to the data. Depression and stress are the two common mental health issues which are really a threat for society. The findings of the present study are analogous to the previous empirical researches (Mirza & Jenkins, 2004; Husain *et al.*, 2006; Dewan, 2012). The rationale behind this catastrophe may originally be developed through various kinds of disturbances including low socio-economic status, alcoholism and education. Isolation and ostracism could be a reason for depression and stress because they are scrupulously separated or stay away from higher caste people in longer period of time. In connection to these observable facts, one study confirms that the feeling of isolation and ostracism lead to severe mental health problems (Ferris, *et al.*, 2008; Wu *et al.*, 2012). Another interesting finding of this study is that the intervention as group counseling has really helped the tribal people for lowering depression and stress, which confirms in prior studies (Sherman *et al.*, 2004; Bolton *et al.*, 2007). The sample of this study includes the tribal people of Odisha. For better enhancement of the findings, future researcher should include the non-tribal people of Odisha. Since it is the original demonstration towards this kind of study in Odisha but future researcher should incorporate the explorations of antecedents behind the mental health affairs. This study doesn't cover this issues, is a major drawback from researcher's side. With this findings, major implication can be brought out by governmental policies to include counseling as an important ingredients to control such mental health issues.

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