MONASH University

Psychological Resilience Mechanisms and Mental Health Perspectives of Marginalized Pakistani Communities

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Department of Psychology,
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Abstract

According to the American Psychiatric Association (APA, 2013), a variety of stressors and support systems are present in the social, religious, and family environment of a person, comprising the psychosocial stressors and cultural features of vulnerability and resilience. Therefore, it is important to understand the cultural context within which these symptoms may be experienced and expressed, in order to ensure effective diagnostic assessment and clinical management. The past literature contains very few studies that have examined how Asian marginalized communities in today's changing worlds are coping with the challenges they face. Within the psychological literature, little research has explored the mechanisms helping them maintain resilience and the role of their cultural identity.

Therefore, this study was planned with the target of understanding mental health problems embedded within the specific cultural context for marginalized populations of Pakistan. Bronfenbrenner's (1979; 1994) ecological system model was used as a theoretical framework in this project. The participant samples in the study included: the Kalasha, a religious, ethnic and linguistic minority community of Pakistan; and a Pakistani nomad community in the suburbs of the capital city Islamabad. The aim of the project was to explore the literature for mental health studies on marginalized groups, explore the resilience mechanisms, and identify cultural protective factors and mental health perspectives of these selected marginalized groups. Firstly, two systematic review studies were conducted. The first systematic review was a meta-synthesis of published studies focused on people's beliefs and perception of mental health and revealed four major categories (i.e., symptoms of mental health issues, description of mental health issues, perceived causes, and preferred treatment and help-seeking behaviour). The second systematic review focused more in-depth on highlighting the latest trends of mental health in Asian marginalized communities. The findings of the systematic review highlighted the following mental health needs of the

communities: mental health services, perceived mental health needs, racial and identity-based discrimination, gender, and sexual orientation, poverty and social cohesion. The findings from the reviews helped shape the research questions for the subsequent studies.

Interpretative Phenomenological Analysis (IPA; for Kalasha) and Consensual Qualitative Research (CQR; for nomads) designs were used. In the nomad's study, 20 semi-structured interviews were conducted with a sample of 13 men and 7 women (M_{age} = 35 years, age range 18–60). Similarly, in the first study with Kalasha, seven semi-structured interviews and two focus group discussions were conducted with a sample of 6 women and 8 men, aged 20 to 58 years (M_{age} = 36.29, *SD* = 12.58). Furthermore, the second Kalasha study had 12 semi-structured interviews as well as a case study focusing on the opinion of a Kalasha expert from the community. The overall findings of the studies in this thesis point to the importance of adopting a culturally sensitive approach for devising management plans for indigenous communities. This project makes a meaningful contribution to the existing body of knowledge on resilience of Asian and indigenous marginalized minorities, helping to cover gaps in the literature and make suggestions for future interventions.

Keywords: ethnic and religious minority; marginalized communities; psychological resilience; mental health; Pakistan

Declaration

This thesis contains no material which has been accepted for the award of any other degree or diploma at any university or equivalent institution and that, to the best of my knowledge and belief, this thesis contains no material previously published or written by another person, except where due reference is made in the text of the thesis.

Signature: 

Print Name: Fahad Riaz

Date: 15-05-2018

Publications, Presentations and Research Activities During Enrolment

Manusripts in Journals: Published

Choudhry, F. R., Park. M. S., Golden, K. J., & Bokharey, I. Z. (2017). We are the soul, pearl and beauty of Hindukush mountains: Resilience beliefs of Kalasha minority of Pakistan. *International Journal of Qualitative Studies on Health and Well-being*, *12*(1), 1267344. doi: 10.1080/17482631.2016.1267344

Choudhry, F. R., Mani, V., Ming, L. C., & Khan, T. M. (2016). Beliefs and perception about mental illness: A meta-synthesis. *Neuropsychiatric Disease and Treatment Journal, 12*, 2807—2818. https://doi.org/10.2147/NDT.S111543

Manusripts in Journals: Submitted and Under Review or Revision

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Choudhry, F. R., Bokharey, I. Z., Park, M. S., Khan, T. M., & Golden, K. J. (2018). Perceived causes of mental health problems and preferred interventions by the nomadic population in Pakistan: A qualitative study. Manuscript submitted in *Culture, Medicine, and Psychiatry*

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Choudhry, F. R., Khan, T. M., & Golden, K. J. (2018). Methodological considerations for studying South Asian indigenous communities. Manuscript submitted in *Cogent Psychology* (Peer review completed and revision requested)

Choudhry, F. R., Park, M. S., Khan, T. M., & Golden, K. J. (2018). Mental health conceptualization and resilience factors in the Kalasha youth: An indigenous ethnic

and religious minority community in Pakistan. Manuscript submitted in *Frontiers in Public Health* (Peer review completed and revision requested).

Conference Presentations

Choudhry, F. R., Bokharey, I. Z., Park, M. S., Khan, T. M., & Golden, K. J. (2018, Feb). *Perceived mental health causes and help-seeking behaviour among an indigenous marginalized nomad community in Pakistan: A culturally-sensitive perspective*. E-poster session presented at the World Psychiatric Association's Thematic Congress, Innovation in Psychiatry: Effective Interventions for Health and Society, Melbourne, Australia.

Choudhry, F. R., Bokharey, I. Z., Park, M. S., & Golden, K. J. (2017, May). *Investigating resilience mechanisms of marginalized indigenous Kalasha community of Pakistan*. Paper session presented at the 1st International Interpretative Phenomenological Analysis Conference, Glasgow Caledonian University, Scotland, United Kingdom.

Choudhry, F. R., & Golden, K. J. (2017, November). *How to study mental health perspectives of indigenous marginalized communities: A methodological recommendation*. Paper presented at the Malaysian Psychology Students Assembly, Tunku Abdur Rahman University, Kampar, Perak, Malaysia.

Research Group Formation/Meetings

Initiated a research group "Malaysian Interpretative Phenomenological Analysis Interest Group (MIPAIG)"; Organized and presented in its first meeting at Monash University Malaysia on 29th September 2017.

Presented "The Introduction to IPA: Use of IPA with marginalized groups" in the first meeting of MIPAIG at Monash University Malaysia on 29th September, 2017.

Invited as a guest speaker to present "Hermeneutics Philosophy in IPA research" organized by Faculty of Arts and Social Sciences, University of Malaya on 24th November, 2017.

Australian Attachment

Selected through the "Vice Chancellors International Intercampus Mobility Scheme" and visited the "*Cognitive Behaviour Therapy Research Unit*" at Monash School of Psychological Sciences, Clayton Campus Australia under the supervision of the Program Director, Clinical Psychology/ Associate Professor Nikolaos Kazantzis in February, 2018.

Thesis including published works declaration

I hereby declare that this thesis contains no material which has been accepted for the award of any other degree or diploma at any university or equivalent institution and that, to the best of my knowledge and belief, this thesis contains no material previously published or written by another person, except where due reference is made in the text of the thesis.

This thesis includes *02* original papers published in peer reviewed journals and 05 submitted publications. The core theme of the thesis is cultural protective factors and indigenized mental health beliefs and practices. The ideas, development and writing up of all the papers in the thesis were the principal responsibility of myself, the student, working within the Department of Psychology, Jeffrey Cheah School of Medicine & Health Sciences under the supervision of Dr. Karen Jennifer Golden.

The inclusion of co-authors reflects the fact that the work came from active collaboration between researchers and acknowledges input into team-based research.
In the case of *(chapter numbers 3; 4; 5; 6; 7; 8; 9*) my contribution to the work involved the following:

Thesis Chapter	Publication Title	Status *(published, in press, accepted or returned for revision, submitted)*	Nature and % of student contribution	Co-author name(s) Nature and % of Co-author's contribution*	Co-author(s) Monash student Y/N*
7	We are the soul, pearl and beauty of Hindukush mountains: Resilience beliefs of Kalasha minority of Pakistan	Published	70% Study design and conceptualization; Data collection and analysis, Preparation of initial draft and revisions of the draft	1) Karen Jennifer Golden: Study design, planning, analysis of data and overall supervision and editing of all the drafts 2) Miriam Sang-Ah Park: Study design, planning, analysis of data and input into the first draft and multiple revised drafts 3) Iram Zehra Bokharey: input into the concept and final draft	No
4	Beliefs and perception about mental illness: A meta-synthesis	Published	80% Study design and conceptualization; Database search PRISMA guidelines Data Extraction Manuscript preparation and writing	1) Tahir Mehmood Khan: Study design and conceptualization; provided training to conduct meta-synthesis, reviewed the extracted data and the final draft 2) Vasudev Mani: Input into the final draft 3) Long Chiau Ming: Input into the first and final draft	No
6	Perceived causes of mental health problems and preferred interventions by the nomadic population in Pakistan: A qualitative study	Under Review	85% Study design and conceptualization; Data collection Writing and preparation of initial draft and revisions of all the drafts. Team building for	1) Karen Jennifer Golden: Analysis of data and restructuring of manuscript sections, overall supervision and editing of all the drafts 2) Miriam Sang-Ah Park: Input into the first draft and revised drafts 3) Iram Zehra Bokharey: Input into the concept;	No

			analysis.	Study design and conceptualization and final draft 4) Tahir Mehmood Khan: Input into the revised drafts and final draft	
3	Methodological considerations for studying South Asian Indigenous Communities	Under Review	85% Conceiving an idea, got insight from pilot visit to the field, search relevant literature, preparation of the drafts and revisions	1) Karen Jennifer Golden: Concept and planning, overall input into the first and final draft, and revisions. 2) Tahir Mehmood Khan: Input into the revised drafts and final draft. 3) Miriam Sang-Ah Park: Input into the first draft and revised drafts	No
8	"It is always an admixture of so many identities": An interpretative phenomenological analysis of identity and mental health of Kalasha	Under Review	85% Data collection, data transcription and translation. Descriptive, linguistic and conceptual IPA analysis, preparation of manuscript and revision of the manuscript	1) Karen Jennifer Golden: Study design, planning, analysis of data, cross checking of themes and overall supervision and editing of all the drafts 2) Tahir Mehmood Khan: Input into the revised drafts and final draft. 3) Miriam Sang-Ah Park: Input into the first draft and multiple revised drafts	No
5	Mental health studies on Asian marginalized populations: A systematic review	Under Review	90% Search of the literature, identification and selection of related articles, data extraction, risk of bias assessment, literature analysis, preparation and revision of manuscript.	1) Karen Jennifer Golden: Study design, planning, analysis of data and overall supervision and editing of all the drafts 2) Miriam Sang-Ah Park: Input into the first draft and revised drafts 3) Tahir Mehmood Khan: Provided training to conduct systematic and input in the final draft	No
9	Mental health conceptualization and resilience factors in the Kalasha youth: An indigenous	Revision submitted after addressing peer reviewers	85% Data collection, data transcription and translation. Descriptive,	1) Karen Jennifer Golden: Study design, planning, analysis of data and overall supervision and editing of all the drafts 2) Tahir Mehmood Khan:	No

	ethnic and religious minority community in Pakistan	'comments	linguistic and conceptual IPA analysis, preparation of manuscript and revision of the manuscript	Input into the revised drafts and final draft. 3) Miriam Sang-Ah Park: Input into the first draft and multiple revised drafts	

**If no co-authors, leave fields blank*

I have / have not renumbered sections of submitted or published papers in order to generate a consistent presentation within the thesis.

Student signature: [redacted] **Date: 15th May, 2018**

The undersigned hereby certify that the above declaration correctly reflects the nature and extent of the student's and co-authors' contributions to this work. In instances where I am not the responsible author I have consulted with the responsible author to agree on the respective contributions of the authors.

Main Supervisor signature: [redacted] **Date: 15th May, 2018**

Dedicated to Abdul Sattar Edhi (Late), the founder of world's largest volunteer ambulance service, along with homeless shelter, old age shelter, orphan shelter, women shelter, animal shelter, rehab centre and services for other marginalized groups.

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I am grateful to Monash University for considering me for full scholarship and sponsoring my trips to the UK and Australia.

List of Abbreviations

IPA = Interpretative Phenomenological Analysis

CQR = Consensual Qualitative Research

DSM = Diagnostic and Statistical Manual for Mental Disorders

APA = American Psychiatric Association

FATA = Federally Administered Tribal Areas

KPK = Khyber Pakhtun Khawa

NWFP = North West Frontier Province

UN = United Nations

UNHRC = United Nation's Human Rights Commission

WHO = World Health Organization

PRISMA = Preferred Reporting Items for Systematic Reviews and Meta-Analyses

COREQ = Consolidated criteria for Reporting Qualitative Research

PPCT = Process, Person, Context, and Time

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Research/Problem Statement

Southeast Asia and South Asia are among the most culturally diverse parts of the world (Croissant & Trinn, 2009). However, many of the minority groups and indigenous people in Asia are marginalized and receive little government support and legal protections compared to such populations in the West (e.g., Choudhry & Bokharey, 2013; Meijknecht & Vries, 2010; Miller, 2011). In Asia, ensuring human rights for minorities and indigenous people at the national and regional level is still in its infancy, especially in practice (Ghania, 2004; Hayee, 2012). Moreover, there is a dearth of literature on the marginalized communities, ethnic and religious minorities of Asia, and there are very few studies with a focus on psychological resilience (Choudhry & Bokharey, 2013; Jamadar, 2012; Sharma, 2011). In Pakistan, there is an absence of political and academic discourse on the indigenous people's health and rights as the national policy or recognition of indigenous people is still underdeveloped in the country.

Therefore, more research exploring these marginalized societies needs to be conducted to better understand how to enhance their own well-being, for the betterment of their native countries as well. The United Nation's Human Rights Commission (2014) grouped together the minorities, indigenous populations, non-nationals including migrant workers, and a few other groups under the umbrella term of "marginalization. Thus, this thesis aims to include those underprivileged groups which are considered marginalized according to the UNHRC's categorization. For the second systematic review in this study, for example, the selection of groups included as marginalized are those which followed the United Nation's categorisation of marginalization (i.e., ethnic and religious minorities, indigenous people, non-national status, minority sexually oriented people, and migrant workers). However, the empirical studies in this project targeted specifically two Pakistani groups: 1. Kalasha (religious, ethnic and linguistic minority group in Pakistan) and 2.

Nomads. These two groups are among many other marginalized segments of the society, yet, they each face their own unique challenges which will be elaborated upon in the thesis. Although Pakistan's Senate has constituted a special committee for marginalized groups, practical steps and lawmaking are still awaited.

The aim of the project was to explore the literature for mental health studies on marginalized groups, explore the resilience mechanisms, and identify cultural protective factors and mental health perspectives of these selected marginalized groups. The identification of cultural protective factors and factors contributing to their wellbeing were also focused on in light of Bronfenbrenner's bio-ecological model (1979; 1994) in the current project.

Chapter 1 Introduction

A variety of stressors and support systems are present in the social, religious, and family environment of a person and give emotional, instrumental, and informational assistance, thus, comprising the psychosocial stressors and cultural features of vulnerability and resilience (APA, 2013). The cultural interpretation of events influence social stressors and supports (APA, 2013). Cultural conceptualizations of illness deal with the influence of culture on experience as well as comprehension and communication of symptoms or issues to others, such as cultural syndromes, phrases of distress, and cultural explanation of symptoms (APA, 2013; Hassim, & Wagner, 2013).

The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) provided an outline for assessing the role of cultural, social and historical factors on the mental health of an individual (APA, 2000). The new manual, (i.e., the *Diagnostic and Statistical Manual of Mental Disorders*-DSM-5), contains an updated outline and an approach for assessment through the Cultural Formulation Interview (Aggarwal et al., 2014; APA, 2013). According to the DSM-5, this updated outline contains various categories which need to be

systematically assessed: cultural identity of the individual, cultural conceptualizations of distress, and psychosocial stressors and cultural features of vulnerability and resilience (APA, 2013).

Cultural identity of the individual comprises his/her racial, ethnic, or cultural reference groups which might affect him/her in various ways (Moran, Abramson, & Moran, 2014). Important components of identity also comprise religious affiliation, socioeconomic background, personal and family places of birth and growing up, migrant status, and sexual orientation (Dyck, & Dossa, 2007). Religious affiliation, socioeconomic, personal and family background, migrant status, and individual's sexual orientation are also the clinically important aspects of identity (APA, 2013; Cote, & Levine, 2002). Thus, this study was planned with the target of understanding mental health problems embedded within the specific cultural context for marginalized populations of Pakistan.

South Asia is among the most culturally diverse parts of the world. However, many of the minority groups and indigenous people in Asia are marginalized and receive little government support and legal protections compared to such populations in the West (e.g., Meijknecht & Vries, 2010; Miller, 2011; Choudhry & Bokharey, 2013). In Asia, ensuring human rights for minorities and indigenous people at the national and regional level is still in its infancy, especially in practice (Forum Asia, 2007; Hayee, 2012; Ghania, 2004). Moreover, there is a dearth of literature on the marginalized communities, ethnic and religious minorities of Asia, and very few studies with a focus on psychological resilience (Jamadar, 2012; Choudhry & Bokharey, 2013; Sharma, 2011). In Pakistan, there is a near absence of political and academic discourse on the indigenous people's health and rights as the national policy or recognition of indigenous people is non-existent in the country.

Nomads, the travellers and temporary stayers, are present in many regions of the world including South Asia. They have a rich tradition and unique lifestyles, and identities.

In Pakistan, nomadic tribes are observed as moving within a specific territory by carrying their homes and livelihood along with them (i.e. their tents, 'charpai' (Bed) and cutlery) (Altaf & Saeed, 2015; Hasan & Raza, 2009). Their means of transportation are usually the animals. A donkey or horse pulling fully loaded carts, having a number of children on it along with their families, their protective dogs and goats for feeding milk, portrays a typical Pakistani nomadic family (Choudhry & Bokharey, 2012).

There are no documented historical records about Kalasha's origin and ancestors, but oral traditions refer to the signs of admixture with the soldiers of Alexander The Great, during his invasion of Asia around 324 BC (Bashir & Israr-ud-Din, 1991; Williams et al., 2015). However, the pioneer anthropological study in Hindukush Mountains reported Kalasha as an Aryan tribe and Indo-European tribe who has preserved the ancient paganism (Morgenstierne & Sloan 2006). Therefore, it is generally assumed that Kalasha are aboriginal to Chitral and have genetic admixture from Aryan and Macedonian invaders in the region (Khan, 2009). Oral tradition refers to Kalasha's rule over the entire southern part of the mountain ranges and they were later defeated by the Muslim rulers of Chitral (Cacopardo, 1991).

The proposed thesis aims to explore minorities' resilience mechanisms, and mental health perspectives, which help them in maintaining their resilience. The identification of cultural protective factors and factors contributing to their wellbeing and happiness will also be focused on in light of Bronfenbrenner's bio-ecological model (1979; 1994) in the current project. The proposed studies in this project are psychological in nature as psychological resilience and mental health variables will be the main focus of the thesis.

In the midst of changing lifestyles in our increasingly globalized world, there are some communities that remain secluded and marginalized despite living in developed or developing countries. Little research has examined how marginalized communities in today's

changing worlds are coping with the various challenges they faced (Sue, 2003). According to the United Nation's 2010 report entitled "Marginalized Minorities in Development Programming", religious, ethnic and linguistic minority communities, despite their region, were considered the poorest and the recipient of discrimination, excluded from the mainstream and at times the victim of violence. This is true not only for the marginalized minorities of the least developed countries but also of the most developed ones (McDougall, 2014). The United Nation's Human Rights Commission (2014) considered the following populations as marginalized: Persons with disabilities, youth, women, lesbian, gay, bisexual, transgender and intersex people, members of minority groups, indigenous people, internally displaced persons, and non-nationals, including refugees, asylum seekers, and migrant workers.

The World Health Organization (2012) acknowledged social determinants of health and equity as important components of the post-2015 global agenda for the achievement of universal health coverage. Here social determinants refer to circumstances in which individuals are born and spend their lives and these social determinants are mostly responsible for health inequities. Mental health cannot be neglected while discussing health equity policies (Saxena, Thornicroft, Knapp, & Whiteford, 2007), therefore, the current project focuses on mental health, its correlates, psychological resilience, social identity and overall well-being considering the different cultural context of selected marginalized communities.

The thesis' main focus on resilience is because the marginalized, stigmatized and deprived minority communities' belief system and perception need to be explored, as they are surviving in difficult conditions which might have affected their cognitions (Sue, 2003). They are vulnerable to unhealthy psychosocial conditions as they may experience prejudice, rejection and unjust treatment from their surroundings. Therefore, exploring their resilience

mechanisms and beliefs would be significant for developing their insight and for recommending better mental health policies for them (Abrams, 2010).

The concept of resilience was traditionally focused on the individual, and his/her strengths and positive outcomes despite deprivation, hardships and trauma and was considered the reverse construct to risk factors (Charney, 2004; Holton, Brass, & Kirmayer, 2009). A more in-depth study of the concept of resilience would reveal new dimensions of ecosystemic processes contributing to well-being (Masten, 2007; Luthar, Sawyer, & Brown, 2006). The cultural components for the sources of resilience (i.e., historical rootedness to a specific place, historical identity narratives, political oppression, bureaucratic control, collective history, languages and traditions, as well as individual and collective agency and activism) can be explored and comprehended by the interaction of individuals, their communities, and larger systems (i.e., national and global systems) that identify and sustain indigenous community. This social–ecological concept holds significant implications for mental health awareness (Kirmayer et al., 2011).

Psychological resilience provides the ability for groups and communities to survive in the midst of difficult and challenging situations (Hildon, Montgomery, Blane, Wiggins & Netuveli, 2010). Resilience is about achieving a "good enough life" and there is a normative dimension to realizing your own goals that is very important (Panter-Brick & Eggerman, 2012). In that sense, resilience is doing more than just functioning well. It is also about making sense of the moral aspects of your life (Southwick et al., 2014). Resilience refers to the capacity of a dynamic system to adapt successfully to disturbances that threaten the viability, the function, or the development of that system (Masten, 2014); whereas, psychological well-being is defined in terms of physical, affective, cognitive, self, spiritual and social processes (Roothman et al., 2003). According to Ryff and Keyes (1995) and

Shevelenkova and Fesenko (2005), psychosocial functioning and psychological health of individuals in a community generally reflects their psychological well-being.

Previous studies (e.g., Ahern, 2006; Fergus & Zimmerman, 2005; Kirmayer et al., 2011; Rutter, 1999; Sagone & Caroli, 2014; Ungar, 2006) examined the relationship between resilience and psychological well-being. Sagone and Caroli (2014) suggested a relationship between resilience and psychological well-being, and yet, their study did not provide much directional knowledge about the relationship. However, there are studies like Ifeagwazi, Chukwuorji, and Zacchaeus (2015), which highlighted resilience as a moderator and a significant factor related to alienation and psychological well-being. Likewise, there is a need for further empirical studies in order to gain an in-depth understanding of the concept of resilience and its social understanding by minority groups.

Similar studies with marginalized populations have already been conducted in different parts of the world. For instance, Ritchie et al. (2014) conducted a study focusing on resilience and well-being of the Aboriginal population in Canada. The results from the study highlighted the importance of developing culturally appropriate measures of health for aboriginals. Another study (Kirmayer et al., 2011) was conducted in order to reconceptualise resilience for indigenous people and revealed that for Canadian indigenous people the concept of resilience is embedded in the concept of their identity culture, language and traditions of owning their identity. Nystad, Spein, and Ingstad (2014) conducted a qualitative study to understand the community resilience factors of indigenous community of Norway and found that interconnectedness among community members and with the environment to be an important factor promoting resilience in that community. Another interesting study in which youth of a rural community of South Africa conceptualized resilience and a resilient personality as having acceptance of current challenges, educational progress, the capacity to dream, and value-driven behaviour, and all of these were also encouraged by active support

systems (Theron., Theron & Malindi, 2014). Choudhry and Bokharey's (2013) study with Pakistan's nomads/gypsies demonstrated that their concept of mental health as associated with poverty and lack of fulfilment of basic needs. Adger, Huq, Brown, Conway, and Hulme (2003) and Nori and Neely (2009) showed that inhabitants of remote and marginalized regions had experiential knowledge that they gained from living in such harsh and ever-changing environments and from limited resources available. They highlighted that social positions, roles and simplified lifestyles contributes to their resilience.

Status of Marginalized Communities in Pakistan

According to a dictionary definition, the term *indigenous* means: "originating in and characteristic of a particular region or country; natives; innate, and; inherent and natural" (Hashmi, 2014, p. 4). However, there is lack of international consensus over its definition. For example, the meaning of this term, indigenous, in the Pakistani context, remains unclear. Secondary to the ideology of the founding of Pakistan, the meaning of this term usually refers only to the mainstream Muslims as those considered the natives of the land (Hashmi, 2014). In generally, indigenous groups comprise a section of society that is not part of the normal society. Some writers have notes that the state of affairs of this section of the society has remained abhorrent to the radically orthodox community who has intentionally abandoned their diversity on orders of influential clergy (e.g., Hashmi, 2014). According to a report published by Wagha (2012), there are several major groups of tribal people in Pakistan, such as, tribal fishing peoples; the pastoral groups of the Middle Indus Valley; the Baloch tribes; fisher-folk of coastal areas; tribal peoples of Sindh; tribal peoples of Gilgit-Baltistan; tribal peoples of Chitral Valley; tribal peoples of Pothohar Region; and the tribal peoples of KPK, the North-West Frontier Province (NWFP) and Federally Administered Tribal Areas (FATA; now known as Khyber Pakhtunkhwa). There are no national policies for any of these indigenous or tribal peoples in Pakistan (Stavenhagen, 2013).

The Pakistani government ratified and is signatory of only the ILO Convention 107 on Indigenous and Tribal Populations in 1960 (Wahid, 2016; Wagha, 2012). However, according to Wagha (2012), the government of Pakistan has not signed ILO Conventions on indigenous and tribal peoples after 1960. Although in 2007, Pakistan voted for implementation of the United Nations Declaration on the Rights of Indigenous Peoples by the UN General Assembly, the government only considered the tribal peoples of Balochistan and Khyber Pakhtunkhwa and ignored all other indigenous populations (Wagha, 2012). So far, an absence of political or academic discourse on the tribal peoples in Pakistan makes their documentation a difficult task (Wagha, 2012).

On the basis of religion, the constitution of Pakistan only recognizes the Hindus, the Christians and the Ahmadis (though they claim to be a Muslim sect) as minorities, ignoring the rest of the indigenous sections (Hashmi, 2014; United Nations High Commissioner for Refugees, UNHCR, 2012). Thus, indigenous and tribal communities experience grave legal issues apart from their social degradation because they continue to be excluded from the official "minority" ambit. Thus, studying and exploring the lived experiences of these excluded groups will significantly benefit in unveiling their mental health needs and strivings and will be a step forward to initiate an empirical study on this much marginalized population.

Aim and Significance of the Study

The aim of this project is *to explore mental health perspectives and psychological resilience in Pakistani marginalized groups*. The previous studies on indigenous populations exploring factors of resilience contributing for mental health are mostly limited to the American/Canadian and Australian context (Kreek, 2011; Meshvara, 2002). Also, most of the studies have examined resilience as an individual's characteristic, not as a process (Luthar, Cicchetti, & Becker, 2000; Sousa, Haj-Yahia, Feldman, & Lee, 2013). The previous literature

using resilience as a variable have largely focused on the individual, ignoring the cultural or group impact (Baltes, 1997; Hayslip & Smith, 2012; Hurd, Zimmerman, & Xue, 2009). Therefore, it may be pertinent to study the communities' resilience considering cultural variations. The current project aims to look into in-depth resilience mechanisms and relate it with psychological well-being perspectives, considering cultural identity and relating it with Bronfenbrenner's (1979; 1994) ecological systems theory. This study will contribute to the existing body of knowledge on the resilience of Asian indigenous marginalized minorities, covering gaps in the literature, as very few of previous studies in Asia holistically target the "marginalized or minorities" groups, especially from the mental health/ resilience perspective.

Furthermore, this project will be useful in exploring Bronfenbrenner's (1979; 1994) ecological model's applicability to Asian cultures, thus contributing fresh knowledge into existing literature of bio ecological systems, mental health and resilience in different contexts. This project will be useful in outlining suggestions for these communities and for devising new policies to address issues of these isolated communities. The proposed project will be beneficial to the scientific literature as it will illustrate a broader and more in-depth exploration of mental health and psychological makeup of these communities as a whole and at the individual level as well. The project could provide psychological insight into marginalized groups and their interpersonal and intrapersonal growth and adversities.

For psychology researchers, and for psychologists specifically, it is significant to understand the perspectives and lived experience of others for adhering to the fundamental concepts of unconditional positive regard and empathetic attitude. Knowledge about resilience mechanisms, perceptions of mental health, psychological distress and cultural identities of marginalized groups might be helpful in highlighting the major issues faced by marginalized groups in their cultural contexts. Furthermore, it will provide better knowledge

as to whether the findings relate to human behaviours generally rather than being specific to a particular culture. The study will also examine whether the marginalized groups have similar belief systems and perceptions regarding mental health and psychological resilience, and how much similarity or difference may exist among them.

The project will help identify key stressors and support systems in their ecosystem for their wellbeing. These marginalized communities are rich in their cultural traditions and exploring their ceremonial rituals and customs and other cultural elements that may serve as a protective factor against mental health issues will provide insights for mental health clinicians to understand marginalized perspectives. Therefore, the project findings will contribute to the body of knowledge on cultural formulation of mental health problems. The DSM-5 stated that cultural formulation helps clinicians understand the cultural and clinical significance of symptoms and behaviours and to avoid misdiagnosis. The study findings thus also provide support for providing cultural sensitive therapeutic plan for marginalized communities.

Research Objectives

1. To explore the beliefs and perception of mental health in the published literature.
2. To explore the latest trends in the literature about an overview of the mental health of Asian marginalized communities.
3. To look into the mental health perception and treatment practices amongst Kalasha and Nomads.
4. To identify the cultural protective factors against mental health problems in Kalasha and their beliefs/perception/interpretation of those factors.
5. To understand the phenomenology and hermeneutics of Kalasha's ethnic identity

Research Questions

There were five research questions. The first two questions are based on the literature search for mental health perception and perspectives of Asian marginalized populations.

Whereas, the remaining three questions are based on the empirical studies conducted with Kalasha and nomads of Pakistan.

1. How does the published literature portray mental health beliefs and perception among general population?
2. What are the latest trends in the published mental health studies on Asian marginalized communities?
3. What are the perceived etiological causes of mental health problems and treatment options among Kalasha and Pakistani Nomads?
4. How do Kalasha understand and interpret their psychosocial protective factors for mental health?
5. How do the constructs of ethnic identity and mental health appear to an individual Kalasha and how do the ideographic accounts of Kalasha elucidate the phenomenology of being Kalasha?

Thesis Outline

I have chosen the thesis along with publication path rather than the traditional Ph.D. thesis. In this path, the thesis has been completed in a series of manuscripts that have been accepted for publication, or are submitted for publication and under review. The thesis is presented in a series of 7 manuscripts. Two articles have been published in peer-reviewed journals and the rest are submitted for publication. These seven manuscripts are represented in a separate chapter respectively (Chapter 3, 4 5, 6, 7, 8, and 9). Also, at the beginning of every chapter, additional information is provided regarding how each chapter integrates with the thesis in order to ensure the overall cohesiveness in work presented.

Chapter 1 (this chapter, the first chapter of the thesis) addresses the introduction of the study, which includes the background of the study, status of marginalized communities in

Pakistan, the thesis aim, significance of the thesis study, research questions, and research objectives.

Chapter 2 presents the literature review, which includes a traditional literature review strategy of reviewing studies on similar (to the current study) populations and variables. Furthermore, it also focuses on the theoretical framework, review of resilience and mental health theories and issues related to the application of Bronfenbrenner model to the study population. The method section of the thesis starts with a separate manuscript (Chapter 3) discussing the ethical and methodological considerations for studying Asian marginalized indigenous communities. The method section also contains information about the research design, use of IPA and CQR methods, details about the procedure and participants of the study and data collection.

In addition to the traditional literature review, Chapter 4 and Chapter 5 contain the contemporary literature review strategy (i.e., two systematic reviews of literature). This includes two systematic reviews conducted and presented as two separate manuscripts. The first systematic review (Chapter 4) focuses generally on the belief system and perception of mental health, however, the second systematic review (Chapter 5) focuses on mental health trends in recently published mental health studies on Asian marginalized communities. Additionally, further review of the literature is included in each of the respective manuscripts presented in the results of this thesis (Chapter 4, 5, 6, 7, 8, 9).

Chapters 4 to 9 comprise the results of the thesis. It contains six manuscripts, from Chapter 4 to Chapter 9. Two of these manuscripts have been published and 4 have been submitted for publication and under review.

The final chapter, Chapter 10, provides the general integrative thesis discussion and conclusion. It summarizes and integrates results across the studies. It includes social and clinical implications and recommendation, limitations, and recommendations for future study.

Since this thesis is designed by publication, there is a possibility of some inevitable overlaps. Also, the researcher's personal context and reflexive journal has been included in Appendix A of the thesis and Appendix B contains abstracts of conference presentations.

Chapter 2 Literature Review

The literature review includes a traditional literature review strategy of presenting studies on the similar (to the current study) populations and variables, and furthermore, it also focuses on the theoretical framework and issues related to application of related specific theories or models to the study population. This chapter also includes the review of resilience and mental health theories and past literature. In addition to the traditional literature review, Chapter 4 and Chapter 5 consisted of two systematic reviews. The meta-synthesis in Chapter 4 explores mental health beliefs and perception of the general population. The aim of this meta-synthesis was to synthesize a holistic picture about variations in mental health beliefs and perception among different cultures, in order to highlight mental health understanding in the published literature. However, the systematic review in Chapter 5 is a separate study focusing on mental health needs and trends of Asian marginalized communities. It highlighted the following mental health needs of the communities: mental health services, perceived mental health needs, racial and identity based discrimination, gender and sexual orientation, poverty, and social cohesion. It is also noteworthy that every paper included in this thesis also has an extensive literature review in the introduction of each paper. Therefore, the forthcoming literature in this chapter focuses on past theoretical and empirical studies on mental health, resilience and marginalized communities.

Past Literature on Indigenous Communities' Mental Health

According to Dion-Stout and Kipling (2003), consideration of resilience as a term of social theory could be traced back to the 1970s. As the term resilience has had multiple meanings, its definition remains vague (Kruse et al., 2017). Wesley-Esquimaux (2009) proposed that resilience not only meant the ability to bounce back from the hardships of life but also to recuperate and endure antagonistic situations. Resilience meant an ability to withstand hostile situations and adapting to life positively (Fleming & Ledogar, 2008).

Resilience has also been conceptualized as a positive lens for viewing Aboriginal communities (Andersson & Ledogar, 2008). According to Newhouse (2006), it was not only the strengths of community on which exploration of resilience was based on, but also on notions that it was the fittest individuals who survived. Indigenous resilience was superimposed on hardships and historic marginalization as well as it was indigenous individuals' innate resolve to prosper (Durie, 2006). It was contrary to inflexibility.

By presenting another perspective of typical situations, it not only highlighted indigenous disadvantages but also reconceptualized indigenous challenges in terms of a quest to succeed (Valaskakis, Stout, & Guimond, 2009). Therefore, if indigenous resilience was viewed in this context, it was based on indigenous individuals' innate potentials and focused on successes rather than on mastering challenges (Andersson, & Ledogar, 2008). Indigenous resilience was proposed to be viewed as a revitalization of social as well as cultural resiliencies, which was utilized by indigenous individuals in the endurance of other hardships (Wesley-Esquimaux, 2009).

In another study of a marginalized population, Thomas and Cooper's (2010) qualitative study depicted the experience of gypsies and travellers' bad health as well as their routine encounter of poor health among family and extended family members in England. Four major themes appeared, which were found to be related to their beliefs about health and the probable lifestyle effect on health, such as the approach in which they travel, low expectation level from health, self-reliance, self-control, fatalism and fear of death. It was found to be normal to have ill health, an expected result of unpleasant community experiences and were accepted fatalistically (Thomas & Cooper, 2010). Among Gypsies and travellers, attitudes and coherent and strong beliefs of their culture underpinned healthy behaviour and health experiences (Van Cleemput, Parry, Thomas, Peters, & Cooper, 2007).

Past Literature on Asian/Pakistani Marginalized Communities

The majority of peer-reviewed literature on Pakistani and Asian marginalized communities has focused on immigrants; whereas, there has been a dearth of studies within Pakistan. Gilbert, Gilberta, and Sanghera (2004) conducted a study to explore the impact of shame, subordination and entrapment on mental health among South Asian women living in Derby using focused group discussions. This study aimed to identify the concepts and beliefs of participants about these variables and about mental health. Results revealed that participants avoided using mental health services due to reflected shame and loss of honor (*izzat*). Maintaining the honor of family was another factor. A central fear was the breach in confidentiality by professionals.

Other examples can also be found. A study compared Norwegians' with Polish, Swedish, German, Pakistani and Iraqi immigrants' consultation for mental health problems and showed that migrant women from Iraq and Pakistan in particular, experienced obstacles while accessing mental health services (Straiton, Reneflot, & Diaz, 2014). Another study also found that more mental health problems were observed in Pakistani migrants as compared to Norwegians (Lien, Thapa, Rove, Kumar, & Hauff, 2010). Contrary to native Norwegians, a positive relationship between socioeconomic status and psychological distress was shown in Pakistani immigrants in Norway (Syed et al., 2006). A high prevalence of maternal depression was reported in immigrant British Pakistani women (Husain et al., 2014).

A review of the literature reveals that the group that has received little attention among the South Asian population living in the Canada is that of Pakistani immigrants (Jibeen, 2011). There is a need to study the impact of immigration experience on Pakistani immigrants and to examine the factors that contribute to their well-being. Pakistani immigrants are an understudied and neglected ethnic minority group lumped together with other South Asians (Jibeen, 2011). Thus far, very few published studies have examined

psychological functioning solely within Pakistani immigrant groups. It is possible that certain stressors and psychological or social resources may be more salient to adult immigrants with children from Pakistan than to those migrating from other countries around the world, and vice versa (Jibeen & Khalid, 2010). Also, for more empirical studies and past literature on Asian/Pakistani marginalized, please refer to the Chapter 3 and Chapter 4 of the thesis.

DSM-5 Cultural Formulation

According to the DSM-5 Cultural Formulation, cultural conceptualizations of distress deal with the influence of culture on experience, comprehension and communication of symptoms or issues to others, such as cultural syndromes, phrases of distress, and cultural explanation of symptoms (APA, 2013).

A variety of stressors and support systems are present in the social, religious, and family environment of a person and give emotional, instrumental, and informational assistance, thus, comprising the psychosocial stressors and cultural features of vulnerability and resilience. The cultural interpretation of events according to the culture of an individual, family structure, developmental tasks, and the social context influence social stressors and supports (APA, 2013).

Therefore, it is important to understand the cultural context of symptoms in order to ensure effective diagnostic assessment and clinical management. Health disparities occur due to economic inequalities, prejudice, and discrimination because of culture, race, and ethnicity. These three factors (i.e. culture, race, and ethnicity) may enhance resilience or initiate psychological, interpersonal, and intergenerational issues or problems in adaptation that need diagnostic evaluation (APA, 2013). Therefore, this thesis was planned to understand the cultutral features of mental health issues among nomad and Kalasha communities.

Theoretical Framework

The development of Bronfenbrenner bio-ecological model. There are various eco-systemic models, but ecological theory put forth by Urie Bronfenbrenner in 1970s has become the most popular one. This theory has undergone rigorous research and now comprises bio-psycho-social-ecological components (Bronfenbrenner, 1994; Hoffman & Kruczek, 2011). The bioecological model focuses on specific factors and situations that exits within individual's environment and direct his or her development (Bronfenbrenner, 1994). Continuity and discontinuity are components of an individual's development. The continuity denotes gradual exposure of an individual to the environment with the passage of time. Contrarily, discontinuity comprises environmental variations that an individual faces with the passage of time. Accordingly, as the present study aimed at researching marginalized populations, the bioecological model of Bronfenbrenner would help identify and explain factors operating inside the person, family, community, and society. Such factors may play a role in the mental health, psychological well-being and resilience of the marginalized populations (Rosa & Tudge, 2013).

During first phase of the ecological model in 1970s, Bronfenbrenner named this emerging theory as the ecological theory of human development. Bronfenbrenner (1979, p. 12) proposed that "scientific understanding could be broadened if intra-psychic and interpersonal processes of a person's development were explored in his or her real direct and distant environment". He further stated that the ecology of a person's development comprises the scientific exploration of advancing, reciprocated accommodation between a dynamic and emerging person (Bronfenbrenner, 1979). He further proposed that it should also focus the fluctuating aspects of the direct surroundings in which the growing individual resides (Bronfenbrenner, 1979). He was of the view that interactions between settings and the situations within which these settings are embedded influence such process (Bronfenbrenner,

1979). There are multidirectional aspects of ecological system (i.e. family, surroundings, and context) and developing person is enclosed in various layers of contexts.

This model focuses on the multidirectional influence of person's environment, context, and ecological system on one another (Bronfenbrenner, 1976). He stated that a person's ecological environment is constructed by four interrelated systems (i.e., microsystem, mesosystem, exosystem, and macrosystem (Bronfenbrenner, 1979). He proposed that the microsystem is a structure of events, roles, and interactive relations undergone by a growing individual in certain situations. He added further and stated that such situations have specific physical and material features (Bronfenbrenner, 1979). The most immediate level is the system in which a person is repetitively involved in direct contact with family, school, peers, and occupational setting (Bronfenbrenner, 1994; Kloos et al., 2012).

Contrary to microsystem, the mesosystem consists of two or more interacting microsystems (Bronfenbrenner, 1979; Rosa & Tudge, 2013). Basically, the mesosystem consists of interconnections of two or more than two settings in which a growing individual vigorously takes part. For instance, the mesosystem of a developing child comprises connections of home, school, neighbourhood and peer group. A new mesosystem is created when a person takes part in new environment, and destroyed when the person leaves that environment (Rosa & Tudge, 2013).

The system next to the mesosystem is exosystem. The exosystem comprises those settings (i.e. communities) in which the person is not in direct contact. The events occurring in these settings influence, or are influenced by, happenings in the settings in which the person has direct contact. Some instances of the exosystem consist of parents' workplace, political groups, healthcare system, and the neighbouring localities. These different settings impact the interaction of a person across his or her microsystem and mesosystem (Bronfenbrenner, 1994; Rosa & Tudge, 2013). The macrosystem, the last system of

Bronfenbrenner's ecological model is dissimilar from rest of the levels. The macrosystem not only assesses the primary worldview of community and culture but also influences the working of subordinate levels. Therefore, marginalized communities have similar environmental experiences as they have resembling socioeconomic positions, racial, cultural and religious groups (Rosa & Tudge, 2013).

In the second phase of Bronfenbrenner's ecological theory, stress was placed on discussion of person's characteristics and importance of such characteristics in their developmental course. Rosa and Tudge (2013) stated that in order to study human development, Bronfenbrenner has altered some notions regarding development and ecological settings, for instance, the microsystem and macrosystem and formulated a process-person-context model (PPC). In previous literature, human development researchers used models consisting of social address, person context, process context and person-process-context models. Such models were limited in explaining reciprocal interactions of person's attributes with the environment. Furthermore, these models did not assess the influence of time related factors on person's development, for instance, indicating the changes and events a person faces during life span (Rosa & Tudge, 2013).

The second phase focused on analysing the impact of individual-environment exchange on the course of person's development (Bronfenbrenner, 1979). In this phase, the individual's "instigative characteristics" were paid particular attention. These instigative characteristics stimulated or hampered a person's maximum development and also impacted on a person's environment. Bronfenbrenner modified the microsystem and mesosystem (Bronfenbrenner, 1979). According to Bronfenbrenner (1979), a person possessing peculiar characteristics interacted in their settings at the microsystem level. Such peculiar characteristics are the cause of repetitive mutual interaction of a person's peculiar characteristics and the environment. Bronfenbrenner (1979, 1994) believed that macrosystem

level focused on the impact of a person's culture, which progressed overtime, on his or her development. The macrosystem contained the microsystem, mesosystem and exosystem, and influenced working of these levels (Bronfenbrenner, 1994; Ungar et al., 2013). The macrosystem was influenced by culture, financial, educational, legal and governmental systems (Bronfenbrenner, 1994; Rosa & Tudge, 2013).

During third phase, Bronfenbrenner modified the ecological theory to the bioecological framework, which emphasized the person-context reciprocity (Ungar et al., 2013). Presently, Bronfenbrenner's bioecological model is known as the process-person-context-time model (PPCT; Tudge, Mokrova, Hatfield, & Karnik, 2009). According to the PPCT model, four factors (i.e., process, person, context, and time) are concurrently relating with one another and determining a person's course of development (Rosa & Tudge, 2013).

Process, the first concept in PPCT model, performs a vital role in the development of a human (Rosa & Tudge, 2013). Bronfenbrenner referred proximal processes as the forces stimulating human's development (Tudge et al., 2009). According to Hoffman and Kruczek (2011), proximal processes are the basis of person's development (i.e., interpersonal relationships and environments). Proximal processes are described as extended exposure of a person, consistency, and relations with his or her surroundings (Hofman & Kruczek, 2011). According to the PPCT model, human development emphasizes interactions of a person with the environment as well as his or her biological and genetic factors (Tudge et al., 2009).

According to Bronfenbrenner, demand, resource, and force/generative attributes are three individual elements a person brings in any social scenario (Rosa & Tudge, 2013; Tudge et al., 2009). Demand attributes or characteristics are the elements instantly observed by another individual, for instance, physical appearance, age, sex, and skin colour (Tudge et al., 2009). Resource attributes on the other hand are not instantly noticeable to another individual but are dependent on person's emotional and mental resources, for instance, intelligence and

interpersonal skills. Resource attributes can foster or hamper interaction of a person with proximal processes. Force/generative attributes, on the other hand, comprise individual's nature, curiosity, creativity, and determination (Rosa & Tudge, 2013). Presence of disruptive force/generative attributes in an individual increases the chances of exhibiting negative externalizing behaviours (Tudge et al., 2009).

Predominantly the research studies on resilience have been conducted in western countries (Kira, 2010; Ungar & Liebenberg, 2011). It is shown that most of the mental health resources, models, and interventions for dealing with individual in marginalized communities have been formulated in western countries (Kira, 2010). Consequently, there is minimal research in developing countries regarding understanding of minority populations' and mental health. By focusing attention on traditional, cultural, situational and biological protective aspects, investigators can assist the formulation of more effectual resources, interventions, models and methods that deal with needs of this distinctive population. According to Kira (2010), investigators analysing contextually and culturally sensitive therapeutic intervention models should also explain and justify a person's perception of the environment around them.

In order to analyse the protective factors of marginalized communities, researchers must comprehend how persons belonging to these communities understand resilience culturally and admit the influence of ecological processes on such persons' development (Ungar et al., 2007). As a person's mutual interaction with environment can generate both positive and negative outcomes, thus, researchers must analyze the ecological system of an individual (Ungar et al., 2013).

Bronfenbrenner bio-ecological model considering Asian culture. The model has been developed considering the research studies conducted in western cultures. The individual has been considered the centre of focus in western cultures. Therefore, according

to this model the significance importance in an individual's development is given to microsystems and biological characteristics. However, in eastern cultures and specifically considering the culture of the target populations of this project (two marginalized Pakistani groups), the centre of their focus is collective identity, religio-cultural beliefs, faith and giving priority to significant others over one's self. Thus, considering this fact, we can say that the macrosystem may be more significant and relevant in Pakistani populations. Secondly, Asian cultures are collectivistic and family system plays a significant role in the development of an individual (Chadda, & Deb, 2013). The emphasis of the family system and collective identity is observant in cultures like the Nomads and Kalasha. Therefore, the microsystem and macrosystem were focused on to develop the research questions for this project and to help address gaps in the previous literature.

Review of resilience theories. The proposed study will be using Gunnestad (2006) model of the development of resilience in indigenous populations, as this model is the most relevant to this project. This model and other frameworks of resilience are below:

Fleming and Ledogar (2008) proposed that during the last four decades the focus of research on resilience has shifted from an individual focus to a focus on protective factors such as family, community, and cultural levels. Changes in the factors of resilience in various risk contexts had been brought forth. For example, in Aboriginal communities, resilience was characterized as possessing knowledge about their strengths, which help them to cope against perceived discrimination and trauma. According to Fergus and Zimmerman, (2005), three major types of resilience models were formulated for the purpose of understanding interaction between protective as well as risk factors.

Andersson and Ledogar (2008) proposed a compensatory model which explained resilience when risk factors and resilience operated in opposite direction. The outcome, according to this model, was free from influences of risk factors and was directly affected by

resilience factors. According to the protective model, the effects of risk factors on negative outcomes were reduced or moderated by the presence of protective factors (i.e., assets or resources) (Andersson & Ledogar, 2008). Protective factors operated in various ways; by neutralizing or weakening the effects of risk factors, they also played a significant role in yielding an outcome by improving effects of a promotive factor (Andersson & Ledogar, 2008). Protective factors did not remove risk factors completely (Andersson & Ledogar, 2008). A curvilinear association between risk factors and outcomes was proposed by the challenge model (Vanderbilt-Adriance, & Shaw, 2008). According to this model, there was an association of levels of risk factors with low or high with negative outcomes (Fleming, & Ledogar, 2008). However, less negative outcomes (or positive) were related with moderate levels of risk (Fleming, & Ledogar, 2008).

Similarly, Kirmayer, Dandeneau, Marshall, Phillips, and Williamson (2011) presented observations regarding resilience in Canadian indigenous communities. The significance of integrating views on indigenous research on resilience was highlighted. Expression of views was carried out via stories and metaphors which were grounded in local culture as well as language. It was suggested by the authors that sources of resilience arose from the interaction of individuals, their communities, and the broader local, nationwide, and global systems that endured indigenous identity (Kirmayer, Dandeneau, Marshall, Phillips, & Williamson, 2011).

Gunnestad (2006) not only categorized protective factors in three categories such as network factors, abilities, and skills, and meaning, values and faith, but also showed that these protective factors combined and developed resilience through some psychological processes. By putting forth three instances of culture, Gunnestad showed how resilience was generated in them. These three categories worked side by side but in their own unique ways, depending on individual and situation, and infiltrated culture. These three categories also influenced one another. It was because of initiation of certain processes (meaning, values,

faith, and network factors, etc.) in an individual, which lead to the creation of resilience (Rutter, 1990). Resilience was created by building positive self- image, minimizing the influence of the risk factors and breaking a negative circle and bringing new prospects (Rutter, 1990). Resilience was a process that was life long and comprised of fostering abilities in order to deal with hardships and solve issues (Rutter, 1990).

Review of mental health theories/definitions. According to the World Health Organization, mental health is defined as "a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community" (WHO, 2004, p. 1). Most of the individuals find information related to mental health as confusing and this is an obstacle in raising mental health awareness and care (Breslin et al., 2017; Jorm, 2000).

According to worldwide statistics, mental-health issues are the main cause of disability (Kessler et al., 2009; Merikangas, Nakamura, & Kessler, 2009; Steel et al., 2014), and globally almost 30% individuals suffer from mood, anxiety or substance-use disorder in their life-course (Collins & Saxena, 2016). There is inadequacy, unequal distribution and improper utilization of resources to address mental health needs (Collins & Saxena, 2016; Gum, King-Kallimanis, & Kohn, 2009; Saxena, Thornicroft, Knapp, & Whiteford, 2007). Additionally, all over the world, individuals suffering from mental health issues are incarcerated, as a result the need and demand for mental care is increasing with rise in susceptible populations (Collins & Saxena, 2016). Among these susceptible populations, the most prominent ones are migrants escaping oppression, conflict and violence, and survivors of Ebola and other current threats. However, only 9 mental-health professionals are available for every 100,000 worldwide; and there is a need of another 1.7 million mental-health providers in only low- and middle-income countries (Collins & Saxena, 2016).

Mental health is not a single entity but an integral and important component of overall health (Sturgeon, 2006). Mental health has been defined as the absence of disease/disability; a condition permitting functioning of a living being to its maximum capacity/potential; and a condition of balance between an individual and his/her physical and social environment (Bhugra, Till, & Sartorius, 2013; Sartorius, 2002). The extent of satisfaction of basic health needs (i.e. food, shelter, survival, safety, society, social assistance, and freedom from pain, environmental threats, excessive stress and from any kind of mistreatment) determines which of the aforementioned definition is used (Bhugra et al., 2013; Maslow, 1968).

A healthy mental health state means that a person can carry out and maintain close relationships with others (Bhugra et al., 2013). It also implies that a person can perform the social roles generally played in his/her culture and can maintain emotions, change, and identity, accept and communicate positive actions and thoughts. Mental health empowers an individual with feelings of worth, control and understanding of internal as well as external functioning. According to the Society for Health Education and Promotion Specialists, mental health involves various feelings, such as, feeling positive about self and others, feeling glad, joyful and loving (MacDonald & O'Hara, 1997). Mental health is influenced by biological, social, psychological and environmental factors due to interaction of individual with society (Bhugra et al., 2013).

In mental health care, the biomedical model is considered a main model for mental illnesses but has been contested since the field of psychiatry emerged as an academic and clinical field in the mid-nineteenth century (Deacon, 2013; Double, 2003). The emergence of present-day psychiatry is traced back to the "first biological phase" from 1850 to 1910 (Stickley, & Wright, 2014, p. 4), the time when Wilhelm Griesinger, a psychiatry professor, wrote that "Psychological diseases are diseases of the brain, insanity is merely a symptom complex of various anomalous states of the brain" (Fulford, 2006; Griesinger, 1845; Szasz,

2006, p. 25; Walter, 2013). The idea was to show that every mental health issues had biological causes in the form of brain disease which could have occurred due to inherited genetic abnormality or a pathological change in neurochemistry (Bertolote, 2008; Harland et al., 2009).

A major philosophical claim supporting biological reductionism was the cause of this belief. The idea is that every experience of an individual can be broken down to its determinant in the brain (Ahn, Proctor, & Flanagan, 2009; Stickley & Wright, 2014). Therefore, according to reductionism, mental illness can only be explained as biological abnormalities (Stickley & Wright, 2014). Schneider presented a main belief of the biological roots of psychiatry and gave minimal importance to engagement with the content of experiences (Stickley & Wright, 2014). Hence, the biomedical model in psychiatry reduces minds to brain and limits the importance of experiences and society in development and occurrence of mental health issues (Double, 2003).

The spiritual explanations are considered the first and oldest explanatory models of mental health issues and consciousness is explained as deeply linked to some supernatural force (Kishore, Gupta, Jiloha, & Bantman, 2011; Lukoff, Lu, & Yang, 2011). Generally, religion explains the existence of good and bad forces in the world and suffering is the result of possession by evil or through idea that the sufferer may have fallen out of favour with the good. This normally happens due to sin or linked idea of immoral behaviour that causes some kind of badness or contamination (Rahmah, 2017). More empirical studies, especially in the Pakistani context, will be helpful to establish more indigenous knowledge of mental health and spirituality, as currently there is a dearth of empirical studies looking into the spiritual conceptualization of mental health problems in these populations.

The second model explains mental illness as character or moral flaw and having roots in Greek philosophy; this model has been supported by many cultural systems (Overton &

Medina, 2008). According to third model, biological and neurophysiological factors are responsible for mental health issues (Leigh, 2010; McKay & Dennett, 2009). The fourth model suggests learning and developmental or psychological causes of mental illness. According to this model, failure of an individual to learn vital elements or learning wrong responses to new situations have long term maladaptive outcomes, and as a result suffering and dysfunction occur (Kinderman, 2005; Rutter, 2002). Finally, the sociological model of mental illness focuses the macro structures of power and resources (Horwitz, 1999). This model focuses the social construction of what causes mental health issues, and which persons are socially approved to tell who has mental illness, labelling and the way in which mental health issues are dispersed and managed in various cultures (Bhattacahrjee et al., 2011).

The sociological model generally denies the idea of mental illness and argues that the label mental illness is for persons deviating the norms of society (Ahmedani, 2011; Banner, 2013; Benning, 2016). Most of the biomedical theories explaining mental health issues and biomedical interventions directly or indirectly focus on synaptic or intracellular processes (Kinderman, 2005; Ross, & Pam, 1995). These models link abnormalities with neurotransmitter functioning and medications targeting synaptic neurotransmitters (P. Kinderman, 2005). However, psychological models of mental disorder focus on various kinds of mechanisms than entirely biomedical theories, but also attempt to include more than only the mechanics of any individual system and to focus on interactions and interrelationships (Lebowitz & Ahn, 2014; Schneiderman, Ironson, & Siegel, 2005).

The importance of the role of psychologists and use of psychological models in mental health has been emphasized in recent decades in reports by professional bodies, strategy documents from policymakers and suggested amendments in legislation (Kinderman, 2005; Stepleman, Penwell-Waines, & Valvano, 2015). The effectiveness of psychological

therapeutic approaches in managing mental health issues has been shown in many academic reviews and major grant-funded randomized controlled trials (BPS, 2000; Health, 2001).

Similarly, another model of mental illness is the biopsychosocial model (Molineux, 2017). In the biopsychosocial model of mental health and illness, the emphasis is on social and psychological causes of mental health issues and not solely on biological causes. Also, there is a need to assess the integration between bio-, psycho-, and – social elements (Kinderman, 2005; Pilgrim, 2002). In practice, the model has been interpreted as still reserving a dominant position for biomedical approaches with social and psychological factors being acknowledged, but nevertheless considered to be mere moderators of the direct causal role of biological processes (White, 2005).

Monash University

Declaration for 3 Thesis Chapter

Declaration by candidate

In the case of chapter 3, the nature and extent of my contribution to the work was the following:

Nature of contribution	**Extent of Contribution (%)**
Conceiving an idea, got insight from pilot visit to the field, search relevant literature, preparation of the drafts and revisions	85**%**

The following co-authors contributed to the works. If co-authors are students at Monash University, the extent of their contribution in the percentages must be stated.

Name	**Nature of contribution**
Dr. Karen Jennifer Golden	Concept and planning, overall input into the first and final draft, and revisions.
Dr Tahir Mehmood Khan	Input into the revised drafts and final draft.
Dr Miriam Park	Input into the first draft and revised drafts

The undersigned hereby certify that the above declaration correctly reflects to the nature and extent of the contribution of the candidate and co-authors' contribution to this work. *

Candidate's Signature	[redacted]	Date: 15th May, 2018
Main Supervisor's Signature	[redacted]	Date: 15th May, 2018

* Where the responsible author is not the candidate's main supervisor, the main supervisor should consult with the responsible author to agree on the respective contributions of the authors.

An Overview of Chapter 3

This chapter is based on describing methodological considerations for studying marginalized groups in South Asia. This method chapter also highlights the details regarding the overall research design and methods used for the studies included in this thesis. The chapter starts with a short commentary paper, which was submitted to a journal for publication. This paper illuminates the challenges and issues the researcher faced while studying indigenous marginalized communities of South Asia. This paper also discusses the relevance of using culturally sensitive methods and recommends solutions. The paper has been peer reviewed in the *Cogent Psychology Journal* and revisions have been suggested.

Methodological Considerations for Studying South Asian Indigenous Communities

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Abstract

The health research on indigenous populations in Asia has been unable to recognize the ethical considerations and priorities involved in the studies conducted with indigenous communities and resultantly failed to adopt culturally appropriate methods for data collection. The modicum of research attention to South Asian marginalized communities from mental health perspectives has become the basis of highlighting some of the issues faced by qualitative researchers when doing a study on indigenous groups. This short commentary paper argues that culturally appropriate indigenous methods must be adopted when working with marginalized communities. The selection of qualitative methods and their appropriateness in studying marginalized communities has been highlighted. The issues that must be considered while conducting qualitative research with indigenous communities have been discussed and procedural recommendations have been provided.

Keywords: Qualitative Research; Methodologies; Asian American Studies; Ethnicity and Race; Indigenous; Public Health; Mental Health

Public interest statement

The indigenous communities are the native communities, having a historical continuity with pre-invasion and pre-colonial societies that developed on their territories. The health research on indigenous people in developed countries has established guidelines for ethical conduct of research on these communities. However, there is a lack of such guidelines in Asian indigenous communities especially for South Asian communities. This short commentary paper argues that culturally appropriate indigenous methods should be adopted when working with these marginalized communities. The issues which are pertinent and must be considered while studying indigenous communities, which are mutually beneficial for

researchers and communities, have been discussed and procedural recommendations are provided.

About the author

The first author is a qualitative researcher who had worked with the marginalized communities of South Asia for the past six years and had knowledge of the local dynamics and culture of Asian indigenous communities. The first author has been trained as a psychological researcher and served in multiple sectors (public, private, academic and non-government developmental sector organizations). The first author has vast experience using qualitative research methods.

Background on Indigenous Health Research

International health research on indigenous populations has faced many issues historically. Researchers have largely ignored the ethical considerations and priorities involved in studies conducted with indigenous communities, and not enough efforts have been made to adopt culturally appropriate methods (Schnarch, 2004). Furthermore, local perspectives are often missing from these studies, as the data analysis, assessment and diagnosis are conducted by external observers who are alien to that population (Cochran, Marshall, & Garcia-Downing, 2008; Simonds & Christopher, 2013). These issues reflect a top-down, authoritative prescription for the research process, leading to the indigenous perspectives and meanings being marginalized in the process (Simonds & Christopher, 2013). Furthermore, previous research has often disempowered communities through forced stereotypes that promoted internalized racism. Hence, the first step can be to formulate a research design in cooperation with the communities in order to empirically seek answers to the questions posed by the communities. Thus, by involving the local people as an integral component of the research team, the reciprocity and empowerment of these indigenous communities can be ensured.

It is also problematic when research that is carried out has benefits to the researchers' careers and profiles but does not bring much benefit to the indigenous communities faced with substantial health discrepancies and disparities (Simonds & Christopher, 2013). A large number of tribes have reported exploitation from researchers who have collected information from them without providing them something in return (Davis & Reid, 1999; Simonds & Christopher, 2013) or without making practical efforts to uplift the socio-economic or health related circumstances of these communities.

At the global level, various countries have accepted the imperative of having guidelines for the safe and the ethical conduct of research with indigenous populations (e.g., Australia's Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research [National Health & Medical Research Council, 2003]; and New Zealand's Guidelines for Researches on Health Research Involving Maori [Health Research Council of New Zealand, 2010]; Canada's Tri-Council Policy Statement (TCPS2): Research Involving the First Nations, Inuit and Métis Peoples of Canada [Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, & Social Sciences and Humanities Research Council of Canada, 2014]).

Researcher's Personal Reflection

The modicum of research attention to South Asian marginalized communities from mental health perspectives has become the basis of qualitative studies on indigenous groups in the region. Firstly, the paucity of literature on these communities (Delara, 2016; Mooney, Trivedi, & Sharma, 2016; Young et al., 2017) demonstrated the necessity for these studies. This refers to lack of research studies in South Asia, using appropriate methodology that ensure involvement of local community members, and reflect the decolonizing research studies.

Secondly, there are limitations with survey designs/quantitative methods, where the results can be overgeneralized without considering the complex socio-cultural contexts and multi-layered ecosystem of the populations being studied. These methods thus have a limited role in explaining how these marginalized groups understand how they make sense of their surroundings and their lived experiences.

There are tools available to measure mental health and resilience in Asia generally and those for Pakistan specifically. These tools have established norms and are locally validated. However, their use for indigenous communities warrants scepticism due to the great diversity of culture traditions. Indigenous communities in the region comprise a widespread and diverse populace with differences in culture and traditions, lifestyles, practices, language, religion, economic and governmental structure. With such distinctive differences in their cultural and traditional practices that shapes their cognition and belief system, it will be inappropriate to employ the same psychological tests as for the majority population.

Hence, there is a strong need to employ methods that look more closely at the socio-cultural context and number of eco-systems in the immediate environment and society for these populations. We cannot isolate the communities from what is happening in their environment and how is its impact on shaping their beliefs about certain phenomenon, ranging from social issues to mental health perspectives. In short, we need a method that considers the temporal and corporeal realities while studying the indigenous communities.

Methodological Recommendations & Ethical Issues

Culturally appropriate indigenous methods must be adopted when working with marginalized communities. According to Wilson (2008), the selection of methods can be made from paradigms if they justify the "ontology, epistemology, and axiology of the indigenous paradigm" (Wilson, 2008. p. 39). The studies focusing on exploring one particular

social group (e.g., indigenous communities) can adopt appropriate methodology considering the epistemology. In order to understand communities' or insiders' perspectives, social constructionism can be considered a relevant epistemological approach. In social constructionism, the ontology refers to multiple realities or considers reality as a relative concept. Therefore, every individual in the community constructs his/her own social reality based on his/her unique experiences. Thus, qualitative methods based on hermeneutics and phenomenology are recommended for studying indigenous communities. Furthermore, the focus of indigenous research should be on qualitative, collective, participatory methods, ethics, and empowerment frameworks (Chilisa, 2012; Denzin, Lincoln, & Smith, 2008; Smith, 2012; Wilson, 2008).

Qualitative methods, utilizing semi-structured interviews and focus group discussions as the data collection methods, have become increasingly common among applied health researchers to study marginalized indigenous populations (Miller, 2010). It is noteworthy that for every cultural group, there is a distinct indigenous research paradigm which values the existence of multiple realities and perspectives, and strives to explore truth in subjective reality (Koster, Baccar, & Lemelin, 2012; Saini, 2012). The indigenous knowledge is considered as relational, transferred orally between generations and mutually created by the relational components among peoples, and through experiential interaction between the people and nature (Kovach, 2010).

Context

Consequently, the context holds a vital position and interpretation of data must consider and take account of the context. It is impossible to interpret the data without recognizing and understanding the context of participants. The ideas, perceptions and interpretations of each participant are dependent on the context which influences participants' learning and instils their realities (Elsa, González, & Lincoln, 2006). One of the most

important aspects of qualitative research is the awareness of the influence of the context of study on data collected, interviewer and influence of interviewer on respondents and vice versa. Therefore, the context assists the reader in accessing validity and interpretation of results (Green, 1999).

Important Issues

Most readers belonging to a professional community are concerned about the generalizability of qualitative research findings owing to the fact that such research is carried out on small samples of interviewees (Leung, 2015; Myers, 2000). Contrary to quantitative research, samples in qualitative research are seldom taken randomly from the population of interest; hence, they are not generalizable statistically (Flyvbjerg, 2006; Polit, & Beck, 2010). Also, generalization has never been the goal of qualitative research which focuses on exploring the phenomenon in-depth and revealing the variations in belief system and interpretations among different participants (Alasuutari, Bickman, & Brannen, 2008; Ercikan, & Roth, 2014; Hancock, Ockleford, & Windridge, 1998; Kilbourn, 2006). Nevertheless, if qualitative research is adequately conducted, its findings can be generalized theoretically with its ideas having relevance beyond the actual participants as they do relate or contribute to some part of existing literature and theories (Green, 1999).

According to Elsa et al. (2006), as there is no standard way of translating culture, some care is needed in collecting data in the local language and reporting analysis in another language. This process comprises translation of language as well as culture. According to Spradley (1989), translation is a process of finding meanings in a culture and communicating them in a way which can be understood by people from another cultural background. Therefore, the qualitative researcher has a dual role, as a cautious translator (Råheim et al., 2016; Shklarov, 2007; Temple, & Young, 2004). First, it is the duty of a qualitative researcher to make sense of cultural patterns he/she observes, and decipher the messages in

cultural behavior, artifacts, and knowledge (Kirsch, & Mortensen, 1996; Sanjari, Bahramnezhad, Fomani, Shoghi, & Cheraghi, 2014).

Secondly, at the same time, it is also the qualitative researcher's duty to communicate the cultural meanings to readers who may have no or limited prior knowledge regarding participants' culture or culture scene. Few studies have recognized this issue and highlighted the importance of the translator, origin of the translator, consequence of language difference and its translation and, its interpretation (Temple, 1997; Van Nes, Abma, Jonsson, & Deeg, 2010; Venuti, 1995). Furthermore, it is important to include translators and interpreters as key informants in the research and ask them to initiate dialogue, discussion, and exchange of ideas with the researcher (Temple & Edwards, 2002).

Conclusion

The current paper/commentary highlighted some methodological recommendations and ethical considerations that may be important for more culturally sensitive research. Some of these recommendations will be especially applicable and useful for studying South Asian indigenous populations. There is a paucity of appropriate research based on collaboration and partnership with the local targeted indigenous communities, in order to empower these communities and ensure reciprocal benefits. Furthermore, qualitative methods especially epistemological approaches are recommended. The researcher's role and impact on data needs to be recognized and thus, reflexivity may be applied throughout the process of research. This paper highlights the need to develop guidelines for studying indigenous communities of South Asia. Likewise, there is a strong need for indigenous ethical guidelines that apply to the under-researched South Asian indigenous populations.

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The studies in this project are exploratory in nature. Based upon the aims and objectives of this study, the researcher considered qualitative research most suitable for this exploration. Qualitative methods were considered the best suited approaches to address the above mentioned research questions. Furthermore, qualitative methods allow for the generation of themes to identify underlying mechanisms and to give deeper understanding of the phenomenon of resilience and mental health (Lenette, Brough, & Cox, 2013; Miller-Lewis, Searle, Sawyer, Baghurst, & Hedley, 2013). Understanding the lived experiences of marginalized communities and their perceptions related to mental health, cultural identity, and their social status requires sensitivity as well as trustworthy and non-judgmental interactions between researchers and participants. Thus, it would be better to explore the lives of these marginalized individuals through a qualitative inquiry in order to gain more detailed knowledge about their very personal perceptions, fears, hopes, and aspirations towards their social personal lives, thus, interpretative phenomenological analysis and consensual qualitative research study techniques were used to address the research questions.

It is important for the researcher to focus on the nature of truth in an individual's reality while carrying out qualitative research (Pascal, Johnson, Dore, & Trainor, 2011). The essential element of qualitative research is socially constructed meanings gathered from participants in their contact with surroundings. Qualitative inquiry is further elaborated as multi-method, comprising an interpretive, naturalistic procedure to the topic (Pascal et al., 2011). The investigator researched the participants and tried to develop sense of phenomena appearing in the data. Phenomenology is speculated to be the main philosophical tool for the investigation experience (Smith, Flowers, & Larkin, 2009).

Epistemology and ontology. According to Burrell and Morgan (1979), the four philosophical assumptions are epistemology, ontology, human nature and methodology. According to Slevitch (2011), ontology is the study of reality or everything that forms the reality. Guba and Lincoln (1994) propose that the ontological consideration refers to the form and nature of reality and consequently, what can be identified about "how things really are" and "how things really work". According to Bryman and Bell (2013), an epistemological issue is related to the question of what is (or should be) considered as suitable knowledge in a field. They also propose that a predominantly essential concern in this context is the question of whether or not the social world can and should be investigated on the basis of same principles, procedures and ethos as the natural sciences (Bryman & Bell, 2013).

The recommendations point to social constructionism, an assumption that there is no absolute reality or if there is one, it depends on an individual's lived experiences and interpretation of that reality (Guba & Lincoln, 1994). Based on experiences of a person, he/she creates his social reality (Slevitch, 2011). In this thesis, the social constructionism research paradigm was used and therefore the research designs of IPA and CQR, which are congruent with this paradigm, were employed. Therefore, we can say that both IPA and CQR are applicable in this thesis, considering their epistemology of constructionism and interpretivism.

Interpretative phenomenological analysis (IPA). IPA is carried out for detailed exploration of the way research participants are making sense of their own and social world (Smith, Flowers, & Osborn, 1997). The primary data of IPA include research participants' meanings of specific experiences, incidents, and states (Larkin & Thompson, 2011). There is not predesigning of claims about human behaviour by the investigator in IPA research (Smith, Flowers, & Osborn, 1997). Rather, there is involvement of a two-stage interpretation process also called double hermeneutic (Smith, Flowers, & Larkin, 2009). The research

participants are involved in sense making of their world; however, the researcher also tries to develop sense of participants' sense making of their world (Smith, 2007). Thus, there exists an intellectual connection between IPA, hermeneutics and theories of interpretation (Packer & Addison, 1989; Palmer, 1969; Smith, Flowers, & Osborn, 1997).

Use of IPA in psychology. IPA is a comparatively recent research tradition, developed in 1996 by Professor J. Smith of the Department of Psychology at Birkbeck, University of London. The advocates of IPA focus on human difficulties and engagement and view of those difficulties. With major utilization in the field of psychology, this research design has also been used in various disciplines of the social sciences (Larkin & Thompson, 2011; Smith, Flowers, & Larkin, 2009) and its use has now broadened to other fields. IPA with its focus on the sense developing of both research participants and the investigator means that it can be elaborated as having cognition as a major analytic concern. This suggests a theoretical alliance of IPA with cognitive paradigm, prevalent in contemporary psychology (Smith, Flowers, & Osborn, 1997). It is proposed that IPA, cognitive psychology, and the study of social cognition have a discipline-specific relationship with one another (Breakwell, Smith, & Wright, 2012). IPA has been described as being theoretically embedded in critical realism and the social cognition paradigm (Fade, 2004). Three central areas of philosophical thinking inform IPA research: phenomenology, hermeneutics, and ideography (Smith, Flowers, & Larkin, 2009; Brocki & Warden, 2006).

Consensual qualitative research (CQR). An inductive method called CQR comprises open-ended interview questions, small sample sizes, emphasis on words instead numbers, significance of context, a combination of numerous ideas, and harmony of the research team. CQR is relevant for research studies aimed at exploring inner experiences, viewpoints, and convictions (Hill, 2012). CQR has various key elements, such as: having open-ended questions in semi-structured data collection procedures (mostly interviews),

which not only serves the purpose of gathering consistent data from participants but also helps with in-depth investigation of participants' experiences.

Similarly, uniquely, in CQR, there are multiple judges throughout the data analysis process to develop a variety of perspectives (Hill et al., 2005). The judges need to have agreement in judgments regarding data and presence of a minimum of one auditor to check the work of the main team of judges (Hill et al., 2005). The judges also need to reduce the effects of groupthink in the main research team (Hill et al., 2005). Despite the fact that CQR is precise, it can be moulded according to researchers' purposes. For instance, CQR is used when there is small sample size or cases who give rich textual data (Hill et al. 1997).

Sampling

Purposive sampling was carried out for all the studies. Qualitative sampling is conducted for conceptual and theoretical purpose, not to characterize a large universe (Miles, Huberman, & Saldana, 2014). Purposive sampling seemed a good sampling technique because it is a careful way of recruiting participants on the basis of their potential to share information (Palys, 2008; Padgett, 2017).

In the current project, two samples were recruited: Kalasha, a minority community of Pakistan; and indigenous Nomads.

Kalasha. A total of fourteen participants (six women and eight men), aged 20–58 years (Mage = 36.29, SD = 12.58) were recruited for Study 1a. In the beginning nine participants consented to participate in FGDs but two of them withdrew from the study later. Thus, seven participants were included in FGDs. In the same way, semi-structured interviews were carried out on seven participants. Minimum age to be a participant of this study was set to 18 years. Participants were included if they were Kalasha (i.e. belonged to the Kalasha tribe, identified as a Pakistani Kalasha and followed its religion and traditions). All the non-Kalasha and Muslims living in the same area and in close proximity to the Kalasha were

excluded from this study. For study 1b, eight semi-structured interviews were conducted (with 4 women and 4 men).

Nomads. Twenty adult participants (13 men and 7 women, M_{age} = 35 years, age range 1860) were recruited in this study. Minimum age of participants was 18 years. Only those individuals were recruited who were a member of the nomad/gypsy indigenous population or semi-nomad tribes. The study was carried out in the nomadic and semi-nomadic outskirts of the capital city Islamabad where these nomads had settled camps. Initially, participants meeting the eligibility criteria were contacted and the plan was to include thirty participants. From these thirty participants, twenty two consented to be part of the study and eight refused to participate as their group was moving to another location. Two participants withdrew from the study due to family commitments as they needed to travel out of town. Therefore, the final sample was limited to twenty individuals. No further participants were recruited as 20 interviews from this sample led to achievement of data saturation. As resembling responses started emerging after 45 to 60 minutes long interviews, there was no need to conduct repeat interviews.

Procedure

Kalasha. The ethics approval for the study was received from Punjab Institute of Mental Health, Lahore and Monash University Human Research and Ethics Committee before starting a research trip for data collection. The data collection trip was planned considering the appropriate time and weather of Kalasha valleys and the researcher used his local networks in Pakistan to make arrangements for a research trip. An excerpt about the data collection journey of the first Kalasha tour is discussed below.

We started our journey using local transport from the capital city of Islamabad and it took a continuous 18 hours to reach Chitral city. Then, we hired a jeep with a local driver who was trained to drive on those dangerous narrow roads from Chitral to the valleys of

Kalasha. The road was not smooth and not even constructed, as it was a rough track of mud and stones; therefore, only locally hired jeeps with excellent mountainous driving skills could survive there. When we crossed a place called Ayon, the beautiful picturesque Kalasha suburbs started to appear. On our way climbing the mountain we found traffic jammed. On inquiring, we realized that there was a landslide that destroyed the hanging bridge connecting one side of mountain with the other, so it took some 5 hours until a group of Rangers from the Pakistan Army arrived there and rebuilt the broken bridge.

We finally reached Kalasha in the evening. As we entered Bhamburat (the main valley of Kalasha), we were overwhelmed with the scenic beauty, forgot our tiredness, and started exploring the valley, just after placing our luggage in the camping site. The hospitability of Kalasha was excellent. This valley had crystal clear gushing water hitting the rocks in the river, and on other side there were lush, green mountains surrounding the valley, having colorful daisies and beautiful waterfalls. There were lands of mulberries, grapes, apples, apricot and also some walnuts and pinus gerardiana. This euphoric view of valley left us speechless for hours and gave us memories to cherish forever. These positive memories provided us with a soul nourishing experience, helping us to maintain resilience throughout the challenges involved in such a research project. Apart from data collection, this minority community and their beautiful valleys left us with soul nurturing experience and tranquility. This group instilled insightful knowledge of gratitude, interfaith harmony, gender collaboration and contentment in us.

Focus group discussions (FGD) and semi-structured individual interviews were conducted, exploring the beliefs and lived experiences of this marginalized community. The first author was Pakistani and had an adequate understanding of Urdu, the national language in which Kalashas were comfortable and preferred to communicate during the discussions. This author also had previous experience and training in conducting FGDs and semi-

structured interviews with indigenous groups in Pakistan. After an initial rapport building session, participants were explained the aim of the study, ethical requirements of getting informed consent and permission of audio recordings. Moreover, confidentiality was also ensured to them through the use of pseudonyms. FGDs were conducted with the help of two moderators, both with Master's degree qualifications in the social sciences. One translator, who was a local Kalasha, as well as a moderator who worked as a tour guide, were also present during the FGDs, so that if any participant desired to communicate in the regional Kalasha language rather than the national language, the translator helped in understanding the expression. There was one female participant who felt comfortable in speaking the Kalasha language, so the translator helped communicating her views.

The FGDs were conducted in a hall of our host's residence, which was chosen in agreement from both the participants and the researchers. Rules and expectations were relaxed and a comfortable environment was assured for participants to make them feel comfortable. Focus group discussions were conducted, which lasted about 120 minutes and 90 minutes, in addition to approximately 40 and 30 minutes for initial orientation and engagement with the participants. Two FGDs were conducted with the same participants after a gap of one day. In second FGD it was revealed that similar responses were started appearing, hence, saturation of data was achieved. Therefore, no further FGD was conducted. Interview questions and the FGD protocols were developed with questions based on theoretical concepts of resilience, well-being and happiness. During FGDs, all participants were expressive. The FGDs were audio-recorded and a backup audio-recording device was also used. Throughout the process, one moderator was busy making field notes and preparing memos.

Similarly, following the same pattern of rapport building and ethical requirements, different participants were recruited for semi-structured interview and the first two interviews

were conducted on the subsequent days from the FGDs. Participants were approached through a research gatekeeper (i.e., our guide who was local Kalasha, who helped spreading the word and also accompanied us to Kalasha's houses for introducing us. First, three semi-structured interviews were conducted in the houses of the respective participants, as these three were females who preferred to be interviewed at their own place. However, the remaining four interviews were conducted in a comfortable room of a local hotel, where the environment was conducive and noise was minimal, as this requirement was communicated earlier to the administration of the hotel.

The data collection of Kalasha studies were conducted in two phases on separate trips to the Kalash valleys. In the first phase, focus group discussions and semi-structured interviews were conducted, whereas in the second phase of data collection only semi-structured interviews were conducted.

Nomads. The data collection of nomad study was a bit more challenging than Kalasha study. The nomads were camped in the outskirts of Islamabad and Rawalpindi. The researcher, having past experience of research with the nomad community, involved a research gate keeper (a member from health department) and few other local contacts to approach the nomads. As the access was done through a gate keeper, the nomads were comfortable talking to the researcher and showed their interest in participation of the study. Initially, some rapport building meetings were conducted for two days before starting the actual study. Interviews were not conducted until the participants were familiarized and felt comfortable talking with the researcher. Before conducting the actual study, 3 pilot interviews were conducted with semi-nomadic participants. The pilot interviews provided an insight to restructure interview questions and to include prompts for the questions regarding mental health problems. The open choice to participate in this study was given to this group. The nomads felt comfortable and had shown interest to be recruited for this study once they

were informed and reassured from the health worker about the aims of the study and that this study was not connected with any governmental agency. The verbal informed consent was taken as the nomads were illiterate. The sample was recruited with the help of the health worker.

Analytic Techniques

IPA. In IPA, there is an assumption that the investigator aims to learn something regarding the psychological world of participants. This can take the form of beliefs and concepts that are demonstrated or suggested by the participant's verbatim. Sometimes, it is also the case when the investigator holds that the participant's verbatim can itself be said to show a part of the participant's identity (Smith, 2004). Whatever the scenario is, the aim is to develop understanding of the content and complexity of those meanings instead of gauging their frequency. This requires the analyst to develop an interpretative relationship with the transcript.

The phenomenological epistemology of IPA is interpretative; also called hermeneutic. Our interest is to understand an individual's connection to the world (and to the things in it which matter to him/her) through that individual's meaning-making. The assumptions of IPA are: developing an understanding of the world necessitates an understanding of the experiences; and the IPA researchers prompt and are involved in the personal narratives of the individuals who are 'always-already' engrossed in a linguistic, relational, cultural and physical world. Therefore, we took an idiographic approach to our research project, for enabling an in-depth focus on the particular. In IPA, the researchers do not directly access experiences from narratives, rather a process of intersubjective meaning-making helps them in accessing a phenomenon. For immersing in participants' experience, the IPA researchers need to be able to recognize and reflect upon their own experiences and assumptions. It is impossible for a researcher doing IPA to escape interpretation at any stage, however, the

researcher reflects upon his/her roles in constructing these interpretations, and can retain a commitment to grounding these interpretations in the participants' views (Larkin & Thompson, 2011). An example of in-depth IPA analysis using 3 levels of analysis (descriptive, linguistic and conceptual) with a Kalasha particpant has been demonstrated in the form of a Table in Appendix C of this thesis.

CQR. Similarly, CQR is also based on social constructionism, it means that the assumption of reality as a socially constructed idea and is based on the experiences of an individual. The data analysis through CQR proceeds from coding domains to coding core ideas. It then involves preliminary audit, cross-analysis, final audit, and stability check. In every step of data analysis, a consensus in coding team regarding classification and meaning of the data is vital. Research which follows the post-positivist paradigm can use semi-structured or short interviews of research participants and utilize various raters to seek one emerging reality of collective experiences of participants (Ponterotto, 2005).

The two ways of finding that emerging reality are inter-rater reliability or arriving at consensual agreement upon derived themes (Ponterotto, 2005). CQR is commonly employed in psychology especially counseling psychology (Creswell, 1998; Creswell, Hanson, Clark Plano, & Morales, 2007; Wertz, 2005). It is used in the study of multiculturalism in psychology (Ponterotto, 2005). In this team based approach, auditors review the arising case analysis at various steps of the research process (Hill et al., 2005).

The initial step in CQR is brainstorming by researchers/judges to make a list of domains or "start list" making, (Miles & Huberman, 1994) by carrying out free textual analysis. In this approach, data is analyzed by the judges and categories are formed from the data for making initial list of domains. The authors and judges reviewed transcripts of interviews, as well as wrote down their personal assumptions related to the study for ensuring an unbiased approach to analysis. The next step is deriving core ideas out of domains by

dividing the domains into core ideas. Therefore, it advanced ahead to present core ideas in every domain of themes throughout the cases. The cross analysis of the data is the final step and forms an arrangement as domains, core ideas and making categories and frequency of responses.

THESIS RESULTS

Monash University

Declaration for Thesis Chapter 4

Declaration by candidate

In the case of chapter 4, the nature and extent of my contribution to the work was the following:

Nature of contribution	**Extent of Contribution (%)**
Study design and conceptualization; Database search PRISMA guidelines Data Extraction Manuscript preparation and writing and revision	80%

The following co-authors contributed to the works. If co-authors are students at Monash University, the extent of their contribution in the percentages must be stated.

Name	**Nature of contribution**
Tahir Mehmood Khan	Study design and conceptualization; provided training to conduct meta-synthesis, reviewed the extracted data and the final draft
Vasudevan Mani	Input into the final draft
Long Chiau Ming	Input into the first and final draft

The undersigned hereby certify that the above declaration correctly reflects to the nature and extent of the contribution of the candidate and co-authors' contribution to this work. *

Candidate's Signature	[redacted]	Date: 15th May, 2018
Main Supervisor's Signature	[redacted]	Date: 15th May, 2018

* Where the responsible author is not the candidate's main supervisor, the main supervisor should consult with the responsible author to agree on the respective contributions of the authors

An Overview of Chapter 4

This chapter focuses on addressing the first research question, (i.e., How does the published literature portray mental health beliefs and perception among the general population?). The aim of this paper was to provide a synthesis of published studies about the concept and understanding of mental health issues. The method used in this paper was a meta-synthesis approach in order to explore the concept of mental health among different published papers. After databases search and application of the inclusion criteria, 15 qualitative studies were identified as potential papers explaining mental health construct, thus they were included in this review paper. The themes identified within and across the papers and the repeated themes were used to form master themes or categories. This paper helped address the first research question as it explains that in published literature the mental health issues are categorized into the main categories of 1) symptoms of mental health issues, 2) description of mental health issues, 3) perceived causes, and 4) preferred treatment and help-seeking behaviour. The findings also help in understanding the mental health constructs in general and had become useful in shaping further the research question and interview guide and focus group discussion protocol of our study on the Kalasha and Nomads.

Note: This manuscript is not in APA format as journal requirements were followed for formatting according to American Medical Association style. The manuscript has already been published.

Beliefs and Perception about Mental Health Issues: A Meta-synthesis

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REVIEW

Beliefs and perception about mental health issues: a meta-synthesis

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Background: Mental health literacy is the beliefs and knowledge about mental health issues and their remedies. Attitudes and beliefs of lay individuals about mental illness are shaped by personal knowledge about mental illness, knowing and interacting with someone living with mental illness, and cultural stereotypes. Mental health issues are increasing and are alarming in almost every part of the world, and hence compiling this review provides an opportunity to understand the different views regarding mental disorders and problems as well as to fill the gap in the published literature by focusing only on the belief system and perception of mental health problems among general population.

Method: The methodology involved a systematic review and the meta-synthesis method, which includes synthesizing published qualitative studies on mental health perception and beliefs.

Sample: Fifteen relevant published qualitative and mixed-method studies, regarding the concept of mental health, were identified for meta-synthesis.

Analysis: All the themes of the selected studies were further analyzed to give a broader picture

Analysis: All the themes of the selected studies were further analysed to give a broader picture of mental health problems and their perceived causes and management. Only qualitative studies, not older than 2010, focusing on beliefs about, attitudes toward, and perceptions of mental health problems, causes, and treatments were included in this review.

Results: The findings are divided into four major categories, namely, 1) symptoms of mental health issues, 2) description of mental health issues, 3) perceived causes, and 4) preferred treatment and help-seeking behaviour. Each category contains themes and subthemes based on published studies.

Conclusion: The findings reveal multiple causes of, descriptions of, and treatment options for mental health problems, thereby providing insight into different help-seeking behaviours. Clarity is offered by highlighting cultural differences and similarities in mental health beliefs and perceptions about the causes of mental health problems. The implications of the studies and recommendations based on current findings are also discussed.

Keywords: mental health perception, mental health beliefs, mental health attitudes, meta-synthesis, mental disorders

Introduction

Mental health literacy refers to beliefs and knowledge of lay individuals about mental health problems/disorders and their treatment. It is identified by how lay individuals recognize and manage their specific disorders as well as estimate their outcomes and prognoses.1 Mental health is, to date, considered a neglected area in developing countries. Mental health problems can affect one out of every four people during their lives, by altering functioning, behaviour, and thinking patterns.2

Attitudes and beliefs about mental illness are shaped by personal knowledge about mental illness, knowing and interacting with someone living with mental illness, cultural stereotypes about mental illness, media stories, and familiarity with institutional practices and past restrictions (e.g., health insurance restrictions, employment restrictions, adoption restrictions).3,4

The cultural context is important when studying beliefs regarding mental health. The understanding of mental health and the interpretation vary from culture to culture. People's perception of illness explains their help-seeking behaviour or lack thereof.5 It has been found that people stopped contacting with services and arranged for their own discharge, once they were diagnosed.6–8 Different regional studies revealed different views. Pacific Islanders, for example, considered mental illness as a result of family conflicts.9 According to a study on Jewish population, mental illness is seen as an opportunity to receive divine messages, a means of forgiveness, and to improve their souls.10

However, there are some cultures, mostly Southeast Asians, who perceive that supernatural forces/phenomena are responsible for mental health issues and consider them the result of wrath or denial of spirit or deities.11–13 This notion of supernatural or parapsychological phenomenon is not limited to Asia. Some Western cultures hold this idea too. A study conducted in Switzerland, with psychiatric patients, revealed that demons were

considered the main cause of mental health problems.14 A South Asian study revealed that people there perceive mental illness as natural part of the suffering that is predestined for them.

Cultural differences exist regarding the etiology of mental health issues and the maintaining factors. Asian studies revealed the beliefs that somatic and organic factors lead to emotional problems and thus prefer physical treatment.15, 16 Mental health problems and their causes are explained by Chinese culture as an imbalance of cosmic forces, and the preferred treatment is to restore the balance through interpersonal relationships, diet, exercise, and focusing on cognitions.16 Similar findings were revealed from another study in Nigeria.17

This review synthesized all the studies focusing on mental health beliefs, perceptions, and perceived etiological and treatment options. This review does not focus on any one regional study but encompasses all the studies showing common perceptions of mental health problems. It is significant to discuss and highlight the common themes of mental health perception in the different studies conducted in different cultures.

Theoretical perspective. Behavioural theorists conducted experiments to conclude that behaviours are acquired and learned through conditioning.18 However, cognitive theorists emphasize perception, thinking, belief systems, and other processes of remembering and learning for mental health.19 Likewise, sociocultural theory focuses on how acquisition of behaviours is influenced by cultural beliefs and attitudes, apart from peers and adult influences.20 According to Vygotsky's sociocultural theory, when a child is born, he/she has fundamental biological constraints on his/her mind; it is the culture that provides chances for learning, and as a result, children start using abilities of their mind in order to adapt their culture.21 Reasoned action and planned behaviour theory proposes that individuals have the ability to act in rational ways and their behaviour is influenced by their intentions.22 This

theory asserts that most of the behaviours, including health behaviours, are under conscious control of an individual and behaviour is best predicted by individuals' intentions to perform those behaviours.23 However, social cognitive theory puts forth that observations of an individual influence his/her behaviour through two kinds of modelling, direct modelling and symbolic modeling.22

According to Tudor's24 dual factor model, mental health and mental well-being have been presented as two separate concepts. This model views mental health as the presence or absence of mental illness or psychiatric symptoms, whereas mental well-being refers to emotionally prosperous and resilient at one end of continuum and weakening at the other end. According to this model, a person can have good mental well-being but deteriorating mental health.25 Rosenstock et al. proposed the "Health Belief Model" that focuses on beliefs and attitudes to predict health behaviours.28 It understands the severity of illness and barriers to dealing with it in terms of how it is perceived by an individual. This model explains the causes of not utilizing health services by focusing on four constructs such as perceived susceptibility, perceived severity, perceived benefits, and perceived barriers.23 These four constructs have been seen to combine additively and affect the probability of executing certain health-related behaviour.23

Perceived barriers have been shown to be the best predictor of behaviour.26 Therefore, focusing on perception and belief systems is an important aspect of understanding any health-related issue. Specifically, discussing mental health, the term "mental health literacy" was introduced by Jorm et al27 and described as beliefs and knowledge regarding mental disorders, as well as awareness or information about their causes, risk factors, prevention, treatment, and help-seeking behaviour. Focusing on the Health Belief Model of Rosenstock et al, 28 this review has targeted the cognitive elements of perception and belief systems.

Aim of the study. The above-mentioned findings and theories provide the grounds to consider the significance of studying belief systems and perception regarding mental health problems. This study was planned in view of the scarcity of published reviews on belief systems regarding mental health problems. Mental health issues are increasing and are alarming in almost every part of the world, 29–32 as well as a lack of knowledge regarding prevention and progress of mental illnesses, relevant information about seeking help, and treatment options has been reported.27 It has been seen that only a limited number of individuals seek professional help for mental disorder, 33–35 and hence the understanding of mental health literacy automatically gains importance. So this review provides an opportunity to understand different views regarding mental disorders and problems, which will be equally beneficial for researchers, professionals, and the general public to access fresh studies on the subject matter.

Furthermore, the aim of this review is to present a holistic picture about variations in mental health perceptions and beliefs among different masses and cultures. This review is not targeted at any specific culture or profession but discusses generally the perception and beliefs regarding mental health problems that people commonly encounter. We also aim to find out the potential belief systems regard mental health problems and their causes and treatments, which are discussed and published in different studies using different qualitative methods.

Methodology

Meta-synthesis. Meta-synthesis is a relatively new qualitative technique, used for amalgamation of qualitative studies for the purpose of exploring or developing a theoretical model that can explain findings of different studies on a similar topic.36 In this study, a systematic review and meta-synthesis method was used for gathering qualitative studies on mental health perception and beliefs.

Systematic literature review. The literature consisted of qualitative studies on mental health perception and beliefs searched for using keywords. The key search terms and their truncated variance were mental health beliefs, mental health perception, attitudes toward mental health issues, experiencing mental health problems, and mental health literacy.

Databases. The key terms were used to find the desired articles in a number of databases (Table 1) including PsycINFO, Google Scholar, Scopus, Cochrane database, and PubMed. After generation of key terms, some known articles and citations from those articles were identified. Search terms focusing on the description, symptoms, causes, and diagnosis of the common mental disorders of depression and anxiety were also used to find appropriate articles. These identified articles were further filtered using the terms "mental health beliefs", "mental health perception", "qualitative studies", "qualitative methodology", "thematic/content analysis", and "interpretative phenomenological analysis". Similarly, these searches were done through PsycINFO, Google Scholar, Scopus, Cochrane database, and PubMed.

Table 1 showing search terms and databases used to retrieve the articles at the end of this chapter

Inclusion criteria. The studies included were qualitative studies from 2010 or later focusing on at least one or all of the following concepts: mental health beliefs/attitudes/perception, causes and etiological factors, description of mental health issues, and perceived symptoms and treatment. Mixed-method studies were included whose qualitative part focused on these concepts.

Exclusion criteria. All quantitative studies were excluded, as our aim was to conduct a meta-synthesis approach, that is, synthesis of qualitative studies. All the meta-analysis and meta-synthesis studies were also excluded. Studies using ethnography and grounded theory

methodology were excluded as the current synthesis focused on those studies in which beliefs and perceptions of people regarding mental health issues were explored.

Procedure and synthesis of themes. The key terms were identified, and a systematic search of articles was done using relevant databases (Table 1 at the end of this chapter). Data were extracted using this systematic search of articles. Identified articles were selected and were further screened out for inclusion or exclusion depending upon our described criteria (Figure 1 at the end of this chapter). Data in the form of themes, extracted from different studies, were synthesized and are presented in Table 2 at the end of this chapter. The analysis process included synthesis of themes and analyzing them further to achieve the objectives of the study, namely, focusing on studies exploring mental health beliefs, ideas, perception, etiological factors, and treatment preferences. So themes extracted from the studies focusing on these areas were further transformed into categories showing similar themes and concepts. Every category of themes has some subcategories or a number of similar themes derived from different studies. Second, themes were interpreted using the author's perspectives and also by considering and stating the interpretations in different studies from the perspectives of their authors. Newly formed categories of themes were analyzed using verbatim translation, comparing participants' description, keywords, and terms reflecting similarities and differences.

Figure 1 PRISMA flow diagram at the end of this chapter

Table 2 showing themes extracted and summary of findings at the end of this chapter

Quality appraisal. Quality appraisal ensures the necessary reliability and accuracy between interpretations done by authors and the primary data. Previous meta-synthesis studies37–39 used quality appraisal tools, and we followed those studies in using this technique. The quality appraisal consisted of the following dimensions: 1) adequacy and suitability of research design to the main research question and 2) appropriateness to present

primary data in relation to analysis. It also included systematic data collection procedure and well-documented data collection.

Ethics. This was a review study with no humans directly involved. However, the authors met some ethical requirements by respecting the moral rights of authors, whose studies were included by clearly presenting their findings, thereby avoiding intentional manipulation or falsification of data.

Results

Results are presented in four broad categories: 1) symptoms of mental health issues, 2) description of mental health issues, 3) perceived causes, and 4) preferred treatment and help-seeking behaviour. Each category contains themes and subthemes. The categories are based on the repeated themes in different studies.

Symptoms. Different qualitative studies suggested different symptoms. However, most of the studies focusing on symptoms and their idiosyncratic understanding can be divided into the following two themes: 1) mood related and 2) behavioural symptoms.

Mood related. Emotions and mood shifts were considered as significant indicators of mental health problems. Findings from different studies suggested disturbing emotions as a manifestation of mental health problems. Participants in a study by Laidlaw et al., 40 discussed the symptoms of mood shifts and the role of stress as important symptoms, and sadness, low mood, anger, and lack of attention and concentration were also attributed to mental health problems. These findings are consistent with previous studies and with diagnostic criteria for mood and anxiety disorders given by Diagnostic and Statistical Manual for Mental Disorders, fifth edition. These symptoms are also present with other symptoms in diagnostic criteria of psychotic disorders.

Behavioural symptoms. Previous studies2, 41, 42 highlighted the behavioural symptoms of mental health issues. A pattern of consensus can be found in all these studies

regarding the existence of deviant behaviour specifically revealing irrelevant talk, inappropriate behaviour, and self-talk, self-laughter, and crying as some major behaviours identified as abnormal. Studies also revealed physical symptoms of body aches and headaches and escaping behaviour, that is, avoiding or escaping from difficult situations, in addition to the previously discussed symptoms. These findings are consistent with the behavioural theories of psychology that reject the traditional belief in unconscious behaviour and replace it with the notion that problematic behaviours could be learned behaviours.43

Description. The second main category is the description of mental health problems. This includes the themes that were extracted from the excerpts of participants from different studies and discussed as a description of mental health problems.

***Emotional, behavioural, and physical*.** While discussing the emotional aspects of mental issues and well-being, happiness was described as a concept related to "healthy" and "well-being", whereas "mental health" referred to serious psychiatric illnesses such as schizophrenia and depression.44 Dow5 identified shame and stigma as the reactions to social pressures whereas demands as a description and attribution of mental health issues. Furthermore, studies15, 44, 45 revealed the emotional, behavioural, and physical aspects of mental health issues and described mental health problems in all three areas. In the emotional domain, fear, guilt, anger, helplessness, pain, anxiety, and sadness were the major discussed features of mental anomalies. Behavioural descriptions ranged from inappropriate behaviour, isolation, and wandering to self-talk and poor hygiene/poor self-care. Physical descriptions of body aches, headaches, stomach aches, and sleeplessness were discussed. Some very different terms were introduced for mental health problems in one study focusing on the perception and understanding of mental health issues, for example, "heart problems" did not refer to cardiac problems but were associated with heartbreaks through relationship conflicts, and these problems were considered as obstacles to well-being and optimal functioning.46

Normalization, trauma, and stress. Another theme extracted from different studies referring to the description of mental health issues is normalizing illness. Kolstad and Gjesvik46 found that participants believed that depression is a minor mental health problem and used this normalization strategy to describe the mental illness. Normalizing and underestimating symptoms of mental issues were also revealed by Bignall et al47 and further discussed and described mental health issues in terms of trauma and stress. Similarly, other studies2, 40, 44 described mental health issues in the context of stress and poor coping.

Perceived causes of mental health problems. Almost all the selected studies discussed and focused on beliefs of participants about the perceived causes of their mental health problems.

Psychosocial and environmental factors (stress). Most of the studies, when discussing causes of mental health issues, described psychological factors such as unhappiness, low self-esteem, rejection, overthinking, self-downing and blaming, anxiety and worry, and conflicts in familial and other interpersonal relationships.2,15,41,44,48 Socioeconomic factors of poverty, lack of earning opportunities, unfulfilled basic and secondary needs,44 racial and ethnic discrimination,49 and economic injustice were also believed to be important factors resulting in mental health problems.45 Kolstad and Gjesvik46 explored the beliefs regarding causes of mental health and mostly revealed social factors including societal changes, adopting Western values, decrease in traditional values, and indigenous approaches of living a simple life. Similarly, Dow5 identified lacking direction and purpose in life as an important factor leading to mental health problems. In a similar fashion, Fellmeth et al., 41 attributed mental health problems to a lack of social support, familial conflicts, and economic problems. Challenging events, trauma, and everyday life stresses were also identified as some important factors for the development of mental health problems.2,15,40,41 Stress is also believed to be a significant cause of mental

health problems discussed in these studies. These findings can be related to Nguyen50, where similar perceptions about the causes of mental illnesses were discussed, and reflect the belief system of Vietnamese people. Nguyen discussed the role of stress in terms of studying or thinking too much, which results in mental health issues. These findings reflect culturally specific beliefs about mental health in connection with stress, excessive mental exertion, and overload.

Spiritual and supernatural causes. The second most frequent cause of mental health problems cited in the selected studies was spiritual. Mental disorders were interpreted as a result of the wrath of God, curses, and evil spirits.51 People attributing them to spirits was found in a number of studies.41,44,47,51,52 Within a spiritual and supernatural domain, there was some distinction as these aforementioned studies attributed mental health issues to negative forces or the result of the anger of God, while other studies revealed the beliefs of people attributing mental health problems to some blessings and spiritual connection with God and getting special attention from nature.44,53

Biomedical and genetic causes. Some studies revealed people's belief in biomedical and genetic causes of mental disorders. Some participants discussed that genes played an important role, and mental disorders were attributed to genetic reasons.51 According to Dow, 5 participants discussed and believed that there were biological reasons for the development of mental health problems. Similarly, in addition to largely discussing spiritual causes, some participants in another study noted medical reasons.52 Even some marginalized populations had awareness regarding medical causes despite their belief in the spiritual causes of mental illnesses.44

Preferred treatment and help-seeking behaviour. Different studies revealed different etiological factors for mental disorders and mental health problems. Similarly, they also recommended treatment options for managing and overcoming mental health problems.

Most of the studies that identified more than one cause also recommended more than one treatment model.

Psychological and psychiatric. Treatment with psychotherapeutic and psychiatric medicines, and hospitalization following medical treatment, was discussed in many studies.2, 47, 52 However, there were some findings pointing only to psychiatric and medicinal treatment and not psychological treatment.2, 15, 44 On contrary, there were findings where participants discouraged professional psychological or psychiatric treatment and advised people not to seek any treatment unless the severity was extremely high. Even then, participants preferred to employ the traditional treatment of willpower strategies. This treatment resistance was due to culturally sanctioned ideas in an African background, where mental health treatment is stigmatized and there were many myths regarding mental health problems. Similar findings were presented in previous studies exploring perceived causes and treatment of mental health issues among Africans and African-Americans, which revealed that they were not likely to access mental health services and preferred to use informal sources of care.54–56 However, there were some findings to the contrary among older African-Americans, who showed willingness to seek professional psychotherapeutic and psychopharmacological treatment.46 Other studies validated professional mental help, preferring psychological treatment over medicinal treatment.49

Spiritual treatment. Recommending spiritual treatment was another significant and widely occurring belief in many studies. Consulting spiritual healers,44 practicing prayers, recitation of sacred texts, and use of holy water were found to be the treatment options.41,51,53 These practices reflected beliefs in supernatural forces and also the use of religious sacred texts and verses to overcome problems. Mostly, such beliefs are found in marginalized populations.44 However, participants' belief in religious practices and spiritual treatment cannot be generalized to one socioeconomic class, as some of the above-mentioned

studies where the subject population was not in a low economic position reflect the same belief system. There is some similarity between the kind of spiritual treatment incurred and discussed by different studies, as the beliefs of evil possession and spirits are common to different faiths and religions and so are their treatment options.

One treatment procedure discussed in one of the selected studies51 of this review is included here, because similar procedures are discussed in other studies, where the name or wordings for the evil spirit may vary but the concept is more or less the same. If disease is believed to be caused by spirits, evil possessions, genies, or similar phenomenon, the common method for treatment is often the use of smoke within a room. This act is considered to undo the attack of the evil spirits on the affected person. Furthermore, the patient is recommended to be near the smoke, and the priest or healer repeatedly asks the patient to converse with the evil inside and give it commands to leave the body.51 Consulting faith or spiritual healers was discussed in other studies as well.41, 44, 53 These findings are not restricted to one faith or religion but occur across different cultures, faiths, religions, and ethnicities. These studies focused mostly on Christian cultures and African cultures. But there are findings from Muslim Arab cultures with similar practices of consulting faith healers and believing in the spiritual causes of mental health problems.57, 58

Social support and significant others. Consulting and sharing the problems with significant others, that is, family, friends, and loved ones, was another theme extracted from many studies.2,5,40,41,52 Some studies strongly suggested social support as a treatment option unless the mental health problem was very severe.46 Empathy shown by family, friends, and neighbours serves as resilience or protective factors against the mental health issues, and such emotional support from social relationships is believed to be a significant factor in treating mental health issues.5,41 Social support can be explained with different angles and viewpoints. In some cases, the support refers to the function or purpose of the

interaction, for example, enjoying performing desirable tasks, sharing love, or exchanging information. It also refers to the structure of certain relationships or even to the origin of the support, for example, family, partner, or friends.

***Barriers to treatment*.** There were some studies that also discussed barriers to seeking help for mental health problems and identified some barriers including cultural barriers such as stigma and taboo. Stigma of madness was the most significant barrier to seeking mental health help.5,42,48 Lack of knowledge and awareness about mental health treatment was the second most occurring barrier.15,42,44,47,48,59 Some economic and legal and linguistic barriers were also identified.44,52 Ethnicity was found to be an important barrier in accessing mental health services. Some marginalized or stigmatized communities in a specific culture that were discriminated against discussed prejudice as a significant barrier in seeking help for mental health problems.46

Some participants did not state clearly about barriers in seeking mental health support but indirectly discussed their deprived and unfulfilled basic and secondary needs, poverty, and rejection from society as marginalized groups, which surely serve as big obstacles to consulting professional mental health-related services.44, 52 Lack of awareness about mental health problems and its treatment was another important barrier in consulting professional mental health help. A significant number of participants in many studies reported a lack of awareness about treatment options and availability.15, 44, 48

Discussion

The aim of this study was to ascertain the beliefs and perception about mental health issues prevailing among different populations and cultures, published in different qualitative studies. Synthesizing all those findings of selected articles, the results are presented in the four main categories: 1) symptoms of mental health issues, 2) description of mental health issues, 3) perceived causes, and 4) preferred treatment and help-seeking behavior. These

categories are formed considering the repetition of similar themes discussed across different studies. Symptoms of mental health issues are perceived in terms of mood and behavior and discussed largely by the participants. Viewing mental health issues in terms of symptomatology is in harmony with the dual factor model as participants of various studies discussed distinct behavioral and mood symptoms for mental illness.60

Mood shifts and disturbing emotional conflicts were discussed as important symptoms of mental health issues. Studies revealed implying behavioral and mood-related symptoms such as irrelevant talk, inappropriate behavior, self-talk, crying and sadness, low mood, anger, and lack of attention and concentration symptoms.15,40,49 This can be related with symptoms of mood disorders and common mental disorders of depression, anxiety, and some of the negative symptoms of psychotic disorders.61 Therefore, the emerged theme is in harmony with the dual factor model aspects as various studies have brought forth distinct behavioral and mood symptoms as a result of mental illnesses.

Normalization, stress, and trauma are described by participants in different studies and considered as another theme in this review. Psychosocial stress is seen as among the most severe health problems in the 21st century.62 Previous studies assessed the positive relationship between stress and mental illnesses.63–65 An increase in the number of mental illnesses owing to psychosocial stressors has been reported.66,67 Researchers have put forth psychosocial models to elaborate how psychological mechanisms and stress influence mental health.68–70 It has also been highlighted that personal resources of an individual either avert or exacerbate mental illness through two mechanisms, either through direct activation of coping mechanisms of an individual or through interactively shielding against stress.71,72 This is a common belief found among different people from different walks of life and is also implied by the psychosocial model of disease that views stress and trauma-related stress as significant factors in the development of mental health problems.73 Therefore, the present

findings are supported by existing literature on psychosocial models of stress and distress, which propose that psychological mechanism plays a vital role in mental health of an individual.

This study also described the treatment options and causes that participants in different studies discussed in terms of mental health problems. Generally, it is worth mentioning here that the pattern found in the causes and treatment is consistent with the approach participants adopted. It means that some participants believed in scientific causes and treatments, while it varies from person to person and among different groups and cultures. It must also be mentioned here that the treatment approach and causes of mental illness adopted by participants were in harmony with the group they belonged to or the culture they lived in. Some participants discussed psychological and psychiatric treatment as their preferred choice for mental health problems so we can ascertain that they are following a scientific approach to mental health problems.

However, there are studies53, 56,61,65,73 discussing supernatural causes as well as consulting faith healers, religious scholars, and/or spiritual healers for treatment of mental health issues, as participants believed in the supernatural and spiritual etiology for mental disorders and problems. The beliefs related with supernatural causes of mental illnesses and opting related modes of treatment were prevalent across respective cultures. Such perceptions of participants are consistent with Vygotsky's sociocultural theory, 20 which proposes that culture not only shapes the behavior of individuals but also modifies their behavior to adapt in a certain culture. These findings are well related with the spiritual model of illness causation, 74 which refers to the spiritual etiology of mental health problems and the same treatment discussed under the spiritual treatment theme of our study.

Another important theme among the findings of the published studies is the role of social support and significant others, that is, family members and friends. Participants from

different studies discussed the importance of social support for overcoming the mental health problems.2,5,40,41,52 This is in harmony with relationship perspective of social support that proposes how social support influences health and how relationship processes influence an individual, it is interrelated; effects of social support on health as well as relationship processes co-occur.75

The current synthesis study is helpful for clinicians devising management plans for patients with mental health problems as it focuses on the beliefs that are most commonly present in different cultures, thus giving insight to psychotherapists to better plan their interventional plans for patients. Also the recommendations based on the findings could be forwarded to policymakers to devise some policies for awareness-raising campaigns among the general population, as well as in health and educational settings.

Overall, different qualitative studies focused and discussed varying causes, description, and treatment options reflecting different help-seeking behaviors. Based on the findings of this study, we can conclude that mental health beliefs and perceptions vary from culture to culture, but there do exist some similar beliefs and perceptions about the descriptions and causes of mental health problems. Some studies focused on mental health perceptions and variation within the concept of mental health and mental well-being as two distinct concepts and also discussed stigma associated with seeking help for mental health.40

As in this study, the population was medical students and other students, so we can ascertain that they were a conscious population and cognizant of mental health-related scientific information. Similarly, where the population is general adults such as the one in Vietnam, the findings described symptoms corresponding to those mentioned in the Diagnostic and Statistical Manual for Mental Disorders, and most of the participants not only discussed the priority of medical treatment but also emphasized traditional concepts by few participants. So overall, there were mixed views ranging from medical treatment through to

the family's role and traditional values and also some ignorance regarding adequate information.2 Again we can see these mixed views as varying perceptions among the lay population about mental health beliefs, and these views are related with behavioral descriptions discussed in psychological theories.

There are differences observed if we look at studies focusing on African-Americans, Bhutanese, Burmese, Ethiopians, Somalians, and Pakistanis. The cultural differences highlighted in a few studies concluded that participants seek mental health help as a last resort and found a stigma associated with treatment and some myth-related beliefs of mental health perception and treatment. Studies such as this provide the grounds to work on awareness-raising regarding mental health perceptions where myths are believed rather than scientific explanations. Likewise, in some other studies, 41,42,44,47,51 despite the discussions of psychosocial and medical causes, spiritual phenomenon and supernatural causes are believed to be the major causes of mental health problems, and similar remedies were recommended.

Considering differing concepts ranging from disease and medical model to social issues and spiritual beliefs, there are mixed kinds of beliefs in almost every study. This study has some implications for mental health practitioners as it gives a broader picture of mental health perceived causes. The practitioners can devise management plans considering these varying beliefs, and to enhance awareness, some massive campaigns could be initiated especially for marginalized and ignored populations as well as for general public to develop insight regarding scientific, medical, and psychosocial causes and treatment.

Conclusion

Apart from normalization, stress, and trauma, the importance of social support was brought to light. Analysis of previous qualitative literature revealed a variety of cultural similarities and differences in causes and description of mental disorders, ranging from

spiritual to medical causes and from social to psychological causes. Likewise, preferred modes of treatments also varied from person to person and from one group to another, and they comprised both scientific and unscientific methods. Owing to the importance given to various beliefs held across cultures, a study such as this can prove valuable to psychotherapists in designing management plans for patients. The findings of the present study can assist policymakers in launching campaigns that can increase awareness of biopsychosocial causes and treatments of mental disorders, among the general population as well as in health and educational settings.

Limitations

The main limitation was exclusion of quantitative studies on mental health beliefs and those studies that are not published or are ongoing. An important limitation is the exclusion of articles fulfilling the criteria of the study but not available in English (no translation service was available). Selected studies were not restricted to any specific culture, sex, religion, ethnicity, or geographical region and therefore discussed and synthesized the beliefs of people from different communities at a broader/general level.

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Disclosure

The authors report no conflicts of interest in this work.

Table 1. Search terms and databases used to retrieve the articles

Search terms and results	Database	Result
Mental Health (7646) Mental Health Perception (13) Mental Health Beliefs (35) Mental Health Attitudes (93) Mental Health Treatment (249) Mental Health Causes (7) Experience of Mental Health problem (125) Mental Health problems (318) Mental Health issues (84)	***Psych INFO*** ***Google Scholar*** ***Scopus*** ***PubMed*** ***Cochrane***	15 articles were found relevant according to inclusion criteria and were selected from Ovid total 7647 mental health studies

Figure 1

Showing PRISMA Flow Diagram

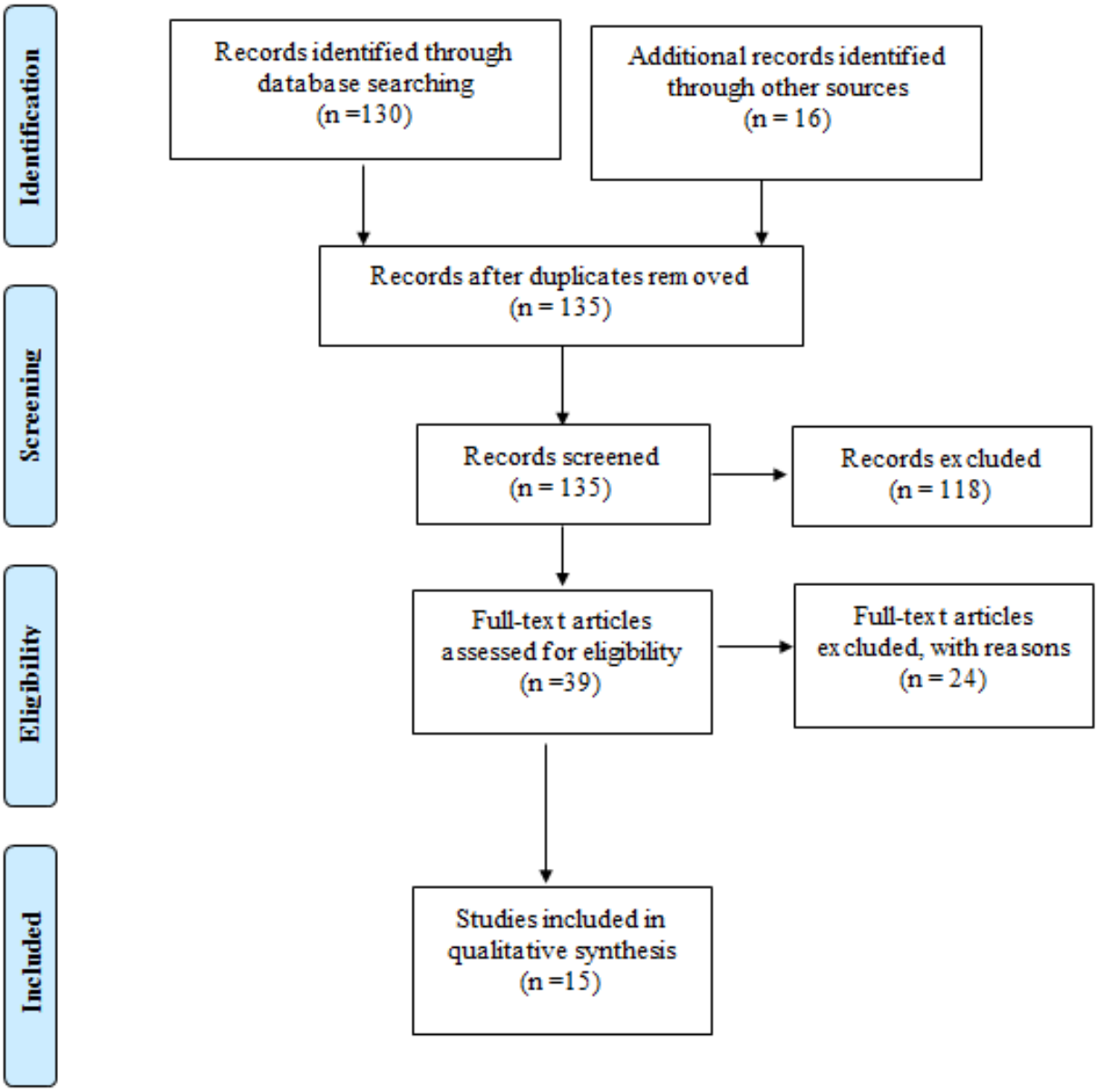

Table 2. Themes extracted and summary of findings

No	First Author, Year	Objective	Study population	Method	Summary of findings
1	Van der Ham, 2011 [2]	To explore the perceptions of mental health and help-seeking behavior	Adults of Vietnam	Focussed group discussions	The results show that perceptions of mental health and help-seeking behavior are influenced by a lack of knowledge and a mix of traditional and modern views.
2	Laidlaw, 2015 [23]	To study the perception of mental health, mental well-being and help-seeking behavior	Undergraduate students	Semi-structured interviews	Results highlighted that the majority of participants viewed mental health and mental well-being as two distinct concepts but their views did not affect where they would seek help for mental well-being difficulties.
3	Conner, 2010 [32]	To assess the beliefs of old participants about mental health and depression	African American old adults	Focussed group discussions Thematic Analysis	Themes included Seeking treatment as a last resort, myths about treatment, stigma associated with seeking treatment etc.
4	Dow, 2011 [5]	To explore the mental health perceptions and barriers to services related to mental health issues	Migrants minority groups	Narrative analysis	This article stresses the importance of using and implementing culturally appropriate and sensitive assessments and therapeutic interventions considering beliefs regarding mental health.

5	Bowers, 2013 [31]	To explore Perception about stigma of mental health	Young students and service providers	Interview and survey	A greater proportion of young people versus providers reported stigma as the largest barrier to accessing mental health services. In addition, most young people reported that school-based mental health resources were scarce
6	Shannon, 2015 [25]	To explore the barriers in discussing mental health	Refugee Populations	Focussed group discussions & Ethno cultural methodologies	Findings describing reasons like, fear, the belief that talking does not help, lack of knowledge about, avoidance of symptoms, shame, and culture as barriers to discussing mental health problems
7	Naeem, 2012 [12]	To explore illness causes and treatment related views	Depressed patients	Interviews Thematic analysis	Patients had no knowledge of the roles of psychologists or psychotherapy. Their model of understanding mental illnesses appeared to represent a psychosocial understanding, with physical symptoms being their main concern.
8	Liu, 2015 [35]	To explore ways of finding help, barriers to accessing mainstream mental health care	Chinese in the Netherlands	Qualitative Interviews	The main obstacles identified in this study concerned practical issues such as communication problems and lack of knowledge of the health system.
9	Kolstad, 2014 [29]	To understand how minor mental health problems (MMPs) are perceived	Well-educated urban dwellers in China	Fieldwork study included interviews and observations	Mixed views of considering psychiatric disorders illnesses and also as challenges in daily life and relationships strain.
10	Bignall, 2014	To understand mental	diverse	Focussed group	Results indicate that ethnic minorities are more likely than

	[30]	health attributions, causal beliefs regarding the aetiology of mental illness	ethnic background	discussions using Grounded Theory	Whites to mention spirituality and normalization causes
11	Choudhry, 2013 [27]	To explore mental health beliefs	Nomads of Pakistan	Focussed group discussions: Interpretative phenomenological analyses	The major themes were lack of resources and myriad unfulfilled needs, specifically the basic needs (food, shelter, and drinking and bathing water)
12	Fellmeth, 2015 [24]	To explore the perception of mental illness	Pregnant migrant and refugee women and antenatal clinic staff	Focussed group discussions: Thematic analysis	The main causes were described as current economic and family-related difficulties. Talking to family and friends, medication and hospitalization were suggested as means of helping those suffering from mental illness.
13	Mjøsund, 2015 [36]	To explore the mental health views of people suffering from these mental disorders	Mental disordered patients	Interviews: Interpretative phenomenological analyses	Mental health is an aspect of being that is always present and which is nourished by four domains of life: the emotional; physical; social and spiritual domains.
14	Shannon, 2015 [28]	To explore the effects of political trauma on mental health	Newly arrived refugees	Ethno cultural methodologies using Focussed	Findings confirm the cross-cultural recognition of symptoms associated with posttraumatic stress disorder; however, refugees described significant cultural variation in

				group discussions:	expressions of distress
15	Hailemariam, 2015 [34]	To assesses the perceived causes of mental illnesses and treatment seeking behaviors among patients who attended the holy water sprinkling religious practice	Participants who were sprinkled by the holy water	A case study method using semi-structured interview	The treatment seeking preference of most patients was spiritual practices like, holy water sprinkling, praying and other traditional healing techniques. Participants had negative attitude towards the effectiveness of the modern medicine or professional help to the illness.

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Declaration for Thesis Chapter 5

Declaration by candidate

In the case of chapter 5, the nature and extent of my contribution to the work was the following:

Nature of contribution	**Extent of Contribution (%)**
Search of the literature, identification and selection of related articles, data extraction, risk of bias assessment, literature analysis, preparation and revision of manuscript.	90%

The following co-authors contributed to the works. If co-authors are students at Monash University, the extent of their contribution in the percentages must be stated.

Name	**Nature of contribution**
Dr. Karen Jennifer Golden	Study design, planning, analysis of data and overall supervision and editing of all the drafts
Dr. Miriam Sang-Ah Park	Input into the first draft and revised drafts
Tahir Mehmood Khan	Provided training to conduct systematic and input in the final draft

The undersigned hereby certify that the above declaration correctly reflects to the nature and extent of the contribution of the candidate and co-authors' contribution to this work. *

Candidate's Signature	[redacted]	Date: 15th May, 2018
Main Supervisor's Signature	[redacted]	Date: 15th May, 2018

* Where the responsible author is not the candidate's main supervisor, the main supervisor should consult with the responsible author to agree on the respective contributions of the authors.

An Overview of Chapter 5

This review study has addressed the research question 2 of the thesis (i.e., what are the latest trends in the literature about an overview of the mental health of Asian marginalized communities). The previous review study was general and explored the beliefs and perception of mental health among laymen, however, this paper is more focused on Asian marginalized communities. The aim of this review was to explore the trends found in latest mental health literature of marginalized communities of Asia. The findings are grouped together in the categories highlighting the issues faced by marginalized communities of Asia. The findings were presented as following categories: a) non-national status; b) mental health services; c) perceived mental health needs; d) racial and identity based discrimination; e) gender and sexual orientation; f) poverty and social cohesion. As the focus of the thesis is marginalized communities in South Asian country, the current review paper provided an overall picture of marginalized communities of Asia by unveiling their mental health aspects. This review paper was useful in getting a more holistic picture of empirical studies on Asian marginalized communities and to discuss and relate the findings of Nomads and Kalasha marginalized communities with the past and broader literature.

Mental Health Studies on Asian Marginalized Populations: A Systematic Review

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Abstract

Background

This systematic review paper aims to synthesize a clearer picture regarding the latest trends in mental health studies published containing Asian samples which are marginalized on the basis of ethnicity, non-national status, indigenous status, religion and/or low socio-economic status. It also focuses on identification of Bronfenbrenner's ecological framework systems for the selected studies. The previous review studies that explored mental health of marginalized populations are largely restricted to the American/Canadian context; thus, the current review paper was planned to contribute fresh knowledge into the literature on marginalized groups in the Asian context.

Method

A systematic search was conducted using six databases: *Psych INFO*, *Cochrane Review*, *Scopus*, *MEDLINE (PubMed)*, *Google Scholar* and *Health & Psychosocial Instruments*. Databases searches included peer-reviewed published studies. Twenty studies were selected for inclusion, after assessing methodological rigour using quality appraisal tools.

Results

Results were grouped into mental health and the following categories: a) non-national status; b) mental health services; c) perceived mental health needs; d) racial and identity based discrimination; e) gender and sexual orientation; f) poverty and social cohesion. The findings also revealed that extracted themes presenting mental health perspectives identified only two Bronfenbrenner's ecological systems (i.e., microsystems and macro systems).

Conclusion

This review paper identified and discussed mental health and its indicators as examined in Asian marginalized samples, also mental health in terms of needs and services, mental health in relation to identity and socioeconomic conditions were reviewed. Literature gaps in the selected studies were identified and discussed.

Keywords: *minority; mental health; marginalization; Asian; acculturation; migrants/immigrants; non-national; nomads; poor*

Introduction

The United Nation's report entitled "Marginalized Minorities in Development Programming" revealed that irrespective of geographical location, some communities were categorized as a "minority" based upon "religion", "ethnicity" and/or "language" (UN, 2016). These minority communities often became victims of discrimination and faced violence from majority groups (UN, 2016). Minority communities of both developed and developing countries face marginalization ("Increase the understanding of minority issues," 2016). The United Nation's Human Rights Commission developed a criteria in order to call a population as "marginalized", which included: People having incapacities, youth, women, homosexuals (lesbians and gays), bisexual, transgender and intersex persons, people belonging to minority groups, aboriginal persons, people who are displaced internally, and non-nationals, including expatriates, asylum seekers, and migrant workers ((UN), 2016). Therefore, considering the categorization of marginalized populations we will consider only those published studies which focused on: 1) non-national samples (more specifically immigrants), 2) minority groups (including sexual minorities) and 3) aboriginal populations & poor people (nomads/homeless).

The terms "marginalization" and ''social exclusion'' have emerged from the literature of social policy (Boardman, 2011). Marginalization has been conceptualized as "disadvantaged" in terms of "poverty", "hardship", or "destitution". Writings about the history of social exclusion and marginalization are often traced back to France in 1970s when the term *Les Exclus* was used (Agulnik & Hills, 2002; Morgan, Burns, Fitzpatrick, Pinfold, & Priebe, 2007). *Les Exclus* comprised of persons with a disability, lone parents and jobless individuals, who were no longer part of the social insurance system and were shunned by the government administratively (Agulnik & Hills, 2002; Morgan et al., 2007). The phenomenon of social exclusion is a very common experience for multiple groups based upon their caste, ethnicity, religion and other parallel

identities. Much empirical research has been carried out on different factors of social exclusion including caste and identity (Hong, Zhang, & Walton, 2014; Miller, Yang, Farrell, & Lin, 2011; Pal, 2015; Rogers-Sirin & Gupta, 2012). However, there are limited studies focusing social exclusion/marginalization, identity and mental health.

Mental health issues are frequent worldwide, and according to the World Health Organization (Hong et al., 2014; Miller et al., 2011; Pal, 2015; Rogers-Sirin & Gupta, 2012; WHO), mental, neurological, and behavioral health issues influence almost 450 million individuals all around the world (WHO, 2016). Individuals who lead their lives in social seclusion are exposed to lower quality of life are at higher risk of mental health issues (WHO, 2016). Low quality of life, social exclusion and marginalization have been found to be greater in those communities which are in the minority (Ahmad & Bradby, 2008). In reducing mental health discrepancies, the protective factors which play a vital role as highlighted in various research studies on minorities (Díaz, Ayala, Bein, Henne, & Marin, 2001; Frable, Platt, & Hoey, 1998; Swim, Hyers, Cohen, & Ferguson, 2001; Thompson & Spacapan, 1991). These studies have discussed some protective factors such as maintaining self-esteem as well as stress coping and their positive relationship with mental well-being. Various research studies have explored the influence of self-esteem on well-being of minority groups (Iqbal, Ahmad, & Ayub, 2013). Individuals belonging to those groups which are in minority have restricted access to social resources for instance residence, earning opportunities, educational opportunities, social support and provision of healthcare (Burton & Kagan, 2004; Jané-Llopis, 2006; Morgan et al., 2007).

Research on the psychological health in immigrants has highlighted certain factors such as inclination towards increased occurrence of some mental health issues including psychological disorders and effects of gender and immigration on mental health (Bhugra & Jones, 2001; Carta, Bernal, Hardoy, & Haro-Abad, 2005; Dalgard & Thapa, 2007). The increased chances of developing mental health issues in immigrant populations can result from various factors, (Bhugra, 2004) such as stress associated with various stages of migration (Eisenbruch, 1991; Lindencrona,

Ekblad, & Hauff, 2008). Certain factors have been highlighted which are directly linked with the psychological health of immigrants, these factors included course of migration and societal changes (Bhugra, 2004; Bhugra & Jones, 2001). The cultural experiences and perception of mental health vary across immigrant populations (Santiago-Rivera, Arredondo, & Gallardo-Cooper, 2002).

Various minority group populations have consistently been found to have increased vulnerability to mental health issues (Bhugra & Jones, 2001; Dalgard & Thapa, 2007; Miller et al., 2011). For instance, as compared to their counterparts, increased prevalence ratios of alcohol and drug dependence, personality disorders and psychoses have been found in homeless individuals of countries from the West (Fazel, Khosla, Doll, & Geddes, 2008). The vulnerability of post-traumatic stress disorder (PTSD) is found to be 10 times more in refugees as compared to general population. Likewise, female sex workers are found to be highly vulnerable to developing mental health issues (Fazel et al., 2008; Rössler et al., 2010). Elevated anxiety, depression and suicide levels have been reported in gypsy and traveller populations (Goward, Repper, Appleton, & Hagan, 2006; Hajioff & McKee, 2000). Past research studies have also highlighted that lower caste groups often struggle to cope effectively with their marginalized position because absence of adequate learning opportunities lead to psychological deficits (Mohanty et al., 2000; Sinha, 1994). Some factors such as age, gender, ethnicity, educational disadvantage, unemployment, a hostile family background, criminal history, and chronic physical illness increase chances of exclusion in people with a mental illness (Boardman, 2011).

Furthermore, researchers have reported under-representation of migrants and ethnic minorities in health care governance system, which ultimately leads to greater health inequalities (de Freitas & Martin, 2015; Hogg et al., 1997). For example, researchers reported that marginalization or social inequality negatively influenced the health of individuals living in the US (Carpiano RM, Link BG, & JC, 2010; Wilkinson, 2005). Similarly, another study showed that as the length of residence increased in the US, the health status of immigrants worsened (Singh & Siahpush, 2002). According to a research study, explanations of marginalization are multifaceted

and incompletely understood, as Aboriginal and refugee populations appear to be impacted to a greater extent in British Columbia (Brondani, Moniri, & Kerston, 2012; Hogg et al., 1997). In the United States, various laws, policies and practices negatively influence marginalized groups and breach human rights (Fried & Kelly, 2011).

Berry (2003) discussed about acculturation and conceptual issues and presented four modes of acculturation: assimilation, integration, separation, and marginalization. The last mode, marginalization, encompasses those individuals or groups which are socially excluded and cornered by dominant class. Nevertheless, the marginalized or socially excluded communities may silent themselves as a result of inequalities they face in various spheres of life. The powerful individuals and groups use such inequalities and obstruct the participation of marginalized communities in society (Aveling & Jovchelovitch, 2013; Aveling & Martin, 2013).

Theoretical framework. Bronfenbrenner's ecological systems theory serves as theoretical basis for this study. The study elaborates Bronfenbrenner's ecological systems model in Asian context (Bronfenbrenner, 1979, 1994). According to Bronfenbrenner's theory (Bronfenbrenner, 1979, 1994), an individual is under the influence of multiple factors existing in environment as well as biological factors. A person's development is fuelled and directed by a complex interplay of his/her biology, direct family/community related factors and social landscape. According to (Berk, 2000), Bronfenbrenner structured a person's environment into the microsystem (comprising relationships and interactions with immediate surroundings); mesosystem (a system of two microsystems in which two or settings interact); exosystem (linkages occurring in two or more than two settings provided that person is not in immediate contact with one of the settings however, such settings influence person's immediate system); macrosystem (containing cultural values, customs, and laws) and chronosystem (containing external events relating to the dimension of time).

Aim and significance of the study. This systematic review paper aims to synthesize a broader picture regarding the latest trends in mental health studies published containing Asian samples which are marginalized on the basis of their ethnicity, non-national status, religion,

indigenous status and/or low socioeconomic status. Furthermore, this paper aims to identify Bronfenbrenner's ecological framework systems for the selected studies. The previous review studies that explored mental health of marginalized populations are largely restricted to American/Canadian context. The cultural disparities that exist within marginalized groups of Asia highlight the importance of exploring the mental health perspectives of such communities. As a result of this research gap, the current review study was planned to play a vital role in enhancing knowledge in the current literature on mental health in the context of Asia. The current paper will not only assist in revealing the psychological makeup of the excluded groups and devising suggestions for their well-being but will also aid in planning new strategies in order to deal with the problems of secluded communities.

Method

Protocols registration. The protocols for this systematic review has been registered (via registration no: CRD42016046181) in PROSPERO: an international prospective register for systematic reviews (Choudhry, Park, & Golden, 2016).

Research Question

- How the studies conducted on Asian marginalized populations presented mental health perspectives?
- Identification of Bronfenbrenner's ecological framework systems for the selected studies

Selection criteria. The studies in this review were included if they fulfilled the following inclusion criteria: a) the sample represented indigenous minorities or migrant/refugee population; b) a psychological or mental health related study (i.e., mental health or its correlates) were used as a main variable of the study; c) a study conducted on marginalized population of Asia either living currently in Asia or in a foreign country but representing an Asian group; d) a study article written in the English language; e) a study published between 2009 to 2016 as one secondary aim of this systematic review was to assess the latest trends in mental health studies of marginalized Asian groups.

Similarly, studies were excluded if they were; a) published in a language other than English; b) not published in a peer reviewed journal; c) an editorial, newspaper/magazine column, opinions and unpublished manuscript or a dissertation. Figure 1 shows the PRISMA flow diagram reflecting the steps involved in scrutiny of the studies.

SEE FIGURE 1 AT THE END OF THIS CHAPTER

Search strategies. The authors used six databases for searching relevant studies: *Psych INFO, Cochrane Review, Scopus, MEDLINE (PubMed), Google Scholar and Health & Psychosocial Instruments*. These databases were searched for peer reviewed studies published between the years 2009 to 2016 to see the recent trends in the mental health of Asian marginalized populations. The databases were searched using the primary keywords *minorities' mental health or marginalized communities' mental health* combined with *Asian, acculturation, ethnicity, indigenous, migrants, immigrants, non-nationals, cross nationals, refugees, nomads, poor communities* and other related truncated values (see Table 1). Also the search strategy included indicators of mental health like *depression, anxiety, distress, self-esteem, well-being, flourishing, and resilience and happiness.* Furthermore, we also conducted cross referencing of the selected articles. Furthermore, their reference lists were manually screened to make sure that no relevant article was missed. A total of 1729 abstracts were selected. These selected articles were reviewed and out of these, 1685 studies were excluded as they did not fulfil our inclusion criteria. Common reasons for exclusion were: a) involving non-Asian samples b) not focusing mental health or psychological variables c) being published before 2009. From the remaining 44 articles, 24 were repetitive, hence, were excluded. A total of 20 articles were selected as a final sample of this systematic review.

SEE TABLE 1 AT THE END OF THIS CHAPTER

Data extraction. Data were extracted from the selected articles using a "Data Extraction Sheet" which was developed for showing the characteristics of the studies included (see Appendix A). The data sheet included three sections; a) general information (i.e., title of the article, authors,

year of publication, journal sample size, type of marginalized community and quality), b) method (i.e., sample size, inclusion criteria, mean age, research design, data collection method), and c) results, including statistical scores and thematic conclusions in case of a qualitative study.

SEE TABLE 2 AT THE END OF THIS CHAPTER

Methodological rigor assessment. The methodological quality of the studies included in the current systematic review was rated using a scoring tool developed in previous studies and validated in another systematic review study (Gao & McGrath, 2011). Similar areas were assessed for methodological quality in other studies with similar tools (G. Cummings et al., 2008; G. G. Cummings et al., 2010; Lommel & Chen, 2016). The tool we used in this study originally consisted of 18 elements, however, considering the nature of the studies, the elements were reduced to 13 as similarly adapted in another study (Gao & McGrath, 2011). These elements included the sample, independent variable, outcome, statistical analysis and validity and reliability of the tools (see Table 2). The similar areas were assessed for methodological qualities with a similar tool in used in past studies (G. Cummings et al., 2008; G. G. Cummings et al., 2010; Lommel & Chen, 2016). The scores ranged from a minimum of 13 to a maximum of 36 for this methodological rating tool. It was recommended to drop a study if its total score fell below 24 (Chan & Bartlett, 2000; Gao & McGrath, 2011). No study was dropped as the minimum scored obtained was 26. (Also for qualitative studies a qualitative quality appraisal tool was administered).

Qualitative quality appraisal. The qualitative studies in this review were assessed for methodological quality, risk of bias and confounding factors that explain differences in the results of studies. The methodological quality was assessed using the 10-item scale of Critical Appraisal Skills Programme ((CASP). 2016; Alemi, James, Cruz, Zepeda, & Racadio, 2014). This tool assessed areas including data collection methods, sampling strategies and appropriateness of qualitative techniques used in the studies. Similarly, the quality appraisal of the qualitative studies were assessed in past systematic review studies (Alemi et al., 2014; Khan, Bower, & Rogers, 2007; Lamb, Bower, Rogers, Dowrick, & Gask, 2012; Pound et al., 2005). The quality appraisal consists

of appropriateness of the main research question within the research design used in a qualitative study, presentation of analysis in suitability to primary data, and explicitly documented data collection methods and procedures. The score gives an idea of strengths and weaknesses of the area of the study but authors didn't recommend dropping a study from review on the basis of score. Therefore we retained a study even with the lowest score (i.e., 6) (See Table 3). Table 4 shows the characteristics of the studies and data extracted from the selected articles.

SEE TABLE 3 AT THE END OF THIS CHAPTER

SEE TABLE 4 AT THE END OF THIS CHAPTER

Results

Indicators of mental health. The indicators of mental health used in the selected studies vary from depression to happiness. The most repeated measure of mental health used in these studies is depression followed by self-esteem, poverty, anxiety, stress and coping. Only two studies (Roberts, Mann, & Montgomery, 2016; Wang, 2015) used a positive psychology measure of mental health; happiness and life satisfaction. A study on a Sikh community revealed a low indication on mental health issues and underreported anxiety and depression and discussed the traditional success, resilience and diligence in the said community (Roberts et al., 2016). Another study focuses on happiness as the main variable to study an indigenous population and discussed the social exclusion in relation to happiness of the community (Wang, 2015). The other selected studies mostly attributed mental health to psychological problems (like depression, low self-esteem and stress etc.).

Mental health, psychological factors and non-national status. The non-national status in selected studies refers to migrants and/or immigrants (Berdahl & Min, 2012; Bignall, Jacquez, & Vaughn, 2015; Cokley, McClain, Enciso, & Martinez, 2013; Gong, Xu, Fujishiro, & Takeuchi, 2011; Hong et al., 2014; Miller et al., 2011; Nguyen, 2011; Priebe et al., 2013; Roberts et al., 2016; Rogers-Sirin & Gupta, 2012; Sandhu et al., 2013; Tummala-Narra, Sathasivam-Rueckert, & Sundaram, 2013) and/or refugees populations (Azis, 2014; Priebe et al., 2013), irregular migrants

and asylum seekers (Priebe et al., 2013) and traveller communities (Choudhry & Bokharey, 2013; Priebe et al., 2013). The studies explored the associations and presence of psychological problems in immigrants. Some studies (Iqbal et al., 2013; Miller et al., 2011; Nasir et al., 2012)looked specifically into the self-esteem/self-efficacy of immigrants and marginalized population (Iqbal et al., 2013) as the main variable. A study on Asian Americans revealed that bicultural self-efficacy and mental health issues were negatively related with one another (Miller et al., 2011).

Findings from a study on minorities in a Muslim country revealed significant differences in self-esteem between Christian, Hindu and Muslim adolescents. Christian and Hindu minorities (Iqbal et al., 2013) were found to have comparatively low self-esteem than Muslim majority adolescents (Iqbal et al., 2013). Many of the selected studies discussed acculturation, acculturative stress, distress and anxiety among immigrant populations (Cokley et al., 2013; Gong et al., 2011; Miller et al., 2011; Roberts et al., 2016). A study revealed that there was a relationship of preference of language with depression and acculturation and Punjabi immigrants, who had poor command of the English language, were at moderate risks of mental health issues (Roberts et al., 2016). Another study indicated that stress related to racism and acculturation were significant predictors for the mental health of immigrants (Miller et al., 2011).

A significant contribution to the literature is made by a study showing that Asian immigrants in the United States had lesser chances of suffering from psychological problems (Gong et al., 2011). Those Asian immigrants who migrated without strong reasons were more vulnerable to developing mental health issues. Proper planning related with migration was found to be associated with lower levels of psychological distress and facing less psychological issues (Swim et al., 2001). Similarly a study examined mental health and the impact of minority status stress, finding that imposter feelings were found to be a strong predictor of psychological health and Asian Americans had more impostor feelings (an internal sense of intellectual phoniness, i.e. disingenuousness, insincerity, or deceitfulness) as compared to Latino Americans and African Americans in the United States (Cokley et al., 2013).

Mental health services/care. Five of the selected studies assessed the status of mental health services and/or the kind of services provided and their impact on marginalized groups. One study (Priebe et al., 2013) showed that a large proportion of psychological health services were existed for marginalized sections of European capitals, however, there were barriers to access those services and contacting such services has often been complicated. Similarly, other studies also reported limitations to access the psychological services, for example a study speculated that those Asian Americans in Europe and the United States who believed in spiritual causes and who do normalizing were less likely to seek mental health services than those who believed in trauma, personal choice and biological reasons of mental illnesses (Bignall et al., 2015; Nguyen, 2011). Also, among the majority of Asian ethnic individuals in the study that sought mental health services, very few older Vietnamese adults were using mental health services (Nguyen, 2011).

Perceived mental health needs. Some studies explored participant's perceived needs for mental health and mental health issues and treatment. This includes perception of mental health and health seeking behaviors. According to a study (Nguyen, 2011) acculturation played a role in shaping perceptions of mental health in old aged Asian Americans. The effect of English proficiency and other covariates on Asian Americans' perception of mental health was highlighted. Poor English increased the perception of mental health in older Asian immigrants. Another study of Pakistani nomads denied the presence of mental illness and instead attributed mental health problems to spiritual and medical causes. Furthermore, they reported and associated unfulfilled primary as well as secondary needs (i.e., lack of earning opportunities, unemployment and poverty), with poor mental health measures (Choudhry & Bokharey, 2013).

Racial, cultural and identity based discrimination. The studies with marginalized communities revealed factors of race, ethnicity or cultural identity contributing or affecting mental health. A study (Rogers-Sirin & Gupta, 2012) on Asian and Latinos in the USA revealed that for both groups, there was a reduction in withdrawn/depressed symptoms as well as somatic complaints, however, an increase in identification with US and ethnic identity was observed. In

Asian youths, contrary to Latino youth, identification with ethnicity accounted for a reduction in the levels of withdrawn/depressed symptoms. There was no association of identification with the US identity in withdrawn/depressed symptoms or somatic complaints across both groups (Rogers-Sirin & Gupta, 2012).

A study (Berdahl & Min, 2012) on stereotypes and workplace preferences of East Asians in North America revealed that East Asians were rated significantly more competent, less warm, and less dominant compared to Whites. Whereas similar study showed that Asian and Whites had similar levels of competence and warmth. For Asians, dominance was found to be less desirable as compared to Whites. Similarly, results also explained that the preferences for colleagues were in harmony with prescriptive stereotypes (i.e., stereotypes referring to how individuals from other groups should be like). The East Asian employees were least liked or preferred as compared to non-dominant White employees as well as dominant White employees. For a co-worker with dominant personality, a White co-worker was preferred by most of the participants of Asian sample. Also it was revealed that as compared to dominant or non-dominant co-workers belonging to other racial identities, dominant and warm East Asians were harassed more racially (Berdahl & Min, 2012).

Also, a study (Miller et al., 2011) revealed that stress related with racism, acculturation and mental health issues were positively related with one another. The study on Asian Americans and Latinos also revealed that there was an association between ethnic density in neighbourhood and deteriorated psychological health in both groups (Hong et al., 2014). Another study on Rohingya refugees in Malaysia revealed that these refugees were not assigned citizenship in a capitalistic Muslim subjectivity despite the same religion and long-term stay. There has been excess of racism and racialization reported despite of the fact that neoliberal values permit more cosmopolitan harmony with inhabitants. Rohingya have been shunned from neoliberalism. Due to numerous taxation and interventions on Rohingya refugees, it is unsustainable to live in Malaysia on long-term basis (Azis, 2014). The similar marginalization experience and rejection by urban societies was expressed by nomads in a focus group study in Pakistan (Choudhry & Bokharey, 2013).

Gender, sexual orientation and mental health. A few studies discussed the role of gender and the vulnerability of women for mental health problems. One study specifically focused on women as the marginalized group revealed that women comprise the greatest labor force in Sri Lanka. They work in garment factories and were stereotyped and judged negatively. Despite the role played by these women in improving revenue of the country, such women are marginalized. These women reported to have psychological problems. In current years, the government, non-governmental organizations and employers have understood the significance of psychosocial interventions in assisting them in coping with the issues they encounter and have provided counseling. Nevertheless, counseling for these women was still perceived with skepticism in the country (Perera-Desilva, 2015).

Another study (Bostwick et al., 2014) explored the risk of suicide among sexual minority youth from an ethnically diverse background. Findings revealed a higher risk of suicidality for sexual minority adolescents. It was also seen that White sexual minority adolescents achieved lower scores on various mental outcomes as compared to Asian and Black sexual minority adolescents. Interpersonal as well as intrapersonal aspects were highlighted. It was also seen that the gender of sexual minority adolescents as well as race/ethnicity influenced not only health but health behaviors also (Bostwick et al., 2014). A large sample study (n=1986) on Indian sex workers revealed that that 39% participants reported to have depression. Depression and other associated factors were gender, factors related to sex work, personal factors, having HIV positive status and hiding the status (Patel, Saggurti, Pachauri, & Prabhakar, 2015).

Similarly Malaysian female adolescent sex-workers revealed that cognitive distortion and self-esteem as well as self-esteem and depression were negatively related, however, depression and cognitive distortion were positively related in female adolescent sex-workers (Nasir et al., 2012). This showed mental health issues in Malaysian female adolescent sex-workers.

Poverty and social cohesion. Some of the selected studies (Azis, 2014; Choudhry & Bokharey, 2013; Cokley et al., 2013; Hong et al., 2014; Priebe et al., 2013; Wang, 2015)

exclusively assessed poverty and social cohesion and reflects marginalized population's lower socioeconomic and financial circumstances (Choudhry & Bokharey, 2013). A study on Asian Americans showed that there was a negative relationship between ethnic density and social cohesion in Asian Americans. In Asian Americans and Latinos, there was a negative relationship between increased neighbourhood poverty and mental health issues. Findings also revealed that this negative relationship when social cohesion and other covariates were added (Hong et al., 2014). The poverty factor and unfulfilled primary and secondary needs were discussed by nomads and how they struggled for earning livelihoods (Choudhry & Bokharey, 2013). One contrary finding was shown by a study on happiness and social inclusion in Japan (Wang, 2015) revealing happiness of persons was strongly related with Socio-demographic characteristics, factors related with health and geographic location. With reference to delivery of necessities of wellbeing, an important element for social exclusion or marginalization was detachment of aboriginal persons. Those individuals were happier who were in no need of housing compensation or financial support and received medical benefits (Wang, 2015).

Discussion

The findings of this systematic review brought forth areas which were identified through selected published studies; 1) non-national status; 2) mental health services; 3) perceived mental health needs; 4) racial and identity based discrimination; 5) gender and sexual orientation; 6) poverty and social cohesion. These factors were discussed in the selected studies in relation to mental health as a main variable. The present systematic review revealed factors related to racial, cultural and identity based discrimination which influenced mental health of marginalized communities. Such factors operated at group level and became components of macrosystem of an individual as conceptualized in Bronfenbrenner's ecological systems model (Bronfenbrenner, 1979, 1994). Likewise, psychological factors, poverty, social cohesion, and sexual orientation of individuals were found to be under influence of religion, cultural values, social events and political dynamics. The linkages and processes in these settings heavily affected self-esteem, self-worth,

socioeconomic status and psychological wellbeing of marginalized communities. According to Bronfenbrenner's ecological systems model, such systems were components of macrosystem. This study also highlighted that dynamics of microsystem also played a significant role in accessing the mental health services.

These findings can be better understood in the light of following theoretical grounds: Berry (1997) proposed an acculturative stress theory based upon the stress and coping model (Lazarus & Folkman, 1984). Also, Berry, Kim, Minde, and Mok (1987) asserted that an optimal intensity of acculturative stress plays a role in adapting, motivating and facilitating a person to adjust in his/her new environment. Conversely, when this level of stress surpasses a migrant person's ability to cope, it proves detrimental for the psychological health of that person. In the process of acculturation, there are various moderators and buffers between acculturation and mental health comprising situational and individual aspects. For instance, host and native culture's societal factors, nature of the acculturating group, the acculturation strategy used by migrating person, social and demographic variables of migrating person, and psychological traits of migrating person (Berry, 1980; Berry et al., 1987).

This theory can be related with findings of present review. The current review showed that the migrating person's perceived level of stress associated with host culture's language influences his/her mental health. In the same way, if a migrant perceived acculturation and host culture as a stressful process, it proved detrimental for his/her psychological health. Likewise, study revealed various aspects of race or cultural identity that contributed to mental health. Identification with host culture, and employing effective strategies in dealing with acculturation improved psychological health of migrating individual.

According a social rank theory (Price & Sloman, 1987) how a person perceives his/her social status or rank significantly influences emotions and moods of that person. If a person perceives him/herself as inferior to others or in unwelcomed lower positions, lacks confidence, he/she tends to behave in submissive ways, feels defeated as well as he/she is desirous of getting

freedom from being trapped resultantly such a person has high levels of mental health issues. These thinking styles have been found to cause depression in women (Gilbert & Allan, 1998). This theory can be related with present findings as the mental health of women was deteriorating due to perceived stigmatization and marginalization. Despite of contributing in economy of country, being looked down influenced their own perception about their selves and exacerbated psychological health issues.

Meyer (2003) proposed a minority stress model on the basis of elements linked with different stressors, coping mechanisms, and their healthy or unhealthy influence of psychological health. This model gave forth different stress processes for instance, events of prejudice and expectations of rejection, hiding, hiding, internalized homophobia and health coping processes (Meyer, 2003). According to stress theory (Lazarus & Folkman, 1984), the core of every social stress is a situation of conflict in the person and his/her experience of society. According to Selye (Selye, 1982), if a person has sense of harmony with his/her environment then he/she has better mental health. However, if a person doesn't live in harmony with his/her environment then minority stress arises. Findings from present study are in accord with the aforementioned theories. A person belonging to such a marginalized minority group as well as the lack of harmony between that person and his/her host culture can be burdensome and the resulting mental health issues become significant.

According to model of Andersen (Andersen & Newman, 1973) the utilization of services of healthcare is linked with four mechanisms; features of population comprising of predisposing, enabling and need factors, external environment and system of healthcare, health behaviors comprising of utilization of healthcare services and personal practices of health, and outcomes of health comprising of status of health. This can be related with findings of present study as social influences such as perception about causes of mental illness and mental health needs, barriers to contacting mental healthcare services encouraged or discouraged the utilization and access to health care services.

Gaps in literature. We have identified some gaps in the published studies on Asian marginalized communities' exploring mental health and psychological processes. A very few studies explored strengths and positive psychology variables like happiness, life satisfaction and protective factors of growth and resilience, whereas, most of the studies focused on depression and its correlates as a mental health measure. Even the studies exploring depression, anxiety, stress and poverty and similar concepts are limited to measure the level of deprivation and severity of these symptoms and very limited literature available on the causal factors of marginalization and deprivation with a psychological lens. Theoretical basis of some studies are not explicitly explained in the published articles (this area is separately discussed below with a separate heading). Mental health care and services evaluation studies are limited to western samples, even in our selected sample of studies only those articles discussed and explored mental health services which are conducted on Asian marginalized groups living in US and Europe.

Similarly, these studies with Asian sample in West have large sample sizes like national sample and PROMO study (Priebe et al., 2013). However, the studies in Asian countries on marginalized populations most are limited to small scale and small sample size, hence, their generalizability is debatable. Also, we were not able to identify any study exploring psychiatric problems or severe psychological disorders within the marginalized communities of Asia. The literature of marginalized sexual minorities and sex-workers also lacks in-depth exploration of their cognitions and psychological processes they are going through. Most of the marginalization literature either Asian or Western is based largely on ethnic minorities and immigrants and very less studies available on religious minorities' mental health perspectives.

Theoretical strengths and weaknesses. We have examined the strengths and weaknesses on the basis of theoretical grounds of the studies being conducted in our selected studies. Some of the selected articles clearly mentioned their theoretical framework and how their findings relate and enhance the theoretical models. These studies discussed number of theories and their selection of particular theory or model; thus have strong and well established theoretical grounds (Berdahl &

Min, 2012; Choudhry & Bokharey, 2013; Gong et al., 2011; Hong et al., 2014; Miller et al., 2011). There are few studies which explained how their results are related with previous empirical findings or even with theories but did not conceptualize their entire study on the theoretical framework and not much clarity regarding theory or model had given (Azis, 2014; Bostwick et al., 2014; Wang, 2015). Finally, we have some papers which did not explained theoretical grounds of their study and these are considered to have weak theoretical basis (Bignall et al., 2015; Cokley et al., 2013; Nasir et al., 2012; Nguyen, 2011; Patel et al., 2015; Perera-Desilva, 2015; Priebe et al., 2013; Roberts et al., 2016; Rogers-Sirin & Gupta, 2012; Sandhu et al., 2013; Tummala-Narra et al., 2013).

Directions for future studies. Considering these gaps in literature it is highly recommended to conduct more future studies of service providers and mental health care settings in Asia where marginalized communities have access. Also, religious minorities in West is another under-researched population and should be considered for the future studies. Considering the methodological approaches to conduct empirical studies on marginalized groups, it is highly recommended to conduct more in-depth qualitative studies to unveil marginalized communities' worldview and perception about their lives and their perceived causes of psychological problems.

Conclusion

This review identified that selected studies focused on two systems of Bronfenbrenner ecological model i.e., microsystems and macrosystem. This paper reviewed the presentation of mental health and its indicators in the Asian marginalized samples and concluded that mental health Asian marginalized studies can be categorized covering the themes of: 1) non-national status; 2) mental health services; 3) perceived mental health needs; 4) racial and identity based discrimination; 5) gender and sexual orientation; 6) poverty and social cohesion.

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Declarations

List of Abbreviations

PRISMA: Reporting in systematic reviews and meta-analyses

PROSPERO: Prospective register of systematic review protocol

Ethics Approval and Consent to Participate

This was a systematic review with no involvement of human participants thus ethics approval was not required. However, protocols for this study were registered in PROSPERO.

Consent for Publication

Not applicable

Availability of Data and Materials

All data generated or analyzed during this study are included in this published article [Table 4]. However, more details and articles used and/or analyzed during the current study are available from the corresponding author on reasonable request.

Competing Interests

The authors declare that they have no competing interests.

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Figure 1 shows the PRISMA Flow Chart

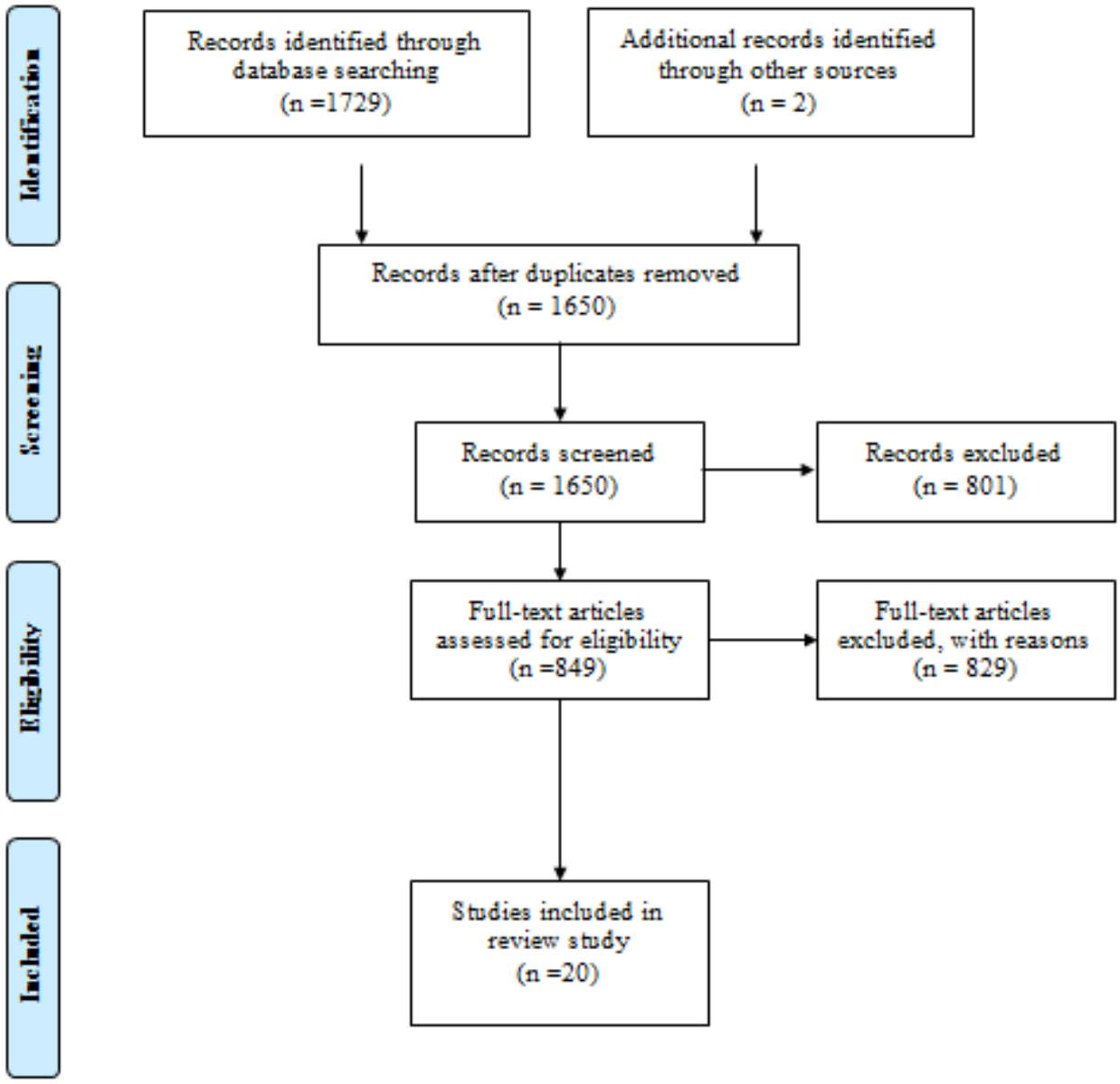

Table 1
Search strategy for databases

PsychINFO, Cochrane Review, Scopus, MEDLINE (PubMed), GoogleScholar and Health & Psychosocial Instruments				
Truncated Values		Indicators/Correlates of Mental Health		Outcome
Acculturation	OR	Depression	AND	Minorities' mental health
Ethnicity/Asian		Anxiety		Marginalized communities' mental health
Indigenous		Distress		
Migrants		Self-esteem		
Immigrants		Well-being		
Cross nationals		Resilience		
Refugees				

Table 2

Methodologic quality scores of the quantitative research studies included in this review (n=14).

Element	Nguyen, 2011	Wang, 2015	Iqbal, 2013	Wendy, 2014	Roberts, 2016	Rogers-Sirin, 2012	Berdahl, 2012	Miller, 2011	Priebe, 2013	Nasir, 2012	Kisho, 2015	Gong, 2011	Hong, 2014	Cokley, 2013
Purpose of the study (1–3)	2	3	3	3	2	3	3	3	3	3	3	3	3	3
Sample selection (1–3)	2	2	3	1	2	2	3	2	2	3	2	2	2	2
Description of the sample (1–3)	3	3	3	2	3	3	3	3	3	2	3	2	2	3
Independent variables (1–3)	2	3	3	2	2	2	3	2	3	2	3	3	1	3
Dependent variables (1–3)	3	3	3	3	2	3	3	3	3	2	3	3	3	3
Reliability of measurement tool(s) (1–3)	1	1	3	1	3	3	3	3	1	3	1	1	2	3
Validity of measurement tool(s) (1–3)	1	1	1	1	3	2	2	2	1	2	1	1	1	3
Blinding (1–2)	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Conclusion (1–3)	3	3	3	3	3	3	3	3	3	3	3	3	3	3
Procedures (1–2)	3	2	2	3	2	2	2	2	2	2	2	2	2	2
Descriptive statistics (1–3)	1	3	1	2	3	3	3	2	3	3	1	3	3	1
Inferential statistics (1–3)	3	3	3	3	3	3	3	3	1	3	1	3	3	3
Clinical and statistical significance (1–2)	2	2	2	2	2	2	2	2	1	2	2	2	2	2
Total score	27	30	31	27	31	32	34	31	27	31	26	29	28	32

Note: in case of scoring from 1-3; 1 = not at all explained, 2= partially explained; 3= fully explained.
In case of scores from 1-2; 1= not at all explained, 2= fully explained.

Table 3

Quality appraisal of qualitative studies according to CASP Qualitative Research Checklist (n= 6).

Items	**First Author (Year)**					
	Choudhry, 2013	Bignall, 2015	Sandhu, 2013	Tummala-Narra, 2013	Azis, 2014	Nadeesha, 2015
1. Was there a clear statement of the aims of the research?	2	2	2	2	1	2
2. Is a qualitative methodology appropriate?	2	2	2	2	0	0
3. Was the research design appropriate to address the aims of the research?	2	2	2	2	0	0
4. Was the recruitment strategy appropriate to the aims of the research?	2	2	2	2	0	1
5. Was the data collected in a way that addressed the research issue?	2	2	2	2	0	1
6. Has the relationship between researcher and participants been adequately considered?	2	0	1	1	1	0
7. Have ethical issues been taken into consideration?	2	2	1	2	0	2
8. Was the data analysis sufficiently rigorous?	2	2	2	2	1	0
9. Is there a clear statement of findings?	2	2	2	2	2	2
10. How valuable is the research?	2	2	2	2	1	2
Total	20	18	18	19	6	10

Note: 0 = can’t answer, 1= no, 2= yes.

Table 4
Data extraction chart.

No	First Author, Year	Title of study	Journal	Objective	Study population	Method	Summary of findings
1.	Nguyen, 2011	Acculturation and Perceived Mental Health Need Among Older Asian Immigrants	*The Journal of Behavioural Health Services & Research, 38(*4)	To examine the correlates of perceived mental health need among 980 older Asian immigrants.	Older Asian Americans	Survey , Cross-Sectional Research	In older Asian Americans, perception of mental health status is influenced by acculturation. Significant differences were present in three Asian ethnicities. Of the three Asian ethnicities, 6% of older Vietnamese adults went to seek services related with mental health which was the majority group. Poor English proficiency was linked with increase in perception of need of mental health in those Asian immigrants who were old.
2.	Wang, 2015	Happiness and Social Exclusion of Indigenous Peoples in Taiwan - A Social Sustainability Perspective.	*PLoS ONE, 10*(2)	The objective of this study was twofold. First, a nationwide representativeness survey was used to investigate the sample distributions of the different domains of social exclusion and the happiness status of the indigenous peoples. Secondly, this study distinguished the extent to which a different social exclusion status and socio-demographic characteristics are associated with the likelihood of perceiving happiness among the indigenous peoples	Taiwanese Indigenous People	Survey	There is an association between socio-demographic characteristics, health-related factors and geographic region with indigenous people's happiness. Detachment of indigenous peoples in conventional society, in context of availability of welfare necessities, is a vital factor in regard to social exclusion and happiness. Significant factors that are associated with happiness are health status and medical social exclusion. Those individuals who have no need for housing benefits and financial assistances are more likely to be happy contrary to their counterparts. Reception of senior benefits has devastating impact on happiness.
3.	Tummala-Narra, 2013	Voices of Older Asian Indian Immigrants: Mental Health Implications.	*Professional Psychology: Research and Practice,4*(1)	To examine the perspectives of Asian Indian older adults and aimed to bridge gaps in understanding aging in the immigrant context.	Older adults immigrants living in the Midwest	Semi-structured interviews, content analysis	Data brought forth four major groups of themes. These themes are associated with challenges related with living in US; give and take of care in family; reflecting on present and future circumstances, and approaches to coping.
4.	Iqbal, 2013	Self-Esteem: A Comparative Study of Adolescents from Mainstream and Minority Religious Groups in Pakistan	*J Immigrant Minority Health, 15*	To investigate the level of self-esteem among religious minority adolescents (Christians and Hindus) by making a comparison with their dominant counterparts	Religious minority adolescents (Christians and Hindus)	Quantitative, One Way Analysis of Variance, Microsoft Excel sheet.	Religious minority adolescents had lower self-esteem as than majority groups.

				(Muslims) in Pakistan.		Statistical Package for Social Sciences (SPSS, V 12.0), Descriptive statistics	
5.	Wendy, 2014	Mental Health and Suicidality Among Racially/Ethnically Diverse Sexual Minority Youths	*American Journal of Public Health, 104*	To examine the relationships among sexual minority status, sex, and mental health and suicidality, in a racially/ethnically diverse sample of adolescents.	Sexual Minority Adolescents	Self-report measures	Findings revealed higher risk of suicidality for sexual minority adolescents as compared to heterosexual adolescents. It was also seen that White sexual minority adolescents performed worse on various outcomes as compared to Asian and Black sexual minority adolescents. Inter as well as intrapersonal aspects of identify and interdependence of such aspects was highlighted. Furthermore, it was also seen that, irrespective of sexual minority status or sex, the American Native/Pacific Islander group showed worse performance on various outcomes. Finally, it was seen that the sex of sexual minority adolescents as well as race/ethnicity influenced not only health but health behaviours in unique ways.
6.	Roberts, 2016	Mental Health and Sociocultural Determinants in an Asian Indian Community	*Family and Community Health, 39*	To explore how sociocultural factors are related to mental health among AI immigrants.	Adult male and female Sikh immigrants living in US	Quantitative data analyses, Descriptive analyses, regression analysis, correlation	Findings revealed that there was a relationship of preference of language with depression, acculturation, attitudes toward women, overall religiosity, and domestic violence myth acceptance, and satisfaction with life. Punjabi survey respondents lesser desirable scores on the aforementioned variables. Most of the participants were born in India and were first-generation immigrants. Punjabi immigrants, who had poor command on English langue, were at moderate risks of mental health issues. Gender was not found to be a significant predictor of depression.
7.	Choudhry, 2013	Perception of mental health in Pakistani nomads: An interpretative phenomenological analyses	*International Journal of Qualitative Studies on Health and Well-Being, 8*	To explore mental health concepts of nomads.	Pakistani Nomads	Interpretative Phenomenological Analysis (IPA), Focus Group Discussions (FGDs)	Mental health perceptions of Pakistani nomads were explored using Interpretative Phenomenological Analysis and it brought forth various themes regarding mental health. Nomads denied presence of mental illness and also attributed spiritual and medical causes to it. Furthermore, they reported unfulfilled basic as well as secondary needs, lack of education and absence of opportunities to pursue religious activities. They suffered from psychological disturbances and stress when they were rejected from society.
8.	Bignall, 2015	Attributions of Mental Illness: An Ethnically Diverse Community	*Community Ment Health J, 51*	To provide a detailed picture of causes of mental health problems as perceived by	African American, Asian American, Latino/Hispanic, and	Thematic Analysis	All the ethnic groups identified those attributions that were in harmony with the existing research. Contrary to White participants, rest of the ethnic minorities

		Perspectives.		community ethnic groups across a range of mental health conditions.	White participants		favoured Normalization as an attribution and spiritual causes of mental illness. Various causal beliefs existed regarding mental disorders.
9.	Rogers-Sirin, 2012	Cultural Identity and Mental Health: Differing Trajectories among Asian and Latino Youth.	*Journal of Counseling Psychology, 59*	to examine how ethnic identity and U.S. identity, as 2 separate processes of identity development, affect mental health symptoms, and whether these relationships are moderated by ethnic group, Asian or Latino.	Asian and Latin immigrants in US	Quantitative (Longitudinal research, Annual surveys)	For both groups, there was a reduction in withdrawn/depressed symptoms as well as somatic complaints over time, however, an increase in identity with US and ethnic identity was seen. In Asian youths, contrary to Latino youth, identification with ethnicity accounted for reduction in levels of withdrawn/depressed symptoms. There was no association of identification with the US identity in withdrawn/depressed symptoms or somatic complaints across both groups.
10.	Berdahl, 2012	Prescriptive Stereotypes and Workplace Consequences for East Asians in North America	*Cultural Diversity and Ethnic Minority Psychology, 18*	To establish descriptive stereotypes of East Asians compared to Whites in North America with systematic measures of competence, warmth, and dominance. To test whether stereotypes of East Asians compared to Whites in North America are also prescriptive. To see if the prescription for nondominance in East Asians is likely to affect their status at work. To explore the role of racial stereotype violations in predicting racial harassment against East Asians in the workplace.	East Asians in North America	Quantitative (Survey, correlational)	East Asians' racial stereotypes in North America are prescriptive and descriptive and are linked with keeping East Asians lower organizational positions and social roles at workplace. East Asians are well suited for subordinate positions but not as leaders or managerial positions.
11.	Miller, 2011	Racial and Cultural Factors Affecting the Mental Health of Asian Americans	*American Journal of Orthopsychiatry , 81*(4)	To test whether bicultural self-efficacy moderated the relationship between acculturative stress and mental health. To test whether generational status moderated the impact of racial and cultural predictors of mental health by testing our model across immigrant and U.S.-born samples.	Asian American adults	Structural Equation Modeling, Questionnaires	Positive relationship was found between Acculturative stress, racism-related stress and mental health difficulties. Negative relationship was found between Bicultural self-efficacy and mental health difficulties. Bicultural self-efficacy did not moderate the relationship between acculturative stress and mental health. Significant predictors, of mental health, for immigrants were racism-related stress and acculturative stress. Significant predictor, of mental health, for U.S.-born individuals was bicultural self-efficacy.

							For U.S.-born individuals, relationship between acculturative stress and mental health was moderated by bicultural self-efficacy.
12.	Priebe, 2013	Mental health-care provision for marginalized groups across Europe: findings from the PROMO study	*European Journal of Public Health, 1–6 23*(1)	To assess all generic- and group-specific services providing some type of mental health care for one or more of the socially marginalized groups in the two highly deprived areas of each capital city.	People with mental disorders from socially marginalized groups in European capitals; six marginalized groups,(i.e. homeless, street sex workers, asylum seekers/refugees, irregular migrants, travelling communities and long-term unemployed).	Descriptive statistics, using SPSS, version 18 (SPSS Inc., Chicago, IL, USA).	Access to mental health services, in neglected parts of European capitals, for socially marginalized groups remains problematic. There is a role overlap between group-specific services and generic services.
13.	Nasir, 2012	Female Adolescent Prostitutes' Cognitive Distortion, Self-Esteem and Depression	*Pertanika J. Soc. Sci. & Hum. 20 (1)*	To investigate the relationship between cognitive distortion, self-esteem and depression among female adolescents who are involved in prostitution in Malaysia.	Female adolescent prostitutes in Malaysia	Quantitative, Scales, Descriptive statistics, Pearson Correlation	Relationship between cognitive distortion and self-esteem and depression was negative as well as depression and self-esteem. Relationship between depression and cognitive distortion was positive.
14.	Sandhu, 2013	Experiences with treating immigrants: a qualitative study in mental health services across 16 European countries	*Soc Psychiatry Psychiatr Epidemiol, 48*	To explore professionals' experiences of delivering care to immigrants in districts densely populated with immigrants across Europe.	Immigrant patients in mental health services within certain European countries	Qualitative, semi-structured interviews, thematic analysis	Despite of the fact that there is variation in provision of mental health service between and within European countries, mental health professionals encounter different challenges when they provide services in those localities where there are higher proportions of immigrants.
15.	Kisho, 2015	Correlates of Mental Depression among Female Sex Workers in Southern India	*Asia-Pacific Journal of Public Health, 27*(8)	To monitor the HIV prevention activities of the Avahan program, the India AIDS Initiative.	Female Sex Workers (FSWs) in southern India.	Quantitative, Questionnaire, CSPro (version.4.0), Descriptive statistics, bivariate analyses, Multivariate logistic regression analysis	Female Sex Workers and high-risk group of women had higher prevalence of major depression. Structural factors relating to gender and the context of sex work and individual factors, such as alcohol use, HIV positive status, and the HIV-related stigma as well as experience of STI, are strongly associated with major depression.
16.	Gong, 2011	A life course perspective on migration and mental health among Asian immigrants: The role	*Social Science & Medicine 73*	To examine how human agency (measured by voluntariness, migratory reasons, and planning) and timing (measured by age at	Asian immigrants in the United States	Quantitative Scales, surveys, questionnaires descriptive statistics	Clear goals in Asian immigrants were linked with better mental health. Proper migratory planning was associated with lesser levels of distress, lesser levels of acculturative stress as well as 12-month psychiatric disorders. Migration during preteen and adolescent

		of human agency.		immigration) affect mental health outcomes among Asian immigrants in the United States.		OLS regression models Stata 11.0	years along with absence of clear goals was linked with greater intensity of psychological distress as compared to counterparts. In case of various strong reasons for migration, the deteriorating impact of acculturative stress upon mental health was buffered.
17.	Hong, 2014	Neighborhoods and mental health Exploring ethnic density, poverty, and social cohesion among Asian Americans and Latinos	*Social Science & Medicine, 111*	To examine the associations of neighborhood ethnic density and poverty with social cohesion and self-rated mental health among Asian Americans and Latinos.	Asian Americans and Latinos	Descriptive statistics Survey Data Analysis (SUDAAN) software system version 10.0 Path analysis SAS PROC MEANS Mplus version 3.11	A poor mental health was linked with neighbourhood ethnic density in both ethnic groups. Social cohesion was involved in partial mediation of structural relationship but full mediation of association between neighbourhood poverty and mental health among Latinos. However, social cohesion was related positively and negatively to ethnic density in Latinos and Asian Americans respectively. In both groups, there was a negative association between mental health and higher neighbourhood poverty. Such an association vanished when social cohesion as well as covariates were accounted.
18.	Azis, 2014	Urban refugees in a graduated sovereignty the experiences of the stateless Rohingya in the Klang Valley	*Citizenship Studies, 18*(8)	This article aims at problematizing urban displacement in the context of neoliberal citizenship.	stateless Rohingya	Qualitative, Interviews	The Rohingya are not assigned citizenship in a capitalistic Muslim subjectivity and work primarily as low-skilled workers. There has been excess of racism and racialization in Malaysia despite of the fact that neoliberal values permit more cosmopolitan harmony with inhabitants. Rohingya have been shunned from neoliberalism. Due to numerous taxation and interventions in Rohingya, it is unsustainable to live in Malaysia on long-term basis.
19.	Nadeesha, 2015	Psychological counselling for women garment factory workers of Sri Lanka	*Asian Journal of Women's Studies, 21*(1)	To focus on issues and how 'psychological counselling,' which is still looked upon with scepticism in Sri Lankan society, is instrumental in empowering and maintaining the mental health and wellbeing of garment factory workers. To also look at the scope of counselling in Sri Lanka and the challenges faced by psychological counsellors in carrying out their work.	Female garment factory workers in Sri Lanka	Qualitative, case-study, interviews	The greatest women labor force in Sri Lanka is comprised of females who work in garment factories and are viewed negatively, stereotyped and judged. Despite of the role played by these women in brining revenue into the country, such women are marginalized group in Sri Lankan society. In current years, the government, non-governmental organizations and employers have understood the significance of psychosocial interventions in assisting them in coping with the issues they encounter.
20.	Cokley, 2013	An examination of the impact of minority status stress and imposter feelings on the mental health of	*Jnl Multicult Counseling & Dev, 41*(2)	To examine the differences in minority status stress, importer feelings, and mental health in ethnic minority college students.	Ethnic minority college students	Quantitative, Scales, Descriptive statistics, one-way analysis of	Of the three groups (i.e. African Americans, Asian Americans, and Latino/a Americans); African Americans had higher minority status stress, Asian Americans had greater impostor feelings. Although both the variables were predictors of mental health,

		diverse ethnic minority				variance (ANOVA), factorial ANOVA, and factorial multivariate analyses of variance (MANOVAs). Correlations, hierarchical regressions	greater prediction of mental health was done by imposter feelings.

Monash University

Declaration for Thesis Chapter 6

Declaration by candidate

In the case of chapter 6, the nature and extent of my contribution to the work was the following:

Nature of contribution	**Extent of Contribution (%)**
Study design and conceptualization; Data collection Writing and preparation of initial draft and revisions of all the drafts. Team building for analysis.	85%

The following co-authors contributed to the works. If co-authors are students at Monash University, the extent of their contribution in the percentages must be stated.

Name	**Nature of contribution**
Dr. Karen Jennifer Golden	Analysis of data and restructuring of manuscript sections, overall supervision and editing of all the drafts
Dr. Miriam Sang-Ah Park	Input into the first draft and revised drafts
Dr. Iram Zehra Bokharey	Input into the concept; Study design and conceptualization and final draft
Dr. Tahir Mehmood Khan	Input into the revised drafts and final draft

The undersigned hereby certify that the above declaration correctly reflects to the nature and extent of the contribution of the candidate and co-authors' contribution to this work. *

Candidate's Signature	[redacted]	Date: 15th May, 2018
Main Supervisor's Signature	[redacted]	Date: 15th May, 2018

* Where the responsible author is not the candidate's main supervisor, the main supervisor should consult with the responsible author to agree on the respective contributions of the authors.

An Overview of Chapter 6

This chapter/paper addresses one part of the research question 5, (i.e., what are the perceived etiological causes of mental health problems and treatment options among the Kalasha and Nomads?).

This paper explains how a group of Pakistani nomad people understand the construct of mental health, their beliefs about the aetiology of mental health issues, and their preferred treatment options. The research question 5 of the thesis focuses on exploring the mental health conceptualization and/or the etiological causes of mental health problems among nomads and the Kalasha community. Thus, this paper focuses on the nomad's perceived causes of mental health problems. The second part of this research question that focuses on Kalasha's mental health conceptualization will be addressed in chapter 9. The findings of this paper are related with findings of our systematic reviews and past literature and also with the findings of the Kalasha study. The main findings point to the perceived belief in supernatural/spiritual phenomenon for causing mental health issues and for treatment as well, however there are also themes regarding medical and environmental causes discussed in this paper.

This paper provides rigorous analysis using an appropriate methodology and helps increase the understanding of the perspective of marginalized populations in Pakistan in terms of their health and more specifically mental health related status.

Perceived Causes of Mental Health Problems and Preferred Interventions by the Nomadic Population in Pakistan: A Qualitative Study

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Abstract

Two pressing challenges facing the international community concern the culturally sensitive understanding and treatment of marginalized and nomadic groups. This study utilized a culturally-sensitive qualitative methodology to obtain data on a marginalized and nomadic tribe in Pakistan to help address this challenge. Nomad communities are found in the suburbs and villages of almost all provinces in Pakistan. However, only few studies have examined nomadic groups' perspectives of mental health and treatment; research is especially limited in the Asian context. Particularly, there is a dearth of empirical literature on the mental health literacy of rural populations in Pakistan. Thus, this study explored the perceived causes of mental health issues and the help-seeking treatment behaviors of a marginalized nomadic population in Pakistan. Semi-structured interviews were conducted with 20 adult members (13 men and 7 women, M_{age} = 35 years, age range 18-60) of a nomad tribe using a Consensual Qualitative Research (CQR) design with four judges. The findings illustrated that spiritual, environmental, and medical causes of mental illness were identified along with spiritual, medical, and cultural treatment options. However, spiritual causes and treatments were the most frequently highlighted. Clinical implications and suggestions include the importance of a framework for devising a management plan for indigenous groups by recognising and incorporating their beliefs regarding and needs regarding mental illness and mental health. Furthermore, this study highlights the need for mental health outreach and awareness programs. The findings can lead to developments in the policy response regarding the needs of various marginalized indigenous populations. There is an urgent need for culturally-sensitive perspectives to inform evidence-based practice frameworks for indigenous groups.

Keywords: nomads; gypsy; homeless; marginalized; qualitative; Pakistan

Introduction

There is limited literature on the mental health of marginalized communities in Asia, with few empirical studies focusing on the perceived etiological factors of mental health problems in indigenous populations (Meijknecht & de Vries, 2010). Nomadic populations face extraordinary mental health needs and challenges (Kirmayer, Macdonald, & Brass, 2001; Reading & Nowgesic, 2002). Mental health problems are prevalent in all communities, although some communities give very little attention to their treatment (Alemu, 2014). The perceived causes of mental health problems can also differ significantly from culture to culture (Alemu, 2014). There are differences in characteristics such as religious practices and beliefs as well as culturally sanctioned ideas between Eastern and Western cultures (Alqahtani & Salmon, 2008).

While individuals in many Western, developed countries often have a stronger tendency to believe in biological and genetic causes of mental health problems, (Angermeyer & Matschinger, 2005; Baker & Sen, 2016; Lilja, DeMarinis, Lehti, & Forssén, 2016; Nakane et al., 2005) those in developing countries more often believe in supernatural forces, evil spirits and spiritual causes of mental health disorders and prefer indigenous treatment methods (Deribew & Tamirat, 2005; Gholipour, 2014; Koka, Deane, & Lambert, 2004; Kurihara, Kato, Reverger, & Tirta, 2006; Muga & Jenkins, 2008; Razali, Khan, & Hasanah, 1996; Saravanan et al., 2008; Teferra & Shibre, 2012).

Past research delineates three general models regarding the causes and treatment of mental health: the *supernatural, biological* and *psychosocial* models. Few studies have identified the supernatural causes of mental health problems (Conrad et al., 2007; Napo, Heinz, & Auckenthaler, 2012). A biological model refers to chemical imbalance, hereditary and genetic causes of illness, (Alemu, 2014; Bourget, & Chenier, 2007); whereas, psychosocial factors

associated with mental health problems include stress, trauma, abuse, and family and relational conflicts (Kinderman, 2005; Lambert, 2001; Persons, 1989).

Research has shown that contemporary psychology is primarily built on theories and data gathered from Western populations (Basit & Hamid, 2010), including Europeans, North Americans, Australians, and other Westerners despite the fact that these nations comprise only 30 percent of the world's population (Triandis, 1993). But, because different hypotheses and theories in the behavioral sciences are not entirely culture-free (Lyon & Franklin, 2001), adopting Westernized models without modification/re-consideration may be problematic in other cultures (Baldachin, 2010; Lo & Fung, 2003; Tseng & Streltzer, 2001).

Rasool (2015) provided an indigenous understanding of counseling from Islamic perspectives and the concept of Islamic counseling was introduced. While in many ways similar to other therapeutic modalities it was also based on Muslim ideologies (Rassool, 2016). Similar to other motivations of humans, spirituality and religion were considered distinct and the search for the sacred was understood to contribute to health (Pargament, 2011). Therefore, it is important to understand these domains of religion and spirituality to enhance the health services potential when conducting research in contexts in which Islam shapes understandings of health. Thus, a biopsychosocial-spiritual assessment and management have been introduced recently in the literature.

Stigma and misperceptions about the causes of mental disorders as well as belief in supernatural models and consulting faith healers for treatment are still common in Pakistan, although there have been some improvements in awareness levels of the importance of mental health care (Suhail, 2005). However there is a dearth of empirical evidence measuring the accurate burden of mental health problems in the country (Shah et al., 2014). The World Health

Organization, (WHO., 2011) has reported that about 10-16% of people in Pakistan suffer from mental disorders and that the prevalence rate has been rapidly increasing. There have been some efforts to form professional nongovernmental associations for creating awareness about mental health, but these associations' role has tended to be limited to conducting academic conferences and meetings rather than practical measures to promote awareness (Farooq & Minhas., 2001; Tahir Khalily, 2011). The rural communities including nomads and other seminomadic populations may have even less awareness of mental health. Therefore, the current study was planned to explore the beliefs of Pakistani nomads regarding the causes of mental health problems and treatment options they preferred, as well as their health seeking behaviors as interpreted by them. It was believed that such an investigation not only helps in improving our understanding of the concept of the perceived causes of mental disorders among this marginalized population but also that the findings can assist in devising policy and outreach programs for this and other similar indigenous populations.

Nomads are commonly found in suburbs and villages of almost all provinces in Pakistan and also in the suburbs of the capital city Islamabad (Choudhry & Bokharey, 2013). These nomads can be categorized into three groups: 1) hunter gatherers, 2) pastoralists, and 3) peripatetic nomads (who trade with settled populations) (Riaz & Bokharey, 2012). Most nomads in Pakistan are peripatetic artisans and entertainers and contribute into social activities (Riaz & Bokharey, 2012). These nomads mostly occupy different occupations such as begging and entertaining people through various activities and dancing (Riaz & Bokharey, 2012). According to Kratli and Dyer, (2009, p. 34) there are no exact figures reported for the population of nomads in Pakistan, however they (nomads) "include significant concentrations of pastoralists estimates to be in the millions especially in Baluchistan and NWFP" (Kratli & Dyer, 2009). The villages

and neighbourhoods have seasonal nomad's arrivals at least twice a year, visiting in small groups (Riaz & Bokharey, 2012). A study on remote communities in Pakistan reported that formidable distances, expensive services, low awareness and poor functional services were the main health barriers, and religious and cultural barriers were reported as secondary barriers (Memon, Zaidi, & Riaz, 2016).

Some studies on rural populations of nomads and seminomadic populations found that despite believing in a supernatural model of causes and consulting faith healers for treatment, there were also some responses from these populations who reported to attribute mental disorders to biopsychosocial causes such as infection, personal loss and thinking too much (Teferra & Shibre, 2012). Also, most surprisingly some Pakistani nomads revealed that they preferred to consult doctors as part of their treatment of mental disorders (Choudhry & Bokharey, 2013).

Bronfenbrenner's bio-ecological system model (Bronfenbrenner, 1979, 1994) provides the theoretical base of this study. According to Bronfenbrenner (Bronfenbrenner, 1979), there are multidirectional factors in ecological system on which human development is based on. These included the following systems: the microsystem (family and school etc.) mesosystem (interaction between two systems) exosystem (system that has no direct influence on individual however that do affect indirectly (e.g., parent's workplace), macrosystem (community level norms, beliefs and culture) and chronosystem (the chronological component). The current study focusing specifically on macrosystem influences of nomads, thus aimed to explore their cultural beliefs regarding mental health issues.

According to the DAWN Newspaper, (Reporter, 2016) 50 million people are suffering from common mental disorders in Pakistan. Since most of the population resides in rural areas,

where mental health facilities are almost non-existent, they are underprivileged and deprived of modern mental health care. Consequently, mental health patients in rural areas typically consult pseudo-religious experts who try to treat the patient by employing harsh and painful methods like chaining, bloodletting, and body scalding (MIND., 2016). This study will contribute to the empirical literature on mental health in Pakistan and contribute more broadly to the existing literature of mental health of indigenous populations, by exploring the rural population's perspective on mental health issues. An enhanced understanding of the mental health of this nomad group will help highlight the health needs of similar indigenous populations across South Asia and elsewhere.

Materials and Methods

Consensual qualitative research (CQR). The CQR method was developed and used by Hill, Thompson, and Williams (Hill, Thompson, & Williams, 1997). Research following the post-positivist paradigm can utilize semi-structured or short interviews of participants and use several raters to find a single emerging reality of collective experiences of participants (Ponterotto, 2005). This emerging reality can be identified through inter-rater reliability or arriving at consensual agreement upon recognized themes (Ponterotto, 2005). CQR is widely used in the field of psychology, especially counseling psychology, (Creswell, 1998; Creswell, Hanson, Clark Plano, & Morales, 2007; Wertz, 2005) and increasingly in the study of multiculturalism in psychology (Ponterotto, 2005). This approach involves a team based research, having auditors to review the arising case analysis at various levels of the research process (Hill et al., 2005).

To ensure the trustworthiness and stability of the data, CQR was used in this study. Thus, in order to reflect a clearer concept of mental illness of the study population and to present the

themes with less of the researcher's personal bias, CQR was chosen as a suitable research method for this study (Hill et al., 2005). In this method consensus is developed over themes and there are minimum chances of biasness as multiple judges analyze the data (Hill et al., 2005).

The CQR method includes the use of open-ended questions and several judges to give their perspective about analysis and build consensus (Hill et al., 2005). One auditor is also assigned in CQR to critically review the themes and to minimize the influence of group thinking on data. This CQR process itself provides verification of data as it focuses on cross analysis of data. The methodological approach seems well integrated with the objectives of this study as the focus of the present study was to grasp the perceived etiological factors expressed by nomads for mental health problems. In this study, we assigned four judges for critically reviewing themes who, after recommending a few revisions, gave their agreement.

It was ensured in this study that all the important steps of the CQR, (Hill et al., 2005) method were incorporated. Steps of CQR comprise: (a) using open-ended questions in semi-structured interviews, which help getting an in-depth understanding of the individual; (b) assigning several judges, so that the data analysis reflects multiple perspectives; (c) arriving at consensus regarding meaning of the themes (data) by all the judges; (d) appointing one (minimum) auditor to validate and reflect on the work of the judges; and (e) extracting core ideas, domains and conducting cross-analyses.

Research team and consensus. The research team consisted of four judges, excluding authors, and one external auditor. Two of the judges were postgraduate psychology students, having qualitative research experience as well as clinical experience in mental health settings pertaining to urban background in Pakistan. The third judge was a post-doctorate Psychology lecturer in a university, belonging to a rural district in Punjab, Pakistan and the fourth judge was

a practicing clinical psychologist having a doctorate in clinical psychology hailing from a major capital city of Pakistan. Consensus in CQS is considered as an integral component (Hill et al., 2005), which refers to mutual respect, shared power and equal involvement of the judges (Hill et al., 2005; Hill et al., 1997).

Achieving consensus was not an easy task as all the assigned (four) judges engaged in 1 hour long deliberation and engaged in equitable discussion before arriving at consensus on many core ideas and domains of the data. All the team members reported to be immersed in the data and created core ideas and domains. It was ensured that equal power criteria was fulfilled by encouraging postgrad student judges to express their views freely as well as ensuring that experienced judges did not influence the viewpoints of other judges. Thus, a balance of power was practiced. A bibliography material regarding the process and steps involved in making core ideas and domains in CQR method was provided to all the judges for training purpose, before the actual data analysis. Also, the first author analyzed the data separately from the judges and shared his analysis with all the judges once they had completed their analysis process. The first author has 5 years' experience of conducting semi-structured interviews and focus group discussions with marginalized populations. He holds a master's degree in clinical psychology and has worked in government as well as private sector research organizations. This study forms part of doctoral thesis. The final consensus was developed after the analysis of data was shared and mutually accepted by all the judges.

Participants and procedure. Participants were recruited using local links and involved health sector assistance. A health worker who has experience visiting nomadic outskirts for vaccination purposes served as a research gatekeeper and introduced the first author to the nomads. The nomads felt comfortable with the first author and showed interest to be recruited for

this study once health worker informed them of the aims of the study and reassured them that it was not connected to any governmental agency. Verbal informed consent was taken, as the nomads were illiterate.

Before conducting the actual study, three pilot interviews were conducted with semi-nomadic participants. The pilot interviews provided an insight to restructure interview questions and to include prompts for the questions regarding mental health problems. The sample was recruited with the help of the health worker. Initially we planned to recruit 30 participants and contacted individuals meeting our inclusion criteria. Twenty-two participants consented for the study, however two of them later refused for personal reasons such as family commitments. The selected participants reported that they were Muslims. Data saturation was achieved after 20 interviews. No repeat interviews were carried out as similar responses started appearing after 45 to 60 minutes long interviews.

The interviews were conducted by the first author, using CQR- recommended open-ended questions. Field notes were also taken by the first author during the interviews. Adult participants (13 men and 7 women, M_{age} = 35, age range 18–60) with a minimum age of 18 years were included. Participants were required to identify as a member of a nomad population or consider themselves a member of a semi-nomad tribe. This study was conducted in the nomadic and semi-nomadic outskirts of Islamabad city where nomads camped only in the presence of researcher and participants.

Initially, some rapport building meetings were conducted for two days before starting the actual study. Interviews were not conducted until the participants were familiarized with the research process and felt comfortable talking with the researcher. As prior studies have revealed that only having similar language as that of participants is not enough for making good rapport

and recommended to have some familiarity with the culture of the participants before formally starting data collection (Culley, Hudson, & Rapport, 2007). Therefore, before conducting interviews the first author introduced himself to the participants, shared his education, background and purpose of the study. Moreover, the assumptions regarding this study and motivation for conducting study on marginalized population was shared with the participants. The main research questions targeted the perceived causes of mental health problems. More specifically, the following questions formed the basis of the interview schedule:

- Sometimes people have problems with their thoughts, feelings and behavior. Based on your experience, what do you think is the real cause of these problems?
- If anyone from your community would face such problems, who would you prefer to consult and why?
- Share any experience from your community of such problems and its treatment?
- Can there be any other possible cause other than what you have believed and mentioned?

The procedure included audio-recording all interviews, which was then transcribed into a Word document. The transcripts were not returned to the participants for comments or correction as they were illiterate. The first author and four judges also completed "free textual analysis" which was the initial step of analysis and included reading and re-reading the transcribed data a couple of times to highlight potential themes, terms, core ideas and words used by the participants. The data recorded in the regional local language and was first transcribed and then translated into English before the free textual analysis started. All the translations were shared with the two language experts to check for discrepancies. Changes recommended by language experts were incorporated to the final English transcripts.

The interviews were conducted by the first author, and the first author also participated actively in the analysis process along with the four judges. The second author is an experienced researcher and senior clinical psychologist with more than two decades experience working with Pakistani populations. The second author provided supervision and guidance, with the research design while the third and fourth authors provided technical guidance in data analysis and manuscript preparation.

Analysis. The first step in CQR was the brainstorming by researchers/judges to form a list of domains or "start list" formation, (Miles & Huberman, 1994) by conducting free textual analysis. In CQR, judges analyze and made categories out of the data to create the initial list of domains. Also, apart from reviewing transcripts of interviews, the authors and judges charted out their personal assumptions about the study in order to ensure an unbiased approach to analysis. The second step is the formation of core ideas out of domains by further dividing those domains into core ideas. Thus, it proceeded further to present core ideas within each domain of themes across the cases. This is the final step called cross analysis of the data. Therefore, it makes the sequence as domains, core ideas and forming categories and frequency of responses. The analysis was carried out manually.

Ethics. Ethics approval was received from Monash University Human Research Ethics Committee and permission to conduct the research with this indigenous population was taken from the head of their tribe. Considering security measures, the concerned governmental law enforcement agencies were informed about the specific dates of data collection in the targeted suburbs, because areas where participants were camped was under their jurisprudence. Voluntary participation and verbal consent was ensured from the participants. Furthermore, participants were informed about their right to withdraw from the study at any time and it was ensured that

doing so would not affect them in any way. Confidentiality was assured to the participants and that in case they need counseling or any other support service if any discomfort is caused due to their participation. These services were offered free of cost and a list of contact sources were provided. Participants were also assured about their anonymity and the participant names used in the result section are pseudonyms.

Results

The study results were reported following the Consolidated Criteria for Reporting Qualitative Research (COREQ) checklist (Tong, Sainsbury, & Craig, 2007). (See supplementary file at the end of this chapter). There were five major categories of themes extracted from the data (see Fig.1). Each category showed similar domains or subthemes with its core ideas. Nomads discussed and conceptualized causes of mental health problems on varying degrees, but overall consensus was developed that majority of them believed in spiritual causes. However, there was also some awareness about medical causes, but it was least discussed, even despite further probing. They also explicitly discussed spiritual causes and believed mental health issues ranging from blessing of God to wrath of God. The nomads were not totally naïve about the other causes – indeed they actively discussed psychosocial factors contributing to their distress and considered them as major causal factor for mental health problems. Therefore, based on this discussion we can say that the awareness regarding social factor was present among the participants. Following themes cum domains and categories (core ideas) were extracted from participants' responses:

Spiritual causes. In this main category of domains there are some more domains as discussed by the participants and differentiating each other within the major category of spirituality and discussed below:

Blessing and positive attribute Apart from believing mental health disorders as disturbing and distressing, some participants believed them to be a blessing from God. Participants considered mental health disorders as positive attributes that help people stay away from the harsh realities of life – that is provided these people cause no harm to others. Participants considered that the souls of people having mental health disorders were at some distant places; at service by the will of God.

Bushra expressed her views as *"Those suffering from such problems that you and we call madness are not actually mad but having blessings of Almighty God who gives them escape from problems of life and they are busy serving God's mission as their soul is free and at service by the will of God".*

Aslam shared his views as *"They are by the will of God what they are so we call them insane, but they are here with their own purpose and duty and fulfilling that".*

Special powers/God's friend. A similar notion of attributing abnormal behavior to having some special powers as a gift of friendship with God was revealed by participants. They believed that it is with the choice of God.

Salva shared her beliefs as *"It is God who choses such special persons to be His friend and He grants them with special powers and they are apparently looks isolated and weird but has special powers and they are "Allah log" (God's people)".*

Sakina shared *"God knows better whether such people (Allah log) are mad or "Wali Allah" (God's friend) but my daughter was also like this she was different since childhood then I took her to a shrine and consulted a healer there who told that she is having special spiritual powers and she is a gift from God and she has with her the blessings of pious ones".*

The girl she was referring to was also present during the interview and displayed inappropriate behavior (self-talk, self-laughter, screaming and impulsivity) and was having poor self-care. She also exhibited the symptoms of an intellectual developmental disorder. Her mother shared some of her history but referred it to special powers and spiritual causes.

Wrath of God. The concept of wrath or anger of God also existed among some participants and they believed this to be an important cause of abnormal behavior and disorders.

Amjad described this belief: *"We don't know exactly, but in my opinion and my elder's opinion, when God is angry from a family or community, He sends someone with these abnormal traits and it is a sign of punishment for the wrongdoings of that family and they have to accept it"*.

On further probing regarding the solution, Bilal said *"The particular family/tribe must accept their wrongdoings and ask for forgiveness of their sins in front of God and blow after incantation on their own or can consult some wise person for this"*.

***Curse/Magic*.** Similarly, some participants believed that mental illnesses were result of black magic and sorcery. They considered mental illnesses a result of curses or evil practices one intentionally used against others in jealousy. As described by Bashir, *"There are some people who practice black magic and people do consult them for destroying the life of those who are better than them in any way and this magic works"*.

Bushra added, "*Yes mostly females do consult magicians in jealousy and they make others' lives difficult and the effects of this curse and magic can be a loss of sanity"*.

Medical causes. The second category consisted of the themes covered under the medical domain. Some participants strongly believed in these causes. but they were few in number.

However, some believed in both medical and spiritual causes and did not deny medical causes and treatment.

***Disease*.** Few participants believed that mental health problems were considered as a disease and were like any other disease having various medical causes. Amir stated, *"Mental illnesses are caused due to medical reasons, we are not literate so we don't know exactly what those reasons are, but doctors must be aware of these and these problems are disease like other medical diseases".* Saleem shared similar thoughts: *"I don't know much that why these mental health problems arise but of course it must be due to certain medical reasons or something missing in the brain".*

***Chemical reasons*.** Some of the participants believed that a chemical imbalance was the major reason of mental health issues and they believed that many people of their own community were not aware of this. For instance, Arshad shared his views in these words, *"When someone acts insane and behaves inappropriately or in other words the causes of madness lie in something went wrong in the brain's liquid".* On probing further about his source of information, he shared, *"My friend had some problems of hearing voices, he used to talk to himself, we took him to healer, but he did not improve and later we took him to hospital and doctors told that some chemicals in brain are responsible for this disease".* This chemical and disease model is well related to scientific causes of mental illnesses as neurotransmitters like dopamine played a vital role in developing schizophrenia and adrenaline in depression (NIMH, 2009) and the stance of these participants are well linked with these causes.

Environmental causes. The final domain of themes regarding causes consisted of environmental causes which were widely discussed almost by every participant. All participants considered environmental causes to be an important factor contributing to psychological distress

and mental health problems. It is further categorized into two main sub categories of social and psychological causes:

Social factors.

Poverty. The most important cause of mental health discussed by nomads was that of poverty and financial difficulties. This was the most frequently repeated theme emerging from the data. Participants believed this to be an important contributor to mental health issues. They discussed it in depth as they reflected on and projected their sufferings and poor socio-economic conditions. Participants had a realization of the role of poverty causing mental health. Alia shared her views: *"We are discriminated largely and receive rejection just because we are poor. Things would have been different provided we had money and valuables, this poverty is killing us its damaging our health as we are always keep on thinking that we are poor and deprived so in my opinion there cannot be any other reason of insanity as greater than poverty."* Salman believed "*Poor living conditions and lack of fulfilment of basic needs leads to mental health problems"*.

According to the WHO (WHO., 1995), 'The world's most ruthless killer and the greatest cause of suffering on earth is extreme poverty". Researchers found association between mental health problems like common mental health disorders and poverty (Butterworth, Rodgers, & Windsor, 2009; Jenkins et al., 2008). This notion is related with the views shared by the participants of the current study.

Lack of skills. Participants described the lack of skills as a major source of stress exasperating several mental health problems. Shahid said: *"When one has no skill to earn his livelihood then how can he be escaped from stress and other mental health problems"*. He added that: *"Only a few of us acquired some skills to earn – the remaining all rely on begging, so this*

is something that makes me to indulge in overthinking and anxiety as I am not satisfied with this living". Bashir said that: *"We are satisfied with what we have and how we are living I want no changes in my lifestyle, lack of skills to earn disturbs me when I put my focus on thinking about it but when I don't I feel contented as God is giving us enough to survive"*.

Psychological. The participants also discussed psychological factors affecting mental health. The most common theme in this area was self-esteem and helplessness. They revealed poor self-esteem due to rejection from society and also felt helplessness. Sakina shared her views in these words: *"We are poor and people generally hate us because we are poor and because we have no house to live and we feel really bad about ourselves but there is nothing that we can do to improve ourselves, we are helpless and don't want or expect change now as we are used to this and accepted that fact that we belongs to inferior tribe".* Aslam described: *"We don't really care what society think of us but we are poor and this is the fact that we are not equal to the people in urban settlements. But what we can do? At times we do cry if we are hurt about our condition".* Amjad discussed that *"It is inferior feelings and helplessness that leads to mental health problems, when someone left the hope and do no efforts to improve or deal with the problems, then one might end up into mental health problems"*. On further probing he explained that majority of their people considered themselves victims of poverty, showed helplessness, and eventually experienced great deal of stress and discomfort.

Treatment priorities. Three themes represented the treatment recommendations discussed by the participants. There appeared associations between beliefs about mental health disorder causes and treatment recommendations. For example, those who believed in spiritual causes recommended spiritual treatment. Similarly, participants believing in medical causes recommended consulting medical professionals for seeking treatment.

***Faith healers*.** Some participants believed that faith healers had the expertise to treat mental health problems. These participants believed that such problems had spiritual causes so a healer or spiritual person can best understand these phenomena and recommend its treatment. Salva said, *"Faith healer are friends of God and they know the secrets and are capable of treating those problems of mental health in which doctors are not helpful. Like if someone has Jinn (demons) the doctors can't treat that, but healers do".* Another participant Shehla shared her experience "*My cousin's daughter started behaving abnormally when she was 12 years old. We took her to a healer at darbar (shrine) and he treated her with some religious verses and she became better after that visit".*

***Blowing incantations*.** Participants believed in blowing after an incantation as suggested by some spiritual healers and local religious scholars. For this purpose, participants consulted nearby mosques. They believed that some verses from the Holy Qur'an had powers to treat all kinds of ailments as shared by Sakina *"My daughter was 7 when she did not had two words speech even and she also used to behave inappropriate so I consulted a healer and spiritual Baba who recommended few verses and to blow after incantation and gave some water after blowing some verses on it and it actually worked at that time to improve her condition and she started speaking; however she still behaves inappropriate".* Aslam also shared his belief in these words *"Holy verses are very powerful and they can treat all kinds of diseases either mental or physical".*

***Medical doctor*.** Few of the participants believed that one should consult a medical doctor or visit a hospital in case of mental health problems and no participants had an idea or recommended psychological treatment. Some however believed in medicinal treatment of mental health issues. Amjad shared his views as *"One must visit doctor in hospital if suffering from*

mental health problems" whereas Suraya believed that "*In order to treat severe mental health problems one must consult both (i.e., doctors as well as spiritual healers)*". Amir shared his views *"It depends if one can get better with spiritual treatment but in severe cases only doctor can recommend some medicine and that is the only remedy I think"*.

Discussion

The concept of mental illness and its perceived causes among the Pakistani marginalized population of nomads varied from individual to individual. Participants discussed different treatment options ranging from culturally sanctioned ideas of healing and spiritual to medical and scientific ones. The aim of the present study was not to report merely of the frequency or percentage of responses but to consider and reflect on each participant's perspective and viewpoint as they believed and interpreted. The current study was focused on Asian nomad group which represented collectivistic culture and society. The significance of exploring their beliefs can be understood by the fact that they belong to the multiethnic society of Pakistan, yet they are marginalized and does not represent the main ethnic groups of the country. Thus, in order to understand their perspective explicitly the study was focused on the macrosystem of Bronfenbrenner's (1979) theoretical model.

The findings of the study revealed nomads' beliefs regarding mental health issues, perceived causes and treatment preferences, reflecting their collective cultural perception, thus representing macrosystem influences. However, we can conclude that variations do exist within the targeted group of nomads regarding their beliefs of mental health concept and its causes. However, majority of them had faith in spiritual phenomenon and considered mental health problems as resulting from these. There existed little awareness regarding medical causes and

consulting doctors in case of mental health problems among nomads. Thus, most of the nomads believed in supernatural phenomenon as the causes of mental illness.

Ruston and Smith's (2013) study on gypsy travellers in England, similarly demonstrated that the social context of a particular group shaped health behaviors of that group and that social ties influenced the health-seeking behaviors of group members. The nomads particularly possess the characteristics of unity and brotherhood that makes them unique as compared to other ethnic groups and they become victim of discrimination and prejudice in society very frequently (Ruston & Smith, 2013). According to social epidemiology and critical theory, the most important determinant of health are structural inequalities (Kirmayer, Brass, & Tait, 2000). In the present study, as a result of existence and proximity of social bonds between nomads, majority of them held the same explanations for etiology of mental disorders. But they appeared to have very little awareness regarding psychological treatment and options.

Prior research has also suggested that the structural location of minority groups such as nomads and travellers defines their approach towards modern medicine and presence or absence of consensus with medical professionals (Suchman, 1965). Because nomads are target of marginalization, and various forms of social exclusion, they rely on their own bonding as a source of consultation of health. Therefore, absence of awareness regarding psychological treatment among nomads may have been due to the fact that most of them faced multifaceted forms of social exclusion. Furthermore, findings of this study pointing to the faith in spiritual causes of mental health issues are consistent with past studies on nomadic population where participants believed in supernatural causes and preferred spiritual treatment for mental health issues (Deribew & Tamirat, 2005; Mulatu, 1999; Patel, 1995).

Limitations and Strengths

This study was limited to one group of nomads and cannot claim to generalize the findings. But, this study gives some insights and understanding of perception of a marginalized population regarding awareness of mental health problems and its concept. Future studies can focus on larger sample and using mixed method designs. Studies to explore and examine the mental health problems in these marginalized and indigenous populations can make a significant contribution in this area.

Implications

Based on the findings of this study, recommendations could be forwarded to mental health professionals, educational institutes and health department of government for policy making to create awareness and for planning and implementing awareness campaigns among poor and marginalized populations like nomads and other indigenous communities especially in suburbs and marginalized areas. The strength of this study is the representation of underprivileged, understudied and marginalized group of nomads from a developing country of Pakistan. This exploratory study focuses on the perceived causes of mental disturbances and preferred treatment methods of this secluded group. This study provides framework for devising management plan for indigenous groups by realizing their needs and beliefs regarding mental health. Furthermore, this study highlights the need for mental health outreach and awareness programs. The findings of this study have a potential to serve as a proposal or hypothesis for the future studies on the similar populations.

The findings will hopefully lead to policy responses regarding the needs of various minorities. Public health policy must acknowledge the health needs of such nomads, aboriginal communities and other socially disadvantaged groups. A strong identity related with ethnicity

and clear cultural attitudes reinforce mental health-related behaviors in this nomadic community, therefore experiences related with health should be assessed in such a context, along with the influence of social and financial destitution and social exclusion.

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Figure 1. Showing themes extracted from the interviews data

Table 1 Showing COREQ Checklist

COREQ (COnsolidated criteria for REporting Qualitative research) Checklist

A checklist of items that should be included in reports of qualitative research. You must report the page number in your manuscript where you consider each of the items listed in this checklist. If you have not included this information, either revise your manuscript accordingly before submitting or note N/A.

Topic	Item No.	Guide Questions/Description	Reported on Page No.
Domain 1: Research team and reflexivity			
Personal characteristics			
Interviewer/facilitator	1	Which author/s conducted the interview or focus group?	07
Credentials	2	What were the researcher's credentials? E.g. PhD, MD	10
Occupation	3	What was their occupation at the time of the study?	10
Gender	4	Was the researcher male or female?	10
Experience and training	5	What experience or training did the researcher have?	11
Relationship with participants			
Relationship established	6	Was a relationship established prior to study commencement?	07
Participant knowledge of the interviewer	7	What did the participants know about the researcher? e.g. personal goals, reasons for doing the research	07
Interviewer characteristics	8	What characteristics were reported about the inter viewer/facilitator? e.g. Bias, assumptions, reasons and interests in the research topic	06
Domain 2: Study design			
Theoretical framework			
Methodological orientation and Theory	9	What methodological orientation was stated to underpin the study? e.g. grounded theory, discourse analysis, ethnography, phenomenology, content analysis	8, 9
Participant selection			
Sampling	10	How were participants selected? e.g. purposive, convenience, consecutive, snowball	07
Method of approach	11	How were participants approached? e.g. face-to-face, telephone, mail, email	07
Sample size	12	How many participants were in the study?	06
Non-participation	13	How many people refused to participate or dropped out? Reasons?	06
Setting			
Setting of data collection	14	Where was the data collected? e.g. home, clinic, workplace	06
Presence of non-participants	15	Was anyone else present besides the participants and researchers?	06
Description of sample	16	What are the important characteristics of the sample? e.g. demographic data, date	06
Data collection			
Interview guide	17	Were questions, prompts, guides provided by the authors? Was it pilot tested?	7,8
Repeat interviews	18	Were repeat inter views carried out? If yes, how many?	07
Audio/visual recording	19	Did the research use audio or visual recording to collect the data?	08
Field notes	20	Were field notes made during and/or after the inter view or focus group?	07
Duration	21	What was the duration of the inter views or focus group?	07
Data saturation	22	Was data saturation discussed?	07
Transcripts returned	23	Were transcripts returned to participants for comment and/or	08

Topic	Item No.	Guide Questions/Description	Reported on Page No.
		correction?	
Domain 3: analysis and findings			
Data analysis			
Number of data coders	24	How many data coders coded the data?	10,11
Description of the coding tree	25	Did authors provide a description of the coding tree?	10,11
Derivation of themes	26	Were themes identified in advance or derived from the data?	12
Software	27	What software, if applicable, was used to manage the data?	08
Participant checking	28	Did participants provide feedback on the findings?	00
Reporting			
Quotations presented	29	Were participant quotations presented to illustrate the themes/findings? Was each quotation identified? e.g. participant number	13-19
Data and findings consistent	30	Was there consistency between the data presented and the findings?	14-21
Clarity of major themes	31	Were major themes clearly presented in the findings?	13-19
Clarity of minor themes	32	Is there a description of diverse cases or discussion of minor themes?	21

Developed from: Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care*. 2007. Volume 19, Number 6: pp. 349 – 357

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Monash University

Declaration for Thesis Chapter 7

Declaration by candidate

In the case of chapter 7, the nature and extent of my contribution to the work was the following:

Nature of contribution	**Extent of Contribution (%)**
Study design and conceptualization; Data collection and analysis, Preparation of initial draft and revisions of the draft.	70%

The following co-authors contributed to the works. If co-authors are students at Monash University, the extent of their contribution in the percentages must be stated.

Name	**Nature of contribution**
Dr. Karen Jennifer Golden	Study design, planning, analysis of data and overall supervision and editing of all the drafts
Dr. Miriam Sang-Ah Park	Study design, planning, analysis of data and input into the first draft and multiple revised drafts
Dr Iram Zehra Bokharey	Input into the concept and final draft

The undersigned hereby certify that the above declaration correctly reflects to the nature and extent of the contribution of the candidate and co-authors' contribution to this work. *

Candidate's Signature	[redacted]	Date: 15th May, 2018
Main Supervisor's Signature	[redacted]	Date: 15th May, 2018

* Where the responsible author is not the candidate's main supervisor, the main supervisor should consult with the responsible author to agree on the respective contributions of the authors.

An Overview of Chapter 7

This paper addresses research question 4 of the thesis, (i.e., How do Kalasha understand and interpret their psychosocial protective factors for mental health?). The identification of cultural protective factors that contributes to the wellbeing of Kalasha are discussed in this paper. This paper also identified some challenges/threats, which are risk factors for the mental health of the Kalasha. This paper presents some significant findings unveiling Kalasha's perspective of psychological resilience as "resilience" is one main construct/variable of this thesis. The in-depth analysis of data including some of the verbatim statements of the participants are presented through this paper. The paper has been published and contributes to the existing literature of mental health on Asian marginalized and minority communities. This paper along with chapter 9 presents the holistic depiction of Kalasha's mental health and resilience mechanisms and their indigenized practices that contributes to their psychological well-being.

"We are the Soul, Pearl and Beauty of Hindukush Mountains": Exploring Resilience and Psychological Well-Being of Kalasha, an Ethnic and Religious Minority Group in Pakistan

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Empirical Study

"We are the soul, pearl and beauty of Hindu Kush Mountains": exploring resilience and psychological wellbeing of Kalasha, an ethnic and religious minority group in Pakistan

Fahad Riaz Choudhry, Miriam Sang-Ah Park, Karen Golden & Iram Zehra Bokharey

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ABSTRACT

The Kalasha are a marginalized ethnic and religious minority group in northern Pakistan. The Kalasha minority is known for their divergent polytheistic beliefs, and represents the outliers of the collectively monotheistic Muslim population of Pakistan. This study aimed to explore the psychological resilience beliefs

Abstract

The Kalasha are a marginalized ethnic and religious minority group in northern Pakistan. The Kalasha minority is known for their divergent polytheistic beliefs, and represents the outliers of the collectively monotheistic Muslim population of Pakistan. This study aimed to explore the psychological resilience beliefs and lived experiences of the Kalasha and to identify cultural protective factors and indigenous beliefs that help them maintain psychological wellbeing and resilience. Seven semi-structured interviews and two focus-group discussions were conducted. The total sample consisted of 6 women and 8 men, aged 20–58 years (M age = 36.29, SD = 12.58). The Interpretative Phenomenological Analysis qualitative method was chosen. Study findings identified that factors contributing to the wellbeing, happiness and resilience enhancement beliefs of Kalasha included five main themes, all influenced by their unique spirituality: contentment, pride in social identity, tolerance, gender collaboration and gratitude. The study also revealed the Kalasha's perception of their marginalization related to challenges and threats. The Kalasha emphasized bringing these resilience enhancement beliefs into practice, as a mean to buffer against challenges. In conclusion, this study revealed Kalasha's wellbeing and resilience enhancement factors, which they believed in and practiced as an element of their indigenous culture and religion.

Keywords: Marginalization, minority, resilience, interpretative phenomenological analysis, indigenous, Kalash, mental health, mountain people

Introduction

Southeast Asia and South Asia are among the most culturally diverse parts of the world. However, many of the minority groups and indigenous people in this region are marginalized and receive little government support and legal protection compared to such populations in the West (e.g., Choudhry & Bokharey, 2013; Meijknecht & de Vries, 2010; Miller, 2011). In Asia, ensuring human rights for minorities and indigenous people at the national and regional level is still in its infancy, especially in practice (Ghanea-Hercock, 2004; Hayee, 2012). Moreover, there is a dearth of literature on the ethnic and religious minorities of Asia, and very few studies with a focus on psychological resilience (Choudhry & Bokharey, 2013; Jamadar, 2012; Sharma, 2011).

Psychological resilience provides the ability for groups and communities to survive in the midst of difficult and challenging situations (Hildon, Montgomery, Blane, Wiggins, & Netuveli, 2010; Richardson, 2002). Psychological wellbeing has been defined in terms of physical, affective, cognitive, self, spiritual and social processes (Roothman, Kirsten, & Wissing, 2003). According to Ryff and Keyes (1995) and Shevelenkova and Fesenko (2005), the psychosocial functioning and psychological health of individuals in a community generally reflect the psychological wellbeing of that community. Sagone and de Caroli (2014) found a relationship between resilience and psychological wellbeing by reporting that personal liberty, perception of self-growth and satisfaction was associated with greater resilience.

The current study was conducted in the Bhamburat valley of Kalasha. This region is located in the west of the Chitral district, 2800 metres above the sea and in the midst of the Hindu Kush mountain ranges of northern Pakistan. The Kalasha minority is known for their divergent polytheistic beliefs, and represents the outliers of the collectively monotheistic Muslim population of Pakistan (Williams, 2015). The focal point of inspiration for their cultural identity

derives from their spiritual beliefs (e.g., Sheikh, Chaudhry, & Mohyuddin, 2015). The Kalasha historically had little representation in the provincial assembly, and despite amendments to the constitution of Pakistan in 2002, they still have no direct representation in the country's political system (Malik, 2002). The Kalasha are largely discriminated against in the provision of basic needs, including drinking water, electricity and gas (Zaidi, 2011). The Kalasha culture is endangered for several reasons, including the high rates of Muslim increase in the Kalash Valleys, infant and maternal mortality and the lack of culturally sensitive education for Kalasha children (Malik & Waheed, 2005).

The psychological resilience of this community, however marginalized they may have been, has been noted. For instance, these picturesque valleys have been amongst the worst hit areas by natural disasters, including an earthquake and floods in October 2015. However, when the UNICEF relief team went into help Kalasha when it was struck, they found that the people of Kalasha were extremely resilient emotionally and mentally, despite the challenges they faced (Timme, 2015). While media reports have painted this picture of the community and its people, there has not been a psychological investigation of the exact mechanisms and belief networks that lead them to such resilience. We thus aimed to explore the psychological resilience beliefs and lived experiences of the Kalasha and to identify cultural protective factors and indigenous beliefs that help them maintain psychological wellbeing and resilience. As this minority group faces significant challenges that threaten their survival, it is pertinent to explore their psychological resilience and beliefs.

Theoretical framework. Gunnestad (2006) proposed a model of resilience development by specifically focusing on indigenous populations (Figure 1 at the end of this chapter). This model not only categorized protective factors in three categories (i.e., network factors; abilities

and skills; and meaning, values and faith), but also showed that these protective factors combined and promoted resilience development through some psychological processes. By putting forth three cultural factors, Gunnestad (2006) discussed the significance of cultural variables in development of resilience. These three categories work side by side but in their own unique ways, depending on individuals' situation and infiltrated culture. These three categories also influence one another (Gunnestad, 2006). Resilience arises from building a positive self-image, minimizing the influence of risk factors and breaking a negative circle and bringing new prospects (Gunnestad, 2006). This study aimed to explore the psychological resilience beliefs and lived experiences of the Kalasha and to identify cultural protective factors and indigenous beliefs that help them maintain psychological wellbeing and resilience. Figure 1 at the end of this chapter shows Gunnestad's (2006) model of development of resilience.

In particular, past studies revealed that the wellbeing of marginalized and minority communities was enhanced when they maintained their cultural values and affinity with their cultural traditions (e.g., Fleming & Ledogar, 2008; Grouzet et al., 2005; Kasser, 2011). For example, holding a strong cultural identity was shown to be associated with a sense of resilience and belonging in minority communities in the USA (e.g., Dockery, 2010; Zimmerman, Ramirez, Washienko, Walter, & Dyer, 1994). Costigan, Koryzma, Hua and Chance (2010) found that stronger ethnic identity was associated with greater achievement and self-esteem, and low depressive symptoms were identified as a strong protective factor against stress, fostering resilience. Furthermore, studies on wellbeing and resilience with marginalized populations have been conducted internationally, and all the findings point to the importance of taking indigenous beliefs into account. For instance, Ritchie, Wabano, Russell, Enosse and Young (2014) focused on resilience and wellbeing of the aboriginal population in Canada, and highlighted the

importance of developing culturally appropriate measures of health. Kirmayer et al.'s (2011) study re-conceptualized resilience from an indigenous perspective, and their results revealed that for the Canadian indigenous participants they studied, the concept of resilience was embedded in the concept of their identity, culture, language and traditions. Nystad, Spein and Ingstad's (2014) study on the community resilience factors of the indigenous community of Norway found interconnectedness among community members and the environment as main factors promoting resilience.

The Kalasha are the last minority tribe having polytheistic beliefs in north Pakistan (Khan, 2008; Trail, 1996). They have maintained their unique traditions, from even before Muslims arrived in the region and, as historians have documented, they have only been marginally touched by the influence of Buddhism and Hinduism (Cacopardo, 2008). The Kalasha are known to be content and cheerful, as well as peaceful, showing gratitude and enjoying their simple pastoralist living (Reddy, 2011). The example demonstrated through the Kalasha may give a deeper understanding of minority communities and their survival, and reveal clues as to how these communities maintain their resilience through times of social change. It would thus be an important task to explore the belief system of this unique group in order to develop an in-depth psychological understanding of their resilient worldviews. We believed that minority status and marginalization do not necessarily lead to lower wellbeing in these communities, contrary to some common beliefs and findings that have reported on the negative impact of rural lives and marginalization on wellbeing (e.g., Alexander, Kinman, Miller, & Patrick, 2003; Cleary, Horsfall, & Escott, 2014; Lynam & Cowley, 2007).

In an ethnographic study, Wynne (2001) described the freedom and liberty of Kalasha women and their openness and freedom in choosing life partners. However, there has not been

any study that links such cultural traditions and norms to their wellbeing. We do not have much knowledge as to whether their cultural or ethnic identity affects their wellbeing in a positive or negative way. Also, limited information is available to understand the implications of the intergroup contact they have with the majority groups. Ethier and Deaux (1994), for instance, showed that weaker ethnic identity was related to higher level of perception threat from the environment among Hispanic students, which further lead to a reduction in self-esteem and lower levels of identification with the ethnic group. Therefore, we may argue that if the Kalasha hold a strong ethnic identity and pride with their background, they should be more resilient, regardless of the kinds and strengths of threats they may encounter.

Identity negotiation theory defines identity as the reflective self-images formed, practiced and transferred by people of a certain culture and in a specific communication condition (Ting-Toomey, 2005). Social identity, associated with interdependent self, includes various other aspects of the self-such as one's social class, disability, sexual orientation, age, cultural or ethnic membership, professional or gender identity (Ting-Toomey, 1999). Cultural identity, a form of social identity, has the importance at the emotional level where an individual associates with the broader culture in which he or she belongs (Ting-Toomey, 2005). There is an association between national identity and state. National identity emerges from nation-building and ideology of a nation. In the same way, national identity arises when an ethnic group focuses on the future and politicizes issues by sharing its homeland (Dahbour, 2002; İnaç & Ünal, 2013; Mandler, 2006).

Jenkins (2008) revealed that identity negotiation occurs in the minds of individuals under various social situations and influences on their lives. For instance, collective or social identities have been shown to manage the anxieties of individuals living in a constantly changing and

ambiguous world (Greenberg, Solomon, & Pyszczynski, 1997; Smyth, 2002). Likewise, various researchers have shown a positive relationship between racial or ethnic identity and psychological wellbeing (Fordham & Ogbu, 1986; Lorenzo-Hernandez & Ouellette, 1998; Martinez & Dukes, 1997; Phinney, 1996; Smith, 1991). It was also shown that racial/ethnic identity influenced the self-esteem of only those people who gave utmost importance to race/ethnicity in their identity (Rowley, Sellers, Chavous, & Smith, 1998).

The Kalasha belong to a distinctive cultural, social and religious community placed apart from the majority. Despite the fact that people of Kalasha share the same national identity as other Pakistanis, they may endorse a distinct social and cultural identity arising from the cultural differences; Kalasha practice their own rituals, speak a distinct language and value their own traditions, customs and myths, and this can lead them to endorse and negotiate their identities in a way that may differ significantly from the majority. This is so especially as it seems the Kalasha own and value their cultural or social identity of being a "Kalash group" more than their national identity.

Aim of the study. The above findings point to the importance of examining the Kalasha's indigenous beliefs and understanding of resilience. Moreover, given the lack of knowledge, especially in understanding Asian marginalized communities, further investigation is needed. The current study thus aimed to explore the psychological resilience beliefs and lived experiences of the Kalasha, and to identify cultural protective factors and indigenous beliefs that help them maintain psychological wellbeing and resilience. This minority group is reducing in numbers and there is even a possibility that the majority Muslim population will completely overtake them. Despite the marginalization and sociopolitical exclusion, according to Reddy (2011), the Kalasha are often described as the happiest of communities in Pakistan and the most

liberated of the Pakistani women (e.g., United Nations International Children's Emergency Fund, 2015). We aimed to focus on the psychological mechanisms behind their resilience by identifying their perception and interpretation of the challenges and the coping mechanisms they employ to maintain their psychological wellbeing.

Methods

Research design. Interpretative phenomenological analysis (IPA) was chosen as the study's aim was to explore the psychological resilience beliefs and lived experiences of the Kalasha and to identify cultural protective factors and indigenous beliefs that help them maintain psychological wellbeing and resilience. According to Smith (2007), in IPA the researcher tries to understand the participant's sense making of a phenomenon. In the case of the Kalasha, IPA was viewed as an ideal method for exploring their beliefs about resilience and how they interpret their lived experiences. Smith and Osborn (2003) considered semi-structured interviews as the best and exemplary method for data collection in an IPA study. However, various previous studies (e.g., de Visser & Smith, 2007; Reid, Flowers, & Larkin, 2005) have used focus-group discussions (FGDs) as the basis for IPA. Smith (2004) suggested that the nature of the data is likely to be the key deciding factor as to whether to choose FGDs or individual interviews. Flowers, Duncan and Frankis (2000) used both FGDs and semi-structured interviews in a study and, similarly, this combination was recommended by Dunne and Quayle (2001), who demonstrated that the two methods yielded similar results, hence contributing to the validity of using them in conjunction. The researchers conducted two full-group type FGDs, comprising of 7 participants who were recruited by the researcher on the basis of similar demographic characteristics or attitudes.

Procedure. Focus group discussions and semi-structured individual interviews were conducted, exploring the beliefs and lived experiences of this marginalized community. After an initial rapport building session, the aims of the study, ethical requirements of getting informed consent and permission of audio recordings were explained to participants. They were also ensured confidentiality. The FGDs were conducted with the help of two moderators, and one translator, who was a local Kalasha who worked as a tour guide, was also present during the FGDs. Two FGDs were conducted with the same participants after a gap of one day. The first focus group lasted 120 minutes plus 40 minutes for initial orientation and engagement with the participants. The second focus group lasted 90 minutes plus 30 minutes for engagement with participants. In second FGD it was revealed that similar responses were appearing, hence, saturation of data was achieved. Therefore no further FGD was conducted. Interview questions/the FGD protocols were developed, with questions based on theoretical concepts of resilience, wellbeing and happiness (see Table 1). During FGDs, all participants were expressive. The FGDs were audio-recorded and a backup audio-recording device was also used. Throughout the process, one moderator was busy making field notes and preparing memos.

Table 1. At the end of this chapter shows the focus group and semi-structured interview question guide.

Similarly, following the same pattern of rapport building and ethical requirements, different participants were recruited for semi-structured interview and the interviews were conducted on the subsequent days from the FGDs. Participants were approached through a research gatekeeper (i.e., our guide, a local Kalahsa, who helped spreading the word of our study and also accompanied us to Kalasha's houses to introduce us). First, three semi-structured interviews were conducted in the houses of the respective participants, as these three females

preferred to be interviewed at their own home. However, the remaining four interviews were conducted in a comfortable room in a local hotel, where the environment was conducive and noise was minimal, as this requirement was communicated earlier to the administration of the hotel.

Participants. The researcher used purposive sampling in order to recruit participants. Purposive sampling is employed when the researcher decides which participants to include in the sample based upon certain criteria (Jupp, 2006). These criteria are based on researcher's distinct knowledge and capabilities, as well as consent of participants in the study (Jupp, 2006). The participants in this study included six women and eight men, aged 20–58 years (M age = 36.29, SD = 12.58). For the FGD, nine participants initially agreed to participate, but later two of them changed their mind, leaving seven participants. Similarly, semi-structured interviews were conducted with seven participants. A minimum age criterion was set of at least 18 years. Inclusion criterion was based on the definition of a Kalasha as a person that belongs to the Kalasha tribe, identifies as a Pakistani Kalasha and one who follows its religion and tradition. Exclusion criteria included the non-Kalasha and Muslims living in the same locality and in close proximity to the Kalasha.

Ethics approval. Ethical requirements were fulfilled as the study was approved by the Research Committee of the Punjab Institute of Mental Health and the District Coordination Officer of Chitral. The local Qazi (a judge practicing religious law) of the Kalasha was also informed about the study. The study also received ethical approval from the Monash University Human Research Ethics Committee. The word was spread through two local hosts/guides regarding study recruitment. The aim and objectives of the study were shared with the participants. They were recruited on a voluntarily basis and were informed that they could

withdraw at any time during the discussions. Written informed consent was given by all the participants. No funding was provided for this study. Participant demographics are illustrated in the Results section, along with their individual theme emphasis, following (IPA) data analysis procedures.

Analytic strategy. First, the IPA strategy required transcription of the recorded data, and then the transcribed data and field notes were read repeatedly. Free textual analysis was conducted (i.e., reading and going through the text a number of times, highlighting phrases to identify a theme or underlying meaning). After this, repeated and similar statements were jotted down together. Those similar statements were then assigned a theme that reflected the psychological mechanism from these similar statements. Once all themes were extracted, the thematic structure was shared with all the authors. Suggestions were given to reorganize themes by authors, and final agreement was reached by consensus of all authors. A double hermeneutic and nomothetic stance was implemented for analysis. Smith and Osborn (2003, p. 51) used the term double hermeneutic to emphasize the two interpretations involved in this process: the first is the participant's meaning-making (interpreting their own experience) and the second is the researcher's sense-making (interpreting the participant's account [Reid et al., 2005]). The key theoretical perspectives of IPA are phenomenology, interpretation (hermeneutics) and ideography (Smith, 2004, 2007; Smith, Flowers, & Larkin, 2009).

Data trustworthiness. Techniques recommended by Elo et al. (2014) and Hill et al. (2005) were used to foster transparency and trustworthiness of data. The same techniques were recommended by Guba and Lincoln (1994) for establishing the credibility of qualitative research. One method was peer debriefing, which involves meetings by the inquirer with a disinterested peer (someone who is willing to ask probing questions but who is not a participant where the

study is being conducted) in which the peer can question the methods, emerging conclusions, biases and so on of the inquirer (Hill et al., 2005). This technique helps to independently point out the implications of what the researcher is doing. A peer is typically a person who offers critical questioning regarding the process of research (i.e., data collection) while also reviewing themes (Arber, 2006). An independent peer (not among the study authors) was assigned to this study, going to the field site. Throughout the study, the peer asked questions about data collection and the procedure. He also reviewed the themes and discussed critically how the themes were extracted. His inquiry about every phase of the study kept the researchers alert. He was qualitative researcher himself and lecturer at a local Pakistani university.

Transferability includes rich and thick descriptions and was described by Guba and Lincoln (1994) as a way of achieving external validity. By describing a phenomenon in sufficient detail, one can begin to evaluate the extent to which the conclusions drawn are transferable to other times, settings, situations, and people. It was decided to include even minor details about the methodology and findings in the Methods section. Rich thick descriptions were included in this paper showing verbatim quotes of the participants.

In regard to dependability and conformability, external auditors were assigned for this study. There were also two external auditors (not among the study authors) with whom the data sheets, showing themes and categories, were shared and we requested them to review these and give their feedback. One auditor was an assistant Professor of Psychology in a private university in Pakistan with an expertise in qualitative studies. The second auditor was a Psychology lecturer in another university. Both external auditors suggested few changes in combination and organization of some themes and also renamed a few categories. Those changes were incorporated and the revised draft of themes table was again shared with the auditors and they

showed satisfaction with the revision. Finally, the themes were reviewed a couple of times by experienced international researchers also supervising the project (i.e., second and third authors). The supervisors suggested minor revisions and consensus was built on the final version of themes, which was accepted by all authors as well as the independent peer and auditors. Our diverse authorship team, which had members both internal and external to the culture of Pakistan, enhances the trustworthiness of the results by giving their agreement on themes.

Results

The Kalasha interpreted their lived experiences and revealed their indigenized perspective of resilience that reflects their beliefs and perceptions. The most significant findings of this study fell under five subordinate themes (contentment, pride in social identity, tolerance, gender collaboration and gratitude), which were under the main superordinate theme of factors contributing to their psychological wellbeing and happiness. The second superordinate theme was Kalasha's perceptions of marginalization. Perceptions of marginalization had two subordinate themes related to challenges and threats. Furthermore, the challenges including identity challenges and lack of support, while threats comprised religious conversion and security needs. The study further explained Kalasha's emphasis on practicing the resilience enhancement cognitions and beliefs as protective factors and a way of coping with the challenges and threats they perceived. These are the same five subordinate themes listed above, as identified under the superordinate theme of factors contributing to wellbeing and resilience and influenced through their unique spirituality: contentment, pride in social identity, tolerance, gender collaboration, and gratitude.

A diagram of the thematic structure is illustrated in Figure 2 at the end of this chapter. Table 2 shows more detail of the theme emphasis of the individual participants and also their demographic information at the end of this chapter.

Factors contributing to psychological wellbeing and happiness. The Kalasha discussed several elements that contribute to their resilience enhancement, wellbeing, happiness and persevering against the challenges.

Contentment. Contentment was revealed as a strategy to overcome challenges. The Kalasha believed in adjusting to the changing trends. They realized the importance of education and health; they considered themselves healthy but shared their concern over limited health and higher education opportunities. They showed contentment to these issues but felt the demand for better health and educational facilities. Despite the financial difficulties, the majority of Kalasha agreed that they were not money centric. Badshah expressed his views in these words:

What we will do with money? We have to live here in the heaven of Kalash and not in any other part of world, so we are satisfied, we have enough resources to feed ourselves and our children. The Kalasha are never money oriented, we prefer peace and love that is everything to us.

Jia also showed her views and contentment in following Kalasha traditions when she said:

We [the tribe] are famous for our faith in purity, we are pure souls like we don't do negative things, we are satisfied in our life, in our traditions and give no harm to others, we believe that all living peacefully are pure souls.

***Pride in social identity and tolerance*.** Beliefs about the Kalasha as a social and religious entity referred to the practices and festivals of thanksgiving to God and cherishing the happy moments. The Kalasha described that their beliefs promote interfaith harmony, peace and love

for nature. They believe in nature and that all living and non-living things have a soul and are a reflection of God. They described that holding this belief helps them to promote peace and to stay away from conflicts and aggression. The Kalasha also adopt a national identity, calling themselves Pakistani, which merges with their pride in their religious identity. Palwashey stated:

We are Pakistani, live peacefully with Muslims; our forefathers lived in these Hindukush mountain ranges and were descendants of Alexander. We are proud to be Pakistani.

Raqib, owning Kalasha pride, shared his views as:

We are peace-loving people because we believe in our tradition because we are Kalash and these valleys of Kalash are simply heaven for tourists.

Similarly Badshah added:

We are Pakistani, we own our country, and Kalasha tradition is something which defines Pakistan. We are peace loving and have congenial relations with other tribes and ethnicities.

Wali expressed peace and tolerance as:

We consider Muslims our brothers; we live side by side with them.

The Kalasha strongly believed in giving personal space to each other within their community and to other communities as well, even they don't hold any reaction grudges against other communities or groups. They have unique spiritual beliefs which taught them tolerance for others and which helped in maintaining a balance within their community. Rashka shared her views in these words:

Every community member has right to live the way he/she wants so if someone does not follow tradition, we do not force them. Similarly, we are not worried much about how to defend our people, so this way we can live with peace of mind instead of reacting.

Badshah stated:

We believe in a live and let live philosophy. … We are free in our choices and we don't interfere much in each other's livings, this is why we are confident, strong and we survive against all evils with the blessings of our God Mahadev.

***Gender collaboration*.** When the participants were asked about how they overcome the challenges identified, they responded that the collaboration between men and women in every field is a key success element to enhance resilience facing challenges and hardships. They believed in gender equality, which is a very significant finding as the majority of population in the country did not believe in gender equality in the same manner.

As reported by Badshah:

Man and woman are like two wheels of bicycle of life, so they both cooperate mutually to run a family.

Palwashey added:

We do not believe, like others, that women are not allowed to work. They contribute equally, they work with us in fields, shops and we help them in cooking and doing household chores.

Jannat expressed her views in the following words:

We, women, are free and have all the liberty in our lives: we have choice to marry, choice to study or not, and all the major decisions of family and tribe are taken by considering our views and input.

In the same manner Shazia contributed further by showing her agreement she said:

Kalasha women are free in decision making and are not suppressed, Kalash men give respect to women and this gives us courage to face difficulties. Following such gender equality principles, it can be suggested that their subjective wellbeing also improved likewise.

Gratitude. A vital element of resiliency and maintaining peace in Kalasha is their peace loving beliefs as a part of their identity, their love for nature, and their thanksgiving to nature and deities. Badshah reported:

We dance, share wine and enjoy our existence in every season. We arrange a festival for thanksgiving to our gods who blessed us with different seasons and fruits.

Rashka further added to the notion in these words:

Not only showing our thankfulness to God but to pay tribute to our ancestors and to say thanks to each and every person of Kalasha tribe, therefore, all children, young, old, everyone either male or female, participate in these thanksgiving feasts to nature and to people and enjoy singing dancing and music.

Wali reported:

Kalasha is a peaceful community and never shows aggressive behaviour, rather we deal with our conflicts ourselves and if it is beyond our approach then we consult Qazi and we consult our gods by worshipping.

Wali and Palwashey shared their views in the following words:

There are different seasons and different fruits in every season; this is blessing of God.

Amin shed light on their festivals by reporting:

When a child born, it is a celebration and when he dies it is also a celebration as the spirit came in the world and spent good time and finally went back to from where it came from.

Wali reported:

Dancing on death does not mean that we are not sad that our beloved is no more, sadness is something else and happiness dominates it that our beloved's soul is free.

Similarly, Mirza considered Kalasha as gratitude giving and loving people he said:

We believe in praising and thanking gods for giving us so much, we show our gratitude by arranging functions and by our attitude of gratitude and love for all who are coming here, we are the soul, pearl and beauty of Hindu Kush Mountains. I mean we are center of attraction for people coming here and they enjoy our festivals and culture.

Perception of marginalization.

***Challenges*.**

Identity. One major challenge Kalasha have faced for decades was the exclusion of their identity. They had suffered and faced discriminated largely due to their ethnic and religious identity. For example, they discussed about issues related to their national identity card and passport as Lasib shared:

To give you an example there is no option to select Kalasha as religion when we visit NADRA office for making our national identity cards, there are options for other minorities but Kalasha is not included, same goes with passports.

GulKhan further added, and Mirza seconded him:

This issue was raised some years ago we did lot of efforts of visiting NADRA high officials and bringing this to their notice, also minority minister visited Kalasha who promised to address this issue and just after that they added an option for Kalahsa as a religion in database but this was removed just after few months and the reasons are never revealed to us, despite our many reminders and visits.

Participants have pointed out two opposing viewpoints. A majority of the participants seem to endorse their unique cultural and social identity, which is Kalasha. The responses also reveal the constant peril from ethnic majority groups in the form of religious conversion and oppression as well as the absence of legal rights. However, there are also individuals who seem to

acknowledge their national identity and consider the ethnic majority groups, especially Muslims, as their brothers as well. These individuals have signified pride with their national identity and at the same time have given utmost importance to their cultural/social identity.

Lack of support. The geographical location in the mountain ranges cut Kalasha from the main urban areas. Hence, they face certain challenges of receiving limited or no development in terms of infrastructure or services within the valleys. They also noted on the financial challenges and non-availability of jobs in this locality, and financial difficulties were expressed as a major challenge. Also, participants knew that health and education were significant elements for the development of any community. However, they also reported and emphasized the lack of opportunities. They mentioned that while there were a number of schools for children within their valleys, there was a lack of access to higher education. Also, they were only provided with the very basic health services. As stated by Wali:

Health facilities are very poor here and, for emergencies, we need to travel far away from here.

As Badshah stated:

We also prefer to get earning opportunities, but currently we do not have many options left for us and we prefer not to live outside of our valleys.

When probed about the NGOs there, even though the participants did show some satisfaction with their developmental projects in helping the community more than the government helped, they complained about the lack of job offerings for them to work in the NGOs. A slightly varying view was expressed by Wali:

Foreign NGOs have done many developmental works here on which government never focused; they built schools, library and museum and also sanitation system.

Threats. This is the major theme, which appeared in all of the participants' discussions and is significantly contributing to the existing literature on threat perception.

Religious conversion. Kalasha as a community face some threats of religious conversion, including threats of violence from the northern side as well as threats from other groups trying to persuade them to change their religion. The participants reported that Kalasha population is decreasing and near extinction due to these threats. Badhsah reported:

Muslim preachers are working to convert Kalashas and Christians too.

Palwashey further said:

Muslim preachers come, stay in mosques and preach and Christian missionaries come along with NGOs.

Jannat expressed her views in the following words:

Majority is converting to Islam; however, there are Christian missionaries who are giving financial benefits to those who are willing to get converted.

The participants also discussed the impact of these threats as they spoke about those Kalasha who were weak and vulnerable had relocated to some other places, left Kalasha tribes and dispersed, while others converted. GulKhan shared his views by saying:

We have to be grounded and united against these religious extremists' conversions. We are trying hard to sustain our culture, the solution lies in our values of peace, love and trusting our deities.

Security needs. Participants shared that from the last couple of years the security condition has worsened in Kalasha. Previously it was peaceful but the incidents of robbery and snatching were becoming common. Wali said:

Army has started taking care of the security of this area so things are better off now, but such incidents are still reported. My uncle was beaten by dacoits and they put him on gunpoint and took away his animals and money last week.

The increase in such incidents led to action taken by deploying armed forces in the Kalasha surroundings. Since then, there is a marked decrease in such incidents, yet the Kalasha still feel insecure. Badshah expressed:

We are sons of this soil. We are not going to leave this place, our forefathers lived here and Kalasha tradition is in our blood. We are peaceful and love peace and we will not be demotivated or leave this place. Whatsoever is the security condition, we will resist and we will survive here till our last breath.

Discussion

The aim of this study was to explore the psychological resilience beliefs and lived experiences of the Kalasha and to identify cultural protective factors and indigenous beliefs that help them maintain psychological wellbeing and resilience. Identifying such beliefs will help in developing understanding of resilience in this minority group. Our study yielded outcomes that identified and outlined the main sources of psychological resilience of the Kalasha. The results indicated that the Kalasha, despite the challenges and threats they face, are resilient and hope-filled in the way they perceive their situations as well as the future survival of their community. The Kalasha's social identity, peace and nature loving attitudes, their freedom of choices in life decisions and their practice of equality for both genders were key findings as factors contributing to their resilience.

The study findings establish that the factors that contribute to Kalasha's happiness and wellbeing included contentment, pride in social identity, tolerance, gender collaboration and

gratitude. These are the aspects that set the ground for their psychological resilience. We found that their resilience was based on their respect for others, tolerance, unity and pride with their traditional culture. Previous literature demonstrated harmful consequences of identity rejection and prejudice. Some have reported on the long-term effects of rejection, which, if one's valued identity components are ignored or denied, leads to emotional numbness (Baumeister & DeWall, 2005; Baumeister & Leary, 1995; Richman & Leary, 2009).

These findings also relate with the identity negotiation theory (Ting-Toomey, 2015) as the Kalasha take pride in endorsing peculiar social and cultural identities. They try to withstand pressures from other ethnic groups by staying united. However, Kalasha are also proud to be Pakistani, to own their country and to live peacefully with other people. The Kalasha feel bliss because their uniqueness and peculiar beauty is adding to the diversity in Pakistan, which demonstrates that Kalasha are contented of their peculiar social identity as well as national identity. Kalasha's freedom of choice relates with the empirical findings, suggesting that this autonomy will lead to better wellbeing (Steiner, 1970).

Typically, those who display high levels of perceived decision freedom also feel more in control and are less affected by life stressors, and therefore demonstrate more resilience (Gray & Gash, 2014; Lefcourt, 1973; Luthar & Zigler, 1991; Perlmutter & Monty, 1977; Russell, 2016). Such findings reveal that despite of hostile circumstances, the Kalasha were filled with hope and positivity. It seemed that instead of complaining about what they lacked, Kalasha were content with what they have and carried on with their lives with pride. Another important finding was that the Kalasha placed a unique emphasis on giving respect to and empowering women. The Kalasha spoke of women's rights and their practice of collaborative efforts by men and women, such as how they work together, make decisions with mutual understandings and cooperation,

and considered women equally to men in terms of earnings and responsibilities of running a house.

Tesch-Römer, Motel-Klingebiel and Tomasik (2007) examined gender differences and subjective wellbeing in different societies and revealed that the overall wellbeing was higher in countries which accept, welcome and encourage gender equality. It seemed that Kalasha are a staunch advocate of gender equality and believe women to be equally significant in every walk of life, which could have contributed to the group's wellbeing. Therefore, we can conclude that in terms of their resilience enhancement or problem solving, the Kalasha focus on these collaborative efforts and other elements of contentment, pride in their cultural identity, tolerance and gratitude.

It is also important to note that the common and traditional practices of Kalasha played a significant role in their resilience enhancement and wellbeing. At the intrapersonal level, their enigmatic spiritual beliefs influenced their relationships and interactions and expectations within the social settings. Their gestures of paying gratitude to nature and people by celebrating it through music and dancing, as well as practicing "tolerance" and showing satisfaction with their lives in Kalash valleys despite being surrounded by the hard socio-political and geographic circumstances, reflects their positive and healthy wellbeing conditions.

These findings are in line with previous studies (e.g., Adger, Huq, Brown, Conway, & Hulme, 2003; DiFulvio, 2011; Nori & Neely, 2009) that revealed that social positions and roles contribute significantly to resilience enhancement, and that tolerance, simplified lifestyles and contentment also play an important role in resilience growth. Despite the challenges, their identity as a resilient and happy community featured prominently in their discussions. For

instance, in discussing the theoretical background for resilience, Richardson (2002) stated resilient qualities, resiliency process and innate resilience as the three primary components.

Considering these three theoretical components, the Kalasha's psychosocial qualities include viewing themselves as peace promoters, gender collaborators and free will practitioners. Their resilience process includes their gratitude and tolerance while facing challenges and threats. Their innate resilience of social pride in their identity and their spirituality and culture are motivational resilience factors. It seemed that the Kalasha are able to maintain their focus on the positive things happening around them and somehow find a meaning to celebrate life, stay united, enjoy every moment of their lives love and respect all human beings equally. Also, the findings of the present study have brought to light various factors that are vital for resilience, similar to what Gunnestad's (2006) model proposes.

This model discussed the significance of indigenous beliefs, meanings and faith in the formation of resilience and similar indigenous beliefs, and the unique spirituality of Kalasha adds fresh insight into this model. The Kalasha are also trying to maintain their own identities and pride with their own unique culture, religious values and geographical location. They are able to ward off the threats they perceive by remaining united and by missing no opportunity of expressing their contentment and gratitude towards God. Despite of absence of job opportunities or higher education, the Kalasha are trying to keep their distinct identity by focusing on what they have and their abilities and skills, and by remaining contended with these. All these factors were shown in Gunnestad's (2006) model to be significant in resilience building.

Barriers to psychological wellbeing. Likewise, this study also reflected upon some potential barriers to the psychological wellbeing of Kalasha, which were identified through their perception of marginalization. The Kalasha's strategies for overcoming these challenges give

insight into this indigenous community's perspective on resilience. While discussing challenges, it was revealed that the major challenges experienced by the Kalasha were to do with "identity," followed by "lack of government support." This finding of identity rejection has its significant value in literature, as past literature shows various consequences of rejection. For instance, suffering, negative emotional and behavioral outcomes, negative affect and lowered self-esteem and a state of deprivation lead to detrimental effects on cognition.

Also, deleterious effects on health and adjustment in the long run and "hurt feelings" appear as the most predominant negative emotional risks due to rejection (Baumeister & DeWall, 2005; Baumeister & Leary, 1995; Kupersmidt, Burchinal, & Patterson, 1995; Prinstein & Aikins, 2004; Richman & Leary, 2009). The Kalasha's description of "lack of support" discussing "health challenges" followed by identity challenges are understandable in the context of past findings, which emphasized on links of rejection to poor health outcomes (Baumeister & DeWall, 2005; Baumeister & Leary, 1995; Kupersmidt et al., 1995; Prinstein & Aikins, 2004; Richman & Leary, 2009).

Similarly, the Kalasha people's perception of threat included "religious conversion" and "security needs." This threat perception is related to the theoretical framework of threat. Group Threat Theory (Quillian, 1996) states that biased attitudes against an out-group results in higher perceived group threat. According to intergroup threat theory, the perception of harm inflicted by one group over the other group leads to the experience of intergroup threat (Stephan, Oscar, & Morrison, 2009). However, a previous study, by Ethier and Deaux (1994), showed that weaker ethnic identity was related to higher levels of threat perception, which further leads to a reduction in self-esteem and lower levels of identification with the ethnic group.

The current study shows that the Kalasha perceive threat, yet they have strong pride in their cultural and ethnic identity. Hence, these contrary findings will be a significant addition to the existing literature on what are considered their coping strategies. The Kalasha also reflected on their "security needs" as they shared that there had been an increase in robbery and dacoit activities in last couple of years with their livestock as the target. However, the most alarming threat for them was religious groups. They divided them into three main groups: (1) "Taliban from the northern side," specifically referring to the Afghanistan region; (2) "Muslim preachers" and (3) "Christian missionaries working in NGOs." These findings are in line with a past finding that stated that Kalasha culture is now endangered for several reasons, such as the rates of Muslim influx to the valleys, conversion to Islam, infant and maternal mortality and the lack of culturally sensitive education for the Kalasha children (Malik & Waheed, 2005).

The literature suggests that unless immediate measures are taken to preserve the Kalasha culture, the growing majority could potentially overtake the Kalasha minority. This shows that apart from various challenges that the Kalasha face, they are facing grave threats. However, because of their unity, their strong faith and their belief system, the Kalasha are able to ward off the threats related to religious conversion or security needs. The focal point of inspiration for their cultural identity is derived from their unique religious beliefs (Sheikh et al., 2015). According to the participants, the greatest impact of these threats has resulted in the relocation of some Kalasha people and a massive number of Kalasha converting into other faiths, mostly into Islam.

Managing challenges and strategies to increase wellbeing. The findings indicated that the Kalasha use different techniques or steps toward their resilience building/enhancement, including the practice of gender equality, freedom of choice, holding social identity beliefs,

giving gratitude to nature and promoting peace. These strategies have helped them to maintain and build their resilience. The findings of this study are examples for self-help work and are factors that may support optimal human functioning and relate well with the factors considered to act as buffer against mental illness (Seligman, Schulman, DeRubeis, & Hollon, 1999). The findings of this study are consistent with factors that help individuals, communities and societies to flourish in modern times (Seligman & Csikszentmihalyi, 2000). Moreover, their cultural traditions of dancing, singing and celebrating every season by arranging feasts and festivals and sharing sweets, drinks and food with other community members and with tourists are some additional strategies that may help them cherish their identity and maintain their psychological wellbeing.

Limitations and Future Research

It should be noted that the study was purely qualitative in its design and has a small sample size. For future studies, a mixed-methods design is suggested in order to improve the generalizability and validity of the findings. Future studies should also target a larger sample, including Kalasha from all three valleys. It is also recommended that separate FGDs are conducted with youth and elders for a better understanding of gender-related views according to age. The health-related beliefs of the Kalasha should also be explored more specifically as this study focused mainly on the psychological outcomes and wellbeing. Some action research into the wellbeing of the Kalasha community is also required. The challenges and resilience enhancement factors identified through this study, like education, health, religious conversion and the psychological impact on their wellbeing, can be explored.

Implications and Conclusion

This study highlighted the key elements and factors that contribute to the resilience building of a community. The identification of cultural protective factors in this group may inform exploration and efforts to foster resilience in other marginalized groups. There are the positive themes highlighted through this study that may be adopted by individuals and groups in terms of resilience building. For example, gratitude, tolerance and gender collaboration may be recommended for resilience enhancement. In clinical settings, the message of this study can be that by taking pride in social identity and by practicing gratitude, one can overcome distress/challenges and can promote wellbeing. The study illustrates the relevance of unique indigenous cultural factors in promoting a community's resilience.

However, on the basis of the themes extracted from the study, it can be concluded that threats and challenges of Kalasha need to be addressed, with appropriate action taken to provide basic needs to this marginalized community. Studying this population also had its significance as the secondary aim was to explore the psychological resilience beliefs and lived experiences of the Kalasha and to identify cultural protective factors and indigenous beliefs that help them maintain psychological wellbeing and resilience. The recommendations based on the results of this study could be forwarded to the relevant governmental, non-governmental and international institutions for policy making for marginalized groups. Also, the findings of this study are applicable to diverse populations and settings, not limited only to socially excluded groups, but also in the clinical and counselling realm for psychotherapy and counselling, where resilience enhancement is one of the goals set by a patient and the therapist.

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Disclosure statement

No potential conflict of interest was reported by the authors.

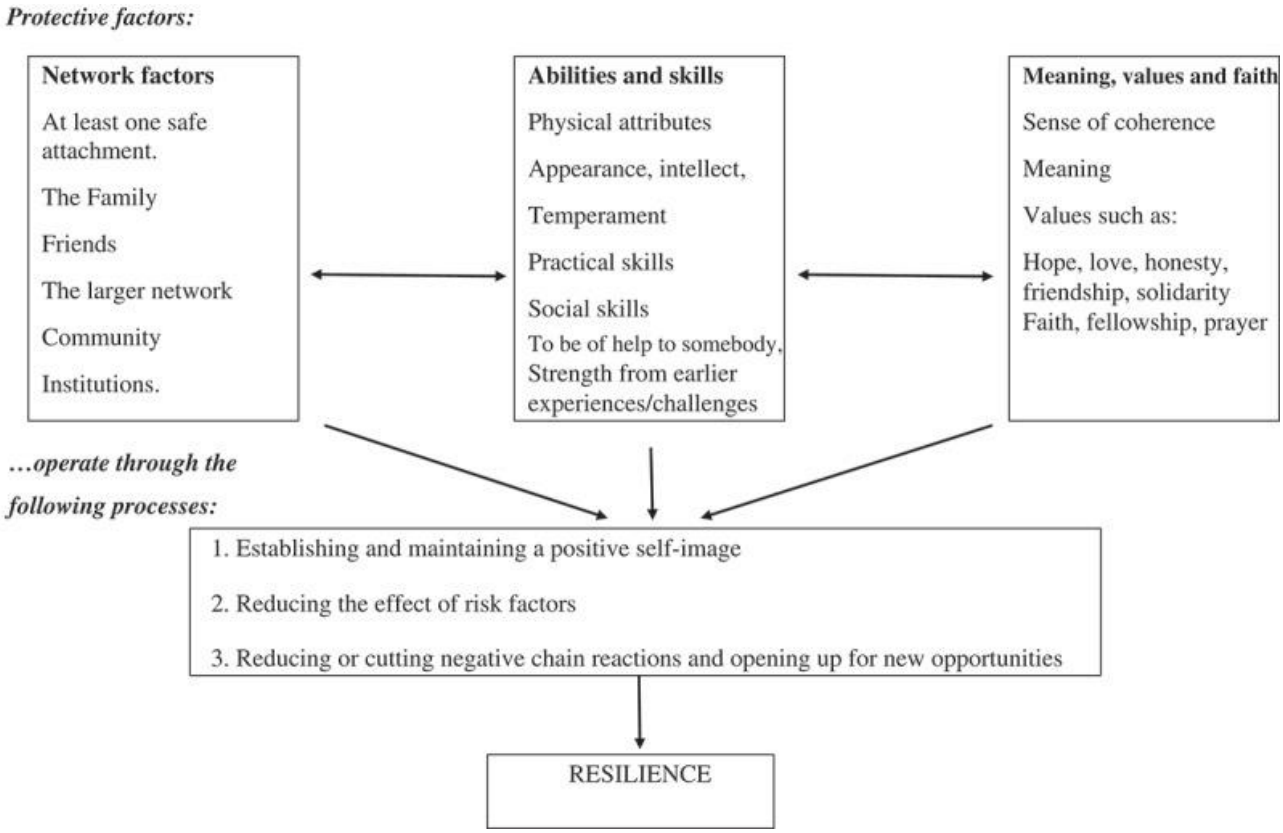

Figure 1. Gunnestad's (2006) model of development of resilience.

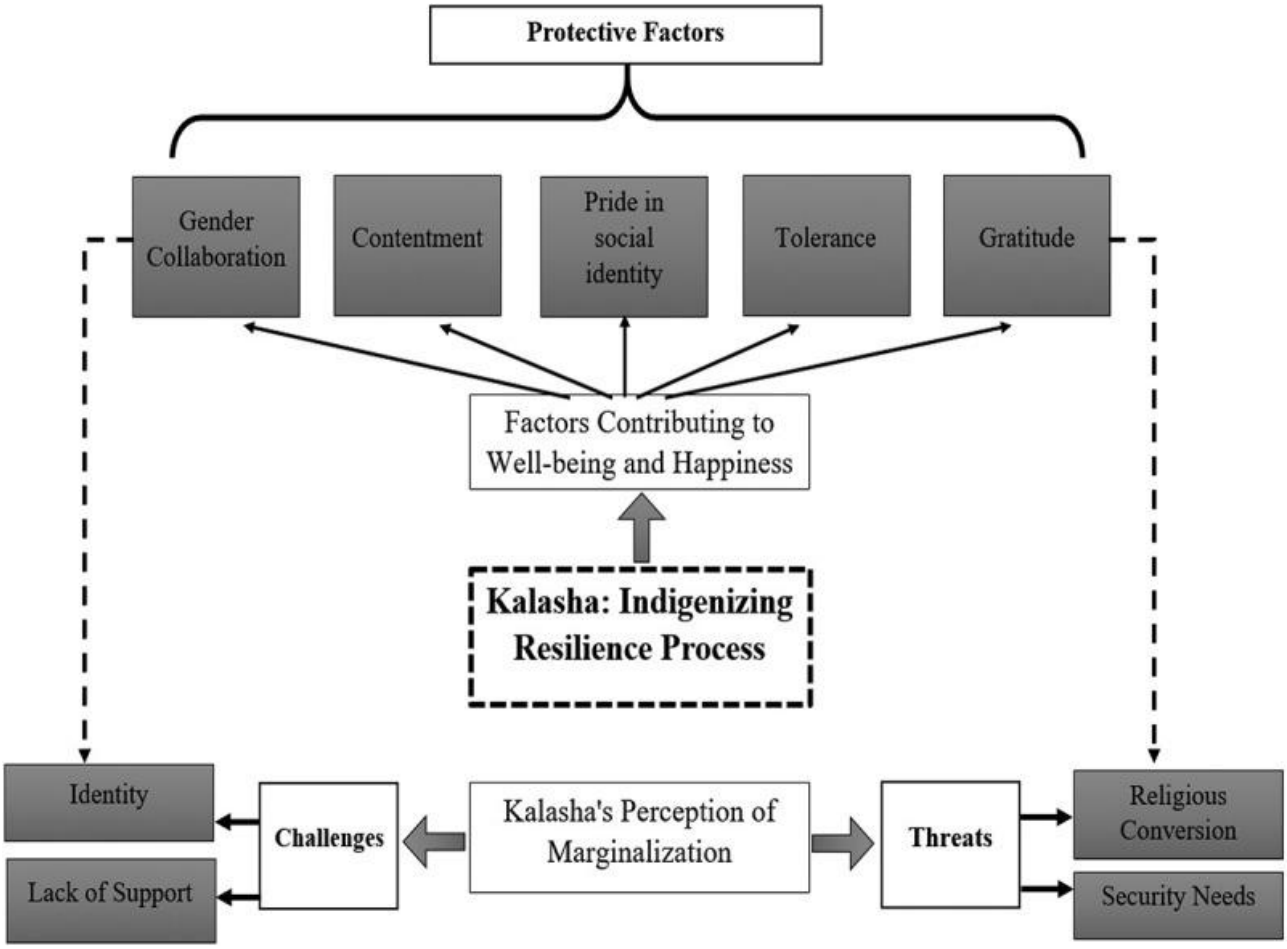

Figure 2. Thematic structure.

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Monash University

Declaration for Thesis Chapter 8

Declaration by candidate

In the case of chapter 8, the nature and extent of my contribution to the work was the following:

Nature of contribution	**Extent of Contribution (%)**
Data collection, data transcription and translation. Descriptive, linguistic and conceptual IPA analysis, preparation of manuscript and revision of the manuscript	85%

The following co-authors contributed to the works. If co-authors are students at Monash University, the extent of their contribution in the percentages must be stated.

Name	**Nature of contribution**
Dr. Karen Jennifer Golden	Study design, planning, analysis of data, cross checking of themes and overall supervision and editing of all the drafts
Dr Tahir Mehmood Khan	Input into the revised drafts and final draft.
Dr Miriam Sang-Ah Park	Input into the first draft and multiple revised drafts

The undersigned hereby certify that the above declaration correctly reflects to the nature and extent of the contribution of the candidate and co-authors' contribution to this work. *

Candidate's Signature	[redacted]	Date: 15th May, 2018
Main Supervisor's Signature	[redacted]	Date: 15th May, 2018

* Where the responsible author is not the candidate's main supervisor, the main supervisor should consult with the responsible author to agree on the respective contributions of the authors.

An Overview of Chapter 8

This paper addresses research question 5, (i.e., How do the constructs of ethnic identity and mental health appear to an individual Kalasha and how the ideographic accounts of Kalasha elucidate the phenomenology of being Kalasha?). The thesis chapter 7 and chapter 9 explained in detail the psychological resilience and mental health conceptualization of Kalasha, but how these constructs are perceived and interpreted on the basis of the lived experiences of a single Kalasha individual are explained through this single case study. This hermeneutic and phenomenological study shed light on a Kalasha's explanation of their lived experiences and sense making about mental health and resilience. This paper helps explains how Kalasha value their "identity" and see the multiple factors responsible for shaping their mental health. The paper illuminates how the challenges are perceived by Kalasha in the midst of changing circumstances due to urbanization and how Kalasha are concerned about preserving their cultural traditions and values. This paper is a true example of IPA's in-depth analysis and ideographic approach (Smith, 2004). The rigourous analysis and in-depth discussion by the participant makes the data rich and presented according to IPA's good practices. This paper along with chapter 7 and chapter 9 presents the phenomenology of resilience and mental health of the Kalasha.

***"It is Always an Admixture of so Many Identities"*: An Interpretative Phenomenological Analysis of Identity and Mental Health of the Kalasha**

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Abstract

The past literature on cultural psychiatry reflects culture's impact on the sources, symptoms and the expression of psychological problems, help-seeking behaviour, and treatment preferences. The aim of this study was to understand how the concept of identity (cultural identity of Kalasha) and mental health perception make sense and apply to an individual who is living in an indigenous culture, which is going through a rapid shift of urbanization and globalization. The interpretative phenomenological analysis method was used to analyze the data qualitatively from a single person in-depth case study. Our selected participant (an expert who has produced documentaries on Kalasha culture) was a member himself of the Kalasha indigenous tribe, which is an ethnic and religious minority group in the northern mountain region of Pakistan. The results are presented in four superordinate themes: "*It's Always an Admixture of so Many Identities*"; *"Concern About Urbanisation and its Psychological Impact"; "Cultural Protective Factors Against Psychological Problems"*; *and "The hidden world of Paristan (the land of fairies and spirits)".* The findings revealed how the Kalasha's traditional intra-communal bonding, division of labor, and lack of mental health stigma, are perceived to be acting as cultural protective factors buffering against psychological problems and helping them maintain resilience. Furthermore, the findings explained the multi-dimensional construct of the participant's identity. This paper reflected upon advancing the psychological understanding of "cultural identity" by exploring the connections between two constructs of "mental health" and "identity".

Keywords: *identity; indigenous; mental health; globalization; Kalasha; psychological resilience; cultural identity; ethnic identity; marginalized; minority*

Introduction

Past research has established the health benefits of having a strong cultural identity (Shepherd, Delgado, Sherwood, & Paradies, 2018). A positive and strong cultural identity helps foster resilience, enhances self-esteem and acts as a protective factor against mental health issues (Adebayo, Joshua, Shawn, Don, & Daryl, 2015; Dockery, 2010; Houkamau & Sibley, 2011). A strong cultural identity serves as a buffer against stress in indigenous populations (Brittian et al., 2015). A sense of belonging and self-worth develops in an individual possessing a positive cultural identity (Berry, 1999; Shepherd et al., 2018). The studies that have been conducted on indigenous groups, to understand the role of cultural identity and mental health, have been largely based on groups living in Western countries (Brittian et al., 2015). Therefore, the current study was planned to contribute to the understanding of mental health issues and cultural identity in an individual belonging to an Eastern indigenous and minority group.

The Kalasha are a marginalized ethnic and religious minority group in Pakistan. The aim of this study was to understand the perception of cultural identity of Kalasha and the views about mental health phenomenon from the position of an individual person who belongs to an indigenous culture, which is going through a rapid shift and globalization and who is also himself an "expert" on the Kalasha culture. Also, the study focuses on understanding the psychological resilience of the Kalasha and factors contributing to the well-being of the Kalasha, which serve as buffers against mental health challenges. Furthermore, this study highlights the inner perspective of Kalasha's understanding of their identity from 'pride in their ethnic identity" to "being surrounded by difficult socio-political and geographic circumstances". Such an understanding is embodied in their habituated practices of traditions and culture. Thus, we

proposed that in order to comprehend and reveal the concept of identity and mental health requires in-depth understanding from a Kalasha insider perspective.

We aimed to understand the personal perspective of a Kalasha person regarding his sense making of his identity and mental health. We hope that through this paper, IPA and phenomenology, will be presented as an appropriate method for advancing the psychological understanding of "cultural identity" in an indigenous context and exploring the connections between the two constructs of "mental health" and "identity". IPA's idiographic commitment and emphasis on a case study approach will allow the current case to illuminate the complexities involved in understanding the social world and comprehending the idiosyncrasies involved in the sense making of selfhood/identity. Also, the proposed community of Kalasha has been going through rapid changes due to globalisation and socio-political circumstances in their surroundings. In these dynamic circumstances, we were interested to understand how globalisation and changing patterns are perceived by a Kalasha individual and explore how he sees Kalasha's unique cultural identity and mental health in this scenario.

Globalization. The term globalisation can take various meanings, but all tend to focus on connectivity to economies and lifestyles across the globe (Sharma, 2016). Globalization has been formally defined as a mixture of processes which comprise an individual's interactions in multiple spheres of life (e.g., economic, political, social, cultural, psychological, and environmental), across boundaries separating individuals and societies (Lee, 2004; Sharma, 2016). Commonly, globalization can bring changes that are beyond the control of humans (Mentan, 2014; Sharma, 2016). There is a shift in power from states to multinational corporations, creating a market value even surpassing the gross domestic product of various

countries (Sharma, 2016). The basic spirit of globalization depends on interdependence of the world, which is impacted by the relative power of those involved (Sharma, 2016).

Globalization and mental health. Although the research literature has shown the influence of psychological, biological and social factors as well as the social environment on the onset of psychiatric disorders, it is difficult to ascertain the influence of globalisation on the occurrence and progression of psychiatric disorders (Bhavsar & Bhugra, 2008; Bhugra & Mastrogianni, 2004; Labonte, Mohindra, & Schrecker, 2011). However, the influence of the global context on the lives of individuals is certain. Globalisation has been shown to influence mental health in three ways—impacting individual and collective identities, effecting economic inequalities on mental health, and shaping the propagation of mental health information (Kirmayer & Minas, 2000). Kirmayer and Minas (2000) recognized the abilities of communities to reaffirm their unique ethnic identity, and cultural idioms through which emotional distress was highlighted (Kirmayer & Minas, 2000). Urbanisation is a central component of globalisation (Bhugra & Mastrogianni, 2004). The changes like urbanization and acculturation brought by globalisation assist in comprehending the influence and responses of people, nations, cultures and states to such changes (Bhavsar & Bhugra, 2008). These changes influence the health and well-being of people, groups and communities (Labonte et al., 2011). The sociocultural and economic changes brought about through globalization have significant outcomes of mental health in South Asia (Bhat & Rather, 2012).

Culture and identity through changing times. Mass media and electronic telecommunication broaden the horizon of local cultures to other cultures around the world to the extent that people become more accustomed to new cultures (Bhugra & Mastrogianni, 2004; Kirmayer & Minas, 2000). However, as the process of globalization influences the majority of

individuals and is thwarted by the need to affirm one's own ethnic identity, the attainment of full homogenisation becomes unlikely (Kirmayer & Minas, 2000). Nevertheless, the economic burdens of capitalism are likely to cause more urbanisation, changes in individual and group identity and integration of national markets into a single sphere (Bhugra & Mastrogianni, 2004). Globalisation can also be considered as a process for import and export of cultures (Bhugra & Mastrogianni, 2004). The term culture, just like globalisation, is an abstract concept covering broad territory and referring to how people perceive and adapt to the world (Bhugra & Mastrogianni, 2004; Cleveland, Rojas-Méndez, Laroche, & Papadopoulos, 2016). A society's learned and shared beliefs, values, attitudes, behaviours, and characteristics reveal their culture. It is agreed that culture is learned and passed from generations to generations, it is dynamic and ever-changing, and it is the way individuals organize and adjust to their internal and external environments (Cleveland et al., 2016).

According to Bettcher and Lee (2002, p. 8), another aspect of globalisation, "the cognitive dimension concerns changes to the creation, exchange and application of knowledge, ideas, norms, values, cultural identities and other thought processes". The concept of globalisation is dependent on individuals' experiences, the place of the world they are in and the power they have (Prilleltensky, 2008). Globalisation, its magnitudes and directions of transformations and its progression and nature of impact have deep influence on the socio-cultural, economic and psychological spheres (Sharma, 2016). Globalisation influences social networks, social relations, and accelerates social exchange (Steger, 2009).

According to cultural psychiatry, culture impacts the sources, symptoms and the expression of distress, explanatory models made by individuals, coping techniques, help-seeking behaviour, identity, and social responses to distress and to disability (Kirmayer, 2001). Ethnic

identity plays an important role in the self-esteem of people and influences the causes and the progression of psychiatric disorders (Bhugra & Mastrogianni, 2004). The psychological well-being related outcomes of the recent growing pluralist context of multicultural societies are largely unexplored (Bhugra & Mastrogianni, 2004; Furtos & Sundram, 2012; Minas, Lewis, & SpringerLink, 2017). Multiple relations, multi-ethnic groups, long-distance connections and changing identities are the focus of cultural mental health practitioners (Adler et al., 2015; Bibeau, 1997). The identity systems threatened by the globalisation process, also have impacted Kalasha community.

Globalization and Kalasha community. Considered as progeny of Alexander the Macedonian king, the Kalasha have lived in northern Pakistan's Chitral valley even before the famous conqueror came to the area in 326 BC to conquer India and passed through the Hindu Kush mountains to the Jhelum city of Pakistan (Naqvi, 1996). The Kalasha have a rich cultural heritage, polytheistic beliefs, festivals for every season, and many traditions that are very different from the rest of Pakistani traditions (Lee, 2013). The Kalasha are located in the beautiful majestic peaks of the Hindu Kush Mountains neighbouring Afghanistan. However. they face difficulties related to economic deprivation, excessive tourism causing the valleys to be overcrowded during their festivals, and religious conversion—all causing extinction of Kalasha communities. In the process of globalisation and modernisation, the Kalasha people are striving to preserve their centuries old traditional culture (Lee, 2013). Withstanding the pressures of globalization and modernization, the Kalasha have largely sustained their heritage (Lee, 2013; Mohyuddin, Sheikh, & Chaudhry, 2015).

Growing media and tourism are interfering in the privacy, and societal norms of Kalasha by bringing new ideas, and inspirations to the younger generation of Kalasha (Mohyuddin et al.,

2015). Although the Kalasha have largely withstood the recent trends of globalization and modernization, they are also trying to maintain pace with their socio-cultural and religious traditions passed on to them by their ancestors (Mohyuddin et al., 2015). This globalization and modernization is bringing transition and transculturation in the Kalasha but individuals are striving to keep their cultural identity (Mohyuddin et al., 2015). The Kalasha are struggling with number of challenges and one of those challenges includes their identity related issues. They are marginalized (Choudhry, Park, Golden, & Bokharey, 2017; Mohyuddin et al., 2015)and trying hard to maintain their unique old civilization, traditions and culture. They have reported to consider "identity challenges" as a key stressor affecting their mental health (Choudhry, Park, Golden, & Bokharey, 2017).

Considering the current context and the mental health and identity focus of our study, this study was planned to explore cultural protective factors, mental health beliefs, and identity perception of a young adult Kalasha participant and to see how these constructs appeared to an individual Kalasha and how he elucidate his opinions and interpretations.

Method

Participant. The study received ethics approval from the Monash University Human Research Ethics Committee (MUHREC) and the Research and Ethics Committee of Punjab Institute of Mental Health, Lahore, Pakistan. In order to protect confidentiality, the pseudonym "Adrian" is used in this paper. At the time of the interview, Adrian was 30 years old, and living in one of the villages in Bhamburat, Kalash valley. He is one of the first people from Kalasha pursuing a higher education qualification. Adrian is an expert on Kalasha culture and pursuing his advanced qualification in the field of social sciences. Interviewing experts has been considered to be a more efficient and concentrated method for data collection comparatively with

participatory observation or quantitative methods, yet it is a time consuming method especially when the experts are crystallization points (Bogner, 2009). This means that the expert has command and knowledge of their respective field and holds an insider perspective (Bogner, 2009).

Data collection. Initially, Adrian was chosen to be one of the participants for a small-scale IPA qualitative study focusing on the mental health beliefs of the Kalasha. The narrative of Adrian was in-depth, detailed, containing richness and texture. This led to the unanimous decision by the whole research team to focus this research study on a detailed and in-depth idiographic case study. Following early small talk with Adrian, the first author met Adrian and discussed the aims and objectives of this study and how it will benefit the Kalasha community in the long run. Written informed consent was taken from Adrian and it was agreed to make effort to safeguard his anonymity.

The first author conducted a detailed semi-structured interview which resulted in 2 hours of data. The open air lawn of a local hotel in Bhamburat was the chosen place for interview and the interview was recorded on two voice recorders. The first author had many points for Adrian to talk about, but the chief aim was for Adrian to share his views generally about Kalasha and then move gradually towards the specific topic of mental health and identity. The aim of interview was to grasp the depth and richness of Adrian's beliefs about mental health and identity as a Kalasha. Therefore, the interview progressed and Adrian opened up and shared in detail about his beliefs regarding mental health, globalization and its impact and identity as a Kalasha. The interview was conducted in the English language on Adrian's choice. The audio recorded interview was transcribed verbatim by the first author and checked for accuracy by other members of the research team.

Analysis. There are no rigid guidelines for doing IPA, rather it is quite flexible and can be easily used by the researchers in light of their research aims (Smith & Dunworth, 2003; Smith, Jarman, & Osborn, 1999; Smith & Osborn, 2003). In this study, the researcher considered the interview as a single data-set. The analysis included reading of the transcript multiple times and allocating the right-hand margin for exploratory commenting and adding notes of any significant or interesting points. The researcher was immersed in the data in order to be more receptive of what was being communicated. In the second stage, the left hand margins were used to transform notes and key points into themes or phrases that addressed psychological concepts and abstractions. In this process, both a deductive and an inductive stance were used; the responses of the participant brought the researcher's focus on those issues that were unforeseen by him and his questions. The researcher adopted a theoretically sensitive stance to start to conceptualize these issues.

This kind of interaction in IPA reveals that as the analysis advances, current psychological theory can be supported, adapted and/or challenged (Smith, 2004).The researcher has to be cautious at this stage to ensure that the link between the words of the participant and the interpretation of the researcher is maintained. The researcher adopted a comprehensive and careful approach in these stages. Furthermore, the data are reduced by building links between initial themes and grouping them appropriately. A descriptive label conveying the conceptual nature of the themes is assigned to every cluster. The descriptive label is a higher-order theme title. It is like grabbing a magnet in which some themes are attracting and linking others and meaning making is done (Smith, 2004).

Lastly, a table was constructed comprising higher-order and sub-themes and had a short descriptive data extract besides every theme. A repetitive process generated this table in which

the researcher continuously moved back and forth between different stages of analysis and guarantees that the truthfulness of what the participant said has been maintained (Smith, 2004). At the end, a narrative account was generated, which was based on the interaction of the researcher's interpretative activity and the participant's account of the experience.

For the reader to evaluate the link between the account of the participant and the understanding of researcher, there should be adequate presentation of data. It is necessary to keep this understanding coherent and interlinked. Nuances from the account of participant should be kept, and added in a framework which explain the phenomenon under exploration (Elliott, Fischer, & Rennie, 1999). Therefore, till the formal process of writing up, this analysis was continued. The researcher gave a thorough textual reading of account of the participant and moved between the accounts and various stages of interpretation and vividly distinguishing between them.

For this present case study, an "independent audit" was carried out, where, an expert outsider researcher checked the analysis from raw data to the end of table. The table containing verbatim, themes and exploratory commenting was shared with an expert IPA external auditor, who gave his feedback regarding themes and exploratory comments. The feedback of the auditor validated that the process of analysis/interpretation is in-depth and has shown an agreement with themes extracted from the data.

No standard questionnaire would have illuminated the dynamic and relational nature of Adrian's beliefs about mental health and identity as a Kalasha. Some questionnaires of identity were available. However, there are certain limitations of psychometric investigation methods; one is the difficulty to answer the complexity and sensitivity of day-to-day knowing for making sense of participant's perceptions and beliefs. Contrary to psychometric investigations, IPA

permits a researcher to generate a comprehensive picture of the perception and beliefs about mental health and identity as a Kalasha as it is part of the narrative of the participant's lifeworld. IPA does so because it is a comprehensive and inductive approach and has its roots in phenomenology and hermeneutic inquiry. Thus, we did not use a mixed method approach as we aimed to follow constructivism and hermeneutic epistemology.

Results

This section reports on the four themes derived from the analysis. First, it presents how Adrian expresses his views about "identity". The construct of "identity" in Adrian's discussion took varying forms ranging from admixture of identities, ethnic and national identity, to how the transition and adaptation process has started disrupting the practice of Kalasha cultural traditions. Thus, gradually a process of globalization and urbanization has started influencing and devaluating their communal culture. This section also reflects the factors deeply enrooted in Adrian's culture and traditions that help him and his people maintain their psychological resilience and serve as buffer against psychological problems. Therefore, the analysis embeds and encompasses four superordinate themes: "It's Always an Admixture of so Many Identities"; "Concern About Urbanisation and its Psychological Impact"; "Cultural Protective Factors Against Psychological Problems"; and "The Hidden World of Paristan (the land of fairies and spirits)". The third theme, Cultural Protective Factors Against Psychological Problems, had three subthemes: "Sense of sharing and collective values"; "Division of labor"; "No stigma of mental health".

It's always an admixture of so many identities. Adrian illuminated the famous connection built in literature between the Kalasha community and Alexandre the Great. Many of Kalasha believe in this connection and Adrian also seems to support this idea that Kalasha are

descendants of Alexander. He believed that Kalasha have been living there before the arrival of Alexander and from that time there was some genetic admixture. Therefore, he sees this connection of Kalasha with Alexander, as plausible.

Adrian explained *"I am not curious. I know my grandfather was here and his grandfather was here and his grandfather was here. So I know this place and (hmmmmm.) yes if somebody says you have origin in Greece, I would say yeah why not, prove it and you might find elements, but we as a human are bound to change our languages, our cultures with time, so I would say Yes it has been also proven scientifically that the route Alexander The Great, took includes this place as well. So maybe during those times soldiers intermingled, people stayed and maybe there was admixture; genetic admixture, and also Aryans came before Alexander The Great, so there is a possibility of many genetic admixtures, so these are plausible".*

In other words, he wanted to explain the idea that is evident in the literature about Kalasha's roots in Greece or their connection with Alexander, is plausible but not necessarily there is just one explanation. There could be more possibilities, as it is always an admixture of number of identities. There is no singular identity. A community is a constantly shifting entity as 50 years ago the Pakistani community as a whole was known under another national identity. He kept on explaining further that if you look closely you may find that facial features of Kalasha looks like Chinese people, so there is a possibility of some admixture of genes and culture with Mongols too. His point of this discussion and example was to establish an argument that there are always number of influences on a single community and one cannot say or build a connection with one single identity or culture.

Another finding through this interview points to the fact that Kalasha owns their national identity with pride. The words Adrian used to express his views are the following:

"Identity is a constant process. It evolves, Ok. We talk about Pashtun identity, we talk about Baloch identity, we talk about Punjabi identity. Identity symbolizes under patriotism, but generally we all (Kalashas) are Pakistanis, Ok. So, our ethnic and regional identities don't take precedent over our bigger identity as one people, if you look at Pakistan it's admixture of lots of identities. Ok".

Adrian believed that identity is a constant process. Here the repeated word "*Ok"* reflects his convincing stance. He wanted to emphasis again that Kalasha are similar to the other populations and tribes in the country and there are not many differences in terms of identity. Identity evolves but these ethnic identities are symbolized under one greater identity, (i.e., national identity). Pakistan is an admixture of lots of identities. Here the patriotic emotions of Adrian appeared and his strong and positive relation with his country and his people was reflected. It shows how much he owns the national identity despite differences. His reasoning about owning the national identity was also a means to show that how integrated the Kalasha are within the country and they are not an isolated community. Also, this shows that they are going through the process of adaptation. He sees the Kalasha similar to the rest of Pakistanis despite the fact that they are a religious and ethnic minority. According to him, like rest of the Pakistanis, Kalasha also have the same feelings about certain issues as a nation, like the stance against terrorism and this is because they have adapted.

Adrian further explained:

"The nations are constantly built around principles of justice and social justice and all these things. I know we have problems, the whole Pakistan has problems. I have seen nations that are around one ethnic group with one language and one religion, and are considered as homogenize nations. This (Pakistan) is not a homogenized nation, it's spiritually united in a

sense that there is one (dominant) religion, but there are thousands of identities. I am taking this position because I'm actually living here and I understand 7 languages of Pakistan. I have studied in Pakistani institutions and I feel people generally have ownership of Pakistani identity above their own (ethnic) identities because that identity sort of bind them together. And it became more apparent if I go out of Pakistan".

He sees his country (Pakistan) as a spiritually united yet heterogeneous country, unlike some homogenized nations. The heterogeneity and diversity is the beauty of the country. He shares further that this greater identity becomes more apparent when he travelled out of his country, in situations where people with a lack of knowledge consider the bad image of the country as the fact. He also explained that he does not deny problems in the country, but still his positive emotions for national identity are evident in the passage.

Concern about urbanisation and its psychological impact. Adrian believed that with the emergence of modernization now the Kalasha will also face psychological problems, which were not there in the past as before they were not interacting with the market and there were no or only limited mental health problems. He shared his views in the following words:

"I mean the thing is that there is certain belief that the nature should be protected. In the past, Kalasha people didn't like to cut forests and never used it for profit. Whereas now this concept is very new as to exploit the nature and fulfil the demands of the society which is based on market economy. For example, wood is a precious thing, culturally it was not in their (Kalasha people's) mind to go into forests and cut the wood in larger quantity and then sell it to make profit. So, basically now they are intervened between the religious and civil lines. Although they know very clearly that this is spiritual and this is civil. For example…deforestation and cutting wood from past was not like part of tradition. This has changed now and people have

accepted this change. Let's take another example, eating chicken was a taboo here and now chickens are coming from all the way from Islamabad and Faisalabad. Maybe you would be wondering why the people in such a place can't have chickens. The answer is because since this has been a part of our culture to consider poultry as dirty animal. It is similar like in many cultures there is one animal which is considered as taboo. But now you see they (Kalasha) have got used to it now many times I would sit around have nothing to eat and go around and get a chicken but you know its polluted; you know it has travelled and have carried lots of germs. So, I think now it would be a time when they are more interacting with the market economy and this bazaar thing. Thus, they are more prone to problems, physical and psychological. So, until now, the way they have managed and treated mental issues were very different. Also, since it is a small tribe, I think there are not many people having psychological problems, there might be one person in one valley. But the thing (concept)….where you have to go and take an appointment from a psychologist. Such a thing does not exist. However, it will come in the future, because these problems developed when a person gets more used to a society which is demanding a lot for him/her to survive".

This shows his belief that modernization brings psychological issues. He shares that currently there is no prevailing culture of consulting a psychologist. Rather, whenever a person has any issue/psychological problem, the whole community comes forward to help as people of this community have a lot of free time. They are free to make the use of their time wherever they want. He further expressed his concern with a bit of a bitter tone that this culture of consulting a psychologist will come to Kalash in the future. In order to support his worry, concern, and/or fear or discontentment about this future practice of consulting psychologists, he shared the reason why he believes so. He explained the reason is that the more you are depending on a

society which is demanding a lot from you to survive, the higher are the chances of developing psychological problems. Here it is remarkable that his own background is from the social sciences and linguistic field and he is highly qualified. Considering his background, we can conclude that it is not the culture of consulting psychologists per se that he sees as a problem, but the diminishing or decay of collectivistic values and communal settings which he purported to preserve and sees it as a protective factor against psychological problem. It can be concluded that this participant believes strongly in communal bonding; collectivistic communal settings; culture of sharing and listening to all members; and a strong connection between people as resilience factors against mental health problems.

Adrian expressed his views as, *"I think as more development will arise people will become more independent and they would try to be alone…they would seek more privacy …they would seek more material things and then the human interaction that existed from a very long time in their (Kalasha's) all program would start to fall apart. Because if you have a…house...a nice house…you have a TV and all sorts of luxuries…washing machine…and all sorts of facilities….then you are bound to be independent and live on your own. Here those things are shared. Women go and wash clothes together, they are talking and they are talking in the fields together".*

His argument and reasoning seems convincing about how modernization can reduce the chances of human interactions and he gave a good example of the washing machine, which now Kalasha are buying and using whereas previously all women went and washed clothes together and this was also a means of interaction as they had to walk together to the fields and to the stream water to wash their clothes.

Adrian shared his thoughts: *"So, we also believe that the land is shared, a place where other beings are living and we don't see them. But, if we do something that is going against them, they would also come in, and do a divine intervention sort of thing. So, yes, people's beliefs are basically constantly changing. In every society, in every linguistic or ethnic group, over all, people's beliefs are changing by globalization, by education, they are changing. But the fact is that this change is so rapid that people don't have the space to think and make choice that would be (slight pause) serving in their best interests in coming years. So, yeah, so there is a slight, not slight a big need of kind of education that people would make better choices for them".*

Beliefs are dynamic in nature due to globalization. He believed that people's beliefs keep on changing as their lives are in constantly changing situations and this is not limited to Kalasha. He believed that this change is rapid and people hardly get time to reflect upon the changing and dynamic nature of their beliefs and practices. He further discussed the extension of this belief. He illuminated an ancient spiritual belief in nature and also reflected the cause and effect principal while commenting on the causes of flood and natural disaster. He further explained spiritual phenomenon and beliefs of the Kalasha in spiritual interference in their lives.

He also reflected upon changing lifestyles and family structure.

R: Okay. And how is the family system? Are they also changing?

A: No. (pause) But they will change. If you get more money, then you are basically subscribing to the new trends.

The structure of family in Kalasha would also be changed from joint collectivistic to individualistic nuclear families due to changing trends. He explained with examples that in an attempt to adapt and to embrace modern trends and practices, the Kalasha would also become more isolated by ultimately adopting a nuclear family structure and by losing the joint family

system. He anticipated and shared with a complaining tone and heavy heart the concern that this practice of adopting modernity will eventually result in losing their cultural values and ending up in adopting the market based urban culture. In the following passage he described this worry:

"For example, if you go for a washing machines, for dishes and so on, then you want to have equipment that operates with electricity and so on, and the more we want to have different things, the more we have to pay for it. The more you want to pay for it, then you are in the "rat race" like every urban society or every developed nation has been in. It's like a (slight pause) complete survival package where they have to work. Here people work hard but they have a plenty of time. So, also they don't have a sense of (pause) a sense of storing something for a very long period of time. Look at the cash based societies, they have generations that have been passed, where they need to preserve the cash somewhere in the banking system or in the stocks… I don't know. But they know that this paper (referring to money) has some kind of a value. Here, paper is becoming a value".

Adrian called it the "rat race" of earning more and more and buying more commodities in an urban society. He also reflected on why this is an issue by sharing that here it is not the case where Kalasha are into the rat race and that is why people have time for other people. He compared it with urban societies and developed societies and commented upon the scenarios where these urban societies have generations to generations passing money and bank balances and also valuing paper based currency a lot. He showed his concern over the fact that the same paper based currency has started becoming valuable and desired among Kalashas now. Yet, the modern lifestyle and money making practices have not been fully adopted by the Kalasha they still are trying to figure out that how cash based societies work and how they can also become part of it. He shared his views in these words:

"We are basically based in a society which is not cash-based society, so we don't really understand how it (cash-based system) works, because we are culturally and genetically programmed to be communal and rural. Your kid is born, and then he has to go after the goats, and look after the fields, and these are the duties that make you survive here, you pay no taxes to anyone, you are not answerable to anyone, and you are on your own. So, you are actually independent".

Adrian's argument reveals his view that Kalasha are culturally programmed. It means that they have adopted this practice of goat herding and taking their cattle to the fields from their fore fathers. He further described it as a relief and something pleasing that Kalasha do not have the stress of paying taxes and earning money, thus they are independent people with lots of free time available for other people of their community. Their concept of rich has not developed in terms of possessing money or luxury material things, like urban societies where they do not have time and are so busy in their routines. Here in Kalasha, people have lots of free time and he explained that with the following example.

"So, in urban societies a person who has a million dollar yacht or a house, and all the money based luxuries and amenities, would consider himself rich. But here, a person who does have a free time is rich. Look at these four guys there (points to those people who are constantly talking in the background), all of them are from different villages. They are sitting there because they have time. Someone could may say that they are wasting their time, or suggest that they should be in school, or you should be learning some kind of skill; maybe cooking, a better cooking or maybe some kind of technical education. But from their perspective, I would say, "Yeah! I should," but why should I? I am saying this because you know, I have everything.

R: Right, they are kind of self-sufficient.

A: If you tell them that you need more things, then you are making them to become an urban society".

Adrian also shared his views from the whole of Kalasha's perspective about spending and utilizing their time. He illuminated that if somebody considers it (the free time of Kalasha people) as a waste of time and suggests that Kalasha should be using this free time in learning some skills or education, the question is why they should be doing something like that when they are self-sufficient. His explanation in term of question and answer reflects his convincing skills and attempt to prove or justify his point of view. Adrian further described that among Kalasha there was no sense of poverty and still it is in practice that it's a communal culture and the sense of poverty does not exist extensively, however, now this concept of poverty has been introduced here and people have started believing that they have to earn money and that they are poor. This will ultimately convert Kalasha into a cash based economy.

Adrian expressed his views as *"I think we can generalize the problem by saying that poverty is one factor. In urban societies, that is more evident the concept of poverty associated with material and money possession, here we are not basically poor. Because, all the houses are open to you, people are welcoming and feel good in feeding you. For example, I am everyday being fed by ten different families. If I am sitting here, I will have tea here, I will move down there, somebody would be eating food and I would be sharing a bowl with him, maybe I won't eat the whole of it, because I would know that there would be a next one as well down the line. So, there is no similar foreign concept of poverty here, but yes the sense of foreign concept of poverty is now coming here.*

A sense is coming that you have to earn money. You have to. People are getting education in hope of getting a job eventually. So, umm... a shift is coming as we are shifting to a

cash based economy which was not there before. So, even if cash economy is introduced here, people are still sharing, sharing things and so on. So, I think that it would take time for people to realize that you have to go for particular type of treatment".

He believed that this shift has been coming to change Kalsha and they are becoming more modernized and again he believed that ultimately it will take some time for them to understand that they have to seek different treatments for mental health problems. In other words, he does not seem to be a supporter of Kalasha becoming an individualized society where they are consulting psychologists and adopting modern trends. He believes in the indigenous culture and roots and believed that Kalasha culture should sustain.

Cultural Protective Factors against Psychological Problems.

Sense of sharing and collective values. The Kalasha have very strong intra-communal bonding and they strongly believe and practice the concept of sharing, therefore, the Kalasha are connected and not isolated. As Adrian also expressed in the following interaction with the researcher:

A: If you can say what isolation is, isolation is something like a tribe living in the jungles of Amazon so…we…

R: Means they are connected?

A: I mean look at this, you see around there is no difference between villager like me having a smart phone sitting here trying to get data connection (internet) and outsiders, we are connected now, let's say it (isolation) was 20 years back.

R: Maybe you are an exception?

A: No, I am not, I live here, and I know these are the trends, maybe I have read few more books, but generally people are much more connected to the world outside. There are lot of non

Kalasha who had moved in here for like past hundreds of years, so there is connection between other people and Kalasha, so there is no such isolation that you are referring. Basically, people are living and sharing the same place over the time. Some people have converted, but still they have the same familial relationships with their non-converted relatives and so on. So, let's say there is no such a thing that we are talking about people who are living in isolation or who have their own unique setup, it's (Kalasha's setup) is well integrated with other societies and other communities.

In this passage Adrian tried making the case stronger and by giving an example of a tribe living in the Amazon's jungles, he wants to communicate that Kalasha are not an isolated community and they are well integrated with the outside world. Also, it is noteworthy here that the topic of isolation was brought forth by the respondent which reflects that he perceived that the researcher may have considered Kalasha as isolated and/or not well-connected. By making a distinction of Kalasha from those living in the Amazon jungle, he also tries to portray his community as well versed with change and well adapted to change. The researcher asked further after understanding the respondent's views about isolation and the respondent explained further by giving more examples of the use of cell phones, this means that he is trying to share that he considers his tribe as well-connected and not isolated, and that they have also started shifting to new trends and technologies. *The r*esearcher with his pre-assumption and knowledge about Kalasha as portrayed as an isolated community still seemed not convinced and asked him further by probing and calling Adrian as an exception Adrian denied that assumption of the researcher. Adrian wanted to communicate here that the Kalasha people are much more connected to the world here. In order to put more emphasis, he further explained that non-Kalasha people moved in to Kalash valleys and therefore there is now a connection between them and the outside world.

He also mentioned that there is an inter-mingling between people of Kalash and there are congenial relationships between converted and non-converted Kalashas.

Adrian also illuminated on the scarcity of cases of psychological problems in Kalasha. He believed that the Kalasha's "human program" or setup serves as a protective factor against psychological problems. He explained the structure of Kalasha society in the following passage:

"I think structure of the community is such a protection against something psychological or stress, that Kalasha share meals, there is no concept of isolation within the community as well…everyone knows everyone. They attend funerals and weddings collectively for example, if there is a wedding so you don't sit down and make a list of hundred people that you want to invite on your wedding (sarcastic laughter). So, the moment somebody decides to get married, it's between boy and girl and parents who arranged it, and then suddenly news ruptures around and everybody knows that there is a party at this house so everybody goes there, food is served, and good wishes are exchanged and so on. So, there is a sense of sharing and that's not only limited to material like food or something, but they also share responsibilities".

In explaining the structure of Kalasha society in response to the question of psychological problems in the Kalasha people, he again linked his argument to the fact that the Kalasha are not isolated but this time he discusses isolation from the intra-communal perspective and revealed with much pride in his tone of voice that there is a sense of sharing among Kalashas. He knows that this is a positive attribute of sharing, hence, he shares it with pride that Kalasha acquire this quality of sharing, whether its sharing of meals or sharing of duties in their weddings or sharing of material and non-material things.

Adrian gave an interesting example of wedding cultures, where he used his laughter sarcastically while commenting and comparing Kalasha with the rest of the cultures in the

country, who make lists of hundreds of people to invite to their marriages, whereas he wanted to present Kalasha as a distinctive community as Kalasha (with the strong sense of sharing). Therefore, the whole argument was built in response to positive attributes of the Kalasha that help them maintain their well-being.

Division of labor. He described that in Kalasha culture the gender roles are defined and this practice is based on the division of labor. It is a way of fulfilling the duties for both men and women, so gender roles are defined and it is an important factor for psychological wellbeing or resilience from his perspective.

Adrian said, *"So, since it is a non-violent society and it is based on division of labor, (pause) which means that women work and take care of the fields, whereas, men manage the pastures. Women and men have their own separate tasks, their own different territories, so you are naturally, organically empowered to make this garden (valleys) beautiful. So, the amount of labor is also shared and gender roles are defined in order to prepare for harsh winters; to survive in, rocky and high mountains, and to look after cattle regularly. Women feel and men think. So, the amount of the work they do is equal. Also, I would like to share that one of my favourite groups in Pakistan are the Nomads".*

R: Nomads, Right.

A: And their sense of being, whether it is female or male is staggeringly as high as their self-esteem. I have seen nomads selling things around, I have tried to go as far as where they live and so on. They are protective of themselves, their females are empowered.

Adrian believed that division of labor is a common practice in many other indigenous groups. Here his phrase of "women feel and men think" reflects a patriarchal views on gender where he might believe that thinking and decision making powers should rest with men and

women are considered as emotional. Or, it may be interpreted as women are more sensitive and more caring as they manage emotions comparatively better than men and they are more empathetic. At the conclusion of this topic, he again commented that *"in actual the Kalasha women are not super empowered or special but if you want to portray them to be special it is your choice"*. Here he ended this statement with a laughter and sardonic and sarcastic comment, as he believed that all the literature portraying Kalasha women as super empowered is not based on factual grounds. Whereas he seems to believe that the division of labor is something that instils the sense of duty in both the genders of Kalasha and they are actively contributing to live life according to Kalasha traditions. In these traditional values he sees substance for protection against mental health issues.

No stigma of mental health. Although no stigma has been associated with mental health in Kalash, mental health awareness is required. He shared his views that he thinks that there is a strong need to understand mental health issues in the Kalasha community and they need to know that health related issues are not limited to physical and bodily disease, but there are psychological problems as well, for which a massive awareness campaign is required. It is noteworthy here that he also shared his views that mental health or psychological problems are not alarming in Kalasha community, however, here he emphasized on the importance of creating awareness regarding mental health. This cannot be considered as a conflict rather he has taken a preventive approach and wants to take pre-emptive measures for his society. This reflects his strong commitment and sincerity with his community. He further shared that since the Kalasha are to some extent aware of stress and similar phenomenon, they do deal their traditional remedial measures for that (referring to Shamanic treatment) so there is no stigma associated

with mental health issues within the Kalasha community. He illuminated his opinion in the following words:

"First, we have to realize that body is not the only thing that gets sick, and needs to get fed with medicines, to be cured. Mental health is as important, so (pause), for them (Kalasha) to understand this, it could be something that is something new. That it is some kind of particular category. (Slight Pause) I don't think that there would be stigma involved with mental health here. The reason of no stigma here is because, Kalasha deal with mental health problems in their own indigenous ways. Their indigenous ways include Kalasha's attributes of interacting and sharing. This sharing and caring culture help changing the person's attitude. Whether stress is induced by any reason ranging from economic problems to relationship issues, they are managing it well. Let's say traumas; they are managing their own traumas (slight pause) and so on. But I think, the psychological problems are not alarming here because the Kalasha society is no living in isolation, despite they have strong communal connections. Also, they are living peacefully despite differences. Here in some Kalasha families, one brother is Kalasha and the other is Muslim. So, basically there is a strong bonding and constant interaction within the people of Kalasha. However, as the population is growing, and as they are becoming more dependent on other ways for need of survival, gradually there would be a need for Psychologist. Then, the culture of having a one-to-one individualized sessions will also be appeared here and people will have to pay for this service as well. For now, there is no such concept and people help each other with sharing and caring to overcome stress or psychological problems. Mental health is not considered a problem here, generally. But, there is also no stigma associated with those having mental health problems in this community".

Adrian also believed that the Kalasha are dealing well to overcome minor psychological problems as there is a strong connection and bonding within their community. He highlighted two kinds of stressors commonly found in the Kalasha community as economic burden and relationship-oriented problems, but he also believed that these stressors are manageable and they are managing it. He then reflected upon the reasons why Kalasha are managing these minor psychological problems on their own and he believed it is the connection and lack of isolation within their community that serves as a protective or remedial factor for psychological problems. Here he again reminded the fact which he repeated a number of times throughout the discussion that mental health related problems may arise because now they have started interacting with the market economy and as they are now becoming more dependent, day by day, on other means of lives (i.e., market products and modern trends). Because modern-trends are growing, so he anticipated a need of a psychologist also, as people would become more independent and become more isolated and less connected within the community which will ultimately results in growing more psychological problems. His concern and discomfort reflected from the way he commented and shared about the need for a mental health practitioner as he see it as losing their cultural values of connection and sharing. He further shared that generally mental health is not considered as an alarming problem here and there are many developmental projects here but none is working on mental health per se.

The hidden world of Paristan (the land of fairies and spirits). The respondent shared his and his community's beliefs about spiritual causes of mental health problems. The interference of supernatural phenomenon in abnormal behaviour is not solely believed by Kalasha but by many other communities as well. Adrian expressed:

"If someone starts to behave in an abnormal situation they try to find a solution, may be the cause they would believe is interference of some super natural phenomenon because there is a strong and persistent belief not only among the Kalahsa but other communities as well in Spirits and Ancestors interference"

According to him, the Kalasha belief system has lot to do with ancestral spirits and fairies. It is pertinent to note that he sounds convincing here to share that why he respect and believes in the spiritual causes is because there is a strong element of respecting elder's views and beliefs and the way he expressed that "you cannot reject it" reflects his fear of getting judged as going against the spiritual beliefs.

He further explained:

"Yeah so you kind of naturally assumed that this landscape is not only shared by humans, but also there are things that which cannot be seen by eyes, but there are people who certainly see them at some points and there may be some kind of interference coming through ancestor's spirits or ghost and fairies. The whole region is once called in books written by historians as in like if you see Gilgit and Chitral all this region has been tagged as "Paristan" (the land of fairies). This means there is certain element of strong belief in fairies, so if somebody is behaving in a certain way or they see that there is some kind of mental issues then they try to seek Shamans and they try to seek people who make Taveez (amulet)".

Adrian shared about the kind of help that Kalasha in situations of stress or illness seek includes Shamans (Kalasha spiritual persons) as well as Molvis (Muslim religious scholars) for remedial measures. This is interesting to note that for remedy of illness, Kalasha preferences are not limited to their Shaman's treatment, but they also consult Muslim Molvis and seek help from Muslim spiritual practices of Taviz. These help-seeking perspectives reflect their interpersonal

congenial relationship with the Muslim community and reflects their openness. He further started explaining the reasons for their belief in supernatural phenomenon and tried to build his strong argument by giving the reference of historians naming the region as *Paristan* (the land of fairies). He went on further to explain the situation where Kalasha suspects someone as suffering from a mental health related issue, especially in the situations where somebody is suddenly fall sick. He expressed that in these situations, those who could afford the expense they take the patient to medical treatment facilities in bigger cities and the rest would consult a local Shaman or Molvi. He explained the reasons why they believe in spiritual causes and said that it is because of the fact that they are culturally programmed and lived with this reality, while explaining the reasons his sound and tone reflected confidence and pride.

Discussion

The aim of this study was to understand an individual Kalasha's views regarding mental health and his cultural identity. The study has attained its goal by presenting rich data and by differentiating between the researcher's own interpretation and an individual Kalasha's perspective by presenting both in a comprehensive manner as required by an IPA study. Throughout the discussion between the researcher and individual, it was evident that Adrian took a strong position to project his cultural identity of being Kalasha with much pride and high self-esteem. According to empirical literature, cultural identity is a certain culture's entire set of beliefs, social behaviours, rites, customs, traditions, values, language, and institutions (Thomas & Tessler, 2007; Vonk, 2001). Empirical studies have shown a positive relationship between self-esteem or psychological well-being and the level of cultural identity (Basow, Lilley, Bookwala, & McGillicuddy-Delisi, 2008; Cederblad, Hk, Irhammar, & Mercke, 1999; Johnston, Swim, Saltsman, Deater-Deckard, & Petrill, 2007).

Interestingly, our participant explained, with much depth and richness, the concept of having an admixture of identities and believed that the Kalasha identity has evolved from a singular ethnic or cultural identity to multiple mixtures of identity due to globalization, urbanization, and changing lifestyles. The findings of this single case study also revealed how our participant believed in the link between their cultural identity, Kalasha traditions, their communal strengths and psychological well-being. He sees cultural identity and practices as protective factors against psychological problems. Here we can say that he is trying to communicate a relationship between a strong cultural identity and psychological well-being. We can relate this with the literature, where ethnic and racial identity are seen as an evolving process and explained as person's qualitative status at a certain time (Wakefield & Hudley, 2007).

Nevertheless, the term cultural and ethnic identity has been constructed with the mutual consensus of all perspectives and it has been explained by previous researchers that ethnic and racial identity has a positive impact on the psychological, social, and academic adjustment of individuals of colour (Johnston et al.,20017; Wakefield & Hudley, 2007). Kalasha's identity development over times has been illuminated in the results section where the respondent took varying forms to explain the Kalasha identity. He described the development of historic links, with the arrival of Alexander in the region and also reflected on Muslim cultural influences.

The findings also reveal that he has attained his identity development as Kalasha yet the overall shift due to globalization and modernization has started impacting Kalasha's identity as a whole. He described how this impact of globalization has brought changes in Kalasha culture which was explained in the result section. The findings are also relatable with the Stage model of ethnic identity which is again based on a theory which has undergone comprehensive exploration (Phinney, 1996). According to this model, people develop ethnic identity through exploration

and commitment. Exploration signifies the degree to which individuals look for the content of ethnic heritage such as, language, cultural practices, and beliefs as well as meaning of the ethnic information for their own identity. However, commitment represents the intensity with which an individual accepts and gives importance to ethnicity as a part of his/her own identity (Wakefield & Hudley, 2005). Adrian's ethnic commitment has been observable throughout the result section.

Also, the findings point to the significance of having a strong and positive cultural identity in an indigenous groups that helps them maintain resilience against psychological problems. As in this study, the participant discussed about preservation of his cultural values and practices and he seems concerned about changing lifestyles and urbanization which shows that these findings are also consistent with previous literature on mental health and cultural identity, where the value of holding positive cultural identity has been explored (Shepherd, 2018). Furthermore, findings of the current study also reflect the significance of a positive cultural identity in terms of maintaining psychological well-being. This is also relatable with a similar study on the Kalasha community to identify their risk and protective factors against mental health problems (Choudhry et al., 2017).

The findings can be useful in devising indigenized psychological interventions for the Kalasha people considering their perception of mental health and identity. The similar other indigenous and mountain communities can relate with the findings of this study and appropriate and culturally sensitive measures for devising mental health interventions are recommended. Other than clinical implications, the findings of this study also point to the need of taking measures to preserve this culture against urbanization by providing a more flexible environment

and space to practice their culture and tradition as currently excessive tourism sometimes interfere their personal space.

The findings of this study highlights that the Kalasha community has a strong belief in spiritual and /or supernatural causes of mental health problems. These findings are related with the past literature where elements of belief in supernatural forces and spiritual causes of mental health problems were reported (Teferra & Shibre, 2012). The current study and the past literature recommends to develop indigenous treatment strategies (Teferra & Shibre, 2012; Gholipour, 2014) which are culturly sensistive and respect the belief system of the targeted community.

Conclusion

Kalasha identity is an admixture of a number of identities and has been going through a shift due to globalization and urbanization. The participant has anticipated the concerns of losing their communal bonding, with increased dependency on the demanding market based society, which will ultimately bring individualistic culture into the Kalash valleys. He also expressed his apprehensions regarding the possible increase in the prevalence rate of psychological problems among Kalasha in the future due to Kalasha's transition and adaptation to globalization and urbanisation. However, the study also highlighted the positive traits (cultural factors and practices) that could help them maintain resilience against psychological problems. This study also shows the importance of cultural identity for the Kalasha participant which Kalasha believes to be an important component against mental health problems.

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Monash University

Declaration for Thesis Chapter 9

Declaration by candidate

In the case of chapter 9, the nature and extent of my contribution to the work was the following:

Nature of contribution	**Extent of Contribution (%)**
Data collection, data transcription and translation. Descriptive, linguistic and conceptual IPA analysis, preparation of manuscript and revision of the manuscript	85**%**

The following co-authors contributed to the works. If co-authors are students at Monash University, the extent of their contribution in the percentages must be stated.

Name	**Nature of contribution**
Dr. Karen Jennifer Golden	Study design, planning, analysis of data and overall supervision and editing of all the drafts
Dr Tahir Mehmood Khan	Input into the revised drafts and final draft.
Dr Miriam Sang-Ah Park	Input into the first draft and multiple revised drafts

The undersigned hereby certify that the above declaration correctly reflects to the nature and extent of the contribution of the candidate and co-authors' contribution to this work. *

Candidate's Signature	[redacted]	Date: 15th May, 2018
Main Supervisor's Signature	[redacted]	Date: 15th May, 2018

* Where the responsible author is not the candidate's main supervisor, the main supervisor should consult with the responsible author to agree on the respective contributions of the authors.

An Overview of Chapter 9

This paper focuses on understanding Kalasha's mental health conceptualization, including their perceived causes of mental health problems and their preferred treatment options. Therefore, this paper addresses part of the research question 5 (i.e., what are the perceived etiological causes of mental health problems and treatment options among Kalasha and Nomads). Furthermore, this paper also addresses research question 4 (i.e., How do Kalasha understand and interpret their psychosocial protective factors for mental health?). Although this part of identification of resilience or protective factors against mental health problems in Kalasha has already been addressed through chapter 7, this chapter identified some additional important factors that serve as a buffer against mental health problems or distress among Kalasha. Therefore, this paper notably focuses on both aspects and goals of the thesis (i.e., mental health and psychological resilience). The current paper provides an understanding about Kalasha's practices for treatment and explains their help seeking behavior for mental health problems. The abstract of this paper has been accepted by a special issue of *Frontiers in Public Health* journal *(Special Issue Topic: Resilience Approaches to Promote the Determinants of Health for Indigenous and Other Ethnic Community Youth)* and the full paper was invited. The full paper was submitted for review and revisions have been suggested. This paper also explains the relevance and application of the Bronfenbrenner's (1979; 1994) ecological systems model which is the main theoretical model used in the thesis.

Note. This paper is not in APA format, as the requirements of formatting by *Frontiers in Public Health journal* are followed.

Mental Health Conceptualization and Resilience Factors in the Kalasha Youth: An Indigenous Ethnic and Religious Minority Community in Pakistan

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Abstract

The Kalasha are a religious, ethnic, and linguistic minority community in Pakistan. They are indigenous people living in remote valleys of the Hindu Kush Mountains in northern Pakistan, neighboring Afghanistan. The Kalasha are pastoral, as well as agricultural people to some extent, although they are increasingly facing pressures from globalization and social change, which may be influencing youth and community development. Their traditional world view dichotomizes and emphasizes on the division of the pure (Onjeshta) and the impure (Pragata). There remains a scarcity of literature on mental health and resilience of indigenous communities in South Asia and Pakistan generally, and the polytheistic Kalasha community specifically. Thus, the current study was conducted with the aim to explore the cultural protective factors (resilience) of the Kalasha youth (adolescents and emerging adults) and to explore their perceived etiological understandings and preferred interventions for mental health support systems. The theoretical framework of Bronfenbrenner's (1979; 1994) ecological systems model was used. Interpretative Phenomenological Analysis (IPA) was conducted, considering its advantage of idiographic approach and the 'double hermeneutic' analytic process. This methodology was consistent with the aim to understand and make sense of mental health and resilience from the Kalasha indigenous perspective. A total of 12 in-depth interviews were conducted with adolescents and emerging adults (5 males, 7 females), along with ethnographic observations. The analysis revealed 3 superordinate themes of mental health perceptions and interventions, each with more specific emergent themes: 1) Psychological Resilience/Cultural Protective Factors Buffering Against Mental Health Problems (Intra-communal bonding & sharing; Kalasha festivals & traditions; Purity concept; Behavioral practice of happiness and cognitive patterns); 2) Perceived Causes of Mental Health Issues (Biological & Psychosocial; Supernatural & Spiritual;

Environmental); and 3) Preferred Interventions (Shamanic Treatment; Ta'awiz (Amulets); Communal Sharing & Problem Solving; Medical Treatment; Herbal Methods). The overall findings point to the need for developing culturally-sensitive and indigenous measures and therapeutic interventions. The findings also highlighted the Kalasha cultural practices which may promote resilience. The findings also call for indigenous sources of knowledge to be considered when collaboratively designing public health programs.

Keywords: indigenous; resilience; ethnic minority; mountain people; marginalized; mental health; South Asian

Introduction

The Kalasha are an indigenous marginalized group settled in the northern mountains of eastern Afghanistan and North-West Pakistan. They are a pagan tribe that practice their own tradition and culture (1). Their religious beliefs are polytheistic and animistic. Some of the Kalasha believe that their roots are in Greece and they are the descendants of Alexander the Great and his army. However, the archaeological research through excavation and exploration in Chitral revealed that Kalasha were present in Chitral even before the arrival of Alexander the Great in this region (2, 3). Historically, Kalasha settlements were spread over the Chitral district in Pakistan and Nuristan in Afghanistan, now they have been shrunken and limited only to three small valleys of Chitral, Pakistan (4-6). The Kalasha belong to an oral tradition, without having any written scripture about their religion and culture (7). The Kalashamon ('Kalasha language'), is one of the many threatened and near extinction languages of the world (8, 9). In the recent years, however, the linguistic community has started making some efforts to save the Kalasha language through documenting the text (10).

The Kalasha world, or their "fundamental dichotomisation of the natural environment" (11), is divided into two spheres of ónǰeṣṭa (pure) and prágaṭa (impure). The ónǰeṣṭa (pure) spheres include the heights, the mountains, gods, wildlife and goat stables, mountain spirits, fairies and the space between the back wall of the houses and the fire space in the middle (12). The prágaṭa, on the other hand, represents the places at the bottom of the valleys that includes graveyard and Bashali (a place where women stay during menstruation and during child births) (12, 13-15). Not limited to human and places but ónǰeṣṭa also includes animals. For example, goats (as they graze at high altitude in mountains) are pure, while the chickens and the eggs are considered prágaṭa (impure). The neighboring non-Kalasha communities are thus settled in the

lower portion of the valleys and come under prágaṭa spheres. The Kalasha community, therefore, settled in an intermediate space between the dichotomy of prágaṭa and ónǰeṣṭa (12, 15).

The positive connotation in ónǰeṣṭa is not related to a blissful life in the hereafter. Also, although prágaṭa doesn't have a positive connotation, it has nothing to do with sin or the devil (3). Additionally, there is no association of these two poles with sexual morals, cleanliness or devotion, like the rest of majority community's view of "pure/impure" (16). Nowadays, the Kalasha have started talking about hell and heaven and often relate to the myth of Adam and Eve owing to the influence of Islam (3, 17). However, the traditional Kalasha vision, rooted in their religious system, has limited concern for the hereafter or the idea of a prize or a punishment in the life after death (3).

The Kalasha are an agro-pastoral community (18), their economy is based on pasture and agriculture historically (19). However, their agriculture is very small scaled and the pastoral economy has been endangered because of the symbolic significance of the pastures in their cultural traditions (18, 19). For example, goats are culturally important, intrinsically sacred and pure animals amongst the Kalasha because of their association with wild animals of the mountain region (18). Even on festival dances, playing of goats and clashing of their horns during combats is enacted. Goats are slaughtered and their blood is believed to provide protection against evil forces (20, 21). Contrary to the role of cattle and sheep in pastoral subsistence, the obsession of the Kalasha with goats can be seen in multiple ways (11). Goats' symbolism can be seen in entire Kalasha religious culture such as, goat carvings on doors; pillars of houses; altars, and images on walls clan temples (22). The images of goats are also moulded in dough or imprinted on bread at important rituals (23).

The Kalasha are surrounded by a conflict driven Afghanistan where an extreme and hard-line religious narrative has been built since 1980s and the narrative kept on spreading to the neighbouring places including parts of Pakistan (49). The same narrative forced the whole Kalasha community once settled in the Nuristan district of Afghanistan in the past. The counter-narrative needs to be built very timely in order to preserve the diminishing cultural heritage of Kalasha.

The Kalasha are a vulnerable and endangered community considering their challenging geographical location, and security threats and their youth is constantly striving to preserve their unique culture (1). Therefore, in order to gain an in-depth understanding of an individual's protective factors, there is a need to understand the cultural conceptualization of resilience and the role of ecological processes in development of an individual (24). There is a need to look deeper into the ecological system owing to the influence of environment of an individual on his/her development (24, 25). According to the Bronfenbrenner's ecological system, an individual is surrounded by layer of contexts under influence of multidirectional factors (e.g., family, environment, and context) (26).The predominant focus is on the multidirectional interplay of environment, context, and ecological system of an individual (27). According to Bronfenbrenner, there are five interlinked levels in the ecological environment of a person; microsystem (i.e., family and school etc.), mesosystem (interaction between two systems), exosystem (system that has an indirect influence on a person e.g., parent's workplace), macrosystem (community level norms, beliefs and culture), and chronosystem (the chronological component) (28). Furthermore, Putnam (1993) highlighted the concept of social capital which includes community networks, sense of belonging, civic engagement, and trust in community are among the important factors contributing to social capital.

Most of the research studies on mental health and resilience have been conducted in high-resourced developed countries (24, 29, 30). Furthermore, a very limited research is conducted in low-resourced countries to understand the responses of minority groups regarding mental health issues (29). More indigenous resources, interventions, and methods can be developed if researchers explore the cultural, contextual, bioecological protective factors and contextually and culturally sensitive intervention models (29). Therefore, current study was conducted with the objective of understanding the educated young Kalasha's mental health conceptualization, treatment preference and their indigenized cultural protective factors against mental health issues.

Methods

Study Design and Authors

The study was conducted using the overarching framework of Bronfenbrenner's ecological system (27). The first author was a non-Kalasha researcher who had worked with the marginalized communities of Pakistan for the past six years, and had knowledge of local dynamics and culture of indigenous communities of Pakistan. The first author has been trained as a psychological researcher and served in multiple sectors (public, private and non-government developmental segments). The first author has vast experience using qualitative research, more specifically, he has seven years of experience with Interpretative Phenomenological Analysis (IPA). The first author along with three local researchers visited the Kalash valleys for data collection.

Interpretative Phenomenological Analysis (IPA) is a qualitative analysis approach which specifically explores people's sense making of their experiences with predominantly psychological interest (31). In IPA, the researcher carries out in-depth, extensive, first-person

interviews of research participants. The researcher believed in decolonizing research methodologies, therefore, he took an initiative to foster local community connections, for participatory research with indigenous Kalasha community. The co-authors of the current study are also experienced researchers with ample understanding of indigenous and qualitative methodologies.

For the current study, we adhered to the principles and guidelines of IPA (31). As IPA is an inductive approach, we framed our research question ensuring the flexibility. We tried to maintain quality, trustworthy data collection, analysis, and writing up of this research project by instantiating principles of IPA. The team members had regular discussions and team members explicitly monitored the research process to ensure that the principles of IPA were followed. Participants were recruited from the three valleys of Kalasha through snowball sampling. Twelve Kalasha people were interviewed for this IPA study.

Research Paradigm/Epistemology

The epistemology of IPA is experiential and hermeneutic. In IPA, the interest is to understand an individual's connection to the world (and to the things in it which matter to him/her) through that individual's meaning-making (32). The assumptions of IPA are; developing an understanding of the world necessitates and understanding of the experiences; and the IPA researchers are involved in the personal narratives of the individuals who are "always-already" engrossed in a linguistic, relational, cultural and physical world (32). Therefore, we took an idiographic approach to our research project, for enabling an in-depth focus on the particular individuals of Kalasha sample. In IPA, the researchers do not directly access experiences from narratives, rather a process of intersubjective meaning-making helps them in

accessing a phenomenon. For immersing in participants' experience, the IPA researchers need to be able to recognize and reflect upon their own experiences and assumptions.

Participants

The research participants we recruited formed a homogenous sample of the Kalasha youth, struggling for preservation of their unique culture, hence, the research question of understanding their resilience was meaningful. As the mode of enquiry in IPA is idiographic and inductive, a closely-defined group of participants representing certain group or perspective in the area of study rather than a population is needed. The recruitment of a homogenous sample of participants assisted in providing insights into the similarity and variability of people representing that perspective. Recruitment and selection of the research participants was carried out through snowball sampling method, as after the first few interviews we requested the participants to refer to their friends (who represent Kalasha youth) for participation in this study.

The sample consisted of young Kalasha; from Bhamburat and Birir valleys. All participants were adolescents and emerging adults; identified themselves as Kalasha (5 men, 7 women); were born and had lived in Kalasha and, were fluent in Urdu language-commonly spoken in Kalasha valleys (see Table 1 at the end of this chapter). Most of the participants were enrolled to undergrad degree and/or post-graduate level. Majority of the participants were students, however, one participant was a part time student and also worked in the fields and another was a part-time student. The Kalasha do understand and speak Urdu (33, 34), therefore, interviews were conducted in Urdu language. A detailed analysis of a total of 12 in-depth interviews of 12 participants was carried out. The participants' age ranges from 18 to 26 thus they are considered the youth of Kalasha community.

Data Collection

The data were collected in the form of in-depth semi-structured interviews. The time duration of these interviews varied from 55 min to 140 min. On average, each interview took 97 minutes. The first author interviewed all the participants and other researchers helped in handling recording devices and taking field notes. This study was carried out in accordance with the recommendations of ethics guidelines of Monash University Human Research Ethics Committee (MUHREC) and the ethics committee of Punjab Institute of Mental Health (PIMH). The protocol was approved by the MUHREC (MUHREC; CF15/4575 - 2015001970) and the Ethics Committee, PIMH. All subjects gave written informed consent in accordance with the Declaration of Helsinki. All participants were informed that they were free to stop the interview or withdraw their data, should they wish. We used the interview schedule flexibly according to IPA good practice (31).

Procedure

Semi-structured interviews were carried out in the Urdu language in order to collect the data. The research participants were asked to talk about their experiences of mental health and protective factors against mental health problems. An interview schedule guided the researchers, but the participants were allowed to talk freely about their own experiences. The researcher spontaneously asked questions in response to the participants' accounts. All the interviews were carried out at participants' homes on one-to-one basis. The arrangements were done to conduct in separate room of the participants' houses in order to ensure confidentiality of the responses. The interviewer probed the important and interesting issues brought forth by the participants themselves. All the interviews were audio-recorder on two separate audio-recorders. The verbatim of all the interviews were transcribed and then translated into English. The field notes

were taken during the interviews by the accompanying researchers. All the data was anonymized to ensure confidentiality. The translated version of interviews was checked by two language experts who had command over both languages (i.e., Urdu and English).

Data Analysis

In order to carry out the analysis, we followed the IPA procedures outlined by Smith et al. (31). IPA is committed to the idiographic—a process of analysis which begins with a detailed assessment of each case followed by a search for similar responses across cases (35). Both convergence and divergence is carried out in the analysis by reading the transcripts line-by-line. The analysis proceeds by assessing the points of descriptive, linguistic, and conceptual note throughout. The initial step of IPA comprises developing an open mind and an exploratory attitude for producing a comprehensive and in-depth account of the data (31, 36). In the other margin, the researcher transformed the initial notes into emergent experiential themes. In a resonant and concise way, the themes set out to grasp the main aspects of each participants' experience framed by the interpretations of the analyst. Using techniques of abstraction and subsumption (31) within case and across the participants, themes were grouped and superordinate themes were produced. After producing a list of superordinate themes and contributory subthemes with reference pointers to the supporting evidence in the interview transcript for the first case, the process was repeated for every case. In the end, the 12 individual tables were reviewed at the same time, major common themes, and points of strong convergence and divergence were highlighted.

The superordinate themes were then transformed into a narrative account with analysis supported by verbatim extracts from every participant. The main author took the lead on the initial analytic steps and at each stage the data was audited by co-authors. Through this rigorous

search, any kind of the influence of assumptions on the analysis was minimized. This auditing led to minor modifications. In the later stages of analysis, writing was done in a collaborative way and ideas were shared, challenged and modified. All the co-authors contributed to the writing up and gave significant comments on interpretations. This method is consistent with the good practice in hermeneutic phenomenology and helps to guarantee rigor. Specifically, we adhered to Gadamer's (37) affirmation that important aspects of the reflexive interpretative arc only become apparent during analysis and good analysis incorporates new insights in the write up (38). The raw data of the present study were the transcripts of the interviews.

Results

The Interpretative Phenomenological Analysis was conducted to extract themes from the data. We have extracted a total of 3 superordinate themes, each with emergent themes: 1) Psychological Resilience/Cultural Protective Factors Buffering Against Mental Health Problems (Intra-communal Bonding & Sharing; Kalasha Festivals & Traditions; Purity Concept; Behavioral Practice of Happiness and Cognitive Patterns); 2) Perceived Causes of Mental Health Issues (Biological & Psychosocial; Supernatural & Spiritual; Environmental); and 3) Preferred Interventions (Shamanic Treatment; Ta'awiz (Amulets); Communal Sharing & Problem Solving; Medical Treatment; Herbal Methods) (see Table 2 at the end of this chapter). Each major category of theme or superordinate theme with emergent subthemes is discussed in the following section.

Psychological Resilience/Cultural Protective Factors Buffering Against Mental Health Problems

The Kalasha youth discussed certain factors that they considered as their cultural protective factors against mental health issues. Here, it is noteworthy that the term "mental health

problems" is generally a broad term and used intentionally in order to understand Kalasha youth's understanding of "mental health". Therefore, in this result section, when we use the term psychological resilience or cultural protective factors buffering against mental health problems, it refers to neurotic as well as psychotic domains of the problem. However, we have observed a pattern in every interview where a participant started sharing his/her views regarding protective factors and initially conceptualized "mental health" as psychotic phenomenon and then with the passing conversation and probing from the interviewer, the participant also shared his/her views of resilience factors against "less severe" mental health issues, and/or the symptoms of common mental disorders, like disturbed sleep, decreased appetite, irritability, and sadness.

Intra-communal bonding and sharing. The intra-communal bonding and sharing culture among Kalasha youth is the most frequently discussed factor that contributes to their well-being and serves as a cultural protective factor against mental health issues (both minor and severe). It is pertinent to note that in the very first theme of cultural protective factors, the young Kalasha participants reflected upon their shared value of unity and membership of their traditional culture. They do not only own their culture with pride, but also consider their communal bonding and culture of generosity as important factors that make them resilient. At conceptual level, their positive identification with sharing and strong bonding culture shows their contentment with their cultural identity. The following excerpts from participants' interviews reflect their intra-communal bonding and sharing:

"Kalasha are our own people and we live together, when there is any problem, we help each other."

"We are stress-free and it is because of the environment. Here, air is pollution free, food is organic, life is peaceful and we share sorrow of each other, we help in healing any grief and we focus on happiness."

"What is unique and special about Kalasha is that here there is more unity among people and we live by helping each other."

"We all live like a family, there is no hatred between us, no religious conflicts with neighboring communities and we believe in sharing."

"It's (Kalasha) a very peaceful religion, we all live with love here and I like it a lot, we have freedom of choice, but we ask from family as well. We believe in sharing and discussing with them but the good thing is that the elders/family do not force us, so yes this is the reason that we are strong against psychological problems."

"There is a sense of sharing and emotional sharing which is like you are not left alone to suffer something so in this sharing culture the chances of developing something psychologically are limited"

The young Kalashas are certain about their community's well-being as they considered their community generally and Kalasha youth specifically, having less chances of developing mental health problems and they attributed their mental well-being to their culture of sharing and connecting with each other. This shows that young Kalasha tend to have high cohesiveness and congenial interpersonal relationships. This theme of intra-communal bonding and sharing reflects the microsystemic approach, if we look at the participants' quotes in the context of Bronfenbrenner's systems. Also, the abovequotes refer to the mesosystemic interactions between Kalasha youth and the neighbouring communities and we can ascertain the intimate kinship patterns, yet autonomous practices of Kalasha family.

Kalasha festivals and traditions. The Kalasha celebrate three major and few small festivals in a year (39). Every member of the community takes part in these festivals regardless of gender or age. These festivals are mostly considered a way of paying tribute to the nature and gods. They are meant for the well-being of the community and also hold very significant value in Kalasha culture and tradition.. The significance of Kalasha festivals depicted through the following verbatim of the participants:

"There are 3 major festivals in Kalasha, one is celebrated in December during winters, another is celebrated in Spring in May, that is called 'Chillamjosh', and the third one is celebrated in October, mostly in Autumn. There are many other small festivals, but mainly these three are the major celebrations. So in festivals we do get together and dance together and pay tribute to nature, celebrations makes us happy and resilient."

"Traditional celebrations are in order to remember who we are as a people, like the gatherings shows a bonding. So the "festivals" that they call it in the print media, are actually not some kind of a drinking parties, or dancing shows. It's not for entertainment. It's a part of a tradition for ancestral culture, this falls into the category where there is a winter, spring and autumn."

"We do preparations from a couple of months for festivals and it's a matter of happiness, we enjoy a lot. Especially the May festival "Chilamjosh."

"When festival starts on 3rd may, people with new born babies get together at a place called Jazda Khana, then all mothers places flowers there and an ancient shawl is also tied there, they also carries baskets full of walnuts and mulberry. Then they move upwards from jazda khana, and from there one man pours milk on new born babies, people have different concepts about this ritual, some says that it's for prosperity and some says that after this babies do not

weep much. After that fruits (walnuts, mulberries) are distributed among all and then people go to a dancing place and dances there in groups".

These festivals are part of the tradition; have something to do with Kalasha's ancestral and traditional beliefs and customs; and are not some random parties or timeout from the routine. Rather these festivals are well planned and organized events with an objective and are a celebration of new season.

Purity concept. The ónǰeṣṭa and prágaṭa are a symbolic system of the Kalasha. In past literature, these terms are used in place of 'pure' and 'impure'. This polarity has semantic meanings which were illuminated by the participants in the given below key quotes:

"The division of pure and impure instils hope for us to go about onjesta (pure) more, to be connected with our ancestors and with our inner self that help us making stronger"

"Bashali is a place separated from our houses, located at the down side, for women to stay during menstruation and child birth period. During these periods we are considered as impure. Every month."

"We stay there for few days and as there no domestic work we have to do, it's a kind of rest period for us, and even the food is delivered there from our houses. I think it's a good break time from house chores and to contemplate and serves as an opportunity to deal and overcome any stressors."

Here our interest in ónǰeṣṭa is to understand how this concept of purity acts as a buffer against psychological distress and contributes to well-being. The research participants used this concept to explain how women during their menstruation shift to bashali and the women considered and accepted this practice as something that gives them an opportunity to rest and have time for contemplation. The participants also believed that the division of ónǰeṣṭa and

prágaṭa gave them strength as it provides them opportunity to connect with one's inner self and with ancestor's spirits. This reflects their philosophical inclinations towards existential domain that they believe in spiritual world and have understanding of connecting with inner self.

Behavioural practices of happiness and cognitive patterns. From social constructivism perspective, every individual constructs a unique reality depending on his/her phenomenology and lived experiences. Here, in illuminating on the concept of happiness, Kalasha youngsters, as a whole group seem to hold similar beliefs about the shared value of happiness. The young Kalasha's cognitive schemas tend to be based upon cultural upbringing and predisposition to the concept of celebrations and happiness. The schematic practice of happiness is manifested through behavioural components as well. This can be comprehended by the explanation of mentioned quote, where the participant explained how the Kalasha youth are persistent in practices of happiness during the times of grief.

The figure-ground relationship of happiness can be best explained through the example of their death ritual, where the concept of happiness per se, may become ground and the sorrow is the focus or figure, however; in all other social interactions and actions, the concept of happiness is a central element. Savoring refers to attending and enhancing positive experiences and is the use of thoughts and actions to increase the intensity and duration of positive experiences (47). The young Kalasha's formulation of happiness seems well versed with savoring as their positive focus on happiness, through cognitive element and physical actions of participation in festivities and celebrations, is evident.

The savoring of Kalasha youth through behavioural and cognitive patterns again reflects the Bronfenbrenner's macrosystem as this disposition of happiness is inherited and enrooted in their tradition and culture, attitudes and belief system. The young Kalasha give utmost

importance to their macrosystem as well as microsystems. Some examples of these behavioural practices in participants' words are given as follows:

"Our festivals and preparations for festivals make us happy, we do dance, chant and sing with instrument (i.e., drum play). It's all happiness and it is the practice of happiness."

"You can say that we are happy because we share our grief and here people support each other and believe in living happily."

"Let's take an example of death ritual here. It is indeed an expression of sorrow, as the family of that departed person is obviously in grief. However, it appears as an expression of happiness as we dance and sing on death ritual. Some people might have thought that it's wrong to dance on death…..but…in us we think that it's our ritual and done by our ancestors …so we have to follow and by doing this apparent practice of happiness we promote wellbeing and happiness in long term."

"Kalasha are considered as a happy community and the reason is that they are involved in happiness as well as sorrows of each other."

"Even in death we try to find happiness, as we celebrate that sorrow (of death), we do chanting on his (the one who died) name and feel satisfied Actually, our goal of life is to be happy and to be happy upon God's will. This practice of happiness ritual in the times of sorrow reminds us that we've to stay happy in any situation."

An embodied practice of happiness emplacing cultural horizons of understanding reflected through "festivals and preparations for festivals make us happy". Here participants' quotes are well related with savoring- a concept of positive psychology.

Perceived Causes of Mental Health Issues

Biological and psychosocial causes. The Kalasha youngsters seem to have adequate understanding of etiological factors of stress as well as genetic vulnerability for psychological problems. The stress vulnerability model (48) seems to be applicable here which identifies stress and biological vulnerability as two important factors contributing to mental health problems and the Kalasha youth also reflected upon these two. Furthermore, one participant shared psychosocial element of mental health problems with an example of a girl who converted to Islam. The argument that the participant wanted to build reflects the socio-political pressure from the neighbouring communities.

"Yes I know the major cause of mental health issues is 'stress' let me share with you an example of a young Kalasha girl who converted to Islam last year. She was not mature and was under the age of 18, so she went to live with a Muslim family. Her parents did many efforts to bring her back home but failed. Soon after that, her cousin went to meet her and found her in stress, and she shared with her cousin that she unintentionally changed her religion. Therefore, her cousin brought her back home, but after that, an angry mob of Muslim people came and forced her to go with them. Her family members spoke to that group and tried convincing them not to force her to go with them when she doesn't want to go with them, and to resolve the matter through dialogue. Unfortunately, they did not listen and attacked her house with stones, until police dispersed the mob by using teargas. Resultantly not only that girl but her cousin who brought her back was also traumatized and now have panic attacks very often."

Where we discussed earlier about the importance and congenial microsystem organizations of Kalasha, this theme illuminate another side. This shows that Kalasha youth have

to face challenging scenarios in their mesosystem, especially when their microsystems of Kalasha family and neighbouring communities interact.

Environmental. If we see participants' quotes (as given below) with respect to the environmental causes of mental health problems and also relate these quotes with what the participants discussed earlier (i.e., stress and biological vulnerability), it will be just to conclude that the Kalasha youth hold a belief similar to the diathesis–stress model.

"But now genetically modified crops are coming in, destroying the local breeds of seeds that have been there for thousands of years, fertilizers have been introduced. Even, I have seen the cases where people using this pest thing, and houses being sprayed, which is causing diseases, also mental diseases."

"Mental health as well as physical health both issues are increasing day by day, have you seen? Because the farmers have started using sprays to kill the insects, these sprays contains medicines and contaminating natural things like vegetables, fruits etc. The plants absorbs that medicine and then we eat those plants, we feel like we are eating organic food but in reality, that food is a product of medicines and different sprays. As a result our body organs became weak and it may also effect psychological health."

In case of the Kalasha youth, they look upon the environmental factors with a positive connotation as participants described the conducive and healthy environment of Kalasha, a significant factor acting as a buffer and enhancing resilience against psychological problems.

Shamanic treatment. The Kalasha youngsters have a strong belief in their traditional spiritual practices for curing health related problems. We termed this theme as shamanic treatment, although the past literature recommends that it is more appropriate to say that shamanic elements are present in Kalasha culture rather than calling it a full-fledged shamanic

institution (3). The practices of treatment are similar to shamanic treatment where the Kalasha de'har/shaman goes to trance and focuses his/her gaze on ónǰeṣṭa sphere and provides the remedy after assessment. The "istongus", as reported by the participants is sacrificing a goat and distributing its meat after sprinkling the goat blood on the patient's forehead. The concept here is the charity/sacrifice which is similar to the traditions found in other religions, especially Abrahamic traditions. The participants described about this indigenous treatment method in the following quotes:

"The treatment is called '*Istongus*' in our language, in which we sacrifice a goat and then blood of that goat is sprinkled on the forehead of the patient. This is done by a specialist, for example, there is a woman who is an expert in this. Actually that blood is a sacrifice for God in order to get cured. It can be effective for any issues….like severe illness, it can also be done for persisting fever, mental issues like among my friends if someone is in stress which is beyond their control they may opt for this method, as it is a successful way to deal with such issues. She will touch the patient and will automatically get to know about their ailment. As for further accurate assessment, she will burn some ring type bangle on fire and get to know the exact cause reason. Afterwards she would chant for their relief and also suggest to do charity for cure and it is quite effective."

"There is certain element of strong belief in fairies, so if somebody behaves in a certain way or they see that there is some kind of mental issues, then they try to seek Shamans and they try to seek people who make Ta'awiz. So, Kalasha who is suddenly sick or something they will seek every way possible like they will go to the doctor if that is possible. It all depend on their resources, if someone can afford they may take patient to Islamabad, if they couldn't, they would then seek the Shaman treatment or the Molvi or the people who deal in making ta'awiz."

The inspiring quality of Kalasha youth and their spiritual tradition is the flexibility and openness to all the available treatment options. The very next theme (i.e., ta'wiz or amulets) reflects the young Kalasha's openness and acceptance of other traditions. It is not the case that they are not aware of medical options, especially the group under study constitutes the youth of Kalasha, which is aware of the evidence based practices of treatment. The spiritual options are chosen considering their easy access, respecting the beliefs and, following the advice of their elders and ancestors. The shamanic treatment reflects the Bronfenbrenner's microsystem, if we consider shamanic experts as a microsystem organization.

Ta'awiz (Amulets). The Kalasha have been living in a close proximity with the Muslim community. In the recent decades, the Muslim population has settled closely to the main entrance of the Kalash valleys. The Muslim preachers come all the way from Punjab and Khyber Pakhtunkhwa provinces for preaching purposes and try to convert Kalasha. The conversion of Kalasha is also an issue reported; whereas some participants believe it is a forced conversion, others think that they are converted with their free will and without any pressure. Here, the focus is not to explore their conversion process but understanding their perspective in terms of consulting Muslim clerics (Molvis) for seeking cure of physical or mental health problems. The Kalasha participants shared their views in the following statements:

"People believe on amulets for cure of mental health but our generation does not believe on them. For example, I know someone who has epilepsy and seeking treatment with amulets in order to treat epilepsy! They do not consult doctor. If anyone faces any mental health issue, they use amulets only and get those amulets from Muslims. Kalasha believe that amulets will cure them….A girl in my community had some mental health problems, her family consulted Molvis

for amulets and Qazis for her spiritual treatment, they also went to Peshawar and Islamabad but that problem is not cured yet."

"If one takes tension, the solution according to me is using amulets, with amulets person can get health. Kalasha community believe on amulets, because are helpful to alleviate tension. We believe that God gives health through amulets, and obviously access to hospital is not easy as it is far away, whereas amulets are available here, so we use them mostly. We take patients to Molvi for amulets, we are not aware of the verses he writes in that amulet as we are not supposed to open that. People prefer to go to Molvi and take amulet rather going to doctors and hospitals. Sometimes when we take a patient to Molvi, he may refer or recommend taking patient to the medical doctor, when he believes that the case is not of spiritual nature."

The practice of making ta'wiz (amulet) is common in some sects of Islam and among the Sufi orders. The Kalasha youth seem to have been influenced by the ritual of getting amulets from Muslim Molvies. This phenomenon is an emerging trend in Kalasha, which was not present in their traditional practices. This phenomenon emerged with the conversion as the converted Kalasha's have faith in healing powers of Quranic verses and they share with other non-converted Kalasha. This has been evident largely in more remote valleys of Barir and Rambur as compared to Bamburat valley. The valleys of Barir and Rambur are in a constant process of acculturation, whereas, Bamburat valley's Kalasha people seem to be resistant to the process of this change and want to conserve their cultural heritage.

Communal sharing and problem solving. The homogenous structure of Kalasha community portrays Kalasha as one community. It is a small community spread over three rural valleys (i.e., Barir, Rambur and Bamburat). Each valley is located at a distance and approach to these valleys is not very easy as no proper roads are constructed and one has to put the vehicles

on the mountain tracks in order to reach every valley. The distance between Bamburat valley and the Rambur valley is 1640 meters. There is a pass connecting the Birir and Bamburat valleys at around 3000 meters. The Kalash towns in each of the three valleys are situated at a stature of around 1900 to 2200 metres (51, 52).

Besides the difficulty, all the three valleys of Kalasha are connected to one another during times of happiness and sorrow. They have a culture of sharing and caring. This empathetic prone culture was fostered through their tradition and their ancestor's emphasis on sharing and mutual respect. It wouldn't be wrong to say that each young Kalasha has inherited the positive traits of mutual respect, sharing and generosity. The example of death ritual in following quote reflects how the young Kalasha contribute financially and emotionally in order to retain their traditions and rituals.

"In order to understand the culture of sharing let's take an example of the ritual of death, which is very costly here, because when someone dies, people from all the Kalasha valleys come here. The mourning family has to slaughter 30 to 50 goats as a death ritual and to feed all the community gathered for funeral ceremony. The goats are very costly and also they have to arrange large quantity of cheese in addition to goats, it is again challenging. So if that family don't have goat or money to purchase goats, people of valley actually help that family to manage the expenses in this difficult time, every member of Kalasha offers help; they give and do a lot of charity and it is on volunteer basis with no obligation, it's totally up to the person helping to contribute whatever he/she can. When someone die, all people sit together in community meeting and decides what to contribute. This culture of sharing is not limited to death rituals only, but we practice the same for any other problem."

Once again, we see the relevance of the Bronfenbrenner's macrosystem as a belief system holding the values of sharing and caring reflects macrosystem.

Medical treatment. The Kalasha youngsters have explained about the medical treatment options in the following quotes:

"Kalasha goes to hospitals for the treatment of mental health issues, mostly they go to Chitral. A girl had some mental health problems, she was taken to the hospital; there she stayed for two months but she is still in the same condition. Sometimes she has panic attacks. Her medical treatment is continued. Most of the times, we go to doctors but if remain uncured, then we go for spiritual treatment. If someone is suffering from mental health issue, we do consult doctors to know about diagnosis. As far as I know, mental health issues are not common here, people are mentally healthy here. Only in extreme cases, people consult doctors and go to the major city for treatment. But for minor issues like anger, temper tantrums, anxiety and stress people seek communal sharing and problem solving and use local practices."

"Some people (Kalasha) go to doctors. In my opinion, doctors treat psychological issues better as they are specialized in the field so they do understand the nature or complexity of the problem, whereas, these amulets doesn't work. But sometimes people do not get cure from doctors even. I request government to appoint good doctors and better facilities in our hospital like MRI, ECT and other medical treatments etc. to stop this culture of amulets."

Kalasha youth has an understanding of medical causes of mental health problems and they realise that the medical treatments should be considered but they are left with other treatment options due to various limitations and barriers in accessing the medical facilities especially the psychiatric facilities which are available only in main cities. Also, there is awareness that consulting faith healers and using amulets are not very effective options as one

participant appealed and highlighted the need to appoint specialised doctors and equipment in their local hospital in order to stop the trend of consulting faith healers. The medical option, in some cases, is the last remedy when the condition of the patient doesn't improve from other options. This is because medical option is a bit difficult to approach considering the peculiar geographical location of the Kalasha valleys.

Herbal methods. The Kalasha youngsters tend to believe that organic food can be a good protective factor against physical and mental health problems. The Kalasha youth also illuminated about using herbal methods as shown in the following excerpt:

"There are medicinal plants in Kalasha valleys, which can cure problems related to physical and mental health. These plants have curative properties for both human and livestock. We have a specific plant, which is used for the treatment of fertility issues and for ease in birth." They have strong belief in the effectiveness of medicinal plants and traditional practice of using herbs.

Discussion

The aim of the current study was to understand young Kalasha's lived experience and sense making of mental health and psychological resilience. The aim was also to explore young Kalasha's cultural protective factor against mental health issues and to make sense of Kalasha's world and their perceived causes of mental health problems and their help seeking behavior/ preferred treatment options. The themes discussed in the results section shed light on Kalasha's perspectives.

The relationships within any society or group of people are defined by social capital. The most widely used definition of social capital in health sciences is given by Putnam (53). According to Putnam, there are five main aspects of the social capital: 1) community networks,

voluntary, state, personal networks, and density; 2) civic engagement, participation, and use of civic networks; 3) local civic identity—sense of belonging, solidarity, and equality with other members; 4) reciprocity and norms of cooperation, a sense of obligation to help others, and confidence in return of assistance; 5) trust in the community (53).

According to the theory of social capital, the many components in this concept are behavioural/activity component (also called structural social capital, e.g. participation) and a cognitive/perceptual component (also called cognitive social capital, e.g. trust) (54). Kalasha's structural and cognitive social capital are reflected from the themes of intra-communal bonding and correspond to connections among individuals who resemble each other such as individuals in Kalasha community or individuals of the same socioeconomic status (also known as bonding social capital). The evidence of relationship between social capital and mental health was shown in a systematic review. This reveals presence of negative relationship between individual level cognitive social capital and common mental disorders (55). Furthermore, the past research (56) has shown better health outcomes in the communities where there is higher involvement of people in community activities as compared to those communities where there is lower civic engagement. Kalasha surely seems to have high involvement in community activities as also evident from the themes of Intra-communal bonding and sharing, and Kalasha festivals and traditions.

The research also showed a positive correlation between social participation (such as, cultural festivals) and wellbeing. Past empirical evidence suggests: community festivals are associated with opportunities for community cultural development (40); festivals are building blocks for communities and encourage ethnic understanding within society (40-42), festivals safeguard and celebrate local traditions, history, and culture, or can be used as an approach to

spread a destination's lifecycle (43). Engagement, a measure of a person's purpose in life, is a chief element in positive psychology. Research has linked engagement with various health outcomes, both physical and psychological (44). Seligman emphasized the significance of well-being, and gave forth five quantifiable measures to reflect this construct; referred by the acronym PERMA: Positive Emotion, Engagement, Positive Relationships, Meaning, and Accomplishment (44). According to Seligman, higher engagement is associated with improved well-being and meaningful life (44).

There is a role of community-based festivals in improving mental health and wellbeing at the individual, organisational, and community level, however, there is limited research investigating the link between community festivals and wellbeing. The festivals are shown to bring about meaningful and fulfilling social interactions beneficial for health and wellbeing at the individual as well as community level (56, 88). This is well related with the theme of Kalasha festivals and traditions and Behavioural practices of happiness and cognitive patterns, where they discussed in detail how good they feel planning and celebrating these festivals and how it becomes source of happiness for them and serves as a protective factor against psychological problems.

Also, referring to Kalasha's concept of purity, the positive meaning of the term ónǰeṣṭa doesn't mean that prágaṭa is associated with sin or the devil (3, 45). Also, like our understanding of the "pure/impure", these two poles of ónǰeṣṭa and prágaṭa are not related to sexual morals, cleanliness or devotion (3, 16). Nowadays, as a result of living with Muslims and influence of Islam, Kalasha people talk about paradise and hell and occasionally relate the myth of Adam and Eve. However, the true Kalasha tradition has no concept of after life, idea of a prize or a punishment in the hereafter – a view found also in the Veda (3, 46) and in early Rome (3, 46).

In case of violating the rituals, apology is sought ritually and reward for praiseworthy acts is granted here on Earth, with the respect they give and the endless memory posterity will keep of the person who performed them. The idea of immortality does not seem to be linked to something that survives death, like the Christian/Islamic soul, and it is not related to another world. However, it has to do with being remembered in this world. According to the Kalasha, remembrance is kept alive through the songs and panegyrics rejoicing the feats of the ancestors, continually carried out at every festival, and through the wooden statues (effigies) engraved for those who in their lives have achieved commendable deeds (3).

In discussing the Kalasha's concept of purity in light of literature, we cannot move beyond the ground breaking research of Kohlberg, where morality was conceptualized in terms of harm and justice, which included values relating to individual rights, fairness, and personal autonomy (57). Nevertheless, moral judgments can encompass other domains besides harm and justice such as loyalty to group, respecting authority, and, conserving purity and sacredness. Kalasha forms the best example of conformity, respecting authority, loyalty to their ethnic group and Kalasha's efforts for conserving purity and sacredness are evident from their concept of ónǰeṣṭa and prágaṭa.

Lastly, the domain of purity comprises values and principles oriented at safeguarding the sacredness of the body and soul. It is the belief in the purity domain that people ought to be, in their bodies and minds, clean, chaste, self-controlled, and spiritually pure and should endeavour to lead life in a sacred, divine way (the belief in deity is not a necessary requirement). From the stance of purity, to reject polluting forces or hedonistic pleasure, to purify the soul, and to behave according to the "natural order" is righteous. It is immoral to act in a way that is "self-polluting, filthy, profane, carnal, hedonistic, unnatural, animal-like, or ungodly" (58-60).

We can understand the theme of Kalasha's behavioural practices of happiness and cognitive patterns by relating it with the "savoring" concept of positive psychology. It is believed that savoring¬¬, as the set of cognitive or behavioral strategies, is a monitoring process impacting the association between positive events and person's positive affective responses to these incidents (61, 62). Savoring is defined as a mechanism whereby individuals engage "to attend to, appreciate, and enhance the positive experiences in their lives" (47).

According to Bryant and Veroff, there are many cognitive and behavioral strategies of savoring that are involved in enhancing and extending positive experiences, including sharing the event with others, behavioral expression, counting blessings, self-congratulation, memory building, and sensory-perceptual sharpening (47). Another concept resembling savoring is view of "capitalizing" given by Langston (63). The capitalizing is defined as constructively understanding positive incident (63). The past empirical evidence has shown the effectiveness savoring as a mechanism of positive affective regulation that maintains and deepens positive emotions (47, 64, 65). There is a mediating and/or moderating role of savoring in the relationship between positive events and happiness (47). Now as we have explained and related the findings of psychological resilience of the current study with the past literature, in next section we will discuss the second major component of the current study (i.e., mental health conceptualization of the Kalasha).

The first theme in the perceived mental health causes of Kalasha was Biological and psychosocial causes. The past empirical studies have suggested three models regarding the causes and treatment of mental health; the supernatural, biological and psychosocial models. The people in developed countries have more inclination towards and accept biological and genetic aetiologies of mental health issues (66-68). But surprisingly the minority community of Kalasha

from a developing country seems to have adequate understanding of biological and psychosocial causes of illness. The biological model suggesting chemical imbalance, hereditary and genetic causes of illness as well as psychosocial model linking mental health problems with issues such as stress, trauma, abuse, and family and relational conflicts have received considerable empirical support (69-74).

The literature has highlighted that the people in developing countries have more inclination towards and accept supernatural forces, evil spirits and spiritual aetiologies of mental health issues and choose indigenous treatment modes (75-79). Despite the fact that Kalasha do have an understanding of biological and psychosocial causes but they also seems to believe in the supernatural causes of mental health problems. A meta-synthesis study revealed the perception of people assigning mental health issues to blessings and spiritual connection with God and getting special attention from nature (80, 81). Moreover, the belief on spiritual treatments as preferred mode of treatment was present in the past studies (80-83).
The supernatural model of mental health issues has received support from a few studies (82, 83).

However, according to a few research studies, traditional healers are shown as providers of effective psychosocial intervention; relieving distress and improving mild symptoms in common mental issues such as depression and anxiety (25, 75, 80). Nevertheless, there is limited evidence supporting the effectiveness of traditional healers in managing severe mental health problems such as bipolar, psychotic disorders, or obsessive-compulsive disorder (25, 75). There is a possibility that the traditional healing could bring more harms than good. It is likely that individuals with mild issues and positive expectations seek subjective benefit from joining their chosen traditional or spiritual healers. There is existence of value in those individuals seeking and finding meaning in attending the traditional healers. The individuals find the

traditional healers beneficial despite absence of any betterment in symptoms. There is ambiguity about how these traditional healers work, though exhaustive regular social interventions usually attain better results as compared to short-termed single interventions. The same concern is also raised by few of our study participants who seem sceptical of the traditional and supernatural methods.

There is a call for a more holistic care and potential synergies for mental health, if an association between healing systems can be enabled for the individuals having cultural and spiritual beliefs contrary to conventional psychiatry (84). Our participant discussed about herbal method as treatment of health related problems. The herbal medicine-a famous complementary and alternative medicine (CAM) is used worldwide (85) in treatments of a range of health issues which may include common mental health problems (86). Lastly, we will discuss how our chosen theoretical framework of Bronfenbrenner's ecosystems can be applicable in the context of this study for Kalasha. The same has been discussed in the result section with the themes where Bronfenbrenner's system seems applicable.

Interpersonal relationships comprise microsystem and mesosystem. When Kalasha discussed about strong interpersonal relationship, communal bonding and sharing and celebrating their festival, this actually refers to their strong microsystem and macrosystem. The microsystem recognizes person's face-to-face interaction with others such as his/her family, school, and peers (28, 86, 87). However, the mesosystem deals with multiple microsystems that operate side by side (26) for instance; a Kalasha celebrating their traditional festival after consulting with their traditional/religious elders who decides the date of the festival

The macrosystem-comprising the overarching worldview of a community and culture-investigated the uniformities within the subculture, existing belief system in the culture, or

ideology that had been formulated from the lower order systems (87). The macrosystem is the most relevant system in the case of Kalasha as their lives are guided by their traditional beliefs and they valued a lot to their ancestral traditions and promoting their communal bonding. This model enlightened the researcher that a person's ecological mechanisms occur in a dynamic manner with interplay of various factors (24, 25).

Strengths, Limitations and Future Directions

This study established the usefulness of the Bronfenbrenner's bioecological model in recognizing various resilience factors in a developing individual's environmental context, but the focus on the exosystem and chronosystem was less in Kalasha's context of this study. Only one participant's example illustrated in the theme of psychosocial causal factors reflects the relevance of chronosystem where she commented about the societal and geopolitical pressure and environment surrounded by the Kalasha. Additionally, this model offers a baseline of characteristics to cognize the developing individual's protective factors. This study explores the intricacies and complexities regarding mental health existing in the environment of the Kalasha youth.

The limitation of the study includes the broader scope of the study as this study is one of the first initiatives to conduct empirical study on Kalasha from psychological / mental health angle, therefore there was no past psychological literature available on Kalasha. Hence, we decided to frame a study with broader scope of mental health rather than operationalizing the specific variables representing mental health. Secondly, despite the Bronfenbrenner bioecological model's identification of protective factors, there is a possibility that any other possible resilience factor may have overlooked, which we (researcher and participants) couldn't bring in during the interview.

The future study can be planned on Kalasha to explore the relationship between their savoring practices and psychological wellbeing and happiness. The study can be planned on their acculturation process and their efforts to resist conversion pressures, especially in Birir and Rambur valleys. In any future study it is recommended to include local collaborators who belongs to Kalasha community in order to promote decolonizing research.

Conclusion

The present study provides the contribution to the field of psychology by identifying cultural protective factors and mental health perceived causes and treatment options used by a community which is struggling for its survival and for conservation of its cultural heritage. The resilience factors identified through this study can be used in clinical settings for devising management plan for fostering resilience and to deal with psychological distress faced by similar indigenous communities in South Asia. The findings of this study highlight Kalasha's lack of access to quality higher level mental health care for severe cases of mental health problems, and the disassociation between medical and indigenous constructs which jeopardizes effective care..

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Conflict of Interest

Authors declared that there was no conflict of interest at the time of planning, implementing submission of this study.

Datasets are available on request

The raw data supporting the conclusions of this manuscript will be made available by the authors, without undue reservation, to any qualified researcher.

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Table 1

Showing Participants' Number and Anonymized Relational Information

Participant number	Age	Gender	Ethnicity	Valley	Education	Occupation	Marital Status
1.	23	Female	Kalasha	Bhamburat	Masters in Nutrition	Government job	Engaged
2.	19	Female	Kalasha	Bhamburat	Matriculation	Student	Unmarried
3.	20	Female	Kalasha	Bhamburat	Intermediate	Student	Unmarried
4.	19	Female	Kalasha	Bhamburat	Matriculation	Student	Unmarried
5.	20	Male	Kalasha	Ramboor	B.S Hons	Student/Shepherd	Unmarried
6.	21	Male	Kalasha	Ramboor	B.Sc	Police officer	Unmarried
7.	22	Female	Kalasha	Bhamburat	Part time student	Goatherd	Unmarried
8.	23	Female	Kalasha	Bhamburat	Intermediate	Handicraft shop owner	Married
9.	22	Female	Kalasha	Birir	Matriculation	Goatherd	Unmarried
10.	18	Male	Kalasha	Birir	Intermediate	Student/ Shepherd	Unmarried
11.	19	Male	Kalasha	Birir	Intermediate	Student	Unmarried
12.	18	Male	Kalasha	Bhamburat	Matriculation	Student	Unmarried

Table 2
Main Themes, Subordinate Themes, Participants' Verbatim and Bronfenbrenner's System/Domain

Superordinate Themes	**Subordinate themes**	**Original Excerpts/Verbatim from the interview transcripts**	**Bronfenbrenner's system/domain**
Psychological Resilience/Cultural Protective Factors Buffering Against Mental Health Problems	Intra-communal bonding & sharing	1. *"Kalasha are our own people and we live together, when there is any problem, we help each other."* 2. *"We are stress-free and it is because of the environment. Here, air is pollution free, food is organic, life is peaceful and we share sorrow of each other, we help in healing any grief and we focus on happiness."* 3. *"What is unique and special about Kalasha is that here there is more unity among people and we live by helping each other."* 4. *"We all live like a family, there is no hatred between us, no religious conflicts with neighbouring communities and we believe in sharing."* 5. *"It's (Kalasha) a very peaceful religion, we all live with love here and I like it a lot, we have freedom of choice, but we ask from family as well. We believe in sharing and discussing with them but the good thing is that the elders/family do not force us, so yes this is the reason that we are strong against psychological problems."* 6. *"There is a sense of sharing and emotional sharing which is like you are not left alone to suffer something so in this sharing culture the chances of developing something psychologically are limited"*	Microsystem
		1. *"There are 3 major festivals in Kalasha, one is celebrated in December during winters, another is celebrated in spring in May, that is called 'Chillamjosh', and the third one is celebrated in October, mostly in Autumn. There are many other small festivals, but mainly these three are the major celebrations. So in festivals we do get together and dance together and pay tribute to nature, celebrations makes us happy and resilient."*	Microsystem, mesosystem and macrosystem

	Kalasha festivals & traditions	2. *"Traditional celebrations are in order to remember who we are as a people, like the gatherings shows a bonding. So the "festivals" that they call it in the print media, are actually not some kind of a drinking parties, or dancing shows. It's not for entertainment. It's a part of a tradition for ancestral culture, this falls into the category where there is a winter, spring and autumn."* 3. *"We do preparations from a couple of months for festivals and it's a matter of happiness, we enjoy a lot. Especially the May festival "Chilamjosh."* 4. *"When festival starts on 3rd may, people with new born babies get together at a place called Jazda Khana, then all mothers places flowers there and an ancient shawl is also tied there, they also carries baskets full of walnuts and mulberry. Then they move upwards from jazda khana, and from there one man pours milk on new born babies, people have different concepts about this ritual, some says that it's for prosperity and some says that after this babies do not weep much. After that fruits (walnuts, mulberries) are distributed among all and then people go to a dancing place and dances there in groups".*	
	Purity concept	1. *"The division of pure and impure instils hope for us to go about onjesta (pure) more, to be connected with our ancestors and with our inner self that help us making stronger"* 2. *"Bashali is a place separated from our houses, located at the down side, for women to stay during menstruation and child birth period. During these periods we are considered as impure. Every month."* 3. *"We stay there for few days and as there no domestic work we have to do, it's a kind of rest period for us, even the food is delivered there from our houses. I think it's a good break time from house chores and to contemplate and serves as an opportunity to deal and overcome any*	Macrosystem

		stressors."	
	Behavioral practice of happiness and cognitive patterns	4. *"Our festivals and preparations for festivals make us happy, we do dance, chant and sing with instrument (i.e., drum play). It's all happiness and it is the practice of happiness."* 5. *"You can say that we are happy because we share our grief and here people support each other and believe in living happily."* 6. *"Let's take an example of death ritual here. It is indeed an expression of sorrow, as the family of that departed person is obviously in grief. However, it appears as an expression of happiness as we dance and sing on death ritual. Some people might have thought that it's wrong to dance on death…..but…in us we think that it's our ritual and done by our ancestors …so we have to follow and by doing this apparent practice of happiness we promote wellbeing and happiness in long term."* 7. *"Kalasha are considered as a happy community and the reason is that they are involved in happiness as well as sorrows of each other."* 8. *"Even in death we try to find happiness, as we celebrate that sorrow (of death), we do chanting on his (the one who died) name and feel satisfied Actually, our goal of life is to be happy and to be happy upon God's will. This practice of happiness ritual in the times of sorrow reminds us that we've to stay happy in any situation."*	Macrosystem
Perceived Causes of Mental Health Issues	*Biological & Psychosocial*	1. *"Another reason is that it (psychological problem) runs in family, if mother had some issue, her child might have it too. Actually it is because of genes and transfers from parents to baby. But every mental health problem has a solution and treatment."* 2. *"Mental health is generally good here because we people don't marry in close relatives and there is no trend of cousin marriages, we do marry in our relatives but not close relatives, like from generation of our*	Microsystem

		forefathers, we can't marry our first cousins and that is why kids here are more intelligent. Specifically in this valley you will find no case, in other valleys may be one or two cases are present but mostly mental health issues are found in Muslims not in Kalasha, because they marry in their first blood relatives." 3. *"It (psychological problem) is not diagnosed initially and people handle it casually, later when it gets severe, people understand that they have psychological issues."* 4. *"I think tension leads to mental health problems, when people take tension and are not able to overcome that stress or tension, and the stress could be due to multiple factors like, interpersonal conflicts, marital conflicts and tension of marriage, and work related stress. Also, stress due to familial issues. These are generally the causes of mental health issues."* 5. *"I think "tension" and "anger" are some of the causes, one can lose control over herself/himself when having extreme stress or anger and make mistakes unintentionally in this condition, mistakes like disturbing others. Also, overthinking is another cause, when I am in stress, I do a lot of overthinking, to give you a recent example, I had stress of my academic exams and I kept on overthinking and resultantly had helpless feelings and wept a lot but overcome it after sharing with my friends and realized that overthinking is the problem."* 6. *"Yes I know the major cause of mental health issues is 'stress' let me share with you an example of a young Kalasha girl who converted to Islam last year. She was not mature and was under the age of 18, so she went to live with a Muslim family. Her parents did many efforts to bring her back home but failed. Soon after that, her cousin went to meet her and*	

		found her in stress, and she shared with her cousin that she unintentionally changed her religion. Therefore, her cousin brought her back home, but after that, an angry mob of Muslim people came and forced her to go with them. Her family members spoke to that group and tried convincing them not to force her to go with them when she doesn't want to go with them, and to resolve the matter through dialogue. Unfortunately, they did not listen and attacked her house with stones, until police dispersed the mob by using teargas. Resultantly not only that girl but her cousin who brought her back was also traumatized and now have panic attacks very often." 7. *"Then another reason is if someone takes a lot of stress, for example, stress about exams, and become overstressed and keep on overthinking, I think that leads to bad health, sleep and appetite, then a person became psychologically disturbed."*	Chronosystem
	Supernatural & Spiritual	1. *"One of my cousins had this problem related to mental health issues. He found an amulet hidden in his room and realized that the amulet was placed for him, to put a curse on him and that is the reason he had those mental health issues. He removed and threw away that amulet. Afterwards, he was fine. He consulted a Molvi and took another amulet from that Molvi in order to keep him protected from curses, spells and evil eye in future. Actually, we 100 percent believe on this practice, whenever we are in pressure or tension and we have issues like financial issues, for remedy we rely on amulets, we use them and get benefit."* 2. *"We mostly believe that mental issues are due to ghosts and spirits and we do consult Muslims who make amulets to get rid of supernatural effects."*	Macrosystem

		3. *"We believe that God gives health through amulets, and obviously access to hospital is not very easy from valleys, on the other hand amulets are available here so we use them mostly."* 4. *"I don't know exactly but people here often refer to something like getting frightened, like in one case a boy got so frightened after visiting graveyard in the evening, that he was not able to overcome that unknown fear, so most probably it has some kind of involvement of spirits, this belief is common here."*	
	Environmental	1. *"Actually environment is very good here, that is why, we don't have mental issues as we don't have urban environmental pollution issues here."* 2. *"One persistent belief (in Kalasha) is that fear is induced from the environment and that causes stress."* 3. "*But now genetically modified crops are coming in, destroying the local breeds of seeds that have been there for thousands of years, fertilizers have been introduced. Even, I have seen the cases where people using this pest thing, and houses being sprayed, which is causing diseases, also mental diseases."* 4. *"Mental health as well as physical health both issues are increasing day by day, have you seen? Because the farmers have started using sprays to kill the insects, these sprays contains medicines and contaminating natural things like vegetables, fruits etc. The plants absorbs that medicine and then we eat those plants, we feel like we are eating organic food but in reality, that food is a product of medicines and different sprays. As a result our body organs became weak and it may also effect psychological health."*	

Preferred Interventions	*Shamanic Treatment*	1. *"The treatment is called "Istongus" in our language, in which we sacrifice a goat and then blood of that goat is sprinkled on the forehead of the patient. This is done by a specialist, for example, there is a woman who is an expert in this. Actually that blood is a sacrifice for God in order to get cured. It can be effective for **a**ny issues….like severe illness, it can also be done for persisting fever, mental issues like among my friends if someone is in stress which is beyond their control they may opt for this method, as it is a successful way to deal with such issues. She will touch the patient and will automatically get to know about their ailment. As for further accurate assessment, she will burn some ring type bangle on fire and get to know the exact cause reason. Afterwards she would chant for their relief and also suggest to do charity for cure and it is quite effective."* 2. *"There is certain element of strong belief in fairies, so if somebody behaves in a certain way or they see that there is some kind of mental issues, then they try to seek Shamans and they try to seek people who make Taveez. So, Kalasha who is suddenly sick or something they will seek every way possible like they will go to the doctor if that is possible. It all depend on their resources, if someone can afford they may take patient to Islamabad, if they couldn't, they would then seek the Shaman treatment or the Molvi or the people who deal in making ta'awiz."*	Macrosystem
	Ta'awiz (Amulets)	1. *"People believe on amulets for cure of mental health but our generation does not believe on them. For example, I know someone who has epilepsy and seeking treatment with amulets in order to treat epilepsy! They do not consult doctor. If anyone faces any mental health issue, they use amulets only and get those amulets from Muslims. Kalasha believe that amulets will cure them….A girl in my community had some mental health problems, her family consulted Molvis for amulets and Qazis for her*	Mesosystem

		spiritual treatment, they also went to Peshawar and Islamabad but that problem is not cured yet." 2. *"I faced difficulty during study, I was unable to focus, then I consulted Muslim Molvi, as I was in Peshawar an had no access to our people, he told me that someone intentionally used amulet against me, he gave me an amulet for safety and then I started getting better. So, yes I do believe in the power of amulet. Molvies (Muslim) give us amulets for our betterment; actually God is one and same for Muslims and Kalasha. I think if these mental issues can be cured through amulets and chanting why should we go to doctors?"* 3. *"If one takes tension, the solution according to me is using amulets, with amulets person can get health. Kalasha community believe on amulets, because are helpful to alleviate tension. We believe that God gives health through amulets, and obviously access to hospital is not easy as it is far away, whereas amulets are available here, so we use them mostly. We take patients to Molvi for amulets, we are not aware of the verses he writes in that amulet as we are not supposed to open that. People prefer to go to Molvi and take amulet rather going to doctors and hospitals. Sometimes when we take a patient to Molvi, he may refer or recommend taking patient to the medical doctor, when he believes that the case is not of spiritual nature."* 4. *"For physical issues we go to doctor and for mental issues….hahha…we don't do anything…nothing special, it will get better by time…but we use amulets in severe conditions…in our community, some are living with panic conditions! For them we go to Muslims and take amulets from them. If a person is not cured by amulets, …then we consider other options, like taking the person to hospital for electric shots and medications…these*	

		treatments are available in Chitral".	
	Communal Sharing & Problem Solving	1. *"Living together and no backbiting are the reasons of happiness…Another reason is that we are involved in happiness as well as sorrows of each other, we share with each other and we have unity."* 2. *"If I have stress I share with my friends. Suppose if someone has some grief, we try to solve that by sharing, we discuss that matter, mostly with friends, and then find the ways to solve it. Actually sorrow of death is the major grief, but we celebrate that too. We focus on happiness, as we dance, chant but that is not in the context of happiness. That is just to forget that grief normally, dance is specifically linked with happiness, we don't cheerfully dance, we dance with our necks down and that is a symbol of sorrow and unity, and we chant mostly Marsiya in mourning, which is celebration of grief, we actually share the grief this way".* 3. *"We share our sorrows and happiness with each other, we are happy because we share our grief and here people support each other."* 4. *"In order to understand the culture of sharing let's take an example of the ritual of death, which is very costly here, because when someone dies, people from all the Kalasha valleys come here. The mourning family has to slaughter 30 to 50 goats as a death ritual and to feed all the community gathered for funeral ceremony. The goats are very costly and also they have to arrange large quantity of cheese in addition to goats, it is again challenging. So if that family don't have goat or money to purchase goats, people of valley actually help that family to manage the expenses in this difficult time, every member of Kalasha offers help; they give and do a lot*	Macrosystem

		of charity and it is on volunteer basis with no obligation, it's totally up to the person helping to contribute whatever he/she can. When someone die, all people sit together in community meeting and decides what to contribute. This culture of sharing is not limited to death rituals only, but we practice the same for any other problem."	
	Medical Treatment	1. *"Kalasha goes to hospitals for the treatment of mental health issues, mostly they go to Chitral. A girl had some mental health problems, she was taken to the hospital; there she stayed for two months but she is still in the same condition. Sometimes she has panic attacks. Her medical treatment is continued. Most of the times, we go to doctors but if remain uncured, then we go for spiritual treatment. If someone is suffering from mental health issue, we do consult doctors to know about diagnosis. As far as I know, mental health issues are not common here, people are mentally healthy here. Only in extreme cases, people consult doctors and go to the major city for treatment. But for minor issues like anger, temper tantrums, anxiety and stress people seek communal sharing and problem solving and use local practices."* 2. *"Some people (Kalasha) go to doctors. In my opinion, doctors treat psychological issues better as they are specialized in the field so they do understand the nature or complexity of the problem, whereas, these amulets doesn't work. But sometimes people do not get cure from doctors even. I request government to appoint good doctors and better facilities in our hospital like MRI, ECT and other medical treatments etc. to stop this culture of amulets."* 3. *"My sister has some mental health issues, most probably tension and stress, for one year. Initially she was taken to the local spiritual treatment, which did not work for her as her issue was more serious. Then*	Microsystem

		we took her to Peshawar for medical treatment in psychiatric ward. Now she is getting better and seems much improved. So as she get treated by doctors and took medicines and started getting recovered. Generally, people consult doctors only if issue is of extreme level, when issues (symptoms) are of severe nature. We don't have psychologist in Kalash and there is no culture of consulting psychologists here. I think they (psychologists) are not required here considering very less cases of psychological problems. For severe mental health problems, people go to hospitals in Peshawar." 4. *"Sometimes, the medical option is the last one here. If all the rest and easy to approach options like spiritual ones doesn't work, then they go to doctor or physician. Well sometimes it is opposite, like in some cases, may be they will go to Islamabad for treatment and then they come back and nothing happens (no improvement), because sometimes doctors just plainly don't know what is going on with the person, so they end up back here and then, they try other solutions."*	
	Herbal Methods	1. *"When we get ill and catch seasonal fever, flu etc, in that scenario we used to take natural remedies like green tea and herbs. We do use herbs for health related problems."* 2. *"If Kalasha would stop goat herding and stop doing their own agriculture, the whole program that they are running as an ancient society by actually doing these few fundamental things, like high altitude pasture, and raising their own goats and cows and animals, and actually eating grains from their own field, would collapse. Now the genetically modified crops are coming in, destroying the local breeds of seeds that have been there for thousands of years, have been destroyed."*	

Chapter 10: General Discussion and Conclusion

The aim of the project was to explore the literature for mental health studies on marginalized groups, explore the resilience mechanisms, and identify cultural protective factors and mental health perspectives of these selected marginalized groups. The aims were accomplished through two systematic reviews and then utilization of qualitative methods of inquiry in the current project.

There were a total of five research questions and objectives of the current thesis, and they were addressed in various chapters as follows:

- The first two research questions were based on synthesis of published data on the mental health of marginalized communities in Asia. This objective was achieved in the form of two systematic review studies (Chapter 4 & Chapter 5).
- The significance of using appropriate methods to study marginalized communities in Asia has been highlighted through an additional manuscript (Chapter 3) that explains and advocates the utilization of a culturally sensitive approach to study indigenous and marginalized communities in South Asia.
- Research question 3 was about the exploration of perceived etiological causes of mental health problems and treatment options in Kalasha and Nomads. As this question focuses on both populations, thus it has been addressed in two separate manuscripts in the form of Chapter 6 and Chapter 9.
- Research question 4 was about the identification of cultural protective factors of Kalasha, which has been addressed through Chapter 7 and Chapter 9.
- The final research question was about ideographic illustration of IPA by exploring how the constructs of ethnic identity and mental health appear to an individual Kalasha and how a Kalasha individual elucidates the phenomenology of being Kalasha. This research question 5 was addressed through a separate case study in the form of manuscript in the Chapter 8.

The application and relevance of Bronfenbrenner's ecological systems model (Bronfenbrenner, 1979, 1994) to the current thesis were discussed in Chapter 5, Chapter 6 and

Chapter 9. Furthermore, the findings of each study within this thesis addressing the research questions and how they relate to the past literature and theories are discussed in the following section.

The aim of Research question 1 was to understand the general public's (marginalized and non-marginalized) beliefs about mental health. By conducting a synthesis of the findings of selected articles, the results are presented in the following four main categories: 1) symptoms of mental health issues, 2) description of mental health issues, 3) perceived causes, and 4) preferred treatment and help-seeking behavior. These categories were formed based on the repeated themes found and discussed across different studies. Symptoms of mental health issues are perceived in terms of mood and behavior and discussed largely by the participants in different studies. This systematic review also described the treatment options and causes that participants in different studies discussed in terms of mental health problems.

Generally, it is worth mentioning that the pattern found in the causes and treatment is consistent with the approach studies adopted and with the participants of the current studies. It means that some participants believed in scientific causes and treatments, while it varies from person to person and among different groups and cultures. It must also be mentioned here that the treatment approach and causes of mental illness adopted by participants were in harmony with the group they belonged to or the culture they come from. Some participants discussed psychological and psychiatric treatment as their preferred choice for mental health problems, so we can ascertain that they are following a scientific approach to mental health problems. However, there are studies (American Psychiatric Association, 2013; Miranda, & Cooper, 2004; Mjøsund, Eriksson, Norheim, Keyes, Espnes, & Vinje, 2015; Zhu, Chen, Ou, Geng, & Jiang, 2014; Leenarts, Vermeiren, Ven, Lodewijks, Doreleijers, & Lindauer; 2013) discussing supernatural causes as well as consulting faith healers, religious scholars, and/or spiritual healers for treatment of mental health issues, as participants believed in the supernatural and spiritual aetiology for mental disorders and problems.

The beliefs linked to supernatural causes of mental illnesses and opting for related modes of treatment were prevalent across respective cultures. Such perceptions of participants are consistent with Vygotsky's sociocultural theory (Vygotsky, 1986), which proposes that culture not only shapes the behavior of individuals but also modifies their behavior to adapt in a certain culture. These findings are well related with the spiritual model of illness causation (Patel, 1995).

The second research question was focused at exploring Asian marginalized communities' mental health findings. The findings of this systematic review study brought forth areas which were identified through selected published studies; 1) non-national status; 2) mental health services; 3) perceived mental health needs; 4) racial and identity based discrimination; 5) gender and sexual orientation, and; 6) poverty and social cohesion. These factors were discussed in the selected studies in relation to mental health as a main variable. The review revealed factors related to racial, cultural and identity based discrimination, which influenced the mental health of marginalized communities. Such factors operated at the group level and became components of the individual's macrosystem as conceptualized in Bronfenbrenner's ecological systems model (Bronfenbrenner, 1979, 1994).

Likewise, psychological factors, poverty, social cohesion, and sexual orientation of individuals were found to be influenced by religion, cultural values, social events and political dynamics. The linkages and processes in these settings heavily affected self-esteem, self-worth, socioeconomic status and psychological wellbeing of marginalized communities. According to Bronfenbrenner's ecological systems model, such systems were components of macrosystem. The findings also highlighted that dynamics of the microsystem also played a significant role in accessing mental health services. For instance, in the case of the Kalasha, the microsystem reflected through their intra-communal bonding, interpersonal relationships between the Kalasha of three valleys and consultation with Shamans and Muslim Molvies helped them to decide whether a certain case needed mental health services outside the valleys in hospital settings.

Similarly, a part of Research question 3 was based on exploring the perceived etiological causes of mental health problems and treatment options among a Pakistani nomad community. The

nomads in Pakistan are a marginalized community and the study findings highlighted that their social exclusion has effects on their mental health and understanding of their mental health. Thus, in order to understand their perspective explicitly, the study was focused on the macrosystem of Bronfenbrenner's (1979) theoretical model.

The findings of the nomad study included in this thesis revealed nomads' beliefs regarding mental health issues, perceived causes and treatment preferences, reflecting their collective cultural perception, thus representing macrosystem influences. However, we can conclude that variations do exist within the targeted group of nomads regarding their beliefs of mental health concepts and its causes. However, majority of the participants had faith in spiritual phenomenon and considered mental health problems as resulting from spiritual influences. There existed little awareness regarding medical causes and consulting doctors in case of mental health problems among the nomads.

Thus, most of the nomads believed in supernatural phenomenon as the causes of mental illness. Ruston and Smith's (2013) study on gypsy travellers in England similarly demonstrated that the social context of a particular group shaped health behaviors of that group and that social ties influenced the health-seeking behaviors of group members. The nomads particularly possess the characteristics of unity and brotherhood that makes them unique as compared to other ethnic groups and they become victim of discrimination and prejudice in society very frequently (Ruston & Smith, 2013). According to social epidemiology and critical theory, the most important determinant of health are structural inequalities (Kirmayer, Brass, & Tait, 2000). In the present study, as a result of existence and proximity of social bonds between nomads, majority of them held the same explanations for the aetiology of mental disorders. But, they appeared to have very little awareness regarding psychological treatment and options.

Prior research has also suggested that the structural location of minority groups, such as nomads and travellers, defines their approach towards modern medicine and the presence or absence of consensus with medical professionals (Suchman, 1965). Because nomads are a target of

marginalization, and various forms of social exclusion, they appear to rely on their own bonding as a source of consultation of health. Therefore, absence of awareness regarding psychological treatment among nomads may have been due in part to the fact that most of them faced multifaceted forms of social exclusion. Furthermore, findings of this study point to the faith in spiritual causes of mental health issues and are consistent with past studies on nomadic populations where participants believed in supernatural causes and preferred spiritual treatment for mental health issues (Deribew & Tamirat, 2005; Mulatu, 1999; Patel, 1995). The findings of this thesis can help in designing and launching indigenized treatment interventions, through mobile clinics, for the nomads studied in present thesis as well as other nomads of Pakistan.

The other part of research question 3 was based on the Kalasha community's perceived causes and treatment options for mental health problems in order to understand their mental health conceptualization. The first theme in the perceived mental health causes of Kalasha was *Biological and psychosocial causes.* The past empirical studies have suggested three models regarding the causes and treatment of mental health: the supernatural, biological and psychosocial models. Those in developed countries have tended to show more inclination towards and more acceptance of biological and genetic aetiologies of mental health issues (Angermeyer & Matschinger, 2005; Baker & Sen, 2016; Lilja, DeMarinis, Lehti, & Forssén, 2016; Nakane et al., 2005). But, surprisingly, the minority community of Kalasha seemed to have adequate, yet still basic, understanding of biological and psychosocial causes of illness.

The biological model suggesting chemical imbalance, hereditary and genetic causes of illness as well as the psychosocial model linking mental health problems with issues such as stress, trauma, abuse, and family and relational conflicts have received considerable empirical support (Alemu, 2014; Bourget, & Chenier, 2007; Kinderman, 2005; Lambert, 2001; Persons, 1989).

The literature has highlighted that people in developing countries have more inclination towards supernatural forces, evil spirits and spiritual aetiologies of mental health issues and choose indigenous treatment modes (Deribew & Tamirat, 2005; Gholipour, 2014; Koka, Deane, &

Lambert, 2004; Kurihara, Kato, Reverger, & Tirta, 2006; Muga & Jenkins, 2008; Razali, Khan, & Hasanah, 1996; Saravanan et al., 2008; Teferra & Shibre, 2012). The current findings give further support to this preference. Despite the fact that the Kalasha do have an understanding of biological and psychosocial causes, but they also seems to believe strongly in the supernatural causes of mental health problems. The same can be related with meta-synthesis studies which revealed the perception of people assigning mental health issues to blessings and spiritual connection with God and getting special attention from nature (Choudhry et al., 2016; Mjøsund et al 2015). Moreover, the belief on spiritual treatments as preferred modes of treatment was reported in many previous studies.

The supernatural model of mental health issues has received support from a few studies (Conrad et al., 2007; Napo, Heinz, & Auckenthaler, 2012). According to these studies, traditional healers are perceived as providers of effective psychosocial intervention, relieving distress and improving mild symptoms in common mental issues such as depression and anxiety. Nevertheless, there is limited evidence in the empirical literature supporting the effectiveness of traditional healers in managing severe mental health problems such as bipolar, psychotic disorders, or obsessive-compulsive disorder. Furthermore, there is a possibility that traditional healing methods could bring more harms than good. It is likely that individuals with mild issues and positive expectations seek subjective benefit from joining their chosen traditional or spiritual healers. The individuals find the traditional healers beneficial despite absence of any betterment in symptoms. There is ambiguity about how these traditional healers work, though exhaustive regular social interventions usually attain better results as compared to short-termed single interventions (Eggertson, 2015; Flint, 2015; Hindley, 2017). The same concern is also raised by a few of our study participants who seem sceptical of the traditional and supernatural methods.

There is a call for a more holistic care and potential synergies for mental health, if an association between healing systems can be enabled for the individuals having cultural and spiritual beliefs contrary to conventional psychiatry (Nortje, Oladeji, Gureje, & Seedat, 2016). Hence, there

is a need to develop and implement indigenous modes of treating mental health issues, incorporating cultural and spiritual beliefs of Pakistani indigenous communities. Our Kalasha participants (from Study 2) also shared their cultural beliefs about the effectiveness of herbal method as treatment of health related problems. Herbal medicine-a famous complementary and alternative medicine (CAM) is used worldwide (Thomson, Jones, Evans, & Leslie, 2012) in treatments of a range of health issues which may include common mental health problems (Bystritsky et al., 2012). Little empirical research has investigated the use of herbal treatment in the Pakistani context.

Similarly, Research question 4 was based on understanding and identifying Kalasha resilience factors that contribute to their well-being and happiness and help them maintain resilience against mental health problems. The studies of Kalasha in this thesis yielded outcomes that identified and outlined the main sources of psychological resilience of the Kalasha. The results indicated that the Kalasha, despite the challenges and threats they face, are resilient and hope-filled in the way they perceive their situations as well as the future survival of their community. The Kalasha's social identity, peace and nature loving attitudes, communal bonding and sharing, behavioral practice of happiness, cultural festivals, and their women's freedom of choices in life decisions and their practice of gender collaboration were key findings as factors contributing to their resilience.

The current findings establish that the factors that contribute to Kalasha's happiness and well-being included *contentment, pride in social identity, tolerance, gender collaboration*, and *gratitude.* These are the aspects that set the ground for their psychological resilience. We found that their resilience was based on their respect for others, tolerance, unity, and pride with their traditional culture. Another important finding was that the Kalasha placed a unique emphasis on giving respect to and empowering women. The Kalasha spoke of women's rights and their practice of collaborative efforts by men and women, such as how they work together, make decisions with mutual understandings and cooperation, and considered women equally to men in terms of earnings

and responsibilities of running a house. Therefore, we can conclude that in terms of their resilience enhancement or problem solving, the Kalasha focus on these collaborative efforts and other elements of contentment, pride in their social identity, tolerance, and gratitude.

The relationships within any society or group of people are defined by social capital (Bain, 1998). The most widely used definition of social capital in health sciences is given by Putnam (1993). According to Putnam (1993), there are five main aspects of social capital: 1) community networks, voluntary, state, personal networks, and density; 2) civic engagement, participation, and use of civic networks; 3) local civic identity—sense of belonging, solidarity, and equality with other members; 4) reciprocity and norms of cooperation, a sense of obligation to help others, and confidence in return of assistance; 5) trust in the community. Kalasha's structural and cognitive social capital are reflected from the themes of intra-communal bonding and correspond to connections among individuals who resemble each other such as individuals in Kalasha community or individuals of the same socioeconomic status (also known as bonding social capital). According to the theory of social capital, the many components in this concept are the behavioral/activity component (also called structural social capital, e.g. participation) and a cognitive/perceptual component (also called cognitive social capital, e.g., trust) (Bain, 1998).

The evidence of the link between social capital and mental health was shown in a systematic review; the review found a negative relationship between individual level cognitive social capital and common mental disorders (De Silva, 2005). Furthermore, past research has shown better health outcomes in the communities where there is higher involvement of people in community activities as compared to those communities where there is lower civic engagement. The Kalasha surely seem to have high involvement in community activities as also evident from the themes of Intra-communal bonding and sharing, and Kalasha festivals and traditions. Their high involvement in community activities was also observed by the researcher first-hand during both data collection tours.

Research also showed a positive correlation between social participation (such as, cultural festivals) and wellbeing. There is a role of community-based festivals in improving mental health and wellbeing at the individual, organisational, and community level (Barraket & Kaiser, 2007), however, there is limited research investigating the link between community festivals and wellbeing. The festivals are shown to bring about meaningful and fulfilling social interactions beneficial for health and wellbeing at the individual as well as community level (Barraket & Kaiser, 2007). This is well related with the theme of Kalasha festivals and traditions and behavioral practices of happiness and cognitive patterns, where they discussed in detail how good they feel planning and celebrating these festivals and how it becomes source of happiness for them and serves as a protective factor against psychological problems.

It is important to note that the common and traditional practices of Kalasha played a significant role in their resilience enhancement and well-being. At the intrapersonal level, their enigmatic spiritual beliefs influenced their relationships and interactions and expectations within the social settings. Their gestures of paying gratitude to nature and people by celebrating it through music and dancing; as well as practicing 'tolerance' and showing satisfaction with their lives in Kalash valleys despite being surrounded by the hard socio-political and geographic circumstances, reflects their positive and healthy well-being conditions.

These findings are in line with previous studies (e.g., DiFulvio, 2011, Adger, Huq, Brown, Conway, & Hulme , 2003, Nori & Neely, 2009) which revealed that social positions and roles contribute significantly to resilience enhancement, and that tolerance, simplified lifestyles, and contentment also play an important role in resilience growth. Despite the challenges, their identity as a resilient and happy community featured prominently in their discussions. For instance, in discussing the theoretical background for resilience, Richardson (2002) stated resilient qualities, resiliency process, and innate resilience as the three primary components. Considering this notion, the Kalasha's psychosocial qualities as peace promoters, gender collaborators and free will practitioners and their resilience process includes their gratitude and tolerance while facing

challenges and threats. Their innate resilience of social pride in their identity and their spirituality and culture are motivational resilience factors. Also, the findings of the present study have brought forth various factors, which according to Gunnestad's (2006) model are vital for resilience. As this model discussed the significance of indigenous beliefs, meanings and faith in the formation of resilience and similar indigenous beliefs and unique spirituality of Kalasha adds fresh insights into this model.

In discussing the Kalasha's concept of purity in light of literature, one cannot move first beyond the ground breaking research of Kohlberg (1969), where morality was conceptualized in terms of harm and justice, which included values relating to individual rights, fairness, and personal autonomy (Kohlberg, 1969). Nevertheless, moral judgments can encompass other domains besides harm and justice such as loyalty to group, respecting authority, and, conserving purity and sacredness. The Kalasha form a clear example of conformity, respecting authority, loyalty to their ethnic group and Kalasha's efforts for conserving purity and sacredness are evident from their concept of *ónǰeṣṭa* and *prágaṭa*. Furthermore, the domain of purity comprises values and principles oriented at safeguarding the sacredness of the body and soul (Haidt & Joseph, 2007). It is the belief in the purity domain that people ought to be, in their bodies and minds, clean, chaste, self-controlled, and spiritually pure and should endeavour to lead life in a sacred, divine way (the belief in deity is not a necessary requirement) (Horberg, Oveis, Keltner & Cohen, 2009). From the stance of purity, to reject polluting forces or hedonistic pleasure, to purify the soul, and to behave according to the "natural order" is righteous. It is immoral to act in a way that is "self-polluting, filthy, profane, carnal, hedonistic, unnatural, animal-like, or ungodly" (Haidt & Joseph, 2007; Horberg, Oveis, Keltner & Cohen, 2009; Rozin, Lowery, et al., 1999).

Another significant finding of Kalasha's behavioral practices of happiness and cognitive patterns can be linked to the "savoring" concept of positive psychology. It is believed that savoring, as the set of cognitive or behavioral strategies, is a monitoring process impacting the association between positive events and a person's positive affective responses to these incidents (Bryant, 1989,

2003). Savoring is defined as a mechanism whereby individuals engage "to attend to, appreciate, and enhance the positive experiences in their lives" (Bryant & Veroff, 2007, p. 2). According to Bryant and Veroff (2007), there are many cognitive and behavioral strategies of savoring that are involved in enhancing and extending positive experiences, including sharing the event with others, behavioral expression, counting blessings, self-congratulation, memory building, and sensory-perceptual sharpening. Another concept resembling savoring is the view of "capitalizing" given by Langston (1994), where it is defined as constructively understanding positive incidents (p. 111). The past empirical evidence has shown the effectiveness of savoring as a mechanism of positive affective regulation that maintains and deepens positive emotions (Bryant, Chadwick, & Kluwe, 2011; Bryant & Veroff, 2007; Wood, Heimpel, & Michela, 2003). There is a mediating and/or moderating role of savoring in the relationship between positive events and happiness (Bryant & Veroff, 2007).

The final research question was related to an individual Kalasha's views regarding mental health and his cultural identity. The study has attained its goal by presenting rich data and differentiating between the researcher's own interpretation and an individual Kalasha's perspective by presenting both in a comprehensive manner as required by an IPA study. Throughout the discussion between the researcher and individual, it was evident that Adrian (the subject of a case-study) took a strong position to project his cultural identity of being Kalasha with much pride and high self-esteem. According to empirical literature, cultural identity is a certain culture's entire set of beliefs, social behaviors, rites, customs, traditions, values, language, and institutions (Thomas & Tessler, 2007; Vonk, 2001). Empirical studies have shown a positive relationship between self-esteem or psychological well-being and the level of cultural identity (Basow, Lilley, Bookwala, & McGillicuddy-Delisi, 2008; Cederblad, Hk, Irhammar, & Mercke, 1999; Johnston, Swim, Saltsman, Deater-Deckard, & Petrill, 2007).

Interestingly, the participant explained, with much depth and richness, the concept of having an admixture of identities. He believed that the Kalasha identity has evolved from a singular ethnic

or cultural identity to multiple mixtures of identity due to globalization, urbanization, and changing lifestyles. The findings of this single case study also revealed how our participant believed in the link between their cultural identity, Kalasha traditions, their communal strengths and psychological well-being. He perceived cultural identity and practices as protective factors against psychological problems, and it can be said that he was trying to communicate a relationship between a strong cultural identity and psychological well-being. This observation is in line with the literature, where ethnic and racial identity are seen as an evolving process and explained as person's qualitative status at a certain time (Wakefield & Hudley, 2007).

Nevertheless, the term cultural and ethnic identity has been constructed with the mutual consensus of all perspectives and it has been explained by previous researchers that ethnic and racial identity has a positive impact on the psychological, social, and academic adjustment of individuals of colour (Johnston et al.,2007; Wakefield & Hudley, 2007). Kalasha's identity development over time has been illuminated in the results section where the respondent took varying forms to explain the Kalasha identity. He described the development of historic links, with the arrival of Alexander the Great in the region and also reflected on Muslim cultural influences.

The findings also revealed that he has attained his identity development as Kalasha yet the overall shift due to globalization and modernization has started impacting Kalasha's identity as a whole. He described how this impact of globalization has brought changes in Kalasha culture which was explained in the result section. The findings are also relatable with the Stage model of ethnic identity which is again based on a theory which has undergone comprehensive exploration (Phinney, 1996). According to this model, people develop ethnic identity through exploration and commitment. Exploration signifies the degree to which individuals look for the content of ethnic heritage such as, language, cultural practices, and beliefs as well as meaning of the ethnic information for their own identity. However, commitment represents the intensity with which an individual accepts and gives importance to ethnicity as a part of his/her own identity (Wakefield & Hudley, 2005). Adrian's ethnic commitment has been observable throughout the result section.

Also, the findings point to the significance of having a strong and positive cultural identity in an indigenous group that helps them maintain resilience against psychological problems. As in this study, the participant discussed about preservation of his cultural values and practices and he seems concerned about changing lifestyles and urbanization which shows that these findings are also consistent with previous literature on mental health and cultural identity, where the value of holding positive cultural identity has been explored (Shepherd, 2018). Furthermore, findings of the current study also reflect the significance of a positive cultural identity in terms of maintaining psychological well-being. This is also relatable with a similar study on the Kalasha community to identify their risk and protective factors against mental health problems (Choudhry et al., 2017).

These findings can be useful in devising indigenized psychological interventions for the Kalasha people considering their perception of mental health and identity. The similar other indigenous and mountain communities can relate with the findings of this study and appropriate and culturally sensitive measures for devising mental health interventions are recommended. Other than clinical implications, the findings of this study also point to the need of taking measures to preserve this culture against urbanization by providing a more flexible environment and space to practice their culture and tradition as currently excessive tourism sometimes interfere their personal space.

The overall findings highlights that the Kalasha community has a strong belief in spiritual and /or supernatural causes of mental health problems. These findings are related with the past literature where elements of belief in supernatural forces and spiritual causes of mental health problems were reported (Teferra & Shibre, 2012). The current study and the past literature recommend developing indigenous treatment strategies (Gholipour, 2014; Teferra & Shibre, 2012), which are culturally sensistive and respect the belief system of the targeted community.

Likewise, this study also reflected upon some potential barriers to the psychological well-being of Kalasha, which were identified through their perception of marginalization. The Kalasha's strategies for overcoming these challenges give insight into this indigenous community's

perspective on resilience. While discussing challenges, it was revealed that the major challenge experienced by the Kalasha were to do with "identity" followed by "lack of government support".

This finding of identity rejection has its significant value in literature, as past literature shows various consequences of rejection; for instance, suffering, negative emotional and behavioral outcomes, negative affect and lowered self-esteem, state of deprivation leading to detrimental effects on cognitions. Also, consequences may include disastrous effects on health and adjustment in the long run and "hurt feelings" as the most predominant negative emotions due to rejection, and emotional numbness (Baumeister & DeWall, 2005; Baumeister & Leary, 1995; Kupersmidt, Burchinal, & Patterson, 1995; Prinstein & Aikins, 2004; Richman, & Leary, 2009). Kalasha's theme of "lack of support" discussed the 'health challenges' followed by identity challenge is understandable in the context of past findings which emphasized on links of rejection to poor health outcomes (Baumeister & DeWall, 2005; Baumeister & Leary, 1995; Kupersmidt, Burchinal, & Patterson, 1995; Prinstein & Aikins, 2004; Richman, & Leary, 2009).

Similarly, Kalasha's threat perception or risk factors included "religious conversion" and "security needs". However, the previous study by Ethier and Deaux (1994) showed that weaker ethnic identity was related to higher levels of threat perception, which further leads to a reduction in self-esteem and lower levels of identification with the ethnic group. Although the current study shows that Kalasha perceived threat, yet they have strong pride in ethnic identity. Hence, these contrary findings will be an addition to the existing literature and are considered in light of their coping strategies. They also reflected on their "security needs" as they shared that there were increasing cases of robbery and dacoit activities in last couple of years and their livestock were the target. However, the most alarming threat for them was religious groups. They divided them into three main groups: 1. "Taliban from the northern side" specifically referring to the Afghanistan region; 2. "Muslim preachers", and; 3. "Christian missionaries working in NGOs". According to the participants, the greatest impact of these threats resulted in the relocation of the Kalasha people and a massive number of Kalasha converting into other faiths, mostly into Islam.

The overall findings indicated that the Kalasha use different techniques or steps toward their resilience building/enhancement, including the practice of gender equality, freedom of choice, holding social identity beliefs, by giving gratitude to nature and promoting peace. These strategies helped them to maintain and build their resilience. The findings of this study are examples for self-help work and these are factors that may support optimal human functioning and relate well with the factors considered to act as buffer against mental illness (Seligman, Schulman, DeRubeis, & Hollon, 1999). The findings of this study are consistent with the factors that contribute to individuals, communities, and societies to flourish in modern times (Seligman & Csikszentmihalyi, 2000). Moreover, their cultural traditions are some additional strategies to bolster their identity and maintain their psychological well-being.

The thesis focuses more on the Kalasha than the nomads because the Kalasha were a very open and flexible group. They are used to giving interviews as they are approached by international researchers often (Khan, 2009). In contrast, the nomads appeared to be a more closed group and approaching them for sharing their views in terms of interviews was a naïve experience for them (Choudhry & Bokharey, 2012). Secondly, the nomads were a hard to access group compared to Kalasha because they were on constant move from one location to another. Thus, other ot was beyond the scope and ability of this thesis, future studies may be conducted in nomad populations to explore their resilience factors.

Application of Bronfenbrenner's Ecosystems

Lastly, the chosen theoretical framework of Bronfenbrenner's ecosystems is applied to the Nomads and Kalasha, in giving further support and understanding to the themes that were found. In case of nomads, the macrosystem seems very relevant in the context of this model as the nomad's microsystems (excluding family and their tribe) keep on changing due to their continuous movement from one geographical location to other. Whereas, in Kalasha's scenario their microsystems and macrosystems are highly significant. Indeed, they value their belief system and strong cultural bonding and collectivistic traditional cultural beliefs more than other exosystems,

meso and microsystems. Therefore, the macrosystem holds is significant value in case of Kalasha as well.

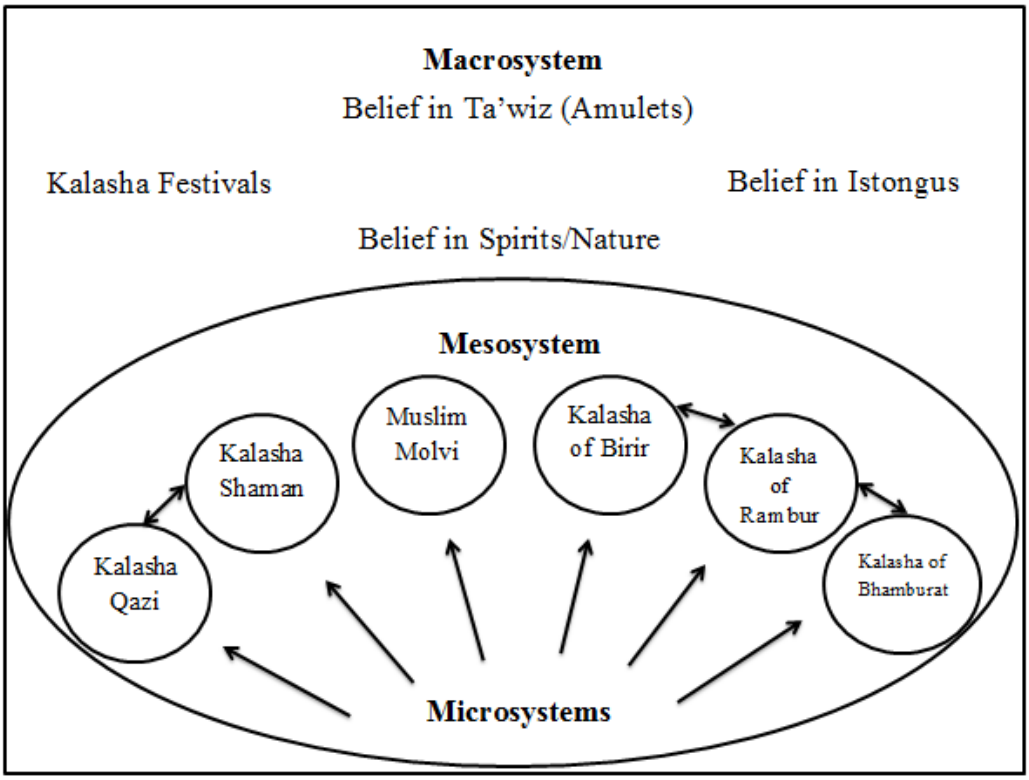

Figure 1. Illustrates Kalasha's ecosystems extracted from the data of the current thesis.

Interpersonal relationships comprise the microsystem and mesosystem. When Kalasha places emphasis on strong interpersonal relationship, communal bonding and sharing and celebrating their festivals, this refers to their strong microsystem and macrosystem. The microsystem recognizes a person's face-to-face interaction with others such as his/her family, school, and peers (Bronfenbrenner, 1994; Kloos et al., 2012; Rosa & Tudge, 2013). However, the mesosystem deals with multiple microsystems that operate side by side (Bronfenbrenner, 1979); for instance, a Kalasha celebrating their traditional festival after consulting with their traditional/religious elders who decide the date of the festivals.

The macrosystem–comprising the overarching worldview of a community and culture-investigated the uniformities within the subculture, existing belief system in the culture, or ideology

that had been formulated from the lower order systems (Rosa & Tudge, 2013). The macrosystem is likely to be a highly relevant system in the case of Kalasha as their lives are guided by their traditional beliefs and they valued a lot to their ancestral traditions and promoting their communal bonding. This model further enlightened the researcher that a person's ecological mechanisms occur in a dynamic manner with interplay of various factors (Ungar et al., 2007; Ungar et al., 2013).

As shown in figure (1), in the case of Kalasha, their microsystems comprise of Kalasha Qazi, Kalasha shaman, Muslim Molvies, and Kalasha of Birir, Rambur, and Bhamburat. The Kalasha's mesosystem constitute the interaction between Kalasha Qazi and Kalasha shaman, as well as the interaction between Kalasha of Birir, Rambur, and Bhamburat. The Kalasha's macrosystem comprises of Kalasha festivals, belief in *taveez* (amulets), belief in *istongus*, and belief in spirits/nature.

Concluding Findings about the Sample Populations

Both samples (i.e., Nomads and Kalasha) had similar perceived causes of mental health issues (Fig.1). The Nomads and Kalasha endorsed the spiritual, medical, biological and psychosocial as well as environmental causes of mental health issues. However, there were subtle differences in the horizons of understanding of these perceived causes. For instance, according to the nomads, the spiritual causes comprised a dichotomy of wrath and blessings of God and magic. Whereas, the spiritual causes of mental health issues for Kalasha had a focus on the land of fairies and spirits. Similarly, the nomads endorsed more the chemical reasons as the medical causes of mental health issues. However, for the Kalasha, the biological and psychosocial causes consisted more of stress and overthinking. Likewise, the environmental causes consisting of poverty, lack of skills, self-esteem and helplessness were highlighted by the nomads; whereas, tourism, urbanization and contamination, and forced religious conversion were highlighted by the Kalasha.

Table 1

Showing Similarities and Differences in the Findings of Perceived Causes of Mental Health Issues among Kalasha and Nomads

Nomads	**Kalasha**
Spiritual (dichotomy of wrath and blessings of God; magic)	Spiritual World of *Paristan* (the land of fairies and spirits)
Medical (chemical reasons)	Biological & Psychosocial (stress, overthinking)
Environmental (poverty; lack of skills; self-esteem; helplessness)	Tourism, urbanization and contamination; forced religious conversion

Table 2

Showing Similarities and Differences in the Findings of Preferred Treatment Options for Mental Health Issues among Kalasha and Nomads

Nomads	**Kalasha**
Consult faith healers (Muslim) Use Amulets (*Taveez*)	Consult faith healers (Shamanic & Muslim) Use Amulets (*Taveez*)
Blowing incantation	*Istongus* (indigenous Shamanic practice of Kalasha)
Consult Medical Doctors (exceptions)	Seek Medical Treatment (in extreme severity) as well as Herbal Treatment (exceptions)
	Communal Sharing & Problem Solving

There were similarities across both samples regarding the preferred treatment of mental health issues (Table 2). Individuals of both samples consulted faith healers, used amulets and sought medical treatment for mental health issues. Nevertheless, there were some differences in both samples in their horizons of understanding. For instance, the nomads consulted only Muslim faith healers contrary to Kalasha who consulted both Shamanic and Muslim faith healers. The nomads and Kalasha practiced blowing incantation and *Istongus*, respectively. In certain cases, the nomads sought medical treatment, however, the Kalasha sought medical treatment and in some cases preferred herbal treatments. The Kalasha also practiced communal sharing and problem solving in order to overcome mental health issues.

These similarities and differences in the aetiologies and preferred treatment options of mental health issues can be related with the empirical evidence of the past research. The research studies on Kalasha revealed that their indigenized rituals may be influenced by various regions. For instance, possible Iranian influence was highlighted in a study (Gnoli, 1980), but it warrants further investigation (Cacopardo, 2011). The Indian influences on the Kalasha culture are evident from pre-Islamic cultures, language, a fundamental pure/impure polarity, apparent reminiscences of the gods of the Vedic pantheon in the names of Kalasha, and exogamic rule monitoring the making of lineages (Cacopardo & Cacopardo, 2001). There are also some affinities between rituals of Kalasha and ancient Europe, such as the ritual cycle of Kalasha and the winter cycle of Europe starting with All Saints and ending with the Carnival (Cacopardo, 2011). The ritual cycles of pagan Europe have vanished and have been incorporated in the Christian calendar (Cacopardo, 2011). The three winter festivals of the Kalasha of Birir (i.e., *Chaumos*, *Lagaur* and *Salgherek*) are similar to the European festivals for Italy (i.e., Christmas, the Epiphany, Sant'Antonio Abate and Candelora) as pointed out by Cardini, (1995).

Similarly, in case of the findings of the nomad study of this thesis, the perceived etiologies of mental health issues incorporated both religious/magical and biopsychosocial aspects. The findings are consistent with a study investigating southern Ethiopian semi-nomadic population's perceived causes of severe mental disturbance and preferred interventions (Teferra & Shibre, 2012). Similarly, in another research study, postnatal depression was believed to be the outcome of evil spirits and indigenous methods were used to protect the mother (Hanlon, Whitley, Wondimagegn, Alem, & Prince, 2009). Various other research studies endorsed the belief in spiritual causes (i.e., evil spirits, punishment by God/divine wrath, magical causes or spirit possession) and biopsychosocial causes of mental health issues (Deribew, & Tamirat, 2005; Gureje, Lasebikan, Ephraim-Oluwanuga, Olley, & Kola, 2005; Kabir, Iliyasu, Abubakar, & Aliyu, 2004; Kortmann, 1987; Mulatu, 1999; Zafar et al., 2008). Likewise, in the present thesis, the preferred treatment options comprised religious/magical and biopsychosocial options. The findings can be related with

various research studies carried out in past (Adewuya, & Makanjuola, 2009; Kabir, Iliyasu, Abubakar, & Aliyu, 2004; Padmavati, Thara, & Corin, 2005; Zafar et al., 2008).

Conclusion

The studies presented in the thesis contribute to the field of psychology by identifying cultural protective factors and mental health perceived causes and treatment options used by a Kalasha community which is struggling for its survival and for conservation of its cultural heritage. Also, the findings of the nomad study contribute to the existing mental health literature. The resilience factors identified through the Kalasha study can be used for devising a management plan for fostering resilience and to deal with psychological distress faced by similar indigenous communities in South Asia. Also, the findings contribute to public health and health policy literature (see Implications and Recommendations sections at the conclusion of this chapter).

The findings of the studies contribute and highlight the need to build a global mental and public health workforce for marginalized communities generally, and for Kalasha and Nomad community specifically. The study also points to empowering the existing health workforce and to train those who are primarily involved in protecting and promoting the health of marginalized communities with mental health training and awareness. The current studies highlighted the key elements and factors that contribute to the resilience building of a community.

Limitations and Future Directions

This study established the usefulness of the Bronfenbrenner's bio ecological model in identifying various types and levels of resilience factors in a developing individual's environmental context, but the focus on the exosystem and chronosystem was less in Kalasha's context of this study. Only two participants' example illustrated in the theme of psychosocial causal factors reflects the relevance of chronosystem, where they commented about the societal and geopolitical pressure and environment surrounded by the Kalasha. Additionally, Bronfenbrenner's (1979; 1994) model offers a baseline of characteristics to cognize the developing individual's protective factors. This thesis explored the intricacies and complexities regarding mental health existing in the environment

of the Kalasha and nomads. Another limitation could be the limited scope of this study, as we have focused on just two marginalized groups, which are clearly not representative of all the marginalized and indigenous communities of an ethnically diverse country Pakistan. The sole use of qualitative methods is a limitation as the broader perspective can be focused by using mixed method designs. The qualitative research design was chosen for the current thesis considering the nature of research question and also because there was scarcity of psychological literature on the nomad and Kalasha communities, thus an exploratory and broader perspective of mental health understanding was aimed to be explored.

Another limitation of this thesis includes the broader scope of the studies as this project is one of the first initiatives to conduct empirical study on Kalasha and Pakistani nomads from the psychological/mental health angle, therefore there was no past psychological literature available on the Kalasha. Hence, we decided to frame a study with a broader scope of mental health rather than operationalizing the specific variables representing mental health, like sadness. Secondly, despite the Bronfenbrenner bio ecological model's identification of protective factors, there is a possibility that other possible resilience factors may have been overlooked, which we (researcher and participants) couldn't bring in during the interview. A future study can be conducted with Kalasha to explore more directly the relationship between their savoring practices and psychological wellbeing and happiness. In any future study it is recommended to include local collaborators who belong to the Kalasha or nomad community in order to promote decolonizing research.

Similarly, this study was limited to one group of nomads and cannot claim to generalize the findings. But this study gives some insights and understanding of perception of marginalized population regarding awareness of mental health problems and its concept. Future studies can focus on larger sample and using mixed method designs. Studies to explore and examine the mental health problems in these marginalized and indigenous populations can make a significant contribution in this area.

Implications (Social & Clinical)

Based on the findings of this study, recommendations could be forwarded to mental health professionals, educational institutes and health department of government for policy making to create awareness and for planning and implementing awareness campaigns among poor and marginalized populations like nomads and other indigenous communities especially in suburbs and marginalized areas. The strength of this thesis is the representation of underprivileged, understudied and marginalized group of nomads from a developing country of Pakistan. The identification of cultural protective factors in these groups may inform exploration and efforts to foster resilience in other marginalized groups. There are the positive themes highlighted through this study that may be adopted by individuals and groups in terms of resilience building. For example, gratitude, tolerance and gender collaboration may be explored for resilience enhancement.

This exploratory study focuses on the perceived causes of mental disturbances and preferred treatment methods of this secluded group. This study provides a starting point for devising management plan for indigenous groups by realizing their needs and beliefs regarding mental health. Furthermore, this study highlights the need for mental health outreach and awareness programs. The findings of this study have a potential to serve as a proposal for the future studies on similar populations. In clinical settings, the message of this study can be that by taking pride in social identity and by practicing gratitude, one can foster one's ability to overcome distress/ challenges and can promote wellbeing. The thesis illustrates the relevance of unique indigenous cultural factors in promoting a community's resilience. However, on the basis of the themes extracted from the study, it can be concluded that threats and challenges of Kalasha need to be addressed, with appropriate action taken to provide basic needs to this marginalized community.

Recommendations

Outreach. The Kalash valleys and the outskirts of the main cities, where nomads put their camps, are geographically distant from health services and especially mental health services. There are some ongoing health projects focusing on family planning, polio and basic vaccinations but

mental health services are not accessible to the rural groups. Outreach services are needed to connect the rural population to mental health services and should be realized by health policy makers. In order to implement the outreach programmes, a multidisciplinary team of physical health and mental health care providers can be formulated to develop a care management protocol, which is then implemented in collaboration and consultation with these communities. These outreach programs can consist of initial assessment of symptoms by the assessment teams. Various multidisciplinary mental health outreach projects consisting of home evaluation and connecting to medical, mental health, and social services can be considered. Furthermore, community support can be sought for identifying individuals with mental health issues as well as mental health first aid training workshops can be launched to enhance awareness of these hard-to-reach communities.

Clinical settings. The setup of mobile clinics is another recommendation as these clinics could be linked up with the psychological service providers at tertiary care hospitals or larger community mental health service. The use of mobile clinics equipped with basic mental health and pharmaceutical facilities may be able to increase access and awareness to mental health services. Secondly, the basic and primary care units (dispensaries) in the urban areas and in the outskirts of the main cities often have limited staff with limited awareness of mental health issues (Khalily, 2011). Therefore, not only the setting up of mobile clinics is necessary as well as there should be some strategic programs to instil the basic mental health awareness to the staff of primary and secondary care units and dispensaries. These programs could help in creating awareness of mental health among the staff members and to help them to be able to identify mental health cases and refer to appropriate psychiatric departments of the main hospitals. The capacity of health care workers and community members (along with faith healers) can be enhanced by training them to recognize and deal with the mental health problems in their own communities supported by mobile clinics, which provide outreach services. The initial step can be launching workshops to train community members in the management of common mental illnesses in those marginalized communities. In order to empower communities, enhance their self-help skills, improve knowledge and attitudes the

training of community members can be monitored by the staff member of mobile clinics. These are initial suggestions to be considered.

Social workers. Community social workers can play an important role, ranging from psychosocial assessment, family education, and risk assessment to referral services. Social work includes assessing resilience, strength and vulnerability to mental health problems of the community and its individuals. Social workers can help enhancing awareness by approaching urban populations' families and providing basic counseling to mental health sufferers. There could be programs for creating awareness regarding mental health issues and preventive measures and suggesting appropriate referral settings. These social workers can be trained by arranging mental health workshops with the collaboration of senior clinical psychologists of the health department. The focus of these workshops can be on early identification and screening of mental health issues, mental health first aid care provision and appropriate referrals to concerned mental health practitioners. Moreover, the progress of these social workers can be monitored on an intermittent basis by senior clinical psychologists of the health department. The special tailor made mental health trainings considering the mental health context of the nomads and the Kalasha would be provided by engaging the local community members in devising the training material.

Indigenous mental health model. Considering the findings of this study, as majority of the participants from the marginalized group attributed spiritual causes of mental health problems and preferences for spiritual treatments, mental health practitioners should realize the need of devising indigenous treatment plans considering the idiosyncrasies of the targeted populations and respect their beliefs and perceptions. Mental health practitioners can work with indigenous methods to create awareness about psychosocial and medical causes of mental health issues among the marginalized groups. The indigenous methods can involve idiosyncratic definition and etiology of mental health issues and involvement of local faith healers and community workers.

In context of the cultural formulation interview of DSM-5 (APA, 2013), this thesis explored the cultural conceptualizations of both mental health and resilience. Therefore, it is pertinent to

conduct more studies considering the cultural formulation of mental health of marginalized groups of Pakistan, which ultimately would help devising indigenized management plans for people with mental health issues. Also, cultural identity plays an important role in understanding cultural formulation of mental health issues (APA, 2013) and this thesis also presented an in-depth exploration of cultural identity of Kalasha in regard to mental health.

Lastly, it is recommended to address the human rights of the minority and marginalized communities of Pakistan. They deserve equal citizenship and civic rights including health and education and right to live peacefully without intrusion into their culture and faith. The preservation of cultural heritage is also the responsibility of the State and to ensure that their cultural identity must be recognized and they are provided appropriate services.

"You are free; you are free to go to your temples, you are free to go to your mosques or to any other place of worship in this State of Pakistan. You may belong to any religion or caste or creed- that has nothing to do with the business of the State".

(The founder of Pakistan, Muhammad Ali Jinnah's first Presidential Address to the Constituent Assembly of Pakistan, August 11, 1947).

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Appendices

Appendix A

Reflexive Journal/Researcher's Personal Context

I was born in a coastal and metropolitan city of Karachi. My parents belong to a small town in Punjab called Toba Tek Singh and settled in Karachi. However, I started my schooling from a convent school at a beautiful hill station "Murree" which is approximately 34 miles away from the capital city Islamabad. Twice a year we used to go to our ancestral village in Toba Tek Singh where we have some agricultural lands. I stayed in Murree till my 5th grade. I continued my studies in the cultural heart of the country "Lahore", also known as "City of Gardens" from grade 5 to grade 8. For the grade 9, I again went back to my birth place Karachi and after spending a year there, my father was posted back to the capital, Islamabad.

We preferred to live in Murree for completion of my grade 10-12. My father was associated with the judiciary occupation; hence, frequent postings were usual. But the decision to settle into mountains of Murree was purely based on his aesthetic sense and taste for a suburban life away from the polluted, soul-less and hassled areas of urban cities. Life in the mountains was not easy especially during winters with heavy snowfalls and blocked roads and temperature dropping up to minus 10. During the months of snowfall, we used to shift to the capital city Islamabad or Lahore or sometimes to our village. Sometimes, I had to stay back in Murree during snowfall due to the winter camps in my school and college.

Apart from residing in multiple cities, my father and I used to visit places quiet frequently, therefore I have travelled throughout the country and this semi-nomadic life became usual for me. On every visit to my village, I often came across these groups of people wandering along with their families and animals, carts, and tent houses. These people often stayed at a barren land next to our graveyard in the village. Whenever I asked about them to our villagers I was told that they are nomads, having no home, they keep on traveling and they do eat wild animals they hunt from

bushes. Once my curiosity grew and I wanted to know more about these nomads when my cousin told me that one group of nomads was caught by villagers for cannibalism, and they were charged against eating human flesh from graves. This news gave me goose bumps and I tried not to think about them, but as a paradoxical effect, I got more thoughts and questions in my mind (for instance, what tradition they are following? What is their culture? What is their belief system/religion? Where they actually came from? Why they are not staying at one place?).

This curiosity kept on growing and I got insight from my eldest sister (who is also a psychologist; her personality and application of knowledge in daily life inspired me), that I had to do a formal research study if I were to seek answers of these questions. After completing my Master's in Psychology, I worked at a developmental sector with an NGO. There I worked with marginalized communities. I once asked the national coordinator of my organization about the possibility of working with nomad community and he shared that, "they are least bothered about our civic campaign and about government or policies; they are free people and difficult to study".

I continued my higher education and completed my post masters diploma in clinical psychology and often received phone calls from my cousin from my village saying that, "your nomads are here for a week, do visit us if you want to interact with them". Upon his repeated phone calls, I went to my village to approach those nomads; however, I was disappointed when I came to know that they had moved to their next unknown place.

During my MS/MPhil degree, I felt lucky when I was told that my request to opt Dr. Iram Bokharey as my research supervisor was approved. I often thought about what had made her a great teacher and a clinician, all students desire to get her mentorship, and her patients adore her. I believe that it has something transcendental; it is a blessing from God due to her sincerity, commitment and professionalism. I remember our first research meeting when I shared that I want to propose a study on Kalasha community and she said considering the limited research time of MS, we will not be able to do justice to this inquiry. Therefore, I shared an idea of proposing a study on

nomad community. This proposal was accepted and she advised me to pursue a study on Kalasha in future.

Initially, I developed interest in qualitative methods when my MSc Psychology supervisor, Dr. Shazia (Head, Department of Psychology in Preston University, Islamabad) advised me to arrange an introductory workshop of her anthropologist colleague. The workshop developed my interest in ontology and epistemology and we decided to get formal training of conducting a qualitative study from that facilitator of that workshop. I completed my project and conducted content analysis on a religious book; famously taught in Madrasas (religious schools) of Pakistan.

During my MS, under guidance of my supervisor and in order to clear some confusion, we decided to contact Dr. Jonathan Smith through an email and his response helped us in finalizing IPA for our study. After completing MSc and MS, I was a bit more confident qualitative researcher and I was selected in a PhD Psychology program at National Institute of Psychology under the supervision of Prof. Dr. Anisul Haque-a very humble, down to earth yet assertive professor. I remember I told him that I want to conduct a qualitative study on the marginalized and/or stigmatized groups, however, he responded with a very insightful explanation and told me that first I need to understand the gap in literature and come up with research questions before moving to research methods or designs, therefore qualitative or quantitative is not upon my desire but depend on appropriateness to address the research question. During that brainstorming process, I got offer from Monash University and I joined the PhD program at Monash and with a mutual decision of my supervisors, I decided to work on mental health and resilience of Kalasha and nomads.

I can very well relate to the nomadic lifestyle as I, myself, have lived a semi nomadic life, I started loving and felt stagnant if I had to stay at one place for a longer period of time. I can relate something with a life on a go. I can relate with the Kalasha community and I was inquisitive about how a marginalized community struggling for preservation of its unique culture could be considered as a happy and resilient community, as portrayed through some travel documentary and by the

United Nations. This also developed my interest to look into their resilience mechanisms and factors that contributed to their happiness or well-being.

I spent my childhood in northern areas, started my schooling and completed my higher secondary studies there, so I understood the dynamics and somehow the culture of the people dwelling in mountains. Although the Kalasha community has an entirely different culture than the rest of the mountain communities, I had prior understanding because of the fact that I myself lived in mountains, visited Kalasha valleys, interacted with them and developed some local connections. Prior to the data collection, I visited the Kalasha valleys and had also listened to the stories about Kalasha culture from my father who visited these valleys in 1970s and 1980s. I was discouraged by many people because of the challenging geographical location of these valleys, growing extremism and because the fact that in 2009 a volunteer who came all the way from Greece to work for Kalasha's rights was abducted and brutally slaughtered by an extremist element. As a result of these unpredictable security situations, the influx of international volunteers, tourists and researchers was reduced. Currently, the foreign visitors are directed to seek approval and security from the state before visiting these valleys.

Secondly, I believe that due to some historic political decisions in Pakistan, we developed a society lacking acceptance and tolerance, especially of those who have different opinions or have different faith or sect than majority. I don't want to blame any one segment of our society but society as a whole needs to build a counter narrative for extremism. To me extremism is not only limited to armed terrorist groups but also to all those who want to impose their narratives and perspective onto others and such people are belong to all walks of life. The obsession with money, fame, success, promotion can also be an extremist behavior. Within my country I have seen both leftist and right wing, pro and anti-state narratives, liberal and religious, moderate and extremist philosophy. Nobody inspired me as much as Abdul Sattar Eidhi, a founder of Eidhi Foundation, world's largest volunteer ambulance service provider, a person who worked for humanity without the differences of faith, caste, color and gender.

Last year google honored him with google doodle but his services for humanity are beyond these honors. Once I walked to his office to get an idea how I can work voluntarily and I wanted to make my nerves stronger and wish to become resilient in emergency situations because as a young boy I believed I couldn't face an emergency situation and would panic so I decided to do some behavioral work. I came to know how broad this charitable work was established including rehab centers, old age homes, orphanage homes, educational services, hospital services, graveyard services and animal hostel services. The unwanted or unlawful dead babies that used to be found in trash or garbage corners were starting to appear alive in front of Eidhi homes and a cradle was placed outside every Eidhi home with a message to save a human life.

Upon my request I was assigned a volunteer task of accompanying an emergency ambulance on call at Jinnah hospital Karachi during night shifts. I remember how I fainted on the very first duty of transferring a dead body from DHA phase 4 to the mortuary of Jinnah hospital. I managed to get my nerves stronger after completing few emergency tasks and the very next night we got a call from a minority community sharing that a girl has cut her veins and attempted suicide and when we reached their house people were hesitating to touch her may be because she was bleeding badly or the possible fact that men would consider it haram to touch opposite gender and/or may be because she was a girl from a minority community. I was not able to find the answer yet as the focus was to transfer her to the hospital rather attending to my cognitions.

I transferred her to the ambulance with the help of my colleague and we tied a tight knot on her cut in order to stop or slow down her bleeding and transferred her to the emergency department of Agha Khan Hospital. I was left with my ruminations and I realized how human focused the services of Eidhi Saab are without the discrimination of religion or caste. In fact when Eidhi Saab was asked that why he is extending his services to non-Muslims and not only restricting it to Muslim brothers and sisters, he replied humbly *"because my ambulance is more Muslim than you"*. He also famously lamented *"People have become educated but have yet to become human"*. The

motivation and humanistic spirit to work for those who are marginalized and/ or minority developed in my approach and I decided to pursue my studies on vulnerable groups.

This is how the circumstances leads me to work on the targeted marginalized communities and since I joined my PhD at Monash I got many opportunities to improve my written and academic writing skills especially after getting heavy feedback on the drafts and face to face meeting with my supervisors. I remember the first draft of themes of Kalasha study which included more than 20 themes and Dr Miriam and Dr Karen asked me to reconsider the broader scope of analysis. I am indebted to both for polishing my skills and giving me the freedom to brainstorm and decide the direction of my PhD. I spent huge amount of energy and time to understand what my advisors called as “impact” and “integration of studies”.

I was able to draw on chart papers my theoretical model and the relevance with each of my studies in order to make link better and to make the coherent flow of thesis studies. It gave me more strength and hopes to efficiently complete my studies when I was able to mark assignments which seem impossible to complete initially but I completed well on time. During data collection I came across exactly something which we call as cognitive dissonance as I interviewed one Kalasha who changed my many concepts about culture and ownership of culture and about my target population. It was roughly a two hours long interview and after the interview I felt severe headache, anxiety and paranoia about the participant as I was not expecting someone as convincing and intellectual from the Kalasha community. This means he changed my perception about Kalasha people and this is how I realized to bracket off my presumptions about the community and not to effect analysis base on my personal biases and presumptions. I actually charted out all my presumptions and put that assumptions in front of me while extracting themes from the data as I wanted to make it sure that I am not influenced by my own assumptions. This was also done by taking a second opinion about the analysis table from expert researchers.

Appendix B

Conference Presentation Abstracts

How to study mental health perspectives of indigenous marginalized communities: A methodological recommendation

Abstract

The past literature suggests to choose culturally appropriate indigenous methods when working with marginalized indigenous communities. The focus of indigenous research is on qualitative, collective, participatory methods, and empowerment frameworks. The qualitative methods, utilizing semi-structured interviews and focus group discussions as the data collection methods, has become common among applied health researchers to study marginalized indigenous populations. Similarly, I used two qualitative methods i) Interpretative Phenomenological Analysis (IPA) and ii) Consensual Qualitative Research (CQR) to study the two indigenous communities in Pakistan (Kalasha and nomads). The aim of the project is to explore the resilience mechanisms, identification of cultural protective factors, and mental health perspectives of these two groups. IPA was used for detailed exploration of the way research participants make sense of their own world. There is involvement of a two-stage interpretation process also called double hermeneutic. The research participants are involved in sense making of their world; however, the researcher tries to develop sense of participants' sense making of their world. Similarly CQR is adequate for the research studies aimed at exploring inner experiences, viewpoints, and convictions. CQR has various key elements, such as: having open-ended questions in semi-structured data collection procedures (mostly interviews), which not only serves the purpose of gathering consistent data from participants but also helps in in-depth investigation of participants' experiences. The significance and implications of using CQR and IPA to study indigenous populations has been highlighted. This study shows an appropriate methodological recommendations for health researchers to use multiple qualitative methods in order to study marginalized indigenous communities.

Keywords: qualitative, indigenous, marginalized, method

Mental health literacy among marginalized nomad community in Pakistan: a culturally-sensitive perspective

Abstract

Background and aims

Two pressing challenges facing the international community concern the culturally-sensitive understanding and treatment of marginalized and nomadic groups. This study utilized a culturally-sensitive qualitative methodology to obtain data on a marginalized and nomadic tribe in Pakistan to help address this challenge. There is a dearth of empirical literature on the mental health perspectives of rural populations in Pakistan. Thus, this study explored the perceived causes of mental health issues and the help-seeking treatment behaviors of a marginalized nomadic population in Pakistan.

Materials and methods

Semi-structured interviews were conducted with 20 adult members (13 men and 7 women, M_{age} = 35, age range 18-60) of a nomad tribe using a Consensual Qualitative Research (CQR) design with four judges.

Results

The findings illustrated that *spiritual, environmental*, and *medical* causes of mental illness were identified along with *spiritual, medical, and cultural treatment options*. However, spiritual causes and treatments were the most frequently highlighted.

Conclusions

Clinical implications and suggestions include the importance of a framework for devising a management plan for indigenous groups by recognizing and incorporating their beliefs regarding and needs regarding mental illness and mental health. Furthermore, this study highlights the need for mental health outreach and awareness programs. The findings can lead to developments in the policy response regarding the needs of various marginalized indigenous populations. There is an urgent need for culturally-sensitive perspectives to inform evidence-based practice frameworks for indigenous groups.

Keywords: Mental health, Pakistan, Nomads, Gypsy, Marginalized, Indigenous, Consensual Qualitative Research

Investigating the Psychological Resilience of Kalasha, an Indigenous Marginalized Group in Pakistan

Abstract

Background

The Kalasha are a minority group settled in the northern border of Afghanistan and Pakistan. They are marginalized due to their geographic location, as well as their major differences in terms of religion, culture and language from the mainstream Pakistanis. However, despite the challenges they face, the Kalasha are known to be happy and resilient. While the literature has shed some light on Kalasha's unique culture and customs, more in-depth psychological investigation exploring their mental health perspectives and how their culture and customs may have led them to be resilient has yet to be made. Our study was thus conducted with the aim to explore Kalasha's resilience related cognitions and factors

Methods

Two Focus group discussions and seven semi-structured interviews were used as tools to collect data from this group. Data were analyzed using Interpretative Phenomenological Analysis.

Findings

The findings from our study highlighted the factors that contribute to Kalasha's well-being, enhancing and maintaining their resilience. These factors included: *tolerance*, *gratitude*, *gender equality*, *pride in their cultural identity* and *contentment*.

Discussion

This study adds further knowledge of mental health perspectives to the existing literature of marginalized communities in Asia. Identification of indigenous cultural protective factors in this minority group may inform future exploration and efforts to foster resilience in other similar marginalized groups.

Appendix C

Table.
Showing In-depth 3 level IPA Analysis

Emergent Themes	**Original Transcript**	**Exploratory comments (Descriptive, *Linguistic*, Conceptual)**
Happiness is relative Empirical/Scientific approach and knowledge	R: What are your views about Kalasha as a happy community? S: I would like to mention that whatever the outsiders have written about Kalash is a hype, a lot of it is a hype and the reference which you are giving that they are the happiest people, it is also aaaan as Trump said fake news site CNN. you are referring to same travel magazine article of CNN right? I think this is not good amicable article. I think they just saw people here are happy so they said they are happy. It's a very relative thing who is happy and who is not.. so generally…ahhhhhmmm	Rejecting the news and magazine stuff. *Linguistically analyzing the phrase we can say that as he gave reference of Trump's statement about CNN being fake news site, he wanted to put emphasis and wanted to make his argument strong and convincing*. This also reflects his political awareness and interest in geopolitical news. Taking the position of social constructionism as terming happiness as relative phenomenon, *the use of word "very" reflects his emphasis again on his views of relative phenomenon of happiness*…the ending sound of "ahmmm" and incomplete sentence of "so..generally" and then a pause reflects that he is thinking more about the construct of happiness before he speaks further.
Dependent and Independency on market economy Ambivalence Hope/Optimism Concern /Apprehension	R: But that that is in comparison to other communities S: I mean… your saying about happiness and then you're saying about mental health these are totally two different issues…. I think people are not…. They are like independent units …because there is no such a thing as they are dependent…they are dependent (stressing and accepting) on a lot of things now, but generally you see they are subsistence people they work into their fields they make their own …livelihoods products or so whatever, but	Expressed his views regarding happiness as seeing happiness and mental health and considering both as different constructs. People are independent units and are subsistence people. A bit confusion or ambivalence appeared in this discussion, where the respondent first considered people as independent units and just after that, he shifted his views of people as subsistence and then shifted his argument to people's dependency on market economy. Here the important point to be noted is that he still wants to make a clear distinction of Kalasha people from the generally market dependent population by sharing that they (Kalasha) are, still to some extent, independent as they are dependent on their own fields in order to fulfil their basic needs.

	they are not manufacturing community so they are dependent on market economy to purchase these things. Because whatever the commodities coming here are manufactured things and they are not producing anything which they are going to sell and make money out of it, so basically you could see people are working in the seasonal setups where there is like tourism coming in from domestic and international, so … that's a new trend of labor and then there are other development works done by NGOs and government. Basically majority of people are on, like, labor status, if we can say like that there is no such a thing like they are isolated.	*He also appeared to share with a bit complaining tone and voice that they (referring to Kalasha people) are not producing anything from which they can make money.* A sense of his genuine concern for his community can be observed from his views hat his people are not getting benefits from domestic and international tourism to this place as they are still involved in labor jobs despite having tourism and developmental work from NGOs and government. Kalasha are still rural, however, *his ending of this argument on the statement that "there is no such a thing like they are isolated" can be seen as a positive coping or optimism that still his community is connected to the world and he has a vision or optimism for his community.*
Congenial interpersonal relationships Sense of connection with outer world/no isolation Happiness is relative	R: Really? S: If you can say what isolation is, isolation is something like a tribe living in the jungles of Amazon so…we…… R: Means they are connected? S: I mean look at this, you see around there is no difference between aaa villagers like me having a smart phone sitting here trying to getting data connection (internet), we are connected now, let's say it was 20 yrs. back R: maybe you are an exception S: No I am not and I live here, but these are the trends, maybe I have read few more books but generally people are much more connected to the world outside or if even they are not	Kalasha are connected and not isolated. Making the case stronger and had given *an example of a tribe living in the Amazon's jungles he doesn't want to be considered as isolated*. Also, it is noteworthy here that the topic of isolation was brought forth by the respondent which reflects that he perceived that the researcher may have considered Kalasha as isolated and/or not well-connected. *By making distinction of Kalsha from those living in amazon jungle, he also tries to portray his community as well versed with change and well adapted to change*. The researcher asked further after understanding respondent's views about isolation and the respondent explained further by giving more *examples of use of cell phone, this means that he is trying to share that he considers his tribe as well-connected and not isolated who also shifting to new trends and technologies.* Researcher with his pre-assumption about Kalasha as isolated still seems not convinced and asked him further by probing further by calling the respondent as an exception and the respondent denied that assumption of the researcher.

	connected to outside world, there are lot of non Kalasha who moved in here for like past hundreds of years, so there is connection between other people so there is no such isolation that you are… Basically people are living and sharing the same place, families over the time have …aaaa have converted they have the same familiar relationships with their non-converting relatives and so on. So let's say there is no such a thing that we are talking about people who are like living in isolation or who have their own setup, its integrated with other societies and other communities...and I think happiness is very relative	People are much more connected to the world here. In order to put more emphasis he further explained that non-Kalasha people moved in to Kalash valleys and therefore there is a connection between them and the outside world and he also mentioned that there is an inter-mingling between people of Kalash and there are congenial relationship between converted and non-converted Kalashas, he then ended his argument on the note of happiness by once again getting back on that topic and sharing his views that happiness is a relative phenomenon. His views are well congruent with social constructivist school of thought.
Sense of sharing Attributes of pride Sense of sharing Collective values in	S: I don't think so aaaaa there are people who psychologically. Or there are psychological issues R: ok there are no issues like that? S: no I think aaa the structure of the community is such that they share meals, there is no concept of isolation within the community as well …everyone knows everyone. They attend their funerals and for example, let's take a small example if there is like a wedding so you don't sit down and make a list of hundred people that you wanted to invite on your wedding (laughter sarcastically). So the moment somebody is going to wed…. aaaa…it is not planed itself its between boy	Justifications for denial regarding existence of psychological problems in Kalasha. Explaining the structure of Kalasha society. In explaining the structure of Kalasha society in response to the question of psychological problems in Kalasha people, he again linked his argument to the fact that the Kalasha are not isolated but this time he used isolation terms not to show their connection with outside world but this time *he discusses isolation from intra-communal perspectives and revealed with much pride in his tone of voice that there is a sense of sharing among Kalashas. He knows that this is a positive attribute of sharing hence he shares it with pride that Kalasha acquires this quality of sharing, whether its sharing of meals or sharing of duties in their weddings* or sharing of material and non-material things. *He gave an interesting example of wedding cultures, where he used his laughter sarcastically while commenting and comparing Kalasha with the rest of the cultures in the country who make lists of hundreds of people to invite to their marriages* whereas he

death rituals Empathy Low vulnerability to psychological problems due to collectivistic sharing culture Sharing and Caring Believe in spiritual causes of mental health problems	and girl and parents who arranged it, and then suddenly everybody ruptures around and everybody knows that there is a party at this house so everybody goes there, food is served, good wishes are exchanged and so on R: so there is a sense of unity? S: there is a sense of….aaaaa SHAAARINGGG and that's not only limited to…aaaaa…material aaan which means like food or something that you shared as a material but it also an exchange. Let's take an example; if you ever had a chance of attending a funeral here you would realize that the cost of the funeral exceeds the cost of a wedding R: yeah S; because the funeral is liberated around two to three days and during these times aaaa when a small unit of family is broken down because of the departure of …aaaaaa… of someone from the family then the whole tribe and the whole people who living in this valley go to the place they spend like 7 , 10 days living with them R: with that family? S: yeah in a sense to help them come out of this phase of….aaaa…the loss. The mourning of the person. So you see that there is a sense of sharrrring (sharing) also emotional aspect like which is like you are not let alone to suffer	wanted to present Kalsha as distinctive community as Kalsha (with the strong sense of sharing) would appear without invitations and would participate in the wedding functions of their community. It is also observant in ongoing discussion that the respondent did not pick the exact words from the researcher, although there are some points where he do agree with the researcher's comment but his choice of words is always different for example when R concluded his argument asked him in the context of his discussion regarding attributes of Kalasha and wedding traditions , that so there is a sense of unity?, he took the sentence from *researcher but not completely he kept thinking with pauses to use his own vocabulary and he said there is a sense of sharing. This behavior gives us some insight regarding his personality that he seems not to be much compliant and expresses his views freely without taking directives and there are low chances of suggestibility. It also reflects his good command over the language with rich vocabulary and his intellectual rational approach.* He also reflected upon the death rituals of Kalasha and shared that cost of a funeral exceeds the cost of wedding in Kalasha but shared with pride that how their collectivistic values and all the community help those in grieve by staying and supporting the mourning family. This sense of sharing and caring and empathy are the collectivist values the respondent have discussed and believed to be the protective factors or resilience mechanisms for Kalasha community. He believes that nobody in Kalasha community is left alone at the time of hardships and linked this to lower chances of developing psychological problems. The respondent shared his & his community's beliefs about spiritual causes of mental health problems. The interference of supernatural phenomenon in abnormal behavior is not solely

	something so..a..aa.aaaaa…then the chances of developing something psychologically are limited aaaaaaa so yeah they take care..with sharing and caring go side by side..yes let's speak more about like aaaaaaaa….aaaa the scientific people of finding why people would show certain symptoms that leads to aaaaaaaa biological explanations..aaaa and that leads to genetic explanations and then may be there are some problems..hmmm and people do understand that. there is another way of looking at it..which is like..if someone starts to behave in an abnormal situation they try to find a solution… may be the cause they would believe is …due to interference some super natural aaaaa because there is a strong and persistent belief not only among the Kalahsa but aaaa	believed by Kalasha but by other communities as well. According to him, Kalasha belief system has lot to do with ancestral spirits and fairies. *It is pertinent to note that he sounds convincing here to share that why he respect and belief in the spiritual causes because there is a strong element of respecting elder's views and beliefs and the way he expressed that "you cannot reject it" reflects his fear of getting judged against the spiritual beliefs.*
Spirits, Fairies and Ancestor's interference as causal factors Help seeking behavior: 1 s 2.Molvis 3.*Taveez*	R: other communities as well S: yeah other communities as well. That they R: yeah this is what I have been hearing S: yeah you cannot reject it because it is a part of their mental psychology that there is a certain strong belief in hmmm in Spirits…aaaa spirits.. and ancestors R: they have been brought up with these beliefs S: yeah so you kind of naturally assumed that this landscape is not only shared by humans	The respondent shared about the kind of help, that Kalasha in the situations of stress or illness, do seek includes Shamans (Kalasha spiritual persons) as well as Molvis (Muslim religious scholars) for remedial measures. This is interesting to note that for remedy of illness Kalasha preferences are not limited to their Shaman's treatment but they also consult Muslim Molvis and seek help from Muslim spiritual practices of *Taveez* which reflects their interpersonal congenial relationship with Muslim community and reflects their openness. *He further started explaining the reasons for their belief in supernatural phenomenon and tried to build his strong argument by giving the reference of historians naming the region as Paristan (the land of fairies).*

Culturally programmed in spiritual causes	but also there are things that which cannot be seen by eyes but there are people who certainly see them at some points and there may be some kind of interference coming through aaaaaa ancestor's spirits or ghost and fairies aaaaaaa the whole region is once called in books written by historians as in like if you see Gilgit and Chitral all this region has been tagged as *Parist…Paristan* R: *Paristan* S: *Paristan* so that means there is certain element of strong belief in fairies, so if somebody if there is also some kind of someone is behaving in a certain way or they see that there is some kind of mental issues then they try to seek Shamans and they try to seek people who make *Taveez* (amulet) so Kalasha who would aaa….someone who is suddenly sick or something they will seek every way possible like they will go to the doctor if that is possible so…to Islamabad or… Depending on their means ..if they couldn't…..if she or he couldn't get treatment, they would then come aaaaa..come and seek aaaa you know… R: The Shaman treatment S: Shaman treatment and then ..or the Molvi or the people who deal in making *taveez* R: Ok I'll come to this point bit later now I	He went on further to explain the situation where Kalasha suspects someone having suffer from mental health related issue especially in the situations where somebody is suddenly fall sick. He expressed that in these situation those who could afford the expense they take the patient to medical treatment facilities in bigger cities and the rest would consult a local Shaman or Molvi. He explained the reasons why they belief in spiritual causes and said that it is because of the fact that they are culturally programmed and lived with this reality, *while explaining the reasons his sound and tone reflects confidence and pride.*

	would like to ask something, as you mentioned that these spiritual beliefs are prevalent in Kalasha , the beliefs in spirits and souls and all….what about you, do you believe in this? S: I mean like aaaaa…. we are culturally programmed and we are broughtup with….with certain sense of beliefs that are culturally….even though if you haven't experienced some kind of sudden intervention from spirits or so on but you live among people who certainly believe..the believe is not important but the bond that you have with people..	
Respect our ancestor's beliefs	R; yeah…so do you still believe? S: I mean like its…aaaa… I haven't experienced the super natural intervention in my life where I can say like ok I have seen it with my eyes …. I saw a fairy coming out of aaaaa aaa spring. Then I would say yes but then if my father or my grandfather or someone around the village tells me the story which they certainly believe 100% that they have seen through it then I I ..don't have any option to reject their beliefs. I would respect their beliefs R: But have your exposure of going abroad or getting experience of doing PhD in a European university have you exopericencd any changes	Here respondent is taking a shift and shows a bit different position as earlier he endorsed the fact that they are culturally programmed and believe strongly in spiritual causes but here in this passage his emphasis is more on the "respect" element that this belief in spiritual causes is a part of their ancestor's beliefs and they respect their ancestors by respecting their beliefs too. Furthermore he deny any supernatural intervention in his personal life yet he shares that his belief is based on the stories shared by their elders where their intensity or trust on the belief in spiritual phenomenon is 100% thus he doesn't have any reason to reject their beliefs or to object their belief. This I wouldn't call an ambivalence or confusion rather it appears more likely to tell about his flexible approach where he is not much stringent to the belief by saying he never experienced such intervention but also not letting go of this belief as he is culturally programmed and his exposure to European countries haven't bring any cognitive dissonance rather he seems to have clarity in his thought regarding his belief system

	in these belief system S: No R: No	
Communal bonding Kalasha gatherings are not parties Kalasha festivals as: *Seasonal, agricultural and animal husbandry* Recognition of Kalasha solar system	R: Do you practice any Kalasha traditions S: Offcourse offcourse offcourse I do practice…I mean the Kalasha belief systems are traditions which are rituals …to some…and they are very simplistic they don't have any strong involvement of worship or so on..they more have a something to…to… something that they have to do that it..binds them as a community..this is what their ancestors or our ancestors did this is how they taught us so in order to remember who we are as a people..aaan like the gatherings shows a bonding ..like attending funerals these are all communal..so the festivals that they call it…in..in the print media are actually not some kind of a drinking parties, or god knows who like dancing or some kind of showwww….. its not for entertainment..aa… R: it's a religious….. S: It's a part of a traditional…..the Kalasha traditional way of life..if you look at all those traditional..say calendar..which they are using old program that they are running..this program is placed on agriculture and animal husbandry meaning they know when is the time to cultivate …their people…recently	Kalasha beliefs are traditions and rituals. *His emphasis reflects on repeating the word of course in response to the question of practicing Kalasha tradition, this shows that he is strongly owns his culture and tradition,* He elucidated about their communal bonding and festivals which are valuable to them. These tradition has roots in their ancestral practices thus they follow the same tradition and he sees these tradition as a binding factor among Kalashas. His views are noteworthy about their traditional festivals. His wordings here: so the festivals, as they call it in print media are actually not some kind of a drinking parties, or god knows who like dancing or some kind of show….. It's not for entertainment. *This phrase especially the emphasis on "show" and the way he expressed the phrase by using analogy of dancing parties and entertainment shows reflects pent-up emotions of anger against how their festivals are marketed through media and different travel businesses* .He further built an argument to take a position to explain their tribe's perspective explicitly by sharing that these traditions are based on seasons, agriculture and animal husbandry. *He used a reference of UN's accepting their solar system is an attempt to share the acceptance of their community at international forums and tried to establish the significance of the human program Kalasha are running.* Here S elucidated the survival instincts of Kalasha, as he shared about the duties of Kalasha men. According to him Kalasha men are responsible for collecting woods, feeding their cattle and preparing for winters. The winter in Kalash valleys are extremely

Kalasha's living program	UNESCO has approved a bid for recognition of the Kalasha solar system..which is aaaaa so..Solar system how they…aa how they watch the sun..and make decisions for ..aaa…….. R: their festivals S: for ancestral cultural festivals so this falls into the category where there is a winter..where there is a religious aaaa event.and .then there is spring and than there is autumn R: so this has something to do with the seasons S: This has something to do with their living aaaaaaaaaaa programe because in the winter they have a mass products…dairy products..and food to survive throughout the winters..because its snow packed and very cold so you have to had burning wood to keep your self heated in the winters..you have to collect all these things way before when exactly the winter begins..which means men have to spend a lot of time in gathering wood for winter and it also means that men have to work in the forests aaaaaa ..aaaa in the pastures with the goats..to produce cheese , butter and so on ..all the dairy products	cold with an average temperature of below 0 C sometimes up to minus -12 C .In winter the valleys are covered with snow and sometimes they are disconnected from main city "Chitral" due to snow, so Kalasha need to have enough woods for keeping their houses warm as no gas is available in the valleys so they have to depend on wood. Researcher here seems to intrude the respondent and bring again the previous discussion of festivals and celebrations, it seems that the researcher was not paying attention or was not able to comprehend or process the information respondent was sharing as the researcher seems struck in the previous question However the respondent smartly answered the question and get back to the topic where he was intruded. He shared further that as previously he discussed about Kalahsa spent a lot of time in collecting woods for winters and now he explained further that it doesn't mean that they don't have a concern about deforestation and they don't believe in protecting nature and trees.

Gratitude to nature Protection of nature Deforestation; fulfilling the demands of market economy based society Transition from spiritual to civil	R: so are these celebrations and these festivals..are they also mean to pay tribute or something thankfulness or gratitude to nature..is it a part of..or any such concept exists? S: yeahhhhhh I mean the thing is that there is certain beliefs that the nature should be protected….before forestation…even they don't like to……hmmm cut forests and use it for profit and this concept is very new how to exploit the nature and fulfill the demands of the society who is more living in a market economy for example wood is a..is a precious thing so like…culturally it's not in their mind to go into forests and cut the wood in larger quantity and then sell it and make profit from..so basically tooooooooo to your question of happiness..they have their own rules..so there is…these are rules of living. And aaaa they are intervened between the religious lines and where is civil they know very clearly that this is spiritual and this is civil..for example…deforestation and cutting wood from past was not like part of tradition..this has changed..people have accepted…for example eating chicken was a taboo and now chickens are coming from all the way from Islamabad and Faisalabad and it stops there….and may be you would be wondering why the people in	He explicated that this concept of cutting trees is a new concept previously they were not engaged in this practice and he linked this thing with ongoing attempt of Kalahsa to adopt new lifestyles and depending more upon market economy. However, he did not comment much about this issue but shared that in the past it was not their practice and now modernization has bring these evils of earning by selling wood. Here it is also clear that previously he shared about Kalasha's storing woods for their personal use only but now he take a position to criticize those who are cutting woods in large amount and sell it to the market in order to earn money; whereas in past they did not have this wish of earning money as they were not dependent on market economy. He discussed about transition between spiritual and civil lines. He elucidated with examples how their culture is getting effected with modernization and in an attempt to become a civilized society whereas they were famous previously for being a spiritual tribe. *This discussion and his expression during discussing this transition reflects his nostalgia and love for his original culture the spiritual and traditional one and he expressed dissatisfaction with ongoing adaptation of modern lifestyles in his community*. In a similar pattern as he has done previously he again linked this attempt of modernization and losing the spiritual essence as a tribe, to the fact that they are interacting and depending more and more on market economy now. He believed that with the emergence of modernization now Kalasha will also face psychological problems which were not there in the past as they were not interacting with market and there were no or only limited mental health problems. This shows his belief that modernization brings psychological issues. He shares

Not a thing like consulting psychologist Dependency on demanding market based society will bring an individualistic culture of consulting psychologists in future No psychologist/psychiatrist culture limited cases of mental health problems Causes of Psychological Wellbeing: *Collectivistic culture/communal*	such a place can't have chickens for example. Since this been had a part of their culture to raise chickens and they always considered it like poultry to be as dirty animal..and the same as like in many culture there is one animal which is considers to be as taboo, now you see they have got used to it now many times I would sit around have nothing to eat and go around and get a chicken but you know its polluted you know it travelled and have lots of…..so I think now it would be a time when they are more interacting the..the market economy..this bazar thing..they are more prone to aaaaa…aaa problems…so until now they had..the way they treated mental issues were very differently and also there were not ..since its very small tribe so there might be one person in one valley…aaaa but aaaaa the thing ….where you have to go and take an appointment from a psychologist.. such a thing is not there (does not exists)..but it will come..because…the more you…are used to aaaaa…ehhhh aaaaaa…society which is demanding a lot for you to survive..here people have a lot of free time..and they make their own time.I am sitting here I don't really have a plan..he is sitting there he doesn't have a…he has certain tasks to do..may be leave some water..feed the cows..so people have actually a	that currently there is no culture of consulting a psychologist prevails, whenever a person has any issue/psychological problem the whole community help as people of this community have a lot of free time as they are free to make the use of their time wherever they want. *I am sitting here and I don't really have a plan shows uncertainty element or flexibility to use their personal time.* Here again he wanted to communicate the fact that Kalasha are well connected with each other and nobody is left alone and every member has time for other member of the community and this way the chances of developing psychological problems are limited, as they can share their problems in communal setting and get empathetic response from all the members of the community. This also reflects congenial and strong bonding of interpersonal relationship among Kalashas. He further expressed his concern with bitter tone that this culture of consulting psychologist will come to Kalash in future. In order to support his worry, concern, and/or fear or discontentment about this future practice of consulting psychologist, he shared the reason why he believes so. He explained the reason that the more you are depending on a society which is demanding a lot from you to survive, the more are the chances of developing psychological problems. Here it is remarkable that his own background is from social sciences and linguistic field and he is highly qualified. Considering his background we can conclude that it is not the culture of consulting psychologist per se, he sees as a problem but the diminishing or decay of collectivistic values and communal settings which he purported to preserve and see it as a protective factor against psychological problem. It can be concluded that this participant believes strongly in communal bonding; collectivistic communal settings; culture of sharing and listening to all members; and a strong connection between people as resilience factors against mental health problems. His argument and reasoning seems convincing about how

culture/shared Community is Receptive and Accepted for all Empathetic community Communal bonding	lot of time to share and talk to each other.I am sitting here because I walk all the way down here because I wanted to see my cousin and aaa I was open to talk to you because I had time so the thing is that people are more interacting there is no isolation…you think..maybe you are searching it that a lot of psychological issues arise when a a the person doesn't…can find help ok and kept in isolation or you know…put into chains or put in a room or something like this…so such a thing ..the community is kind of more receptive and more accepted to everyone so such issues don't arise but I think as..more aaaa development will arise people will become more independent and they would try to be alone…they would seek more privacy ..they would seek more aaaaaann …thing and then the human interaction that existed from a very long time in their all program would start to fall apart a bit..because if you have a…house ..a nice house..you have a TV and all sorts of…washing machine…and all sorts of facilities….then you your bound to be your own.Here those things are shared.Women go and wash clothes together, they are talking and they are talking in the fields together.	modernization can reduce the chances of human interactions and he *gave a good example of washing machine which now Kalasha are buying and using whereas previously all women go and wash clothes together and this was also a mean of interaction as they had to walk together to the fields and to waters to wash their clothes*

Pros of Collectivistic culture Trust within community Connection/Interaction	R: this is also a way of interacting S; Interacting..so there is a constant communication within the society..the kid..if yu have a child may be you are biological parent but he is raised by the whole village..you don't know where he is…your 10 years old kid where he slept last night.,..you are not aware but.we don't care because it's like he is safe..somebody R: have a trust in … S: yeah someone….old man…somebody punished your kid and you don't say anything to that older man because he knew he was doing something wrong..so…. Take an example in other societies aaa where if you are living in a communal village and some kid does something , through a stone or something and then there is a big kind of aaaaa….divide and fight..and so on…you don't see that kind of things here. So I think someone is not left behind…that would be my aaaa thing..may be you could go deeper and see but I have seen the reasons if you say that why people..how they treat..thing is that they are basically much more interacting with each other.	*He proudly shares further with the words filled with awe that there was a constant communication between people of this culture and gave a hypothetical example from his community that a child in Kalasha community is raised by the whole community in addition to his/her biological parents and discussed about the level of trust the Kalsha has on other Kalashas is exemplary*. He used another example to explain this further that if a 10 year didn't sleep in his house still the parents are not worried as they have a trust on their community and they know well that wherever their child is, within their community, he is saved. If some elder person from their community scolds a child, the parents of that child won't react to the old man as they have strong boding and trust and they would consider the fact that the child must have done something wrong on which the elder man of their community scolded him. So he believes in a strong connection within his community and *he shares all these pros of his communal and collectivistic culture with much pride and convincing sound.*
Pent-up emotions results into severe psychological problem	R: Ok..and I mean..what about any exceptions…although we have been hearing that there are no such psychological problems	On further probing about existence of psychological problem he did not deny the fact that there are no cases of psychological problems, however, he emphasized that there are very limited cases. He also bring up the discussion about suicide and shared his

Repressed emotions Rare Suicide cases and causes Communal connection as Resilience Strong Intra cultural bonding	here, are there few… S: There are..there could aaaaaa you see aaaaaaaaaaaaan I am not an expert but I think that if you keep something that is bothering to yourself you eventually don't find a solution to it then may be you go to much extreme solutions to it..Lets talk about suicide then it's a one kind of aaaaaaa thing that comes along with mental issues aaaaaa may be you could look and see and ask people if commit a suicide ..I don't think so that (laugh) there are any people committing suicide here (laugh) but there might be some times suicide but it may not be because of mental issue but it may be because of some one girl being cheated…you know..guy cheated or boy cheated and girl committed suicide or boy in that …in that… R:spur of a moment….emotional peak decision S: yeah emotional peak..then or we can say swift quick decision..its not…so there may be cases like this..but not…aaa not…aa they…they would try to know what is going on with you….they would try to know where you are so they would try to discuss it…even hmmmmmm…it won't rise to a point where somebody would be..on ..be onon their on…someone will talk to them. All the houses are within the community they are communal so you just popp inn to are sitting in someones	observation about his community. He articulated that in Kalasha specifically there are no suicide cases and also shared that there were few cases in the past but those were not due to mental health problems but because a guy cheated on girl and vice versa. He wanted to make a point stronger about lesser psychological issues or to present the wellbeing picture of Kalasha as a community he said may be you look and ask people if there are any cases of suicides here and further said I don't think so there are, so in a conclusion he wanted to make his earlier argument about wellbeing of Kalasha stronger by adding that there are no suicide cases in Kalasha currently. *Also, his sarcastic laughter is noticeable here while commenting that he don't think people are committing suicide here, his sarcastic laugh may represent the pride in sharing and claiming that Kalasha as a community are better than the rest of the communities where suicide is occur frequently.* He further expounded his understandings about psychological problems although he does not deny the existence of psychological problems but he stressed upon the stance that the nature of psychological problems in Kalasha is not alarming. He consider the psychological problem as minor by sharing that here these problems not rising to the level where it becomes problematic or ends up in taking extreme steps like ending one's life. Again he explained the reason why he believed that psychological problems are limited and of minor nature and it is because of strong intra-cultural bonding. He provided example that here in Kalasha they need not to take appointments from other members and they just walk-in to their houses and these surprise-visits are always welcoming in Kalasha community and it's a norm here. Researcher also second him on this by sharing that they are not only welcoming to their community solely but to strangers as well as the researcher also witnessed that hospitality a day before this interview.

	garden and sitting there you ddint call them..its so normal..to ..to …to… R: and they are also very welcoming to strangers even	
Intrusion of visitors Lack of space/boundaries by visitors Yellow journalism Promoting racism by media Kalasha hype/overgeneralization	S; yeah and that's a bit problem R: you see it as a problem S: yeah I see it as a intrusion…it wasn't so..but now as the roads have been built, a lot of money has been spend on advertising the place and a lot of people try to seek adventure here, and a lot of people come with all sorts of ideas propagating through…aaaah..travel …journalism. So I would say that don't go with the this….aaahhh R:.. idea.. S: this …they don't really have a…field work …they don't really have.. somebody would show up with their DSLR make few nice snaps and figure out who's the most white looking guy or girl in this place and then….. Just publish it…. and wrote it… and it becomes kind of curiosity for the others. They come and do the same things. So this has been going on from long. I don't see the Kalasha as a super unique or something out of the world. If I could go to Cholistan I would definitely find the people who live by their means and who are ethnic and indigenous to the place…so if I	However after hearing this the respondent shared that he sees this as a problem or in other words he wanted to reveal a fact that due to this over welcoming attitude of Kalasha, the intrusion of visitors and strangers are now becoming a problem. In the past these valleys were very difficult to access specially crossing the Lowari top (high mountain pass that connects Chitral with Dir) which is considered among the most dangerous roads of the world and then reaching the valleys through a rocky track of stones and mud was also a very difficult task. Now, since the government has built a tunnel (Lowari tunnel) to bypass the Lowari top it results in bringing a huge number of tourist from all parts of the country. Another reason of overcrowding during summers is the tourism business. The way this place is marketed by the tourist business and journalism seems unethical and unprofessional. He suggested not to buy the ideas this journalism is selling about Kalashas. He referred to media's marketing of objectifying Kalasha women and drinking as the source of entertainment for visiting this place. *He used indignant and choleric tone as he shared his views that somebody would show up with DSLR and figure out who's the most white looking guy or girl and publish it and this is how it becomes source of curiosity for others, this surely reflects his anger and displeasure.* The media through these kind of article is promoting racism by creating hype about Kalasha just because they are white. Therefore he rejected that such an image of Kalasha as super unique and he believed that all the ethnic minorities are similar in their uniqueness within their culture and gave examples of Pakistan's other ethnic minorities who also looks and practice different culture and who also lives by their

Over-crowded/entertainment seeker visitors Intrusion of visitors	go to…I don't know…aaaaa…somewhere island on…..aaaaa…pause……place near Karachi…they look very different…Mahra…some people I mean they are…. R: Makarani? S: Yeah, so ….if you are really basing an argument of making a society totally isolated you are just like..you are generalizing something about them which is not true…and which is not true..aaaaa to …THE DIIIIIVERSITYYYYY OF PAKISTAN..there are like 75 languages spoken all over the Pakistan and there are a lot of ethnic communities and…so the pointing out Kalasha as these people are very different or these people are absolutely……things make them a bit…of a…..celebrity tribe…and aaaaaaaaannnn…so……. R: but these things are… unique…even.. for us…the celebrations…the way you perceive the nature..its different than others S: yeah..i saw…this year I saw…in my whole life..I haven't seen so much… outsiders..if you had a chance of come here on 15th of…(May) R: Yeah during the chilam josh festival S: yeah like people couldn't find places to stay here…..so there were so many people coming here who were sort of here…for	own means. His belief that if such a hype has to create about a community than this means this is an overgeneralization and this would not do justice to the diversity of Pakistan. As there are 75 languages spoken among so many ethnic diverse communities of the country and making only Kalasha as outliers or celebrity tribe is not just. Researcher tried to get more response in this regard as he probed further by saying that Kalasha's festivals makes them unique, but respondent ignore this probe and shared further that during this year's festival called "chilam josh", the valleys were overcrowded and people didn't find a place to stay. Kalasha were intruded badly by visitors, majority of whom were there only for seeking entertainment and not for learning or understanding anything about Kalasha culture. A small number of this minority was surrounded by more than them number of visitors and it was an intrusion into their traditional festival's celebrations. This shows his annoyance how they were intruded by visitors and disturbed their personal space and privacy.

Lack of privacy and space	entertainment….they were not here to learn something….they were here because it was proposed to them… in such a way..so..aaa R: but I think S: It's an intrusion because then the festival that was going on ..its ….its for spring..when they are going to decide when we are going to take our goats up to the pastures and its for the welcoming of the spring, and we have our own rituals and traditional songs that are repeatedly sang every year…and then there are you have 5 thousand people ..more than them, circulating them around and you have like to cross through them to reach inside..and its like something like…aa……intrusion…somebody's…. privacy or something	
Culture of tourism as intruding element Discomfort faced by Kalasha due to the tourism Constant fear of attack	R: yeah yeah..I think the more the West…the foreigners coming here they are more interested.. S: No even our Pakistanis coming here they are very educated but it is just like the culture of tourism that is developed here, it's aaaaa its not….aaaah…pause…….its not the tourism here.. the kind of tourism which is developed here is without check and balances, who is coming in and who is going on…so there are security issues…you may have heard aaaaaa	He commented on the kind of tourism developed and prevails in the country is without any check and balance which brings with it the security issues as well and Kalasha has constant fear of attacks from extremist elements in the neighboring regions. Here the respondent again shifted his arguments from tourism to dependency of Kalasha on market economy and the fact that they are losing what they had as their identity "the independent community" lived by their own means. This dependency on market economy seems to be the most disturbing thing about Kalashas for this participant. As he gave so many example and introduced this topic again and again throughout the interview.

Security issue Intermingling of Kalasha with market economy Kalasha transition (from independent to dependency on market)	issues that happened with shepherds and there is a constant fear of attacks, so that aaa its very overwhelming when so many people are coming and you don't know whats gonna happen..Pause R: yeah (pause) S…..But the fact that they were the independent community before aaaaaaa getting…aaaan intermingled with the market economy…because now for example…Chai (tea) it's a product that has been introduced here R: Chai? S: Chai, it's not a part of….nobody drank chai…they would get up in the morning and drink a big bowl of milk with the corn bread mixed with like corn flakes or something a powerful aaaaa breakfast for the day and they go on and working, now like they are whole dependent on bread and tea in the morning. Similarly, aaaaa the sugary drinks…I have..come long..like Pepsi and Coke if you go somewhere they will offer you this…and I keep telling them these are not very good for your teeth these are not good for your health and it will bring you lot of health problems but something a trend,they see it on TV they see its popular so they are going long way there	*Here he gives an example of changing trends of breakfast after introduction of tea as a product from outside market, which has been introduced here. Previously nobody here drank tea the famous breakfast was a bowl of milk with some corn bread, now all the Kalasha are depending on tea and bread. He also shared that he educate people a lot about unhealthy drinks like Pepsi and Coke which are also introduced to valleys since the people started seeing advertisement on televisions*. He also believed that no tribe can live in isolation and Kalasha's attempt of utilizing new commodities is a part of adaptive process and they have been adapting from 700 years but his concern and fear is very strong that this adaptation will end up in perishing this beautiful culture of Kalasha.

Kalasha's adaption as a problem Kalasha's adaptation process	R: so media in a way like changing them S: I mean they are basically trying to adapt, no tribe can live in isolation, we human we all need to interact…to ssurvive R: and when did it start? Started chaning or adapting to new trends S; They have been adapting (laughing) to the ..to the world may be 700 years ago they were more isolated but they have been adapting to the conditions whether they are political or economical from past 7 hundred years so it's a long…aaanmmmm because 700 years ago the place was…was sort of organize by them...there used to be only Kalasha or the people with Pre-Islamic belief systems 7 hundred years ago. I mean that's a whole time for them to adapt to the new new rulers new conditions..so..aaaanmm..they have ..the…resilience to survive in this…until now…..	
	now my question is about their history, may be the genetics, as we read that they are the descendants of Alexandr and his army and then also I read some article that there were some DNA tests and that reported that although the	Researchers from broad were mainly interested in Kalasha's history. The respondent seems to express his annoyance on this specific topic that why they (outsider researchers) are interested in Kalasha's history. Just because apparently they have similar looks with Europeans and because they are pre-Islamic is the reason of taking interest in Kalasha's origins. *His beautifully use the*

Inappropriate to ask about history the fascination of outsiders about Kalasha's history the fascination of outsiders about Kalasha's history Kalasha hype	roots are in Europe but not linked to Alexander, what you have to say about this? S: Personally? Personal views/feelings? R: Yeah S: See hmmmmmm this is something which is not interesting to you to ask, and before you it was more interesting to the researchers coming from abroad to ask, who these people are? It never been a problem for me or anyone in the tribe so you are basically asking me something that I don't know..to to..where are you from? So..a human memory can not remember very long periods, so you really have to go much more archeological or scientific or DNA testing or linguistic things, so these are the things that you can really come on the table…and research.so if you ask an older guy he would say what the other older guy said.So the fascination of outsiders has been there for the appearance so they are trying to figure out where these people have come but the focus becomes only Kalasha because they they are still pre-islamic …….people. Why somebody is not interested in Shinwaris, they are white also, why nobody is interested in Kashmiris, they are white also, I mean the all know all LAUGH LAUGH has population that has you can say may be has the genetic roots going somewhere else,so then you and me can sit	*expression and examples to show his annoyance and anger in the following words: "Why somebody is not interested in Shinwaris, they are white also, why nobody is interested in Kashmiris, they are white also" He seems to be critical of foreign researchers interest in studying Kalasha and creating hype about this tribe just because they are pre-Islamic* *His laughter and sarcastic words while sharing the fact that all the communities can have their roots going somewhere else reflects his thoughts about the research on Kalasha's genes and DNA not to be considered reliable and valid* He also expressed his concerns over the previous published studies on Kalasha's origins as he thinks that sampling and data collection was not conducted appropriately.

Skeptical literature on Kalasha's DNA Sampling issues Best guess not scientific research	around and say no the first one were Aryans then Kushions then Alexander and so on..So unless something is more conclusive research done on the linguistic origins of the language family or DNA tests there is also a fallacy of DNA test in 2002 I met aaaa the Professor in the….in Islamabad who was conducting his first study he said yeah they have kind of traits which aaaaa point towards aaaaaan aaaaa greek origins and then somebody along and said nooooo its much more…so they have been like 5 samples, its always…I don't know who collected these samples, they could have collected from everywhere in the area.So there always been intermingling of sexes and these these places were the gateway to the central Asia all the invader forces whether they were Mongolians whether Alexander its the gate way to enter India..So we are talking about 3 to 6 thousand years of human migration and movement into these areas and now if we just like just based on some people's pre-Islamic conditions try to make them different from the rest aaaa then that's aa kind of intellectual dishonesty and also I feel like you are just saying things which may not be true, its just like a best guess, your asking me to give me a best guesss that where are you from. And I am from an oral language community where eeeh	He described himself to represent an oral linguistic community and smiled by saying that one cannot remember things from childhood and you (referring to researchers studying Kalasha's genes) asking me to tell about the roots of my ancestors. *He in other words wanted to propose, in ironic tone, his argument that the way scientific community is approaching and addressing the question of Kalasha's genes is not an appropriate and scientific way.* He believed that a question of ethnicity and origin is an outsider question. <u>He shared that you (refer to referring to researchers studying Kalasha's genes) are curious about this question and I am</u>

Adaptation from dominant cultures Kalasha as hunter gatherer Route of science Ethnicity question is an outsider question We are from here	ahhh as far as I know linguistically you can't remember a lot of things in your life I can't remember many things from my childhood and you are asking me to tell me where your ancestors came 6 thousand years ago R: right (smiling) S:Lets see… R: I asked because whenever I talk t somebody here to Kalashas they always share it with very much pride that they are the descendants of Alexander and to connect them with greeks S: See I have been to Greece and I have seen it has much more kind of seeking for origins for me than anybody else and I am being honest with you I mean like if you find something which is …if you are living here in these places and there comes another army and intermingles with you, you are bound to adapt a lot of things from…the dominant one, for example, now its more dominant Islamic culture which they have adapted whether they wanted it or not wanted it. So the same situation would have occurred when the Aryans came or when…when..the Alex…Alexander the great came, and so for aybe The Leipzig University has done another research on the DNA and evolutionary biology and they are now putting the Kalasha in the 900 years back to Siberia as the hunter	not. He further elucidated the reason why he is not curious about his ethnicity is because he knows that he belongs to this land where he is living and where his parents and grandparents have lived. He also answered the famous connection built in literature between Kalasha community and Alexandre the Great. Many of Kalasha believed in this connection and the respondent also seems to defend this idea that Kalasha are descendants of Alexander. He expressed his views that he also believed in the genetic admixture, as the route of Alexander and his army has been scientifically proven, it was the route of Afghanistan's Kandahar up to Pakistan's Jhelum city. Historically, this was a one country and

Burial tradition and history Genetic and cultural	gatherers.So but the …in the end..we all…linguistically we all go back to Africa, yeah, so if you taking the route of science it will take all the humans as one family, we might have moved out of Africa long time ago..so…..these questions of ethnicity and belonging is …..is much more outsider question…pause….beacuse you…you are curious, I am not curious. I know my grandfather was here and his grandfather was here and his grandfather was here. So the issue is this is the place I know and hmmmmm if if..yes if somebody says you have origin in Greece, I would say yeahhh why not, prove it and you might find elements but we as a hman are bound to change our languages our cultures with time, so I would say Yes its also proven scientifically the route Alexandar the great took, he came to Afghanistan, where is Kandahar now, this area, and on his history describing this place as places where his army found…..have you visited any Kalasha graveyard? R: Yeah S: So one…on….at… historically it was one place when the soldiers of Alexander the great arrived aaaaan it was winter they found these coffins and burned them and later figured out…that this tradition of burial tradition is	when the soldiers of Alexander arrived this place it was winter. To survive in harsh winters they found the coffins in Kalasha graveyards open and they used the wood of coffins by burning it. In other words this burial tradition of Kalasha is that old and respondent believed that it was the time where some people from Alexander army stayed at this place. He believed that Kalasha were there before the arrival of Alexander and from that time there was some genetic admixture, therefore, he sees this connection of Kalasha with Alexander, as plausible. He also interpreted that even before Alexander there were Aryans arrival at this place. In a nutshell S also believed that Kalasha had some intermingling or genetic and cultural admixture in that point in time when Alexander army arrived this place. He kept on explaining further that if you look closely you may find facial features of Kalasha looks like Chinese people so there is a possibility of same admixture of genes and culture with Mongols. His point of this discussion and examples was to establish an argument that there are always number of influences on a single community and one cannot say or built a connection with one single identity or culture. In other words he wanted to explain the idea that what is evident in literature that Kalasha are descendants of Alexander or have roots in Greece so this is not always the one explanation. There could be more possibilities as it is always an admixture of number of identities. There is no singular identity. A community is a constantly shifting entity as 50 years ago Pakistani community as a whole was known under another national identity. He further shares his views that even if the explanation of connecting Kalasha with Greece is true even then Greeks now and Greeks in the past were very different. Kalasha owns their national identity with pride. He shows through

admixture Admixture of no. of identities Admixture of no. of identities Patriotic Pakistanis	that old..So may be during that times soldiers intermingled, people stayed and maybe there was admixture, genetic admixture, and before Alexandar the great, came the Aryans there may be genetic admixtures, so these are plausible, Ok? R: right S: soooo yeah we can say may be there are there was genetic and cultural admixture, if you can look at this is not the only place where he came , he came all the way to Jhelum and the…he writes, if you read his history it says that they came with their horses and there were river there and they had to camp and suddenly their horses start to lick the stones there and then it turned out to be a very big mine of salts which is still a very big mine of salt, so it was discovered by the horses licking a aa…rock. So the thing is that there are a lot of influences lets say about Chinese, you may look around and there may be facial features which which bring you back that they came all the way from aaaaa…so all these are historical they are stories oral stories about Chinese invaders about mongol invaders about recent past..so you cant just pick one and you say you are this one.So we are consatantly shifting 50 years ago we were another nation ok, so its like, I would I would bascialy as a researcher will not	example how his colleague was excited about Pakistan wining a cricket game against India and how much a non-Muslim Kalasha owns his national identity and express his love for the country and reflects patriotic spirit. <u>His reasoning about owning national identity was also a mean to show that how much integrated Kalasha are within the country and they are no way an isolated community. Also this shows that they are going through the process of adaptation.</u> He sees Kalasha similar to the rest of Pakistanis despite the fact that they are religious and ethnic minority but according to him like rest of Pakistanis Kalasha also have same feelings about certain issues as a nation like stance against terrorism and this is because they have adapted well.

Adaptation	take a position but I would say ok there are s=certain elements in Kalasha which looks similar to Greeks but the Greeks now and Greeks then were very different. So you cat ust lump people in one identity. Now Kalasha people are living here…I am telling you yesterday this guy was like I hate Veerat Kohli I want him to go right now …I was watching India Pakistan cricket match yesterday and I was surprised by my community that how much they are conditioned to be patriotic to Pakistan even more patriotic than the rest. They were like sitting there and literally praying a non muslim tribe praying for Pakistan to win this math.,…so I asked once..why do you think that Pakistan should win? and they were like they are our enemies and they are boosting that they are better than us so it's the time to ptoov (referring to India) so there is literally no difference in patriotic Pakistani doing a Phd I don't know in Lahore or anywhere, he has same sort of feelings about terrorism about anything. People here as you seen are totally very nonviolent here OK R: Right S: So we cant say the same thing about 60 years ago or hundred years ago so what is the situation now is like based on how they are adapting to their new conditions where they	

	find happiness, its here.	
Identity is a constant process Admixture of no. of identities One common identity: Pakistanis One common identity: Pakistanis	R: if I ask you about identity, which identity you take, what I am getting from your conversation is that you are more fine in taking Pakistani identity than Kalasha identity or you still prefer.. S; why…what is Pakistani identity R: I mean like you are saying Kalasha identity isn't different than rest of the Pakistani identity, so how do you see these two identities S: it's a….Identity is a constant process R: hmmm hmmm S; It evolves R: hmmm hmm S: we talk about Pashtun identity, we talk about Baloch identity we talk about Punjabi identity R: hmmm S: Identity is a symbolizing under patriotism but generally we are all Pakistanis, Ok R: Right S: so our identities don't take precedent over our bigger identity as one people , if you look at Pakistan its admixture… of lots of identities R: right S: Ok R: hmm	S believed that identity is a constant process. <u>Identity evolves but these ethnic identities are symbolized under one greater identity (i.e., national identity).</u> <u>Pakistan is an admixture of lots of identities. He wanted to emphasis again that Kalasha are similar to the other populations and tribes in the country and there are no much differences in terms of identity.</u> *To further elaborate about Kalasha's connectedness and patriotism he gave his own example where he travelled to foreign lands and where he had faced a situation where due to negative profile of Pakistan in foreign countries someone would make a general comment against the country and he defended the diversity of Pakistan by educating people that statements they made does not have any factual grounds.* *Here the patriotic emotions of the respondent appeared and his*

One common identity: Pakistanis Negative profile of the country and overgeneralization spiritually united One common identity: Pakistanis	S: honestly you would you have your own Punjabi identity, you would the way you would talk to a Punjabi in your own language the way you express it would absolutely different from a Pathan or a Balochi so there is not such a difference between us as because we are guiding our own identities in a sense that we have a larger identity that binds as as one…..as one people. Many times in foreign lands when somebody says aaaaaa…the profile of Pakistan in the foreign countries is negative so on every conversation on every bar or conference you would go, people with lack of knowledge about the land and the diversity of cultures and..they would say a general comment and it would just like go over your head phesssssssssssss So at that point I have to standup to say hey buddy I am a Kalash Pakistani you know what you are saying actually doesn't have any factual grounds. So the nations are constantly built around principles of justice and social justice and all these things. I know we have problems, the whole Pakistan has problems because it's a very…aaa I have seen nations that are around one ethnic group around one language around one religion, these are one very homogenize the nations. This is not a homogenize nation it's a spiritually united in a	*strong and positive relation with his country and his people was reflected. It shows how much he own the national identity despite differences.* He sees his country spiritually united yet heterogeneous country unlike some homogenize nations. <u>This heterogeneity and diversity is the beauty of this country. He shares further that this greater</u>

One common identity: Pakistanis One common identity: Pakistanis	sense that in a one one one religion is there but there are thousands of identities, I was…Igot to know.. I am taking this position because I actually studies I know 7languages iwthin Pakistan I have studied in Pakistani institutions and I feel like people have a generally nuisance of identity of being a Pakistani above their own identities because that identity sort of bind them together. And it become more apparent if you go out of Pakistan. Lets see..(please have I have it)…lets see the match yesterday if you see the people who go out..who live abroad , they become much more connected, its not like a rocket science that when you go abroad you feel much more connected to your people and to your land and people so on and so forth. I have a lot of examples being in an airport and then suddenly a paksitani taxi driver showed up and he takes me and when I share I am from Pakistan and he doesn't take money from me. SoThe thing is that its fictious all but we believe in it, ok, its all fictious if you see common identity its all fictious, but we believe in it	identity becomes more apparent when he travelled out of country, in situations where people with lack of knowledge consider the bad image of the country as the fact. He also explained that he does not deny problems in the country but still his positive emotions for national identity are evident in the passage.
Integrated place/No isolation	R: yeah it's interesting, but how do other Pakistani percivess you as a Kalasha? S: it's also in a process because uhh they were unaware of all the people here, so mostly the place is portrayed as *Kafiristan*- a people, a	His arguments in this passage again go back to the early discussion and impression that Kalasha are well connected and are not isolated. He illuminated that when people come here they realized that this place is not as it is portrayed in the literature like a very historical image of pagans. It is much more a connected and

	land of non-believers and so on. So they have a very historical image of pagans and uhhh like very out of fantasy thing for them to go there and stuff. But I think that when once you come here and you talk to people, you.. you don't see that such a kind of place exists, it's a much more integrated place and aaaa people are ummm sort of creating the situation where they are living under their own.. umm.. customs and traditions and so on.. R: Right.	well integrated place now, the only difference he believed is in their cultural practices and traditions. He further reflected upon the self-sufficiency of Kalasha and believe that this is one factor that leads to Kalasha's contentment and satisfaction. Their non-dependency on other mean or market is something which this participant sees as a building block of resilience.
Self-suffcieny leads to satisfaction Causes of psychological problem Stress-free because its rural community	S: But the only difference is not like full scale manufactured ahh, that they have to pay for their rents, they are not paying rents, okay! the only people who are paying rents are you, so that is a very plus. No? R: {Agrees} hmm S: that you can.. that you don't have that stress, of building a house.. R: Right S:which will lead you to have psychological problems.. or go to gather a loan from bank and then you are not able to pay the loan, you have to invest on so many things, you don't pay for the water, you don't pay for the electricity, so these are the basic things which are not here, but people are not aware that that is a problem. Okay, Now if you go to Peshawar or anywhere, you.. if you don't have like a 10,000 rupees per month, your survival is not guaranteed. R: Right S: okay, So here people still are living as a rural community, but they don't really have a	Here he discussed about causes of psychological problems. He believed the stressors of responsibility of building a house is another major reason contributes to psychological problems. In Kalasha nobody have stress of paying rents or dealing with banks and getting loans for house building as they live in wooden houses, have their own traditional architecture. Also they are free from the stressors of paying utility bills and which he believed to be another reason contributes to their resilience against stress or wellbeing. Here he compared these stressors of urban cities with rural Kalasha community and tries to establish the point that Kalasha are blessed in terms of their non-dependancy on many things of modern life which ultimately results into psychological distress. He further explained the reasons why Kalasha are not stress prone community and he believed because they are rural community. In addition to that he also reflected upon spiritual reasons on getting the probe from researcher.

Stress-free because of strong connection Spiritual reasons of being a stress free Help seeking of shaman or Islamic traiditons Consulting Molvis for cures No. of treatment options Kalsha consults	stress.. stress pattern that develop from a societal living in ..umm.. urban societies, so the psychological what your.. warfare{laughs}.. and the mind that you are looking here..might..you're not.. they are not spiritual.. R:so the reason, but you believe that the reason why they are not much that kind of stressed, as people are, particularly in urban society.. S: yeah? R: so the reason is, they are rural.. is it because it is a rural community and they are more connected? S:they are more connected. R: okay. Right? Any other reason? (pause) Do you still believe in spiritual reasons? S: There could be spiritual reason, sometimes you see people..umm.. I have seen people who would.. maybe a shaman or ..umm.. a person who is very well versed in the spiritual, or islam tradition of curing people. R: Ahan.. S: They (pause) sometimes I have seen amazing results that some people who wont get treated, suddenly they do some kind of a ritual or something, and then they are fine. R: So what I have been hearing from Kalasha here is that whenever they have this kind of a problem, any mental health problem, they also consult their shamans as well as Molvis.. S: (in Affirmative tone) Molvis. R: Muslim Molvis S: yeah, yeah.. R: so this is where it is interesting for me that	He shared his observation that seeking a traditional spiritual treatment is also exist in Kalash. Not only consulting Kalasha shamans but the religious scholars of Muslim faith are also good in healing or curing people in Kalash. He shared that he witnessed some amazing results where people get cure after such a spiritual treatment. So Kalasha believed in spiritual rituals for overcoming illnesses. Researcher out of curiosity probe further that the fact that Kalasha people when suffer from psychological problems or stress they do consult Shaman treatment as well as the treatment of Molvis (Muslim) faith healers. *The smile of the respondent in explanation reflected upon the reasons that the aim is to get cured so when one options doesn't work they go for an alternative*. This shows that Kalasha are flexible in terms of their spiritual beliefs also and they are open to number of options for getting cure for mental as well as physical health related problems. *Respondent's laughter while sharing this detail shows that he also like this openness of Kalasha and he got succeeded in promoting this flexible image of Kalasha.*

Kalasha shamans and Molvis Medical options mostly the last Affordability of medical options Difficulty to Access to medical options (geographical distance) Medicaloptions in extreme cases (psychosis)	they still believe in other traditions as well. S: yeah, I mean.. like (Laughs).. the thing is that you want to cure yourself, R: yeah, okay you go for number of options.. R: yeah, you can go to all the options that are available. R: So, one option fails, then they go to next one.. but the first priority is Kalasha Shamans? S: No, whatever option is available. R: Okay, Right.. S: Maybe, (Pause) someone who is offering a solution, you are bound to try it, it doesn't really matter if it goes against your beliefs (laughs), or you don't believe in it. For example, if you start having bad time here suddenly (pause) umm.. I have even seen foreigners going for such option, you know.. R: here? S: yeah, when.. if they have a constant sickness or something, and they don't know, or nothing is working, so you are bound to try everything that is working.. R: okay, but the medical option is the last one here, I think? If all these don't work, then they go to doctor or go to physician? S: Not always the case, maybe.. ahh.. they will go to Islamabad for treatment and so on, and then they come back and nothing happens,..(pause).. so, it is not always the first option, the first option is that people know what is the problem, thing is that they will go, and have check ups and get medicines and so on, and they will try out those medicine, if they work or not .. ahh.. and possibly they couldn't	He also wanted to maintain the image of Kalasha as not some super unique and that is why he compare this scenario of Kalasha with foreigners and said that if one option fails for foreigners even they will go and try the alternative treatment option. Here he seems to bargain on promoting Kalasha's image of as connected group to the world as the other ethnic tribes in Pakistan. He also discussed another factor why Kalasha are open to these alternative to medical options for treatment. The reason he believed is an expensive treatment option for medical treatment and the affordability issues of Kalasha. Furthermore, it is also noteworthy here that it is not always the case that they ignore medical option or it's always the last option. Sometimes if they can afford they do try it on priority it is more dependent on the nature of the illness. If it is some serious nature of medical or psychological problem then there is no doubt that they would prefer medical treatment by transporting the patient to nearby city or the capital city Islamabad for better healthcare facilities. Also the medical option is not the first priority because of the affordability as well as the greater difficulty in accessing medical option is the no availability of any advanced tertiary or secondary care unit facility nearby. They have to travel to Chitral city to consult qualified doctors and also sometimes they travel as far as to Islamabad to get the medical checkup of their patients. In that cases in a single visit doctor prescribe medicines and if medicine doesn't work then they are left with the other alternative options of consulting shamans and Molvis. He also reflects some annoyance with doctors as sometime they don't seems to diagnose the problem accurately and this way Kalasha would lose their trust on medical treatment. For extreme situations they do try medical options but for minor

Nobody is left alone for minor psychological issues Sharing culture and cure Bow readers and shamans consultations	afford much more treatment, or so.. or sometimes doctors just plainly don't know what is going on with the person, so they end up back here and then, they try other solutions. R: Okay.. S: Alternatives.. R: Okay, but these are extreme cases, whatever you call.. psychotic symptoms, you know.. the traditional word- *Pagal pan* (psychosis) or something, this is for that, but what about minor issues like everyday stress, frustration, someone has anxiety, maybe somebody broke up in a relationship and got depressed, that depressive phase? S: Yeah, I told you that is..umm.. that is really actually helped out, nobody is left alone. R: okay S: Yeah.. R: So, they like, overcome those feelings by sharing? S: (Affirmative tone) Sharing it.. yeah.. R: okay, are there any specific religious or spiritual practices for these as well? S: There are *bow readers.* R:Sorry? S: *Bow readers.* Shamans.. So, they basically read the bow that moves. R: Ahan.. S: and then they are.. they told.. they tell you what you have to do.	psychological problems like stress, anxiety they do not consult any specialist for that. The community provides heal for the minor psychological problem. The practice of sharing and connectedness of community help the one who suffers from minor psychological problems and they do not let anyone feel left out. *He seems to have strong faith and very positive feelings about their cultural practices of sharing and caring, that is why the question of dealing with neurotic or psychological problems of minor nature was always replied with the same answer throughout the interview that they are dealt with the cohesiveness and connectedness of the community.* On probing further about spiritual treatment he revealed that there are Bow readers and Shamans who read the bows and give the diagnosis and suggest the treatment. These spiritual healers do share the causes of the illness as well as suggest the remedial measures an also the preventive measures.

Causes of illness by Bow readers and shamans negotiations with spirits for cure Different method for cure Different method but not isolated Similarities of Kalasha method with Saint's method Similarities of Kalasha method with Bari Imam (Islamabad) Similarities of Kalasha	R: Okay, Do they tell the causes as well? S: Yeah, they could tell you the causes, that you.. you got scared (slight pause) of a spirit by crossing that time, there was a spirit..also, a..a fairy was passing with this horse, and suddenly you got the fear, so.. one persistent belief is that fear is induced from the environment.. and... that causes stress.. So, umm.. in order to..umm,, get rid of that fear, that person gets from something..then..umm.. they try to negotiate with a spirit or something.. they do something, an offering and so on..so, that (slight pause) stress is reduced, for example, I see, like when somebody is sick or something, then somebody would show up with a goat or a cow or a bull , and then suddenly, a big house party.is going on there.. cutting the meat and everybody eats, umm.. the same thing goes.. so, actually,believe.. you are not looking for something that is ultimately out of..umm..You can't isolate Kalasha to have a very isolated experience in that regard, but maybe their method is different. R: Okay S: If you go to Lahore and all those places of..umm.. saints and all those places of ancestors. R: peer fakir? S:..evoked .. so the feeling is that you are not.. you are going there.. Babri Imam, or the ones in Lahore which are also famous.. with foreigners and so on.. and (slight pause).. and People go there actually for these things so, basically the setup of their mindset is to find a	The one part of their spiritual treatment is negotiation with the spirits who instills the fear into the patient. He believed fear to be the primary emotions in the kinds of psychological problems Kalasha faces. According to him the fear is induced through the environment where some spiritual activity were going on or where there was presence of spirits. Since the cause is spirit therefore the remedy is also a negotiation with spirit by someone who is skilled in that a Shaman or a Bowreader. Kalasha believed in spiritual model of treatment primarily. The respondent seems to have deep knowledge about the Shaman practices of spiritual treatment as he explained the treatment process in much details. He explained how shamanic treatment works in terms of sacrifices as the similar concepts of sacrifice do exist in other faiths as well therefore he wanted to emphasis on the fact that Kalasha should not be considered super unique due to this practice of cure. As offering to nature and sacrifice concept do exist in other faiths too so it is kind of a similar concept with a different method. He also explained that since they believe the cause to be "fear induced by spirit" and shaman negotiate with spirit and do offer something in return and which results into alleviation of stress and the sufferer got relief. S also wanted not to perceive Kalasha or to give Kalasha's image of having performing different spiritual rituals than those of the rest of the country. He in order to make this point clear used an example of peer-mureed(spiritual saint and disciple) culture and the trend of visiting shrines being practiced in Lahore and Islamabad. Kalasha are solution focused in terms of their mental health needs so this is why they consider multiple solutions for alleviation of symptoms or disease. He further explained that he himself dint experience any divine intervention or interference of spirits or any spiritual phenomenon but still he believe in it. He then illustrated further that he had developed some kind of disease on his hand and approached a shaman (after trying allopathic medicines and cream) for the resolution and it worked well. His

method with Data Darbar (Lahore) Effectiveness of method Details of Kalasha method Effectiveness of Shamanic treatment Ambivalent feelings/Confusion	solution, basically.. R: Hmm.. Have you ever consulted any shaman for any problem? S: (pause) No.. I never did.. but once I had a..a kind of a very.. umm.... unusual treatment for a disease that I had developed on my hand. It was .. It was something that grows on arm and leaves a patch and it is also very scratchy. R: Itchy.. okay S: Itchy..and it just keeps on growing and growing and growing.. So, umm..I took some creams and..umm.. some medicines for it and so on and so forth. But, then one of my relatives asked me to go to a guy who would.. early in the morning, to go to a guy who would (slight pause) use the rocks and..umm.. a metal, and he would bring out sparks from it, and then you have to let your hand under the sparks and for no reasons (laughs) it worked. R: It did? S: It did. R: Wow.. S: so I was basically getting up around.. like 4, 5'o clock, going to his place, he would bring out these rocks..and basically all he was doing was this..like in ancient times, he was trying to making fire out of it and there were no matches.. so he basically (slight pause) I got all these sparks on.. on this.. on this disease.. and then.. it..it. kind of like in a week or 2 weeks, kind of disappeared. Probably I would have used medicines for that long but then I went for that option, so maybe it healed up by itself, or maybe it healed up because I believed so	laughter while explaining this reflects to the fact that he might have perceive that researcher would not like this explanation of spiritual treatment and the rest of his discussion all based on strong elements of logic and rational but here its more like an emotional choice to believe in the spiritual treatment, so he used his laughter to convey a message that even he was not expecting a cure or effectiveness of this treatment method but it actually worked for him. *His laughter may also reflects his wonder feelings that shamanic treatment actually served better results than that of the medical treatment.* However, after discussing the effectiveness of the spiritual or shamanic method he shared some doubts about the cure. <u>He suspected that it might be because of the certain time period that disease took to overcome and is not the effect of the shamanic treatment. Then he also discussed the possibility of cure that it worked because he has faith in the shamanic treatment so in other words he conveys the message that it is actually the belief system that works under any treatment modality. He seems to believe in self-determination and will to overcome any problem or disease</u>. *Then he concluded the experience by calling it unusual after some pause which shows that he was doing some mental work to choose the right words as he did not want to reject or deny the shamanic treatment nor he want to fully accept it. This reflects kind of ambivalent feelings between belief in shamanic practice and other possible cures.* On a question regarding advertisements of spiritual methods the respondent shared that Kalasha does not promote the shamanic or

Kalasha are not decreasing in numbers	much,Yeah..so that was my kind of very unusual (slight pause) experience but just now I look at it and more animated and it seems that kind of thing worked out, so yeah that was it.. R: hmmm (Short pause) R: I was reading an advertisement here , there was a board saying that "spiritual healing for solving every problem , mental illness and everything". So what are those things? Is it like by some Kalashia community or someone . I tried to find the guy but (P interrupting): NO, no there is no spiritual thing like this within the kalashia community I:OK S; I think this is much more from.. coming within community , the Muslim community. They are basically using the knowledge that they have, from their tradition and kind of that way lead to the people. R: in all these three valleys, what would be an approximate number of kalasha people. Somebody says that they are like 3 to 4 thousand and somebody would say, like no its 10,000	spiritual method through advertisement and these kind of advertisements are recently seen in the Kalasha valleys by the neighboring Muslim communities. Kalasha are not decreasing, conversion is not a problem. S also denied the claims of some of the media reports that Kalasha are decreasing day by day. He believed that there are around 4000 Kalasha in the three valleys and they are constant population and not decreasing. If the conversion rate is higher then they are also reproducing on higher rates. He also reflected his views about the issue of Kalasha's religious conversion. As recently some literature and news has shown this issue as an alarming issue, however, according to him, this is not a new phenomenon the conversion process and efforts have been in practice from past 700 years, so this is not some new issue. He also called a conversion basically a free choice rather than projecting it as an issue. Here he seems to maintain a good national identity and wanted to promote a good picture of the country by denying the allegations of (media and literature highlighted) Kalasha's conversion. Considering the background and optimistic approach of the respondent it is cleared that he do not believe in certain trends….of modernity and discussed repeatedly and thoroughly the value of owning one's own culture and belied strongly in the indigenous values and knowledge. He has strong pride in his national and ethnic identity. Also not to forget that he started the interview by critical sharing of his views against CNN 's travel report which have projected (according to him) Kalasha as a celebrity tribe by calling them happiest people. Therefore, he does not seem to be convinced with adopting many of the foreign ideas and on the basis of this experience we can conclude that he might have considered this conversion issue as non-issue because he may perceived it to be a foreign agenda or a media hype to sell the news.

Stable number of Kalasha population Conversion process was always there Government protection Conversion is a free choice	?? What is actual number of Kalasha people? (traditional music in the background) P:I am sorry. I have got a call. I:yeah yeah sure (Beeping noise) P (in background): Hello! R:How many would they be in total? P: I think, 4000, around 4000. R: Are they decresing day by day? P: no, they are not. R: They are not. Have you heard? P: It's a constant population that has been there for long. (People talking in the background) R: I've read somewhere that they are decreasing due to the conversion, religious conversions. S: there is a .. there is a stable number of people, which is around 2000, 3000, but conversion process, like I said, has started for 700 years, so you can say that (pause) it's been always there. it's not any problem. R: okay, It's not because of Tablighi Jamaat coming here and converting people or something? S: (hesitantly) Umm.. yeah.. I don't think so that it is like much more of a.. I think Government is also protecting the people from some kind of direct conversion, like that.. but I	He further illuminated that even the state is protecting and does not want to convert Kalasha to other faiths because it is understandable that Kalasha's unique tradition are contributing a lot to the diversity of the country and in bringing up national and international tourists and ultimately it benefits to the revenue or economy of the country. Researcher gave a reference of specific religious party which (according to researcher's knowledge) visit Kalash valleys for evangelization & preaching but respondent believed that is not a problem as they do not force anyone to convert, the conversion is by choice and everyone is free and practice their free will to convert or not.. *His flow of speech and tone while commenting on conversion issues shows his clarity on this issue.*

	think, we have to realize that people make their decisions based Son their own choices, so, umm (pause) if there would be conditions, where we know that people made their free choices, that would be fine and not like imposed choice. (pause)	
Political representation and discrimination Indigenious people/continued existence of Kalasha Ethnic group Kalasha are different than other religious minorities in Pakistan Non-market based community	R: Do Kalasha have political representation? Are there any specific seats? S: see, the situation of Kalasha is very, in that sense, it's unique. So, you won't find, if you see in a legal perspective, then (pause).. it fulfills all the categories that you need to have a distint..umm.. ethnic group in Pakistan. *(People constantly talking in background)* So, it's a little bit different from minorities. The thing is that Kalasha have been lumped up with other, when you say *minority*, they are in this group. But we have to see, that they.. their needs and their situation is slightly, or in many cases, much more different than… than non-muslim communities that live in Pakistan. They are main-stream market oriented..umm.. workers, labours, or job oriented people living in cities, and if we look at much, maybe there are rural communities, but they don't really have a place, which is their territory. Okay. So, we are here with a place, where there has been a continued existence of people over (pause) (people talking in background), if we go with science, say nine thousand, or let's say from Alexander, The Great's time and so one. When we try to pin up a history line, then we say that	Political position of Kalasha is unique and discriminatory. Kalasha according to him fulfills the legal criteria to be considered as "ethnic group" but they are lumped with other minorities in political division. Other religious minorities are market dependent communities living mostly in the urban societies whereas Kalasha are rural communal group therefore, there needs and practices are also different. Kalasha has a geographical territory and are indigenous people of that specific geographical land. Kalasha holds sense of territory like other ethnic groups of the country. *In order to emphasize more on indigenized nature of Kalasha he reminded the researcher an example of Alexander the great's arrival in Kalasha lands in a conclusion he wanted to communicate that Kalasha are the belong to these lands since old times. Also it is noteworthy here that here he used the words "if we go with science" this reflects his attempt to convince the researcher and communicate the "reality" that Kalasha are indigenous to these lands and that they have been continued existence of these people in these lands.* They have geographical location and they have always remained limited to their lands and never relocated in past 50 years, yet not legally considered ethnic group in Pakistan. He gave an examples of other ethnic groups and indigenous tribes of Pakistan who are not limited to their original location or lands and have been relocated and could be easily found in urban societies and in the major cities of the country. They have relocated and spreader to

Sense of territory No quota Lumped with other minorities Preserving Kalasha cultural heritage	there is a continued existence of people here, so they have a strong sense of a territory where they have gone and so forth. So, in these sense, like Balochis, like Punjabis and so on, they have, like a sense of a territory, that this is territory of people, so they are like ethnic group, and you can't say, you can't figure out that if there is such an ethnic group within Pakistan, and if they are permanent at one place.. not moved for like..umm.. 50 years, here there are communities, maybe they are Sikh communities or Parsi communities, they are all.. they are renting houses, living in societies, or maybe they have their own houses, but it is not like, the.. there is like..umm.. they are not like (pause) moving a lot, so they fulfill that kind of territorial ethnic group category, which is in Pakistani legal system, but they don't really have..umm.. any.. R: any quota? S: quota in that sense, because they are lumped together with.. with other minorities groups. So, if..if they have to go for seats, that's maybe in a provincial assembly, where they should have like their own at least one seat in a provincial assembly, or..or in R (interrupting): are there any effort going on for that? S: I think.. for that you have..umm.. to recognize that for tribe.. their needs are different than minorities that (pause) are in the ciities, so they would ask for quota ins education and..umm.. all those sorts of things, that they should be given some chance or some	different cities and living in rented house, adopted modern lifestyles, however, Kalasha have been living in Kalash valleys(in one specific geographical location)from past 50 years and they fulfill the criteria of territorial ethnic group legally but does not considered for any specific quotas in terms of rights and services. Politically they are grouped together with other minorities and it is obvious that their representative (being a member of dominant minority group of Pakistan i.e., Hindu or Christian or Sikh) would not talk for Kalasha's rights in the parliament (provincial and National Assemblies). He strongly believed that Kalasha should have political representation by allocation of at least 1 seat in provincial assembly of KPK. His concern and annoyance regarding political situation of Kalasha shows his sincerity and commitment with his tribe and that shows that he is worried for the betterment and uplift of his community. He suggested and recommended that Kalasha should have some leverage on some things, here he refers to education, employment and other benefits offered by a government and he is referring to allocation of specific quota for Kalasha or any policy to help them by recognizing their indigenized ethnic position. Kalasha's cultural heritage preservation is an asset to Pakistan. He believed that the government of Pakistan should ensure to protect the cultural heritage of Kalasha as protecting the diversity of a country is necessary for the growth and good image of the country and it is the right of ethnic and ingenious people that their culture should be preserved. Kalasha's ecosystem should be preserved and sustained. He also provide critique over the sustainability of Kalasha in terms of their agriculture and farming. He believed that in a greed of growing business and capital the profitable pest control companies and

Preserving Kalasha ecosystem GMO food and pest control medicines contributing to psychological problems Recommendations for Kalasha's cultural preservation	sort of.. So basically, they would be trying to gain more leverage on things..ummm… in a .. in a.. in urban society. So, here if you want to He do some thing for people, you really have to look for preserving the heritage culture which is their, which is an asset of Pakistan. You have to look for ways how this place could be more sustainable, and not be destroyed by over-population and..umm.. also the pressure that is put on by landscape. So basically, if Kalasha would stop…umm.. goat herding and stop doing their own agriculture, the whole (pause) program that they are running as an ancient society by actually doing these few fundamental things, like high altitude pasture, and raising their own goats and cows and animals, and actually eating grains from their own field. But if.. if.. you then let them on their own, they are interacting with the society, where there..umm.. genetically modified crops are coming in, destroying the local breeds of seeds that have been there for thousands of years, fertilizer have been used. Even, I have cases of you people using this pest thing, and houses being sprayed, which is causing diseases, also mental diseases, by using which.. umm.. which on health scale are banned in our societies. But the level of..umm.. understanding of these things… so, there should be another kind of management, or other things that should be done for them for preservation system ability, making something new for them. So, these are.. someone.. if you have.. if you go to	agricultural farming business are ruining the very essence of "organic food" which was very common in Kalasha. People used to eat fresh and organic food, they prepared the seeds of the crops naturally without using any genetically modified crops/seeds from the market. As they are rural community so they did not interact with market for any commodity in the past, not even for the agricultural seeds and pest control sprays. Even the pest control was not an issue in Kalasha. But now as more neighboring Muslim communities started relocating from other places to Kalash valleys they have bring with them the new methods of farming and all sorts of GMO seeds and pest control sprays. Resultantly now the Kalasha valleys have started generating GMO based vegies and the organic products are started declining. He considered this GMO food and pest control medicine as another important factor contributing to psychological problems. He believed that GMO seeds, crops and pest control sprays contains substances which are unhealthy to health both physical as well as mental health and also there is a stressor of dealing with market based agricultural companies and saving money to purchase these products is an added stressor in their lives. In recommendation he again reverted back to the fact that Kalashas are grouped together with other minorities politically and it is obvious that considering their 1000 voters out of 3000 total Kalashas, no political party would going to give them ticket to contest for provincial or national assembly and tickets would be given on party based to dominant minority communities like Hindu or Christian or Sikh) would not talk for Kalasha's rights in the provincial and National Assemblies. They don't even know about the problems of this small minority group. He also commented that Kalasha are not only religious minority they are also an ethnic group with indigenous culture. He again forwarded his concern by concluding that the state of Pakistan should realize Kalasha's position in the political context as well as in preserving

Social Justice demand Political representation issue Anger/concern	Punjab, and you have.. you are representative from somewhere Christian representative, because they have more votes and then, they have much more than 3000 Kalasha. Out of these 3000 Kalasha, maybe there would be.. we would have only..umm.. 1000 votes. Okay. So, for these 1000 votes, no party is going to give a ticket to Kalasha.. to be.. a MPA in..umm. Peshawar, because there would be 50,000 Hindus or Sikhs together, so they would seek for someone who is actually gonna win. So, unless Govertment or any big party really believes in social justice and try to provide..umm.. provide a situation where a MP represents their problems to..to a state level, then it's not possible, because until now we have MPs. But MP is from, maybe a Sikh, or maybe a Hindu, or maybe a Christian. These are our MPs. How would they know who the Kalasha are? Are they just a religious minority or are they an ethnic group with an indigenous culture which is based there? R: Right S: So, yeah.. it is something (pause) that needs to be done by the state, if Pakistan wants to make it ..umm.. a preserved place, or a conversed place for the Kalasha people, then something.. policy has to come from upside.	their cultural heritage. In a current political scenario of Pakistan minority seats are reserved for provincial as well as national assembly however, the minority seat member does not require direct votes from the minority community but he/she is being nominated by the winning political party. This practice is very discriminatory as the representative of the minorities is not actually representing their communities and they need not to go to their constituencies to get votes from the general public of their community and they know well that the only thing they need to do for winning their seat is to please the political parties. In Constitution's Article 51(2A), for the National Assembly, there are 10 seats reserved for religious minorities, and for the provincial assemblies, there are 23 seats reserved for religious minorities under Article 106. The political parties are given those reserved seats on the basis of their numerical strength in the parliament and applicants stand elected on the basis of the order of the list forwarded by a party. These selected candidates are counted when there is a need to show electoral strength in parliament. The rationale behind reserving these seats is embedded in current socio-religious situation where non-Muslims cannot win by contesting general seats. The reason behind it has not been answered by the state for more than 69 years. There is an oppressing atmosphere for religious minorities due to institutionalized bias and discrimination against them. However, facts show that present status of representing minorities by reserving seats for them is a farce which doesn't bring them closer to national mainstream or state's business. Basically, these reserved seats are not for religious minorities but chiefly for political parties.

No unilateral opinion on discrimination Discrimination depend on the part of country Offensive curiosity expereicnes Awareness through education Need for cultural and racial education Anger/concern	R: Right. Other than this have you ever experienced any discrimination due to your Kalasha identity or origin within Pakistan or from somewhere else? S: Well..um… it's mixed, depends on which part of Pakistan you are. What is level of their understanding of Kalsha culture. So, there is not like..a.. unilateral opinion that yes, we are discriminated or not discriminated. so, it depends on..on.. what kind of..umm.. R: Can you share something? S: Well.. I mean like I..umm..studied in (pause) in..in public schools throughout Pakistan, many places. When I was in schools, there was always a.. a kind of offensive curiosity about who you are. And, (pause) they would..umm..use kind of language to know about your religion, because target would be your beliefs. Ah (pause)..so, yes, but then it depends, then you pass through this, but then you meet other people, who are like..umm.. maybe a PhD student, who has much broader opinion on what a culture is than would be someone, who has never been to a school and believes that Kalasha should convert to ..to Islam. So, there is this thing, but this is going down, because education is coming. People are.. the more they are educated, they can see the differences and they reconcile and then they.. they find a kind of a mutual respect. So, I think that is a kind of..umm..education that is badly needed also in Pakistan for culture, not because of Kalasha tribe. There would be.. I've seen people discriminated just because they	Discrimination depends on the location and part of the country. He have experienced offensive curiosity during his school days about their identity. He believed the attempt of conversion comes from those who never received a formal education in other words he summarize it that education brings acceptance, as he said that the interaction with those doing doctorate or someone who attained higher education has a broader understanding of culture they exchange mutual respect. There is a need for cultural and racial education in the country. This is not important just from Kalasha's perspective but for a society as a whole there is a need to develop the understanding and promote tolerance for diversity and this could be possible through education. This awareness campaign in his words is "badly" needed in Pakistan. *His emphasis on this awareness or education reflects that there have been the incidents of discrimination which he feels not comfortable to share further and used an intensive tone and word "badly" to communicate his message that how significant it is to promote tolerance.* He believed that people do discriminate others just because they are belong to some other racial group. He shared a bit more as he felt more comfortable after sensing researcher's agreement on this issue. He shared that there are religious and sectarian discrimination. *He ended this topic by commenting that he has friends from all other sects like Shia Muslims and others ,here he wanted to promote the message of peace and tolerance and wanted to share with researcher that Kalasha generally and he specifically believe in inter-racial harmony as he has friends from all other groups.*

Sectarian discrimination Curious visitors Anger/concern	belong to a racial group. R: Right. S: Okay, (slight pause). So, there is a kind of.. we can't deny that there is no kind of a discrimination, whether there is a religious discrimination. R: Sectarian. S: Sectarian d.. I have friends who are Shia, I have friends.. all sorts of.. There is a kind of general pattern of discrimination, but it is not like (slight pause) it's just who you meet. R: Hmm. Right. S: You meet people that they are like.. now, there are people who are coming from cities here, they are.. they are coming here because they have read so much about the people, they are so much curious, they want to experience, they want to see it, they want to make a selfie here, so on. So, it just really depends and, but.. I think, that (pause) the more education grows, people would realize that these things are fictitious, and *(joyous tone)* there would be much more (pause) they would find much more creative solutions to live in a place, which is like really really diverse ethnically, culturally and linguistically.	Mostly the tourist arriving Kalash valleys out of curiosity. As he already discussed that this place has been projected as fairyland or very different from other places and so much hype about Kalasha community has been created by media and travel business companies, so travelers come here with curiosity to know more about Kalash people. He commented that with the increase of awareness and education one would realize that these things (this curiosity) or is fictitious and people have to look more creative solutions for their problems. *He used very joyous tone to explain this and wanted to convey that people coming here with curiosity but there is in actual no special thing to be curious about. He is normalizing this phenomenon of hype for Kalasha by calling them as connected and as similar as any other indigenous tribe of the country.*
Kalasha problems: 1.Preservation of culture 2.resources	R: Right. What are the major problems that Kalasha is facing as a community? (Long pause) S: I think similar problems, like any other society. R: Like? S: Umm.. I think the problem is that..umm,,	Kalasha major problems include limited resources and preservation of their cultural heritage. He did not comment much about Kalasha's problems and said they have similar problem like other societies (referring to other indigenous societies). He wanted to maintain the image he built for Kalasha tribe throughout the interview that they are not much distinctive from other indigenous tribes of the country thus he concluded that they have similar

	it's not like just one problem (pause). So, it is also what Kalasha wants and what is there for them. If they want to preserve or do something with their own culture, it means resources. R: Right S: Okay. So (pause), the resources are limited. Population is growing. Okay. So, Then (pause), they are looking for someone to come and solve their problems. And if they look at their own problems, they don't have the means to solve them. R: Hmm. S: Okay. So, Umm..	problems like other tribes but highlighted two interlinked issues (i.e., preservation of their culture and enhancement of resources).
Governmental support Recommendation for government Ambivalent/contradictory Anger/concern Governmental policy	R: Isn't Government supporting and stuff? S: Government likes to drop in money and food and (pause) when it is needed, when there is a catastrophe, when there is *(slight sarcastic tone)* new MPA who comes here and say okay I'll give this much money, and then it gets filtered through all the bureaucracy and finally, they arrive there and makes no.. offers no difference, because there is no policy to what really actually to be done, particularly to a tribe that has a different set of needs. So, yes, I think that they (pause), Government should form a kind of council where..where experts are involved and then what could be done in order to.. to have this society back on a self-sustained economy. R: Hmm. S: Umm. New ways of integrating.. integrating new ways of..umm.. cropping, crops for example, green houses and (slight pause)	Here he seems to take a very strong critical position on government and elected representatives of that area. He commented that they would provide the basic needs in catastrophe, he wanted to convey that normally government does not fulfill the responsibility of providing food or resources and it's the only emergency situations when they provide these things. He also take a position here to portray Kalasha as having different needs, whereas in a previous passage he wanted to give an image of Kalasha as no different than any other tribe in Pakistan, so he seems to have these contradictory views or ambivalent feelings. *He seems to have lack of clarity here regarding what the Kalahsa wants to demand from government or policy makers. But in a very next statement he seems to regain the clarity in his thoughts and proposed a solution. He suggested that there should be a council where experts could contribute to build policy for Kalasha community. He gave detailed description by giving few examples that what sort of specialties and expert services they require and demand from the government.*

making/Council for Kalasha Need to create awareness regarding mental health No stigma with mental health No isolation Strong bonding Strong connection No Psychologist culture No work on mental health	having a different set of means where people actually can fulfill their basic needs, so the problems basically, deep down look, they are poverty-related. Okay! They are short of means. So, it doesn't really matter if you are a Muslim or a Kalash, or anyone from anywhere in Pakistan, just means that you don't have basic amenities of life. (slight pause). So, then other people would come in and try to make you go in this direction to get those means. R: Okay. What is need to be done regarding health, mental health awareness, as you said, there is not? S: First, they have to realize that..umm.. body is not the only thing that gets sick, surgically operated, fed medicines, to be cured. Mental health is as important as physical, so (pause), for them (refering to his community Kalasha) to understand this, it could be something that is something new. That it is some kind of particular category. (Slight Pause) I don't think that there would be stigma involved. Because, they kind of deal it in their own way by interacting and sharing and changing the person's attitude, you know. If it is stress induced by economical problems, or stress induced by relationships and so on. So, they are managing it. (Pause) Traumas, they are managing their own traumas (slight pause) and so on. But I think, the more.. It's not their.. The Kalasha society is not in isolation that is my basic point of view. It is common here that among one Kalash, the other	Here researcher seems to take a shift from detailed discussions on political scenarios and material needs and demands of Kalasha to mental health needs. No stigma associated with mental health. Mental health awareness is required. He shared his views that he think that there is a strong need to understand mental health issues in Kalasha community and they need to know that health related issues are not limited to physical and bodily disease but there are psychological problems as well, for which massive awareness campaign is required. He further shared that since Kalasha are to some extent aware of stress and similar phenomenon they do deal their traditional remedial measures for that (referring to Shamanic treatment) so there is no stigma associated with mental health issues within Kalasha community. He also believed that Kalasha are dealing well top overcome minor psychological problems as there is a strong connection and bonding within their community. He highlighted two kind of stressors commonly found in the Kalasha community are economical and relationship related but he also believed that these stressors are manageable and they are managing it. He then reflected upon the reasons why Kalasha are managing these minor psychological problems on their own and he believed it is the connection and lack of isolation within their community that serves as a protective or remedial factor for psychological problems. Here he again reminded the fact which he repeated number of times throughout the discussion that mental health related problem may arise because now they have started interacting with market economy and as they are now becoming more dependent day by day on other means of lives (i.e., market

Overcoming Mental health problems with communal connection No stigma attached to mental health here concern Mental health not considered a problem Sharing culture Poverty is not a factor	brother is Muslim and so on. So, basically there is a bond of interacting, but as the population grows, as they are more dependent on other ways of needs of survival and so on, then, there would be a need for a Psychologist who would come in and say like, "hey!" , because then you have a one-to-one interview with that person. You will have a shop or a setup where people would come and have to pay for this. R: There are many projects run by different NGOs, mostly by some foreign funding as well? (S Sighs) But, none of them, I think, is working on mental health issue. Is there any? S: No, I think there isn't. There isn't. (slight pause). Mental health is not considered a problem, generally. But, there is also no stigma induced to it, like related to it. That you would.. If you have a problem, then people would say few.. R: So, if there is a psychologist, people would be open to go and visit him? S: Yeah R: Because on Punjab side, there is a stigma associated with it. S: Yeah! In many socieites, there is stigma associated like " I am fine! I am fine! Why you are saying this" you know, the person at that point is not seeing that he is.. he is sick, he is seeing that..he is not recognizing or not acknowledging their problem, So, I think that many of these things are related to education, back to education you know, so as I think that maybe a need for it is.. I think we can	products and modern trends). Because of this modern-trends are growing so he anticipate a need of psychologist also as people would become more independent and become more isolated and less connected within the community which will ultimately results in growing more psychological problems and having a need of one-to-one sessions with psychologist. *His concern and discomfort reflected from the way he commented and shared about the need for mental health practitioner as he see it as losing their cultural values of connection and sharing.* He further shared that generally mental health is not considered as alarming problem here and there are many developmental projects here but none is working on mental health per se. He compared Kalasha culture with other parts of the country and shared that mental health is not a stigma in Kalasha, he also seems to reflect his concern on denial of the mental health problems and believed that the issue should be recognized and one should accept it. He also believed that as in many of urban societies poverty is considered as one factor contributing to mental health issues but he believed that this is overgeneralization as he does not see poverty as a contributing factor to mental health issues. He described that among Kalasha there was no sense of poverty and still it is in practice that it's a communal culture and sense of poverty does not exist extensively however now this concept of poverty is also introduced here and people have started believing that they have to earn money and that they are poor and this will ultimately convert Kalasha into a cash based economy. He

Kalasha transition and shift Sharing culture despite the shift	generalize the problem by saying that poverty is..umm.. one factor . In urban societies, that is more evident. That if you are poor, here you basically are not a poor. Because, all the houses are open to you, people are gonna feed you. I have.. I am everyday being fed by ten different families. If sit there, he will.. I just had a tea here, I will move down there, somebody would be eating food and I would be sharing a bowl with him, maybe I won't eat the whole of it, because I would know that there would be a next one. R: Next guest. S: down the line. So, the poverty here, the sense of poverty is coming. Now, they are.. (pause) A sense is coming that you have to earn money. You have to. People are getting education in hope of getting a job eventually. So, umm.. a shift is coming by.. umm.. shifting to a cash based economy which was not before there. So, even if cash economy is introduced here, people are still sharing, sharing things and so on. So, I think that it would take time for people to realize, that okay, you have to go for particular type of treatment.	believed that this shift has been coming to change Kalsha and they are becoming more modernized and again believed that ultimately it will take some time for them to understand that they have to seek different treatment for mental health problems. *In other words he does not seem to be a supporter of Kalsha becoming an individualized society where they are consulting psychologists and adopting modern trends, he believed in indigenous culture and roots and believed that Kalasha culture should sustain.*
Kalasha non-violent	R: Okay, so how is the security condition now a days? Since now, I think army has been installed here. There were many check-posts when we were coming here. Previously, we heard there were incidents on the Northern side, like killing or stealing things. So, how is overall security condition?	Kalasha are non-violent group. He explained the reasons why Kalasha are non-violent and peace loving community. He believed and provided worldly as well spiritual explanations. He gave an example how Kalasha hold spiritual meanings and beliefs regarding natural disaster and calamities. His example of natural disaster is understandable in the context as they have suffered a lot in past two years with floods and earthquakes which destroyed and

Belief in spiritual causes of natural disasters	S: One thing I can say for sure is that (slight pause) the Kalasha are basically a very non..non-violent group. They don't have a violent streak. (pause) Maybe, because they know that they..umm.. they are not so many, to think and also that they believe that killing human being is a..is a sin, that you can't take life of others, and if you do that, then many bad things will happen to you. Because you, umm.. you did something really against..against the law, or against the tradition, against the nature, not the people would but natural circumstances will appear that.. umm..that would go in a direction. For example, now the common belief of flood coming here and destroying all these hotels and so on, was like people were saying that they were actually making so much money on us, and they were doing all sorts of things and which was not..not part of this landscape. So, basically the fairies punished everybody for.. for this thing. So, their beliefs go back to the best explanation they can find in their natural environment. R: Right	changes the shape of their landscape. He also looked at other explanations as he shared his views that the reason of being a nonviolent community could be the fact that they are so small in number but he seems to mostly believe in moral and spiritual reasons as he discussed those in detail. He seems to have faith in "karma" or law of reciprocal action, which is also famous among other faiths like Buddhism, Christianity and Islam. There are many popular sayings having roots in Holy Scriptures or in ancient wisdom, supporting this law. Like, 'What goes around, comes around' or 'Whatsoever you sow, you shall reap' so here his views of calling a human a sin reflects that they believe in this law of reciprocal action. He further discussed the extension of this belief. He illuminated an ancient spiritual belief in nature and also reflected the cause and effect principal while commenting on causes of flood and natural disaster. He further explained spiritual phenomenon and believes of Kalasha in spiritual interference in their lives.
Rapid change due to globalization	S: So, they also believe that they.. the land is shared, a place where other beings are living and we don't see them. But, if we do something that is going against them, they would also come in, and do a divine intervention sort of thing. So, yes, people beliefs are basically constantly changing. In every society, in every linguistic or ethnic	Beliefs are dynamic in nature due to globalization. He believed that people's beliefs keep on changing as their lives are in a constantly changing situations and this is not limited to Kalasha it happens to all societies. He believed that this change is rapid and people hardly get time to reflect upon the changing and dynamic nature of their beliefs and practices.

	group, over all, by globalization, by education, they are changing. But the fact is that this change is..umm. so rapid that people don't..umm.. have the space to think and make choice that would be (slight pause) for..for their best interests in coming years. So, yeah, so there is a slight, not slight a big need of kind of education that people would make better choices for them.	
Joint family and culture New trends coming Complaint/concern/anger Changing lifestyles/Transition	R: Okay. And how is the family system? Are they also changing from joint family to nucleus family? (S Sighs) S: Okay (pause) No, No. (pause) But they would.. they would change. If you get more money, then you are basically subscribing to new trends. Look at this building here *(points to building)*, I mean, this is old built by every material that is not here, from here. Maybe the woods and stones. But, they have been cut and polished, and the use of concrete and so on. And what does it.. the luxurious life, maybe you don't have to.. in the winter to shove off the snow from the..from the top, because the snow will slide and fall down, and you won't get rain drops (slight pause). But if you have like flat roof, and it is not cement and it is just earth, and over period of six months, then snow is coming. So, people do want to have a tin roof, so that they would ..umm.. they would have better living conditions, better hygienic conditions, so there is a drive for.. for the habitat, changing the habitat, so the impact of it may not be a question for them.	The structure of family in Kalasha would also be changed from joint collectivistic to individualistic nuclear families due to changing trends. <u>He explained with examples that in an attempt to adapt and to embrace modern trends and practices Kalasha would also become more isolated by ultimately adopting nuclear family structure and by losing joint family system. He anticipated and shared with complaining tone and heavy heart the concern that this practice of adopting modernity will eventually result in losing their cultural values and ending up in adopting the market based urban culture.</u>

The race of urban society Survival package/cash based societies Anger/concern Paper (money) is becoming value/Transition Culturally programmed Kalasha Independent community Concept of rich Free time	(Pause) But if something, if you go for a washing machines, for dishes and so on, then you want to have a.. umm.. also that operates with electricity and so on, the more want to have different things, the more you have to pay for it. The more you want to pay for it, then you are in the rat race like every urban society or every developed nation has. It's like a (slight pause) complete survival package where they have to work. Here people work hard but they have a plenty of time. So, also they don't have a sense of (pause) a sense of storing something for a very long period of time. Look at the cash based societies, they have generations that have been passed, where they need to preserve the cash somewhere in the banking system or in the stocks I don't know, but they..they know that this *paper* (referring to money) has some kind of a value. Here, paper is becoming a value, but..umm.. they have been based on a society which is not cash-based, so they don't really understand how it works, because they are culturally and sometimes, it is also genetically (laughs) programmed. Your kid is born, and then he has to go after the goats, and look after the fields, and these are duties that make you survive, you pay no taxes to no one, you answer no one, and you are on your own. So, you are actually independent. R: Free. Yeah S: Free. So, this is something which.. who has a million dollar yacht or a house, would have these amenities, so he would consider himself	He called it the "rat race" of earning more and more and buying more commodities in urban society. He also reflected on why this is an issue by sharing that here it is not the case where Kalasha are into the rat race and that is why people have time for other people. He compared it with urban societies and developed societies and commented upon the scenarios were these urban societies has generations to generations passing money and bank balances and also valuing paper based currency a lot. He show his concern over the fact that the same paper based currency has been started becoming valuable and desired among Kalashas now. Yet the modern lifestyle and money making practices have not fully adopted by Kalasha they still are trying to figure out that how this cash based societies work and how they can also become part of it. They are culturally and genetically programmed means that they have adopted this practices of goats herding and taking their pastures to the fields from their fore fathers. He further described it as a relief and something pleasing that Kalasha has no stress of paying taxes and earning money thus they are independent people with lots of free time available for other people of their community. Their concept of rich has not developed in terms of possessing money or luxury house, like urban societies where they don't have time and are so busy in their routines. Here in Kalasha people have lots of free time and he explained that with an example. He also shared his views from the whole of Kalasha's perspective about spending and utilizing their time. He illuminated that if somebody consider it (the free time of Kalasha people) to be waste of time and that Kalasha should be using this free time in learning some skills or education, the question is why they should be doing something like that when they are self-sufficient. *His explanation in term of question and answer reflects his convincing skills and*

Sense of fulfilment Self sufficiency	rich. But here, a person who doesn't, has a free time. Look at these four guys there *(points to those people who are constantly talking in the background).* all of them are from different villages. They are sitting there because they have time. Someone say, "you are wasting time", but..umm.. you can tell them that you are wasting time, you should be in school, or you should be learning some kind of a maybe cooking, a better cooking or maybe some kind of technical education, but for them it is like, " yeah! I should but why I should? You know, because I have everything." R: Right, they are kind of self-sufficient. S: If you tell them that you need more things, then you are making them to become an urban society. (pause)	*attempt to prove or justify his point of view.*
Kalasha Women are no exception	R: Right. I have seen here women are are very empowered. They are very free in their decisions and every thing, where this is non-existent in rest of Pakistan. So, is has something to do with your belief system or is it cultural or religious thing that they should be free? How do you see this thing in a comparison to other communities in Pakistan. Women are very suppressed. They are not to choose their partners. S: (strongly negates) Nah!! It's not true. It is not generalized. Come on! (laughs) People do marry of their choices now in Pakistan. Pause…. Well, umm.. It's not.. There is not a clear cut line of how empowered you are.	Researcher with the knowledge of literature where on Kalasha women were presented and discussed as "the most liberated women" of the country and considered exceptional in terms of gender balance and empowerment asked S's views about this topic. He had different views on this issues. He described that in Kalasha gender roles are defined and this practice is based on the division of labor and it cannot be considered as empowerment. Women have specific roles of taking fields and men take pastures so they are contributing by dividing the tasks and amount of labor. He used very sarcastic "no" tone to disagree strongly with researchers views that women are suppressed and not free to take decision of their lives in the

Division of labor: not empowerment	Basically, every human if he wants to, or (laughs) she wants to empower themselves, basically they have to move up their confidence level. ..umm.. Then, how the structure of society is, what happens if you do that, you know, what is the outcome of it. So, since it is a non-violent society and..umm.. it is based around division of labor, (pause) which means that women take the fields and men take the pastures, so it is their territory, and this is their territory, so you are naturally, organically empowered to make this garden. Because, If you do it, depends on how well you are doing it. So, you are involved in something which you believe is being built around your hardship, or hard work or labor that is centered around. So, the amount of labor, maybe the harsh winter, rocky mountains, goats, running after them, everyday bringing them down. It is a very old program that is running still, that's very unique. Okay. That, they are using a very old formula of existence, when there were no..umm.. big scale societies, or living urban things where you get trade and home runs.. is running. (sighs deeply) Here, you are based on division of labor. Women feel and men think. So, the amount of the work they do is equal. So, their sense of natural.. R: (interrupting) but same thing exists in Punjab. S: yeah! (laughing) that's where I was going. R: Yeah! You might have heard of honor	country. *His tone and negation shows strong opponent views and he believes that this is not true and explained and shifted the topic to the explanation of how Kalasha women are contributing in the daily tasks.* *Here his phrase of "women feels and men think" reflects a patriarchal views on gender where he might believe that thinking and decision making powers should rest with men and women are considered as emotional. Or it may be interpreted as women are more sensitive and more caring as they feel comparatively better than men and they are more empathetic.* He gave an example of honor killing which has been highlighted issue from Pakistan in western media and there have been some Oscar winning documentaries on this issue so it is a kind of recognized problem. He believed and shared that there has been not a single case of honor killing or honor based violence in the nomadic tribes of Pakistan, which he considered his favorite tribe because their self-esteem, according to him, is very high and they have positive self-image. He believed that this issue of honor killing is a bit overgeneralized phenomenon. He believed that we need to explore that how and when it started.

	killing. S: (in a serious tone) Yeah! Yeah! But these are new things. Isn't it? How far can you go back? I have seen (slight pause) my favourite, one of my favourite groups in Pakistan are the.. the.. Nomads.	
Division of labor: an old formula	R: Nomads, Right. S: And their sense of being, whether it is female or male is staggeringly as high as their self-esteem. I have seen them selling things around, I have tried to go as far as where they live and so on. They are protective of themselves, their females are empowered.	He believed this gender based violence related phenomenon to be a new phenomenon introduced. These views are contradictory to the reported cases of gender based violence and honor killing and the respondent here might have believed that this issues has a political or foreign interest to be projected the way it is projected or he wanted to maintain a good image of his cultural and national identity. There could be some other possibilities and factors due to which respondent believed this not to be true as an issue.
Division of labor among men and women	R: Right. S: Okay! I don't know if they have honor killing in their own. R: (laughing) Never heard of it.	
Division of labor: like other indigenous tribes	S: So, it's just like.. Okay! We can generalize some things but I think that societies make some rules for them which become very obvious. Umm.. What are you saying about honor killings, maybe if you look back at, when did it start? How it started? Why it became so prevalent and why.. around what	
Division of labor: like nomad tribes	factors that fill in our society. Like, now.. I have never heard of acid throwing, it is some kind of phenomenon that is new. R: Hmm.. S: So, fifty years ago, maybe rural Punjabi communities were more empowered. So, it just	
High self-esteem in nomads	I think..umm.. I don't see that they, Kalasha women are super empowered than any nomadic.. R: Nomadic tribe or semi nomadic tribe.	At the conclusion of this topic he again commented that in actual the Kalasha women are not super empowered or special but if you want them to be special it is your choice. *Here he ended this*

Nonexistence of Honor killing or violence in indigenous tribes Kalasha Women are no exception	S: Yeah! R: Okay. Right S: But if you want to make it special, then it is your (laughs) take on it. *(People talking in the background)* *(Pause)*	*statement with a laughter and sardonic and sarcastic comment, as he believed that all the literature portraying Kalasha women as super empowered is not based on factual grounds.* However researcher further explored this concept as the aim was to now clearly the views of the respondent regarding this concept of gender empowerment. He also wanted to provide his defensive argument that how he sees Kalasha women as empowered was in comparison to other ethnic groups in Pakistan. But the respondent maintained his stance and considered the Kalasha women no exception.
Choice of marriage not solely empowerment factor Overgeneralization and exaggeration regarding Kalasha women	R: But we compare it with typical Punjabi areas, Interior Sindh. If you have seen the culture there, that feudal system. S: Yeah! R: That's different. Okay! S: I mean. It's..umm.. there is no generalization around Pakistani tribal or societal groups. Okay! We have the kind of culture that you are talking about, middle upper classes and stuff. These are all (slight pause) I know all the middle, upper classes, they.. the way they make decisions and the way they live their lives, it's like very different from..umm.. the rest of the Pakistan .It just really depends on which place, what people, how they are living and so on. (Pause) I mean if you can say, the choice of marriage is the only defining factor of you, a woman being empowered. Then, it's	He also believed that the choice and freedom to choose life partners is not the only defining factor of women being empowered. He used this example as in Kalasha culture women are free to choose their life partners and he wanted to maintain his previously discussed arguments that Kalasha women are no exception and they are being projected through literature and journalism as an exception in terms of their rights and empowerment which he believe is not true. He think it is the overgeneralization about the Kalasha women. His questioning back to the researcher regarding his take on empowerment reflects his curiosity as well as an attempt to understand what researcher's views are so that he could explain his point of views accordingly. He seems to agree with researchers views on empowerment and added further by calling it social

	kind of like (Pause), you are saying it like.. R: Like over generalization or something. Okay! S: Yeah! I mean, what is your take on empowerment? Let's say, what is your take on women empowerment? R: I think, they should be considered equal in rights, in political.. politically as well, they should have a say, economically, they should have equal status or something. They should have a free choice.	justice. Also it is noteworthy here that after having researcher's views on empowerment he (respondent) also seems to shift his views were previously his arguments were supporting that Kalasha women are not super empowered, here he now believed that women are no less than them. This shift might be deliberate or it may reflect the scenario where he wanted to reflect his personal views on empowerment and then he realized that he could maintain the perspective and image of Kalasha community as a whole which has been portrayed through literature as well, that is of having believed in gender empowerment and freedom of women. So here seems to be a conflict between his ideal self and real self as on one hand he gave very exclusive views on empowerment and then shifted to more socially accepted and specifically culturally appropriate explanations of Kalasha's women empowerment. This may reflect some cognitive dissonance as he wanted to maintain both contradictory beliefs. But finally in the later part on this discussion he again showed his perception of this empowerment concept more as a division of labor among men and women and he valued this contribution of both the genders. In the end he emphasized upon not to consider people as very different from other people and again illuminated how Kalasha are also going through transition period of adaptation and had clarity in his views regarding his belief that the Kalasha
Women are no less than us Cognitive dissonance Division of labor among men and women Transition	S: (interrupting) equal payments? for work? R: Yeah..and (pause) that's it I think. (Pause) What do you think? S: (Emphasis) Yeah! I mean that is.. that is what social justice is . I mean women are no less than us. Umm.. and we shouldn't be afraid of their decisions. Because, whatever they choose to do with their lives, it is their lives no matter we would dislike it. But as a human being, umm.. they should have a chance to make at least, make better choices. So, conditions should be made. So, they can have a better view of options. Whether I want to go to doctor for check-up or I wanna find another alternative, then they.. it is their choice. so, I think the choice factor is prevalent in our society. It is like (pause), because they work as much as men do, in many cases they work too much. They have to tend the fields and they have to look after family. So, similarly, men have other much more huge tasks, if you go	

	around with shepherd, who is still running the old program, and.. but people are kind of upgrading their system by other means of.. like jobs, wages and so on..these are new things. So, it is a transition period where they are going back and forth, and trying to make sense of their place. But I think that in any..umm..as a human being, everybody wants necessities of life, necessities that exist. Everyone wants to go for that, so it is as natural as. So, we shouldn't look at people as that you are very different. Because, there is a constant struggle to.. to upgrade your understanding or living, so on. It is very (pause) similar.	<u>are not much different people.</u>
Happiness is relative Romanticizing and hype in Kalasha literature Anger/concern	R: I am done with all the questions. Now, I want a little clarity, what I understood. I'll pick it from very first sentence. The very first sentence or very first word I think was, that it is a hype, you said that about Kalasha Community. Do you think it is more about how media is portraying this community, like they are selling it? like tourism companies are selling it? More researches are focused here. I mean, what was your take on that? I mean, do you want to say that they are similar to other communities? *(People talking in background)* So, do you think this hype is created by media or what? I mean, what was your meaning behind that? I just want to know. S: I used the term *hype* because you.. you said that I've read somewhere and I clearly know that you read CNN article. And, I even have written a comment about this. *(very loud*	In a conclusion the researcher summarized respondent's discussion in order to gain an understanding that whatever he summarized is true and is exactly what the respondent wanted to convey. In this attempt respondent further cleared his position on few points where he explained the reason why he used the word of "hype" when referred toward CNN's travel report. He explained the reason that as happiness is a relative concept and labelling Kalahsa as a happy tribe was hype. He again gave examples of relative nature of the construct of happiness by saying that for a New Yorker the concept of happiness might be different than a researcher in *Harvard studying this phenomenon scientifically and he also used his laughter to be a bit more critical and sarcastic by concluding that he is surprised that exploring Kalasha's happiness is the basis of the research.* <u>*He believed that happiness is an internal phenomenon and his critique over the writing about Kalasha being a happy tribe is understandable as he showed his curiosity is the words that "what I don't have, I want to look why they have it". This reflects his*</u>

Research studies on origins instilling Racism In Kalasha Fixation on origins of Kalasha in literature Instilling Racism in Kalasha Racism Anger/concern	*talking in background)* I think that hype is that, when you are trying to..umm.. say something nice, it's nice to know, you said happiness and it is a really relative term. For a person maybe sitting in New York in a skyscraper, what is happiness to them, and maybe Harvard University spent 70 years of researching on what is human happiness. So, that conception of happiness is different across human societies. So, if you say that these people are more happier than you, and that brought you here, I am pretty surprised *(laughs loudly)*, So, that's what like, that was the.. the thing..umm.. because for you happiness would mean something else, for me happiness would mean something else. R: I am interested more into their indeginized happiness. S: Yeah! So, that's but.. it is like "what I don't have, I want to look why they have it kind of thing:, you know, it is just like (laughs). Romantizing something..umm.. that is not existing.. so the other question is the question of origin, which is portrayed so strongly in every research that has been done here, that where these people are from. I mean, like why are you so much interested and trying to..umm… trying to instil racism in them. That you are white. No? So, they don't really have a full conceived idea of like, umm.. that's white guy, and I am darker. So, they don't have a sense of racism, but you are trying to tell them that you are.. , you are pointing out their physical features and trying to make them	*insightful approach towards research and vision on scientific methods of study. This shows that he appears to be a very logical, critical and rational individual and also he has traits of a strong critical analyzer.* He also showed his annoyance and discomfort with the fact that all the studies conducted on Kalasha are mostly interested in Kalasha's origins. He believed that the reason the research community is interested in Kalasha's origin is merely their white skin and that they are an old civilization. The research studies on Kalasha are instilling racism in them by making them celebrity tribe by giving this realization to Kalasha people that you are white and different than the rest of the people of this country. His views of instilling racism in Kalasha due to research studies on origins and genes are comprehensible and points to the serious ethical question for researchers who are interested in studying the roots of this community. *The way he expressed his annoyance regarding focus of past research on Kalasha roots and how it instilling the racism in Kalasha surely reflects his anger, more than just a concern as his strict and rigid tone explains his emotion of anger and disappointment.* He then explained how tourism is not serving any benefits to Kalasha community and it is not source of income or economy for Kalasha. He gave examples that since researchers travel from capital city to Kalasha valleys how minimal amount of benefit in

Tourism not helping Kalasha economically Anger/concern Tourism not helping Kalasha economically	more unique than Pathans or Kashmiris as I said, there are a lot of tribes in Pakistan who are as white as Kalash. So, why is there so much..umm.. fixation on origins, and why is there so much fixation on indigenizing and making human beings isolated from the rest. So, without having actually facts on the ground. So, I was.. I said that, I don't think that tourism brings so much money to the people here. They are the last on the chain (slight pause). You came by plane? R: No, by road. S: By road. So, now look back at your journey from the point you started, your trip until now, the money you have spent, when..umm.. did it go to a Kalasha? R: (pause) No. Yeah! We travelled. S: Now, you are in the valleys. (Pause) So, you are staying at the..umm.. five star hotel at the moment, which is run by I don't know who, but has Kalasha manager. R: Right S: Okay, maybe something would go to his pay. So, he would be.. Kalasha would be the last on the chain. All the resorts, all the transportation, all the food business. You are here but have you eaten anything Kalasha? R: Sulemani and that Walnut bread. S: Yeah! R: But, we were guest there, and we did not pay for that. S: Yeah! So the thing is that they.. they did not get anything from your travel, which actually	terms of finances goes to any one from the Kalasha community. This discussion again reflects his anger over the fact that Kalasha are not benefitting from the tourism despite the place is considered to be tourists' heaven where a huge number of tourists from Pakistan and from other countries come. Tourism not benefitting Kalasha. He believed that tourism is not contributing anything to Kalashas and not even benefitting them financially. As all the commodities and profits are earn by external companies and Kalasha are rural laborers and farmers they do not get any benefit from tourists rather it endangers this small tribe when so much high number of tourists arrive in Kalash. He reflects here upon the security threats and concerns as Kalasha received some threats in the past from extremist organization and in this passage he may have pointed toward security concern.

Security issues Tourism and security	could have improved their conditions of lives. So, we (slight pause) so there should be a way if there are people, you are driven by your interest here, then, what actually it brings to them. So, tourism here does not bring anything in particularly to them. It actually endangers them by bringing in so many people, which they don't really have a control over. Because, they feel entitled that they paid a bunch of money for their welfare and they were entering in, and then they feel very entitled to be here, and use everything here, or move everywhere around because they feel they..they are sort of entitled.. entitled to do so. R: This time I haven't seen any foreigners here? S: Yes, because there..umm.. is not many foreigners here. Foreigners here, I think are discouraged by the fact that there is so much security which wasn't there 17 years ago. R: There was an incident as well. S: There were many incidents here. Yeah! There were, sorts of lots of incidents, where security becomes more (..umm..) kind of repulsive and discourages you to.. I mean, look, the kind of tourism that Pakistan always had was mountaineering, and that sort of, kind of died down in a sense that not many hikers or climbers are coming here, so..umm.. because of, generally because of security situations in our nation. So, tourism I think that it does, it did bring some sort even though it was a little, back in days when it was like 90s or sort, there was once so much of tourism, now it is	Security is repulsive and discourages tourism. As there were some security incidents where Kalasha were targeted and some incidents of robbery happened in the past, therefore, more heavy security measures have been taken by the state and since the Kalasha received threats from neighboring cross border extremist elements, the state has installed many military check posts and every tourist has to go through certain security checks and scrutiny. This is the reason why international tourism has decreased in Kalash valleys and S called this security as "repulsive" this reflects that he considered it very disturbing and as the major issue in reducing the tourism but he believed that recently again there is a high increase in tourism despite the security concerns. He also seems to miss the kind of international tourism who have been coming to this place for mountaineering and reduced now because of security reasons. Now the recent increase in high volume of tourism is all coming from within the country not much of tourists coming globally as they have to go through lengthy procedures of security. He also believed that the reason of increase in local tourism is because it is very hot in summers in plains of Pakistan so people prefer to go to mountains and it is not just because of Kalasha culture.

	suddenly popularized. So, (umm..) not only the cultural aspects of all the northern areas are being promoted, to close your air conditioners and go for the natural habitat. (Pause). So, it is not because of Kalasha (laughs) culture, it is just because, it is so damn hot in the cities (Laughs). R: Okay, overall, any feedback you want to give me or advise me something? S: I would be really interested to see what your research question is. I would really like to see how you sum up all the qualitative interviews that you have conducted. And I would also like to see, how you integrated my part into it.	