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Role of Religion in Treating Mental Health: A Qualitative Study from Khonsa, Tirap District, Arunachal Pradesh

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Abstract

Mental health concerns such as anxiety, depression, and substance abuse are increasingly affecting youth in India, particularly in regions with limited access to professional mental health services (World Health Organization [WHO], 2013). In such contexts, religion often emerges as a significant source of emotional, social, and psychological support (Koenig, 2012). This study examines the role of religion in addressing mental health through a qualitative case study from Khonsa town in Tirap district of Arunachal Pradesh. Drawing on an interview with a youth pastor from the Khonsa Town Baptist Church, the study explores how prayer centres and faith-based counseling function as coping and healing mechanisms for individuals experiencing psychological distress. The findings indicate that religious institutions operate as informal therapeutic spaces by providing emotional reassurance, moral regulation, social integration, and meaning-making (Durkheim, 1912; Weber, 1922). While religious interventions cannot replace clinical mental health care, they play an important complementary role in culturally religious and resource-constrained settings.

Keywords: religion; mental health; youth; Christianity; Arunachal Pradesh; prayer centres

Introduction

Mental health has emerged as a critical social and public health concern, with rising incidences of anxiety, depression, and substance abuse among youth (WHO, 2013). Despite increased awareness, access to mental health services remains uneven across India, particularly in remote and border regions. Sociological studies suggest that in such contexts, informal institutions often compensate for gaps in formal healthcare systems (Das, 2007). In Arunachal Pradesh, religious institutions—especially Christian churches—occupy a central position in social and community life. In Khonsa town, located in Tirap district, churches often act as primary support systems during emotional and psychological crises. Religion provides not only moral guidance but also emotional stability and social belonging (Durkheim, 1912).

Methodology

The study adopts a qualitative research design using a case-study approach. Primary data were collected through an informal semi-structured interview with a youth pastor from the Khonsa Town Baptist Church. The interview focused on experiences related to counseling youth facing anxiety, depression,

substance abuse, and family-related problems. Narrative analysis was employed to understand religious interpretations of suffering and healing (Das, 2007).

Statement of the Problem

Mental health problems in Khonsa town, situated in Tirap district of Arunachal Pradesh, are often intensified by substance abuse, family conflict, social stigma, and limited availability of professional mental health services (WHO, 2013). Youth experiencing anxiety and depression frequently avoid seeking psychiatric care due to fear of social labeling. In this context, religious leaders often become the first point of contact for individuals in distress (Koenig, 2012).

Theoretical Framework

Durkheim's functionalist theory highlights religion's role in social integration and emotional regulation (Durkheim, 1912). Weber's interpretive approach views religion as a system of meaning that helps individuals cope with suffering (Weber, 1922). The concept of therapeutic communities explains how prayer centres provide structured emotional and social support (Koenig, 2012).

Data Analysis and Discussion

The interviewed youth pastor described a case involving a young boy suffering from anxiety and depression due to substance abuse and family conflict. Immediate support was provided through conversation and prayer, followed by referral to a prayer centre. Such centres function as informal therapeutic spaces promoting discipline, emotional catharsis, and social belonging (Durkheim, 1912; Weber, 1922; Koenig, 2012).

Conclusion

Religion plays a significant role in addressing mental health challenges in Khonsa by offering culturally meaningful support. While not a substitute for clinical care, faith-based practices complement mental health services in resource-constrained regions (WHO, 2013).

References

1. Durkheim, E. (1912). The elementary forms of religious life. Free Press.
2. Das, V. (2007). Life and words: Violence and the descent into the ordinary. University of California Press.
3. Koenig, H. G. (2012). Religion, spirituality, and health: The research and clinical implications. ISRN Psychiatry, 2012, 1–33. https://doi.org/10.5402/2012/278730
4. Weber, M. (1922). The sociology of religion. Beacon Press.
5. World Health Organization. (2013). Mental health action plan 2013–2020. World Health Organization.