

Cultural beliefs and faith healing practices in patients with psychiatric illness

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Abstract: *Background:* Faith healing has been an accepted mode of treatment in different cultures. The people who conduct these practices are considered as faith healers. Many people still trust faith healing for treatment of mental illness which delays psychiatric care. Despite the modern therapies in the field of mental health, the role of faith healing has had a lasting impact on the society and culture. *Objective:* To assess the cultural beliefs, faith healing practices and the reason for delay in psychiatry treatment in patients with psychiatric illness who had sought the help of faith healers before visiting a Psychiatrist. *Methods:* A cross sectional study, purposive sampling was adopted. The study was conducted after obtaining the ethical clearance. A total of 197 patients who met the inclusion criteria were selected. The socio-demographic data was assessed and the tools used for assessing the cultural beliefs and faith healing practices were Questionnaire on Attitude and Scientific Knowledge (ASK), Questionnaire on Cultural and Behavioral Patterns in the family (QCB). *Results:* In the study it was noted that majority of the study population were aged between 20-40 years, males, Hindu, educated up to Middle school, unmarried, were from urban area, had sought psychiatric treatment at least once before visiting the faith healer. The study showed statistically significant association when the socio-demographic details were compared to various cultural beliefs. *Conclusion:* Many age old beliefs influence health seeking behaviors of those affected with mental illness. Mental health care should be developed with due consideration of cultural beliefs and faith healing practices. Findings of the present study should call the attention of higher authorities to avoid delay in seeking medical help thereby affecting the prognosis of illness.

Keywords: Cultural Beliefs, Faith Healing Practices, Mental Illness.

Introduction

Mental disorders continue to be viewed as “non-medical diseases” that were believed to be caused by invisible and abstract elements in many cultures [1]. Faith healing is a concept that religious belief or faith can bring about [2]. Temples in religious healing play a significant role [3-5]. It is commonly believed that faith healers are gifted with an ability to control evil phenomenon, therefore, it is in social and economic interest of the patients that for such ailments they report to the nearest healer [6].

Important factors for seeking help from faith healers are: familial faith in faith healing, a successful exposure to faith healing before seeking medical help, economic problems, fear of social stigma, easy accessibility of faith healer

[6]. When people are faced with a serious or debilitating illness, they often consider supernatural healing or faith healing as an option. Religious icons or pilgrimages to holy sites are said to offer hope to those in desperate circumstances [7]. Present study should call the attention of policy makers, planners and higher authorities, at the state as well as local level, to various issues that might result from these practices, as they may delay seeking medical help and thereby adversely affect the illness prognosis.

Objectives of the study:

1. To assess the socio-demographic details of patients with psychiatric illness visiting a Psychiatry OPD who had prior sought the help of faith healers.

2. Methods of faith healing adopted during the psychiatric illness.
3. To assess the association between socio-demographic details and cultural beliefs.
4. To assess the reason for delay in Psychiatry treatment.

Material and Methods

Source of data: It is a hospital based study. Patients coming to tertiary care teaching hospital, Psychiatry OPD in Mangaluru from January 2018-January 2019 were considered. A cross-sectional study. A *socio-demographic data sheet and an Attitude and scientific knowledge questionnaire and questionnaire on cultural and behavioural patterns in the family* were used as tools.

Statistical analysis was done using the *chi square test* to test the association between cultural beliefs and use of faith healing practices in patients with psychiatric illness and selected socio-demographic data.

Methods of collection of data: The family members of primary care givers of the patients with psychiatric illness who attended the psychiatry outpatient department of a tertiary care hospital, Mangaluru, were taken up for the study. Those who fulfilled the inclusion will be explained the purpose of the study and those who give consent to participate in the study will be selected.

Results

This study results showed various socio-demographic variables, commonly found were aged between 20-40 years (75.12%), males (53.80%), belonged to Hindu religion (49.74%), educated up to Middle school (26.39%), were Farmers / coolies/Fishermen (28.42%) by occupation, unmarried (48.22%), were living in an urban area (56.34%), had an annual income of Rs.20,000 to Rs.40,000 (36.04%), most common diagnosis was Acute and transient psychotic disorder (26.39%), had sought psychiatric treatment at least once (56.85%) before visiting a faith healer.

The study showed statistically significant association when the socio-demographic details were compared to belief in palmistry (p

value=0.049048), visit to place of worship (p value =0.039851) and cause of illness (p value=0.01336), anticipation from faith healer (p value=0.015247). 31.97% of patients from study sample expect the faith healer to advise them to offer prayers. 8.12% of patients expect thaytha to be given by the faith healer 6.59% expects to be given an amulet and 47.71% expect to be advised to offer prayers and be given thaytha. Most common reason to delay the visit to the psychiatrist was fear of side effects in 92% of the study population and fear of dependence to psychiatry medications in 76% of the study population.

Discussion

There is significant number of factors associated with seeking faith healing methods in the management of psychiatric illnesses when compared to non-faith healers that is modern medicine or help form the psychiatric setup. In the study sample, 75.12% of the patients were aged between 20-40 years. The results noted in this study are comparable with earlier study [8] and 53.80 % of patients were males and this was comparable [7]. Significant numbers of Hindus have sought the help of faith healers that is 49.74% and was comparable to previous study [9].

In this study, it was noted that majority of the patients that is 26.39% were educated up to Middle school, 19.28% of patients were illiterate who had approached the faith healer. 27.41% of patients in the study were unemployed, 28.42% of patients were Farmers / coolies/ Fishermen. The results noticed in the present study were comparable with only one study [3]. In this study sample, 56.34% of patients who had approached faith healer were living in an urban area, 43.65% patients were living in a rural area. The results noticed in the present study were comparable with other study [8].

In this study majority of the population who had visited a faith healer before seeking psychiatric treatment were diagnosed to have ATPD, that is 26.39% and 23.35% were diagnosed with schizophrenia according ICD 10 criteria. This was comparable with the results noticed in the previous studies [10]. In this study 56.85% of the patients had sought

psychiatric treatment once before visiting a faith healer and 43.14% of patients from the study sample were treated more than once by a psychiatrist before visiting a faith healer. No other studies have been done on this parameter.

The study showed statistically significant association when the socio-demographic details were compared to belief in palmistry (p value=0.049048), visit to place of worship (p value = 0.039851) and cause of illness (p value = 0.01336), anticipation from faith healer (p value = 0.015247). Significant findings were noticed on the aspects of belief in religion, reason for visiting a faith healer and previous psychiatric

treatments, family type and other treatment modalities preferred.

Conclusion

Many age old beliefs influence health seeking behaviors of those affected with mental illness. Mental health care should be developed with due consideration of cultural beliefs and faith healing practices. Findings of the present study should call the attention of higher authorities to avoid delay in seeking medical help thereby affecting the prognosis of illness.

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