

ORIGINAL ARTICLE

PERCEPTIONS ABOUT TREATMENT OF PSYCHIATRIC DISORDERS BY FAITH HEALERS/ PSYCHIATRISTS AMONG GENERAL PUBLIC OF URBAN AND RURAL AREAS OF RAWALPINDI DISTRICT

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Background: With the passage of time, there has been a drastic increase in psychiatric disorders in past few decades across the world. Due to lack of education and awareness in the rural community, a majority of people still have strong misconceptions about the causation of psychiatric disorders and hence serve as a barrier for their medical treatment. **Methods:** A comparative cross-sectional study was conducted in the urban and rural areas of Rawalpindi district from March to August 2015, to find out the perception about treatment of psychiatric disorders among general public. Structured closed ended questionnaire was used to collect data from the participants and the results were analysed using SPSS. Chi square test was used to determine the association between categorical variables among urban and rural areas. **Results:** The finding of our study confirmed that people of urban areas tend to choose and seek treatment by psychiatrists more (74%) as compared to those living in rural area that tends to select and believe in methodology and treatment provided by faith healers (55%). Lack of education, poor socioeconomic status, high treatment cost and most importantly false beliefs were the major contributory factors for people of rural areas in their inclination towards faith healers. **Conclusion:** The study concluded that most of the people of rural areas seek and trust the treatment by faith healers more as compared to psychiatrists. The importance of education and insight for the disorder cannot be denied for proper decision making about treatment choices.

Keywords: Perceptions; Psychiatric disorders; Faith healers, Psychiatrists

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INTRODUCTION

According to WHO 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".¹ Poor mental health described as psychiatric disorders, generally characterized by a combination of abnormal thoughts, perceptions, emotions, behaviour and relationships with others. This includes depression, bipolar affective disorder, schizophrenia and other psychoses, dementia, intellectual disabilities and developmental disorders including autism.² Improved mental health helps to lead a normal healthy life while poor mental health prevents a person from leading a socially and economically productive life.¹

With the passage of time, there has been an increase in number of psychiatric disorders all around the world. The figures showing persons suffering from different psychiatric disorders globally are 400 million from depression, followed

by 60 million from bipolar affective disorder, 21 million from Schizophrenia/psychoses and 35 million from dementia.³ With the increase in psychiatric disorders, plenty of issues regarding the beliefs about psychiatric disorders and their treatment methods have risen especially in the areas where people are usually bound to false beliefs and rituals.⁴

Even today, many cultures still believe that unusual behaviour that may be symptomatic of mental health problems is caused by spirit possession, especially in some less developed areas of the world.⁴ In a global survey about the perception of psychiatric disorders 252 out of 488 societies around the world attributed related psychiatric problems to possessions.⁵ In most societies, agents of possessions were thought to be spirits of dead people, deities, demons or devils depending upon their cultures and religious beliefs.⁶ A large number of people with such beliefs adopt additional ways of treating psychiatric patients e.g., going to faith healers and religious centres or doing prayers for healing are very common.^{6,7}

It was observed that despite of the fact that people are following different religions, a majority of them have strong confidence on these faith healers, believing it to cure different diseases including psychiatric illnesses.⁸ Faith healing has become a popular way of treating the psychiatric patients due to lack of education and awareness about the illness.⁸⁻¹⁰ Many of the faith healers use methods like reading holy books, using holy water or beating the patients to take the demons out of the body.^{8,9}

The psychiatric disorders are becoming more prevalent in Pakistan, sixth most populous country in the world, where socioeconomic and cultural inequality, social relationship issues, terrorism, corruption are common concerns.⁹ Due to these issues about 10–16% of the population suffers from some kind of psychiatric problem.¹⁰ According to a survey the prevalence of different psychiatric illnesses in Pakistan is, depression - 6%, schizophrenia -1.5%, Alzheimer's disease -1%, Epilepsy and other disorders – 1–2%.^{10,11} Mental illness has become a social stereotype in Pakistan¹¹. The psychiatric patients are neglected and not provided with the prompt medical treatment due to religious, social and cultural beliefs or stigma associated with the disease.^{10,11} Therefore, several inappropriate and sometimes, extremely irrational methods have been adopted for treating these patients.^{12,13}

The purpose of this study was to determine the perceptions of people about the psychiatric disorders and methods used for their treatment by faith healers and psychiatrists by comparing the data obtained from urban and rural settings. The study was unique in the sense that no previous study/work has been conducted on this subject in our setting.

MATERIAL AND METHODS

It is a cross-sectional study in which, urban and rural areas of district Rawalpindi, Punjab were selected from March to August 2015 (Six months). Urban areas of Rawalpindi city like Commercial market, Saddar, Saidpur road, Lalazar, Sawaan camp, 6th road, Holy family road. Rural areas selected were villages of Kalar Saedan and Rawat. The areas were selected through non-probability convenience sampling technique.

A total of 600-people aging more than 18 years were approached, 60 refused (30 in urban areas and 40 in rural areas); giving an overall response rate of 88.3%, with a sample size of 530, of which 270 (50.9%) were urban participants and 260 (49.0%) were rural participants. The

participants were interviewed after taking the informed consent.

Sampling technique was non-probability convenience. The standardized closed ended questionnaires were administered to collect the data. Ethical approval was sought from the Ethical committee of Yusra Medical and Dental College. SPSS version 22 was used to analyse the data. Standard descriptive and analytical statistics were used for data analysis. Chi-square test was used to establish the association between categorical variables, 95% confidence intervals (95% CI) and *p*-value less than 0.05 was considered significant.

RESULTS

The mean age of the participants was 36.4±12.9 years, males 321 (60%) females 209 (40%). The majority of residents of urban areas (74.07%) tends to prefer and sought after the treatment by psychiatrists as compared to the people living in rural areas who believe more in faith healers (55.0%) for the treatment of psychiatric disorders. In rural areas 20% people were uneducated as compared to 8% in the urban areas, which can be a contributory factor for the high rate of people opting to visit faith healers for psychiatric treatment.

Similarly, in rural areas more people (24%) belonged to low socioeconomic class as compared to 10% of urban areas, lack of affordability also leads the people to resort faith healers as their priority choice for the treatment purpose. Perception of the people about psychiatric illnesses and their treatment options used by faith healers are given in table-1.

Preference of the people for the treatment of psychiatric illnesses living in the urban areas and rural areas is shown in figure-1.

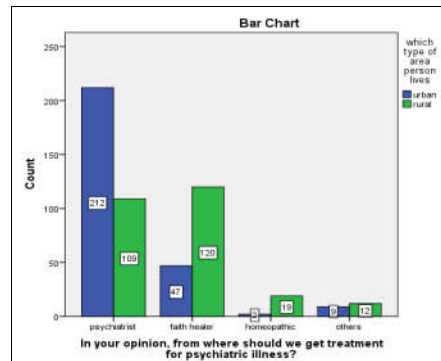


Figure-1: Preferences of the people for treatment

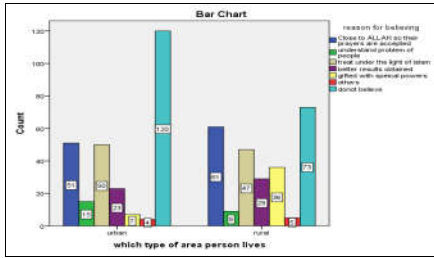


Figure-2: Reasons for belief in faith healers

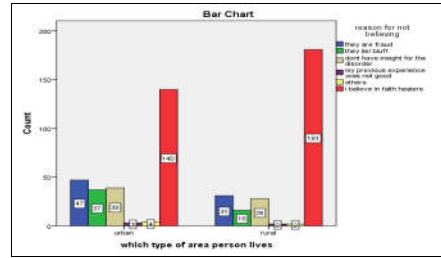


Figure-3: Reason for non-belief in faith healers

Table-1: Perceptions of people and methods used by faith healers

Variable		Urban n (%)	Rural n (%)	p-value
Perception about psychiatric illness	Mental derangement	168 (32)	97 (18)	0.000
	Caused by demons	32 (6)	96 (18)	
	Self-imposed state	66 (12)	45 (9)	
	Magic	4 (1)	22 (4)	
Are psychiatric illness common in our society	Yes	189 (36)	156 (29)	0.004
	No	43 (8)	38 (7)	
	May be	38 (7)	66 (13)	
Do people believe in faith healers	Yes	146 (28)	184 (35)	0.000
	No	123 (23)	76 (14)	
Ever visited psychiatrist	Yes	76 (14)	52 (10)	0.028
	No	194 (37)	208 (39)	
Ever visited faith healer	Yes	66 (13)	105 (20)	0.000
	No	204 (38)	155 (29)	
Ever visited homeopathic	Yes	50 (9)	54 (10)	0.514
	No	220 (42)	206 (39)	
Ever visited a holy site	Yes	83 (16)	116 (22)	0.001
	No	187 (35)	144 (27)	
Ever visited a person doing dam, holy prayers	Yes	71 (13)	129 (24)	0.000
	No	199 (38)	131 (25)	
Methods used by the faith healers				
Reciting Holy book	Yes	153 (29)	159 (30)	0.294
	No	117 (22)	101 (19)	
Tawaez (amulets)	Yes	187 (35)	173 (33)	0.502
	No	83 (16)	87 (16)	
Sprinkling or giving blessed water/blessed oil	Yes	160 (30)	166 (31)	0.278
	No	110 (21)	94 (18)	
Honey, other edibles and herbs	Yes	126 (24)	131 (25)	0.392
	No	144 (27)	129 (24)	
Physical measures (beating with sticks/broom, electric shock etc.)	Yes	90 (17)	93 (17)	0.555
	No	180 (34)	167 (32)	

Table-2: Experiences of the participants

Variable	Area of residence	Good	Satisfactory	Bad	Did not go	p value
How was the experience with psychiatrist	Urban	50 (9)	24 (5)	2 (0.2)	194 (37)	0.020
	Rural	25 (5)	27 (5)	5 (0.8)	203 (38)	
How was the experience with faith healer	Urban	29 (5)	34 (6)	12 (2)	195 (37)	0.000
	Rural	67 (13)	31 (6)	19 (4)	143 (27)	
How was the experience with homeopathic	Urban	11 (2)	25 (5)	20 (4)	214 (40)	0.327
	Rural	19 (4)	28 (5)	15 (3)	198 (37)	
How was the experience visiting holy site (Tomb)	Urban	36 (7)	41 (8)	15 (3)	178 (34)	0.000
	Rural	57 (10)	54 (10)	27 (5)	122 (23)	
How was the experience with a person doing dam, prayers i.e. (Sufi/Pir/faqers)	Urban	34 (6)	20 (4)	30 (6)	186 (35)	0.000
	Rural	70 (13)	51 (10)	21 (4)	118 (22)	

Table-3: Reasons for preferring faith healer and psychiatrist

Preferring faith healer because		Urban n (%)	Rural n (%)	p-value
Mental illnesses are due to possessions which cannot be treated by psychiatrists	Yes	49 (9)	126 (24)	0.000
	No	19 (4)	19 (4)	
	Do not prefer	202 (38)	115 (21)	
Social pressure for this preference from family members, relatives and friends	Yes	26 (5)	35 (7)	0.000
	No	41 (8)	110 (21)	
	Do not prefer	203 (38)	115 (21)	
Referred by other people especially who got treated from Faith Healers	Yes	43 (8)	88 (17)	0.000
	No	24 (5)	57 (11)	
	Do not prefer	203 (38)	115 (21)	
Because of publicity of faith healers by their supporters	Yes	14 (3)	44 (8)	0.000
	No	53 (10)	101 (19)	
	Do not prefer	203 (38)	110 (21)	
Poor access to mental health facilities/ psychiatrists (no mental health centre) /transportation problem	Yes	14 (3)	48 (9)	0.000
	No	53 (10)	97 (18)	
	Do not prefer	203 (38)	115 (22)	
Visiting a psychiatrist itself means that patient is mad (some social stigma attached to it)	Yes	15 (3)	57 (10)	0.000
	No	52 (10)	88 (17)	
	Do not prefer	203 (38)	115 (22)	
The drugs prescribed by the psychiatrists have too many side effects	Yes	23 (4)	77 (15)	0.000
	No	44 (8)	68 (13)	
	Do not prefer	203 (38)	115 (22)	
Other modalities of psychiatric treatment which are not acceptable to most of the patients e.g. painful treatment [injections, electric shock, multi drug therapy] etc.	Yes	18 (3)	74 (14)	0.000
	No	49 (9)	71 (14)	
	Do not prefer	200 (38)	115 (22)	
Psychiatrists do prolong or lifelong treatment	Yes	21 (4)	86 (16)	0.000
	No	46 (9)	59 (11)	
	Do not prefer	203 (38)	115 (22)	
Cost of the psychiatric treatment is too high/ unaffordable	Yes	22 (4)	81 (15)	0.000
	No	45 (9)	64 (12)	
	Do not prefer	203 (38)	115 (22)	
Psychiatric medicines are addictive	Yes	22 (4)	84 (16)	0.000
	No	44 (8)	57 (11)	
	Do not prefer	204 (38)	119 (23)	
Preferring psychiatrist because				
They are qualified to treat such cases	Yes	187 (35)	90 (17)	0.000
	No	25 (5)	30 (6)	
	Do not prefer	58 (11)	140 (26)	
They have sufficient relevant clinical knowledge	Yes	189 (36)	98 (19)	0.000
	No	23 (4)	22 (4)	
	Do not prefer	58 (11)	140 (26)	
They know about the effect/ efficacy of the drugs given	Yes	171 (32)	100 (19)	0.000
	No	41 (8)	20 (4)	
	Do not prefer	58 (11)	140 (26)	
Psychiatrists have a higher success rate of treatment	Yes	152 (29)	83 (16)	0.000
	No	60 (11)	37 (7)	
	Do not prefer	58 (11)	140 (26)	
Because of failure of Faith healers in healing complicated cases	Yes	101 (19)	68 (13)	0.000
	No	111 (21)	52 (10)	
	Do not prefer	58 (11)	140 (26)	
It is very difficult to find a reliable and honest faith healer	Yes	154 (29)	76 (15)	0.000
	No	58 (11)	44 (8)	
	Do not prefer	58 (11)	140 (26)	

In urban areas 93 (18%) people thought that most of the faith healers are not honest/genuine/ authentic while people of rural areas subscribing to this idea was low 62 (12%), *p*-value was statistically significant (0.000). Reasons for believing and not believing the faith healers are given in the figures 2 and 3.

Experiences of the participants visiting psychiatrists, faith healer, homeopathic, holy sites (tombs of great Sufis), dam and prayers (religious persons) are given in the table-2.

In urban setting, more people 203 (38%) trusted psychiatrist for treatment as compared to the residents of rural areas where they trust faith healers

more 145 (27%), p value is highly significant (0.000). Most of the people living in rural area chose faith healers because according to them faith healers are close to Allah (12%), p -value is significant (0.000), while the urban participants prefer psychiatrists because of their relevant clinical knowledge and expertise for the disease ($p=0.000$). Response of the community regarding their preference is given in table-3.

DISCUSSION

In earlier times people used to relate psychiatric illnesses to magic or possessions. However, due to advancement in medicine people started to believe that every disease has a biochemical cause which leads to psychological derangement.^{13,14} On the other hand, due to lack of education and awareness in the rural community majority of people still strongly consider demons and magic as significant factors in the causation of psychiatric illness and hence serves as a barrier for its medical treatment.^{13,14}

The present study described the perceptions of people about the treatment of psychiatric disorders by faith healers and psychiatrists. Most of the rural community was unaware about the natural history of the disease and perceive it as possessions and magic and tend to choose faith healers and believe for the treatment more than psychiatrists. Moreover, due to poor socioeconomic status, misconception about the prolonged treatment course with addictive effects of prescribed medicines by psychiatrists, people resort to faith healers. Faith healers over psychiatrists were also recommended by the relatives, friends and neighbours already receiving treatment from faith healers. Therefore, the importance of spiritual healing in treating and finding the cause of the disease cannot be denied in our setup.

Similar findings were seen in a study done in India^{8,13}, some people living in rural setting showed their affection and trust for faith healers despite having poor results obtained from the treatment by faith healers. In a research conducted in Gujrat, India¹⁵ also showed that people living in the rural areas despite being heavily disappointed by the treatment given still visited faith healers because it is the first level of contact and basic treatment seeking behaviour in rural areas. Similarly, a research conducted in Uganda about the perceived cause of mental illness and their treatment seeking behaviour suggested that people tend to perceive mental illness as a spiritual problem or being possessed by demon or in magical spell and tend to seek treatment accordingly¹⁶, which was also seen in our study and a study done in the rural regions of Punjab¹⁷.

There were few people who visited faith healers and were largely dissatisfied by the treatment

offered by them in urban areas and finally consulted the psychiatrists, findings consistent with a study done in Karachi where people preferred psychiatrists.¹⁸

In a study conducted in Kerman, Iran 77.8% people believed in superstitious cause of their mental illness.¹⁹ Our study also showed that 57.3% people in rural areas believe in superstitious causes. Similarly, a study conducted in North India in 2000 revealed that 57.5% of the participants attributed symptoms of schizophrenia to be a supernatural phenomenon and they were subjected to receive treatment from faith healers.²⁰ Our study also showed the comparable findings that people especially of the rural areas believed that supernatural causes were predisposing to the development of psychiatric illness and visited faith healers for its treatment.

It was found that some people (25.9%) living in the urban areas felt no harm in going to the faith healers which was much less than the findings of a study done in Karachi, Pakistan, showing that 64.4% of educated, young and socioeconomically privileged people of our society despite not believing in faith healers were also willing to visit them if needed.²¹ Our study showed that in urban areas most of the participants (74%) believed that the cause of psychiatric illness is mental derangement. Similar results were seen in studies conducted in the western world where mental illnesses are generally thought to be caused by medical and psychosocial factors such as, environmental stress and traumatic life experiences.²² Biochemical and genetic inheritances are also recognized as causal factors to mental illness but, it is not equally important as environmental stress.

The main limitation of our study was the unwillingness of people due to sensitive nature of the issue under consideration, some people felt annihilated and offended when asked to disclose the reasons of visiting faith healers.

CONCLUSION

The findings of this study concluded that the trend of seeking treatment from faith healers was more pronounced among rural communities. The main reasons found responsible were false convictions for psychiatric illnesses, affordability issues and lack of trust on the treatment by psychiatrists.

There is an urgent need to conduct awareness programs about the causative factors, treatment modalities available and elimination of stigma associated with the psychiatric disorders especially in rural areas. Specialized psychiatric centres should be established in remote areas. Moreover, legislative actions must be taken against fake health care providers for doing more harm than

good and aggravating the ongoing misery of the patients and their families.

AUTHORS' CONTRIBUTION

HBUS: Conceived and designed, Literature review, Manuscript writing, data analysis. IA: Literature review, proof reading and editing. MN: Literature review, study design, data collection. HQ, SMS, WA, AR, HB: Literature review, data collection.

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