

HEALING PRACTICES IN PSYCHIATRIC PATIENTS¹

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Psychiatry for long time has looked upon traditional healing practices with an attitude of contempt. As a matter of fact, the further one got away from such healing practices the better was considered the growth of mental health at a centre or in a country. Consequently, for the past several decades it was an anti-psychiatry gesture to consider, evaluate or compare the traditional practices with those being provided by the modern well trained practitioners of psychiatry. It is only in the past 5 to 7 years that there has resulted a disillusionment in regard to a very high degree of investment in psychotherapies with a proportionate minimal output so far as results are concerned. Psychotherapists have functioned in a cloak of secrecy and have in general not subjected themselves or their techniques to any major scrutiny. There has, thus, arisen a big question as to the exclusive usefulness of psychotherapies in the day to day practice of psychiatry.

What today is known as folk, faith or traditional healing and is the current theme of our paper, seems to be intimately related to the magico-religious medicine which has been practiced during the Atharva Vedic period. While the practice of pure medicine by professional medical men had already been going on, chronologically, the empiricorational system of Ayurveda appears to have been formulated much later than the original vedic medicine. As the religion of Atharva Veda is that of primitive man, magic seems to have eclipsed everything and the divinity was supreme. Accordingly, the treatment methods of vedic period appear pseudo-scientific in the light of modern

system of knowledge. However, in terms of modern psychology, guilt, suggestion, projection and rituals among others seem to underlie the magico-religious or the traditional healing. Thus, we may understand how ceremonial penitence (pray-ascitta) oblation (Bali), incantations (mantras) and propitiatory rites bring about a favourable response. What perhaps is of greatest crucial significance, however, is the fact that all these Indian concepts are fastly imbued with the Indian culture and due to its easy palatibility as communicability, these therapeutic approaches may be of some value in the management of psychiatric disorders as observed in this country. Hence it requires to be worked out with utmost sincerity.

MATERIAL AND METHOD

One thousand consecutive old and new psychiatric patients attending the Department of Psychiatry, K. G's Medical College, Lucknow, were studied for :—

- (i) Socio-demographic characteristics of those who sought healers' help and those who did not, during the course of illness.
- (ii) Motivational factors, type of treatment offered, its outcome and period of therapy, in those who visited these healers.

All the patients and their informants were interviewed on the basis of a semi-structured proforma which included items relating to various sociodemographic variables, motivational factors, type of treatment patients received from healers and its outcome. Details regarding the period of

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treatment, exact procedure adopted and informant's impressions for the efficacy of the healer's therapy were recorded. Only those subjects who had taken treatment for at least a month from a healer or healers with or without modern psychiatric treatment were taken up as subjects who sought traditional healing.

OBSERVATIONS

TABLE I—*Socio-demographic Characteristics of Psychiatric Out-Patients*
(N=1000)

| | Patient who sought healing (N=332) | | Patient who did not to go healers (N=668) | |
|---------------------------|--|------|---|------|
| | N | % | N | % |
| 1. Sex : | | | | |
| Male | 185 | 55.7 | 443 | 66.3 |
| Female | 147* | 44.3 | 225* | 33.7 |
| | *X ² =32.79, d.f.=1, p < 0.05 | | | |
| 2. Marital Status : | | | | |
| Married cases | 235 | 70.8 | 443 | 66.3 |
| Unmarried cases | 87 | 26.2 | 200 | 29.6 |
| Widow | 4 | 1.2 | 17 | 2.5 |
| Widower | 6 | 1.8 | 8 | 1.3 |
| 3. Religion : | | | | |
| Hindu | 257 | 77.4 | 487 | 72.9 |
| Muslim | 72 | 21.7 | 168 | 25.2 |
| Other | 3 | 0.9 | 13 | 1.9 |
| 4. Family Structure : | | | | |
| Joint | 199 | 59.9 | 394 | 59.0 |
| Unitary | 133 | 40.1 | 274 | 41.0 |
| 5. Educational Groups : | | | | |
| Illiterate | 107* | 32.3 | 145* | 21.7 |
| I—IV | 50 | 15.0 | 100 | 15.0 |
| V—X | 63 | 18.9 | 128 | 19.2 |
| XI—XII | 60 | 18.1 | 165 | 24.8 |
| Graduate and above | 52 | 15.7 | 130 | 19.4 |
| | *X ² =13.0, d.f.=1, p<0.05 | | | |
| 6. Age groups (in years)— | | | | |
| 16-25 | 166 | 50.0 | 302 | 45.2 |
| 26-35 | 99 | 29.8 | 161 | 24.1 |
| 36-45 | 40 | 12.1 | 120 | 18.0 |
| 46-55 | 22 | 6.6 | 51 | 7.6 |
| 56-65 | 4 | 1.2 | 23 | 3.4 |
| 66 and above | 1 | 0.3 | 11 | 1.7 |

7. Economic status :—

(Monthly in rupees)

| | | | | |
|---------------|----|------|-----|------|
| Below 150 | 92 | 27.7 | 114 | 17.1 |
| 151-250 | 62 | 18.7 | 109 | 16.3 |
| 251-350 | 84 | 25.3 | 117 | 17.5 |
| 351-450 | 32 | 9.6 | 77 | 11.5 |
| 451-550 | 30 | 9.0 | 95 | 14.2 |
| 551 and above | 32 | 9.7 | 156 | 23.4 |

8. Domicile—

| | | | | |
|-------|------|------|------|------|
| Rural | 154* | 46.4 | 240* | 35.9 |
| Urban | 178 | 53.6 | 428 | 64.1 |

*X²=10.2, d.f.=1, p<0.05

SEX

It was observed that significantly more female patients had undergone various healing procedures. In this society females are more religious and are observed to believe in a supernatural causation of different illnesses. Moreover, the reasons for consulting healers is determined less by the nature of symptoms or illnesses as such, and more by the attitudes and concepts relating to the cause of illness. When an illness was perceived by the patient or his/her family due to personal sin, evil intent, or violation of religious taboo, they sought the folk healers help. It is the females who are more prone to think and believe that mental illness is due to supernatural or evil forces, i.e. angry deities, soul loss, intrusion (possession) by various element, witch-craft or sorcery. Hence for those where such beliefs prevail, it is obviously appropriate to turn for help to those who believe that they are able to deal with these forces.

Educational and economic status :

Illiterate subjects were significantly more in the healing group which reflects their ignorance towards realization that psychiatric problems are not caused by demons and devils. Thus, deep rooted cultural beliefs and superstitions along with higher expenditure of modern treatment are the important factors. But it does not mean that only illiterate people went for healing since we observed that (15.71%)

graduates too consulted healers before seeking modern treatment. *Domicile :*

Patients belonging to lower socio-economic classes were found to over represent those who sought healing.

Our observations, show that significantly more persons from rural background had sought help from the healers.

TABLE 2A—Duration of treatment from healer in different diagnostic categories

| Diagnosis | Duration of Treatment with Healers | | | | | |
|--------------------------------|------------------------------------|---------------|---------------|----------------|---------------------|------|
| | 1—3 month | 3—6 months | 6—9 months | 9—12 months | More than 1 year | |
| 1. Schizophrenia .. | .. | .. | .. | .. | .. | |
| (N=184) | N | 103 | 57 | 19 | 3 | 2 |
| .. | % | 55.9 | 30.9 | 10.3 | 1.6 | 1.3 |
| 2. M.D.P. (Unipolar + Bipolar) | .. | .. | .. | .. | .. | |
| (N=38) | N | 12 | 16 | 4 | 4 | 2 |
| .. | % | 31.6 | 42.1 | 10.5 | 10.5 | 5.3 |
| 3. Neurosis : (N=44) | .. | .. | .. | .. | .. | |
| Anxiety state (N=10) | .. | .. | .. | .. | .. | 15 |
| Neurotic Depression (N=19) | .. | .. | .. | .. | .. | |
| Hysteria (N=9) | .. | .. | .. | .. | .. | 34.0 |
| Others (N=6) | .. | .. | .. | .. | .. | |
| 4. O. B. S. (N=8) | .. | .. | .. | .. | .. | |
| .. | N | 7 | 1 | .. | .. | .. |
| .. | % | 87.5 | 12.5 | .. | .. | .. |
| 5. Mental retardation (N=5) | .. | .. | .. | .. | .. | 1 |
| .. | N | 3 | 1 | .. | .. | 20.0 |
| .. | % | 60.0 | 20.0 | .. | .. | .. |
| 6. Under observation (N=23) | .. | .. | .. | .. | .. | 5 |
| .. | N | 10 | 3 | 2 | 3 | 5 |
| .. | % | 43.5 | 13.0 | 8.7 | 13.0 | 21.8 |
| 7. Miscellaneous (N=28) | .. | .. | .. | .. | .. | 2 |
| .. | N | 12 | 8 | 2 | 4 | 2 |
| .. | % | 42.9 | 28.6 | 7.1 | 14.3 | 7.1 |

(i) Neurosis $X^2=59.72$ Vs. Schizo. d.f.=1 $p<0.05$

(ii) Neurosis Vs MDP. $X^2=14.30$ d.f.=1, $p<0.05$

(iii) M.D.P. Vs. Schizo. $X^2=4.27$ d.f.=1, $p<0.05$

TABLE 2B—Outcome of healing therapy (according to informant or patient)

| Diagnosis | Improved | Unchanged | Deteriorated | | |
|---------------------|-----------------------------|-----------------|--------------|------------|--|
| 1. Schizophrenia .. | With other treatment (N=72) | N 22 % 30.6 | 40 55.6 | 10 13.8 | (i) Neurosis Vs. Schizo. Improved and Unchanged. |
| .. | Only healing (N=112) | *N 4 % 3.6 | 13 11.6 | 95 84.8 | Unchanged and Deter. |
| 2. M.D.P. (N=38) | With other treatment (N=11) | N 6 % 54.6 | 4 36.4 | 1 9.0 | Improve & Deter. |
| .. | Only healing (N=27) | *N 9 % 33.3 | 10 37.0 | 8 29.7 | |
| 3. Neurosis (N=44) | With other treatment (N=9) | N 4 % 44.5 | 3 35.3 | 2 22.2 | (ii) Neurosis Vs. M. D. P. Improved and Unchanged. |
| .. | Only healing (N=35) | *N 13 % 37.1 | 15 42.9 | 7 20.0 | Unchanged, and Deter. Improved and Unchanged. |

*Analysis pertains to seekers who received only "healing" analysis.

For evaluation of therapeutic results follow-up studies are essential, but just not the short term observations of symptom remission only. We thus compared the duration of treatment as administered by healers and its outcome in different diagnostic categories. It was observed that significantly more neurotics as compared to schizophrenics and depressives ($p < 0.05$) continued treatment for 6 or more months. Comparing the depressives with schizophrenics, we observed that the former were significantly more in the groups which took treatment for 6 months or more. These results suggest that in neurotics a positive reaction develops in such therapeutic settings and heightens sense of expectations which in terms makes patients more suggestible. Even though the relief may be transient and symptoms may reappear, yet these patients attain a regular visitor status. In contrast schizophrenics and organic patients were found to take treatment from a healer for a short period. Majority belonged to the group which was in treatment for less than six months. Above observations are further substantiated when we compare the outcome reported by informants or patients with different diagnostic entities. To avoid inconsistency in obtained results only those patients who had taken only faith healing were statistically analysed.

TABLE 3—Treatment methods employed by various healers (N=332)

| | N | % |
|---|-----|------|
| <i>Treatment methods :</i> | | |
| 1. Incantation | 78 | 23.5 |
| 2. Amulets and casting of charms and spells | 101 | 30.4 |
| 3. Visiting shrines, temples and offering prayers | 50 | 15.1 |
| 4. Multiple treatment methods | 54 | 16.3 |
| 5. Induction of possession states | 18 | 5.4 |
| 6. Beating, flogging and subjecting patients to physical torture (Vapours of piper) | 31 | 9.3 |

Significantly more neurotics were benefited and maintained at same level in comparison to schizophrenics and depressives. Depressives were significantly maintained more than schizophrenics. Thus in deteriorated group there was preponderance of schizophrenics which was significantly more than neurotics and depressives.

Treatment methods used showed the adoption of various indigenous percepts which have long been prevalent. Techniques employed by healers observed in the present study have also been used by other healers in other cultures. But the most important part in the treatment is the heightened sense of expectation and the preconceived faith on the part of the patients.

TABLE 4—Motivations for consulting traditional healers (N=332)

| | N | % |
|--|-----|------|
| Faith in healers treatment | 31 | 9.3 |
| Advise of family members/friends/relatives for faith healing | 125 | 37.8 |
| Faith healing being economical | 24 | 7.3 |
| Failure of medical treatment | 19 | 5.8 |
| Religious/Supernatural belief | 78 | 23.5 |
| Economical problems | 24 | 7.3 |
| Ignorance about modern treatment | 8 | 2.4 |
| Social stigma | 22 | 6.6 |

It may be seen that in majority of the patients, advise of family members/friends/relatives was the most important motivational factor for their consultations at a healer. Other motivations were easy access, faith in healer's therapy, economical and ignorance of modern treatment. Social stigma was found in a small percentage of patients unlike the clientele of healer's 'clinic'. Another important factor which operates is that patients feel more comfortable in expressing their problems to the healer.

DISCUSSION

The practice of faith healing is widely prevalent in our culture and in spite of the availability of specialised psychiatric treat-

ment faith healers continue to have a large clientele. Similar observations have been reported for other cultures too. In the studied patients out-patients 33.2% had consulted healers prior to attending psychiatric hospital, a figure lower than those of Gwee (1969). He observed that 90 percent of Chinese patients attending a Singapore General Hospital had already been to traditional healers. Similar reports are also available from Malaysia (Tan and Wagner, 1971). In Thailand 98% of psychiatric patients were found to have consulted country healers (Aroon, 1971). and in Ceylone 66% of those considered mentally sick and restored to indigenous remedies (Jayasyndera, 1969). The lower figures observed in the present study may be because of strict criteria adopted for identification of such patients.

The reason for consulting healers is determined less by the nature of symptom or illnesses as such, and more by the attitude and concepts relating to the cause of illness. According to patients, any kind of illness, major or minor, or any sort of personal, social or familial problems can be effectively dealt with by these faith healers as they are in possession of some "supernatural gift". In addition they are socially acceptable, economical and produce dramatic relief. Another important factor operating is that patients feel more comfortable in expressing their problems to the healer because he can easily comprehend the dialect and gestures communicating the symptoms.

Other workers (Dean and Thong, 1972; Ruiz and Langrod, 1976) have found almost similar motivational factors operating in their respective cultures. Faith healing practices were also found to be more prevalent in rural areas (Neki, 1973; Kim and Rhi, 1976). We too have observed similar results. Illiterates with poor socio-economic background form majority which is in consonance with the findings of other workers (Neki, 1973; Okasha, 1966;

Rios, 1973). An increased belief in faith healing is related to low educational status. Further, the higher cost of medical treatment coupled with superstitions, form the basis of greater acceptability amongst the poor.

Study of treatment modalities used only reveals the adoption of various indigenous percepts which have long been prevalent. The procedures adopted appear irrelevant, illogical and misdirected if viewed in the light of modern medical treatments, but they each obey the logic of traditional systems of beliefs. Shared beliefs are social realities, hence, all those who participate in 'super natural' practices of divinatic and healing, whether as supplicants, priests or witch doctors, do so with firm conviction that they are 'doing the right thing'.

For the evaluation of therapeutic response comparison of different diagnostic entities and directed of treatment as administered by healers was done. It was observed that significantly more neurotics as compared to schizophrenics and depressives continued treatment for 6 or more months. These results suggest that in neurotics a positive reactions develops in such therapeutic settings and heightens sense of expectations which in turn makes patients more suggestible. Even though this may be transient and symptoms may reappear, yet these patients attain a regular visitor status. In contrast schizophrenics and organic patients were found to take treatment from healer for shorter period. Thus period of duration of treatment with healer indirectly reflects the recovery obtained by patients of different psychiatric ailments. These inferences were further substantiated when we observed that significantly more neurotics were benefited and maintained at same level in comparison to schizophrenics and depressives. Similar results have been reported by various workers. Such as Kim (1973) reported in his study that out of seven neurotic patients, five showed temporary improvement, whereas the condition of 6 out of 8 schizophrenics was

aggravated. All the improved patients relapse within one year. Brij Mohan (1972) found that contrary to this, Singer *et al.*, (1973), Kreisman (1975) reported that healers therapy in conjunction with somatic therapy produced better results even in schizophrenics.

The observations made by us prove that healer helps by mere suggestions and the effect is thus short lasting, which may also explain that in spite of benefit, neurotic patients sought modern psychiatric treatment for lasting relief. In these patients there was temporary relief by psychological support and as soon as they faced problem/s they again developed symptoms.

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