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FAITH HEALING PRACTICES IN THE PATHWAY TO CARE FOR MENTAL ILLNESSES- A STUDY FROM KASHMIR, INDIA.

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ABSTRACT ***Background*:** The study was aimed to found Socio-demographic characteristics and various clinical correlates of the psychiatric patients visiting a faith healer in Kashmir. ***Methods*:** A total of 2500 patients were taken from the outpatient department of the Institute of Mental Health and Neurosciences-Kashmir from December 2019 to June 2020. A semi-structured questionnaire was administered. The patient's socio-demographic characteristics and related clinical correlates were collected. ***Results*:** Majority of the visitors were married (77%), females (63%), illiterates (72%), unemployed (60%), of lower socioeconomic class (70%), with poor social support (72%) from a rural background (67%). Also, 70% belong to the age group of 18-40years. It was found that 80% of patients had been to a faith healer at some point of time during the illness. We also found that faith healing practices were equally appreciated and criticized in our part of the world and 44% continued to follow a faith healer even after consulting a Psychiatrist. Only 28% reported improvement after visiting a faith healer and most of them were suffering from dissociative disorders. 30% of the visitors were recruited to a faith healer by others. ***Conclusion*:** Since most of the faith healer visits were by uneducated people of a rural background, it is recommended to make the public aware of various psychiatric disorders, their presentations and possible causes. There should be community-based approaches in villages to address mental health problems and end prejudices and misconceptions about mental health. Mental health should be prioritised and not left in hands of local faith healers.

KEYWORDS : Faith healer, Treatment Gap, Psychiatric Disorders, Kashmir

INTRODUCTION

Background

Mental health-related issues are rising day by day around the world. Over the decades, people in Kashmir have been experiencing serious psychological crises related to natural disasters, unpredictable violence, and Pandemics like Covid-19. People suffering from mental health problems have more deteriorating physical health [by Lisa I Iezzoni et al 2006], therefore, approach health care services with different means. The attitude of people towards mental health issues depend upon commonly held cultural and health beliefs and their practices [as per studies by Carla Abi Doumitet al 2019 and Viswanath B et al 2012]. Worldwide many studies have found that mental health professionals were not consulted directly as first help for mental disorders [by Kurihara T et al 2006]. Likewise in India, people consult folk healers and religious healers on priority for care of mental health-related issues [as per studies by Lisa I Iezzoni et al 2006 and Kurihara T et al 2006]. In a study from India by Chakraborty K *et al*. utilization of non-professional healing practices were preferred by people belonging to lower socio-economic status or where access to other forms of treatment is difficult. From times immemorial, mental disorders were believed to be caused by evil spirits or devils in witchcraft [by Ramakrishna Biswal et al 2017]. As per cultural belief, these non-medical disorders so-called spirit possessions can be dealt with with spiritual powers only [by Chakraborty K *et al 2013*]. The practice of faith healing is at a peak in Kashmir in the pathway to care for mental illnesses, believed to be caused by some unknown supernatural entities. Even though people have uplifted their ways of living, but have not changed their views regarding mental health issues.

OBJECTIVES AND RATIONALE

The present research was designed to find the outcome of faith healing practices in the treatment of patients suffering from mental health-related issues by exploring the patient and faith healing related variables in those who attended them to seek help. An effort was made to understand whether such practices are appreciated or criticised in our part of the world.

METHODS

Settings

The research was conducted in the Institute of Mental Health and Neurosciences-Kashmir, an associated Hospital of Government medical college Srinagar from December 2019 to June 2020.

Study design

It was a cross-sectional observational study.

Participants

As it was a time-bound study, a total of 2500 consecutive patients of age ≥18years of both genders were enrolled in the study. The psychiatric diagnosis was made on the symptomatic basis as per DSM-5 (Diagnostic and Statistical Manual of Mental Disorders) criteria. DSM-5 Criteria was used as diagnostic criteria as it is more accurate for research purposes and is reserved for mental disorders only. The patients of age less than 18 years and with mental retardation or organic brain disorders were excluded from the study.

Study instruments

A semi-structured questionnaire formed was administered after a complete description of the study to the subjects. The written informed consent was obtained in local understandable language and ethical guidelines. The questionnaire includes sociodemographic characteristics affecting help-seeking behaviour like age, sex, marital status, education, occupation, socioeconomic status, family type and social support. After collecting the sociodemographic variables the patients were enquired about following faith healing related questions.

1. Whether or not they had been to any traditional faith healer for the current mental illness, to seek help.
2. If yes who referred them to the faith healer.
3. Had they visited faith healer before or after consulting mental health professional or had continued faith healing visits even after they sought help from a psychiatrist.
4. What was the reason for which they sought help from faith healers? The symptoms were put in the proper diagnostic criteria of DSM-5.
5. How long they were suffering from the said mental illness.
6. What was the healing agent given by the faith healer?
7. How much was the improvement after seeking help from a faith healer?
8. and what was their opinion about faith-healing practices?

STATISTICALANALYSIS:

was done using the available statistical package of SPSS (Statistical Packages for Social Sciences-version 24). The data were tabulated in Microsoft Excel and presented as raw percentages and the ratio between the variables was found.

Ethical committee clearance the study was approved by the institutional ethical community.

An operational definition of faith healing practices

The faith healers are defined as spiritually moral guides available and accessible in every corner of the world and the practices they run are called faith healing practices. Such practices are common in different parts of the world so as in Kashmir and are running without any license or approval by the Government [as per Sorketti E 2013].

The patients who participated in our study were those who had sought help for their mental health ailment from a person who is illiterate or literate, young or old, male or female, resident of community or not, believed to possess spiritual powers with many followers but not having any type of professional certification or licence to treat patients. The said person is known as a faith healer and the practice of giving helping treatments in various forms is known as faith healing practices.

RESULTS

Socio-demographic Characteristics

The current study revealed that 80% of patients had already visited a faith healer either once or multiple times before seeking psychiatric treatment. The majority of the patients were females (63%), married (77%), illiterates (72%), unemployed (60%), from joint families (55%) of lower socioeconomic class (70%), with poor social support (72%) of rural background (67%), belonging to age group 18-40years (70%) Table 1.

While those who had not visited faith healers before seeking psychiatric help were mostly unmarried (300/5000 males (335/500). The majority of them were educated 298/500, but unemployed 400/100 living in nuclear families 366/500 from the urban background 351/500 with good social support 289/500. Out of 500 patients, 387 belong to the age group 18-40 years and 113 were >40years of age. The socioeconomic status of patients in no-visitors was in the ratio of 200:225:75 (0.8:1:0.3). The details are mentioned in Table 1.

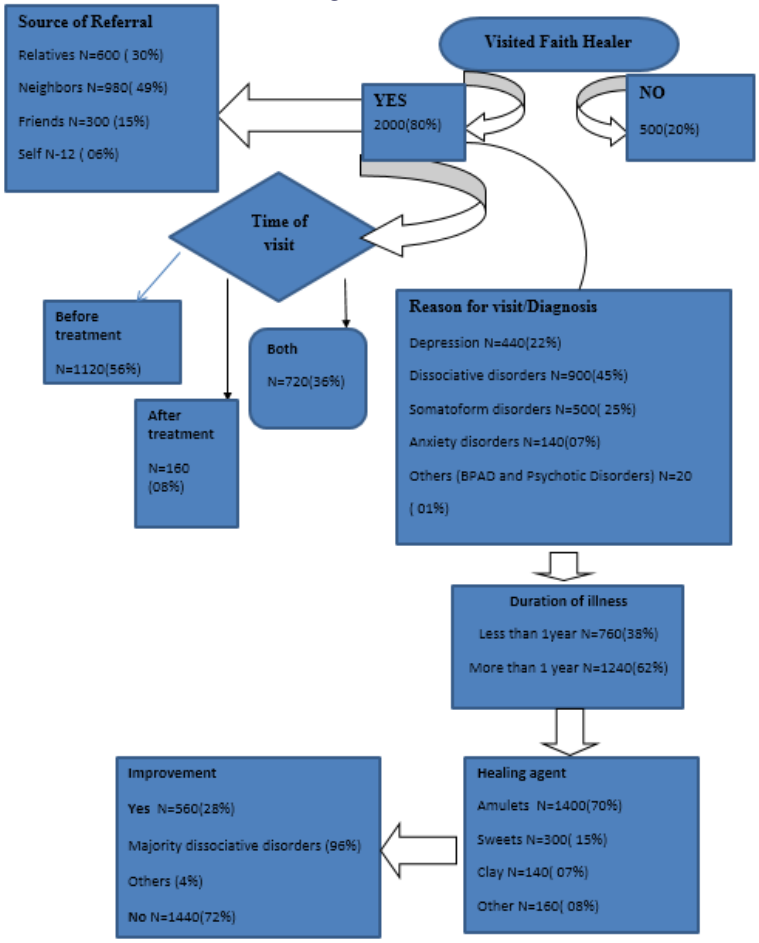
Table 1 Socio-demographic Characteristics

Socio-demographic Characteristic	Faith healer visitors N=2000, (80%)	Non-faith Healer visitors N=500, (20%)	Ratio visitors;non-visitors
Sex (Females: Males)	1260:740, (63;37%)	165:335, (33:67%)	1.7:1;0.49:1
Marital Status (Married: Unmarried)	1540:460, (77:23%)	200:300, (40:60%)	3.3:1;0.6:1
Age (18-40Yrs:>40Yrs)	18-40Yrs:>40Yrs 1400:600, (70:30%)	387:113, (77.4:22.6%)	2.3:1;3.4:1
Background (Rural: Urban)	1340:660, (67:33%)	149:351, (29.8%:70.2%)	2:1;0.4:1
Education (Illiterates: Literates)	1440:560, (72:28%)	202:298, (40.4:59.6%)	2.5:1;0.6:1
Occupation (Unemployed: Employed)	1200:800, (60:40%)	400:100, (80:20%)	1.5:1;4:1
Socioeconomic Class (Lower: Middle:Upper)	1400:500:100, (70:25:5%)	200:225:75, (40:45:15%)	2.8:1:0.2; 0.8:1:0.3
Family Type (Joint: Nuclear)	1100:900, (55:45%)	134:366, (26.8:73.2%)	1.2:1; 0.3:1
Social Support (Poor: Good)	1440:560, (72:28%)	211:289, (42.2:57.8%)	2.5:1; 0.7:1

Faith Healer related Variables

Out of 2000 patients who visited faith healers, 56% has been visiting faith healers before consulting psychiatrist, 08% after consulting psychiatrist while 36% continued the visits even after consulting psychiatrist. 22% were suffering from Depression, 45% with dissociative disorders, and 25% with somatoform disorders for more than 1 year (62%). Just 28% of patients improved after visiting faith healers with most of them being diagnosed with dissociative disorders and the healing agents given were amulets (70%), sweets (15%), clay (07%) and others (08%). The major referral source to sought faith healers were neighbours 49% followed by relatives 30% and friends 15%. Out of 500 patients who had not sought help from faith healers were mostly suffering from psychotic disorders (44%) and substance use disorders (21%) followed by mood and anxiety disorders (Figure 1 in Flow chart).

Flow chart 1 showing faith healer related variables



Attitude towards Faith Healing practice

Out of 2500 patients, 500 had neither belief nor visited a faith healer, while 750 patients even though not having any belief still visited a faith healer due to social influence. 25% of patients believe that psychiatric disorders are due to the evil eye which can be delt by faith healers only and 20% were of opinion that traditional and medical treatment are both equally required. Only 05% were giving strong support to faith healing practice Table 2.

Table 2 Attitude Towards Faith Healing Practice

Attitude towards Faith Healing practice	Visit	N=2500
No belief at all	No	500(20%)
Personally no belief but referred by others (due to social influence)	Yes	750(30%)
Believe that psychiatric disorders are due to the evil eye which can be delt by faith healing only	Yes	625(25%)
Traditional and medical treatment are both equally needed	Yes	500(20%)
Full belief in faith healer	Yes	125(05%)

DISCUSSION

Kashmir a part of the culturally diverse country is known to follow the traditional customs in every aspect of life including health-related issues both physical and mental. One of the practices followed by people from time-immemorial is seeking help from faith healers for mental health-related issues. The current study revealed that the majority of the patients who participated had already consulted faith healers before seeking treatment from certified Psychiatrists or mental health professionals. The same pedagogy is supported by results from other parts of the world where life is also ruled by the culture [as per studies by Bazzoui W 1966 and Abraham Verghese 2008]. The majority of the patients fall in the adult age group and were mostly females. It can be due to a high prevalence of neurotic psychiatric illnesses in female folk during adulthood [Kar N. 2008]. Most of the faith healer visits were by unemployed patients, illiterates and belonging to a lower socioeconomic class. The literates and people with higher socio-economic status prefer medical treatment rather than traditional help. Similar results were reported by Fahad D Alosaimi et al. in a study in Saudi Arabia [Lichtenstein AH, Berger A, Cheng MJ 2017]. The higher percentage of faith healer visits were by a married group and those belonging to joint families. Nuclear families and unmarried groups are less vulnerable to socio-cultural influence and involvement than married groups and joint families [Syed Amin, AW Khan 2009]. Similarly, maximum faith healer visits were by patients with poor social support. The patients with poor social support possess fewer means to reach mental health services for their ailments that is why prefer traditional treatment available at an easily approachable distance [Fahad D Alosaimi et al 2015]. The majority (56%) of the patients visited faith healers before consulting a psychiatrist while a small number (08%) of patients sought help from faith healers after receiving treatment but 36% continued visits even after consulting a mental health professional. From the results, it is evident that 44% followed faith healers even after seeking help from mental health professional which supports another finding of our study that 50% of patients believe in and follow faith-healing practices. A study by Maha S Younis et al found that about 27% of patients followed faith healers during and after consulting a psychiatrist. The help seekers believe that traditional faith healers elicit divine intervention by God gifted ability to control the evil phenomenon [Sethi BB, Trivedi JK 1979]. Also visiting a psychiatrist is more stigmatized and psychotropic medications are feared of side-effects [Beena Rajan et al 2016]. The results were also comparable to some studies conducted in Iran, Arab and other Muslim countries [Reeta Sonawat 2001]. This explains the need for public awareness at the community level regarding different mental health-related issues which people consider to be due to divine spirits rather than a biological cause. Most of the patients who visited faith healers were suffering from dissociative and somatoform disorders followed by depression and anxiety disorders lasting for more than one year. The other studies of a similar type found psychotic disorders [by Wang HH 1998 and Maha S. Younis 2019] and depression [Reeta Sonawat 2001] more prevalent. This can be explained by the fact that Kashmir being a conflict-affected state is more prone to have stress-related disorders like dissociative and depressive disorders [Kar N. Resort 2008] than psychotic disorders underlying which is a cause of the neurobiological disruption. The psychotic disorders are also known to present in the form of aggression, disorganized and unmanagable behaviour at home which warrants treatment in a mental health-care setting [David B. Arciniegas 2015] while as presentation of neurotic disorders is not that severe. Though most of the patients visited faith healers, just 28% of them reported improvement with faith healing agents like amulets, clay, sweets, etc. Among those who reported improvement were mostly diagnosed with dissociative disorders. The healing agents given may have reduced distress through a persuasive placebo effect with an already existing positive expectation from the patient's side [Siddharth Sarkar et al 2014]. In dissociative disorders, the initial management is considered to be catharsis, psychoeducation and reassurance while medication has a little role [Vivek Agarwal 2019 et al]. The practice of listening to patients problem by faith healers can also do catharsis to some extent which would have not helped in depression and anxiety [James C. Ballenger 2000] were without proper psychotherapy and medication nothing is possible. Similarly in Bipolar and Psychotic disorders, recovery is possible only with proper pharmacotherapy. Therefore, visiting a faith healer for years and leaving psychiatric disorders unattended by a psychiatrist can increase morbidity too. About half of the patients had partial to full belief in faith healers and the remaining half do not trust them which implies faith healing practices are equally criticized as well as appreciated in our part of the world. It is pertinent to mention that though only 50% rely on such practices still 80% had sought help from them. This can be explained by many factors like social influence [Prince Peprah et al 2018], easy availability and accessibility of faith healing practices [Vivek Agarwal et al 2019] [22], the stigma of visiting a mental health professional [Mishra N et al 2011], and non-medical methods of treatment by faith healers [Kishore J et al 2011]. The patients were also recruited to faith healers by neighbours, relatives and friends. The results were supported by a similar study conducted in South Asia [Deepak B. et al 2022].

CONCLUSION

Faith healers do form an important part of the health care system especially for patients suffering from psychiatric disorders. In a social system where they cannot be excluded, should be psycho-educated about various psychiatric disorders, timing and need for referral to ensure the better outcome of the patients. Since most of the faith healer visits are from a rural background, it is recommended to make the public aware of various psychiatric disorders, their presentations and possible causes. There should be community-based approaches in villages to address mental health problems and end prejudices and misconceptions about mental health. The families should be properly educated about treatment options and the importance of adherence to medication and regular follow-ups. Mental health should be prioritised and not left in hands of local faith healers. The trained mental health workers and delivery centres should be made available in a primary care setting to bridge the gap between psychiatric patients and mental health care services. The maximum effort should be made to remove the stigma by ensuring that mental disorders are like any other medical problem. In reserved societies like Kashmir, faith healers held a great place as they provide different helping services to the suffering population. It is good if we rely on them in minor illnesses but it can prove dangerous in grave situations where delay in treatment can lead to poor outcome and increase morbidity.

Limitations

The current study was a cross-sectional study. The associated abuse either physical or sexual has been seen in practices of faith healing, however, it was not possible with a one-time interview session, especially in females who are mostly reserved and less expressive.

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