MAGICO RELIGIOUS BELIEFS AMONG CAREGIVERS OF PERSONS WITH PSYCHIATRIC DISORDERS AS DETERMINANTS FOR PATHWAYS TO PSYCHIATRIC CARE

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ABSTRACT

Objective: To assess magico religious beliefs among care givers of psychiatric disorders and its relationship with pathways to psychiatric care.

Design: Cross-sectional study.

Place and Duration of study: This study was done in the Ranchi Institute of Neuro Psychiatry and Allied Sciences (RINPAS) Kanke, Ranchi, Jharkhand from August 2007 to August 2008.

Subjects and methods: A total of 200 patients with non affective psychosis and their caregivers, suitable for study according to inclusion and exclusion criteria were taken from out patient department of Ranchi Institute. The caregivers accompanying the patient were administered socio demographic data sheet, The Supernatural Attitude Questionnaire and semi structured interview schedule to assess path way to psychiatric care.

Results: Majority (60%) of primary care givers believe that patient behavior or abnormal experiences are due to Jadu Tona, (60%) Bhoot Pret, Opari Kasar, Devi Devta Prakop (58.5%), Grah Nakchatra (54.0%) & Evil sprit (55%). The majority of the care givers (79%) believe that ritual/puja/jhad phook can improve patient illness. 61% of the caregivers had first contacted faith healers and only 20 % of care givers contacted psychiatrist first for treatment of the patients.

Conclusion: Findings revealed that there is a widespread belief in supernatural causation of mental illness in caregivers of person with mental disorder and it influence pathway to psychiatric care. Due to a lack of awareness about illness and treatment services, the distance, and due to the fear of the stigma associated with mental illness among the caregivers. The psychiatric patients first seek the help of various sources prior to attending a psychiatric health care facility. The pathway adopted by these patients need to be kept in mind at the time of preparation of the mental health program and delivery of mental health services.

Key words: Magico-religious, Caregivers, Pathways to psychiatric care

INTRODUCTION

The term magico-religious is commonly used to deserve belief prevalent in a particular culture concerning various supernatural influences operating in the environment and there by thought to affect among their thing on individual in physical & mental health. Various types of supernatural influences are thought to be prevalent in culture, for example sprit intrusion or possession, loss of soul, divine wrath sorcery and black magic or violation of taboo belief in such influences are found in most of world – India, Africa, south east Asia and other parts of worlds .

As mental illness in India is thought predominantly to be a divine curse, the afflicted and his family members often approach the religious healers. Certain Hindu deities – Hanuman, Bhairon – are believed to protect people against evil powers and their priests are often concerned with the treatment of mental illness. On behalf of the sick, these priests placate the deities to cure. Invariably the shrines of Islamic saints – the Sufis– have healers, usually claiming to be descendents of the saint, who offer solutions to a variety of problems including mental sickness. They suggest appropriate ritual performances and advise the sick to wear talismans that they especially prepare. There are strict rules pertaining to how one should conduct oneself with the charmed ob-

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jects that not only stand as a sentinel but also exercise a curative impact on the sick[1]. In the name of oral medication, some magico religious specialists give a handful of sacred ash from their fire altar, which the patient uses to smear on his forehead and also, swallow it with charmed water[2]. Certain Sufi shrines have rooms wherein the persons with mental sickness seek refuge till they are cured. Interestingly, the visitors to religious healers can hail from any religious community. Socio-cultural explanatory factors for mental health problems determine help seeking behaviours. Persons with mental illness and their families were interviewed at religious sites using a guideline questionnaire. Issues such as significant life events, explanations for perceived abnormal behavior and reasons for choosing a specific religious site for 'treatment' were explored. Seeking religious help for mental disorders is often a first step in the management of mental disorders as a result of cultural explanations for the illness. This behavior also has social sanctions[3].

Psychiatric disorders are explained with structural factors, such as genetic susceptibility and sensitivity to stress, or with psychosocial stress factors; they are also explained by supernatural forces. Studies conducted in India[4] and with Mexican Americans, Urdaneta et al.,[5] showed that psychotic experiences were attributed to supernatural forces in addition to biomedical reasons for the causation of psychiatric disorder.

The social context within which a psychiatric c illness develops is likely to have an important bearing on how it is interpreted by the family members and societal attitude towards causation, have been shown to have major role in shaping, when and what type of help is sought for the betterment of the person with mental disorder. The experiences of people with psychotic illness are unique to the individual & their personal narratives provide a different lens through which to view pathway experience. Patient pathway to care is defined as the series of steps or contact the patient or the patient's family made with psychiatric, medical or other services (e.g. Faith healers, Ayurvedic and Homeopathic) before their entry to psychiatric care. Pathway to psychiatric care is influenced by different factors that include referral conventions, relationship between mental health services and other sources and accessibility of mental health services besides the factors related to patients and clinical disorders. As the basic purpose of the pathway of care is to provide early engagement with psychiatric services to minimize the effective cost of treatment and maximize better prognosis, this could be great help in mental health services. Increasing emphasis is being placed on the implementation of care pathway in all type of healthcare setting including psychiatry, in the developed countries[4].

Studying the pathways may help in the identification of sources of delay in the receipt of care and suggest possible improvements. It is estimated that one in four families has at least one member currently suffering from a mental or behavioural disorder. This result in substantial burden to the family members ,comprised quality of life and the negative impact of stigma and discrimination[6].

Due to multiple factor playing barriers in the pathway to care, many are left untreated, many are partially treated and only small fraction gets access to appropriate place of treatment. Also, the cultural norms of the society of developing nations where joint family system is still prevailing ,especially in rural areas, increased cohesion between family member, community tolerance and simple ways of life lead to easier accommodation of the patients with mental illness, well without seeking any medical helps for years[7,8].

For the present study magico religious belief was defined as the individuals' belief in various type of magico-religious influences (Jadu tona (magical spells and charm), Bhoot Pret (ghost), Opari Kasar (effect of bad evils), Devi Devta Prakop (effect of god and goddess), adverse Grah- Nakchatra (planetary and stars),effect of dissatisfied or evil spirit, a retribution of a bad deed in a previous life) in general, the role of such influences in causing mental illness or behavioural abnormalities and the role of treatment based on such belief.

Patient pathway to care is defined as the series of steps or contact the patient or the patient's family made with psychiatrist, medical or other services (e.g. Faith healers, Ayurvedic and Homeopathic etc) before their entry to psychiatric care. Primary caregivers were defined as responsibility for care of the patient is taken by the member of the family called the primary caregivers. Faith healers were the people who practiced witchcraft, and treated patients by using magico-religious practices. They did not have any medical qualification.

Present study aimed at investigating magico-religious beliefs among primary caregivers of persons with psychiatric disorders towards mental illness as determinants for pathways to psychiatric care.

SUBJECTS AND METHODS

The research work was done in the Ranchi Institute of Neuro Psychiatry and Allied Sciences (RINPAS) Kanke, Ranchi, Jharkhand. This was prospective study. Purposive sampling technique was used that means samples are chosen for a particular purpose. Patients were selected on the basis of inclusion and exclusion criteria for the purpose of the study. A total of 200 patients with non affective psychosis (Schizophrenia, Delusional Disorder, and Psychosis NOS) were included in the study along with their caregivers. Patients with both the gender, between the age ranges of 16 to 50 years were included for the present study. For the caregivers, Only primary caregivers (parent, siblings, spouse, offspring or close key relative) providing care to their patient for at least one year of either sex, between 18-50 years of age, educated up to at least 5th standard and

those give consent were included in the study. Patient with affective psychosis, Organicity, Mental retardation, Drug induced psychosis, Substance dependency, Major physical illness were excluded. For the caregivers those having any psychiatric illness or other major physical illness were excluded. Those caregivers who had underwent any psychosocial intervention (psychoeducation, discharge counselling, admission counselling) prior to the assessment of data were excluded.

Tools used in the data collection were

- **Socio demographic and clinical data sheet**:

It is a self developed semi structured Performa **e**specially designed for this study. It contains information about socio demographic variable age, sex educational status, marital status, occupational and socio economic status, religion, mode of onset, duration of illness, diagnosis etc were recorded.

- **The Supernatural Attitude Questionnaire[9]**

The supernatural questionnaire consists of 19 items with Yes or No responses. The language of the questionnaire is simple. The question primarily inquire into the individuals' belief in various type of magico-religious influences in general, the role of such influences in causing mental illness or behavioural abnormalities and the role of treatment based on such belief.

- **Semi structured interview schedule:** To asses the pathway to psychiatric care semi structured interview scheduled was prepared.

- **General Health Questionnaire-12[10]**: It is a self report instrumental questionnaire to screen psychiatric morbidity in normal subjects. It consists of 12 items, each assessing the mental problem over the past few weeks. The original consists of 60 items. The items have been scored as zero or one. The higher the scores, the higher was the distress. For the present study Hindi version was used for the present study. Goldberg's GHQ was translated into Hind by Shiv Gautam et al in 1987. An emphasis was made to have the language of common use. The reliability of GHQ Hindi version (GHQ-H) was tested by translation - retranslation method and split-half method using the scores of 500 patients attending psychiatric out-patient department and 500 normal subjects. The tool was found to be sensitive and reliable. The tool differentiates normal population (mean score 4.9) from the patient population (mean score 30.64) statistically ($p < 0.01$) indicating a high validity. Details of methodology are described and its subsequent use is advocated.

Procedure

Firstly, consent for the study was enlisted from patients & caregivers. Socio-demographic & clinical data sheet were used on the patients and care givers. There after GHQ was administered to the care givers to rule out any mental or physical illness. The caregivers accompanying the patient were administered, socio demographic data sheet, semi structured interview schedule to assess path way to psychiatric care and Supernatural attitude questionnaire to know magico religious belief of the primary care givers. Two sessions was required for data collection (one hour for each session).

Appropriate statistical analysis was done using SPSS v. 13.0.

RESULTS

The mean age of patient was (27.86 + 5.26) years and the Mean age of primary care givers was (43.42 + 8.11) years. Demographic data shows that in a total sample of 200, majority of them are Male (68.5%), married (60.5%), Hindu (67.0), hailing from rural area (67.5%) and belong to lower socio-economic status. In occupation, 36.5% were engaged in agriculture activity, 53% were house wife, 13.5% were engage in business, 14% were student and 5% were doing labour work.

In clinical, profile of the patient majority of the patient mode of onset was insidious (69.5%) with continuous course (65.5%), progress was deteriorating (76%), duration of illness is more than 2 years. 73% of patient there was no participating factor. In entire sample 54% were having diagnosis of schizophrenia.

In socio-demographic profile of primary care givers majority of the primary care givers are male (82%), 51% are engaged in agricultural activity, 36% are house wife, 49% are educated up to primary level and majority of primary care givers belong to a joint family system.

Table 1 shows belief of care givers in various supernatural phenomena. Primary care giver believe that jadu tona (60%), Bhoot Pret(60%), Opari Kasar (59%), Devi Devta ka prakop (50%), Grah-Nakchatra (32%), dissatisfied or evil sprit (56.5%) and retribution of a bad deed in a previous life (56%) can cause mental illness in a person.

Majority (60%) of primary care givers believe that patient behavior or abnormal experiences are due to Jadu Tona, (60%) Bhoot Pret, Opari Kasar, Devi Devta Prakop (58.5%), Grah Nakchatra (54.0%) & Evil sprit (55%). It was found that majority (79%) of the primary care believe that ritual/puja/jhad phook can improve patient believe and 61% visited or consulted faith healer. While 41% patient believe or talk about Jadu Tona, 41% in Bhoot Pret, 21% in Opari Kasar, 31% in Devi Devta Prakop, 24% in Grah Nakchatra, 45% in evil sprits and 46% patient believe in or talk about these things before falling ill. During the present illness 17.5% patient visit a faith healer/ taken there at his/her request. 59.5% locality & community believe in Jadu Tona.

In pathway to psychiatric care majority of the care giver's (58.5%) believe that mental illness is caused by supernatural influences (Jadu Tona, Bhoot Pret, Opari Kasar etc), 6% believe that excessive labour, 14.8% be-

Table 1

Caregiver's perception towards Supernatural Phenomena

	Parameter	Yes N = 200N = %	No N = 200N = %
1.	Relative believe in Jadu tona	95 (47.5)	105 (52.5)
2.	Relative believe in Bhoot Pret	84 (42.0)	116 (58.0)
3.	Relative believe in Opari Kasar	87 (43.5)	113 (56.5)
4.	Jadu tona can cause mental illness in a person	120 (60.0)	80 (40.0)
5.	Bhoot Pret can cause mental illness in a person	120 (60.0)	80 (40.0)
6.	Opari Kasar can cause mental illness in a person	118 (59.0)	82 (41.0)
7.	Mental illness can be caused by Devi Devta Prakop	101 (50.5)	99 (49.5)
8.	Mental illness can be caused by adverse Grah- Nakchatra	65 (32.5)	135 (67.5)
9.	Mental illness can be caused due to effect of dissatisfied or evil sprit	113 (56.5)	87 (43.5)
10.	Mental illness can be affected as a retribution of a bad deed in a previous life	113 (56.5)	87 (43.5)
11.	Patient's behavior or abnormal experiences are due to Jadu Tona	120 (60.0)	80 (40.0)
12.	Patient's behavior or abnormal experiences are due to Bhoot Pret	120 (60.0)	80 (40.0)
13.	Patient's behavior or abnormal experiences are due to Opari Kasar	120 (60.0)	80 (40.0)
14.	Patient's behavior or abnormal experiences are due to Devi Devta Prakop	117 (58.5)	83 (41.5)
15.	Patient's behavior or abnormal experiences are due to Evil Sprit	111 (55.5)	88 (44.5)
16.	Relative believe that ritual/puja / jhad phook can improve patient's behavior	158 (79.0)	42 (21.0)
17.	Member of family visited or consulted a faith healer	122 (61.0)	78 (39.0)
18.	Puja/ jhad phook performed during the present illness of the patient	122 (61.0)	78 (39.0)
19.	Patient believe in or talk about Jadu Tona	82 (41.0)	118 (59.0)
20.	Patient believe in or talk about Bhoot Pret	81 (41.0)	118 (59.0)
21.	Patient believe in or talk about Opari Kasar	42 (21.0)	158 (79.0)
22.	Patient believe in or talk about Devi Devta Prakop	62 (31.0)	138 (69.0)
23.	Patient believe in or talk about Grah – Nakchatra	48 (24)	152 (76)
24.	Patient believe in or talk about Evil spirits	90 (45.0)	110 (55.0)
25.	Patient believe in or talk about these things even before falling ill	92 (46.0)	108 (54.0)
26.	During present illness, patient visit a faith healer taken there at his/her request	35 (17.5)	165 (82.5)
27.	Locality and community believe in Jadu Tona	119 (59.5)	81 (40.5)

lieved stress as a cause, 8.5% believe family discord, 4.5% believe that marital conflict as cause of mental illness and 8.5% stated no reason (Table 2).

In this study majority of the care giver's (60%) contacted faith healer first for treatment of the patients, which was followed by psychiatrist (20%), general physician (16%) and Ayurvedic & homeopathic doctor (3%) (Table 3).

The actual pathway through which a patient reaches the psychiatric set up is mainly through general physicians (33.6%), family members (26%), neighbours (6.5%) faith healers (5.5%), self (4.5%) and paramedical staff (3%) (Table 4).

Table 2

Care givers perception towards causation of mental illness

Variables	N = 200	N = %
Super natural influences	117	58.5
Excessive labour and work	12	6.0
Stress	28	14.0
Family discord	17	8.5
Marital conflict	9	4.5
No reason	17	8.5

Table 3

First contact for treatment

Variables	N = 200	N = %
Faith healer	122	61.0
Psychiatrist / Neuro	40	20.0
General physicians	32	16.0
Ayurvedic & Homeopathic	6	3.0

Table 4

Sources of Referral to Psychiatric care

Variables	N = 200	N = %
General physicians	67	33.5
Family member	52	26.0
Neighbour	13	6.5
Villagers	42	21.0
Faith healers	11	5.5
Self	9	4.5
Para medical staff	6	3.0

DISCUSSION

Findings revealed the widespread belief in supernatural causation of mental illness in patients/relatives. In our study we find that majority of key relative accompanying the patient believe that Jadu tona & Bhoot prêt, Devi Devta ka Prakop, effect of dissatisfied or evil sprit's can be caused mental illness. In the present study figure is higher than the earlier reported works in this area and could be due to questionnaire interview methodology adopted in this study, which allow specific assessment of the belief system about different types of supernatural phenomena. Participants generally believed that the symptoms of the illness could be treated by orthodox medicine (faith healers, tantrik, ojha, etc), whereas the root cause of the illness, grounded within supernatural beliefs, could be treated by alternative healer's. Indian health belief have been described as holistic, incorporating physical, psychological & social and the supernatural factors. Similarly, studies have been carried out with regard to attitude toward magico religious treatment. Malhotra and Wig[11] observed that faith healing was preferred in cases with psychiatric illness though exact number of patient who actually had faith healing is not mentioned. Kurihara et al[12] traced the help-seeking pathway of mental patients. The pathway to psychiatric care was dominated by traditional healers. In our study majority of key relatives performed puja, ritual, Jhad phook during the present illness of the patient and they believe that ritual puja/Jhad phook can improve patient behaviour. Razali et al[13] in his study found that 53% of the patient attributed their illness to supernatural agents. Witchcraft and possession by evil sprit were regarded as common cause of illness.

Patients with different psychiatric disorders sought multiple traditional healing methods for the treatment of their mental disorders.

A study conducted by Kishore et al[14] to assess the myth, belief and perception about mental disorders it was found the myth and misconception are significantly prevalent in India. Religion & religious practice are significant in every aspect of life in India and in several communities all over the world. Seeking help in religious selling or from faith healer is common suffering from any kind of illness, including chronic mental illness. The variety and diversity of traditional health care practices is an indication of healing as a cultural preoccupation. There are several resources for seeking traditional and religious help to alleviate mental problem. These include places of worship likes temples durghas and churches in the country as well as the indigenous faith healer. A better understanding of the diversity, and determinants, of illness causal beliefs can be of value in improving our understanding of illness experience, the clinical process, and in developing more effective health services and population health strategies. To decrease the duration of untreated psychosis and limit the burden that schizophrenia has on society, further research is warranted.

LIMITATION

There is a need for further research in this topic and similar studies need to be conducted on more representative samples in order to estimate the true burden of the problem. This is the most important limitation of our study, that it cannot be generalized to the whole population. Not determining the duration of the illness is another important limitation in evaluating our findings as explanations of the cause of illness during the initial phase and chronic phase are expected to be different.

CONCLUSION

Psychiatric disorders in India are often attributed to influence of supernatural phenomena, and many patients are subjected to various kinds of 'magico-religious' treatments. Social cultural and religious belief of the patient their families and the community contribute significantly to the understanding of mental illness, assessment, diagnosis, help seeking & management. More work needs to be done to educate the public about the psycho biological underpinnings of psychiatric disorders and about the value of effective psycho social treatments.

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