

**STUDYING THE ROLE OF TRADITIONAL HEALERS
ALONG THE PATHWAY OF MENTAL HEALTH
SERVICE AMONG PATIENTS WITH
SCHIZOPHRENIA**

Thesis

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List of Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
B.C	Before Christ
CAM	Complementary and Alternative Medicine
DFL	Doctors for Life
DUP	Duration of Untreated Psychosis
HIV	Human Immunodeficiency Virus
PANSS	Positive and negative syndrome scale
SCID	Structured Clinical Interview for DSM-V Axis I Disorder
TPB	Theory of Planned Behavior
UK	United Kingdom
UNICEF	United Nations Children's Fund
USA	United States of America
WHO	World Health Organization

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Abstract

Background: A large number of mentally ill patients prefer to visit non-medical practitioners such as traditional healers

because of the confidence in the system, affordability and accessibility of the service. This may lead to delay in seeking psychiatric services and has prognostic impact.

Aim: To assess the rate of schizophrenia patients seeking traditional healers, the socio demographic

and clinical correlates of those patients.

Methods: We assessed 232 patients with schizophrenia after confirmation of diagnosis with Structured Clinical Interview for

DSM-IV Axis I Disorder (SCID-I) research version and assessment of functioning with Global Assessment of Functioning scale. They were assessed for percent, rate and timing of seeking traditional healers.

Results: In all, 41.81% sought traditional healers. Of those, 70.19% were before seeking psychiatric services, 19.23% after and 10.58% at same time. Duration between onset and 1st consultation, availability of psychiatric service and presence of hallucinations were significant correlates.

Conclusion: This study shows that most of the patients suffering from mental illness prefer to approach faith healers first, which may delay entry to psychiatric care and thereby negatively impact the prognosis of Schizophrenia. This highlights the importance of mental health education and developing a positive collaborative relationship with traditional healers.

Key word:

Traditional, schizophrenia, health, service

INTRODUCTION

Traditional Healing is the oldest form of structured medicine that is a medicine that has an underlying set of principles by which it is practiced. It is the medicine from which all later forms of medicine developed, including Chinese medicine, Greco-Arabic medicine, and of course also modern Western medicine (*Wenkang, 1997*).

There were and of course still are regional differences between the way Traditional Healers apply their knowledge, but this is simply a pragmatic adaptation by the Traditional Healer, because he/she cannot perform their role in a way that is isolated from the cultural perceptions and belief patterns of those whom they treat (*Van der Geest, 2010*).

The importance of traditional healing methods in developing countries cannot be under estimated and it is generally perceived as a part of the prevailing religion and belief system. Several research efforts have been devoted to the study of traditional healers in different cultures (*Sorketti et al., 2013*).

In an Egyptian study done by **Ghanem et al, (2009)**, they found that the overall prevalence of mental disorders in the surveyed sample was 16.93%.

As in the majority of developing countries, mentally ill patients in Arab countries tend to somatize their psychological symptoms. This presentation of mental ill health reflects on the pattern of consultation. Patients tend to pass through different healthcare-providing filters before reaching the mental health clinic or hospital, yet, the real challenge for mental health professionals is the first filter (*Okasha, 1999*).

Although Psychiatry brings tremendous value to the improvement and treatment of mental illness and distress, at times it fails in providing holistic care within a patient's broader cultural framework. Traditional healing and medicine often offer a more comprehensive, patient-centered approach to mental health treatment, which can encompass a patient's spiritual beliefs, cosmology, and world view (*Mirza et al., 2006*).

AIM OF THE WORK

1. To assess the rate of schizophrenic patients seeking traditional healers.
2. To highlight the socio demographic and clinical correlates of those patients.

Rationale of the study:

There is at present a gap between psychiatrists, mental health professionals and people with mental disorders. This is true of many low-income countries. This greatly affects seeking psychiatric advice behavior and causes delay in both diagnosis and management which will lead to poor prognosis and increase the burden of mental disorders. Psychiatrists and other service providers need to make more effort to reach those patients who require psychiatric management and this will be achieved primarily by increasing public awareness about mental disorders.

Hypothesis:

Most of schizophrenic patients sought traditional healers' advice and this can be attributed to the cultural background, some religious beliefs, educational level, socio-economic class and also to the interpretation of society to the clinical presentation of schizophrenia (especially hallucinations, delusions and unexplained agitation).

CHAPTER 1

TRADITIONAL HEALING AND HEALERS

Traditional Healing is the oldest form of structured medicine that is a medicine that has an underlying set of principles by which it is practiced. It is the medicine from which all later forms of medicine developed, including Chinese medicine, Greco-Arabic medicine, and of course also modern Western medicine (*Wenkang, 1997*).

Traditional Healing was originally an integral part of semi-nomadic and agricultural tribal societies, and although archeological evidence for its existence only dates back to around 14,000 B.C., its origins are believed to lie much further back and probably predate the last Ice-Age (*Antezana, 1987*).

Unlike other traditional medicines, traditional Healing has no philosophical base, as its practice is totally founded on healing knowledge that has been accumulated over thousands of years, and upon the healer's personal experience, which includes his/her awareness of, and sense of unity with the natural world, as well as his/her understanding of the different levels of consciousness within the human psyche (*Antezana, 1987*).

The term ‘traditional medicine’, as identified by the World Health Organization, is ‘the sum total of the knowledge, skills, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness **(Zhang, 1997)**.

Traditional Healers see the universe as a living intelligence that operates according to natural laws that manifest according to specific rules and correspondences, and exercise their inner conviction that the purpose of life and the nature of disease cannot be understood without knowledge of these laws and the individual's relationship to the natural world, also, traditional knowledge is dynamic. Sophisticated and adaptive, it evolves and responds to changes in the physical and social environment **(WHO, 2011)**.

The role the healer plays could be holistic as the patients seek help for a variety of illnesses, including sexually transmitted diseases, divulgence of secrets, protection against witchcraft, prophecies of future events, and annual check-ups **(Van der Geest, 2010)**.

It is important to know that healers are not a homogeneous group and there are distinct differences

between diviners, herbalists and faith healers. While these broad distinctions seem to be generally valid across different cultural groups, it is not unusual for healers to integrate aspects of more than one orientation into their practice (*Sorsdahl, 2009*).

There were and of course still are regional differences between the way Traditional Healers apply their knowledge, but this is simply a pragmatic adaptation by the Traditional Healer, because he/she cannot perform their role in a way that is isolated from the cultural perceptions and belief patterns of those whom they treat (*Van der Geest, 2010*).

In many countries, traditional medicines provide the only affordable treatment available to poor people. In developing countries, up to 80% of the population depends on traditional medicines to help meet their healthcare needs this was recognized in Kenya by Dr. Otsyula, who reported in 1973 that patients went to hospital only to look for the cure of their illness, whereas they went to see traditional doctors for both the cure and also to find out the cause of their illness (*Ndeti, 1988*).

Traditional Healing always deals with natural laws, does not only work at correcting any weakness or damage to the life force or psyche that has allowed an illness to "conquer" the individual, but also work to correct the

resultant internal imbalances that allow the disease to persist, including different types of practicing; Some describe medications made from plants or other substances or give other kinds of physical treatment Others claim that their knowledge comes from a divinity (*Sorsdahl et al., 2009*).

People can go to healer sheikhs for consultation in each and every aspect of their life, the traditional healers can also act as family counselors in critical life events such as building a house, marriage or naming a child, and may have both judicial and religious functions (*Sorketti et al., 2013*).

They often act as an agent between the physical and spiritual worlds. People usually go to traditional healers to receive special prayers performed by the sheikh to bless them in all activities in their lives It has been reported that some couples who have no children visit the sheikhs to ask for a child, They may collect holy sand from the dead sheikh's grave as a blessing called *Baraka* (*Sorketti et al., 2013*).

People believe that disobeying the sheikh brings damnation on the person and family. They believe in the sheikh's blessings, therefore, the sheikhs in the people's eyes are true representatives of spiritual power and their consultation is a religious requirement if seeking wellness (*Sorketti et al., 2013*).

Meanwhile, when adopted outside of its traditional culture, traditional medicine is often called complementary and alternative medicine (CAM). As the name implies, CAM therapies have been described either as alternatives to conventional medicine, or as complementary healing modalities used alongside conventional care. Thus CAM has often been defined in terms of contrast with western biomedicine, which may be referred to as allopathy, orthodox, regular, conventional, modern, mainstream or western medicine (*OyeGujere et al., 2015*).

The huge variety of CAM practices, derived from vastly different historical and philosophical traditions, are notoriously difficult to group together under a satisfactory definition, yet, the most influential definitions to date focus on a few common features. Every definition notes that CAM therapies are not part of conventional biomedicine, though the exact phrasing differs and some authors note the intrinsic relativism of any such criterion (*Stoneman et al., 2013*).

Another term, “integrative medicine”, refers to the integration of complementary and alternative medicine into conventional medicine, aiming thus to obtain a synergistic therapeutic effect greater than that obtained using either modality alone. Integrative medicine also shifts the emphasis of care from treatment to prevention and self-

healing, but this integration needs willing of collaboration from practitioners of both modalities (*OyeGujere et al., 2015*).

In Africa, the mission Christianity is against traditional healing practices, yet, continued use of traditional healing is continually used by both Christians and non-Christians, and this continued use even when modern medical facilities are available is an indication that these facilities fail to meet needs of those seeking help (*Adelowo, 1987*).

Another indication of the inadequacy of western style medical services is the popularity of the separatist churches, one of the main areas in which these churches differ from mission churches are in the emphasis they put on spiritual healing practices (*Adelowo, 1987*).

Some of these practices closely follow the traditional methods for example; consulting spirits to diagnose illnesses, some churches continue to use salt, water, ashes, the traditional Zulu agents used for the transmission for healing powers (*Adamo, 2003*).

The overall impression that faith healing makes on a person, is one of the remarkable confluence of old and new, of traditional divination and confirmation of God's sovereignty over the evil powers in a typical traditional way (*Adamo, 2003*).

It was recorded that traditional healing practices found throughout Middle Eastern countries are deeply embedded in three ancient healing traditions-pharaonic (Egyptian), *Yunāni* (Hellenic), and prophetic (Islamic)-all of which gained ascendancy before the rise of Western biomedicine in the region during the nineteenth-century colonial period (*Adib, 2004*).

Indeed, biomedicine can be thought of as a historical new comer to this region of the world. It is not surprising, therefore, that previous traditions live on-not as organized medical systems per se, but rather as numerous healing philosophies characterized by a multifaceted array of etiological, diagnostic, and therapeutic beliefs and practices regarding the nature of health and illness and the treatment of various forms of sickness (*Adib, 2004*).

One of the famous practitioners of traditional healing are cults of popular Islamic mystics, known as *Ṣūfīs* or marabouts, began to proliferate in the countries of North Africa. As **Peter Gran (1979)** points out, the *Ṣūfī* cults and their shrines flourished in countries such as Egypt because they catered to the spiritual, psychological, and political needs of the lower classes as well as to their medical complaints. Cults also offered medical specialization; for example, some dealt specifically with the ailments of women, whereas others specialized in psychiatric problems, which were usually attributed to spirit possession.