Role of Traditional (Religious) Healing in Primary Psychiatric Care in Sharkia

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This work was conducted with the aim of studying the role of traditional (religious) healing in primary care of psychiatric disorders in Sharkia.

196 patients who were attending to a famous sheikh in Sharkia for religious healing were examined. This study covered a period of 3 months, the first month for new patients and the other two for follow up cases of the majority of patients were young age groups, illiterate or low educated, females more than males. Among all patients, there was a large number of psychiatric patients, because social and religious beliefs have a powerful influence which is stronger than civilization and till now there are inadequate psychiatric services and people fear from stigma of mental illness.

On the other hand, religious healers may improve some psychiatric disorders such as dissociation & conversion disorders, adjustment disorders and sexual disorders in males methods used by these healears appear to be related to suggestibility and some sort of cognitive therapy.

(Egypt.J. Psychiat., 1997, 20: 25-35).

Introduction

Inspite of spreading of psychiatric services such as mental hospitals, psychiatric departments in general hospital, outpatient clinics, private clinics and private hospitals, many psychiatric patients choose alternative routes such as non-psychiatric medical specialists or even non medical approaches.

In our country, psychiatric diagnosis started too early, pharaonic medicine appreciated psychiatric disease as a medical problem needing the physicians service. Senile dementia was reported on a papyrus in 1500 B.C. i.e. earlier than hippocrates doctoriane. Hysteria was also reported on Kahun papyrus (Shaheen and Rakhawy, 1971).

Also, at the 14th century kalawoun hospital in Cairo was extremely interested in regard to psychiatric care, it had four separate sections for surgical, opthalmological, medical and mental diseases. So, it anticipated modern trends by approximately six centuries. Unfortunately, the good start which kalawoun hospital enjoyed did not continue for long. At the beginning of the 19th century, the mental patients were moved out and accommodated at Azbakeya general hospital in Cairo and then few years later in another building in Boulag area in Cairo. Since, 1883, Abbassia mental hospital was considered as the house of mental patients in Egypt.

In 1912, another state mental hospital was built in khanka (Kaliobia) for only male patients admitted for medico-legal reasons that was governed by the authority of the ministry of internal affairs. In 1967, a third mental hospital was established in Al-Mamoura (Alexandria).

Lastly, in 1979, another mental hospital was set up in Helwan. Since 1949, out patient facilities have been extended by central hospitals in almost all governorates of Egypt (Okasha, 1988).

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Traditional healing of psychiatric patients, especially treatment by korann is very common in Egypt since a long time and has many variation that can be summarized as follow:

a- Certain unpaid classic sheikhs practice this experience by reading particular verses of koraan for certain mild ailments. Many of such verses are meaningful and relevant to a particular suffering.

b- The use of Koraan as a blessing symbol, regardless of any specific meaning.

c- The use of Koraan as (Higab) by writting certain verses of koraan on a piece of cloth or paper.

d- The client is given selected verses of koraan which are possibly relevant to his condition and is asked to repeat them silently or loudly with himself for tens or hundreds of times daily.

e- The use of koraan to let "jin" who are considered responsible for what has happened to the patient come out from his body.

f- Another version of traditional healing is based on certain concepts, drived from principles of spiritology, related mainly to parapsychology (Rakhawy, 1996).

Aim of the Work

This study was conducted to assess role of religious healers in primary psychiatric care in Sharkia.

Subjects and Methods

The setting:

This study was conducted at one of the most famous places in Sharkia which used Koraan as a method of treatment from any disease.

This place is in a village near to a small city (Kafer Saker) about 20 kilos from Zagazig.

The building consists of 2 floors, in the first floor, there are 3 rooms, one for males, another for females and third room for an assistant.

In the second floor, there is a big room for examination and two rooms for the Sheikh's residence.

Methods:

The presented study covered a period of 3 months (Sept. to Nov) 1996, the first month for the assessment of all the new cases and the other two months for follow up cases.

Every patient who came to the sheikh for religious healing was examined mainly by the author assisted sometimes by one of his well trained assistants.

Every patient was submitted to the following:

- Data sheet for socio- demographic state.

- General physical and neurological examination.

- Psychiatric interview, the diagnosis was made according to diagnostic criteria of ICD-10 (WHO,1992).

Results

1-Socio demographic characteristics:

- Patients mean age was 25.5, the peek frequency of age is in the range (19-39) which represent 67% of total.

- Out of the total 196 patients looking for traditional care 45.4% were males.& 54.6% were females.

- The majority of the patients are married 67.3% and single patients are 26%, while divorced or widowed 66% only.

- About half of patients (48.5%) lived in rural areas while 51.5% lived in urban and semi- urban areas.

- Literacy and primary school education (62.2%) while college and secondary school education about 27.6%.

- The majority of female patients (64.5%) were house wives and 40.4% of males were unskilled workers and farmers.

- About 21% of both male & female patients were employees.

2- Distribution of psychiatric patients:

- Out of the 196 who seeked traditional care 91(46.4%) had psychiatric disorders.

- Majority of patients 56% has no previous medical intervention.

- Many of patients were first treated by non- psychiatrists 40.7% general practitioners, 35.2% neuro- surgeons 24% medical specialists and 12% in emergency room services.

- Only 8% were treated by psychiatric specialist.

-Diagnosis of psychiatric patients (91) according to ICD 10 shows the following:

-30% of patients were recognized as having somatoform disorders.

-12% of patients were diagnosed as having post traumatic & adjustment disorders.

-Manic patients about 7.7% while schizophrenic patients 12.1%.

-Sexual disorder (psychogenic impotence) have a high percentage (20%) among male patients.

3- Outcome of psychiatric patients who received traditional care (treated by koraan)

- 68% of patients had either no change or were missed.

- Minimal or slight improvement in about 20% of the patients.

- The real improvement were seen in 12% of all cases especially in cases of dissociative & conversion diseases (55%) also reaction to stress and adjusment disorders 27%.

- 25% of sexual disorders in male patients were improved.

Table 1
Male & Female Distribution in Patients Looking for Traditional Care

	No	Percentage
Male	89	45.4%
Female	107	54.6%
Total	196	100%

Table 2
Residence of Patients Looking for Traditional Care

Residence	Male T= 89		Female T= 107		Total T= 196	
	N	Percentage	N	Percentage	N	Percentage
Rural	42	47.2	53	49.5	95	48.5
Urban	18	20.2	16	15.0	34	17.3
Semi- Urban	29	32.6	38	35.5	67	34.2

Table 3
Martial Status of Both Male & Female in Patient Looking for Traditional Care

Martial Status	Male T= 89		Female T= 107		Total T= 196	
	N	%	N	%	N	%
Single	33	37.1	18	16.8	51	26.1
Married	54	60.7	78	72.9	132	67.3
Divorced & widowed	2	2.2	11	12.3	13	6.6

T= Total number

Table 4
Educational Level of both Males & Females Looking for Traditional Care(Religious Healing)

Education	Male T= 89		Female T= 107		Total T= 196	
	N	%	N	%	N	%
Illiterate	49	55.1	43	40.2	92	49.9
Primary school	9	10.1	21	19.6	30	15.3
Preparatory	12	13.5	8	7.5	20	10.2
Secondary	8	8.9	17	15.9	25	12.8
College	11	12.4	18	16.8	29	14.8

Table 5
Occupation of Patient looking for Traditional Care(Religious Healing)

Occupation	Male T= 89		Female T= 107	
	N	%	N	%
House wife	-	-	69	64.5
Student	9	10.1	13	12.1
Unskilled worker farmer	36	40.4	-	-
Employee	17	19.1	25	23.4
Private business	27	30.4	-	-

Table 6
Age Group Dist. in Patient Looking for Traditional Care(Religious Healing)

Martial	Male T= 89		Female T= 107		Total T= 196	
	N	%	N	%	N	%
Less than 10 years	7	7.9	3	2.8	10	5.1
10-19	17	19.1	26	24.3	43	21.9
20-29	34	38.2	44	41.1	78	39.8
30-39	25	28.1	25	23.4	50	25.5
40-50	6	6.7	9	8.4	15	7.7

Table 7
Shows Number of Psychiatric Patients Among Patients looking for Traditional Care(Religious Healing)

Martial	Male	Female	Total
Total	89	107	196
No of Psyche	39	52	91
%	43.8%	48.6%	46.4%

Table 8
Medical Interventions Experienced by Psychiatric Patients Who Looking for Traditional Care (Religious Healing)

Intervention	T= 91 N	%
General practitioners	37	40.7
Emergency room service	11	12.1
Medical specialist	22	24.0
Neuro-surgical specialist	32	35.2
Psychiatric specialist	8	8.8
No Intervention	51	56

T= Total Number

Table 9
Distribution of Psychiatric Disorders Diagnosed According to (ICD-10) in both Males & Females Looking for Traditional Care (Religious Healing)

	Male T = 39		Female T = 52		Total = 91	
	N	%	N	%	N	%
- Phobic Anxiety Disorders	3	7.7	2	3.8	5	5.5
- Obsessive-Compulsive Disorder	3	7.7	8	15.4	11	12.1
- Reaction To Stress and Adj. Dis						
* Post- Traumatic stress dis.	-	-	1	1.9	1	1.1
* Adjustment Disorders (e depression and anxiety)	1	2.6	9	17.3	10	10.9
- Somatoform disorders						
* Somatization disorders	2	5.1	11	21.2	13	14.3
* Persistent somatoform pain dis.	2	5.1	3	5.8	5	5.5
* Dissociative & Conversion dis.	3	7.7	6	11.6	9	9.9
* Schizophrenia	5	12.8	1	1.9	6	6.6
- Acute and Transient psychotic disorders	3	7.7	2	3.8	5	5.5
- Manic episode	4	10.2	3	5.8	7	7.7
- Depressive episode	1	2.6	3	5.8	4	4.4
- Sexual disorders	8	20.5	-	-	8	8.8
Hyperkinetic conduct disorder	1	2.6	1	1.9	2	2.2
Mental retardation	3	7.7	2	3.8	5	5.5

Table 10
Outcome of Patychiatric Patients Received Traditional Care (Religious Healing)

Psychiatric Disorders	Total	Slight improve		Improved		No Change		Missed escaped	
		N	%	N	%	N	%	N	%
Phobic anxiety dis	5	1	20	-	-	3	60	1	20
Obsessive Compulsive dis	11	1	9.1	-	-	5	45.5	5	45.5
Post-traumatic stress	1	-	-	1	100	-	-	-	-
Adjustment disorder (with depression & anxiety)	10	3	30	2	20	3	30	2	20
Somatization dis.	13	3	23.1	1	7.7	6	46.2	3	23.1
Persist. somatoform pain dis	5	1	20	-	-	2	40	2	40
Dissociative & conversion dis	9	3	33.3	5	55.6	1	11.1	-	-
Schizophrenia	6	1	16.7	-	-	-	-	5	83.3
Acute & transient psychotic disorder	5	-	-	-	-	2	40	3	60
Manic episode	7	1	14.3	-	-	2	28.6	4	57.1
Depressive episode	4	2	50	-	-	1	25	1	25
Sexual disorder	8	2	25	2	25	4	50	-	-
Hyperkinetic conduct disorder	2	-	-	-	-	2	100	-	-
Mental retardation	5	-	-	-	-	5	100	-	-

Table 11
Outcome of Total Psychiatric Patients Received Traditional Care

	Slight improve	Improve	No Changes	Missed expressed
No of patients	18	11	36	26
Percentage	19.8%	12.0%	39.6%	28.6%

Discussion

About 67% were young adults of (19-39) years of age because any disease in this age leads to social handicaps to the family, so searching for treatment as soon as possible and any where, and may be also due to immaturity and frequent crisis which characterize this age.

Females more than males denotes that the preference to give a chance of treatment to females especially mental illness by sheikhs for fear of the mental stigma that may affect marriage later on.

The majority of patients were either illiterate or only finished their primary education which denotes that, less educated people can be attracted to other methods of treatment such as traditional healing.

This supports the work of Veroff et al (1981), who found that receptivity in mental health services has been found to be low in younger and less educated patients. Also, this may also reflect, the high rate of illiteracy in our society according to Farrag (1995) 50% for males and 70% for females inspite of continuing campaigns of the high council on the eradication of illiteracy.

The majority of patients are married (67.3%), this because marriage may be considered as a stress factor especially for females (Freeman 1983).

About half of patients lived in rural

areas while others lived in urban and semi-urban areas which mean that in spite of major changes in our rural community the current socio-economic situations, the immigration of the young population to cities. But, social beliefs and traditions have a powerful influence stronger than civilization and also it immigrates into urban and semiurban areas with people.

Housewives were (64.5%) of female patients while male patients (40%) were unskilled workers and farmers, this picture may reflects the profile of Egyptian culture.

About half of patients were diagnosed as psychiatric patients, and 56% were no medical intervention before going to sheiks this denotes that, many of psychiatric patients are going to sheikhs for treatment from mental illnesses. Our finding is closely similar to previous study of Okasha et al (1968) who found that 60% of outpatients at university clinic in Cairo Serving low Socioeconomic classes have been to traditional healers before coming to the psychiatrist.

Also our findings give support to Kenneth et al. (1996) who say that, little is known about alternative routes to recovery from mental illnesses or natural course of these illnesses, because, stigma concerning mental treatment continue to be a substantial barrier to seeking treatment. Fears of what others would think was a common barrier.

In Arab countries, social and religious beliefs have a powerful influence stronger than civilization and people who are going to sheikhs believe that mental illness is due to evil spirits and jin so, the sheikh & not the psychiatrist is able to cure them and can control jin and let them go away from their bodies.

Also, the stigma of mental illnesses may be another cause which let psychiatric patients prefer to give a chance to religious healing before starting psychiatric treatment.

So, Rakhawy (1996), noticed that, in the last few years most of psychiatrist can hardly examine a patient who did not pass through one or the other of such traditional trials.

Our results found that the majority of patients were treated by non psychiatric physicians because people try to find any method of treatment away from psychiatric treatment to escape from the stigma of mental illnesses these findings has been also observed by others, Rigier et al. (1988), say that many people resist recognizing that a problem exist or attributing the problem to psychological factors or mental illness.

Also, Kenneth et al. (1996), noticed that many persons with mental illness begin the process of receiving treatment through non psychiatric physicians. These physicians provide almost 50% of all mental health services.

Role of general practitioners (GP):

Fourty percentage of our patients went to (GP) before going to sheikh, these mean that, till now (GP) can not recognize psychiatric illness because they have no or little experiences. Our findings is consistant with the study of Blacker and Clare (1987), in many studies about psychological disorders in primary care setting recognition of these disorders by general practitioners has been described as insufficient.

Also, Rush (1993) noted that, in spite of post graduate training programs and guidelines developed to make general practioners more sensitive to psychological disorders, to date, there is little evidence that improvement occurred.

Other finding that 35% of patient were treated by neuro-surg. Specialists, 25% by medical specialists, 12% in (E.R) before going to sheikh, this mean that all of these non- psychiatric. Specialists failed to treat the patients be-

cause they had no or little experiences in treatment of psychiatric disorders. So, patients went to alternative routes to recovery.

These findings are in agreement with Dain (1994), who reported that, over the years psychiatry has been a target for antipsychiatry groups competing for influence these groups have included, neurologists, social workers, new religious, consumers and psychiatrists themselves.

Only 8% of the patients were treated by psychiatrists and 23% have no medical intervention before going to sheikh. Our study is consistent with the study of national comorbidity survery (NCS) found that only 12% of persons with a recent disorders had obtained psychiatric services (Kessler et al. 1994). Also, similarly the epidemiologic catchment area (E.C.A) found that, only 13% reported that they obtained treatment from mental health services (Rigier et al, 1993). Egyptians have a special tolerance to mental disorders and have the ability to assimilate chronic mental patients even to a sacred degree (Okasha, 1990).

Our study gives a high light to the improtance of religion in treatment of some psychiatric disorders we found that there was improvement in 55% of dissociative and conversion disorders, about 27% of reaction to stress and adjustment disorders lastly 25% of sexual problems in males. These results can be explained by, sheikh used the lay religions befiefs and help patients mainly through suggestibility or used koraan as a tool for cognitive reformation or ideas and beliefs, so sheikh used koraan as a sort of cognitive therapy. Our this agrees with Okasha (1966) who reported that traditional and religious healers play a major role in primary psychiatric care in Egypt. They deal in the minor neurotic states using religious and group psychotherapies, suggestions and devices such, as amulets and incantations.

Also our study supported the study of Neeleman and Lewis (1994), they emphasis the importance of religion for many patient with common psychiatric problems. Specially religious help may be of value in the management of such problems.

However, a positive relation exits between religion and mental health, and recently, the psychology of religion has provided empirical support for this idea psychiatry faces the challenge to accommodate this evidence into theory and practice (Neeleman and Persaud 1995).

Conclusions

Majority of the patients were:
Young age group (14-34 years), illiterate or low educated, females were more than males, housewife in females and unskilled & farmers in males.

No difference between number of patients from rural and urban areas due to major changes in our rural community

Many of psychiatric patients are going to sheikhs for treatment from mental illnesses because of:

- Social and religious beliefs have a powerful influence stronger than civilization

High rates of illiteracy according to Farrag (1995), 50% for males and 70% for females in Egypt

Stigma of mental illness let people prefere to give a chance to religious healding before start psychiatric treatment

Minority of adequate psychiatric services and limited education and training of medical students

Failure of general practitioners to recognize and refer psychiatric patient to a psychiatrist

Failure of non psychiatric specialist such as neuro-surg & medical specialists to treat patients let them search for alternative routes for recovery from mental illness.

Religious healing may improve some psychiatric disorders such as dissociative & conversion disorders, adjustment disorders and sexual problems in males, because, religious healers use suggestibility or some sort of cognitive therapy

Recommendation:

We must not neglect the therapeutic effects of religious beliefs

We must use religious psychotherapy in treatment of some psychiatric disorders. Recent advances in biological treatment can undercut antipsychiatry and rekindled optimism about recovery that may go far in eliminating stigma.

Continuing campaigns of the high council on the eradication of illiteracy

Increasing psychiatric services, education and training for medical students to recognize psychiatry well must be put in training programs for general practitioners and physicians to know how to deal and recognize psychiatric patient, how to explain psychological causation, how to refer the patient to a psychiatrist

Encourage the importance of making collaborative work between psychiatrists and general practitioners because, G.P can play a central role in delivery of mental health care

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Role de la Guérison Traditionelle (Guérision Religieuse) dans le soin Psychiatrique Primaire au Sharkia

Le but de ce travail est d 'étudier le rôle de la guérison traditionnelle (Guérison Religieuse) dans le soin primaire des désordres Psychiatriques au Sharkia .

On a éxaminé 196 patients qui ont été allé chéz un Sheikh bien connu au Sharkia pour la guérison religieuse . Cette étude a étè terminée en 3 mois . La majorité des patients sont des jeunes femmes qui sont illettrées . On a trouvé aussi que la guérison religieuse peut aider quelques patients psychiatrique (par exemple : Ceux de la dissociation , et des désordres sexuels) .

دور المداواه التقليدية (الدينية) فى الرعاية الطبنفسية الأولية فى الشرقية

أجريت هذه الدراسة لمعرفة الدور الذى يلعبه العلاج بالدين (القرآن) فى الرعاية الأولية للمرضى النفسيين ، وقد أجريت هذ الدراسة من خلال التوجد لدى واحد من أشهر المعالجين بالقرآن فى قرية بجوار مدينة كفر صقر بمحافظة الشرقية فى الفترة من سبتمبر إلى نهاية نوفمبر ١٩٩٦، وتمت هذه الدراسة على ١٩٦ مريض ذهبوا لتلقى العلاج لدى الشيخ، وقد أجرى لهم فحص شامل طبى ونفسى واستخدامت معايير الدليل العالمى العاشر لتقسيم الأمراض ICD-10 فى تشخيص الاضطرابات النفسية، وقد أظهرت هذه الدراسة ما يلى:

وجود عدد كبير من المرضى يعانون من الاضطرابات النفسية من بين المترددين على الشيخ مما يدل على إنه ما زال هناك عدد كبير من المرضى يفضلون العلاج لدى الشيوخ قبل الذهاب إلى الطبيب النفسى، وذلك لعدة عوامل منها .

أولاً: وجود عجز كبير فى الخدمات الطبية النفسية، وخصوصاً فى المدن الصغيرة، وخارج القاهرة.

ثانيـاً: مازالت المعتقدات البيئية الدينية تلعب دوراً أقوى من التقدم والتحضر الذى حدث فى المجتمع المصرى.

ثالثـاً: لم يأخذ الطب النفسى حتى الآن – بالرغم من اهميته– وضعه فى التدريس لطلبة كلية الطب والممارس العام.

رابعـاً: عجز الممارس العام عن إكتشاف وجود المرض النفسى لدى المريض وتحويله الطبيب الاخصائى ، وذلك لخبرته المحدودة فى الطب النفسى.

خـامسـاً: تفضيل بعض الأخصائيين من تخصصات بعيدة عن الطب النفسى مثل جراحة المخ والأعصاب والأمراض الباطنة القيام بعلاج المريض النفسى، بالرغم من إفتقاره للخبرة فى هذا المجال مما يدع المريض يلجأ إلى الشيوخ.

سـادسـاً: انتشار الأمية والمفاهيم بالنسبة للمرض النفسى حتى الآن بالرغم من المحاولات المبذولة.

سـابعـاً: نجاح بعض الشيوخ عن طريق وضعهم الدين فى علاج بعض الأمراض النفسية، ولذلك نوصى بما يلى:

- زيادة الخدمة الطبية النفسية لتشمل جميع أنحاء الجمهورية..
- إعداد برامج ودورات تدريبيه للممارس العام والأخصائيين فى الطب النفسى.
- إعطاء الطب النفسى الأهمية فى الامتحانات والتدريس لطلبة كلية الطب.
- الإعتراف باهمية العلاج الدينى وإدخاله ضمن العلاج النفسى.
- القضاء على الأمية، وذلك لإرتفاع نسبتها حتى الآن.