Faith in Healers: Impact on Psychiatric Practice in Kuwait

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Abstract

The objective of this study is to verify the role of healers of different types in psychiatric practice and to evaluate the impact of lay public's faith in healers on their perceptions and attitudes toward psychiatry in Kuwait. The sample consists of 700 Kuwaiti citizens randomly selected from general population divided into three groups, Urban, Bedouins and relatives of mental patients, asked to answer a structured questionnaire, which consists of eighteen items. Results revealed that 41.1% of subject have visited a healer at least once in their lives. 68.9% were found to have at least one relative visiting a healer before. Religious methods of healing are by far, the most frequent methods healers tend to use. 23.3% of subjects believe that mental disorders are caused by supernatural forces, e.g. jinn, evil spirits and evil eye. 34.9% of subjects showed preference to visit a healer rather than a psychiatrist if they suffered from a psychiatric disorder. Elderly subjects showed stronger faith in healers than younger subjects. Highly educated people were having less tendency to visit healers but they were keeping hold of the same concepts and traditional belief as less educated and illiterate people. Bedouins were more believing in supernatural forces as a causal model of mental disorders, and more preferable to visit healers than urbans. Subjects faith in healers revealed a negative impact on their attitude towards the quality of psychiatric services presented in the community and their willingness to be treated in psychiatric institutions. Moreover they negatively perceive the approach of hospital staff towards mental patients and the over all efficiency of psychiatric treatment.

Introduction

The cultural background of different communities has a direct influence on the popular and native concepts about mental illness and the approach to treatment. The Arab culture, like other cultures, transmits a number of beliefs which are locally shared though considered unlikely or even objectively disprovable by others outside the culture (El-Islam, 1978). Such beliefs have been termed delusory cultural beliefs (Murphy, 1967). They relate to supernatural forces e.g. Jinn, devil, evil spirits and the evil eye most of the psychiatric disturbances seen in the community. Out of these beliefs emerge the role of healers of different types as active participants in the management of mental patients and lead to flourishment of folk psychiatry, which is a compound of myth, superstitions, common sense, religious and medical teachings, both ancient and modern (Racy, 1970).

For treatment of mental disease as such, native methods may be broadly divided into "magical" and religious, though the distinction is somewhat unclear. Magical therapy of various sorts has existed since the dawn of history, much of it is borrowed from adjoining regions mainly Africa and Near East, and has been encrusted with multiple accretions over the ages. Thus a belief or practice in Arab culture may reveal traces of Mediterranean folklore, Judaic taboo, Christian faith and Muslim retuals (Racy, 1977).

Folk psychiatry has flourished more in primitive communities, especially those with under resourced medical facilities, where the absence of medical provision is supplemented by resort to healers of many varieties. Traditional healers in Zimbabwe treat eye diseases (Chana et al, 1994). Animist healers and "marabous" whose healing

arts derive from Muslim religious traditions are the main therapists for mental disorders in Casamanc area in Senegal (Balde & Sterk, 1994) and tantrike healers in Kathmandu valley in Nepal emulate the hospitals in the speed and impersonality with which mentally ill patients were processed (Skultanes, 1988).

In Kuwait, a well organized medical system and properly equipped hospitals with modem facilities for diagnosis and management are available in all branches of medicine including psychiatry, free of charge at ease and comfort for each individual. Inspite of that, a good body of clinical impressions suggest that a considerable number of mentally ill patients refrain to seek help in psychiatric institutions and prefer to visit healers. Indeed arising, as it does, out of native perceptions and experience and answering deeply felt needs, it may be that of all the forms of native medicine, folk psychiatry is the most effective.

However, the expansion of its role in the community and overestimation of healer's abilities is not free of hazards. Overdependence on them delays the start of proper management in some critical cases. Also, the aggressive and painful methods that are used by some healers, e.g. beating and cautery, which are based on wrong concepts about causation of mental disorders, over- burden an already compromised people with unnecessary harmful measures, and exhaust their mental set, which may in turn lead to more deterioration and may be chronicity of their condition.

So, the aim of this study is to verify the role of healers of different types in psychiatric practice, and to evaluate the impact of this role on public's attitudes toward psychiatric management in Kuwait.

Methodology

The sample consists of 700 Kuwaiti citizens randomly selected from general population divided into three groups. Two of them represents the two social divisions of Kuwaiti society, urban (300 subjects) and Bedouins (250 subjects). A third group represents relatives of mentally ill patients who were visiting the outpatient department of Kuwait Psychiatric hospital in accompany with their relatives (150 subjects).

Urban people are known to be more liberal and leading a modern life style. While Bedouins are comparatively more conservative and traditional. Relatives of mental patients supposed to be more in contact with healers and to have more knowledge about them and their methods of healing.

Urban and Bedouin subjects were collected from visitors of general hospitals. Questionnaires were carried out by research assistants to the five major general hospitals in the country, Adan, Farwaniya, Amiri, Jahra and Mubarak hospitals. Each hospital serves a related catchment area and all together nearly cover health services to the whole country.

The collaborators who were chosen received a short training course in the practical application of the questionnaire. Subjects were selected by random digits from those people who were coming to these hospitals for visiting their inpatient relatives or friends.

The mean age of the sample was 31.7 years (Urbane 32.7, Bedouins 28.7, and relatives of patients 34.5 years). 56% were women. Employees represent the main occupational group of the study (65%), and 56.7% of subjects did not complete secondary education. Subjects above fifty years of age were under represented in the study (4%).

The Questionnaire consists of eighteen items, and inquires about frequency of subjects visits to healers, their concepts about the origin of mental disorders whether resulted from biological and/or psychological disturbances or caused by supernatural

forces, their preference to be treated by either psychiatrist or healer in case of suffering from mental disorder or other psychological troubles, and their general knowledge about healers and the methods they are using. The Questionnaire also includes items to assess subjects' perception and attitudes toward psychiatric management and services presented in the community e.g. quality of services, concepts about psychiatric therapy and institutions and the approach of staff towards mental patients. The author also visited some of the traditional and religious healers and met them personally to gather more information about their ways of diagnosis and methods of healing.Exclusion criteria were limited to subjects under sixteen years of age and those who were suffering from mental disorder.

Statistical analysis : Frequency counts to examine subjects responses to the items in the questionnaire. Cross tabulation and chi square (x^2) for measuring the association and relationship between the variables and its statistical significance.

Results

The term healer in this study is applied, without specification', to all people who are lacking the medical knowledge or psychological background and are using non-scientific methods, and approved by lay public, not the official authorities, to manage psychiatric or other medical disorders.

Results revealed that 288 subjects (41.1%) have visited a healer at least once in their lives. 13% reported more than three visits, no significant difference was found between urban (32.3%) and Bedouins (36%) but the difference was significant between both and the relatives of mentally ill patients (67.3%) (Table 1). The extent of faith on healers in the community is more clarified by inquiry about the number of subjects who have relatives who sought healer's help. 482 subjects (68.9%) reported that they have at least one relative (up to third degree relative) visited a healer before, and 35.1% of subjects have more than three relatives with previous visits to healer. No significant difference was found between the three groups (Table 2).

The age variable and level of education seems to play an important role in subjects' tendency to visit healers. 85.7% of subjects above fifty years of age were found to have at least one visit, compared with 21.2% of the young's under 20 years. 36% of university educated subjects had visited a healer before, compared with 54.2% of subjects with primary school education and 75% of illiterates. Sex variable and income had no significant influence on subjects' tendency to visit healers (Table 3).

Subject's concepts about the origin of mental disorders showed that 163 subjects (23.3%) believe that mental disorders are caused by supernatural forces e.g. jinn, evil eye and evil spirits. Urbans are the least who believe in that (17.7%) compared with Bedouins (27.6%) and relatives of patients (27.3%), (Table 4).

Again subject's above fifty years are the most who believe in super natural forces as a causal model of mental disorders (42.9%) compared with the younger under twenty (18.2%). Men were found to hold this belief more than women (27.7% Vs 19.8%). Educational level and occupation showed no significant influence on subjects' concepts about the origin of mental disorders (Table 5).

Subject's preference to visit either a psychiatrist or a healer in case of suffering from a psychiatric disorder revealed that 244 subjects (34.9%) prefer to be treated by a healer, while 62.6% of subjects prefer psychiatrist. Bedouins are significantly more preferable to visit healers (44.8%) compared with urbans (28.7%) and relatives of patients (30.7%), (Table 6). Men showed preference to healers more than women

(40% Vs 30%). Educational level, occupation and income showed no significant influence (Table 7). It seems that subjects' concepts about the origin of mental disorders is not the only factor that influence their preference to visit either a psychiatrist or a healer. Results revealed that 8.7% of subjects who prefer to be treated by psychiatrists believe that mental disorders are caused by supernatural forces, while 46.3% of those who prefer to visit a healer are realizing that mental disorders are a result of biological and/or psychological dysfunctions (Table 8).Religious methods of healing are, by far, the most common methods subjects reported that healers tend to use (73%). 4% of subjects reported other methods (cautery, 2.1%, beating 1.6% and electricity 0.3%). Religious methods of healing mainly depend on reading specific parts of the Quran and drinking or washing by water, or painting by oil upon which the healer read some Quranic verses. Other methods like herbs, Hegab and Bokhour are also used, (Table 9).

Results revealed that the community has a negative attitude towards psychiatry in general and toward psychiatric services and management in particular. The preference to visit healers rather than psychiatrists and the traditional beliefs about the origin of mental disorders revealed to augment this negative attitude. 42.3% of subjects who believe that mental disorders are caused by supernatural forces evaluate psychiatric services as bad quality compared with 26% of subjects who realize that they are a result of biological and/or psychological dysfunction. 72.4% of the former group express their non-acceptance to be treated in a psychiatric hospital compared with 48.5% of the latter. Also, 24.5% of those who believe in supernatural forces believe that psychiatric treatment is of no benefit compared with 10.5 % of the others, and 52.1% think that mental patients are harshly and inhumanely treated in psychiatric institutions compared with 37.7% of the other group, (Table 10).

Preference to visit a healer rather than a psychiatrist was also associated with negative attitudes toward psychiatric management and services. Subjects with healer preference are the most who perceive services of bad quality (42.2%) compared with 22.4% of those who prefer to visit a psychiatrist. They reject most the idea of receiving treatment in psychiatric hospital (78.3% Vs 40.6%); think that psychiatric treatment is of no benefit (23% Vs 8%) and perceive the approach of hospital staff towards mental patients as harsh and inhuman, (58.6% Vs 31.1%) (Table 11). No significant influence was found concerning previous visits to healers on subjects' attitude towards psychiatric management. (Table 12).

Table (1)
Frequency of subject's visits to healers,comparison between urbans, Bedouins and relative of patients.

	Total 700 (100%)		Urbans 300 (43%)		Bedounis 250 (36%)		Relatives of patients 150 (21%)	
	No.	%	No.	%	No.	%	No.	%
Visited healers	288	41.1	097	32.3	090	36.0	101	67.3"
No Visits	412	58.9	203	67.7	64.0	64.0	049	32.7
* P< 0.001								
Frequency of Visits								
One visit	104	14.9	043	14.3	09.6	09.6	037	24.7
Two visits	059	08.4	020	06.7	07.2	07.2	021	14.0
Three visits	034	04.9	011	03.7	05.2	05.2	010	06.7
> three visits	091	13.0	023	07.7*	14.0	14.0	033	22.0
*P<0.01								

Table (2)
Effect of demographic variables on subject's visits to healers

	Visited a healer 288 (41.1%)		No visits 412		Total 700 (100%)		Significance
	No.	%	No.	%	No.	%	
Age							
< 20 years	014	21.2	052	78.8	066	09.4	
21-30	111	40.7	162	59.3	273	39.0	*P<0.001
31-40	105	41.8	146	58.2	251	35.9	(significant)
41-50	034	41.5	048	58.5	082	11.7	
> 50 years	024	85.7*	004	14.3	028	04.0	
Sex							
Male	133	43.3	174	56.7	307	43.9	
Female	155	39.4	238	60.6	393	56.1	P>0.05 (non-significant)
Education							
Illiterate	015	75.0*	005	25.0	020	02.9	
Primary	013	54.2	011	45.8	024	03.4	
Intermediate	060	43.2	079	56.8	139	19.9	*P>0.01
Secondary	091	42.5	123	57.5	214	30.6	(significant)
University	109	36.0	194	64.0	303	43.3	
Occupation							
Student	016	21.3*	059	78.7	075	10.7	
House wife	041	51.2	039	48.8	080	11.4	*P>0.01
Employee	200	42.0	276	58.0	476	68.0	(significant)
Professional	011	40.7	016	59.3	027	03.9	
Jobless	017	51.5	016	48.5	033	04.7	
Others	003	33.3	006	66.7	009	01.3	
Income-monthly							
<500 KD	096	39.3	148	60.7	244	34.9	
501-1000	132	43.7	170	56.3	302	43.1	
1001-1500	016	35.6	029	64.4	045	06.4	P>0.05
>1500	004	33.3	008	66.7	012	01.7	(significant)
undecided	040	41.2	057	58.8	097	13.9	

Table **(3)**
Subject's concepts about the origin of mental disorders. Comparison between groups.

	Total **700 (100%)**		Urbans **300 (43%)**		Bedounis **250 (36%)**		Relatives of patients **150 (21%)**	
	No.	%	**No.**	%	**No.**	%	**No.**	%
Biological and/or Psychological disturbances	515	73.6	239	79.7	168	67.2	108	72.0
Supernatural forces	163	23.3	053	17.7	069	27.6	041	27.3
Undecided	22	03.1	008	02.7	013	05.2	001	00.7

	Total 700 (100%)		Urbans **300 (43%)**		Bedounis **250 (36%)**		Relatives of patients 150 (21%)	
	No.	%	**No.**	%	**No.**	%	**No.**	%
Psychiatrist	438	62.6	202	67.3	135	54.0	101	67.3
Healer	244	34.9	086	28.7	112	44.8*	046	30.7
Undecided	018	02.6	012	104.0	003	01.2	003	02.0

	Total 700 (100%)		Urbans **300 (43%)**		Bedounis **250 (36%)**		Relatives of patients 150 (21%)	
	No.	%	**No.**	%	**No.**	%	**No.**	%
Religious methods	511	73.0	208	69.3	184	73.6	119	79.3
Cautary	015	02.1	001	00.3	010	04.0	004	02.7
			001					
			085					

Table (6)
Subject's attutides toward psychiatric

	Total 700 (100%)		Psychiatrist 438 (62.6%)		Healer 224 (34.9%)		Undicided 18 (2.6)	
	No.	%	No.	%	No.	%	No.	%
Quality of psychiatric services								
. Very good	011	01.6	007	01.6	004	01.6	000	0.00
. Good	380	54.3	273	62.3	099	40.6	008	44.4
. Bad	207	29.6	092	22.4	103	42.2"	006	33.3
. Very bad	079	11.3	043	09.8	033	13.5	003	16.7
-Undecided	023	03.3	017	03.9	005	02.0	001	05.6
*$P<0.001$								
Acceptance to be treated in Psychiatric hospital								
- Accept	307	43.9	250	57.1	053	21.7	004	22.2
- Don't accept	383	54.7	178	40.6	191	78.3"	014	77.8
- Undecided	010	01.4	010	02.3	000	00.0	000	00.0
*$P<0.001$								
Reasons for non-acceptances								
- Bad reputation	160	22.9	085	19.6	071	29.1	003	16.7
- For fear of it	122	17.4	080	18.3	042	17.2	000	00.0
- Treatment of no benefit	099	13.7	035	08.0	056	23.0"	008	44.4
- Social prestige	096	13.7	065	14.8	031	12.7	000	00.0
- All	013	04.4	017	03.9	011	04.5	003	16.7
- No reason for non-acceptance	192	27.4	155	35.4	033	13.5	004	22.2
"$P<0.001$								
Staff approach to mentally ill patients								
- Human with full respection	407	58.1	302	68.9	101	41.4	004	22.2
- Unhumanistic	293	41.9	136	31.1	143	58.6"	014	77.8
$P<0.001$								

Discussion

Healers in Kuwait are roughly classified by lay public into three main types, traditional or native healers, religious healers, and magicians. Although distinction is not so clear and considerable overlap is noticed among them, but each has his own concepts and methods of management. Traditional healers, reminding with ancient medicine men, are using primitive methods of healing e.g. herbs, oils and cautery, while magicians believed that their magical power is derived from direct contact with the jinn, spirits or even the devil. They can inflict harm by witchcraft and sorcery, and also have the ability to heal by sorcery-undoing and rid the affected person of the bad influence. Some of them are known to have special abilities like clairvoyance. Muslim religious teachings reject dealing with magicians, so there is a common believe that they are disguised under Islam and use some religious methods as camouflage. That may explain why no one of the subjects reported experience of magical therapy inspite the fact that magicians are many in the community.

Religious healers (Al-shaikh or Al-mutawaa), on the other hand, depend mainly on Muslim religious traditions and readings from the holy book (Al-Quran). For diagnosis, the "shaikhs" usually meet their clients in groups that range from few to very large number, which may reach with some famous shaikhs up to one hundred clients or even more. They start to read loudly parts of the Quran. Some people vomit, others start to scream and a third group give no response. Vomiting means that they are under the influence of magic, while screaming means possession by jinn, and no response means affection by evil eye or suffering from psychological or other medical problems. With some variations, treatment for all depends on reading specific verses of Quran according to the client's condition, and drinking or washing by water or painting by oil on which parts of Quran have'been read. Usually water is given as bottles of normal mineral water, some skaikhs open it and blow on it, while others give it to patients unopened. Other methods include anti-sorcery and anti-envy amulets (Hegab) , herbs and Bokhour. Al zar, which is a sort of a healing ceremony, imported to Arab countries from Ethiopia at the turn of this century is not commonly used by healers in Kuwait. Religious healers are by far, the most famous and most accepted among all other types, they are trusted, believed in and respected.

Results revealed that a considerable number of Kuwaiti people either visited a healer (41.1%) or have at least one relative who visited a healer before (68.1%). The vast majority of subjects above 50 years of age reported at least one visit in their lives (85.7%), while the younger have much less visits (21.2%). Those who least believe that mental disorders result from supernatural forces, are more preferable to visit a psychiatrist rather than a healer if they got a psychiatric disturbance.

Educational level showed no significant influence neither on subjects concepts about the origin of mental disorder, nor their preference to be treated by either psychiatrist or healer. However it showed significant influence on actual visits, where more educated people reported much less visits to healers than less educated people and illiterates. This discrepancy between concepts and behavior indicate that, education and modern knowledge seems to succeed to modify the behavior of Kuwaiti people to some extent, but fails to change their deeply seated concepts and beliefs. Sex ratio revealed no significant difference, with slight increase of men than women regarding previous visits to healers. Skultans (1994) from Nepal also found that men and not women are forming the majority of the healers practice.This

contrasted with the sex ratio presented by Lieban (1983) in his study on Cibu city where women formed the overwhelming majority of the urban *healer's* clients, *as well as Finkler's* (1980) *study of* spiritualist healing practice in Mexico.

No significant difference was found between urban and Bedouins regarding previous visits to healers. However Bedouins revealed to be more believing in supernatural forces as a cause of mental disorders than urbans (27.6% Vs 17.7%). They are also the group who prefer to visit a healer rather than a psychiatrist in case of suffering from a mental disorder (44.8% Vs 28.7%). Chana et al (1994) in Zimbabwe also found that rural communities have a strong faith in and respect for traditional healers, who provide the first line of medical attention for most people.

Preference to healers is not merely a result of the basic conception that mental disorders are caused by supernatural forces. **46.3%** of those who showed preference to visit healers were acknowledging that mental disorders are a result of biological and / or psychological disturbances. An observation which suggests that lay people visiting healers are motivated , not only by the cultural beliefs about jinn and spirits, but also by the overwhelming faith in healers themselves and overestimation of their abilities. Most of the healers, specially those with religious affiliations are eminent clergymen, so, their healing abilities are enhanced by the awesome prestige of being representative of a healing God, in addition to the attributes of being medicine men which they acquired. **As** in Muslim religious teachings, no one can cure illness but Allah, so, the influence of their healing is extended over patient's perception of their own illness. This explains, why religious methods of healing are by far, the most common methods that healers tend to use. However, a healer's fame and success depends mainly on his personality, his ability to convince others that he is worth to assume this sacred role, provided that at the end, the patient, the healer himself and the community are *all* convinced of his healing power .

Gurin et al (1960) found that ***42%*** of *subjects* would seek out clergymen for support and only 18% a psychiatrist or a psychologist. The relation between religion and psychiatry is so intimate and deep, they share a concern for many of the same things. As Bill Folford notes in the book, Psychiatry and Religion (Bhugra, 1996) " religion and psychiatry occupy the same country: **A** landscape of meaning, significance, guilt , belief , values, vision, suffering and healing" . Both deal with human life and both recognize that health goes far beyond the physical, entering the inner chamber of the mind with all the longings and fears that belong to the human kind.

The strong faith in healers among lay people influences their attitudes toward psychiatric practice. Although previous visits to healers revealed to have no influence what so ever, but subjects believe that the origin of mental disorders comes from supernatural forces and their preference to visit healers rather than psychiatrists revealed to have highly significant influence. They are the most who believe that psychiatric treatment is of no benefit, and reject the idea of being admitted to a psychiatric hospital if they get a mental disorder. They are also the most who negatively perceive the quality of psychiatric services and believe that mentally ill patients are dealt with in psychiatric institutions in an inhuman way. So the traditional beliefs about the origin of mental disorders and the strong faith in healers has a negative impact on public attitudes towards psychiatry and acts as an additional factor in augmenting the social stigma towards it. This sigma increases the rejection rate towards psychiatrists and mental hospitals, and in turn, enhances more the dependence on healers. At the end both, the psychiatric stigma and dependence on healers,

run in vicious circles one re-enforcing the other, within this circle the boundaries between the cause and result faded away, and there is no way now to know which one of them is causing the other.

Carey (1997) believes that individual patients can gain greatly when there is close co-operation between psychiatry and religion in general and psychiatrist and clergyman in particular. However, the professional rivalry and differences in concepts among psychiatrists and clergymen form a barrier between both. Clergymen have been angered by the fact that psychiatrists take no account of the religious or spiritual realities, which in their view, are fundamental to a proper understanding of the human condition. Psychiatrists on the other hand, have rightly despaired at times at the blundering efforts of some clergymen who have invoked a hot line to the holy spirit to deal with all kinds of mental illness.

A partnership is needed, and it needs to flourish, as a healthy secure religion, which is open intellectually and the mature co-operation between clergymen (religious healers) and psychiatrists, could make psychiatry far stronger, and has much to offer to community, to the psychological security of individuals and to the well being of society as a whole.

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