

ORIGINAL ARTICLE

Magico-Religious beliefs among primary care takers of manic patients.

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Abstract

Introduction: Mania is one of the commonest psychiatric disorders that require immediate interventions. There is a wide held belief that co-occurrence of mental disorders and underlying religious or spiritual problems is found. Local and community belief in such phenomena appeared to be a factor in influencing the decision to seek Magico-Religious treatment. The study was done with the objective to determine the attitudes of the primary care taker with respect to Magico-Religious beliefs which can have impact on treatment seeking behavior and timely consultation to the psychiatrist for underlying condition.

Materials and Method: Consecutive fifty primary care takers who accompanied the patient and gave consent were included in the study. The supernatural Attitude questionnaire developed to study the magico religious beliefs was applied to the primary care taker. Both parametric and non parametric statistical tools were applied to analyze the variables.

Results: About 48% believed that performing magico-religious rituals could improve the behavior of the patients and 76% of the primary caretakers visited faith healer for this purpose. Association between Magico-religious treatment group and non-magico-religious treatment group with different variables like Age, Sex, Religion, Socio-Economic Status, Education and Occupation, were compared, which shows that, all the variables were comparable and the P-value was not significant.

Conclusion: There is a common belief among the primary care takers about the relationship between supernatural's influences and mental illness. The study concluded that there exists no significant relationship between socio demographic characteristics of a primary care takers and traditional practices and beliefs and hence are independent of each other.

Key words: Magico-religious belief, primary care takers, manic patients.

INTRODUCTION

Mania is one of the commonest psychiatric disorders which require immediate intervention as it causes severe social, occupational disturbances even occasionally life threatening consequences¹. The lifetime risk for developing bipolar mania is around 1% (0.4-1.6%)² and recurrence is almost 90%.

Unlike the other branches of medicine, a psychiatrist must depend upon the clinical interviews and observations for making a diagnosis and monitoring its course. There is a wide held belief that co-occurrence of mental disorders and underlying religious or spiritual problems is found and manic psychosis is no exception. Ascribing illness to external

malevolent influences e.g. spirits, Gods, deities is common notion and is shared by practically all the so-called primitive or non-literate societies and even modern industrialized societies also subscribe to this view to different degrees, indicating that cultural background strongly influences the symptoms of mental illness³. Mental illness is seen as related to life stresses, social or family conflicts and evil spirits³. Local and community belief in such phenomena appeared to be a factor in influencing the decision to seek Magico-Religious treatment.

The term Magico-Religious is commonly used to describe beliefs prevalent in a particular culture concerning various supernatural influences operating in the environment. The treatment by an indigenous healer is considered to be brought about by such influences, which is known as Magico Religious treatment⁴. In Indian sub-continent Magico-Religious beliefs are frequently conjectured as causal explanations of mental illnesses, and consequently services of "faith healers" are often sought for treatment of mental disorders ^{5,6}. In our culture also we frequently see such beliefs and primary care takers take the help of faith healers and other religious treatment. So this study was done with the aim to determine the attitudes of the primary care taker with respect to Magico-Religious beliefs which can have impact on treatment seeking behavior and timely consultation to the psychiatrist for underlying condition.

METHOD AND MATERIAL

This is a descriptive cross sectional study conducted in B.P. Koirala Institute of Health and Science. It is a tertiary level, referral health institute in eastern Nepal. The psychiatry department has both inpatient and outdoor facilities. It also runs the communities out-reach clinics at four rural settings. Fifty consecutive subjects here by referred as primary care taker (operational definition of Primary care taker: significant person who is related to patient and staying with the patient and are actively involved in his or her care) whose patients were admitted in the psychiatric ward were included in the study. The informed consent was

obtained and the process was explained to all the participants. Those who refused to take part in the study were not included. Epidemiological indices were noted down with regard to age, sex, ethnicity, occupation, education and geographical areas using a structured Performa. The supernatural Attitude questionnaire ⁴ developed to study the magico religious beliefs were translated in Nepali language and back translated in English by the expert in related language. In this study the Nepali version of the questionnaire was applied to the primary care taker. Both parametric and non parametric statistical tools were applied to analyse the variables.

RESULT

Demographic variables

Of the 50 primary care takers, 26% were spouses of the patients, 50% were parents, 22% were siblings of the patients, and the remaining 2% were son. The mean age of the samples was 41.67 (SD 8.30) years and 34% of them belonged to age group 50-59. Seventy percent of the primary care takers were male and 82% were Hindu. Only 14% of them had 10 years or more of formal school education, whereas 24% of them were illiterate. Among them 42% were farmers by occupations. All the relatives comprehended the supernatural Attitude Questionnaire quite easily.

Figure 1: Age wise characteristics of the Primary Care takers

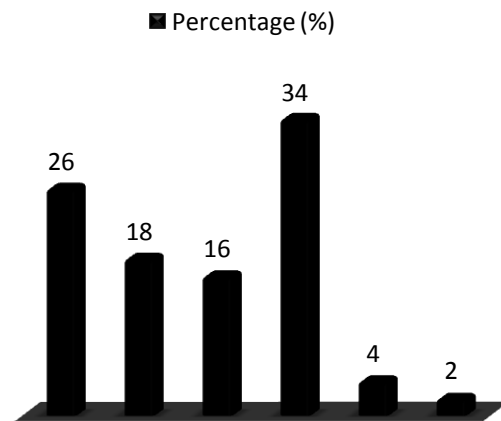


Figure 2: Sex of the Primary Care takers

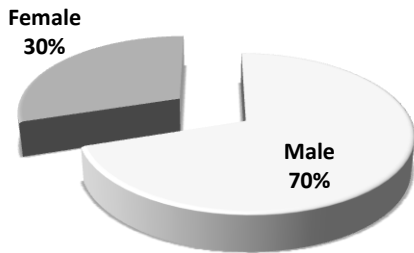


Figure 3: Religious Characteristics of the Primary Care takers

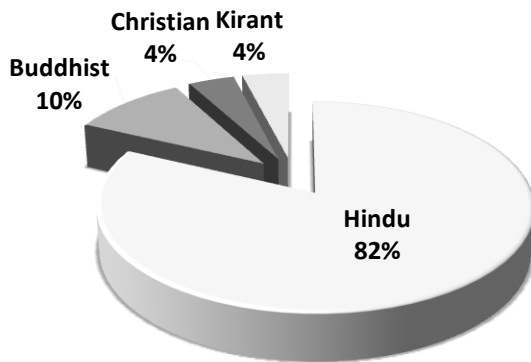


Figure 4: Educational Characteristics of the Primary Care takers

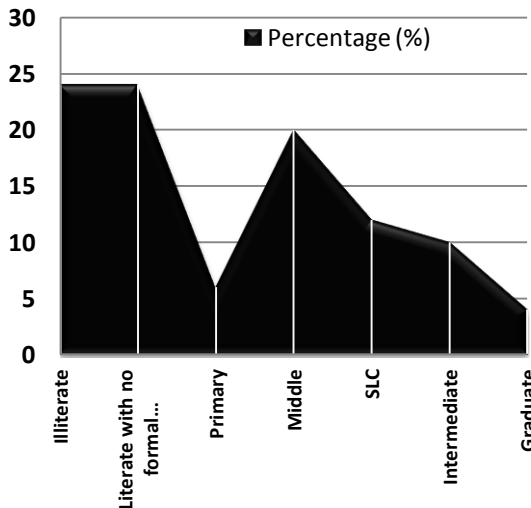
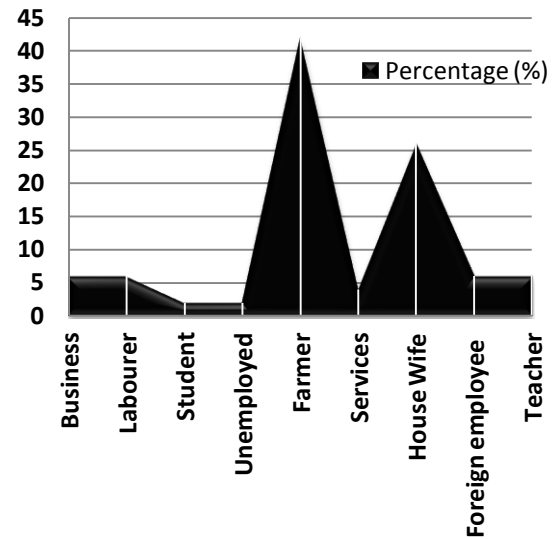


Figure 5: Occupational Characteristics of the Primary Care takers



Supernatural Attitude Questionnaire

When the primary care takers were questioned, 44% of them acknowledged personal belief in *Jadu Tona* (Sorcery), 58% in *Bhoot Pret* (ghosts/evil spirits) and 52% in *Pret Aatma* (Spirit intrusion). When the question was asked about the role of such influences in causing mental illness, 42% of them had belief in the causative power/link between sorcery & mental illness, 26% of them believed that ghosts/evil spirits caused mental illness and 32% of the primary care taker held that spirit intrusion caused such illness. About 40% of them were of the opinion that divine wrath (*Devi Devta Prakop*) can cause mental illness, 52% of the relatives felt that planetary/astrological influences (*Grah-Nakchatra*) can cause mental illness, 28% of them believed that dissatisfied or evil spirit can cause mental illness and 38% were convinced that retribution for bad deeds in the past (*Karma*) could result in mental illness.

Regarding the link between the abnormal behavior of the patients and these supernatural influences, it was revealed that 34% of them attributed the display of abnormal behavior by the patient to sorcery, 32% to ghosts/evil spirits, 18% to spirit intrusion and 28% each to divine wrath, planetary influences and dissatisfied/evil spirits.

Table 1: Response of the Primary Care takers

Do you believe in sorcery/witchcraft?	Frequency (n)	Percentage (%)
Yes	22	44.0
No	28	56.0
Total	50	100.0
Do you believe in Ghosts/Evil Spirits?		
Yes	29	58.0
No	21	42.0
Total	50	100.0
Do you believe in Spirit Intrusion?		
Yes	26	52.0
No	24	48.0
Total	50	100.0
Do you think sorcery/Witch Craft can cause mental illness?		
Yes	21	42.0
No	29	58.0
Total	50	100.0
Do you think Ghosts/Evil Spirits can cause mental illness?		
Yes	13	26.0
No	37	74.0
Total	50	100.0
Do you think spirit intrusion can cause mental illness		
Yes	16	32.0
No	34	68.0
Total	50	100.0
Do you think Divine Wrath can cause mental illness?		
Yes	20	40.0
No	30	60.0
Total	50	100.0
Do you think adverse planetary/Astrological influences can cause mental illness?		
Yes	26	52.0
No	24	48.0
Total	50	100.0
Do you think dissatisfied or evil spirit can cause mental illness?		
Yes	14	28.0
No	36	72.0
Total	50	100.0
Do you think that mental illness is as retribution of a bad deed in previous life?		
Yes	19	38.0
No	31	62.0
Total	50	100.0

Table 2: Behavioral Characteristics of the respondents

Do you think patient's behaviour is due to:

Sorcery/Witchcraft	Frequency (n)	Percentage (%)
Yes	17	34.0
No	33	66.0
Total	50	100.0
Ghost/Evil Spirits		
Yes	16	32.0
No	34	68.0
Total	50	100.0
Spirit Intrusion		
Yes	9	18.0
No	41	82.0
Total	50	100.0
Divine Wrath		
Yes	14	28.0
No	36	72.0
Total	50	100.0
Planetary Influences		
Yes	24	48.0
No	26	52.0
Total	50	100.0
Evil Spirits		
Yes	13	26.0
No	37	74.0
Total	50	100.0

Regarding the beliefs of primary care taker and patients in various supernatural phenomena, it was seen that most of them had an admixture of two or more than such beliefs. The finding shows though the majority of the primary care taker claimed not to believe in such influences and link with the mental disorder but magico-religious treatment was sought by them for the patients.

Table 3: Behavioral characteristics of the respondents with regards to rituals

Do you think Puja/Rituals/ Jhad-phoonk can change behaviour?

	Frequency (n)	Percentage (%)
Yes	24	48.0
No	26	52.0
Total	50	100.0
Did you consult a faith healer?		
Yes	38	76.0
No	12	24.0
Total	50	100.0
Was Puja/Ritual/Jhad-phoonk performed with a view of making better?		
Yes	35	70.0
No	15	30.0
Total	50	100.0

Table 4: Belief characteristics of the respondents

Does the patient believe or talk about:

	Frequency (n)	Percentage (%)
Sorcery/Witch craft		
Yes	19	38.0
No	31	62.0
Total	50	100.0
Ghosts/Evil Spirits		
Yes	17	34.0
No	33	66.0
Total	50	100.0
Spirit Intrusion		
Yes	11	22.0
No	39	78.0
Total	50	100.0
Divine Wrath		
Yes	16	32.0
No	34	68.0
Total	50	100.0
Planetary Influences		
Yes	7	14.0
No	43	86.0
Total	50	100.0
Evil Spirit		
Yes	22	44.0
No	28	56.0
Total	50	100.0

Did he talk or believe in these things before falling ill ?

Yes	6	12.0
No	44	88.0
Total	50	100.0

Did patients visit faith healer at his/her request

Yes	24	48.0
No	26	52.0
Total	50	100.0

Community believes in such influences?

Yes	40	80.0
No	10	20.0
Total	50	100.0

Does the patient belong to specific religious sect?

Yes	5	10.0
No	45	90.0
Total	50	100.0

Table 5: Association between magico-religious treatment group and non magico-religious treatment group with different variables

Variables	Magico-religious group	Non-magico-religious group	P-value	
Age	<40 Yrs	36%	8%	0.304
	≥40 Yrs	40%	16%	*
Sex	Male	56%	14%	0.254
	Female	20%	5%	*
Religion	Hindus	64%	18%	0.368
	Others	12%	6%	*
socio-economic status	Low	44%	12%	0.503
	Middle	34%	12%	*
Education	Illiterate	18%	6%	0.304
	Literate	58%	18%	*
Occupation	Professional	12%	8%	0.179
	Non-professional	64%	16%	*

Association between Magico-religious treatment group and non-magico-religious treatment group with different variables like Age, Sex, Religion, Socio-Economic Status, Education and Occupation, were compared, as shown in the table, which shows that, all the variables were comparable and the P-value was not significant hence indicating that the socio demographic variable are independent of magico religious treatment.

DISCUSSION

In view of the sparse research in this and the related field of magico-religious beliefs it is pertinent here to discuss findings of this study and the findings obtained from various other studies. There are few studies carried out in India in which attitudes towards supernatural influences and their role in causing mental illness have been studied. Studies by Chakraborty and Bhattacharya ⁷, Prabhu ⁸ and Verghese and Beig ⁹, have shown that the general population, including subjects from the urban background believed that supernatural influences like demonology and black magic can cause mental illness. In the study done by Kulhara et al⁴, it was found that in about 40% of the cases, the key relatives believed that behavioural abnormalities in the patients could be caused by various types of supernatural influences.

In the study 31% of the primary care takers believed that it could be due to such influences. Similarly, other studies have been carried out to find out influences of magico-religious belief in various mental disorders. Malhotra and Wig¹⁰ observed that in 2% of the cases faith healing was preferred. Whereas Boral et al¹¹, found that in severe mental disorders other treatment modalities like electro convulsive therapy or medicines were preferred. In the study done by Kulhara et al⁴, nearly 33% of the cases, relatives thought that magico-religious treatment could improve the patient's conditions, while 58% of the cases actually carried out. In the same study major portion of the study population believed that supernatural influences could cause severe mental illness and magico-religious treatment was sought in the majority of the cases.

In our study the main reasons for seeking magico-religious treatment could not be pointed out for single reason. In fact there are many factors primarily; it is the patient's belief in such influences, belief of the relatives in such supernatural influences and belief of the neighborhood. Interestingly, it was observed that majority of the primary care takers though did not believe in such supernatural influences but magico-religious treatment was sought. It is likely that magico-religious treatment was sought because of social pressure to do so. Magico-religious treatment when sought by either personal choice or as a result of social pressure often delays or hinders initiation of psychiatric treatment. In few of the cases it was observed that psychiatric treatment was discontinued and patient was subjected to magico-religious treatment on faith healer's advice, which may harm the patient in a great deal. So, this issue should be included in psycho-education.

Seeking Magico-religious treatment was speculated to be associated with low educational background, rural set-up, female sex and neurotic illnesses like hysteria and somatoform disorders⁴. This was not applicable in this study, as both the groups i.e. Magico-religious treatment and Non magico-religious treatment were comparable on the variables stated above. In fact, a majority of the primary care takers had adequate educational background (more than 10 years of formal education).

Similar kind of study was conducted by Kulhara et al⁴ in Schizophrenic patients, where similar finding /results were yielded. In this part of the world, family members including relatives and neighbour have considerable influence on the patient care and choice of treatment. At the same time, due to the nature of illness patient is unaware about the illness and is unable to decide about the treatment. Their belief in supernatural influences could be one of the reasons in seeking magico-religious treatment irrespective of their socio-economic status and educational background. There could be other reasons, as the modern medical services are not widely available and lack of awareness

regarding those services where they are available.

CONCLUSION

The study concluded that there exists no significant relationship between socio demographic characteristics of a primary care takers and traditional practices and beliefs and hence are independent of each other.

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