

Perception of faith healers of Chandannath Municipality, Jumla towards mental illness – a qualitative study

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Abstract

Background

Dhami-jhankris of Nepal are the shamans who acts as mediators between spiritual world and day to day life. In Nepal dhami-jhankris are sought for treatment of ill health in particular mental illness. People visited faith healers due to their belief. Faith healing users usually do not go to doctors without the referral from their faith healers. Collaboration between biomedical care and faith healers would be beneficial to the rural communities of Nepal as it would improve the diagnosis and treatment of mental illness. Perceptions of people should be considered when formulating the psychiatric healthcare system as they serve as facilitators or barriers for achieving mental healthcare goals. This study was undertaken with the objective to explore the perception of faith healers of Jumla towards mental illness.

Method and materials

Qualitative approach was used to identify the perception of faith healers towards mental illness in Chandannath Municipality, Jumla. A total of ten (6 female and 4 male) interviews were taken using non-probability purposive

sampling. Interviews were conducted in local language and audio recording was also done. Data analysis was done manually by thematic analysis.

Results

People of all ages visited faith healers of Chandannath, Jumla to get evaluated if their god had inflicted on them. They could associate somatic, neurological and behavior presentations with mental illness. Their regular remedies like ritual blowing and amulets blessed with mantras were affordable to general public, and were not inhumane. Faith healers worked to add followers to their deity and for the benefit of society. Most of the faith healers did not show dislike towards biomedical care. In fact, they linked their clients with hospital.

Conclusion

The faith healers' perception of mental illness and their routine interaction with mentally ill persons could be used as an opportunity to collaborate with formal health care.

Keywords

Faith healers, perception, mental illness, Jumla, qualitative study

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INTRODUCTION

Faith healers of Nepal include dhami-jhankri, pandit-lama-gubhaju-pujari and jyotishi. Dhami-jhankri are the shamans who acts as mediators between spiritual world and day to day life. Pandit-lama-gubhaju-pujari are the

priests while jyotishi are the fortuneteller.¹ The ancient belief that illness result from supernatural forces exists in many cultures including that of Nepal.² In Nepal dhami-jhankris are sought for treatment of illness in particular mental illness.³ Eighty percent of the population of Nepal lived in rural area and were dependent on traditional medicine. People often visited faith healers due to their magico-religious belief. According to National Mental Health Survey 2020, 6.7% of the Nepalese adults had approached faith healers for the treatment of mental disorders. Meanwhile, adults reaching non-specialist doctors and psychiatrists were 8.8% and 6.5% respectively.⁴ Majority of the faith healers used traditional tools and techniques for their craft.⁵ A study done in Ghana had

recognized faith healers as the “first port of call” for ill-health.⁶ Faith healing users usually do not go to doctors without the referral from their faith healers.⁷ A study from Nepal found that faith healers to be a viable option for delivering mental healthcare among the underserved Nepalese people as they promote indigenous concept of mental well-being.⁸ Another study from Kenya had concluded that in order to improve the diagnosis and treatment of mental illness the collaboration between biomedical care and faith healers would be beneficial.⁹ This approach would be of advantage to rural communities.¹⁰ Both traditional and secondary health workers attitude towards collaboration were positive. These findings opened the possibility of traditional and modern medicine working together for the improvement in diagnosis and treatment of mental illness.¹¹ Perceptions of people should be considered when formulating the psychiatric healthcare system as they serve as facilitators or barriers for achieving mental healthcare goals.¹²

Ministry of Health and Population, Nepal has made psychotropic drugs available at the level of primary health care. Also, primary health workers are trained in diagnosis and management of mental disorders. Despite this structural reform in the Nepalese health system significant number of adult populations had sought help from faith healers.⁴ For the improvement of health care system, it appears that structural reforms were inadequate.

As per the latest draft of National Mental Health Policy of Nepal, there was lack of public awareness in mental health. People still believed in faith healers for mental illness. Thus, collaboration of faith healers with the formal health care system is suggested to improve the pathways to mental health care in Nepal. Yet the understanding of the current faith healers practice and faith healers perspective is lacking. In this scenario this study was undertaken with the objective to explore the perception of faith healers of Jumla towards mental illness.

MATERIALS AND METHODS

The study was conducted in Chandannath Municipality of Jumla which is located in rural region of Karnali Province of Nepal. The people of the area follow predominantly indigenous religious beliefs. Gender role existed in the municipality. In the area women were found to be more active in work than men. Women were involved in physically tiring work like bringing firewood from jungle and carrying heavy loads. On the other hand, men were found knitting and cattle

rearing. Locally, faith healers were known as dhami-jhakri. Dangris assisted them in managing appointments, procuring commodities and during the rituals. Faith healers in Jumla were also involved in agriculture. Community people had trust in them and they visited for many reasons like settlement of dispute, starting of any new project or work, for problem of infertility and issues related with alcohol or any other substance. The establishment of medical college has brought change in health seeking behavior of the community. Also, the availability of psychiatrist in the vicinity hospital has eased access to medical care.

Study design and participants

A qualitative cross-sectional study design was conducted. The ethical approval was obtained on 27th July 2022. The data collection was completed in next six months. In total, 10 interviews were conducted using non-probability purposive sampling. The faith healers were chosen by the recommendations from local community and based on their popularity. The number of participants was determined by the theory of saturation during the course of study.

Consent

The prospective participants were informed regarding the research objectives. Information regarding maintenance of confidentiality, right to withdraw from the study at any stage and the use of gathered information solely for the purpose of this study was conveyed. Informed written consent was obtained voluntarily from the prospective research participants before their involvement in the study. The written consent was in Nepali language. For those participants who were unable to read and write, the consent was read out by the interviewer. The ethical approval for the study was taken from Nepal Health Research Council (Reference Number: 144).

Interview procedure

The inclusion criteria of the study included both male and female faith healers of Chandannath Municipality, Jumla who were of age 18 years and above. The exclusion criteria of the study were faith healers whose native language was not Nepali, who had difficulty in communication, and who also practiced modern medicine. Interviews were conducted according to the interview guide. The interview guide was drafted after extensive literature review, and consultation with experts in qualitative research and mental health. An appointment, with the faith healer, was taken prior to the day of interview. The interview was conducted by the principal investigator at the residence of faith healers.

Audio recording of the interview was done by the principal investigator. A note-taker's help was taken to document the interview simultaneously. The usual duration of interview was between 30 to 45 minutes.

Data analysis

The audio recordings and field notes of the interviews were transcribed by the second co-author. The transcripts were further translated into English language by the first author. The accuracy of the translations was cross checked by the third co-author. Post interview, on the same day, transcription and translation of the interview was done. Thematic content analysis of the data was done manually. During this process codes were generated which further lead to the development of various themes. All emerging themes were selected, similar categories were grouped together and any duplicates were crossed out.

RESULTS

The participants responded well to the interview. They were not hesitant and gave enough time to the researcher. Basic demographic information of the participants is shown in the table below.

Table 1: Basic demographic information of the participants

Total number of participants:	10
Age (years):	Range 31-52
Gender:	6 Female and 4 Male
Place of practice:	Chandannath Municipality, Jumla
Experience as faith healer:	12-16 years

Codes were assigned to each participant with letters 'FH' to maintain anonymity.

Seven themes were identified. The themes were- rituals of faith healers, knowledge of mental illness, belief about the cause of mental illness, motive of faith healer, benefit and harm as a faith healer, reason behind people coming for faith healing and linking with biomedical care. Descriptions of each theme are presented in brief with salient quotes as follows:

Rituals of faith healer

Faith healers performed various rituals like pani mantarne (ritual blowing of water), faifui (ritual blowing), buti badhne (amulet blessed with mantras).

FH 10- "We use different methods like ritual blowing of water and rice-color powder mixture, and amulet blessed with mantras."

FH 4- "The time for treating a client may vary according to the illness. Some may take 1 to 2 hours; some might take 5-6 hours. The treatment course might be of one week. Some might need a longer time. They bring experience to us."

Knowledge of mental illness

Most of the faith healers had some knowledge about the symptoms of mental illness. They were able to associate somatic, neurological and behavior presentations with mental illness.

FH 2- "Clients (with mental illness) come with complaint of neck stiffness, feeling of suffocation or strangulation while asleep, headache, pain in legs, stomach pain, bloating of abdomen...."

FH 10- "Aaithan is the feeling of suffocation while asleep, difficulty in breathing, the feeling of both hands and legs being tied up."

FH 6- "People come with dizziness, forgetfulness, unresponsiveness, vertigo, fainting, irrelevant talk."

Belief about the cause of mental illness

Faith healers acknowledged that mental illness was a significant problem and was rising in the society. They believed that the person who abused alcohol and other substances were prone to mental illness.

FH 5- "In today's world people frequently take alcohol and drugs which are easily available. They cause mental illness. People attempting suicide also come to me."

FH 6- "Youths come to me due to the effect of marijuana and alcohol use. They consume a lot of alcohol. Other than working as a jhakri, I am also involved in social work. I often go to village to address the problem."

Motive of faith healer

Most of the faith healers reported that the reason behind their practice as a faith healer was to increase pali. Here pali meant to add the followers to their deity.

FH 10- "This god has healed me." " They visit again as disciple of the deity."

One of the faith healers said that their work was admired.
FH8- "My work has contributed to the society."

FH 7- "The more benefit our god provides to the faith healing users. He continues to add his followers."

Benefit and harm as a faith healer

All of the faith healers disclosed that there were no direct benefit and harm to themselves. However, there were challenges like to take a bath in the cold morning, long rituals preventing them to use toilet and irregular timing of meals.

FH 1- "There is no any benefit as a faith healer. I have to fast from the eleventh day of a fortnight to a lunar month."

One of the faith healers said that there were no any allocated fees for faith healing users.

FH 2- "Exact amount of fees are not allocated for consultation, which should not be done. Every visitor gives some rupees whatever amount they feel comfortable. We should not force them."

Reason behind people coming for faith healing

People of all ages, ranging from children to elderly, visited faith healers. Their regular clients included children followed by youths and adults. People visited faith healers to get evaluated if their god has inflicted on them. They also came to see faith healer due to the prevailing traditional practice.

One of the faith healers recalled the following words of a faith healing user.

FH1- Dhama lives in this house. One becomes well if he sees him. No improvement was seen despite consultation with a doctor. Has God inflicted on me? Or something else has happened?" They come to see us. We show them the way."

FH 9- "Was there some issue (with deity) during the time of your forefather? We show them the path. One gets better if he follows our guidance."

Linking with biomedical care

Most of the faith healers did not show dislike towards biomedical care. In fact, some of them frequently suggested their clients to visit hospital.

FH 6- "Go to raja ghar (hospital).."

FH 3- "Head doesn't work. Felt like dizzy. Go to hospital after ritual blowing. Psychiatrist doctor is there. He will treat you well with proper medicine and counselling. Go see him you will feel better."

DISCUSSION

In our study, faith healers demonstrated a familiarity with various symptoms associated with mental illness, which guided their treatment approaches. These symptoms included physical complaints like neck stiffness, suffocation feelings during sleep, headaches, and abdominal issues, alongside more subjective experiences such as feeling tied up or difficulty breathing. Faith healer also highlighted cognitive and behavioral symptoms such as dizziness, forgetfulness, vertigo, and fainting. The above symptoms are the somatic manifestation of anxiety and depressive disorder. Anxiety and depressive disorders are the leading causes of morbidity in Nepal and globally. This finding of our study was similar to the findings by Pullen SJ et al.¹³ The article on traditional medicine practices in Liberia revealed that traditional healers and users of traditional medicine recognized a wide array of symptoms linked to mental health conditions. These included culture-bound syndromes such as Open Mole and African Science, as well as more contemporary mental health issues like depression, trauma, and substance use. Symptoms described encompassed both physical manifestations and behavioral changes. Both studies affirm that traditional healers possess deep knowledge of symptoms associated with mental illness and employ diverse treatment modalities rooted in cultural beliefs and practices.

In our study, faith healers emphasized substance abuse, particularly alcohol, as significant contributors to mental illness. Participants noted that easy availability of these substances in today's society increases the risk of developing mental health problems, including tendencies towards suicidal behavior among abuser. This aligns with findings from Pullen SJ et al.¹³, which explored traditional medicine practices in Liberia.

Similarly, participants in our study highlighted the impact of substance abuse like marijuana and alcohol on mental health among youths, similar to concerns raised by the Borana community in Ethiopia regarding the role of alcohol and khat in causing mental disturbance as mentioned by

Teferra S et al.¹⁴ Both studies underline a shared recognition of substance abuse as a pervasive risk factor for mental illness across distinct cultural contexts. However, Pullen SJ et al.¹³, emphasized bewitchment, curses, and evil spirit possession for causation of mental illness. Possession of spirit as an explanation for being mentally ill was also mentioned in our study. Although bewitchment a prevailing belief among rural Nepalese community was not revealed in our study as this could be due to legal implications.

In our study, the reasons why individuals seek out faith healers are deeply rooted in cultural and spiritual beliefs prevalent within the community. Participants frequently attribute their health issues to spiritual causes, believing they are afflicted by divine punishment or spiritual disturbances. This belief system compels them to consult faith healers, whom they view as intermediaries capable of diagnosing and addressing these spiritual afflictions through rituals and spiritual practices. This finding aligns with observations from the study by Khadka N.¹⁵ The latter study done in Achham district of Nepal revealed that cultural beliefs strongly influenced health-seeking behaviors thus guiding individuals towards traditional healers for conditions perceived as stemming from supernatural origins.

Participants from our study emphasized the longstanding presence of faith healers within their communities, where these healers were not only healthcare providers but also custodians of cultural traditions and social cohesion. This embedded cultural trust encouraged individuals to seek guidance and treatment from faith healers, viewing them as integral part of their community's fabric and guardians of their spiritual, mental and physical well-being.

Furthermore, economic accessibility and convenience significantly influenced people's choice to visit faith healers. In the study by Sharma DB et al 16 participants noted that consulting faith healers was often more affordable and geographically accessible compared to formal medical facilities. This affordability and proximity make faith healers a pragmatic choice over formal healthcare, particularly in remote or economically disadvantaged areas which is similar to our study findings. This observation resonates with findings from the article by Khadka N ¹⁵, where traditional healing practices are favored due to their cost- effectiveness and local availability, ensuring health-care accessibility in resource-constrained settings.

CONCLUSION

The faith healers' perception of mental illness and their routine interaction with mentally ill persons could be used as an opportunity to collaborate with formal health care.

STRENGTH

This is one of the first studies from Nepal which explored the perception of faith healers towards mental illness.

LIMITATIONS

As we did not translate the transcript back to Nepali from English language this could have compromised linguistic equivalence.

POTENTIAL BIAS

Torturous rituals of faith healers were not mentioned. This could be due to self- censorship.

FUNDING SOURCE

There was no any funding for the study.

CONFLICT OF INTEREST

The authors have no conflict of interest.

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