

PREVALENCE OF PSYCHIATRIC DISORDERS AMONG FOLLOWERS VISITING FAITH HEALERS

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ABSTRACT**BACKGROUND**

Faith healers play an important role in treating psychosomatic problems of patients apart from western medicine and alternative medicine in India. Although their role is not studied well in modern literature and their contribution is seen lightly in the light of evidence-based medicine, this does not deter patients from seeking treatment from faith healers. The present study is conceived to know the psychosocial characteristics of faith healers and followers.

MATERIALS AND METHODS

The observational study included 10 faith healers and their 100 followers. Both the groups were interviewed. They were assured of their confidentiality and informed written consent was taken. Demographic data was collected using a structured performa and 16 Personality Factor Questionnaire was used to know personality traits of followers as well as faith healers.

RESULTS

Female followers comprised 54% of study sample. Majority of the subjects fell in the age group of 20-40 years irrespective of their sex. Mean age of study participants was 35.91 years. Two thirds of sample were married male/female. 53% of the total subjects were Hindu and 44% of subjects were housewives belonging to low socio-economic status and low literacy. Sadness and unresponsiveness were the most common reasons of visit by the attendees. Personality profile of the followers reflects reserve and detached tendency with low emotional stability and low frustration tolerance. They are self-indulgent, conservative and follow traditional ideas. On the other hand, the faith healers were observed to have tough mindedness with realistic tendencies, conservative nature and tolerance of traditional ideas. The sample size estimation was also done at conveniences.

CONCLUSION

The role of social support system, method of traditional healing and the underlying implications for service delivery are important in the near future. The need of the followers should be understood by modern treatment strategies. However, further extensive studies may be required to establish the theoretical value of findings of this study.

KEY WORDS

Faith-Healers, Psychosomatic Problems, Personality.

HOW TO CITE THIS ARTICLE: Kumar P, Mahajan R, Mahajan NS, et al. Prevalence of psychiatric disorders among followers visiting faith healers. J. Evolution Med. Dent. Sci. 2019;8(02):129-132, DOI: 10.14260/jemds/2019/28

BACKGROUND

From time immemorial faith healing is practiced for bodily and mental wellbeing of patients in India. The practice of faith healing is invariably prevalent in most of the cultures and religions. Often there is turning towards faith healers due to strong religious faith and easy accessibility.

Faith healing practices have been easily available sources of healing for the people from a very long time, though this mode of treatment has been the least accepted by the general physicians or the psychiatrists. Not all, but people with a particular type of personality and income groups tend to seek the help of these faith healers before visiting a professional physician or a psychiatrist. Healers by virtue of their

influence on the intimate lives of people occupy a pivotal position in every culture. Such a position ultimately becomes a strong motivating force. These incentives motivate them towards a career of healer. The motive according to them varied. Most of them offered their help without remuneration but grateful patients seldom failed to bring offerings.¹ This behaviour of people is due to the cultural and social beliefs prevalent in the community. In order to understand the pattern of faith healing practices and people visiting faith healers, profiling of psychosocial factors is needed so as to know which type of people visit faith healers. Carstairs and Kapur conducted a study in a village regarding traditional healers and stated that they were well accepted by the community along with primary care physicians.²

Psychosomatic problems prevalent in community does not always seek solution from western medicine due to low income, time constraints and unavailability of modern methods. People tend to listen to traditional healers including ayurvedic physicians and religious practitioners. Studies regarding faith healers and their attendees are scarce in India although they are well received and respected by the community.

'Financial or Other Competing Interest': None.

Submission 18-12-2018, Peer Review 05-01-2019,

Acceptance 07-01-2019, Published 14-01-2019.

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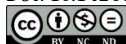
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DOI: 10.14260/jemds/2019/28



MATERIALS AND METHODS

The observational study was conducted on faith healers and followers visiting those faith healers. A total of 10 faith healers and 100 followers were interviewed over a period of 18 months. Informed written consent was taken from the attendees and ethical approval was taken from institutional ethics committee. A semi-structured proforma was used for socio-demographic data and 16 Personality Factor Questionnaire³ was administered to both the groups. Student t test was used to analyse the data. Since the duration of the study was less. The patients were selected by convenience sample technique.

Statistical Analysis

Data was collected and comparison was done and evaluated using Chi-square test and significance of 0.05 (95% confidence interval) (p < 0.05) was considered between the two groups and statistical analysis was done using SPSS software of Windows ver. 20.0.

RESULTS

Age	Followers (Gp-I)			Faith healers (Gp-II)							
	Male (N=46)		P Value	Female (N=54)		Male (N=8)		P Value		Female (N=2)	
	No.	% Age		No.	% Age	No.	% Age		No.	% Age	
20-40	29	63.04	0.002	41	75.92	1	12.5	0.003	1	50	
41-60	9	19.57	0.002	11	20.38	4	50	0.001	1	50	
>60	8	17.39	0.001	2	3.70	3	37.5	0.001	0	0	

Table 1. Age and Gender Wise Distribution of Followers and Faith Healers

Marital Status	Followers (Gp-I)		Faith Healers (Gp-II)	
	No.	% Age	No.	% Age
Married	67	67.00	8	80.00
Unmarried	33	33.00	2	20.00
Z-Value	4.81			
p-Value	0.0053			
Occupation				
Business	4	4.00	0	0.00
Farming	7	7.00	1	10.00
Service	5	5.00	0	0.00
Shop Keeping	4	4.00	0	0.00
Labour	18	18.00	0	0.00
Ex-Service	3	3.00	0	0.00
Studies	15	15.00	0	0.00
Housewife/Nil	44	44.00	9	90.00
Education				
Illiterate	0	0.00	3	30.00
Up to 8th Standard	64	64.00	5	50.00
9th - 10+2	28	28.00	2	20.00
Graduate	8	8.00	0	0.00
Mean	7.95 ± 3.56		4.40 ± 3.81	

Table 2. Distribution of Subjects According to Their Marital Status, Occupation and Educational Status

Reason	No.	% Age
Unexplained Ghabrahat/Sadness	29	29.00
Unresponsiveness	25	25.00
Headache/Backache	16	16.00
Alco/Drug with Sadness	13	13.00
Affair Brake	4	4.00
Religious Purpose	4	4.00
Breathlessness	2	2.00
Repeated worry	2	2.00

Disorganized Behaviour	1	1.00
Itching	1	1.00
Over Talkative	1	1.00
Repeated Thinking	1	1.00
Repeated Checking	1	1.00

Table 3. Reasons for Visiting Faith Healers by The Respondents

Personality Traits	Followers		Faith Healers		t-Value	p-Value
	Mean	SD	Mean	SD		
A	3.84	1.18	6.70	1.64	7.04	0.0023**
B	4.77	1.40	4.20	1.69	1.20	0.1369
C	3.46	1.37	6.00	1.05	5.69	0.0029*
E	6.09	1.30	4.20	0.63	4.53	0.0036*
F	4.82	1.65	4.70	2.54	0.21	0.7942
G	3.88	1.77	6.60	0.52	4.82	0.0034*
H	4.77	1.95	6.90	0.99	3.40	0.0048*
I	6.61	1.92	2.60	1.58	6.38	0.0025**
L	5.81	1.41	7.30	2.36	2.97	0.0055*
M	4.09	1.61	4.60	1.26	0.97	0.1699
N	4.88	1.52	4.10	1.20	1.57	0.1049
O	5.78	1.66	6.90	0.74	2.11	0.0391
Q1	3.53	1.89	2.70	0.67	1.38	0.1199
Q2	4.94	1.73	9.10	1.20	7.41	0.0022**
Q3	6.51	1.73	8.20	0.63	3.06	0.0053*
Q4	6.86	1.81	7.20	2.30	0.55	0.2986

Table 4. Comparison of Different Personality Traits of Followers and Faith Healers

*-- significant at 0.05, ** highly significant at 0.01 level

Personality Traits	Total	Male	Female	t-Value	p-Value
A (Warmth)	3.84 ± 1.18	4.11 ± 1.10	3.61 ± 1.20	2.16	0.0382*
B (Reasoning)	4.77 ± .40	4.52 ± 1.31	4.98 ± 1.45	1.65	0.0998
C (Emotional stability)	3.46 ± 1.37	3.83 ± 1.52	3.15 ± 1.14	2.55	0.0323*
E (Dominance)	6.09 ± 1.30	6.37 ± 1.27	5.85 ± 1.28	2.03	0.0406*
F (Liveliness)	4.82 ± 1.65	4.61 ± 1.72	5.00 ± 1.58	1.18	0.1397
G (Rule-consciousness)	3.88 ± 1.77	3.59 ± 1.76	4.13 ± 1.76	1.53	0.1079
H (Social Boldness)	4.77 ± 1.95	4.70 ± 1.98	4.83 ± 1.95	0.33	0.5001
I (Sensitivity)	6.61 ± 1.92	6.33 ± 2.35	6.85 ± 1.45	1.35	0.1220
L (Vigilance)	5.81 ± 1.41	6.02 ± 1.47	5.63 ± 1.35	1.38	0.1193
M (Abstractedness)	4.09 ± .61	4.41 ± 1.87	3.81 ± 1.30	1.88	0.0875
N (Privateness)	4.88 ± 1.52	5.00 ± 1.45	4.78 ± 1.59	0.72	0.2298
O (Apprehension)	5.78 ± 1.66	5.57 ± 1.72	5.96 ± 1.60	1.17	0.1405
Q1 (Openness to change)	3.53 ± 1.89	3.46 ± 1.85	3.59 ± 1.94	0.34	0.4836
Q2 (Self-reliance)	4.94 ± 1.73	5.09 ± 1.91	4.81 ± 1.58	0.80	0.2056
Q3 (Perfectionism)	6.51 ± 1.73	6.35 ± 1.90	6.65 ± 1.58	0.86	0.1913
Q4 (Tension)	6.86 ± 1.81	6.91 ± 1.77	6.81 ± 1.86	0.27	0.6022

Table 5. Comparison of Personality Traits of Male and Female Subjects

The age wise distribution of both groups (followers and faith healers) in table 1 shows that the maximum number of followers were in age group of 20-40 years followed by the age group 41-60 years which consisted of 70% and 20% respectively whereas only 10% of followers were in the age group >60 years with mean age 35.91 ± 14.59 whereas in faith healers the age group of 41 – 60 with mean age 50.10 ± 12.22 were prominent. Table also reveals that more number of females visiting to faith healers than males (75.92% and 63.04% respectively (Table 1).

Out of 100 followers studied, it was observed that 44% were house wives or non-working without any income where as 90% of faith healers were having only faith healing as profession, no other source of income for them. On the basis of their education, majority (64%) of followers and 50% of faith healers were educated up to 8th standard. (Table 2).

Majority of followers were visiting to faith healers with one or other psychiatric symptoms (83%) out of which unexplained ghabrahat, restlessness and sadness were major symptoms. (Table 3).

The results of personality assessment using 16 PF show that majority of followers fall on low score distribution side for factors A, factor C, factor G, and factor Q1 (3.84 ± 1.18 ; 3.46 ± 1.37 ; 3.88 ± 1.77 and 3.53 ± 1.89 respectively) which reflects reserve and detached tendency with low emotional stability and low frustration tolerance. They are self-indulgent, conservative and follow traditional ideas. The high score traits were observed for factor I, factor Q3, factor Q4 (6.61 ± 1.92 , 6.51 ± 1.73 , 6.86 ± 1.81 respectively) which reflects their tender minded, dependent and sensitive tendencies with socially precise and high ergic tension. The overall profile shows that the followers are introverted dependent personality. They are prone to frustration and anxiety. They are also self-indulging and conservative in nature. On the other hand, faith healers were observed to have significantly low score on Q1 and I factors (2.70 ± 0.67 , $2, 60 \pm 1.58$) which reflects their tough minded and realistic tendency with conservative nature and tolerance of traditional ideas. They have high score on factor A, factor G, factor H, factor L, factor O, factor Q2, and factor Q3 (6.70 ± 1.64 , 6.60 ± 0.52 , 6.90 ± 0.99 , 7.30 ± 2.36 , 6.90 ± 0.74 , 9.10 ± 1.20 , 7.20 ± 2.30), the traits reflected on these factors are extrovert, moralistic, rule bound, bold, venturesome, sceptical, and suspicious. They are hard to fool, and also socially very precise. They also show some degree of apprehension and worrying tendency. They are controlled, resourceful and prefer own decisions. The overall protocol of faith healers shows extrovert, easy going personality but excessively moralistic and rule bound (Table 4).

There are statistically significant differences between personality of male followers and female followers on factors A, factor C and factor E (4.11 ± 1.10 vs 3.61 ± 1.20 , 3.83 ± 1.52 vs 3.15 ± 1.14 , 6.37 ± 1.27 and 5.85 ± 1.28) which reflects that female followers are more reserved, more vulnerable to emotional conditions and more submissive and more easily led than the male followers. Both the sexes show low frustration tolerance. The other factors on 16 PF protocol shows no significant difference (Table 5).

DISCUSSION

The faith healer occupies a unique and prestigious position in the society due to easy availability. This relates to the wide

acceptance of traditional modalities by a large number of people, both for psychiatric and non-psychiatric problems. People consult healers because of a belief that the healers are 'gifted' with 'magical-skills'. They therefore occupy a very important position in our society (Sethi et al).⁴ In the present study, the maximum followers were in the age group of 20-40 yrs. with the mean age of 35 (predominantly females) and the faith healers were in the age group of 41-60 yrs. (predominantly males) where as other studies like Sethi et al⁴ and Trivedi et al(1980)⁵ reported more female followers visited faith healers than the same age group male counterparts. Though study conducted by Farooqi⁶ found more males among the followers visiting these faith healers. These different help-seeking practices were attributed to gender discrimination in mobility and taboos attached to women's consultation of male traditional healers. Education appears an important factor for the followers. In the present study, married individuals both males and females visiting these faith healers were of low education level (8th std.). Ngoma et al⁷ and Satija et al (1981)⁸ reported opposite findings. They reported better educated and employed group of people visiting the faith healers. This could be due to culture difference or some bias in selection of faith healers.

The most common reasons for visiting the faith healers were found to be sadness, ghabrahat, unresponsiveness at times and headache. The study conducted by Shai-Mahoko⁹ reported that people with problems like infertility, impotence, sexually transmitted diseases etc., were visiting these healers more frequently than the general population. All these symptoms require sometime to become symptoms free. Since followers have low frustration tolerance and seek immediate relief from symptoms, they rush to faith healers for some miracles. Similar reasons were reported by Sethi et al,⁴ Ngoma et al⁷ and Sharma et al (2007).¹⁰

The study also reflected the interesting traits of followers as tender minded, dependent, and sensitive personality traits which makes them vulnerable to get influenced by strong and opposite personality traits. This finding is new since only one study used structured Personality Test. In a study by Pattison, who reported in this regard typical constellation of personality traits, including the use of denial, repression, projection, and disregard of reality.¹¹ In a study done among tuberculosis patients, majority of patients were emotionally labile, affected by feelings, submissive in nature and tender minded. Followers appear to be significantly introvert, detached and conservative. They are self-indulging and vulnerable to stress since their frustration tolerance is very low as reported by Chaudhary et al.¹² Psycho dynamically it is commonly understood that persons with insecurity, more repressed and unfulfilled desires and traumatic experiences deeply rooted in pathological familial interactions with repressed hostility and feeling of sin or guilt are more vulnerable for suggestive practices (Satija et al).¹³

Faith healers are successful enough to convince the followers that they are the right kind of people to relieve them of their uncontrolled and unexplained problems. The faith healers use various methods to convince these followers like giving tabiz, scarification, witch-crafting, many rituals and spiritual performances etc. Though in the light of modern medical treatments, the methods opted by these faith healers

might appear bizarre and inappropriate, but they succeed more due to their communication skills.

One of the major limitations of the study was that the exact outcome of the followers was not studied as they were not followed back for further assessment. This can give us the insight regarding the basis of their belief. Our study was primarily quantitative whereas qualitative study may have unveiled other aspects of this problem.

CONCLUSION

It can be concluded that in view of the vast prevalence of the people seeking these healing practices, it could be said that behavioural scientists should put an effort to incorporate good communication skills & detailed explanation to the sufferers with indigenous style of explanation. The role of social support system, concept of traditional healing and the underlying implications for service delivery are important so that the psychosocial needs of the followers can be understood in a better way. However further extensive studies may be required to establish the theoretical and clinical value of our findings in this work. The results of our study support the need of indigenous concept, better social awareness regarding scientific and evidence-based modalities of treatment of their problems.

Limitation of the Study

Due to short duration of study, sample size was also calculated by convenience. The results of the study cannot be generalised due to the potential bias and sample size estimation.

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