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Schizophrenia and faith healing in Najaf/Iraq

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Abstract

The objective of this study is to determine the rates and predictors of consulting faith healers by patients with schizophrenia, and therapeutic rituals practiced by therapists in Najaf province/Iraq. 70 patients, aged 18 year and older who attended the psychiatric out-patient unit in Najaf were invited to assess their previous contacts with faith healers. Our data demonstrated that prior faith healers consultation rate was 80%. Being younger, less formally educated, married, and female was significantly associated with faith healers consultation. Fourteen types of religious therapeutic rituals were identified. We concluded that faith healers consultation is popular and accessible among patients with schizophrenia in Iraq. Some rituals are harmful. Collaborative work with faith healers is recommended for a better quality of care.

Keywords: Schizophrenia; Faith healers; Ritual/ Therapy; Pray and invocation

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Introduction

World Health Organization (WHO) defined 'traditional medicine' as 'the sum total of knowledge, skills, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illnesses [1].

The Arabic cultures, like others, transmit a number of beliefs which local population accepts even though they are liable to be considered unlikely or even objectively disapproved by persons from outside the culture. Supernatural agents such as devil, jinn, sorcery, and evil eye have been identified. The extent to which such beliefs are adhered to and acted on varies considerably from one Arabic culture to another, and the degree which one can generalize them is correspondingly limited [2]. The Iraqi health system faces multiple challenges in providing a satisfactory mental health service. There is a culturally driven wide dispute over defining abnormality in the Iraqi society in addition to the lack of understanding of patients' explanatory models of mental illness among providers of primary health care (PHC) services [3, 4]. The shortages in mental health resources in low- and middle-incomes countries could reinforces people ideology in employing the use of traditional and religious healing and other non-conventional methods of healing.

In Iraq, including the southern region, traditional healers are not licensed by local health authorities. They carry out their practices at their homes, or in mosques. They function in the community under different labels such as (Al-Sayd), (Mullah), (Imam), or (Sheikh). Faith healing is not restricted to religious men; shrines of highly revered religious men could also function in the same capacity, as dead Imams are believed to be capable of offering blessings (Baraka) and conveying invocations to God [2].

Faith healing is expanding in Iraq. However, no published studies have explored the trend of this therapy among patients with schizophrenia. The current study aims at providing reliable information about trends of faith healers consultation and practiced therapeutic rituals in southern Iraq. Our hypothesis is based on the notion that faith healers consultation is sought after by patients with schizophrenia in Najaf province in southern Iraq prior to their assessment by the psychiatrists.

Method

Participants

The study was performed on patients who attended the out-patient psychiatric unit at Al-Hakeem Teaching hospitals in Najaf, from May to July 2012. The study was part of a wider similar project which studied the entire psychiatric morbidities in two ethnic groups in Iraq. Prior power sample size estimation with 95% confidence interval and 5% maximum acceptable point of error, determined the necessity of

recruiting 70 patients. We aimed to achieve a representative sample of psychotic patients by sampling from consecutive clients from psychiatric out-patient units. A sampling ratio of 1:4 was used in our settings. Our inclusion criteria were adult (≥18 year-old) patients with clear diagnosis of schizophrenia satisfying ICD-10 criteria, who belongs to the Muslim Shia'a in Najaf city.

The study was performed in accordance to Helsinki declaration and ethical approval was obtained from Kufa University in Najaf. Informed consent was obtained from each participant prior to the interview, stressing on anonymity and confidentiality issues.

Procedures

Demographic and clinical data were collected using semi-structured interview. Diagnosis of schizophrenia was confirmed by both ICD-10 symptom checklists [5, 6] and Mini International Neuropsychiatric Interview-version 6 (M.I.N.I.6.0.0) [7, 8]. Co-morbidities were neglected; hence, contributors were labelled with the main diagnosis for their current consultation. Each participant was assessed for former faith healers consultation for their current psychiatric problem prior to the psychiatric consultation. The assessment was performed through a self-rated questionnaire designed by the author (TAR) for the purpose of the study. Ten psychiatric experts in Hawler Teaching Hospital in Erbil, northern Iraq assured the validity of the questionnaire. The questionnaire assessed the frequency of visits, and types of therapy. Determination of various therapies was facilitated through both checklist and open-ended questions in order to enable the participant to freely describe the applied rituals by the faith healer. To avoid reluctance by the participants to report their faith healing experiences in a medical institute, we tried to keep away from some private questions in our questionnaire, such as their name and residency. In addition, we offered them the choice of posting back the questionnaire by mail or returning a sealed envelope to the hospital personnel following their outpatient clinic consultation, stressing on anonymity of each participant.

Statistical analyses

Both Simultaneous and Hierarchical Binary Logistic Regression (LR) analyses were applied to examine the hypothesized relationships between Age, Gender, Education, and Marital status as independent variables and consulting Faith Healers as a dependent variable. In the Hierarchical LR, covariates were entered during four sequential blocks: Age in block one, Gender in block two, Education in block three,

and Marital status in block four. These blocking sequences were applied to test the amount of differences loaded by each factor on the prediction of faith healers consultations. All statistical analyses were conducted by Statistical Package for Social Sciences (SPSS-15) considering *P* value of ≤0.05 was considered as a level of significance.

Results

Among the 70 psychotic patients we approached, 56 did address faith healers prior to their psychiatrists' consultation. Table 1; summarize the demographic variables of the study sample. However, when all four covariates considered together, they turned out to be significant predictors for faith healers' consultation (table 2). Pray and invocation was the commonest therapeutic ritual. Whereas spotting oily liquid on the body, getting jinni out of body by puncturing thumbs, and using sacred ring were the least frequent practices. Table 3 lists all identified practices from the most due to the least practices.

N = 70		Faith Healer Consultation		Total
Age in years (M(SD))		Yes 56(80)	No 14(20)	
		35.88(12.91)	40.43(12.97)	36.8(12.96)
Years of formal education (M(SD)*		6.46(5.42)	9.29(4.26)	7.03(5.3)
Gender (N (%))	Male	30(73.2)	11(26.8)	41(58.6)
	Female	26(89.7)	3(10.3)	29(41.4)
Marital Status (N (%))	Married	29(85.3)	5(14.7)	34(48.6)
	Unmarried	27(75)	9(25)	36(51.4)

Table 1.

Demographic data of the participants
Logistic Regression was conducted to assess whether the four predictor variables; age, gender, education, and marital status, significantly predicted the consultation rate by faith healer. When each variable considered separately, none significantly predicted faith healer consultation (*P*>0.05).
*t =2.088 *P*<0.05

Predictors	B	*SE*	OR	95% CI for OR Lower	Upper
Age	-.079	.035	.924*	.862	.990
Gender	1.656	.822	5.237*	1.046	26.231
Education	-.141	.065	.869*	.765	.986
Marital Status	1.830	.892	6.236*	1.086	35.823
Constant	2.540	1.603	12.678*		

Table 2.

Logistic regression predicting which schizophrenic patient will consult a faith healer[a]

Both age and years of formal education are negatively correlated to faith healers' consultation. i.e. getting older and more formally educated associated with less faith healing consultation. However, being female and married increases the odds of faith healers consultation by more than 5 and 6 factors respectively.

[a]Model: $X^2 = 14.283$; df = 4; P=0.006, *P< 0.05

Ritual/ Therapy	N = 56
1. Pray and invocation	48(85.7)
2. Koran reading and listening	42(75)
5. Offering sacred clothes (nushta)	38(67.9)
8. Blow out on the patient	36(64.3)
3. Prescribed honey eating	26(46.4)
6. Hitting	23(41.1)
7. Spitting on the patient	17(30.4)
4. Starvation	12(21.4)
9. Incense (bikhur)	6(10.7)
11.Washing the patient by sacred water	5(8.9)
12. Drinking sacred water	5(8.9)
10. Putting oily liquid on the body	4(7.1)
13. Puncturing both thumbs to bleed and getting the jinni out	4(7.1)
14. Using sacred ring	4(7.1)

Table 3:

Frequency of rituals practiced by patients with schizophrenia

Lists all identified practices from the most due to the least practices.

Box 1: Description of rituals / therapies applied by faith healers [a]	
Ritual/ Therapy	Description
1. Pray and invocation	Performing standard religious Islamic prayer and verbally repeating healing requests to the holy god.
2. Qura'an reading and listening	Reading specific verses of the Islamic holy book (Qur'an) either by the patient or the faith healer.
3. Prescribed honey eating	Honey is regarded as a blessed food from the saint and described as a curative nutrient for many illnesses in Qur'an
4. Dietary advice	Includes specific dietary requests made by the faith healer. Food products such as meat and other animal products are believed to be nutritious to devil or the evil spirits which possesses and inhabits the body of the ill person
5. Offering sacred clothes (Nushta)	The healer offers a piece of folded paper wrapped in a section of holy cloth which is placed in different locations at home or underneath the patient's clothes.
6. Hitting	Whipping the sole by a hard stick in order to take the spirits / jinni's out of the body
7. Spitting	Putting small quantities of the faith healer saliva directly into the patient's mouth or eyes with believe that it exerts a therapeutic effect against the devil and the illness.
8. Air blowing	The healer blow a gust of what is believed to be a holy therapeutic air from his or her mouth directly to the patient's face.
9. Incense (Bukhoor)	Bukhoor is the name given to scented bricks. These scented chips/bricks are burned in incense burners to perfume the home and clothing with a rich thick smoke to get rid of the spirits and envy.
10. Body oiling	Wrapping oil on the body to purify the body from evil and sin
11. Washing with sacred water	Washing rituals by a holy blessed water to expel the evil spirit and clean the body from sin and envy
12. Drinking sacred water	Drinking a specially prepared water usually from a holy source to purify the body
13. Thumb pricking	Pricking the thumb with a sharp object to force out bad spirits/jinni's from the body
14. Ring	Wearing a holy blessed ring which protects the person from the evil spirits and to act as mean to purify the body.
[a] Rituals' definitions are based upon participants' descriptions of their 'healing' experiences.	

Discussion

The present paper is the first of its kind to record trends of faith healers consultations by psychotic patients in Iraq. Almost 80% of the respondents had the minimum of one contact with faith healers prior to their first contact with local

psychiatric services. There are no published relevant studies in Iraq. However, the rate of faith healers consultation is below that range in other neighboring Middle East [11, 12, 13], African [14, 15, 16], and Asian countries [17, 18]. In fact, a study in Koh, Malaysia, and Singapore reported only 24 % of the respondent with first episode psychosis had sought help from traditional healers prior to their contact with psychiatric services respectively [19, 20]. This difference could be explained in context of intense Islamic culture and believe which are practiced by Shia'a Muslims southern Iraq. People view religion and religious figures as the main source of blessings and healings when they experience culturally undefined psychotic symptoms.

In our study we detected a clear association between higher faith healers consultation rates among people who had lower educational achievement, further comparative local study is yet to be published to confirm the validity of this finding. In Iraq the national health system is completely subsidized by the central government, thus naturally would attract more patients from lower socio-economic group .This finding was supported by our study in which patient from higher socio-economic status and well educated had less consultation rates with faith healers.

A higher rate of consultation could also be interpreted in relation to the illness severity, as experiencing any form of psychotic symptoms could invoke a tremendous stress to patients and their families. Subsequently, family members could have had difficulties in bringing the patient to psychiatric services, instead consulting faith healers could be much easier and accessible and some of them might even be willing to do home visits.

Delivering emergency community service is not available under current service provision in Iraq. Local studies in Malaysia [21, 22, 23] and several studies in other Asian countries such as Bali [24] and India [25] had clearly supported the popularity of traditional treatments among patients as first line of option for treating mental illness which is understandable due to the relative lack of mental health resources and awareness in these countries. In contrast, the observed pathway of care is different in developed countries such as Japan [26], Canada [27], New Zealand [28] and United Kingdom [29] whereby health and social agencies were the first point of contact with psychiatric services.

From that prospective, one could view some of the positive roles played by traditional healers worldwide in managing psychiatric patients as majority of the

treatment offered by them such as prayers, holy water, advice, massage, dietary advice and herbs are harmless and surprisingly, in one study carried out in Malaysia they found that 33% of the studied sample of 50 patients who consulted traditional healers were in fact recommended by at least one of their healers to seek medical help for the abnormal behavior [17]. Thus, one could view those healers as our alliance similar to a general practitioner referring a patient with psychosis. Conversely, some of traditional healing rituals as we found in our study are still classified as highly dangerous and unethical such as spitting, hitting and starvation which will serve as a constant reminder that some of the faith healers practices are still unsafe. Further studies are recommended to assess the prevalence of such highly unacceptable practice in our community which will require an assertive approach by the local health provision.

A meaningful collaboration and integration should exist with traditional healers. This partnership has been successfully been implemented in some psychiatric hospitals in Malaysia [17]. In addition, psychiatrist can refer certain patients after treating the psychotic episode to traditional healers for follow up and spiritual counselling. This may be better in term of accessibility and adherence to treatment plan which could reduce workload and burden on both psychiatrists and mental health service without compromising quality of care. Up to now, most published articles have focused on the frequency of contact with traditional healers. It will be more useful and informative to conduct further research in a new frontiers focusing on how we can effectively collaborate with some traditional healers to achieve mutual benefits in treating patient with variety of mental illnesses. With such research, we can be more accurate and efficient in improving mental health services both in Iraq and worldwide.

Seeking help from traditional healers may be related to several factors associated with developing countries. Recognizing symptoms as illness would not only depends on inter-personal suffering or socio-occupational impairment of affected individuals, but also upon individual, family, and cultural concepts of what constitutes an ‘illness’. For instance, Arabic cultures regard somatic symptoms such as pain, as the only reason which warrants medical help. Psychotic symptoms, for many people in our communities including some doctors, may be difficult to interpret within the medical concepts[4]. Instead, higher super natural explanations would be in place like misfortune, evil’s eye, jinni possession, god’s wishes, envy, and so forth [30].

Furthermore, fears from being labelled as a mentally ill, distrust toward the western conventional medicine, lack of confidence in the health systems [17], alongside the availability of faith healers and shortages of mental health facilities in Middle East countries are possibly the main contributory factors toward this form of illness behavior [12].

In Iraq, mental health services are facing several shortages; for instance, In Najaf there are only three specialized psychiatrists, two social workers, and one nurse. All together are serving inside a limited psychiatric unit of one out-patient clinic and ten bedded in-patient ward at Al-Hakeem General Hospital. Poor health infrastructure could have a direct implication in term of providing the local population with an efficient health care system as well as indirectly flourishing faith healers consultation market since they are accessible and easily available in the region.

One of the study strengths was to determine the trend of faith healer consultations by patients with a specific form of mental illness. Traditional healers are frequently ignored in studies of help-seeking and care provision although they cover the need of a substantial proportion of the population.

The study had several limitations. The sample size was rather small. It involved only cases who attended outpatient clinic in highly urbanized area .The impact of co-morbidity was not excluded or quantified and the sample lacked a control group. Therefore, findings may not be generalized to patients in other settings.

In conclusion; Faith healers consultation is popular and accessible among patients with schizophrenia in Iraq. Some of therapeutic rituals are harm-inducing for patients. Collaborative work with faith healers is recommended for a better quality of care.

Competing interests

The authors declare that there is no conflict of interest.

Author Contributions

All authors wrote, read and approved the final manuscript.

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