

Psychiatry

KEYWORDS:

schizophrenia, religion, faith healer, psychoeducation, Iraq.

RELIGION IMPACT ON ACUTE SCHIZOPHRENIA IN IRAQ



Volume-4, Issue-1, January - 2019

ISSN (O): 2618-0774 | ISSN (P): 2618-0766

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Article History

Received: 26.09.2018

Accepted: 12.11.2018

Published: 10.01.2019



ABSTRACT:

Background: Religion plays an important role in symptoms phenomenology, attribution and management in the Arab culture. Mentally ill patients in the Arab countries tend to pass through different health care providing filters. Traditional healers form part of the informal and sometimes unofficial health care sector. Objectives: Explore the timing of local traditions contacts in regard to diagnosis and treatment, and identify types of local traditions contacts of Iraqi schizophrenic patients. Methods: Hundred Iraqi acute schizophrenic patients, admitted to Ibn-Rushd psychiatric teaching hospital, Baghdad, Iraq, with informative informant were examined. Information list of 3 parts was prepared: 1st part asking about the contact timing with faith healers in regard to diagnosis and treatment; 2nd asking about the types of traditional faith healer contacts; 3rd was asking about the causes of illness. Results: 22% have no any contact, 47% contact faith healer before and after, 7% before, 24% after the diagnosis and treatment. Types of traditional faith healer contacts were: Sayed 37%; visiting Emams 54%; jinn dealers 32%; Daraweesh 17%; witchcraft 3%; and reading Holly Quran 9%. Causes of illness were: life stresses 42%; patient himself 25%; poor faith and belief 14%; weak personality 11%; genetic causes 4%; witchcraft 5%; Jinn possession 11%; and wish of God 13%. Conclusions: This study explores the importance of religious background in the course of diagnosis and treatment of acute schizophrenia. Psycho-education was needed to increase the awareness of publics about faith, beliefs, traditional healers, and mental illness.

Background:

Schizophrenia is an overwhelming mental illness that affects approximately 1% of the world population. Schizophrenia is recognized as a severe mental illness which characterized by positive symptoms (e.g. delusion, hallucination) and negative symptoms (e.g. blunted affect, emotional and social withdrawal). These symptoms may have a negative impact on a person's social, occupational or interpersonal functioning and his quality (American Psychiatric Association 2014)(1). Historically psychiatric literature has held a negative attitude towards religion, with mental health professionals seeing religious belief as antiquated, dependency and guilt inducing. It is of no surprise that religious issues are rarely discussed in psychiatric interviews unless they constitute part of the psychopathology (2). A number of recent authors have underscored the importance of some mental health professionals taking into account patients' religious and spiritual lives during the psychiatric consultation (3-5). There is evidence that the general public and psychiatric patients report themselves to be more religious and attend church more regularly than mental health professionals (6). Religion plays an important role in symptoms phenomenology, attribution and management in the Arab culture (7). From the psychological point of view, perhaps the most striking feature of religion is its universality. There are few societies in which religion

plays no significant role, and there are relatively few people who, at one time or another, have not experienced some religious stirring. From this universality one must infer that religion performs some adaptive function, that it is invoked to satisfy one or more universal human needs (8). Belief systems in the Arab world are derived from Islamic and non-Islamic roots. Still other beliefs entertained by present day Arabs (neo Islamic beliefs) have been introduced by Arab in post prophetic eras e.g. beliefs that dead sheiks religion could bless or help those who invoke their support by visiting their shrines (9,10). Mental illness may also be perceived as a test or punishment from God(11,12) As in the majority of developing countries, mentally ill patients in the Arab countries tend to pass through different health care providing filters. In all Arab countries traditional healers form part of the informal and sometimes unofficial health care sector, particularly where access to mental health is limited (13,14). However, clinicians are rarely aware of the importance of religion and understand little of the value or difficulties it presents to treatment (15). Furthermore, beliefs and attitudes have significant impact on the perception of mental illness, treatment compliance, relapse rate, self-help organizations, and rehabilitation (16). This study aimed to explore the impact of religion and other beliefs on the first episode schizophrenic patients through assessment of the frequency of contact with faith healers and the types of local traditions and faith healing processes, whether before or after the clinical diagnosis and treatment, and explore types of local traditions contacts of Iraqi first episode schizophrenic patients.

Methods:

The study include 100 Iraqi patients, admitted to Ibn-Rushd psychiatric teaching hospital, Baghdad, Iraq, diagnosed by senior psychiatrist as acute schizophrenia as first episode, had no past psychiatric history and with informative informant. Information list was prepared including three parts. The first part included questions regarding contacts with faith healers and the time of contact whether before only, after only, before and after and neither before nor after the diagnosis and treatment. The second part including questions regarding types of traditional faith healer contacts that well known in our local culture. These types of contacts include Sayed, visiting Emams, Jinn dealers, Daraweesh, Witchcrafts and reading parts of Holly Quran. Sayed referred to those religious men come from family of religious background and some of them related to the prophet Mohammad (peace on him) and the Prophet home family in origin. This relation made them highly respected by other people. Those of close relation to the Prophet and have great role in the spread of Islamic message called Emams. Muslims considered visiting Emams tombs one of the important practices at the way of serving God. Muslims visits Emams tombs as regular at certain times and irregular according to persons needs especially when there is need to ask God for help. People bring their patients to Emams and some of them tied with cord to the window of the tomb and stayed for few days seeking mercy and help of God through Emams. People beliefs that the cause of illness is jinn possession seeking jinn dealers to take jinn out of the patient and this is done by certain rituals one of them is hitting patient hardly with woody sticks, ironed stick or hard plastic cables. Daraweesh are people with certain religious background doing

certain rituals, reading certain phrases of holy Quran and religious songs. One of the rituals is called ta'zeem in which smoke of burned folk materials and body movements done in special way in order to bring angles and spirits that they claim they help them in giving cure to the patients. Witchcraft is one of the traditional beliefs in the Iraqi culture. Some people believe that witchcraft and magic can be the cause of illness and need those deal with problem either expert in magic or even malingering traditional healer. Traditional beliefs it's done by one of relatives to do harm to the patient and his family. Self-treatment done at home is reading phrases or parts of holy Quran in front of the patient since Muslim believe Quran is God's book and God's speech in which there is healing and mercy. The patient either sit or lying down. The reader either sits near the patient's head or just sits in front of the patient touching his head or wrist by hand. The third part of the information list including open questions regarding the cause of illness in view of the patient's family

Results:

The study shows 22% have no any contact with faith healers of any type, neither before nor after diagnosis and treatment. About 88% shows different contacts; 7% have contacts only before the diagnosis and treatment, 24% contact faith healers only after the diagnosis and treatment and 47% contact faith healer before and after the diagnosis and treatment (table 1,2). Apart from 22% those have no contact at all, 21% seeking only one type of faith healing tradition, 41% seeking two types and 16% seeking more than two types (table 3). Frequency of types of traditional faith healer; Sayed 37%, visiting Emams 54%, jinn dealers 32%, Daraweesh 17%, witchcraft 3% and reading Holly Quran 9%. Those seeking two types of faith healer; Sayed and visits 31%, visits and jinn dealers 15%, Sayed and jinn dealers 11%, visits and reading 7% and jinn and Daraweesh 14% (table 4,5). Regarding the causes of illness, about 42% considering life stresses as a major cause of illness. These include prison, poverty, love affairs, hard study and shock due to bad news or seeing dead person. About 25% considers the patient himself/herself as a cause of illness, 14% have poor faith and belief and 11% weak personality. Genetic causes 4%. Witchcraft and magic causes 5%. Jinn possession causes 11%. About 13% see the wish of God as the causes of illness with negative and positive appraisal. Negative view considers illness as punishment for mistakes done by the patient. Positive view considers illness as mercy from God to clear patient from mistakes (table 6).

Discussion:

Religion of one kind or another has existed in all societies and it has had profound effects on the lives of those who practice it. Empirical studies have identified significant links between religion and mental health (17). Religion and activities such as praying, mosque and church attendance and the social support associated with religion have been shown to be very important for many people and are associated with better health and a sense of well-being. A study found that as high as 91% of patients reported indulging in private religious or spiritual activities and 68% reported participation in public religious services or activities (18,19). Some studies which have compared religious practices in patients with schizophrenia and in the general population suggest that religious involvement is higher among patients (18,20). Whereas others suggest that religious attendance is less in patients of schizophrenia (18,21). These activities have also been found to help people cope with poor health. Religion can be defined as a belief system including dogma, rituals and traditions. Religion can also mean a social institution in which people participate together rather than an individual searching alone for meaning in life. Typically, religions includes the personal commitment to and serving of God or a transcendent power with worshipful devotion and conduct in accordance with divine commands, especially as found in sacred writing or declared by authoritative teachers. Religion can therefore be viewed as a service to God, organized with a specified set of beliefs and practices. Different Iraqi Religious leaders realized that beliefs have no effects in the etiology of mental illness and they related it to organic causes in opposite to multiple cultural beliefs that

attributed mental illness to devil, jinn, spirits and magic. They believe certain acts like suggestions may relieve some distress. Iraq is one of Muslim oriental country, have deeply seated religious beliefs. The majority of Iraqis were believed with prophet, Quran, and Emams. These beliefs originate as Islam originate in the society. Other beliefs are inherited across centuries from elderly women stories and myth regarding jinn and its subdivisions of local names like (Tantal) which described as tall and white, (Se'lowah) which described as big hairy black monster-like shape. According to spread and the wide distribution of these beliefs, about 43% of the patient's families and relatives consider the religious and local beliefs as the major causes of illness that proportionate with their acts in seeking traditional faith healers. About 57% related the illness to other factors like; genetic factors, when they have positive family history of schizophrenia, personality causes, and life stresses but the majority of them ignored their minds and act as the dominant beliefs and seeking faith healers. Only 22% not related the illness to any traditional and local beliefs and didn't consider the religious thinking affect the course of illness and accordingly they never seek any types of faith healers neither before get the diagnosis and treatment nor after. With this big heritage package of beliefs and myths, the diagnosis and treatment of mental illness is not so effective, especially acute schizophrenia, in relapse or first episode. This study showed 47% not affected by the diagnosis and treatment and still seeking and consulting the faith healers. Some of them still seeking and consulting the faith healers and continuing the process even during the period of admission. The duration of illness prior to diagnosis and treatment is prolonged by such experiences and the time lost without benefit. About 54% consulting faith healers before the diagnosis and treatment that mean so longer the duration of untreated psychosis. The timing of contacts with faith healers not so affected by any of the sociodemographic variables of the sample like age grouping, sex, marital status, economic status, educational level and even the religious background. Many Christians and others consulting Sayed, visiting Emams and reading Quran. This explained as the close relationship and the integration between families especially poor and crowded area of residence that the sample showed only 10% are of rich economic status and the other of poor and mid or just satisfied their living. A survey of consecutive psychiatric patients attending a hospital in Tamil Nadu, South India showed that 58% of psychotic patients saw a religious healer prior to psychiatric consultation (18,22).

Conclusions: This study explores the importance of religious background in the course of diagnosis and treatment of acute schizophrenia. Psycho-education was needed to increase the awareness of publics about faith, beliefs, traditional healers, and mental illness.

Recommendations

1. Results of this clinical sample indicate the need for improved psychoeducation of the community at large
2. There is a need for public mental health literacy and welfare support to actualize the potential of families to play useful community psychosocial roles.
3. Future research should seek to better understand how esoteric beliefs about causation affect attitudes toward people with mental illnesses and acceptance of mental health treatment by those individuals.

Acknowledgements: We greatly appreciate the patients and medical staff of the Ibn-Rushed mental hospital for their participation and assistance with this research study. Financial Support/Disclosures: Authors explore there was no fund for this study.

Conflicts of Interest: The authors declare no conflicts of interest. Corresponding author: Dr. Shalan Joodah Rhemah Al-Abbudi, FIBMS Psych, MBCHB, Consultant psychiatrist, Imamain Kadhimain Medical City, Baghdad, Iraq
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