

Perceptions of Traditional Healing for Mental Illness in Rural Gujarat

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ABSTRACT

Background: Despite the significant toll of mental illness on the Indian population, resources for patients often are scarce, especially in rural areas. Traditional healing has a long history in India and is still widely used, including for mental illnesses. However, its use has rarely been studied systematically.

Objective: The aim of this study was to determine the perspective of patients, their families, and healthy community members toward faith healing for mental illness, including the type of interventions received, perceptions of its efficacy, and overall satisfaction with the process. We also sought to explore the range of care received in the community and investigate possibilities for enhancing mental health treatment in rural Gujarat.

Methods: We interviewed 49 individuals in July 2013 at Dhiraj General Hospital and in 8 villages surrounding Vadodara. A structured qualitative interview elicited attitudes toward faith healing for mental illnesses and other diseases. Qualitative analysis was performed on the completed data set using grounded theory methodology.

Findings: Subjects treated by both a doctor and a healer reported they overwhelmingly would recommend a doctor over a healer. Almost all who were treated with medication recognized an improvement in their condition. Many subjects felt that traditional healing can be beneficial and believed that patients should initially go to a healer for their problems. Many also felt that healers are not effective for mental illness or are dishonest and should not be used.

Conclusions: Subjects were largely dissatisfied with their experiences with traditional healers, but healing is still an incredibly common first-line practice in Gujarat. Because healers are such integral parts of their communities and so commonly sought out, collaboration between faith healers and medical practitioners would hold significant promise as a means to benefit patients. This partnership could improve access to care and decrease the burden of mental illness experienced by patients and their communities.

Key Words: faith healer, India, mental illness, rural population, traditional healer

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INTRODUCTION

Over the past two decades, India's economic development has coincided with critical improvements in life span, literacy, and income.¹ Despite these advances, and with a population that is still largely rural, significant challenges remain in infrastructure and access to services, including quality medical care. As in other countries, both developing and wealthy, India's mental health problems cause a significant effect on the well-being of many individuals, leading to emotional distress, family tension, and economic loss.²

Meanwhile, resources for patients often are scarce. The latest data from 2011 shows that the prevalence of psychiatrists in India is approximately 5 per 1 million people; by comparison, in 2012 in the United States, there were 24,210 psychiatrists for a population of 318 million, or 76 per 1 million.³⁻⁵ Even if mental health

resources are available to a given community, they may prove financially burdensome for patients and their families. Additionally, although many villages (home to 70% of India's population) have health clinics, knowledge of psychiatry among local providers often is limited. Visiting a hospital may involve a long journey resulting in financial and lost-opportunity costs.²

One group seeking to improve access to psychiatric care in rural India is the MINDS Foundation, a Massachusetts-based nonprofit group that works with Sumandeep Vidyapeeth University (SVU) and its teaching institution, Dhiraj General Hospital, in Vadodara, Gujarat. Together, they work to provide mental health education, screening, and treatment for residents of rural villages surrounding Vadodara.

The tension between psychiatric care with a medical basis and traditional healing practices is longstanding and active in much of the world, including India. To better serve the community needing mental health services in this area of India, MINDS and SVU practitioners seek to explore the role that each form of treatment plays in this community. Traditional healing has a long history in India and is still widely used, including for mental illnesses,⁶ but its use rarely has been studied systematically. The purpose of our study was to determine the perspective of patients, their families, and healthy community members toward traditional healing for mental illness, including descriptions of the interventions received, perceptions of the efficacy of the treatment, and overall satisfaction with the process. By understanding the type of mental health care provided in the community, we hope to develop opportunities for new interventions and collaborations involving traditional healers, the medical community, and the patients who seek their support for mental health problems.

For the purposes of this study, we defined a traditional healer as an individual perceived to have a link to the spiritual or supernatural and whom patients seek out for assistance with physical or mental health problems. Individuals were not considered traditional healers if their role in the patient interaction was to oversee a temple or religious structure or conduct formal religious ceremonies. A patient's independent devotions or prayers were not considered here as traditional healing. The Gujarati terms *bua*, *vaid*, and *santh* were used to prompt subjects to describe experiences with a traditional healer. *Bua* refers to a witch doctor (a traditional healer unconnected with a religion), *vaid* to an Ayurvedic practitioner, and *santh* to a spiritually based healer.

METHODS

Study Design

In July 2013, we interviewed a convenience sample of psychiatric patients and their family members or

neighbors, as well as healthy community members who reported not knowing anyone with mental illness. Interviews were held in Dhiraj General Hospital and neighboring villages of Morakhala, Gola Gamdi, Melu, Bahaderbur, Manjrol, Kali Talawadi, Anandpura, and Kasumbiya. This study was approved by the Icahn School of Medicine at Mount Sinai's Program for the Protection of Human Subjects and by the SVU Institutional Ethics Committee. Individual participation took 15 to 30 minutes.

Participants

For interviews, we targeted general psychiatric patients and their families, both in the outpatient and inpatient departments of Dhiraj Hospital; MINDS patients and family members during their biweekly visits to the outpatient psychiatric clinic of the hospital; community members in Dhiraj Hospital without mental illness; and MINDS patients, their relatives, and unaffiliated community members in 8 rural villages. These subjects were separated into 5 groups as follows: Group 1 includes psychiatric patients who sought treatment from both doctors and traditional healers, group 2 are patients who sought treatment from doctors only, group 3 includes patients who sought treatment from a traditional healer only, group 4 is comprised of subjects with mental illness who have not sought treatment, and group 5 includes healthy community members who do not know anyone with mental illness.

Medical interns on rotation in the psychiatry department served as translators and identified patients and community members at Dhiraj Hospital who were willing to participate in the study. In the villages, the MINDS coordinator, a social worker who has a longstanding relationship with MINDS patients and their families, identified eligible subjects. After ensuring that subjects met eligibility requirements, oral consent was obtained according to an institutional-review-board-approved script.

Interview

All consenting participants were interviewed with a questionnaire based on the explanatory model of Patel et al⁷ (available upon request). The first 17 items of the survey document the subjects' sex, age, literacy level, occupation, religion, financial situation, and family makeup. The semi-structured interview that followed focused on patients' experience with and attitudes toward traditional healing for mental illness and other medical illnesses. The interview was developed from an explanatory model survey used in a prior, unpublished study in the same setting. The previous interview was adapted for this study to focus on patient and community perceptions of traditional healing. Consensus for this interview's content, wording, and order was developed through discussion with authors at Mount Sinai, New York University, and SVU. Subjects were asked if they or

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