ORIGINAL ARTICLE

SHAMANIC CONCEPTS AND TREATMENT OF MENTAL ILLNESS IN PAKISTAN

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ABSTRACT: A study was conducted to learn about shamanic concepts and treatment of mental illness. For this purpose 100 shamans were selected by lottery method and a questionnaire was administered supplemented by interview to determine their educational and training background, concepts about mental illness, and methods of diagnosis and treatment. Causes commonly attributed were Jinn (50%), evil influence (20%), evil eye, magic and witchcraft (10%), and medical reasons (10%). Treatment offered included amulets, holy water, rituals, recitation, talisman, etc. Study findings highlight the importance of understanding cultural issues, placebo effects of the treatment regime and knowledge of folk beliefs.

KEY WORDS: Spritual healing Mental health Folk remedies

INTRODUCTION

In addition to psychiatrists there are a number of alternate practitioners in the country who cater to mental health needs of the population. Keeping in view the very low number (200)[1] of qualified psychiatrists in Pakistan and the general reluctance towards seeking psychiatric help owing to the stigma, high cost, lengthy duration and side effects of western treatment, the services offered by these alternate practitioners were considered to be worth exploring. Amongst these the shaman is a very important category of healer who by definition is a person claiming to be in direct contact with the spiritual world and who assumes the responsibility of bringing cure through this spiritual connection. Another form of shaman is a 'sufi' who is generally a disciple of a well known saint. A large number of people have faith in the healing powers of such practitioners and hence shrines and other holy places are flocked by the masses, irrespective of educational or ethnic background, seeking cure especially for mental illness. It is also believed that 'sufi' saints are effective healers and even after death have spiritual influence by virtue of which they can cure or provide relief. Disciples of such saints are well respected and are approached by people in need of redressal of problems. Studies[2,3] have reported that people do benefit from the treatment given by shamans. In order to explore this further, a study was conducted to find out the shamanic concept of mental illness and to review their treatment approaches. An attempt was also made to identify common areas with reference to symptomatology forming the basis of diagnosis.

MATERIAL AND METHODS

A list of 400 shamans was prepared from all four districts of Karachi recommended by community leaders on the basis of their local popularity and assumed large clientele. One hundred shamans were then selected by lottery method. They were interviewed by the researcher with the help of a questionnaire to obtain information about their education and training, concept about mental illness, method of diagnosis and treatment approaches. Interviews were conducted at the place of their practice i.e. shrines, mosques, residence and community clinics. Definition of mental illness was not given to the shamans who were only asked to identify those patients who they themselves thought were suffering from a mental disorder. Patients for the study were selected on the day of their visit to the shaman. The researcher sat with the shaman and reviewed the cases referred to him by the latter. About 400 patients were interviewed during the two year study from May 1994 to May 1996, to get an insight into the clinical problems and treatment they received from the shaman. The interview schedule was semi-structured and valid for use. The diagnostic tool used by the researcher was based on DSM-IIIR (Diagnostic and Statistical Manual - III Revised).

Reliability was checked with the help of other psychiatrists who conducted the interview with the shaman and patients on the same days and compared the findings recorded by the researcher. There was agreement on the observation in the range of about 94%.

About 20% of the patients and shamans were interviewed for the purpose of inter-rater reliability. Validity was checked by a group of validators who were members of an academic team of a medical university with expertise in research methodology.

RESULTS

Of the 90 male and 10 female shamans interviewed, 40% had no formal education, 20% received school education, 10% attended and received college level education, and 30% received religious education only. As regards spiritual training 60% of the shamans said that spiritual powers were con-

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ferred upon them through the family; while 30% had acquired such powers through meditation, religious exercises and by being the disciple of a holy man for a duration ranging from 5 to 20 years. The remaining 10% had no formal training.

Table I summarizes causes, diagnostic criteria and treatment given. In the shamanic concept causation of mental illness was attributed mostly to "jinn" a hidden creature (in half the number of cases). Other causes included 'Aaseb' or evil influence evil eye, magic and witchcraft, and medical reasons. (10%), problems (5%) medical reasons (10%).

TABLE I **Causes, diagnostic criteria and management of mental illness according to shamans**

Causes	%	Diagnostic criteria	Management
Jinn	50	Aggressive behaviour, irrelevant talk, disinhibition	Amulets, holy water
Aaseb	20	Fits, social withdrawal	Amulet, recitation, ritual
Evil eye,magic, witchcraft	10	Irrelevant talk, disinhibition, fits	Talisman, ritual
Nutrition	5	Fits, neglect of personal hygiene	—
Divine punishment	5	Fits, aggressive behaviour	Recitation, ritual
Medical reasons	10	—	—

NOTE: All the shamans do not resort to the same management. However for simplification, the general approach is indicated.

Diagnostic criteria for recognizing mental disorder were irrelevant talk, fits, abuses and aggressive behaviour, disinhibition, neglect of personal hygiene and social withdrawal. Treatment offered included amulets, talisman, spiritually treated water, recitation of holy verses, rituals and secret prescriptions. The duration of such treatment ranged from two weeks to six months.

Of 400 patients interviewed by the researcher 80% had minor to moderate depression, 5% had psychosomatic disorders, 7% had epilepsy, 6% had psychosis and the remaining 2% did not suffer from any mental disorder. Thirty percent of patients were entirely satisfied with the shamanic treatment whereas the remaining had mixed feelings. The shamans were not able to assign a diagnostic category but only gave a diagnosis of mental disorder in general based on their criteria. Patients diagnosed by the psychiatrist as suffering from depression had guilt feelings and death wishes as prominant features ($p < 0.002$), and those suffering from psychosomatic disorder (DSM-IIIR) had headache and abdominal pain as the most prominent features ($p < 0.03$); in psychosis delusion and hallucination were prominant ($p < 0.02$). Common features which formed the basis of diagnosis for the shaman were odd behaviour, disinhibition, irrelevant talk, aggression and fits which led them to refer the patient simultaneously to the researcher. Patients diagnosed by the researcher as suffering from schizophrenia also had features of aggression, odd behaviour and disinhibition. Patients suffering from depression were filtered by the shamans on the basis of odd behaviour which they defined as withdrawal, lack of interest and sad mood. Fits were viewed by the shaman as either the result of possession by evil spirits or a medical disorder which was differentiated by means of a ritual.

Discussion

Pakistan has a low literacy level (34%) with meagre health facilities and a very low budget for health care. There is little general awareness about mental health and the number of mental health specialists is around 200 for a population of 136 million. People are generally reluctant to seek psychiatric treatment because of the stigma attached to it lengthy duration and high cost of western treatment, for cure and side effects of medicines. Shamanic treatment is preferred because of the faith people have in shamans, diffusion of the concept of stigma, easy accessibility and very low cost incurred (sometimes more).

Shamanic treatment has been studied by various researchers like Leff[4] who has described its use in different cultures and discussed its effectiveness. Razali[5] in his study found that 73% people consult alternate practitioners for treatment of mental illness. In a local study[3] it was observed that shamanic treatment was beneficial in grief reaction, reactive depression, psychosomatic disorders and anxiety neurosis, whereas it was found ineffective in psychosis, organic brain disorders and major depression. Many psychiatric conditions described in DSM-IIIR feature aggressive behaviour, irrelevant talk, disinhibition which may form part of the disorders like schizophrenia, mania, delirium, dementia and frontal lobe syndrome but these features, together or in isolation, do not fit into any of the classified psychiatric disorders. Shamans also do not follow any classification but base their diagnosis on symptoms either alone or in combination.

Conclusion

It was concluded that shamans have a different concept about causation of mental illness as compared to psychiatrists and their treatment approaches were also different from the western type of treatment for mental disorders. It is important for doctors to understand cultural issues and treatment regimens offered by shamans as well as the placebo effect it carries, and to acknowledge the uses and limitations of such folk beliefs and treatments. Further, there appears a possibility for collaboration between the shaman and the psychiatrist provided an educational package on common mental disorders is first given to the shaman.

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