

Scope of Ethnopsychiatry in Pakistan

Pages with reference to book, From 119 To 119

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Pakistan has a population of about 136 millions and is inhabited by various ethnic groups with the predominant religion being Islam. The Gross National Produce is \$430, literacy level (34%) is very low and the general health scenario is gloomy. The incidence of mental illness is continually on the rise and the general awareness about existence and causation of mental illness is lacking. Recent studies have shown that people give more importance to evil eye, possession, magic and Jinnic influence as being the major causes of mental distress and usually approach a shaman or a traditional healer for seeking treatment. Mental illness is recognised by these therapists if one has displayed odd or aggressive behaviour and becomes uninhibited. Usually shamans offer amulet, holy water, recitations of holy verses and rituals etc. Research further shows that only 5% of the patients suffering from mental illness are referred or seen directly by the psychiatrists. For such a large population, there are only 200 psychiatrists mostly in the urban areas of the country¹ which is 28% of the total population. The vast rural population receive mental health treatment by spiritual healers with the help of traditional medicines, but reportedly also hazardous methods are used which include exorcism involving physical harm and even death.

Ethnopsychiatry is the study of mental illness in cross-cultural perspective. The shamans or ethnotherapists are the people who claim to be directly in contact with the spiritual world and communicate with God and by virtue of this they claim to bring cure to the mentally ill. Studies conducted by Left² describes the various shamanic treatment in different cultures. It is also suggested that folklore psychiatry is practiced by native healers, who differ distinctly from academic psychiatrists, medicine men, quacks and charlatans and use simple popular domestic wisdom. Razali³ in his paper "and folk healers in Malaysia" mentions about Bomohs who are indigenous Malay medicine men with important specialisation in mental health. People generally approach them for seeking treatment for mental illness. Bomohs specially see those patients who are supposedly afflicted by supernatural agents like evil spirits, witchcraft, black magic and divine anger. According to his survey in 1989, 73% psychiatric patients consulted a bomoh first whereas the 25% contacted the general outpatient services. Lashari⁴ foresaw the possibility of collaboration between shamans and psychiatrists. In a local study⁵ 120 consumers who used both psychiatric and ethnotherapeutic services were interviewed and the information obtained was, that 60% of the consumers found ethnotherapy more effective, 30% found psychiatric and ethnotherapeutic treatment equally effective and the remaining 10% favoured the effectivity of psychiatric treatment.

The fact is that more than half of the population of Pakistan is being looked after by the traditional healers for the mental health needs. This is due to the very low number of psychiatrists and the lack of awareness of the people about mental illness. The beneficial effects of shamanic treatment is observed in psychiatric conditions as grief reaction, reactive depression, psychosomatic disorder and anxiety neurosis. It thus appears that these ethnotherapists play a very important role in the community.

Also, the factors as high cost of western treatment, lengthy duration of treatment and side effects of drugs are further deterring points for people to seek help from doctors. Moreover, it is also observed that many general practitioners are also not trained enough for recognising and treating psychiatric illnesses. They provide the patients with low dose psychotropic drugs for short durations and allow liberal use of minor tranquillisers for long periods, hence leaving the patients addicted. The general practitioners also have the disadvantage of a very low exposure to psychiatry at undergraduate level as it is generally considered to be a very unattractive field compared to other disciplines. They also don't

have time for counselling and psychotherapy for the obvious reason of a busy practice. At postgraduate level, the quality of training needs extensive alteration. The mental health service of the country, is seen as very few mental hospitals though psychiatric units are attached to almost all big teaching hospitals of the country. Deficiencies are present in the health care system. Under these circumstances, it would be worthwhile seeking the collaboration of ethnotherapists by suitably educating them through courses. They could then be absorbed in the country's health care system⁶. If these therapists refrain from dangerous practices and concentrate on psychotherapy and placebo treatment in joint collaboration with a psychiatrist or general practitioner, effective results can be foreseen.

References

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