Management of perceived mental health problems by spiritual healers: a Nigerian study

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Abstract
Objective: Anecdotal reports and research findings have suggested that religious healers are widely consulted by many Nigerians in time of mental health crisis.The study aimed at examining the knowledge, attitude and practice of mental health care among a syncretic Church's healers, and their readiness to cooperate with Psychiatrists. **Method:** A modified, pilot-tested, self-completed questionnaire was used to obtain information from consenting spiritual healers who satisfy the inclusion criteria. Focus group discussions (FGDs), Participatory Observation (PO) and Key Informant Interviews (KII) were used to corroborate or refute the findings. **Results:** The respondents' knowledge of mental disorders was limited to psychotic disorders; their explanatory model was similar to beliefs of the populace. In practice, they combined some modern medical approach, some native methodology and some eclectic religious practices such as prophecy, trance and dream. Only 6% of them ever referred their clients to medical practitioners. **Conclusion:** Religious healers still constitute an important route to access mental health care providers to some Nigerians.

Key words: Mental health, Spirituality, Nigeria

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Introduction

In Nigeria, like most developing countries, mental health care (and health care in general) is still elusive to a significant proportion of the population. About 70% of the population lives in rural areas while 30% lives in urban areas. In contrast, 70% of the health facilities are in urban areas while 30% are in rural areas.[1] This seems to present a state of inequality of health distribution. Most of the populace still patronize traditional healers and spiritual healers; either because of poverty, poor accessibility to mental health facilities and hospital care, stigma or lack of belief in the efficacy of treatment received in these facilities regarding the cause of mental illness.[2] Some of these reasons are also applicable to the majority of those living in urban areas, irrespective of level of education.[2] The peculiarity and importance of these alternative sources of mental health care has necessitated research into knowledge, attitude and practice of traditional mental health care[3,4,5,6], treatment modalities and herbs in mental health practice[7], classification and training of traditional healers[8] and cost comparison of traditional mental health care versus care received from psychiatrists or other medical facilities.[2] Also, some studies have been carried out on the role of religion in healing.[9] While studies have been undertaken in the area of traditional medicine, research into spiritual healing in the syncretic churches, which form a section of the Christian religious movement that combines traditional practices and those of Christian beliefs[10], has not received commensurate attention.

In Nigeria, religion plays a significant role in the life of the average Nigerian especially as it relates to psychosocial, economic and health-related matters. The average Nigerian, sometimes, irrespective of their educational status, still believe in supernatural and preternatural causes in the aetiology of mental illness.[11] This belief system is embraced by some syncretic churches and makes them very popular in both the rural and urban areas.[10,12] Practitioners of healing in these syncretic churches are referred to as spiritual healers. Their

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healing centres have been reported to constitute a significant aspect of patients' pathway to mental health care with about 13-68% of patients having visited them before presenting to a psychiatric hospital.[7,13] It is therefore pertinent that any effort aimed at improving mental health care in Nigeria, and most likely other developing countries, should not only factor in the role of traditional medicine but that of the syncretic churches (as and where they exist). An illustrative case is reported in Appendix 1.

Traditionally, the Celestial Church of Christ (CCC) concept of mental illness is very similar to the notion held by the community. An overview of the CCC is provided in Appendix 2. The belief in spirit possession, malicious spirit, ancestral spirit, and curses from enemies as causative agents for mental illness are prevalent in the CCC. In all the parishes of the church, approach to healing is uniform. Means of healing or what may appear as their pharmacopoeia includes; holy water (this is water that has been imbued with divine power to heal by prayer), amulets, prayer and fasting, sacrifices (this comes in form of fruits, clothing materials, candle, etc), and very occasionally physical restraint. In a bare ground section within the premises of the church is the healing ground (Ile anu) which symbolically represents where Jesus Christ was born and found as a constant feature in all the parishes of the church. It is believed by members that all prayers offered on this spot would be granted.

Whilst many studies have been undertaken in the area of traditional medicine, research into spiritual healing in the syncretic churches has not received commensurate attention.

Method

Purpose and objectives

This study aimed to determine the knowledge, attitude and practice of mental health care among healers in a syncretic church, observe their treatment methods and determine their readiness to collaborate with orthodox mental health practitioners. The current study was conducted in one of the parishes of Celestial Church of Christ (C.C.C.) in central Lagos, Nigeria. At the initial stage of this study, one of the authors, AJA visited almost all the parishes of the C.C.C. in Lagos. The parish where the greater part of the study was conducted was chosen because of proximity to his residence and place of work, and the large number of parishioners. The study period was between the months of February to November 2001.

There is still a lot of secrecy surrounding traditional or spiritual healing in Nigeria[5], with only privileged individuals being initiated into the healing group or Order. Research into such areas will therefore have social and medical dimensions. Where such situations arise, a combination of both quantitative and qualitative methods of research might give more valuable information which might not be possible if only one of the methods was used.[5,14] Focus group discussions (FGDs) , key informant interviews (KIIs) and observations made, , might sometimes explain or even refute the reason/s behind some of the responses obtained from questionnaires. This study therefore, combined the use of both quantitative and qualitative methods of research.

Quantitative method

A modified - pilot tested - questionnaire previously used in a similar environment[15], was administered to one hundred consenting spiritual healers seen at the study centre within the study period. Of these, thirty were returned. The exact number of spiritual healers in this particular parish is difficult to determine as healers, preachers and prophets from other parishes constantly come to the parish to perform healing, lead church services and perform other functions. This parish is the biggest and the hub of the CCC in Lagos, though not the official headquarters. The questionnaire sought information about the healers as regards their socio-demographic characteristics, their knowledge, attitude and practice of mental health care and their willingness to collaborate with orthodox practitioners. The questionnaire was pilot tested among 10 healers in a different healing centre. Of the thirty spiritual healers that responded to the questionnaire, fifteen were selected to participate in the FGD and three in the KII.

Qualitative method

Focus group discussions (FGDs): A convenience sample of 15 healers was selected to participate in the FGDs. There were three FGDs comprising of five participants in each group. The participants were selected if they were members of the church, had spent a minimum of two years in the practice of healing, and gave consent to participate in the FGD. An attempt was made to include the three principal Orders or groups (prophets, shepherds and evangelists) of healers in each of the three FGD groups. In each of the FGD groups, there was a minimum of one and a maximum of two members from each of the Orders. The key issues discussed during the FGDs included the concept of mental illness as held by the healers, aetiology of illness, signs and symptoms of mental illness, mode of diagnosis, treatment methods, and their readiness to collaborate with western trained medical professionals. There was no specific schedule draw up for these meetings. The healers were simply asked to share their experience in healing, especially of mental illness, and questions were asked as interjections as appropriate and most often to explain terminologies not familiar to the authors. AJA with a volunteer sociology student conducted two of the FGDs, and ABM conducted the other one. The results from these interviews were compiled and compared and rated for accuracy by MO.

Key Informant Interview: The Key Informant Interview (KII) was a one-to-one interview with three well-informed members of the church. This was aimed at obtaining information on sensitive issues and to update those from questionnaires and Participant Observer Technique. Three interviewees were selected for this purpose, of whom one was an elder of the church who had been a member for more than forty years and was also a healer. The second was a prophet, and a revivalist, and the third was a high ranking evangelist and healer. An audio tape recording of each session was made. The KIIs took place in the office of the Shepherd of the Parish where the study was conducted. The authors interviewed each of the church members independently on different days.

Participant Observatory Technique: Permission was obtained to participate in the healing process of some of the church's clients. As much as possible, the observer ensured that healers, church members or significant others were not aware of the specific items or aspects of healing being observed. This was to avoid an attempt by the healers to

suppress perceived negative practices and enhance perceived positive or 'good' practices. The following were observed against a check-list designed by the authors: attitude to patients, steps to diagnosis, treatment, and general environment of practice. Only AJA participated in the POs.

Sampling and measures

Data Collection

Ethical concerns:

Written permission was obtained from the authority of the Church before the study was started, and consent was also obtained from all participants. Permission was acquired to observe the healing process of some of the church's clients as a participant observer; audio or video recording of these healing processes were not allowed. An audio tape recording of each KII and FGD session was made. The KIIs took place in the office of the Shepherd of the Parish where the study was conducted

Data Analysis:

The quantitative data was analyzed using EPi Info version 6.02 with frequency and summary statistics generated. Recorded data from FGDs and KIIs were transcribed and highlights of the discussions noted. The results from the three types of qualitative data were transcribed and compared by independent analyst. At various points in the study, tapes from the qualitative data were exchanged among the authors for transcription and analysis. The final result was compiled in a meeting among the three authors, to compare and resolve some of the controversies. The method of analysis used was similar to those used in some previous studies in the same environment[15] and other countries.[16]

Results

Socio-demographic characteristics: The respondents were aged 30 to 75 years (mean 48.0 ± 10 years) with 86.6% of them aged 36 to 65 years. Males constituted 80% while females were 20%. Fifty three percent had tertiary education, 43% had secondary education while 4% had primary education.

Healers' knowledge about mental illness: The causes of mental illness were attributed to preternatural causes such as witchcraft (93.3%), cannabis (86.7%), punishment for sins (73.3%), supernatural causes such as curses and punishment from gods and ancestors (66.7%), genetic causes (63.3%) and as a complication of physical illness (56.7%) (Table I). These findings were corroborated with FGD and KII findings as stated by most of the respondents. For example, one of the healers stated thus: ''All human problems are caused by enemies, or as a result of sinning against God or witchcraft or ancestors. It could also be inflicted on him to test his faith in God''. This statement is repeated by most of the participants in both the FGD and KII. The healers could recognize most of the symptoms of severe mental illness such as wandering and hoarding of rubbish (93.3%), undue sadness, loss of interest and reduced activity (70.0%), poor personal hygiene (60.0%), elation and delusion of grandeur (50.0%) and talking or laughing alone (94%). However, only 30% of the respondents could recognise symptoms of mild mental disorders such as heat in the body and crawling sensation all over the body.

Treatment of mental illness: Findings from FGD, KII and observation showed that treatment of patients could be grouped into history taking (duration of illness, socioeconomic circumstances surrounding the onset of illness, treatment so far), some form of physical examination (mainly observation), diagnosis (done through prayer, dreams, trance, prophecy or a combination of any or all of them) and treatment (this is done through fasting, drinking of holy water, prayer, beating, bathing, sacrifice). It was further observed that though the use of water (to bath or drink) was the commonest mode of medium of treatment, it was always used in combination with other materials such as candle sacrifice. Table I also shows the frequency of use of various modalities of treatments, which were not mutually exclusive: use of water (66.7%), biblical verses (66.7%), fasting and prayer (96.7%), counselling (90%), beating (40%), occupational therapy (13.3%). During the FGDs

Table I: Causes and symptoms of mental illness known by the C. C. C. healers and the treatment methods approved by them

Symptoms	*Frequency / Percentage*	*Causes*	*Frequency / Percentage*	*Treatment methods*	*Frequency / Percentage*
Wandering, picking rubbish / vagrancy	28 (93.3)	Malicious spirits	28 (93.3)	Fasting and prayer	29 (96.7)
Unduly sad, lost of interest / reduced activity	21 (70.0)	Indian hemp	26 (86.7)	Counselling	27 (90.0)
Talks and laugh alone	19 (63.3)	Rewards for sins	22 (73.3)	Bible verses only	20 (66.7)
Poor personal hygiene	18 (60.0)	Curses from the gods	20 (66.7)	Holy water	20 (66.7)
Excessive happiness / feels unduly important	15 (50.0)	Familial	19 (63.3)	Beating	12 (40.0)
Social withdrawal / feels unduly quiet	13 (43.3)	Physical illnesses	17 (56.7)	Prayer only	8 (26.7)
Crawling sensations	9 (30.0)			Occupational therapy Sacrifices	4 (13.3) 3 (10.0)

and KII, some of the respondents volunteered the reason behind the use of some of the aforementioned modalities of treatment. For example, one of the respondents said: ''water represents the Holy Spirit and has mystical power. It has no visible energy, but can cause disaster such as flood, uproot big trees and carry heavy vehicle or machinery and destroy houses. Yet, it is the same water that brings good harvest and cool weather''. Another respondent said ''we beat the patients with palm frond or cloth in order to drive away the evil spirit that has taken possession of the patient's mind''. Yet another healer stated thus ''the healing by God as practised in the church is all-inclusive, the whole life of the patient is touched and changed, refocused and made whole. As long as the client continues to pray and believe in God, the problem will never come back''. In yet another FGD, a prophet had this to say about the healing in the church: ''Divine healing is the most important of all the tenets of the Church and covers the social ill of the society, like smoking, drinking, fornicating and adultery and other social ills, and that you don't have to be necessarily ill to be considered for healing. For example people with social problems, marital disharmony and failed business do come to have their life and fortuned changed. He also maintained that this is the reason why the healing methods of the church are quite different from other Pentecostal churches around''.

From the above, it is clear that the mode of healing in the C. C. C. is not restricted to physical illness. The healing also aimed to change and modify the life pattern of their clients.

Willingness to collaborate with Psychiatrists: The qualitative data indicated that the healers were willing to refer their clients to orthodox medical practitioners. They however emphasised that mental disorders were caused by spiritual forces and therefore should be left to the spiritual healers to treat. They also said they were willing to attend workshops organised by government to improve their management skills. This observation was however not supported by findings from the questionnaire which showed that only 6.7% of the healers ever referred their clients to state hospitals, 53.3% would rather continue to try even if there were no signs of improvement, and 23.3% preferred to send their clients to other churches (Table II). The only presentation noted to warrant referral to Psychiatrists or hospitals was violence and aggressive behaviour by patients. This also needed to be supported by relatives' insistence to take the patient to mental health facilities/hospitals.

Discussion

The findings in this study are limited by the fact that it was carried out among one sect of the numerous syncretic churches in Lagos, Nigeria. The findings therefore, cannot be generalized to all forms of spiritual healing as carried out by all syncretic churches. It can also not be representative of all forms of spiritual healing including those in non-syncretic churches or other non-traditional religious faiths in Nigeria. In spite of the above, some important findings are noteworthy .

The churches, in Nigeria, still constitute an important place of worship and healing. It therefore still constitutes one of the important pathways to treatment of mental illness or even physical illness.[13] It may therefore be difficult to ignore such facilities, at least for now, if one is to plan and implement an all inclusive health programme for the country. A suggested approach would therefore be to support aspects of these groups of spiritual healers and discourage the negative or harmful aspects of their practice through education and seminars. This has been the suggested attitude towards traditional mental health practitioners in Nigeria.[15,17]

The knowledge of the respondents, in terms of causation of mental illness, was more rooted in supernatural and preternatural causes. This is similar to the belief of traditional healers and most people in Nigeria.[6,7,15] It is this congenial belief system that has ensured the sustenance of these forms of spiritual healing practices. Harmful methods, such as beating the patient, were also used as a method of treatment by the respondents. Such methods have also been reported to be used by traditional healers.[5,6,15] However, while the beating of patients by traditional healers is mainly to make the patient controllable, the spiritual healers seem to beat the patients in order to ''drive out the evil spirit'' which they claimed is responsible for the illness. Interventions such as education of traditional healers have been shown to lead to a reduction in the number of those who still beat their patients.[17] We suggest therefore that such an intervention be carried out for spiritual healers in order to reduce or stop this harmful and de-meaning practice. While fasting and prayer may have spiritual, physical and medical advantages, excessive indulgence in fasting may not be healthy. The lack of willingness of the respondents to refer patients to hospitals or psychiatrists has previously been reported among traditional healers.[18] The reasons could be due to lack of belief in the efficacy of treatment offered in hospitals or by psychiatrists for disorders which the spiritualist, patients and their relatives perceive as

Table II: Attitude, referral and post-treatment practices of the C. C. C. healers

Attitude of C. C. C. healers	*Frequency (percentage)*	*Referral centre*	*Frequency (percentage)*	*Post-treatment practices*	*Frequency (percentage)*
Can attend seminars organized by doctors	24 (80.0)	Continue to try	16 (53.3)	Follow-up treatment	20 (66.7)
Can share knowledge with doctors	18 (60.0)	Other churches	7 (23.3)	no follow-up treatment	10 (33.3)
Cannot work with doctors	8 (26.7)	Traditional healers	5 (16.7)		
		Government hospital	2 (6.7)		

'spiritual in aetiology'. Alternatively, it might simply be to hold on to the patient for pecuniary reasons. Whatever the reason, proper education and enlightenment of the healers and more importantly, the populace in general, might go a long way in reducing this attitude.

Having highlighted some of the important harmful practices of the respondents, it is important to note some of their practices which are useful and similar to those practiced by mental health practitioners. These include counselling (more of pastoral counselling), giving some form of occupational therapy to the patients and the belief in psychoactive substances as a cause of mental illness. It is suggested that those beliefs, attitudes and practices should be encouraged as beneficial for those patients that will still go to these facilities for health care. It is also worthy of note that the use of scarification marks, which is very common among traditional healers, was not seen among the religious practitioners. We suggest that the spiritual healers should be encouraged to continue to desist from the use of such modality of treatment. This might go some way in reducing the risk of HIV/AIDs and hepatitis through the use of non-sterilized needles.

Conclusion

We conclude that, in our study location in Nigeria (and potentially in most developing countries) alternative sources of mental health care, as obtained from syncretic churches' spiritual healers, are still being sought by members of the community. Therefore, we are suggesting that in order to plan for an all inclusive mental health programme, efforts must be made to identify these spiritual healers. Specifically for the purposes of educating them on basic aspects of mental health care so that they might appreciate their limitations. Such an approach could make them more relevant as referral points as well as rehabilitation and after-care centres. Above all, there must be continuous mental health education for the general population so that they can have basic knowledge about both mental health and mental illness and appropriate (and available) treatment. Further, more representative, research is needed to identify methods of these healers, verify their efficacy and see if at least part of these methods can be incorporated into mainstream psychiatric treatment.

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Appendix 1: Presentation of a Case Vignette

Mr. A. A. is a 30 year old married Christian with three children. He is an engineer employed by a private construction company in Lagos. He was brought to the Church by his wife. He has been restless and sleepless for about three days before a neighbour advised the wife to bring him to the Church. At the Church premises, they stated their mission and were asked to sit with other patients and wait for a prophet to prophesy about the cause of the illness. The prophet claimed that the illness was due to a spiritual attack by one of the patient's relatives in collaboration with one of his colleagues at work. He claimed the attack was done in dream state by the relative through food. Patient's wife agreed with this prophecy and stated that her husband had for several days before the illness complained about eating strange foods in his dreams. During the process of prophecy, patient became disturbed and agitated and was subsequently tied with amure (a loin gird made of clothing material). He was given some water to drink and some was sprinkled on him.

The treatment plan, dictated by the prophet, included the following: seven candles, three native sponges, a bar of native soap, several strands of palm frond, and a large piece of white cloth. Two healers were to carry out the healing ritual. The first stage was an overnight prayer. During the prayer session, three of the candles were to be lighted inside the Church and placed in strategic positions around the altar and three placed around the client. Immediately after the overnight prayer, the client was to be accompanied to a flowing river close to the Church building where he would bath with native soap and sponge. Thereafter, he would put on a white garment and stay within the Church premises for seven days. During this period, he will also put on the palm fronds from which small crosses were made.

He was counselled not to visit his village where the supposed attack was coming from and told to be more vigilant in his place of work and work in harmony with the management and attend their church service to ensure continued protection. Few days after treatment, he seemed calm and happy. He believed that his problem at work would be solved and resolved to be attending Church regularly for prayer and counselling.

Appendix 2: Short description of the C.C.C. organisation and structure

The spread of the church is said to be worldwide. It has its Supreme Headquarters in Porto Novo, Republic of Benin from where it originated. However its International Headquarters are situated in Lagos, Nigeria.

The C.C.C. is divided into dioceses, which represent a group of parishes supervised by a pastor representative. A parish is a single church, usually headed by a "shepherd" from the rank of assistant evangelists and above.

'The Pastor' heads the international body of the church and he is described as the head of the church worldwide. This is the highest rank in the church. For continuity, the incumbent pastor is required to name his successor before he vacates office. 'But in case of sudden death, the next man to the pastor in rank is appointed the pastor'.

For administrative purpose, a Parochial Committee is set up at the level of the Parish. This committee oversees the affairs and running of the Parish under the leadership of the Shepherd. In matters of dispute that are considered beyond the jurisdiction of the committee, it will report to the General Committee

The Pastor heads the General Committee. Each head of diocese is a member. Other members of this committee are the members of the board of trustees and all head of a parish.

There is a Board of Trustees that is vested with the custodian power of all church's properties. The board also represents the church in court and other areas.

Lastly, the Pastor-in-Council is responsible for the overall running of the church. The council, which is made up of the pastor and some selected senior evangelist, is vested with power of publications of anything relating to the church. It also has the sole right to interpret the constitution of the church. It is also the disciplinary arm of the church, the final arbiter in all matter of disputes. In any dispute a representative of the council arbitrates or represents the organisation in the name of the C. C. C. World-wide.

The Pastor is the ultimate Spiritual Head of the Celestial Church of Christ. He is vested with ultimate power to administer the church. A new member ascends the church's hierarchy from a Brother, who is a new convert to the church, to a Leader is one that has spent up to two years in the church with good standing in term of attendance of church services and performance of some duties to the church. This is followed by Senior Leader, then Most Senior Leader to Supreme and then Evangelist. After Evangelist come the Assistant Evangelist, Senior Evangelist, Most Senior Evangelist, Superior Evangelist, to Supreme Evangelist and then the Most Superior Evangelist to the Most Supreme Evangelist. This is the most senior rank in the church, apart from the Pastor. However, the Pastor who is appointed to the post can be picked from the post of Evangelist to that of the Most Supreme Evangelist. Also, anyone from the post of Evangelist can establish a Parish with approval from the church Central Committee. It is only an Evangelist and above who can preach from the pulpit or conduct service. To be officially recognised as a healer and invited to participate in healing in the CCC, the healer must be at least a supreme wolider, and must have been a member for at least 5 or more years.