To assess myths among the Attendants/Family members of the patient with Psychiatric Ailment.

Abstract:

Objective:

To assess myths among the attendants/family members of the patient with a psychiatric ailment.

Methods:

A qualitative exploratory study was conducted at a tertiary level public sector hospital in Faisalabad, from July 2022 to September 2022 after getting approval from the ethical review board of Faisalabad medical university. 21 interviews were recorded from attendants of patients with psychiatric ailments after taking consent. Verbatim thematic analysis was done manually

Results:

Initial analysis revealed 42 codes which were ultimately reduced to 6 main themes namely:

1. Personal Factors including sub-themes

(**1a**) Habits (**1b**) Affairs (**1c**) Separation from beloved ones.

2. Spiritual Factors with sub-themes

(**2a**) Bad Eye (**2b**) Punishment by Allah (God) (**2c**) Black magic (**2d**) Possessed by jin (**2e**) Breachment of sacred vows (**2f**) Amulet

3. Medical-related factors having sub-themes (**3a**) Poisonous things (**3b**) Non-Poisonous things

4. Violence and bullying

5. Treatment Preferences

6. Social factors

Conclusion:

A lot of misconceptions are present among caregivers of patients with psychiatric ailments. They usually do not seek proper consultation and get treatment from quacks and clergymen. Health policymakers need to create awareness among the general population regarding psychiatric problems using multiple platforms.

Keywords:

psychiatric illness, myths perception, misconception

Introduction

"*Myth is a story of vague origin, mostly religious or supernatural in character, that try to rationalize one or more features of the universe or a culture. The study of myth is closely linked to the study of religion, religious beliefs, and religious rites*." [1]

Myths related to mental illnesses are very common throughout the world, particularly in third-world nations like Pakistan. Roughly 10% of the worldwide adult population suffers from mental and behavioural disorders.[2] Due to a lack of resources, awareness, and knowledge about the condition, and dependency on local quacks, the focus on people with psychiatric issues is reduced. The idea of mental illness is so twisted that sufferers are left alone and disappointed. Man has traditionally blamed his shortcomings on metaphysical factors.[3]Some people believe that mental illness is an incurable result of evil conduct or punishment from God[4]. The origins of mental disease and its fear in our world may be traced all the way back to the dawn of time. Emotions, behaviours, and interactions with other social, cultural, economic, political, and environmental factors all play a role in determining mental health. Fear and shame are usually the main reasons that prevent people from seeking help regarding psychiatric issues. They are afraid to talk about mental health because of misconceptions about the illness. Like one of the popular misconceptions is that children and adolescents do not suffer from mental illness. Religious weakness is also considered a cause of the mental disorder.[5]On the other hand, A study related to myths among different communities in Delhi, India revealed that most of people believe that mental disorders are due to past sins, excessive masturbation, less sexual desire, loss of semen or vaginal secretions, unhappiness, and sadness.[4]A similar study conducted in Soroka Medical center, Negev posed that these disorders are imposed by supernatural powers and evil spirits.[6]Some people feel that psychiatric medicines are dangerous and would aggravate their symptoms and if a person suffers from mental disease, he can never recover.

A significant effect of culture on mental problems was found in Malay patients. Patients who contact the Bomohs (Malay traditional healers) are more likely to believe in supernatural reasons than those who do not consult them. It is also not primarily associated with age, gender, literacy, or profession.[7] In Pakistan, no such study was found and the [objective] of the study was to evaluate different kinds of myths regarding the psychiatric illness present among the attendants/family members of psychiatric patients in Pakistan

63

Material/Subjects/Patients and methods

A Qualitative Descriptive Study was conducted among attendants/family members of patients with psychiatric aliment admitted to the psychiatric unit of District Headquarters Hospital, a public sector tertiary level teaching hospital affiliated with Faisalabad Medical University, Faisalabad from 1st July 2022 to 31st September 2022 after getting approval from ethical review board of Faisalabad Medical University, Faisalabad Number FMU NO.# F.48-ERC/FMU/2021-22/229.

Convenient sampling was used and 21 attendants of patients with psychiatric aliment were admitted to the psychiatric unit of DHQ hospital, Faisalabad. Were interviewed after taking consent. Questions to be asked were finalized after doing a literature search and approved by one Professor and 2 Associate professors of Psychiatry. Interviews were recorded, and transcribed, and then thematic analysis was done manually.

Results:

After analysing the data Six themes were generated

1. **Personal Factors** with sub-themes
   (**1a**) Habits (**2a**) Affairs (**3a**) Separation from beloved ones.
2. **Spiritual Factors** with sub-themes (**2a**) Bad Eye (**2b**) Punishment by Allah (God)
   (**2c**) Black magic (**2d**) Possessed by jinn **(2e**) Breachment of sacred vows (**2f**) Amulet
3. **Medical-related factors** with sub-themes (**3a**) Poisonous things (**3b**) Non-
   Poisonous thing
4. **Violence and bullying**
5. **Treatment Preferences**
6. **Social factors**

1. Personal Factors:

participants stated different events related to the personal life of patients as a cause of disease. They assumed that the bad company of friends, hot weather, inappropriate routines and disturbed relationships rendered them prone to the disease. (**1a**) **Habits:** one of the interviewees stated that their patient had been involved in bad company and wandered uselessly. The other pointed the habit of smoking as a cause of mental illness as the cigarette smoke may have affected his brain. One of the attendants stated that the patient used to do a lot of work in the hot summer bare-footed which caused this issue. (**1b**) **Affairs:** The myth related to males were mostly linked to their relationships. Different attendants regarded break-up and divorce as the cause of the disease. One participant claimed that "*his engagement was broken, and he is like this after that*" '. Another narrated that his patient got anxiety because of his elder brother's marriage. (**1c**) **Separation of beloved ones:** The emerging myth among the participants, that caused the psychiatric ailment, was separation from friends and family members. The attendant stated, '*His best friend left him, so he developed the current condition*". 'The others related the disease to the death of near ones (especially father) and separation from siblings.

2. Spiritual Factors:

The majority of individuals connected their tales to spirituality and black magic. They hesitated to say this as they were themself terrified of Allah's wrath. (**2a**) **Bad Eye**: Some participants said that their patients were

under the effect of evil eye (Nazar lagi he). One attendant of a young patient told, '*I stopped her, but she applied fairness cream on her face and went to school*.' (**2b**) **Punishment by Allah (God):** One participant said, '*"she is under Allah's Azaab as she used to make fun of other patients'* (**2c**) **Black magic:** Black magic performed by close family was a common urban legend among the attendees. One participant stated, "*The second wife of the patient's father has done the black magic on him*." (**2d**) **Possessed by jinn:** Five out of 21 participants claimed about the supernatural things**.** They stated their patients have "saaya" and something has possessed them. One participants' statement was '*he is being inhabited by something*" (**2e**) **Breachment of sacred vows**: Four out of 21 participants justified the disease by saying that, it was due to sacrilege of the sacred things and writings. One participant told, *'She recited the* ***Moula Mushkil khusha wazifa*** *wrongly'*. The other said, '*She left the wazifa incomplete'*. Another one said, "*He spat at the place where Baba Fareed has done chilla"*. (**2f**) **Amulet:** Some participants came with the perception that their patients were being casted with a spell amulet.

3. Medical-related factors:

Some relative thought that their patient's condition is due to eating/drinking or smelling something. (**3a**) **Poisonous things**: A participant said that his patient took excessive medicines. His body stiffened after taking the medicine. Another person said that his patient had the Kerosine oil. One told that his patient used to work on a petrol pump and the petrol affected his brain. (**3b**) **Non-Poisonous things**: Only one participant narrated' *He has eaten sand and his brain got dehydrated"*

4. Violence and Bullying:

Some participants thought that their patient was ill due to being beaten by relatives or teachers. One participant said, "*Her teacher reproached her that she is* ill mannered *This affected her brain".* Another claimed that his patient was severely beaten by a group of people which affected his brain.

5.Treatment Preferences:

Most of the participants think of mental issues as problem which do not have a scientific background and needs spiritual treatment as compared to the medical ones. They consider that the patient will be benefited from the prayers and divine powers and medicine will not be very helpful in such cases.

6.Social factors:

Some social myths are very common among the people. They think that sitting under trees, being hit by animals, applying scent and other cosmetics attract the jinns and caused possession. One participant told, "*a donkey hit him and that caused brain tuberculosis''* One attendee said they gave their patient the water mixed with, soil of grave, to cure him.

Discussion:

Our study results are streamlined with the previous studies, establishing strong association of psychiatric ailments with myths and misconceptions. People usually associate the disease with different supernatural phenomenon and behaviours of the patients. Most types of myths are related to the religious affiliation of the attendee and their belief model. Almost all the attendants preferred to seek help from the spiritual healers and keep the medical assistance as the second option. This issue is mainly because society lacks understanding of psychiatric ailments, different treatment modalities and coping mechanisms.

This study indicates that a large number of subjects believe that mental issues are basically a bad omen and caused as a result of punishment of bad acts of a person by divine forces or due to inhabitation of a person by supernatural forces, commonly called as "Jinn". "Dam" can reduce the bad effect and ghosts are removed by the clergyman. These beliefs are comparable to those held by Indians about pooja and hawan where the same perception about the cause of mental illness was reported by common people.[8]similarly lack of self-awareness about mental illness, associated stigma and social discrimination are reported be a major cause due to which patients delay to go to medical personnel for their psychiatric issues.[9]

According to our study, the main reason why individuals avoid therapy is the negative perception of psychiatry and psychiatrists in the people living Pakistan. A large number of individuals in the current study, particularly those from rural areas and with low educational background, stated that psychiatrists are odd and they solve nothing. Previous studies have also found that persons with less education have more misconceptions about mental illness than people with a high education.[10] The reason behind this is because well-educated people have a positive outlook on many elements of life. This study concludes that misunderstandings are substantially more common in rural regions than in urban areas, and individuals must be spoken with in order to modify their behaviour and build a positive attitude regarding mental diseases so that health seeking behaviour can improve. Similarly, a study conducted in Haryana, India showed that people living in urban population has better knowledge about mental illness as compared to people living in rural areas.[11]Studies have also shown that people believe that psychiatric illness must be treated on spiritual and religious grounds rather than seeking medical help[12] and the same trend was seen in our stud as well.

The participants of our study have usually opted for treatment options other than allopathic medicine and relied on spiritual treatments, local healers and homeopathy before coming to medical professional. Nearly same trends were shown by psychiatric patients in India where 36% found local healers more trustworthy to

treat the illness in comparison to physcians.[13]Some individuals seek homoeopathic treatment and believe it may cure their patients. However, British Journal of clinical pharmacology has found that "there is no good quality evidence that homoeopathy is helpful as a therapy for any health problem," and the National Health and Research Council of Australia has reached the same conclusion.[14]Many psychiatrists, particularly those who work in emergency or acute care settings, have first-hand knowledge of aggressive conduct among the mentally ill.[15,16]

According to the NCBI-NIH, most mental disorders are not permanent, but they might last for many years, and more than 60% of mental illnesses are treatable. [17,18]Almost every caregiver believed that their patient would recover after therapy. The general population should be informed to report to health personnel as soon as possible for prompt treatment. Community members should be adequately educated in order to assist in the integration of persons with mental illnesses into the community. Family members experience hopelessness, frustration, grief, guilt, and exhaustion.

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In Sweden and Canada for example, the majority of psychiatrists involved in the management and treatment of psychiatric patient report violence nature and history of violence in the life of psychiatric patients.[19,20]Contrary to this, we found a novel thing here, only a few attendants said that their patients tried to attack other persons but never harmed anyone. Abusiveness, Self-talkativeness, and weird behaviour were the most commonly mentioned perceived indications of mental illness by participants. There was also a strange and odd mixture of feelings and beliefs among the attendants. They had belief in myths and misconceptions about the cause of disease, not about the disease. They believed in the psychiatric ailment but their concept of aetiology was not correct.

Limitations of the study:

This study was conducted on folks from a single hospital. People from other hospitals, both public and private, should be explored as well to verify the results and broaden the actual picture. Also, the interviews were taken only from the attendants of patients with Schizophrenia, Bipolar disorder, Depression and epilepsy. To enhance the Validity of the results, interviews can also be taken from attendants of patients with other psychiatric diseases.

Clinical practice and research work can be done on these new findings. This will help to overcome the fear of violence by the psychiatric ill patients among nursing staff and doctors. This article will also provide the basis to do more research work on the behaviours, attitudes and conduct of psychiatric ill patients.

Conclusion:

There are different types of myths among the care takers of the patients with psychiatric issue. They seek help from quacks and clergymen. And believe in dam Darood and spiritual healing rather than scientific medicine. They lack proper knowledge about the pathogenesis and aetiology of the mental disorders. Health policy makers should create awareness among general population by using variety of means like social media, poster competitions, conducting seminars and print article and propagate handful information to avoid such kinds of misconceptions. Health professionals should come forward and give proper awareness about these myths and misconceptions and the damage they have done.

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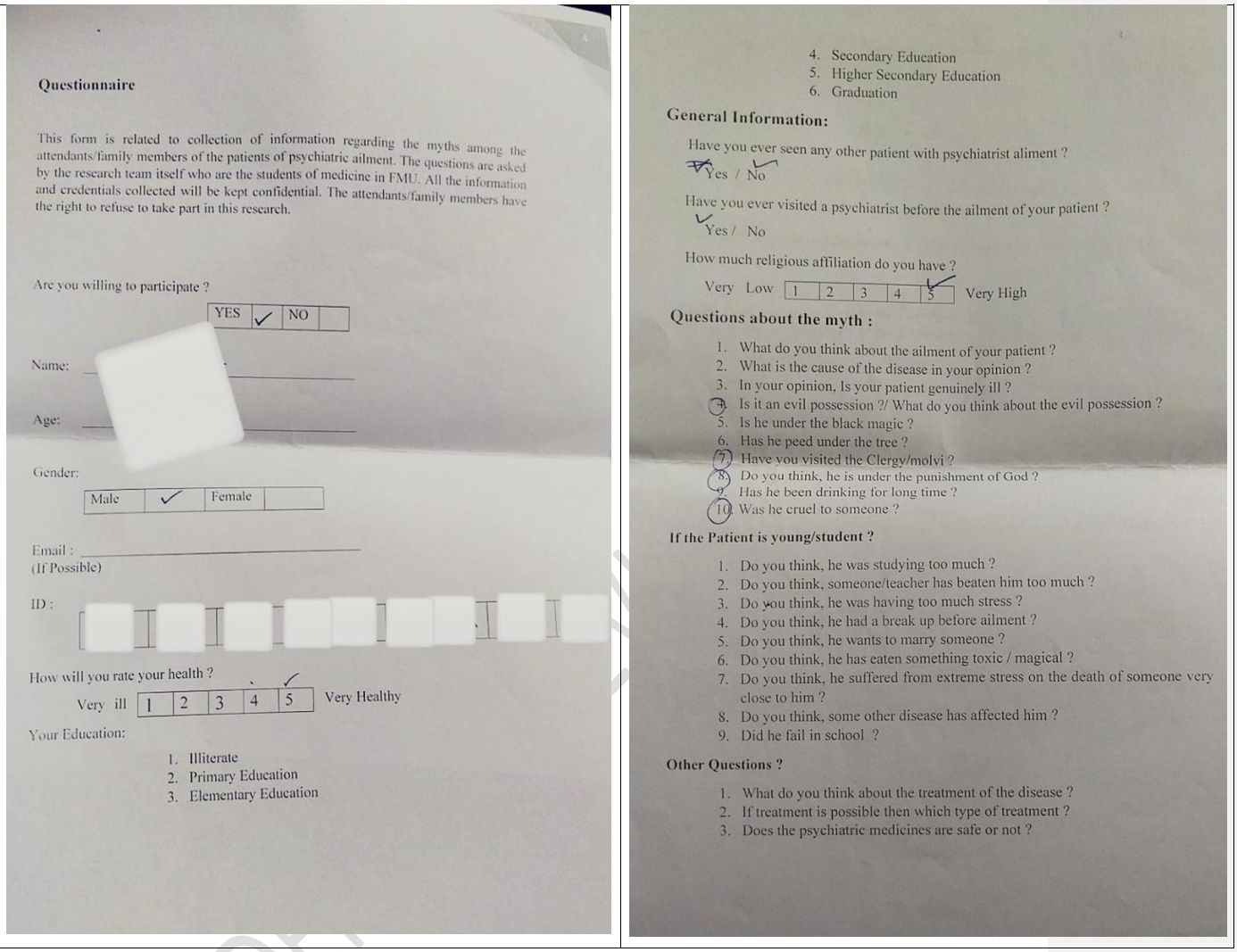
Table 1: [Add the table caption here. Replace the text in the square boxes]

Sr. No	Theme	Sub-Theme	Description
1	Personal Factors	(**1a**) Habits	"*As he wandered, he fell ill."* *"He smoked and got psychiatric ailment"*
		(1b) Affairs	"*He loved her cousin, but she got married to someone else."*
		(1c) Separation from beloved ones.	*"His father died that led to his present condition"*
	Spiritual Factors	(**2a**) Bad Eye	"He has been under evil eye."
		(**2b**) Punishment by Allah (God)	"*She used to laugh at other patients and hence God punished him''*
		(**2c**) Black magic	"*He went to graveyard. He did some act which went wrong"*
		(**2d**) Possessed by jinn	*"He bewitched a shopkeeper but himself possessed"* *"He is possessed by a female jinn"*
		(**2e**) Breachment of sacred vows	*"She is possessed with khanaas (Jinn)."*
		(**2f**) Amulet	"*He spat where Baba Fareed (R.A) did chila"* *"His relatives casted amulet upon him*"

3	Medical-related factors	(**3a**) Poisonous things (**3b**) Non-Poisonous things (**3c**) Others	"*He drank kerosine oil and got mad"* *"He ate the sand and went dehydrated."* *"She suffered due to having excessive medicine"*
4	Violence and bullying related factors		"*His brother beat her bitterly, so this happened"* *"Her teacher called her ill-mannered. That's why she went insane"* *"He often had a tussle with shopkeeper in the neighbourhood*"
5	Treatment Preferences		*"Shifa to khaak ki chutki se bhi mil skti he, dam krwana chahyie"*
6	Social Factors		"*a donkey hit him and that caused brain tuberculosis''*

[Add the full form of abbreviations here]



Questionnaire

This form is related to collection of information regarding the myths among the attendants/family members of the patients of psychiatric ailment. The questions are asked by the research team itself who are the students of medicine in FMU. All the information and credentials collected will be kept confidential. The attendants/family members have the right to refuse to take part in this research.

Are you willing to participate ?

YES	✓	NO	

Name: _____

Age: _____

Gender:

Male	✓	Female	

Email : _____
(If Possible)

ID :

How will you rate your health ?

Very ill	1	2	3	4	5	Very Healthy

Your Education:

1. Illiterate
2. Primary Education
3. Elementary Education
4. Secondary Education
5. Higher Secondary Education
6. Graduation

General Information:

Have you ever seen any other patient with psychiatrist aliment ?

Yes / No

Have you ever visited a psychiatrist before the ailment of your patient ?

Yes / No

How much religious affiliation do you have ?

Very Low	1	2	3	4	5	Very High

Questions about the myth :

1. What do you think about the ailment of your patient ?
2. What is the cause of the disease in your opinion ?
3. In your opinion, Is your patient genuinely ill ?
4. Is it an evil possession ?/ What do you think about the evil possession ?
5. Is he under the black magic ?
6. Has he peed under the tree ?
7. Have you visited the Clergy/molvi ?
8. Do you think, he is under the punishment of God ?
9. Has he been drinking for long time ?
10. Was he cruel to someone ?

If the Patient is young/student ?

1. Do you think, he was studying too much ?
2. Do you think, someone/teacher has beaten him too much ?
3. Do you think, he was having too much stress ?
4. Do you think, he had a break up before ailment ?
5. Do you think, he wants to marry someone ?
6. Do you think, he has eaten something toxic / magical ?
7. Do you think, he suffered from extreme stress on the death of someone very close to him ?
8. Do you think, some other disease has affected him ?
9. Did he fail in school ?

Other Questions ?

1. What do you think about the treatment of the disease ?
2. If treatment is possible then which type of treatment ?
3. Does the psychiatric medicines are safe or not ?

Figure 1: Demographic details of Participants

327