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SCARRED BY BELIEF: FAITH HEALING-INDUCED SKIN INJURIES IN PSYCHIATRIC PATIENTS - A CASE SERIES

Psychiatry

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ABSTRACT

Background- Faith healing is a method of treating illnesses through faith rather than medical methods, typically practiced through prayers to gods and deities. The belief in supernatural causation of mental illnesses and reliance on faith healing as a form of intervention has persisted since times immemorial. In many cases, faith healers serve as the first point of contact, as the community's trust in them is deeply rooted. **Case Presentations-** This case series attempts to describe six cases of patients suffering from psychiatric disorder with iatrogenic skin injuries caused by traditional faith healers, in the absence of lack of awareness about the psychiatric disorders among family members and community. **Conclusion-** Faith healers do form an integral part for treatment of patients suffering from psychiatric disorders. In a social system where they cannot be excluded, the least we can do is to psycho-educate the public about various psychiatric disorders, timing and need for referral to ensure the better outcome of the patients. **Conflict of Interest-** Nil

KEYWORDS

Faith Healing, Psychiatric Disorders, Skin Injuries.

INTRODUCTION

In various parts of the world including India, it is a common practice for the psychiatric patients to visit the local faith healers before they finally reach a medical facility to seek help. It is a practice seen more prevalent in rural areas, lower socio-economic strata, or those with limited access to other forms of treatment. People in rural areas live in a closed community and are very easily influenced by each other and the old and prevalent cultural beliefs of that area. The strong interpersonal relations and communication among these people is one of the major contributors to the practise still so alive. [1]

The practise of using divine powers to cure physical and mental disorders is referred to as faith healing. The faith of people may sometimes reside in a place and not the person performing the procedures. The place then becomes a common pilgrimage site for patients with various disorders including psychiatric patients. [2]

The faith healers do not apply biopsychosocial approach in management of patients with mental illness. Moreover, the signs and symptoms used by them to ascertain the supernatural states is also not standardised, lacks validity and is over inclusive. [3]

There are various different practices carried out by the faith healers depending on the prevalent cultural practices and the kind of symptoms the patients present to them with. Ranging from recommendation and carrying out of poojas and hawans, making patients wear amulets (tabeez) and rings, bands etc. to chaining the patients, using of hot objects to inflict pain including hot iron rods and tongs have also been seen. [2]

We present six psychiatric cases who presented to faith healers and were caused a lot of pain and injury by the same, and then presented to us in the Psychiatry OPD of a tertiatry care center in North-Western rajasthan.

Case 1

A 35 year old female, belonging to lower socio economic status family of rural background presented to psychiatry OPD along with her family members. She was shouting screaming and was aggressive and violent. She hadn't slept for a week and was also seen muttering to self. There was decreased self-care and disorganised behaviours as told by the informants.

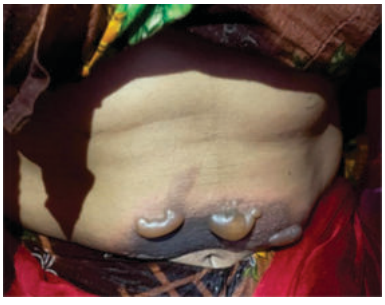
On detailed history taken from the family members, the patient has had the symptoms present continuously from the past two years and was taken to multiple local faith healers in and around her village, and was given amulets, rings by them. A few days before presenting to our OPD the patient was taken to another faith healer who suggested that the patient was under the control of some supernatural powers which explained her aggressive and abusive behaviour. He used application of a hot metal object on her abdomen so as to free her body of the evil spirits. After multiple visits to faith healers and no improvement the patient was brought to seek medical help.

There was no past history of any treatment under psychiatrist, no history of any organic mental illness and family history of any psychiatric illness was also absent.

On MSE of the patient, the patient was conscious, but was difficult to interview and assess. She appeared unkempt and untidy with clothes torn at various sites. She was poorly groomed and nourished and had asthenic built. Establishing a rapport was a difficult task. Her psychomotor activity was increased. Her speech was spontaneous with increased tone, volume and pressure. Auditory hallucinations and delusion of persecution was present. Higher mental functions were difficult to assess.

On physical examination of the patient, a big dark coloured patch with multiple large sized fluid filled blisters which were tender to touch were noticed on the abdomen of the patient. This lesion corresponded to the site at which the hot metal object was applied by the faith healer.

The patient was treated on the lines of psychotic disorder and was started on pharmacotherapy and regular follow up was suggested. The patient was referred to dermatology department for management of her skin lesion.



Case 1

Case 2

A 26 year old male, resident of rural area and belonging to a family of lower socio economic status was brought in psychiatric OPD by his family members after he had been aggressive, abusive and violent with increased wandering behaviour, decreased sleep and singing spells. The symptoms appeared 15-20 days back after a huge financial loss in the family. Before bringing the patient to hospital the family members

took him to a famous faith healer in their village who had applied some objects on the patient's ears which had caused injury. On observing the injury marks the family members came to seek medical help.

On detailed history as provided by patients father, the patient was apparently asymptomatic and well-adjusted to socio cultural environment till 15-20 days back when he first time developed the symptoms. The symptoms first appeared after the patient did not sleep for 2-3 days.

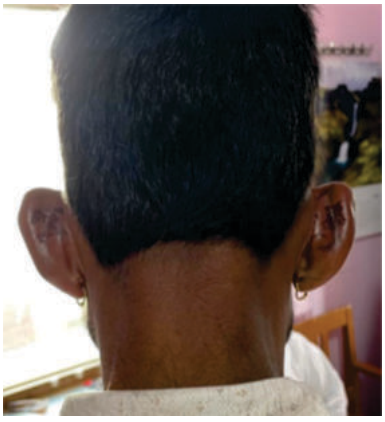
There was no history of any substance abuse, past psychiatric illness, high grade fever, any organic mental disease or family history of any psychiatric illness.

On MSE, the patient was conscious and was unkempt and untidy with asthenic built. He was average groomed and nourished. The psychomotor activity of the patient was increased. His speech spontaneous with increased tone volume and pressure. No thought or perceptual disturbance was seen. Higher mental functions were difficult to assess.

Routine investigations, brain imaging including CT scan and MRI of brain was done which did not show any abnormality.

On physical examination, dark brown bizarre shaped lesions were seen bilaterally on the back side of patient's ears corresponding to site of injury inflicted by the faith healer.

He was treated on the lines of acute and transient psychotic disorder and considerable improvement was seen after a regular pharmacotherapy of one month. The patient was also referred to dermatology department for further workup of his lesion.



Case 2

Case 3

A 33 year old, athletic built male, belonging to middle class family of rural background presented to psychiatry OPD with total duration of illness of three years. The course of his illness was episodic and the current episode was present for the past 2-3 months. He presented with symptoms of decreased sleep and decreased need for sleep, increased talk and big talk, hyper religious behaviour and occasionally being aggressive, abusive and violent towards family members.

He took treatment under psychiatrist in the initial 1.5 years of his illness and once improvement was seen, he abruptly discontinued his medications. On getting the second episode of illness, the family members under the influence of villagers took him to a local faith healer. The faith healer suggested that the patient had been possessed by evil spirits and thus carried a procedure in which he applied hot tongs on patients back so as to set him free.

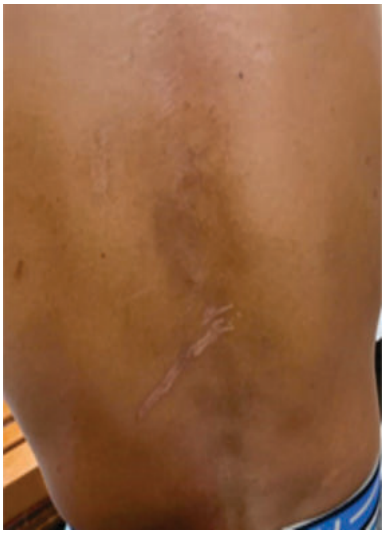
As the symptoms of the patient worsened over time, he started causing destruction to property and household items. The family members then brought him to the hospital for treatment.

No substance abuse history was present. Family history of any psychiatric illness was also absent. There was no history of any organic mental disorder as well.

On MSE, the patient was conscious, well oriented to time, place and person. He was average groomed and nourished with athletic built. Rapport was established but maintained with difficulty. His psychomotor activity was increased, speech was spontaneous with increase in tone, volume and pressure of speech and decrease in reaction time. Mood of the patient was euphoric with affect congruent to mood. Flight of ideas and delusion of grandiosity was present. Higher mental functions were difficult to assess.

On physical examination, old linear scar mark was present on the back of the patient at the site of application of hot tongs by the faith healer.

The patient was treated on the lines of Bipolar affective disorder (current manic episode) and after a regular treatment and follow up for a year, significant improvement was seen.



Case 3

Case 4

A 45 year old, athletic built female, belonging to lower middle socioeconomic class of rural background presented to psychiatry OPD with total duration of illness of two years. The course of her illness was episodic and these episodes have increased in number and frequency in past 1 month. During the episode, she acted strangely and differently from her normal self. Her upper body jerked in the beginning, then she started speaking in a different voice, addressing the family members like her late mother-in-law, followed by unresponsive spell for 5- 10 minutes. On asking, she could barely recall the episode and say she was not under her control. These episodes increased since some disputes between the brothers regarding property.

The previous episodes were taken by family members as reconnection with their heavenly mother and would offer eatables and other things but now they took it as a curse or wrath of her soul and took her to a local faith healer. The faith healer suggested that the patient had been possessed by the soul of her mother-in-law who is unhappy with the family. He suggested to burn earthen lamp with camphor, sacred ash and a mantra to seal the entry point of the soul. They did as he told but the symptoms did not improve.

They then took her to hospital for treatment under psychiatrist.

There was no past history of any treatment under psychiatrist, no history of any organic mental illness and family history of any psychiatric illness was also absent.

On MSE, the patient was conscious, well oriented to time, place and person. She was average groomed and nourished with athletic built. Rapport was established but not maintained. Her speech was non-spontaneous with increased tone, volume, pressure and normal reaction time. No thought and perceptual disturbances could be elicited. On physical examination, fluid filled burn blisters were seen at the site of placement of earthen lamp (diya) by the faith healer.

On detailed interview with the patient, family stressor was revealed and was addressed. She was provided supportive psychotherapy she improved drastically.

Case 4

Case 5

A 28 year old female, resident of rural area and belonging to a lower socio economic status was brought in psychiatric OPD by her family members after she had an episode of decreased sleep, screaming spells, aggressive, abusive and violent behaviour for 2 days. Before bringing the patient to hospital the family members took her to a faith healer in a village who had applied a heated stone on her chin region, which was claimed to possess divine powers to calm her screaming. Despite this, her symptoms did not subside and they landed up in psychiatry emergency.

On detailed history as provided by patient's husband, the patient was apparently asymptomatic and well-adjusted to socio cultural background 2 days back when she first time developed the symptoms, after attending a spiritual programme where she could not sleep for 2 days.

There was no history of any substanceuse, past psychiatric illness, high grade fever, any organic mental disease or family history of any psychiatric illness.

On MSE, the patient was conscious and well oriented to time, place and person and was mildly unkempt and untidy with asthenic built and had multiple religious threads (dora) and amulets tied around her neck. She was average groomed and nourished. The psychomotor activity of the patient was slightly increased. Her speech was spontaneous with increased tone volume and pressure. Ideas of persecution were present. No perceptual disturbances could be elicited. Higher mental functions were difficult to assess.

Routine investigations, brain imaging including CT scan and MRI of brain was done which did not show any abnormality.

On physical examination, well-defined reddish-brown burn mark with irregular boundary corresponding to site of injury, consistent with injury due to heated stone pressed against skin, inflicted by the faith healer.

She was treated on the lines of acute and transient psychotic disorder and considerable improvement was seen after pharmacotherapy.

Case 5

Case 6

A 24 year old, athletic built female, belonging to lower middle class family of rural background presented to psychiatry OPD with total duration of illness of four days. It was of acute onset which started after sleep deprivation for few days. She presented with symptoms of increased energy, decreased need for sleep, over-talkativeness, big talk, singing and dancing spells, hyper religious behaviour and occasionally being aggressive, abusive and violent towards family members.

She was taken to a local faith healer where he suggested that she been possessed by some spirit and this would bring family crisis and ruin their lineage. In order to set her free from spirit, he enchanted various mantras, did fire sacrifice and from that took a piece of burning wood and touched her wrist.

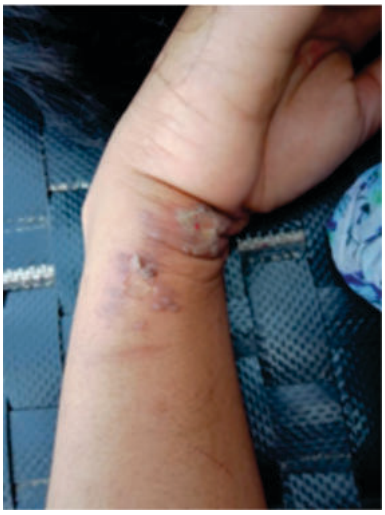
The symptoms of the patient worsened over time, she started causing destruction to household objects and was unable to manage. The family members tied her hands which worsened the inflicted wound by friction and then forcibly brought her to the hospital for treatment.

No substance abuse history was present. Family history of any psychiatric illness was also absent. There was no history of any organic mental disorder as well.

On MSE, the patient was conscious. She was average groomed and nourished with athletic built. Her psychomotor activity was increased, speech was spontaneous with increase in tone, volume and pressure of speech and decrease in reaction time. Mood of the patient was elated with affect congruent to mood. Flight of ideas and ideas of grandiosity could be elicited.

On physical examination, burns marks which resulted in blistering, scabbing, and discoloration were seen; which were worsened by friction caused by material with which she was tied.

The patient was treated on the line of manic episodeand after a regular treatment and follow up for a 3 months, significant improvement was seen.



Case 6

DISCUSSION

The cases discussed above showed strong cultural and social influence on the people thus leading them to the faith healers instead of hospitals thus leading to a delay in diagnosis and management of psychiatric illness. Moreover, possession by supernatural powers was a common belief as encountered by all these six cases. Thus magico-religious beliefs have long been believed to cause psychiatric disorders not only in India but in other countries as well.[4] In patients suffering from psychiatric illness faith healers are amongst the first choices to seek treatment as 75% of patients' recourse to folk or religious healing before resorting to psychiatric services. [5] One reason that could be seen for the faith healers being the first point of contact for these patients was due to the influence of head of the family or some influential figures in the villages who insist on continuing the rituals and practices going on from year's altogether. In a country like India where even till today the medical facilities are not very reachable,

usage of local resources and ease of approaching the faith healers contributes more to this.

Thus, the faith healers and folk or religious healing cause a hindrance in timely management of psychiatric patients and the torturing methods and rituals used by them may sometimes cause a permanent damage to the patient's body.[4]

Hence, there is an urgent need to increase awareness about the right pathway to care, awareness about psychiatric disorders and acceptance of these disorders as medical illnesses and not supernatural phenomenon. Psycho education of the faith-healers about the psychiatric illnesses can also be targeted as it will lead to early referral of cases to medical facilities and their vast influence on the rural population will help further.

CONCLUSION

Faith healers form an integral part of care for patients with psychiatric disorders. In a social system where they cannot be excluded, it is essential to raise awareness among general population about psychiatric disorders and available treatments, such as pharmaco-therapies and psychotherapies. Educating the public on these disorders, the importance of timely intervention, and the need for referrals can help ensure better patient outcomes.

Declaration of Patient Consent

It is certified that we have obtained informed written consent from the patient and their attendants that states, names and identity will not be revealed and allows the use of the patient's image and clinical information.

Conflict of Interest- Nil

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