

TRADITIONAL MENTAL HEALTH PRACTITIONERS IN GOMBE: KNOWLEDGE, ATTITUDE AND PRACTICE

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ABSTRACT

Background: There are many studies on the knowledge of, attitude towards and practices of mental health workers towards mental illness in Nigeria. However, there are few studies on the knowledge of, attitude towards and practices of traditional mental health practitioners towards mental illness. **Objectives:** The present study investigated the knowledge of, attitude and practices of traditional mental health practitioners towards mental illness. **Methods:** We recruited four traditional mental health practitioners (in a traditional mental healing house) into the study, and used focus-group discussion to explore the knowledge of, attitude towards and practices of traditional mental health practitioners in Gombe, Nigeria. **Results:** All the participants were married Muslims, aged between 39 and 53 years (mean age of 47 years). They attributed the causes of mental illness to Aljannu (evil spirit/demons), febrile illness and disorientation. Sleep deprivation and “increased power of the blood” were the mechanisms for the causation of mental illness. **Conclusion:** Traditional healers in Gombe treat most of the patients with mental illness, despite their poor knowledge of the causes and principles of treatment of mental disorders. This calls for increased public awareness of mental illness.

KEYWORDS : Traditional healers; knowledge; attitude; focus-group discussion

INTRODUCTION

Poor perception and misunderstanding of mental illness contributes to stigma and discrimination among the mentally ill. A community-based study in south western Nigeria found poor knowledge of causation and social distance among the respondents³. Another study in the same region reported that a significant proportion of the respondents studied preferred alternative unorthodox treatment to treatment in orthodox psychiatric settings⁴. Similarly, a study in northern Nigeria

found poor knowledge and attitude of the public towards mental illness⁵.

Studies by Adewuya & Oguntade in Nigeria⁶ and Arvaniti et al. And Patel elsewhere^{7,8} have reported poor attitude and knowledge of mental illness among mental health workers, including doctors. A mixed (qualitative-quantitative) method study in south western Nigeria that included focus-group discussion found that traditional healers enjoyed considerable patronage. More than 50% of the respondents' believed that traditional healers compared with orthodox mental health practitioners, treat their patients better because of their spiritual approach⁹. A review of the literature in sub-Saharan Africa, by Makanjuola, Adelekan & Morakinyo shows that people frequently attribute spiritual causes to mental disorders¹⁰. Adewuya and Oguntade⁶ found that mental illnesses were attributed most commonly to supernatural causes and psychoactive substance use in Nigeria. However, the level of education of the respondents had no effect on their beliefs. The

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poor social interaction between the public and the mentally ill is pervasive. There are many causes of mental illness, but the attitude of the public towards the mentally ill is that of fear and limited social interaction with these patients⁷. In Nigeria, the intimacy of the relationship between the patient and public increases the social distance (the degree of acceptance or rejection of social intercourse between individuals belonging to diverse racial, ethnic, or class groups), 65.1% of respondents expressed some level of social distance⁸.

People first patronize traditional mental health practitioners before consulting orthodox psychiatric settings for treatment^{9,10}. A study on the healing practices of syncretic churches in Nigeria found that the poor knowledge and explanatory model of mental disorders (especially psychotic disorders) among the respondents is similar to that of the public¹¹. Muslim Pakistani psychiatric patients patronized traditional healers (in most cases many healers) first before presenting to orthodox psychiatric treatment¹². In addition, a study in Nigeria by Onyeneho & I'Aronu found that 78.9% of the respondents received one form of spiritual or herbal mental health care before orthodox psychiatric treatment¹³. In many African countries, traditional mental health practitioners remain popular. For instance, in Uganda Ovuga, Boardman & Oluka found that respondents patronized traditional mental health practitioners more compared with a poor primary health care service, despite the higher prevalence of mental disorders among those who use their services¹⁴. In South Africa, traditional healers continue to be patronized and practice their profession despite their using potentially dangerous treatment methods such as enemas¹¹.

In our setting, traditional/spiritual healers enjoy continued patronage, and the present study aims to: i) assess the knowledge of traditional mental health practitioners on the

causes of mental illness; ii) examine the relationship between knowledge of and practice of mental illness treatment by the traditional practitioners; and iii) examine the preference pattern by patient and their relatives between orthodox and traditional mental health treatment).

METHODS

We conducted the present qualitative study on four traditional mental health practitioners at the famous Gidan Mallam Hassan (Mallam Hassan's House), a traditional mental health-healing house, which has operated for over four decades in Gombe. The State Specialist Hospital, Gombe provides orthodox psychiatric services to the entire Gombe state and patients have the option of patronizing either of the two health care alternatives.

Socio-demographic data of the respondents was recorded before the commencement of the interview. A focus-group discussion and semi-structured open-ended questions were used to assess the respondents' knowledge of, attitudes towards, and practices of mental illness. The investigators conducted the interview in Hausa language and audio-recorded the sixty-five minutes group discussion. The principal investigator transcribed the audio-recorded discussion verbatim and translated it into English. The English transcript was also back translated into Hausa. A linguist helped to ensure consistency in the linguistic elements of the original transcript and the English version.

The Research and Ethics Committee of the Federal Neuro-Psychiatric Hospital, Maiduguri approved the study protocol. The respondents gave their written informed consent and we assured their confidentiality. The data collected from the study were analyzed using the SPSS, version 16.0. The transcript was also analyzed using ATLAS.ti Qualitative Data Analysis software, version 7.0.77. To familiarize with content of the translated transcript, the investigators read it

several times. They employed open coding to categorize the responses of the respondents, and extracted the codes and quotes generated by the software for content analysis.

RESULTS

Knowledge and attitudes

All the participants were males and their mean age was 47.3 +6.6 years. One of the participants had primary education and the remaining three had no formal education. They all had primary daytime jobs (i.e., three farmers and one security guard). One of the participants learnt traditional healing practice from his father, while the rest learnt it by apprenticeship.

a. Causes of Mental Illness

All the participants had a faulty knowledge of the causation of mental illness; they attributed it to Aljannu (evil spirits). They gave different ways through which the evil spirits enter into the human body. One of the participants believed that the spirits found their way into the body of patients because as infants/children their parents failed to dress them with underwear. He states that "...Neglect of infants and children by parents causes mental illness. When parents failed to protect their children and failed to dress them properly with underwear, aljannu (evil spirits)/demons enter the child's body and constantly see his nakedness."

(First respondent, thirty nine year old traditional healer).

Another route through which the evil spirits are believed to enter the human body by the respondents is during childhood high fever of whatever cause. The respondents believed high fever enables evil spirits to enter the infant's body. The first respondent observes that: "When an individual contracts fever... and it becomes very high, it is easy for the evil spirit to enter the body. When the aljannu enter the human body via this route, the person becomes mad and he has to be treated..."

The respondents also believe aljannu (evil spirits) enter a person's body when a woman

plaits her hair and have intercourse with her husband without bathing. The aljannu enters her body and when she becomes pregnant from that intercourse, the child becomes possessed and comes down with farfadiya (epilepsy). The respondent observes that: "Yes there is another way...like in the case of Farfadiya (epilepsy), it is usually caused when a woman goes to plait her hair and then comes back and meets her husband in intercourse without bathing. If she gets pregnant from that intercourse then the child may develop epilepsy."

The respondents believed incantations and prayers done against a person who has done something wrong in the society cause mental illness. If an individual for instance steals something and a prayer is made against him, he could go mad. "...In our traditions in this part of the world, when someone steals and religious incantations are made, the thief will go mad."

(Second respondent, forty-five year old traditional healer)

The participants identified drug use as a primary cause of mental illness, which is responsible for most of their admissions at the home. Another cause of mental illness identified by the traditional healers was disorientation. Disorientation is believed to cause mental illness because every seventh time an individual becomes disoriented an evil spirit finds it easy to get into his body causing him mental illness. "Every time an individual becomes unable to find his direction he will become vulnerable to being afflicted by aljanu (evil spirits). When someone gets mad he may play with sewage or faeces without realizing what he has done."

(Third participant, fifty two year old traditional healer)

Other supernatural cause of mental illness identified by the respondents is a spell cast against people by enemies or by some malevolent forces. "A spell causes mental illness. A renowned mechanic in Gombe is one of our patients. He repaired a car that was difficult for

other mechanics to repair and other mechanics became jealous of him and casted a spell on him. He started sleeping in the streets, on refuse dumps and that was how demons entered his body and he became mad." (Fourth respondent, fifty-three year old traditional healer).

b. Symptoms of Mental Illness

The participants have identified what they believe as various symptoms of mental illness such as when a child has frightful dreams and calls the names of his friends in his sleep. Fits and shouting are symptom of mental illness and disorientation in place. "When a person with disorientation argues with you on a direction to go ...if you say this is east and he will says no! That is not east..." (Fourth participant).

Another symptom of mental illness mentioned by the participants is patients playing/eating faeces without knowing it. "...When some people become mad they play with sewage or faeces without realizing it." (First respondent)

The respondents reported patients presenting with visual and auditory hallucinations. The patients talk to themselves, hear and chat with unseen persons, and see objects or people that others do not see.

"... Some patients talk alone, as if they are chatting with some unseen people. Such patients will even tell you to stop disturbing them when they are chatting. Others are bewitched; witches send demons to them that make them see people or animals or things that others do not."

(Second respondent)

The respondents identified physical aggression and violence as symptoms of mental illness. Some patients use weapons to threaten or even attack other people. Patients are more likely to attack those people close to them especially relatives, spouses or children. "I saw a patient who wanted to kill his mother with a matchet." (Fourth respondent)

Some of the respondents stated that patients with mental disorders also present with sleep problems. The patients usually have difficulty

to sleep and sleep deprivation. "...Well, a person with mental illness may experience poor sleep such as inability to sleep..." (First respondent).

One respondent believes that when enemies cast spell on a person, the person may sleep outside his home, in the street and on refuse dumps. That will then make it easy for the evil spirits to get into his body and cause him mental illness. "When they casted the spell on him he started sleeping on the streets and on refuse dumps and that was how the evil spirits entered his body and made him go mad." (Third respondent) Sleep deprivation is a possible mechanism for the development of mental illness. However, the traditional healers have a double standard understanding of sleep problems in mental illness. They believe sleep is a symptom of mental illness and plays a role in the causation of the mental illness. Hence, the belief that patients need to get good sleep to recover from the illness. "You will know by looking at the patients' eyes, to check for sleep deprivation. If a patient is sleeping, it means he is getting better. It is during the sleep that the brain gets back to normal, we don't like a patient's sleep to be interrupted."

(Second respondent)

The participants also saw neglect of personal hygiene and self-care in the form of refusal to take bath or wash as symptom of mental illness, commonly seen in female patients than males. "When a lady becomes mad she fails to take her bath or plait her hair or even perform ablution. When a mentally ill lady makes efforts to clean herself, it is a sign of recovery." (Third respondent)

Other symptoms that mental illness presents with include disorganized behavior such as playing with or eating or drinking urine or faeces. "... A mad person may drink his urine, play or even eat faeces. For example in this place there was a mad person that was brought here who after passing faeces, he sat down and ate it all. He later vomited..." (Second respondent).

Practices towards patients

The traditional mental healers believe there are many types of mental illnesses. However, they failed to substantiate it with a systematic nomenclature for mental illnesses. They use different methods of treatment for mental illnesses but they do not seem to base the treatment on any particular nosological classification of the disorders. *"No there are many types. Hauka kala kala ne (There are many types of mental illness). We do not know their number. Similarly, there are many types of treatment and ways of using them. Some are used to break a spell for example..."* (Second respondent).

The practices of the traditional mental health practitioners explored in this study showed the methods they used in treating the mentally ill person include prayers, such as reading verses of the holy Quran, traditional herbs as well as physical restraints of the patients. *"...like we told you mental illnesses are of different types so also their treatment. Sometimes we restrain patients. We all have different responsibilities in the house. Some are in the prayer section, some in the herbs treatment section and others restraint the patients. For instance when a patient is violently aggressive, holding a knife or some other weapon, I am the one who usually confronts such patient..."* (First respondent).

The healers however, admit to beating up physically violent and uncooperative patients and restrain them. *"So, those patients that are aggressive we usually have to restrain them to prevent them from harming people. We also restrain patients to observe them and see the pattern of their illness. There are situations that will force us to beat the patients at times."* (Second respondent)

Treatment practices

We explored the treatment methods administered to the patients. Patients snort powdered herbs or inhale the smoke of burning herbs, when the demons inside him are proving "tough". They make the smoke by sprinkling the powdered herb on burning charcoal inside a small container. *"The different treatments we use include using smoke of our*

herbs...and in some patients when the spirits inside their bodies are tough, we use powdered medication and blow into their nostrils, which makes the mad person to start sleeping immediately." (Third respondent).

Sometimes, we soak herbs inside water and make the patient drink and bath with the solution. This method breaks the spell faster. *"Other form of treatment is a solution of herbs soak in water for the patient to either drink or bath. And if the mental illness is caused by a spell or the person is bewitched, we blow a powdered medication made from herbs into their nostrils to treat them."* (First respondent)

Sources of Referrals

Families, police, military, royal families and religious organizations bring patients to the traditional mental health treatment centre. Security personnel on night patrols pick vagrant psychotics on the streets and bring them to these traditional healers. *"The emir's courtiers ordered the emir's servants to bring a patient beaten up by some unknown person to the house."* (Fourth respondent).

"We also get referrals from the members of Islamic first-aid groups. Police and soldiers bring patients to us as well. Right now, we have a patient brought to us by soldiers; they found him wandering along Biu Road during an overnight patrol." (First respondent).

The traditional mental health practitioners believe that their patients will benefit from modern orthodox medicines, because the drugs make patients sleep and therefore, help treat disorders.

"Yes hospital medicines are important. They are important because they make the patient to sleep. When the patient sleeps, his brain goes back to normal. During sleep, the powerful blood that causes mental illness becomes weak and the patient gets better. It is because the power of the blood increases that patients become restless and agitated and even violent" (First respondent).

Main Finding

An interesting finding in this study is the narrow social distance between the respondents and mentally ill patients. One respondent said the level of social interaction he would have with the mentally ill depends on the type of the mental illness the person had. However, the respondents agreed to marry recovered mentally ill women, and could recommend these women to their relatives to marry. In fact, some staff of the traditional healing house admitted that they got married to some of the female patients they treated. *"Some of our workers here got married to former patients- a man that works here married a former patient and now has three children with the woman and she is yet to have a relapse..."* (Third respondent).

"There are three broad types of mental illnesses. The first type hardly recovers at all, the second type will recover fully and the third type will run a course that comes and goes. Interacting with a formerly mentally ill patient will depend on the type of the illness he has." (Second respondent).

The respondents had favorable attitude towards integration of traditional mental health practices into orthodox modern psychiatric settings, they believe they would contribute towards the healing of the patients, especially where the doctors fail. *"Why not, let me give you an example. Some patients with mental illness do not respond to medicines because the evil spirits inside the patient that caused the illness will not go out of his body. When the effects of the medicines wear away, the madness comes back; this is where we come in. Some spirits refuse to get out of the body of the patient, until a medicine made from washing a written verse of the Quran from a slate or until you sacrifice an animal before he gets better. ... And in the hospital they don't do all these things."* (First respondent)

DISCUSSION

The respondents in this focus-group discussion demonstrated some knowledge of symptoms of mental illness, favorable

attitudes towards the mentally ill, but poor understanding of the mechanisms of the causation of mental illness. Similar to the findings of previous studies^{2,3}, their knowledge of etiology of mental illness was centered on supernatural causes e.g., aljannu (evil spirits) that find their way into the human body via several routes. The respondents in the present study believed psychoactive substances play a role in the etiology of mental illness. A previous study showed that their subjects also acknowledged the roles of supernatural forces and psychoactive substances in the etiology of mental illness⁷.

Respondents showed a good understanding of the symptoms of mental illness. They all agreed that neglect of personal hygiene, vagrancy, gross abnormal behavior, hearing voices or seeing people and object in clear consciousness are symptoms of mental illness. Their understanding of symptoms of mental illness appears to be good because of long-stay with real patients. They however, showed poor understanding of the mechanism of causation (patho-physiology) of mental illness, they believed increased power of the blood plays a role in the development of mental illness.

Respondents had favorable attitudes towards their patients, they agree to marry recovered mentally ill persons and recommend same to close relatives. However, one respondent partly disagreed; he agreed to marry a recovered patient if her illness is not a chronic, relapsing or a remitting one. This may be an indication of social distance, a previous study showed increased social distance between the public and the mentally ill¹².

Some of the sources of referral to the traditional healers were disturbing, they include the police, military, and religious groups. This probably shows a deeply rooted societal ignorance about mental illness and choice of treatment, in keeping with the findings of a study from southeastern Nigeria, which

showed that most people prefer seeing traditional and religious-based healers than orthodox mental health settings¹³.

The healers are willing to work in orthodox modern psychiatric settings (together with mental health workers) because when orthodox treatment becomes ineffective, they will take over the management of patients. The participants in this study had never referred patients to psychiatric treatment. This is in contrast with a Ugandan study which showed that traditional mental health practitioners readily refer patients to the district hospitals¹⁴.

The practices of traditional healing of the patients varied. They used herbs, prayers, restraint and occasionally punishment (in the form of beating) to treat the mentally ill. These methods are congruent with their beliefs about the causes and mechanism of mental illness. This study is a prelude to a future mixed method study on knowledge, attitude and practices of a group of traditional healers.

In conclusion, there is a gap in the knowledge of the traditional healers; they have negative attitude and problematic practices towards the

mentally ill. Despite their paucity of knowledge, negative attitude and abnormal practices people in the society continue to patronize them. This underscores the need for increased public education and provision of accessible and affordable mental health services. This goal is achievable by integrating mental health services into primary health care delivery system, training health care providers on how to identify and treat common mental disorders. The World Health Organization recommended the incorporation of mental health care into primary health care because majority of the population are close to primary health care centers. Finally, government should have a mechanism in place that monitors the activities of traditional health practitioners and organize training for the traditional mental health practitioners on the biological, psychological and social factors involved in the causation of mental illnesses.

The limitation of this study is a small sample size; only four respondents participated in the study. Although researchers place no much premium on sample size in qualitative studies, the use of large sample size and mixed methodology may be more revealing. ■■■

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