

CLINICAL AND SOCIAL CONSEQUENCES OF THE TREATMENT OF PATIENTS WITH SCHIZOPHRENIA AND SCHIZOAFFECTIVE DISORDER BY FOLK HEALERS (PSYCHOPROPHYLACTIC ASPECT)

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ABSTRACT: Many patients with mental disorders visit folk healers, which can cause harm to their mental health. Psychiatrists need to know about patients' treatment experience with healers to plan for further treatment. This study aimed to develop a program for the prevention of treatment of patients with schizophrenia and schizoaffective disorder in healers. We examined 201 patients – 28.4% male and 71.6% female with psychotic mental disorders using Clinical-Psychopathological and Psychometric methods to identify the consequences of the healers' treatment. Statistical processing was carried out by nonparametric statistics (descriptive statistics, criterion χ^2 for 2x2 contingency tables). Then we developed and test a program for the prevention of the treatment of patients by occultists, and verify its effectiveness. It was found that social maladjustment female (69.4%) patients with hereditary burden of mental illness (74.6%), alcohol abuse (64%), a suicidal behavior in relatives (75%) and themselves (32.7%) applied to healers more often. The program for the prevention of the treatment of people with mental disorders to traditional healers should consist of 4 parts:

1. Psycho-educational work.
2. Group discussion of occult practices and their consequences.
3. Demonstration of the "Barnum effect" – to dissuade patients of the effectiveness of healing.
4. Individual multimodal psychotherapy (from 3 to 5 sessions).

Patients need to understand the reasons of their illness and the possibility of therapy. Our program helps to reduce patients' confidence in the effectiveness of occult practices and begin to understand themselves and their mental state better.

Keywords: schizophrenia, schizoaffective disorder, traditional healers, occultism, social and clinical consequences.

I. INTRODUCTION

Early quality treatment of mental disorders, especially for patients with schizophrenia onset, is one of the main determinants of the patient's mental state and social adaptation in the future [1]. But the influence of traditional medicine has spread to psychiatry, clinical psychology and psychotherapy [2], more than any other medical specialty. Many scientific papers have been devoted to the problem of the influence of occultism on mental health [3-5]. The lack of a positive result from psychopharmacotherapy, the many negative effects of drugs and the high cost of drugs cause psychiatric patients to be interested in alternative treatment methods [6].

According to some authors, patients with psychotic disorders regularly use drugs of plant and mineral origin [7], whose efficacy and safety have not been officially established [8]. The distribution of non-traditional methods of treatment is greatly influenced by cultural characteristics associated with religious or karmic understanding of mental disorders.

Some authors believe that the active interaction of psychiatrists with traditional healers in the treatment of patients will have a more favorable effect on the patient's health [9].

Some specialized medical centers for psychiatric patients are already using non-traditional treatments [10], and some authors have suggested mental health benefits of healing [11].

According to Cheng-Kar Phang et al. [12], 48% of patients with the first psychotic episode and 89.3% among all patients with schizophrenia sought help from healers. A fourth of the patients continued to consult with healers during periods of remission, many of them were wearing amulets constantly [13]. In most cases, doctors did not know about the patient's referral to a healer. The occult can provoke not only the exacerbation of mental disorder, but also its development. Patients' appeals for help to healers should be considered when planning psychotherapeutic treatment [14].

The purpose of the study was to develop a program for the prevention of treatment of patients with schizophrenia and schizoaffective disorder in healers.

Material and Methods. We examined 201 patients: 57 (28.4%) men and 144 (71.6%) women using Clinical-Psychopathological and Psychometric methods. The diagnosis of Schizophrenia and Schizoaffective Disorder was found in 118 (58.7%) and 83 (41.3%) cases, respectively.

There were 107 (53.2%) patients: 7 (6.5%) males and 100 (93.5%) females who applied to healers. These patients were included in the first (main) group. The second (control) group consisted of 94 (46.8%) patients: 50 (53.2%) males and 44 (46.8%) females. The diagnosis of Schizophrenia and Schizoaffective Disorder was found in the first group in 52 (48.6%) and 55 (51.4%) cases, respectively, in the second group in 66 (70.2%) and 28 (29.8%) cases, respectively.

The structure of mental disorders in the studied patients introduced in table 1

Table 1: The structure of mental disorders in the studied patients

#	Mental disorders	1 st group		2 nd group		Total	
		n	%	n	%	n	%
1	Schizophrenia	52	48.6	66	70.2	118	58.7
	paranoid	38	35.5	48	51.1	86	42.8
	simple	5	4.7	11	11.7	16	7.9
	catatonic	–	–	7	7.4	7	3.5
	residual	9	8.4	–	–	9	4.5
2	Schizoaffective disorder	55	51.4	28	29.8	83	41.3
Total		107	100	94	100	201	100

The study was conducted in three stages. The first stage was a clinical-psychopathological and psychometric examination to identify the medical and social consequences of the treatment of folk healers. In addition, the survey was conducted using the author's questionnaire, including sections: socio-demographic data, the structure of occult beliefs, the opinion of the benefits or harms of occult practices in medicine and psychiatry, personal appeal to occultists and its results, readiness to recommend others to appeal to healers. The psychometric method included a survey using the PANSS scale, the SUMD scale, and the DAI-30 questionnaire.

The second stage was the development and implementation of a comprehensive program for the prevention of the treatment of patients by occultists.

The third stage was to test the effectiveness of the program through an anonymous survey.

Patient selection criteria at stages 1 and 2 were: accessibility to a productive contact, agreement to the study. The exclusion criterion was pronounced productive and negative symptoms that impede the understanding of issues. All patients gave voluntary informed consent to participate in the study.

In the course of the study, statistical processing of the material was carried out (descriptive statistics, criterion χ^2 with Yats correction for 2x2 contingency tables) using the Statistica 6 applied statistical software package.

II. RESULTS AND DISCUSSION

Socio-demographic indicators. It was found that women addressed to healers more often than men: 100 (69.4%) and 7 (12.3%) respectively ($\chi^2=51.328$ $p=0.000$).

There were more ($\chi^2=41.26$ $p=0.039$) people aged 50 years and elder in the first group 34 (31.8%) compared with the second 17 (18.1%). Young patients (up to 30 years) were less common in the main group: 27 (28.8%) and 10 (9.3%), respectively ($\chi^2=11.25$ $p=0.000$). Thus, patients turn to healers belonged to an elder age category.

In the first group patients with higher and non-ending higher education prevailed: 50% and 29.9%, respectively ($\chi^2=5.015$ $p=0,025$). Thus, patients with a psychotic level of mental disorders who visited healers were less educated.

Conflicting relationships were more common in the families of the first group patients, compared with the second: 41.1% and 5.3% of cases, respectively ($\chi^2=32.878$ $p = 0.000$).

Thus, among persons with a psychotic level of mental disorders, women of the elder age category with a lower level of education and family maladjustment address healers predominantly.

Clinical indicators. Patients with schizo-affective disorder prevailed in the first group (Table 1), and in the second group there were more patients with schizophrenia ($\chi^2=6.626$ $p=0.01$). Thus, patients with lighter (in terms of negative symptoms) forms of psychotic disorders addressed healers.

Disease duration in the first and second groups did not statistically significantly differ: 15.2 ± 0.8 and 13.8 ± 0.9 years, respectively.

In total, patients of the first group were treated in the psychiatric hospital, more often than in the second: 6.4 ± 0.3 and 5.4 ± 0.3 times per 1 patient ($t>2.3$ $p<0.05$), respectively. This circumstance was due to the fact that patients abused alcohol, which led to social maladjustment and required hospitalization in a psychiatric hospital.

The use of alcohol in the first group 68 (63.6%) occurred more often ($\chi^2=24.472$ $p=0,000$) than in the second 17 (18.1%). Only 22 (20.6%) patients of the first group were treated for alcoholism permanently.

The hereditary burden of psychotic mental disorders was more typical for the first group patients – they did not have a history of complications in only a quarter of cases – 25.2%. In the second group, this figure was 63.8% ($\chi^2=28.813$ $p=0.000$). Moreover, the presence of mental pathology in siblings was also more often found in the first group – 39.3%, compared to the second – 6.4% ($\chi^2=19.606$ $p=0.000$).

One third of the patients of the first group (32.7%) in the past attempted suicide, which was more common than in the second group – 7.4% ($\chi^2=17.824$ $p = 0.000$). This circumstance may be associated with both problematic mutual relations in the family and in the microsocial environment, the abuse of alcoholic beverages, and the high proportion of hereditary burden of psychotic mental disorders and suicidal behavior among close relatives.

Studying the age of onset of mental disorders, age of seeking help from a psychiatrist and establishing a clinical diagnosis (Table 2) did not reveal statistically significant differences between the first and second groups.

Table 2: Characteristics of mental disorders associated with age

#	Investigated parameter	1 st group		2 nd group	
		M	m	M	m
1	Age of onset of mental disorders	27.9	0.9	26.8	1.1
2	The age when the patient first went to a psychiatrist	28.4	1.0	26.9	1.1
3	The age at which the patient was clinically diagnosed	28.4	1.0	27.0	1.0
4	The duration of the disease at the time of the study	15.2	0.8	13.8	0.9

Clinical typology of the main psychopathological syndrome at the onset of the disease in both groups is presented in Table 3.

Table 3: Main psychopathological syndrome at the onset of the disease

#	Main psychopathological syndrome	1 st group		2 nd group	
		n	%	n	%
1	Neurosis-like	11	10.3	13	13.8
2	Psychopathic	12	11.2	3	3.2
3	Depressive	6	5.6	–	–
4	Hypochondria	14	13.1	1	1.1
5	Paranoiac	19	17.8	8	8.5
6	Depressive paranoid	18	16.8	5	5.3
7	Manic-delusional	15	14.0	–	–
8	Paranoid	12	11.2	64	68.1
	Delusional type	7	6.5	37	39.4
	Hallucinatory type	5	4.7	27	28.7
Total		107	100	94	100

Non-psychotic level syndromes were more common in the first group than in the second ($\chi^2=6.93$ $p=0.0085$). Syndromes with the affective component were also more common in patients of the first group than in the second ($\chi^2=28.36$ $p=0.0000$). The paranoid syndrome prevailed in the second group ($\chi^2=68.83$ $p=0.0000$).

For all parameters of the PANSS scale: positive symptoms ($p < 0.05$), negative symptoms ($p < 0.01$), general psychopathological symptoms (0.01), the second group was statistically significantly superior to the first one. This is consistent with the results on the syndrome difference in the groups and prevalence in the first group of syndromes of non-psychotic and affective level.

The study of the criticality of patients to their disease showed that in all respects the level of understanding in patients of the first group was significantly higher than in the second group.

Clinical and social consequences of patients' treatment to traditional healers. For the first time, healers turned to patients at 1-5 (2.1 ± 0.3) years of illness. It was from 1 to 7 (3.6 ± 0.5) times.

The study of the social factors that determined the appeal to healers (Table 4) revealed that the influence of the micro-social environment and the media played the most important role. It is significant that psychiatrists and nurses stimulate such requests. The least importance in this aspect was played by the ineffectiveness of psychiatric care.

Table 4: The social factors that determined the appeal to healers

#	Social factors	1 st group	
		n	%
1	Advice from friends	51	47.7
2	Parental advice	49	45.8
3	Own conviction	48	44.9
4	Advertising in the media	34	31.8
5	Following the example of friends	29	27.1
6	Positive experience of visiting healers in childhood	23	21.5
7	On the recommendation of junior medical staff	20	18.7
8	On the recommendation of nurses	19	17.8
9	Recommendation of other patients	18	16.8

10	On the recommendation of a psychiatrist	15	14.0
11	Due to the ineffectiveness of mental health care	15	14.0

The clinical factors that led to the treatment of healers were: understanding of their disease as a result of damage or the evil eye (59.8%), feeling of the influence of “dark forces” (25.6%), belief in the possibility of healing with the help of an occultist (14.6%). Thus, the psychopathological symptoms (delusional interpretation of the symptoms, the feeling of the influence of "dark forces"), superstition, and the conviction of the effectiveness of alternative medicine were the most important.

Problems, which most often patients went to adepts of occultism, are presented in Table 5.

Table 5: Patient’s problems

#	Problems	1 st group	
		n	%
1	To know the future	40	37.4
2	Bad mood	16	15.0
3	Sleep disturbances, insomnia	17	15.9
4	Learn the prognosis of his illness	8	7.5
5	Anxiety	6	5.6
6	Fears	10	9.3
7	Vote	3	2.8
8	Increased weakness	3	2.8
9	Skin diseases	4	3.7
Total		107	100

In half of the cases, patients wanted to know the future (their own and the prognosis of their relatives' illness). Clinical complaints were less frequent.

A study of the patient’s subjective assessment of the results of treatment to healers showed that in 63 (58.9%) of cases there was no result, and in the remaining 44 (41.1%) cases, patients received the desired result.

The most frequent negative clinical consequences, from the point of view of doctors, were patients’ suicidal attempts (36.5% of cases), late seeking psychiatric care (31.8%), exacerbation of the disease (25.2%), and the formation of occult delusions (28%). In addition to the negative clinical consequences, the occultist should also refer to psychiatrists (36.4%), as well as unflattering reviews about psychiatry (16.8%).

Methods for the prevention of treatment of patients with schizophrenia and schizoaffective disorder to traditional healers. We have developed a program for the prevention of the treatment of people with mental disorders to traditional healers and the formation of a scientific understanding of occult phenomena.

The program consisted of 4 parts:

1. Psycho-educational work. Its goal was to increase the level of patients' knowledge about occult practices, modern psychotherapy and mental disorders.
2. Group discussion of occult practices and their consequences (based on the experience of patients).
3. Demonstration of the "Barnum effect" – to dissuade patients of the effectiveness of healing.
4. Individual multimodal psychotherapy (from 3 to 5 sessions).

Our goal was not to achieve the complete patients’ rejection to visit healers – it was to provide the patient with objective information.

We used individual behavioral psychotherapy, adapted for people with schizophrenia – 3-5 sessions in total.

Psycho-educational work included 10 lectures of 60 minutes each and covered a wide range of issues: from traditional medicine, shamanism and witchcraft to modern directions of psychotherapy and the mechanism of its action, the etiology, course and outcomes of mental disorders.

We respected the convictions of our patients, did not criticize them for believing in the power and possibilities of occult practices, but simply explained to them the scientific point of view. Thus, patients had an additional choice: to contact a healer or a psychotherapist.

We obtained the following results after conducting psycho-educational work. The number of patients who are convinced of the real power of witchcraft, black magic and astrology has statistically significantly decreased; the number of those who are convinced that it is possible to cure diseases with the methods of occult medicine has decreased.

The obtained results testify to the sufficient effectiveness of the conducted psycho-educational and psychotherapeutic work and make it possible to recommend this program for preventive work with patients of psychiatric clinics.

Conclusion. The clinical determinants of the treatment of patients with schizophrenia and schizoaffective disorder to healers are symptoms of the affective and neurotic register, delusional interpretation of symptoms, the feeling of the influence of "dark forces", as well as experiencing the uncertainty of the future. Among social factors, the micro-social environment and the media played the most important role. A significant role in stimulating such requests was played by psychiatrists themselves (14%), nurses (17.8%), and also junior medical staff (18.7%).

The characteristic features of patients who applied to healers included female (69.4%), hereditary burden of mental illness (74.6%), alcohol abuse (64%), a high level of suicidal behavior like close relatives (75%), and the patients themselves (32.7%), and social maladjustment.

Medical and social consequences of applying to healers were suicidal attempts by patients (36.5%), later seeking psychiatric care (31.8%), exacerbation of the disease (25.2%) and the formation of delusions on occult subjects (28%). In addition, there were frequent prohibitions on the part of the occultist to consult psychiatrists (36.4%) and unflattering reviews about them (16.8%).

The program for the prevention of the treatment of persons with mental disorders to healers helps to reduce patient confidence in the effectiveness of occult practices and begin to understand themselves and their mental state better.

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