

## A DESCRIPTIVE STUDY ON TRADITIONAL THERAPIES USED BY PATIENTS WITH SCHIZOPHRENIA

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### Abstract

In schizophrenia, the search for traditional therapies has a critical impact on early diagnosis, adherence to medication and the course of the disorder. Understanding the perspective of schizophrenic patients regarding traditional therapy is important to ensure their adherence to medical treatment. The present study aims to describe the traditional therapies used by patients with schizophrenia. This is a cross-sectional and descriptive study conducted with 180 schizophrenic patients who applied to a Community Mental Health Center. The sample was selected with the convenience sampling method, and data collection was performed by means of a 'Demographic Information Form' and a 'Traditional Therapy Applications Form'. The mean age of the participants was  $43.59 \pm 12.61$  years, and the mean duration of the disorder was  $13.10 \pm 9.28$  years. While the majority of patients reported using regular pharmacological treatment, 36.7% reported receiving traditional therapy. After receiving a diagnosis of schizophrenia, the participants mostly had amulets/charms made for them (72.7%) and preferred visiting a religious practitioner/undergoing exorcism (69.7%). There was a significant difference between the use of traditional therapies and the age, marital status, education level, smoking and exercise habits ( $p < 0.05$ ). It has been observed that a high proportion of patients with schizophrenia receive medical treatment, and they also apply to traditional therapy practices. It appears advisable to implement programs to inform patients and their relatives/caregivers about the effectiveness of traditional therapies and the effects of such therapy on medical treatment.

**Keywords:** Schizophrenia, Traditional Therapy, Help-seeking Behavior

## ŞİZOFRENİ HASTALARININ KULLANDIKLARI GELENEKSEL TEDAVİLERE YÖNELİK TANIMLAYICI BİR ARAŞTIRMA

### Öz

Şizofreni hastalığında geleneksel tedavi arayışları, erken tanı, ilaca uyum ve hastalığın seyri üzerinde kritik bir etkiye sahiptir. Şizofreni hastalarının geleneksel tedaviye ilişkin bakış açılarını anlamak, tıbbi tedaviye uyumlandırmak için önemlidir. Bu araştırma ile şizofreni hastalarının kullandıkları geleneksel tedavilerin tanımlanması amaçlanmıştır. Araştırma kesitsel ve tanımlayıcı tiptedir. Bir Toplum Ruh Sağlığı Merkezi'ne başvuru yapan 180 şizofreni hastasıyla araştırma yapılmıştır. Örneklem kolayda örneklem metodu ile seçilmiş, veriler Tanıtıcı Bilgi Formu ve Geleneksel Tedavi Uygulamalarını Belirleme Formu ile toplanmıştır. Katılımcıların yaş ortalaması  $43.59 \pm 12.61$ , hastalık süreleri ise  $13.10 \pm 9.28$ 'dir. Hastaların çoğunluğu düzenli farmakolojik tedaviyi kullanırken, %36.7'si geleneksel tedavi uygulanmıştır. Katılımcılar şizofreni tanısı aldıktan sonra en çok muska yazdırmış (%72.7) ve hocaya gitme/cin çıkarma (%69.7) uygulamasını tercih etmiştir. Şizofreni hastalarının yaş, medeni durum, eğitim düzeyi, sigara içme ve spor yapma durumları ile geleneksel tedavi kullanmaları arasında önemli bir fark olduğu saptanmıştır ( $p < 0.050$ ). Şizofreni hastalarının tıbbi tedaviyi kullanma oranlarının yüksek olduğu, aynı zamanda geleneksel tedavi uygulamalarına da başvurdukları görülmüştür. Geleneksel tedavilerin etkinliğine ve tıbbi tedavi üzerindeki etkileri ile ilgili hasta ve yakınlarının bilgilendirilmelerine yönelik programların uygulanması önerilir.

**Anahtar kelimeler:** Şizofreni, Geleneksel Tedavi, Yardım Arama Davranışı

## 1. INTRODUCTION

Schizophrenia is a chronic mental disorder that manifests with deterioration in the emotional state, thoughts and behaviors of an individual across a variety of different clinical presentations where functionality is significantly impaired and the etiology remains unknown (1). Historically, the difficulties in explaining the hallucinations, delusions and strange behaviors that occur in schizophrenia by the society led to associating the disorder with unknown sources, including spiritual explanations such as the influence of spirits, the devil, demons or genies (2). Although it is more widely understood today that schizophrenia is a disorder of the brain, schizophrenic patients and their relatives/caregivers still seek traditional therapy in addition to medical treatment during the processes of diagnosis, treatment and rehabilitation (3).

Traditional therapy methods are utilized in almost every country or region of the world (4,5). Globally, the World Health Organization estimates that up to 80% of poorer rural community residents use traditional therapies (4). Traditional medicine also appears to be the main form of mental healthcare among minority populations (6) in most low- and middle-income countries (7) as well as some high-income countries (8). There are several types of therapy in addition to many traditional treatment approaches that include herbs, plants, animals, minerals and other natural products, special procedures, acupuncture, ritual ceremonies, prayers and meditation, yoga, and other forms of exercise (9,10). Studies conducted in Turkey have observed that traditional therapies preferred in mental disorders mostly involve practices performed by religious healers (11,12). A similar trend of seeking treatment has been reported in numerous studies conducted in different countries. In Cambodia (13), patients with schizophrenia initially seek help from traditional healers (56.7%) and religious healers (20.2%) while 76% of schizophrenic patients in Nigeria primarily seek help from traditional religious healers (14), and 58.4% of those in China refer to healers whose practices include traditional medicine (15).

Problems in accessing mental health specialists, prolonged waiting times, the absence of a definitive treatment for the condition, and the side effects of antipsychotics that adversely affect quality of life have been listed as factors that lead to resorting to traditional therapies (3). In addition, the idea that this condition is caused by supernatural powers, and the cultural beliefs shared by traditional healers and schizophrenic patients/their families about the causation and treatment of psychosis appear to be effective in preferring traditional therapies (6). Such shared beliefs include the opinion that traditional therapies offer the most effective way to understand the root cause of psychosis and are therefore more likely to provide a cure in this setting (2). The trust of patients and their families in healers who offer traditional therapy methods and their accessibility in the community also contribute to this preference (5). In a study conducted Turkey, the reasons for resorting to traditional therapy were reported as desperation and hope, personal beliefs, guidance from relatives, the attitude of healthcare professionals, and distrust in physicians (16).

The search for traditional therapies has a critical impact on early diagnosis, adherence to medication and the course of the disorder. When patients resort to such non-medical healthcare services, there may be delays in the early detection of schizophrenia and the initiation of appropriate treatment. In patients with schizophrenia, there is a significantly negative effect on treatment caused by the time from experiencing schizophrenia symptoms to seeking medical care, which may worsen the prognosis of the disease (11,17). Treatments prescribed by traditional healers may lead to non-

adherence to medication as well as a risk of frequent relapses. In order to create strategies for producing solutions with non-medical treatments that are not carried out under the supervision of the state, it is essential to ensure a sufficient number of studies in this field. Understanding patients' perspective on traditional therapy would be the first step towards encouraging cooperation in treatment delivery and developing appropriate social policies. In this context, this study aimed to describe the situation of patients with schizophrenia regarding traditional therapy practices.

## 2. MATERIALS & METHODS

### 2.1.Design

This is a cross-sectional and descriptive study.

### 2.2. Population and sample

This is a cross-sectional and descriptive study. The study population consisted of outpatient schizophrenic patients who applied to Kırşehir Training and Research Hospital, Community Mental Health Center (CMHC). The sample was selected with the convenience sampling method and consisted of 180 schizophrenic patients who applied in outpatient setting between 01.10.2021-15.12.2021 and agreed to participate in the study. The criteria for participation in the study included being diagnosed with schizophrenia, being over the age of 18 years and voluntarily accepting to participate in the study. Guardian consent was also obtained from patients with guardians.

### 2.3. Conduct of the study

The CMHC at Kırşehir Training and Research Hospital is a center located in the city center where 600 patients are registered and provided with diagnosis, treatment and rehabilitation services. At the CMHC, there is a suitable room where investigators may administer questionnaires to the patients. Questionnaires were applied in a one-to-one and face-to-face fashion to the patients who agreed to participate in the study, by complying with all necessary isolation precautions under pandemic conditions.

### 2.4.Data collection tools

**Demographic information form:** This form includes questions prepared by the researchers and consists of 14 questions concerning the patient's demographic characteristics and disease process. In addition to questions on sociodemographic information such as the patient's age and educational status, questions such as the duration of the disorder and drug usage were also asked.

**Traditional Therapy Applications Form:** This form was prepared by the investigators based on the relevant literature (3,11,12,16) and covers 16 questions about whether practices such as meditation, tai-chi, acupuncture, homeopathy, cupping, massage, and leech therapy, which are within the scope of traditional therapy practices, are used. In addition, a further option (other) requesting an explanation was included in order to detail what was done apart from these practices.

### 2.4. Data analysis method

Statistical analyses of this study were performed with the Statistical Package for the Social Sciences (SPSS) 25.0 for Windows program. The data obtained in this study have been presented with descriptive statistics (frequency, percentage, mean, standard deviation, min, max, etc.) and chi-

square tests were used for the comparison of categorical variables. In statistical decisions,  $p < 0.05$  was considered the indicator of significant difference.

### 2.5. Ethical Considerations of the Study

Prior to initiation of the study, the Non-Interventional Ethics Committee of Kırşehir Ahi Evran University granted the ethics committee approval (2021-15/163/ 21.09.2021) for the study. The data were collected in line with the Declaration of Helsinki, and each participant was informed with an informed consent form and their consent was obtained on a voluntary basis.

### 3. RESULTS

The majority of patients with schizophrenia participating in the study were male (%70), single (%76.6), residents in the city center (%88.9), had moderate economic status (%43.3), and primary school graduates (%33.3).

It was observed that 46.7% of the patients were unemployed, 61.1% were smokers, and 3.3% consumed alcohol (Table 1). The mean age of the participants was  $43.59 \pm 12.61$  years, and the mean duration of the disorder was  $13.10 \pm 9.28$  years. The majority of the patients stated that their general health status was moderate (%41.2) and that they regularly used the pharmacological treatment recommended by the doctor (%61.1). A total of 36.7% of the participants stated that they resorted to traditional therapy (Table 1).

**Table 1. Distribution of participants according to demographics (n=180)**

Variables		n	%
<b>Gender</b>	Male	126	70.0
	Female	54	30.0
<b>Marital status</b>	Single	136	76.6
	Married	44	24.4
<b>Place of residence</b>	City center	160	88.9
	District	12	6.7
	Village	8	4.4
<b>Financial status</b>	Bad	76	42.2
	Moderate	78	43.3
	Good	26	14.5
<b>Education status</b>	Illiterate	14	7.8
	Literate	18	10.0
	Primary school graduate	60	33.3
	Secondary school graduate	40	22.2
	High school graduate	36	20.0
	University and higher education	12	6.7
<b>Working status</b>	Employed	16	8.9
	Unemployed	84	46.7
	Housewife	46	25.6
	Retired due to disability	24	13.3
	Normal retired	10	5.5
<b>Smoking status</b>	Yes	110	61.1
	No	60	33.3
	Quit	10	5.6

<b>Alcohol consumption</b>	Yes	6	3.3
	No	158	87.8
	Quit	16	8.9
<b>Regular exercise</b>	Once a week	24	13.3
	2-3 times a week	50	27.8
	None	106	58.9
<b>Perception of general health status</b>	Very poor	2	1.1
	Poor	22	12.2
	Moderate	74	41.2
	Good	60	33.3
	Very good	22	12.2
<b>Pharmacological treatment usage status</b>	Regular use	108	61.1
	Partially regular use	60	33.3
	Not using	12	6.7
<b>Use of traditional therapies</b>	Yes	66	36.7
	No	114	63.3
<b>Total</b>		180	100
<b>Age</b>		43.59±12.61	
<b>Disease Duration</b>		13.10±9.28	

The participants mostly reported having amulets/charms made for them (72.7%) and preferred visiting a religious practitioner/undergoing exorcism (69.7%) after receiving a diagnosis of schizophrenia. Apart from these, it was observed that they also practiced rituals such as praying, consuming water/food blessed with prayer, sleeping at a holy tomb/visiting a shrine, being led to a well, and sacrificing animals (Table 2).

**Table 2. Traditional therapy practices used by the participants (n=66)**

<b>Practice</b>	<b>n</b>	<b>%</b>
Having an amulet/charm made	48	72.7
Visiting a religious practitioner/undergoing exorcism	46	69.7
Prayers	18	27.2
Water/food blessed with prayer	8	12.1
Sleeping at a holy tomb/visiting a shrine	7	10.6
Being led to a well	3	4.5
Sacrificing an animal	2	3.1

\*1 participant gave more than one answer.

There was a statistically significant difference between the use of traditional therapies and the age, marital status, education level, smoking status and exercise habits of schizophrenic patients included in the study ( $p<0.05$ ), while there was no statistically significant difference ( $p>0.05$ ) between the use of such therapies and the gender, place of residence, financial status, perception of general health and duration of the disorder (Table 3).

**Table 3. Comparison of the demographic characteristics of participants and the use of traditional therapies**

Variables		Those who use traditional therapy		Those who do not use traditional therapy		Test of significance	P
		n	%	n	%		
<b>Age</b>	30 or less	6	21.4	22	76.8	$X^2=3.297$	<b>0.039</b>
	31 and above	60	39.5	92	60.5		
<b>Gender</b>	Male	50	39.7	76	60.3	$X^2=1.645$	0.132
	Female	16	29.6	38	70.4		
<b>Marital status</b>	Single	44	32.4	92	67.6	$X^2=4.458$	<b>0.028</b>
	Married	22	50	22	50		
<b>Place of residence</b>	City center	60	37.5	100	62.5	$X^2=0.431$	0.347
	District, village	6	30	14	70		
<b>Financial status</b>	Poor	26	34.2	50	65.8	$X^2=0.342$	0.335
	Moderate-good	40	38.5	64	61.5		
<b>Education status</b>	Less than secondary school	40	45.5	48	54.5	$X^2=5.726$	<b>0.012</b>
	Secondary school or higher education	26	28.3	66	71.7		
<b>Smoking status</b>	Yes	48	43.6	62	56.4	$X^2=5.917$	<b>0.011</b>
	No	18	27.3	52	45.6		
<b>Exercise status</b>	No	30	28.3	76	71.7	$X^2=7.769$	<b>0.004</b>
	Yes	36	48.6	38	51.4		
<b>Perception of general health status</b>	Poor, very poor	10	41.7	14	53.8	$X^2=0.333$	0.779
	Moderate	26	35.1	48	64.9		
	Good, very good	30	36.6	52	63.4		
<b>Duration of the disorder in years</b>	10 years or less	32	32.7	66	67.3	$X^2=1.831$	0.116
	11 years or more	34	42.5	46	75.5		

\*Comparisons were made with the chi-square test,  $p<0.050$

#### 4. DISCUSSION

While the manifestation of schizophrenia and its negative effects on society are universal, the individual's experience of the disorder and help-seeking behavior are mostly shaped by specific social-cultural aspects (3). Patients with schizophrenia may experience visual-auditory hallucinations that involve religious figures such as demons, fairies, angels, and devils, and may tend to refer to religious healers when seeking treatment (8). This study aimed to investigate the traditional therapy practices preferred by patients with schizophrenia as a help-seeking behavior. In the study, the majority of the patients stated that their general health status was moderate, and they regularly used the pharmacological treatment recommended by the doctor, and 36.7% of the participants stated resorting to traditional therapy. In a study of 364 patients, 89.3% of those with schizophrenia reported seeking traditional therapy, and 39% of these referrals were made to traditional healers before visiting medical practitioners (11). In a study conducted by Sarikoç et al. (2015), 89.1% of the relatives/caregivers of individuals with mental illness stated that they preferred religious/spiritual practices (18). In a study by Yalvaç et al. (2015), 74% of the participants stated that they sought



religious help during the disease process (19). Ünal et al. (2007) reported that 51.6% of patients with schizophrenia applied to healers for treatment (12). Seeking non-medical treatment is a common health problem not only in Turkey but all over the world; the rate of patients seeking treatment through religious or traditional means has been reported as 77.3% in Cambodia (13), 50.3% in Ethiopia (20) and 76% in Nigeria (14). In the present study, the rate of using traditional therapy was found to be 36.7% and of note, this ratio is lower than the findings of other studies. This may be related to the accessibility of psychiatric services offered in the province and the continuous support of the mental health team, the fact that the CMHC has been actively providing services to patients with schizophrenia since 2012, and that the patients in need can easily and quickly access these services. The finding that 93.3% of the patients were fully or partially compliant with pharmacological treatment also supports this notion. Moreover, the advances in health literacy and information technologies as well as the dissemination of accurate information about diseases in communication and information systems such as television, radio and the internet may reduce the tendency to traditional therapies.

In the study, the participants mostly reported having amulets/charms made for them (72.7%) and preferred visiting a religious practitioner/undergoing exorcism (69.7%) after being diagnosed with schizophrenia. Apart from these, it was observed that they also practiced rituals such as praying, consuming water/food blessed with prayer, sleeping at a holy tomb/visiting a shrine, being led to a well, and sacrificing animals. In a report of 95 schizophrenic patients who applied to a psychiatry clinic, 57.7% of these individuals were found to be using traditional therapy practices, mostly referring to religious officials where the source of the disease was defined as demons/genies/fairies and amulets/charms were recommended (21). An investigation of the non-medical help-seeking behaviors of psychiatric patients revealed that these patients mostly visit religious practitioners (74.4%) (22). In another study, it was seen that 42.5% of the patients resorted to prayer/amulets and 34.9% used exorcism methods (23). The study conducted by Kirpınar (1992) showed that the most commonly recommended and practiced therapy was amulets/charms (24). One may say that this trend is similar to the historical practices. A study conducted in India in 1989 reported that Indian healers applied certain treatments to psychiatric patients using ash amulets and holy water (25). In another study, it was reported that removing the factor that harms morality with a stick (the sticking method) and carrying an object made with secret formulas (amulet) were also among the practices applied in this setting (26). The inability to fully explain the cause of psychiatric disorders, linking diseases to supernatural powers, the occasional involvement of figures such as demons, fairies, the devil, angels etc. in the hallucinations experienced during the psychosis may lead individuals to resorting to traditional therapies such as visiting a religious practitioner, exorcism, and having amulets/charms made.

There was a significant difference between the use of traditional therapies and the age, marital status, education level, smoking status and exercise habits of schizophrenic patients included in the study ( $p < 0.05$ ), while there was no significant difference ( $p > 0.05$ ) between the use of such therapies and the gender, place of residence, financial status, perception of general health and duration of the disorder. In a study on traditional therapy tendencies, variables such as the patient's age, education level, number of hospitalizations, age and education level of the relatives/caregivers were investigated, revealing that the education level of the patient's relatives/caregivers had an effect on these tendencies (11). A relevant study showed that the priority groups that need being informed and

guidance about non-psychiatric help-seeking behavior were rural residents, those with a low education level, and men (16). The help-seeking behavior in mental disorders appears to be affected by factors such as the duration and severity of the disorder, the patient's age, gender, education level, previous experiences with healthcare services, marital status, and cultural structure as well as religious belief systems (12,18,27). Resorting to traditional therapies is affected by sociodemographic variables. The findings of the present study showed that schizophrenic individuals who are over 30 years of age, single, have secondary school education or less, smoker and doing exercise, prefer traditional therapy more than others. The factors that shape the help-seeking behavior in schizophrenia include the explanation provided regarding the symptoms as well as the age, personality characteristics, education level, socioeconomic status of the affected individual in addition to the severity and type of the disorder, the structure of the family and social environment, and the quality of the available healthcare services (28). From this perspective, it is natural that sociodemographic variables have an effect on resorting to traditional therapy among schizophrenic individuals. It may be concluded that this is related to personal beliefs, the education level, social support systems, disease severity and coping skills.

## 5. CONCLUSION

It has been observed that a high proportion of individuals with schizophrenia receive medical treatment, and that they also apply to traditional therapy practices. It has been determined that traditional therapies used in this setting include spiritual practices such as having amulets made, visiting religious practitioners, exorcism techniques and praying. In schizophrenia, early initiation and continuation of medical treatment has a profound effect on the course of the disorder. For this reason, it is essential that healthcare professionals are aware of the non-medical therapy practices applied by the patients and appropriate strategies are developed in this context. It appears advisable to implement programs to inform patients and their relatives/caregivers about the effectiveness of using traditional therapies and the effects of such therapy on medical treatment.

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## CONFLICT OF INTEREST

No conflicts of interest between the authors and / or family members of the scientific and medical committee members or members of the potential conflicts of interest, counseling, expertise, working conditions, shareholding and similar situations in any firm.

## AUTHORSHIP CONTRIBUTIONS

HSÖ: Idea/Concept, Design, Control/Supervision, Data Collection, Analysis, Literature Review, Writing the Article, Critical Review

ŞT; Design, Control/Supervision, Data Collection, Literature Review, Writing the Article, Critical Review

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