

## ORIGINAL ARTICLE

# SUPERSTITIOUS BELIEFS AMONG PSYCHIATRIC PATIENTS IN KERMAN, IRAN

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**Background** – Superstition, the belief in supernatural causes of events, is common in our society and is sometimes associated with religious beliefs. Some psychiatric patients attribute their mental illness to supernatural causes, which can prevent them from benefiting from appropriate medications. They either discontinue medication and refer to Doa-Nevees, a person who writes prayers and amulets, and is known as a traditional healer, or seek superstitious treatments prior to psychiatric treatment. This study was performed to determine the frequency of beliefs in superstitious causes of mental illnesses among the psychiatric patients hospitalized in Beheshti Hospital, Kerman, Iran.

**Methods** – In this descriptive study, 99 consecutive psychiatric in-patients were selected in Beheshti Hospital, Kerman, Iran from April 2000 to July 2000. Patients aged 17 to 70 years old (mean age  $\pm$  SD,  $32.2 \pm 8.9$  years). The goal of the study was explained to all patients and they were enrolled into the study with complete consent. Subjects were questioned using a researcher-made questionnaire consisting of 15 items, which had been based on the researcher's clinical experience with psychiatric patients, and whose validity and reliability had been proved. Statistical analysis was done using Epi-info 6 computer application and Chi-square test.

**Results** – The ratio of male/female was 1:1. Of all studied patients, 77.8% believed in superstitious causes of their illnesses and 60.7% had received some superstitious treatment. Forty-six (88.4%) of male and 31 (65.9%) of female patients believed in superstitious causes of their mental illness showing a significant difference in this regard between males and females ( $p < 0.008$ ). Similarly, 37 (71.1%) of male and 23 (48.9%) of female patients had sought superstitious treatments, which showed a significant difference between these two groups in seeking superstitious treatments ( $p < 0.003$ ). Nonpsychotic patients showed a higher inclination for superstitious treatments compared with psychotic ones. The rate of superstitious beliefs and seeking of related treatments were lower in patients with higher levels of education.

**Conclusion** – Superstitious beliefs regarding the nature and treatment of mental illnesses may postpone effective psychiatric treatment and damage patients.

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**Keywords** • Iran • psychiatric patients • superstition

### Introduction

Primitive man believed in the supernatural world, which was immanent in all things, affecting one's health, livelihood, and social activities, but not all illnesses were thought to be religiously or magically generated. He often distinguished between ordinary conditions (such as old age, coughs and fatigue) and illnesses caused

by spirits and evil forces that required the special services of a medicine man, shaman or witch doctor.<sup>1</sup>

The primitive man and healer, who believed in and sought supernatural origins of most events including sickness, were psychologically assured of the effectiveness of magic. Illness could result, for instance, from the projection of an evil force or foreign object into a person by magic or sorcery.<sup>1</sup> Remnants of these ancient superstitious beliefs are still with us, but their presentation may vary in different parts of the world.

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Many clinicians in Kerman city, Iran think that a large number of psychiatric patients believe in supernatural causes of their illnesses; they may seek superstitious treatments before referring to a psychiatrist or may discontinue their medications when advised by a traditional healer. Having searched Medline archives (published after 1966), we found that the only existing research on superstitions from Islamic countries was conducted in Karachi, Pakistan. In this research authors found that 73% of people had some superstitious beliefs regarding health problems.<sup>2</sup>

In our country, superstitious beliefs that are tinged with religion and traditional healers involve in treatment of psychiatric patients. A traditional healer, called "Doa-Nevees", is a sorcerer who mixes religious beliefs with superstitious ideas and writes prayers and amulets for protection and healing. Sick people, especially psychiatric patients who think their illnesses are caused by evil possession or ingestion of foods contaminated with magical materials, refer to him and ask him to thwart the magic. Doa-Nevees uses several methods. For example, he writes prayers and amulets with rose-water and saffron on a ribbon of paper and advises patients to mix it with water and drink it; similarly, he may write prayers and amulets in ink and advise the patients to bury them in a graveyard. Sometimes, he places prayers and amulets in a piece of green cloth cover and advise the patients to hang it as a necklace or connect it to their arms.

Superstitious beliefs may postpone effective psychiatric treatment. Moreover, acceptance of superstitious advice of traditional healers who recommend discontinuation of a psychiatric medication, may cause recurrence of illness and ultimately damage the patient. In this research, we studied superstitious belief and seeking superstitious treatments among psychiatric in-patients in Beheshti Hospital, Kerman, Iran.

## Patients and Methods

By superstitious belief, we mean ignorance of natural causes of events and belief in supernatural causes of events.

This study was conducted in order to determine

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<sup>2</sup>Kerman city, the metropolis of Kerman Province, is situated on a sandy plain at the junction of three valleys, 5,680 ft above sea level. It has a population of about 500,000 which seems to be mainly of Iranian stock.

the rates of superstitious beliefs and seeking of related treatments among psychiatric patients. Based on clinical experience, about 60% of psychiatric patients have superstitious beliefs; based on this assumption, the minimum sample size turned out to be 93 by setting the value of  $\alpha$  and the desired precision to 5% and 10%, respectively. Subjects were questioned using a researcher-made questionnaire comprising of 15 items. The questions assessed superstitious beliefs and seeking for superstitious treatments. The questionnaire was prepared on the basis of researcher's clinical experience with psychiatric patients. Then, a preliminary questionnaire including 20 questions was prepared and offered to 5 psychiatrists for evaluation, which were then completed by 20 patients. The final questionnaire consisting of 15 items was used in the study. The study was conducted in 3 months, which was estimated to be a sufficient period of time for collecting the sample size. All patients were 17 to 77 years old. They were admitted in Beheshti Psychiatric Hospital, Kerman, Iran from April to July 2000. Sampling continued until the sample size was achieved. All patients had been referred from several out-patient clinics in Kerman. To be included in the study, subjects were expected to be able to complete an interview about superstitious beliefs. Patients were excluded if they had mental retardation, drug dependence, or psychosis with delusional belief in poisoning. Of 150 subjects, 99 satisfied the inclusion criteria of research. They received their final Axis I diagnosis according to DSM IV criteria. Final diagnosis was made by treating physicians. Patients' demographic data including age, sex, and education were also evaluated. One significant diagnosis was selected when multiple diagnoses were made. Patients were divided into two main groups of psychotics and nonpsychotics. Patients with a diagnosis of schizophrenia, schizoaffective/delusional disorders, or mood disorders with psychotic features were grouped as psychotics and those with mood disorders without psychotic features, anxiety disorders, or dissociative disorders were grouped as nonpsychotics. Prevalence of superstitious beliefs and receiving superstitious treatments were determined. Data were analyzed with Chi-square test using Epi-info 6 computer application, produced by the Division of Surveillance and Epidemiology Program Office, Centers for Disease Control and Prevention (CDC), Atlanta, Georgia

## Superstitious Beliefs among Psychiatric Patients in Kerman, Iran

**Table 1.** Frequency of superstitious beliefs and superstitious treatment in male and female patients.

Group	Superstitious beliefs		Analysis		Superstitious treatment		Analysis	
	Positive n (%)	Negative n (%)	$\chi^2$	p Value	Positive n (%)	Negative n (%)	$\chi^2$	p Value
Male	46 (88.4)	6 (11.6)	7.23	$p < 0.008$	37 (71.1)	15 (28.9)	5.1	$p < 0.03$
Female	31 (65.9)	16 (34.1)			23 (48.9)	24 (51.1)		

30333, USA in collaboration with the Global Program on AIDS, World Health Organization (WHO), Geneva, Switzerland.

treatments decreased while the level of education increased. Complementary results are shown in Table 2.

### Results

1. The mean  $\pm$  SD of subjects' age was  $32.2 \pm 8.9$  years. The mean  $\pm$  SD of age was  $32.5 \pm 9.2$  years for males and  $31.9 \pm 8.6$  years for females. The mean  $\pm$  SD of age was  $31.6 \pm 8.4$  and  $32.8 \pm 9.4$  years for psychotic and nonpsychotic patients, respectively. Ninety-nine patients were included in this study; 77 (77.8%) of them believed in superstitious causes of their illnesses and 60 (60.7%) had received superstitious treatments at least once. In this group, 32 (53.3%) had been admitted for more than one time in the psychiatric hospital whereas the cause of recurrence of illness, in 19 of them, was discontinuing medication and seeking superstitious treatments.
2. The rate of superstitious beliefs and receiving superstitious treatments in males were higher than in females. Complementary results are shown in Table 1.
3. Eighteen (52.9%) of 34 psychotic patients and 59 (90.7%) of 65 nonpsychotic patients believed in superstitious causes of illnesses that shows a significant difference between the psychotic and nonpsychotic groups in regard to the frequency of superstitious beliefs ( $\chi^2 = 18.48, p < 0.05$ ). Thirteen patients (38.2%) in the psychotic and 47 patients (72.3%) in the nonpsychotic groups had received superstitious treatments, showing a significant difference between the two groups ( $\chi^2 = 10.85, p < 0.005$ ).
4. Superstitious beliefs and seeking superstitious

### Discussion

Cultural and religious beliefs should be differentiated from superstitious beliefs; these beliefs influence patients' perception of mental illnesses. Therefore, any clinician interested in treating mentally ill people and their families must consider such beliefs so that he can develop culturally-specific interventions.<sup>11</sup>

Magic and modern sciences have similarities. The magician does not doubt that the same causes will always produce the same effects and that performing the proper ceremony, accompanied by the appropriate spell, will inevitably be attended by the desired result.<sup>3</sup> Without the traditions of European magic, science and scientific medicine could hardly have developed as successfully as they did. Natural magic, which was the predominant kind of magic in 700 years of its millennium, was based upon the assumption that God had created the world as a continuous "Great Chain of Being" and that all the individual elements in creation were not only linked to one another through this unbroken chain, but that there was correspondences, by which a creature in one part of the chain might resonate with, or somehow correspond to, a creature in the another part of the chain.<sup>4</sup>

Corresponding things were assumed to have occult powers or forces by which they could affect one another. The magician's role was to discover the correspondences and their precise occult effects in order to put them to use. Consulting a demon, which was developed after 17<sup>th</sup> century, was a

**Table 2.** Relationship between superstitions (beliefs and related treatments) and level of education.

Superstitions  Level of education	Superstitious beliefs		Analysis		Superstitious treatment		Analysis	
	Positive n (%)	Negative n (%)	$\chi^2$	p Value	Positive n (%)	Negative n (%)	$\chi^2$	p Value
Illiterate	17 (94.9)	1 (5.6)	19	$p < 0.001$	15 (83.3)	3 (16.7)	12.39	$p < 0.001$
Primary school graduate	22 (91.6)	2 (8.4)			17 (70.8)	7 (29.2)		
Nine grade educated	15 (75)	5 (25)			17 (62.9)	10 (37.1)		
High school graduate	20 (74.1)	7 (25.9)			8 (40)	12 (60)		
Higher education	3 (30)	7 (70)			3 (30)	7 (70)		

means of taking a short-cut to the knowledge of natural magic.<sup>4</sup>

Superstitious beliefs regarding the nature of psychiatric disorders are very common in developing countries. Psychiatric disorders in India are often attributed to the influence of supernatural phenomena and many patients are subjected to various kinds of "magico-religious" treatments, as in one study, 23 of 40 schizophrenic patients had undergone this type of treatment.<sup>5</sup> In the present study, 77.8% of the patients believed in superstitious causes of their mental illness, which is higher compared with the result of a similar study on Malay patients in which about 53% of patients attributed their illnesses to supernatural agents. Malay patients went to Bomohs (Malay traditional healers) more frequently than the patients of our study went to a Doa-Nevees. Traditional healers in Iran show poor psychiatric orientation and it is very common for them to advise patients to discontinue their psychiatric treatment; the same belief that mental illness is caused by supernatural agents is also firmly held by Bomohs, who reinforce this notion in those who seek their advice.<sup>6</sup> Hence, the role of traditional healers in developing countries should not be neglected. Traditional healers can be trained to help psychiatrists. They could advise patients to continue their psychiatric treatment and follow-up while concomitantly keeping on their magic-religious treatments for patients. Cooperation between traditional healers and psychiatrists may increase patients' compliance for psychiatric treatment.

Given the profound intermingling of superstitious and religious beliefs in Iran, cooperation between traditional healers, who are religious in outward show, and psychiatrists may encourage patients to complete psychiatric treatment, prevent premature relapses, and decrease expenses in health system. The role of traditional healers in developing countries is similar to the role of psychotherapist in developed countries as they both could heal the patients by the myths available to them.<sup>7, 8</sup> The higher rate of superstitious beliefs in nonpsychotic patients compared with psychotic ones should be considered in clinical management because nonpsychotic patients comprise the most common group of patients referred to psychiatric clinics. In this study, 38.2% of psychotic patients received superstitious treatments. In a similar study in China, Yang showed that 74.3% of schizophrenic

patients had consulted healers providing superstitious or religious therapy.<sup>9</sup> One of the interesting findings in the present study was the higher frequency of superstitious beliefs and seeking of superstitious treatments among male patients compared with female ones. It may be a random finding due to the type of sampling or indicate a higher prevalence of superstitious beliefs in men among the community. We have no precise data about superstitious beliefs in Iranian community and further researches may clarify it.

Cultural factors have a significant role in public attitude toward mental illnesses and physicians could change these attitudes provided that they themselves would not be affected by these factors. In a study carried out in Trinidad, surprisingly, 25% of premedical students believed in supernatural causes of mental illness.<sup>10</sup> One interesting finding in our research was finding a relationship between superstitions and the level of education. Patients with a higher level of education had lower rate of superstitious beliefs and seeking superstitious treatments. Similar results regarding superstitions and the level of education exist in the literature. In Karachi, Pakistan, 73.5% of literate community and 94.1% of illiterate community were found to believe in superstitions.<sup>2</sup> In psychotic patients in Beijing, superstitious ideas were clearly related to low educational attainment.<sup>12</sup> Based on these findings, authors concluded that improvement of public insight into mental illnesses could help patients seek treatment from scientific physicians rather than traditional healers.

This research was conducted only in one of the provinces of Iran and included only in-patients, hence, generalizing its results should be considered with caution. Since several subcultures exist in different parts of Iran, we hope that further cross-cultural researches with larger samples will more clarify the concept of superstition among psychiatric patients.

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