Perceptions of mental illness amongst South African Muslim psychiatrists

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Abstract
Western definitions of mental illness are critiqued for the lack of incorporation of cultural and spiritual elements. In order to explore this dimension further, this study explored the South African Muslim psychiatrists' perceptions of mental illness. Using a qualitative design, semi-structured interviews were conducted with a convenience sample of seven Muslim psychiatrists in the Gauteng area. Thematic content analysis was used to analyse the transcribed data. Psychiatrists subscribe to a more biomedical model of illness. The findings of this study also suggest that psychiatrists attempt to remain objective and to not impose their religious and cultural beliefs on their patients. However, their conceptualisation of mental illness is undoubtedly influenced by their religion and culture. Furthermore, all the participating psychiatrists indicated that they always drew on Islamic values when treating their patients. Issues of cultural competence were also highlighted. Psychiatrists indicated that they were open to collaboration with traditional healers and psychologists but this was quite challenging. The necessity for formal bodies to develop routes for collaboration between healthcare professionals and traditional healers was brought to the fore. So too was the need to incorporate indigenous theory and knowledge into mainstream approaches to mental illness.

Introduction

Both the DSM-IV-TR[1] and the ICD-10[2] define mental illness along the lines of the existence of a clinically recognisable set of symptoms or behaviours associated with interference with personal functions. Across the world there are individuals whose patterns of aberrant behaviour and experiences may not fit into any into any of these Western conventional definitional and diagnostic categories, yet these patterns of behaviour are considered as "illnesses" in a specific population or cultural group.[3] Some of these behaviours are labelled as culture-bound syndromes and have recently been recognized in the DSM-IV-TR[1] but this remains an underdeveloped area. As such there is a need to broaden aetiological understandings and incorporate these understandings into diagnosis and treatments in order to adequately understand and treat patients from non-western backgrounds.[4]Perceptions of mental illness amongst a group of Muslim psychiatrists in the Johannesburg region were explored in this study.

Conceptualising illness in Islam

Islamic perspectives on illness have been developing for centuries[5] and can be traced to the Quran itself.[6] Within the Quran four components are mentioned which have come to be viewed as a holistic model of the self.[7] This model is based on the interrelation between the 'Ruh'(soul) , the 'Qalb' (connection between the soul and the body), the 'Aql' (intellect) and the 'Nafs' (drives or desires) merging through the 'Dahmeer' (consciousness).[6,7,8] In order to be healthy all four aspects of the self need to be balanced. An imbalance in any aspect results in illness either physical, mental and/or spiritual.[4,6,9]

Cultural competence

Part of the public persistence towards traditional healing may be linked to cultural competence. Laher and Khan[8] state that being aware and addressing cultural and religious beliefs is an important part of providing quality care to individuals with mental illness, as these aspects may provide a framework for understanding mental illness. They found that patients

were open to Western forms of treatment, yet they preferred to be treated by an individual who they believed was competent in their understanding and knowledge of their culture. It was also noted that cultural competency put patients at ease.[8] These ideas may be related to the concept of culture-matching as highlighted by Haarmans[10], which refers to matching a clinician with a patient based on their racial/ethnic identity. The belief is that this 'matching' will increase cultural competency and as such therapeutic outcomes.

Methods

Sample

A convenience sample consisting of seven Muslim psychiatrists (three male, four female) was used. Three of the seven participants had practiced as medical practitioners prior to their work in the field of psychiatry, and one of said psychiatrists had also worked in the field of public health medicine. Four of the participants had been qualified for less than five years while the other three had all been involved in the field of psychiatry for between ten and twenty years. Of the seven participants, six consulted with both males and females, while one participant consulted with mainly female patients. In addition all the participants worked in the public sector, while three of the participants stated that they worked in both the private and public sector. In terms of religion and cultures, the participants consult with patients from various religious and cultural affiliations.

Instruments

Semi - structured interviews were conducted. The final interview schedule was divided into six sections. The first section explored contextual factors, followed by section two namely, psychiatrist's perceptions of mental illness. The third section focused on treatment of mental illness, the fourth dealt with collaboration between practitioners, followed by the fifth section which focused on cultural and religious factors and their influences on the conceptualization of mental illness. Lastly section six of the interview dealt with the concept of spiritual illnesses.

Procedure & Data Analysis

Ethical clearance was obtained from the Human Research Ethics Committee of the University of Witwatersrand (Protocol number HONS/11/037IH). Participants were approached to participate and all those willing to be interviewed were interviewed within the timeframe of the study. Interviews were transcribed and analysed. Thematic content analysis was conducted as per the steps outlined in Braun and Clarke.[11]

Results and Discussion

Four themes were identified from the interview data, namely, the way mental illness is understood from a psychiatrist's perspective, the role of religion and culture in understanding mental illness, aspects relating to the conflict within the psychiatrists regarding their desire to remain objective and conform to Western psychiatry versus the influence that their culture and religious beliefs have on the manner in which they perceive and treat mental illness, and psychiatrist's views on collaborating with traditional healers and psychologists.

Understanding mental illness

The way in which participating psychiatrists perceive mental illness is congruent with the definition of mental illness provided by the DSM-IV-TR[1] and the ICD-10[2]. Although the participants did not include all aspects in their definition, the general idea proposed by the two seminal texts was present amongst all practitioners. There was also a strong emphasis on biological factors like organic dysfunction or chemical imbalances in participants' responses. This is congruent with the training that psychiatrists receive which is predominantly located in the biomedical model of disease. Less reference was made to environmental and

socio-cultural aspects and even less to the religious aspect. This links to the conflict (discussed later on) that was evident between the psychiatrists' personal position and beliefs and their need to conform to the dominant Western paradigms within which they were trained. Thus while Western definitions of mental illness perceive culture and religion as mere coping mechanisms, the participating psychiatrists believe that these aspects have a far greater influence but did not identify this in their definitions of mental illness.

Religion and culture

The majority of participating psychiatrists (n=5) stated that their religion and culture influenced the way they perceived mental illness. This is in accordance Dell[12] who highlights that culture, ethnicity as well as religion and spirituality are important concepts which influence the perception of mental illness. Although the manner in which religion and culture influenced the participants differed, they all seem to reflect the idea that Islam is a way of life, which infiltrates all aspects of behaviour as they stated that the values which they believed stemmed from their religion and culture and this influenced the way they treated their patients. All participants also believed that Islam does acknowledge mental illness, as individuals experiencing mental illnesses are mentioned in the Quran. This is in accordance with the literature reviewed which highlights that centuries of Islamic scholars (for example, Al Kindi, Al Ghazali, Rhazes, Avicenna, Averroes) built their theories of medicine and psychology around a framework based on teachings from the Quran and the Hadith.[13] It is also interesting to note that the very first hospital to care for the mentally ill was established in the early ninth century by Muslims in Baghdad. This was followed by a second hospital in Cairo towards the end of the ninth century.[14]

Participants emphasised the link to spiritual aspects when commenting on Islamic definitions of mental illness. This link was made by all of the participants, who explained that being possessed by jinn's, being be-witched or having being effected by nazr were common in the Muslim community. Ally and Laher[4] explained that possession and the existence of jinn form part of the culture of Islam. In accordance with Ally and Laher,[4] participants believed that in the Islamic religion faith healers attempt to remove evil spirits or nazr through various methods.

The 'Objective' Psychiatrist

This theme had two subthemes, namely, the conflict within the psychiatrists in terms of their desire to remain objective and their tendency to be influenced by their religious and cultural beliefs as well as issues of cultural competence. Participants highlighted that they did not want their beliefs to influence their approach to mental illness, particularly the sense that they did not want to impose their religious beliefs on their patients. This is in accordance with McLeod[15] who states that a counsellor needs to be capable of remaining uninfluenced by his/her own beliefs and attitudes when treating a client. However, it was evident that the participants' religious and cultural beliefs did influence them to a certain extent and further research is warranted on this conflict and how it is handled by therapists and what the way forward would be.

Participants also drew on Islamic values such as honesty, respect compassion, and mentioned remaining non-judgmental. These aspects are highlighted by McLeod[27] who explains that principles such as remaining non-objective, respectful, sincere and honest are fundamental in any counselling relationship. As such these values seem to be a part of all ethically orientated practitioners, not solely psychiatrists and not only Muslims. However this needs to be better acknowledged in mainstream literature and training.

Majority (n=5) of the participants stated that sharing religious or cultural beliefs with ones patients seemed to create a deeper sense of understanding. This concept was also found in Padayachee and Laher[16] who found that Hindu psychologists felt they were able to relate better to Hindu patients. These findings seem to emphasise concepts such as culture-matching which revolves around the notion that matching a clinician with a patient based on their racial/ethnic identity will ultimately increase understandings and cultural competency as well as therapeutic outcomes as stated by Haarmans.[21] Laher and Khan[8] highlight that being aware of and addressing cultural and religious beliefs is an important part of providing quality care to individuals with mental illness.

Sharing the field: Collaboration with other practitioners

The majority (n=6) of the participants stated that they were open to collaborating with traditional or faith healers as long as this was in the best interest of the patient. However, it was apparent that although the psychiatrists were open to collaboration, many of them stated that they had not collaborated in the past. This highlights the reality that communication channels between traditional healers and medical practitioners rarely exist or that they have not been adequately developed. Thus developing communication channels between traditional healers and psychiatrists may hold a significant amount of benefit. These channels could increase knowledge for psychiatrists regarding traditional healer's practices. It would also allow for the traditional healer to be more aware of medical treatments of mental illness and as such it may prevent them from administering treatments that may interfere with the patient's medication or be harmful to the patient.

All the participants were open to collaborating with psychologists and viewed the role of the psychologist as essential to the treatment and management of mental illness. However, the psychiatrist's answers lacked depth and detail regarding the role of the psychologist. As such there seemed to be limited understanding of what the psychologist does. Perhaps psychiatrists would benefit from receiving an increased amount of education surrounding psychology and the role of the psychologist. This may lead to more effective collaboration between the psychiatrist and the psychologist and as such increase the effectiveness of treatment.

Conclusion

Religious and cultural understandings and influences are barely addressed in the Western or mainstream approach to mental illness.[13] However, from the aforementioned it is clear that both religion and culture influence psychiatrist's perceptions and treatment of mental illness. Furthermore it is clear that psychiatrists acknowledge and are influenced by spiritual aspects of mental illness in addition to biological and psychological dimensions. It is therefore imperative that Western and mainstream models expand their conceptualisations and treatments of mental illness to include more religious and cultural dimensions. Perhaps these models should include religious and cultural forms of understanding mental illness, religious and cultural treatments, as well as attempt to understand possible etiological factors that different religions and cultures attribute to mental illness as research has made it evident that religion and cultural conceptualisations are much more than a means of coping with mental illness.

At present, healthcare professionals refer to Medically Unexplained Symptoms (MUS).[17] Although MUS is supposed to refer to somatisation, it has become common practice for health practitioners to use the term to refer to spiritual symptoms. This is erroneous but it again highlights the necessity for further research into cultural taxonomies of illness.

Exploration of indigenous knowledge systems and incorporation of this into mainstream diagnostic classification will ensure a more universal, culturally valid taxonomy of illness.

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