

Relationship between explanations of cause of mental illness and the strengthening of being religious

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ABSTRACT

Soewadi - *Relationship between explanations of cause of mental illness and the strengthening of being religious*

The misconception of disease and health of people is influenced by belief in supernatural spirits or magic. This study was designed to contribute to our understanding of the relationship between perceived cause of illness and religious strength. A study was carried out in the Faculty of Medicine Gadjah Mada University, Yogyakarta, Indonesia, among first year students. Data were analyzed using Chi square technique (Mantel Haenszel) and contingency correlation coefficient. The results of the study showed that there was no significant difference between groups of subjects who believed and did not believe in supernatural cause of mental illness according to the religious strength ($X^2 = 0.88$; $p > 0.05$). The results identified some of the subjects (52.9%) believed in supernatural cause of mental illness and there was also a correlation between such beliefs and the religious strength (C.C = - 0.13). It was concluded that there was no relationship between perceived cause of mental illness and the religious strength.

Key words : mental illness - religious - anxiety - mysticism - believe

ABSTRAK

Soewadi - *Hubungan antara penyakit terhadap penyebab timbulnya penyakit dan kepatuhan beragama*

Konsep salah tentang pengertian sehat dan sakit dalam masyarakat dipengaruhi oleh kepercayaan pada kekuatan supernatural atau kekuatan magis. Studi ini dirancang dalam pengertian adanya hubungan antara persepsi terhadap penyebab timbulnya penyakit dan kepatuhan beragama. Studi ini dilakukan di FK-UGM, Yogyakarta Indonesia, pada mahasiswa tahun pertama. Data yang didapat dianalisis dengan memakal teknik "Chi-Square" (Mantel Haensel) dan Korelasi Koefisien Kontingensi. Hasil menunjukkan bahwa tidak ada perbedaan yang bermakna antara kelompok yang percaya dan tidak percaya pada kekuatan supernatural sebagai penyebab gangguan jiwa berdasarkan kepatuhannya beragama ($X^2 = 0,88$; $p > 0,05$). Studi ini juga menunjukkan bahwa beberapa subjek (52,9%) percaya pada adanya kekuatan supernatural sebagai penyebab gangguan jiwa dan juga ada korelasi antara kepercayaan itu dengan kepatuhan beragama (CC = -0,13). Hasil studi ini juga menunjukkan bahwa tidak ada perbedaan yang bermakna antara kelompok yang percaya dan tak percaya pada kekuatan supernatural sebagai penyebab gangguan jiwa berdasarkan adanya gangguan kecemasan ($X^2 = 0,90$; $p > 0,05$). Disimpulkan tidak ada hubungan antara persepsi terhadap penyebab timbulnya gangguan mental dan kepatuhan beragama.

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INTRODUCTION

In a community, mental disorders often appear and may disturb one's personal life, family, and even the community as a whole. The causes of

mental disorders often make rise wrong belief. Many people believe that mental disorder is not a medical problem. but it is a sickness caused by supernatural power. Therefore, the belief is related to a magic way of thinking. People who al-

ways obey their religion usually try to avoid a magic way of thinking, because they avoid to be *syirik*.

Based on the way of thinking of the obedient people the author assumes that people who obey their religion will explain the causes of mental disorder in a logical way.

Although, officially most people in Yogyakarta are Moslem, they are Javanese traditional believers. They have their own concepts of life, health and disease or death. It influences their practices in facing health and diseases. Therefore, traditional healers are acceptable. The people believe that traditional healers can deal with many of the problems, and they are always present when ever wanted and still there to live as a result of their actions. Traditional healers have an extremely wide function, their knowledge and incantation often embody the community's beliefs, culture, folklore, and values. They may be in the position to influence attitudes in many important areas, including mental health cases. In their healing activities, they frequently employ herbal preparations, some of which contains substances with powerful tranquilizing properties.

Without designating a particular healer, some religious groups provide care for those with mental disorder. Healing ceremonies, involving the induction of trance and other receptive states are the main methods used.

The problem of health and sickness cannot be separated from the people's concept of nature and the relationship between individual behavior and sickness. The medical doctors were -and are- in the minority. The traditional healers are in the majority and they have always had the confidence of the people, who usually turn to them because of the traditional beliefs and backgrounds, and because they are there, and also because they can be easily approached without the stigma attached to visiting a mental hospital or western trained psychiatrist.

It might be an understatement for a country where there are 195.486 traditional healers reported - at least 20.000 of them deal with mental illness. Psychiatrist cannot afford to overlook them. Healers are doing not exactly the right thing and not exactly the wrong thing.

With the decentralized psychiatric hospitals and advent of novel anti-psychotic and antide-

pressant therapies, a psychiatrist can now tell healers and their patients when to expect improvement. Psychiatrist can say " you will get better in 100 days at the most" and they can hold on to this.

Mental health problems in Indonesia, especially in the big cities, do not consist only of juvenile delinquency and drug or addictive abuse but also of social issues such as unemployment, psychotic homeless, marital problems, mental retardation, elderly people, poverty, etc.

The occurrence of psychiatric illness appears to be similar in all cultures. Studies in Africa, Europe and North America revealed roughly the same prevalence of psychiatric illness: 10% of the population¹. A survey in Africa showed about 1: 300 at any time suffered a schizophrenic illness at some time in his or her life. The ages of onset of this illness are 18 to 30 years and are common in lower social-economic classes. The prevalence estimates of schizophrenia from the studies in low-income countries² vary from as low as 0.8 per thousand population reported from rural China to as high as 5.9 per thousand in Calcutta, India. European epidemiologic studies showed a more restricted range of prevalence from 2.5 to 5.3 per thousand population. However, the actual studies in the third world achieved a remarkable consensus in finding that 1% of the population suffered from a major mental illness at any time^{3,4}.

Although in Indonesia there are not enough valid data, yet there is information from the official government documents. The prevalence of psychotic disorder in Indonesia is 1.44 per thousand population in the urban areas, and 4.6 per thousand population in rural areas⁵. Some are hospitalized in the state and private psychiatric hospitals, and others live on their own, to be found in prisons, in nursing homes, or on the streets.

Mental disorder is increasingly recognized today as an important subjects with which doctors should be acquainted. There is also a growing awareness of the need and the possibility of preventing the development of serious mental illness and of the less serious one but sometimes are in crippling psychoneurotic and other psychiatric conditions^{6,7}.

Many psychiatric cases have never seen a psychiatrist, even where psychiatrists, and other mental health facilities are available. These findings from very different parts make it clear that mental illness requires the understanding and attention of doctors.

At present no one can say exactly how many really need care, although it seems certain that many of them need some sort of relief from their mental or emotional symptoms. Relief symptoms often follow if the pressing problem of living can be lightened, whether the problems are economic, social or others.

In fact as well as in practice at present, the community do not sufficiently make use using of medical health services. This situation is due to several factors, such as geographical and economic factors, lack of understanding due to low level of education, the cultural factor (belief), and the factor of quality of medical services. This condition is marked by under utilization of the health services in connection with psychiatric illnesses.

There are several problems of mental health in the community which are dealt with in an unsatisfactory way in certain instances, by mysticism in particular. Mysticism in Indonesia, perhaps is more pronounced in Java and Bali but also found in other islands and it, plays an important role in the lives of people. It is the belief that direct knowledge of God, spiritual truth, or ultimate reality can be attained through very subjective experience. Mysticism not only belong to the people in Indonesia but also in many countries^{8,9,10}.

In the community, health and disease are believed to be linked by mystical forces, just as the social order itself is supposedly based on a balance of good and evil powers. Evil power - the cause of illness - is found in nature, in the body of supernatural beings and in alien objects, while good power may be present inside as well as outside the body. Health is seen as a balance of spirits and a harmonious condition of the natural forces of the individual. Serious mental disorder often inspires fear and many people believe it to be supernatural in origin.

From the author's experience in psychiatric practice, it is impressive that there has been an increasing number of community demanding traditional healing services, not only among illiterate

people but also among well-educated members of community. According to this findings it is important to recognize that the attitudes to mental illness described are common not only in general population but also among administrators, politicians, planners and even health staffs.

In order to be relevant today community psychiatrists must involve all behavioral sciences in their work. Psychiatrists have recently become aware of the interrelationship between psychiatry, religion and folklore.

It is my intention here to study the relationship between explanations of cause of mental illness and the religious strength.

The problem of the study is:

Is there any relationship between explanations of cause of mental illness and the religious strength.

The objective of the study is to identify whether there is a relationship between explanation cause of mental illness and the religious strength.

Hypothesis of the study is:

There is a relationship between explanation of the cause of mental illness and the religious strength.

SUBJECTS AND METHOD

A study was carried out in the Faculty of Medicine Gadjah Mada University Yogyakarta, Indonesia in 199..., among 65 first year students, unfortunately only 53 students answered the interview completely.

A meeting among psychiatrist and staff members was conducted to explain the purpose and efficacy of the study, how to complete the forms and to collect data.

Interviews were conducted with students, who were chosen to be respondents of the study. The interview can be considered as voluntary in nature, all were willing to be interviewed. The interviewer were trained senior students of Faculty of Medicine, Gadjah Mada University, Yogyakarta, Indonesia.

Generally, interviews were conducted after explanations, beginning with the explanation about the purpose of investigation, including assurance that all information supplied would not interfere

with the process and policy of their education. The form of interview was closed questions and filling the blanks.

The variables for the study were:

1. Dependent variable
 - Explanation of cause of mental illness
2. Independent variable
 - Religious strength

The strength of being religious is any one's obedience to follow the rule of the religion

After all above mentioned procedures were accomplished, the results of the interviews were tabulated and evaluated. The data were analyzed statistically using Chi square technique and Coefficient Contingency correlation.

RESULTS AND DISCUSSION

TABLE. - Frequency of belief in supernatural causes of mental illness and the strengthen of religious

Religious	Strong		Weak		Σ	
	f	%	f	%	f	%
Belief						
Yes	27	50.9	1	1.9	28	52.8
No	25	47.2	0	0	25	47.2
S	52	98.1	1	1.9	53	100

The table showed that there was no significant difference between subjects who believe and did not believe in supernatural causes of mental illness according to the religious strenght ($p > 0.05$). The table also shows that more of the subjects (52.82) believe in supernatural causes of mental illness. The table also showed there was no correlation between the belief in supernatural cause of mental illness and the religious strength (C.C. = -0.13).

There were 53 subjects who completed the form of interview within a period of the study. Among those subjects, 98.1% claimed to be high religious, including some who denied belief in supernatural causes of mental illness (47.2 %). And there were 52.8 % of the subjects who affirmed such belief. From TABLE 1, we can see that most of the subjects (50.9%) who claimed to be a high religious, belief in supernatural causes of mental illness.

The study encouraged the previous studies done by many experts from other places in Indonesia. A study in Palembang¹, the city with very religious people showed that most of the mental patients (65.1%) had been brought to traditional healer due to such belief. Another study done in Surabaya¹¹, also the city with very religious people, found that newly treated patients (52.7%) seek treatment to a non-medical institution. From the author's experience in his psychiatric practice, it is impressive that more than 90% of newly treated patients had ever been treated by traditional healers. Most of them were also very good in religion. The reason of seeking treatment to a non-medical institution is the belief in supernatural causes of mental illness. And they also believe that only a non-medical treatment could cure mental illnesses.

There was an enormous choice between modern and traditional healers in the areas of concern involving psychological, cultural and religious therapeutic process. The activities of traditional spiritual healers were considered at best, to be a method of manipulating the psychological environment in a harmless or, perhaps, in a useful way.

The motivation of the community to visit medical health services to seek treatment for their psychiatric problem or mental illness. depended on the awareness of the community. In fact the awareness of the people was very low because of their misconception of health and disease. The misconception of health and disease was influenced by the cultural belief of the community and not by the religious strength when deprived of an opportunity to express their interest in traditions and cultural values, people turn to magic as a partial resolution of this conflict. Traditional healing practices was often the first priority for patient's families rather than medical or psychiatric intervention. It appears that belief in supernatural causes of mental illness influenced the utilization of mental health services. All traditional types of therapy reflected local beliefs regarding the man's nature and in many cultures the close links between individuals, their ancestors and the spirit world play a prominent role in the treatment. Healing is based on the establishment and maintenance of satisfactory relationships between elements in the present, past and the spirit world.

The patients therefore did not consider the illness as something to be cured or controlled but as something to be understood. It is clear that according to the factor of belief the non-medical treatment is much more acceptable for the community. Obviously, most of the people then, visit non-medical treatment because they do not expect or get satisfaction from medical service for their psychiatric problems.

CONCLUSION & RECOMMENDATION

The study found that there is no significant difference between group of subjects who believe and do not believe in supernatural cause of mental illness according to the strengthen of religious ($X^2 = 0.88$; $p 0.05$). The study also identify that some of the subjects (52.9 %) believe in supernatural cause of mental illness. Among those subjects (50.9%) are subjects with good religious.

The result of the study cannot be generalized to the general population but it can give a description to the respondent that the strengthen of religious cannot motivate to think not mystic.

Further research on supernatural cause of mental illness should be undertaken in order to get additional knowledge and experiences in the field of non-medical services concerning psychiatric problems.

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