Review Article

Ethnopsychiatry - a review

A. A. Gadit
Department of Psychiatry, Hamdard University Hospital, Karachi.

The subject of ethnopsychiatry deals with the study of mental illnesses in cross-cultural perspective including its definition, classification, causality and treatment of mentally ill persons in differing contexts. This review paper describes the evolution of ethnopsychiatry, explaining the meanings of normal and abnormal in terms of mental health, the concepts about mental illnesses in various cultures, the socio-cultural influences, treatment issues and shamanism. The emphasis is on understanding the cross-cultural issues in order to understand the mental illness in its diverse perspective. It also attempts to examine the possibility of collaboration between psychiatrists and shamans in the local context.

Ethnopsychiatry: Background, Definition and Concepts

Ethnopsychiatry is the study of mental illness in a cross- cultural perspective; including its definitions, classification, causality and treatment of mentally ill persons in different cultural contexts. Other names used in psychiatric literature for ethnopsychiatry are cross cultural psychiatry or transcultural psychiatry.

Concept of Mental illness in the context of ethnopsychiatry

The new transcultural psychiatry demands special consideration of indigenous notions of causality and for explanatory models based on folk beliefs.

In the context of ethnopsychiatry mental health has not been an easy task to define as there is a disagreement over the boundaries of normal and abnormal behaviour.

How would one define normal mental health? This question is apparently very simple but the answer is complex. A diversity of opinions exists across the cultures in the world about the conceptual limitations. It appears that a mentally normal person in one society or culture may not be considered normal in other setups due to existence of a great deal of trans-cultural variations across the globe.[1] If a person speaks and laughs too much, if one is violent or unduly undermined in behaviour, resorts to deliberate self-harm, disinhibited and odd in expression and behaviour and/or very unstable in emotional discharge, he can perhaps be labeled as "psychic or mentally disturbed" in one socio-cultural sect while not in other.[2] Human beings are very complex in nature and for them it is not possible to maintain a particular mood and expression throughout twenty-four hours of the day. This is a very important point especially for evaluation of mental health.

Scientists are still concerned about the definition of normal mental health for the simple reason that mental health is the most vital operational tool when one is talking about the interpersonal communication, professional and social life. All the factors that affect health of the body as well as the mind must have to be taken under consideration when one is adopting a certain lifestyle and is handling day-to-day situations.[3]

But so far, every attempt to define mental health has failed since "there exists no psychologically meaningful and operationally useful description of what is commonly understood to constitute mental health". Attempts were made by researchers using different approaches:

One approach simply views mental health as the absence of mental disorder. This perspective is limited for two reasons. First, while most would agree that the absence of psychopathology is a necessary condition for mental health, one must still define mental illness in order to understand, by contrast, mental health. Secondly, this approach fails to take into account cross-cultural differences in acceptable behaviour.

Another definition of mental health holds that correct perception of reality is the key to mental health. In view of the cross-cultural variations in social norms, this approach holds little promise. What is "correct" depends on the way in which given people perceive the world.

Conversely, the view of the uncommon as pathological is even less viable since it logically requires the inclusion of the great achievements of individuals and people with high IQs. A third criterion of mental health utilizes the concept of adjustment with the environment, which is generally taken to mean that a person has established a workable arrangement between personal needs and social relations. The absence of such an arrangement is a definite counter-indication of mental health. After all, a person who is hostile towards the everyday social environment cannot enjoy mental stability. In this sense the "adjustment" definition is useful in separating some obviously abnormal people from the rest of the population.[4]

Absence of mental disorder, correct perception of reality, adjustment to one's environment, and intrapsychic equilibrium are theories that most frequently appear in attempts to delineate mental health or normality.

The ultimate concept that emerges as most acceptable by this ongoing debate among a number of experts across the globe, is the one that say "if a person is able to cope and function normally in a society, meeting the responsibilities and expressing balanced attitudes towards day-to-day challenges and problems then he is mentally sound and possess normal mental health".[5]

The concept of mental health needs further elaboration when one incorporates ethnopsychiatric concepts which embed cross cultural and anthropological factors.

Mystical Accounts of Illness

Mental illness is explained and understood in a variety of ways. An interesting example comes from Maharashtra (India). Common to Maharashtrian popular culture is a set of beliefs regarding illness and misfortune, that is frequently the result of possession by a spirit or bhut bhada. Possession by bhut may sometimes give rise to trances, but more often it results in ill-health or bad luck. Often possessed persons are not aware of the suffering from bhut bhada until they come into the vicinity of a healing temple.

Here the power of the God or saint associated with the temple or shrine is thought to draw out the possessing spirit, thus encouraging trance.

Possession in Maharashtra is related to karani which is translated as black magic. It is thought that bhut bhada is usually brought about by means of karani. In such instances an angered or envious person will either ask God to send a bhut upon their enemy, or else will request a mantrik (magician) or devrishi (shaman) to do so. Thus there exists a set of common beliefs about the spiritual provenance of illness which underpin the widespread resort to healing centres. Throughout Maharashtra many healing temples specialize in the management and cure of spiritual afflictions. The Muslim shrines or dargahs in Bombay and Puna cater for many thousands a week who present with a wide variety of afflictions. The temple of the Hindu Mahanubhav pant sect also caters for spiritual afflictions, in particular, those which give rise to mental illnesses. The Mahanubhav sect arose in the thirteenth century, forming part of a wider movement of that time which emphasized bhakti or devotion.

Despite doctrinal differences, however, the Mahanubhav temples are frequently visited by all Hindus in times of trouble and at the major Mahanubhav festivals. Apart from similar beliefs, the temple users have in common poverty and illiteracy rather than sect affiliation.

Cross-Cultural differences and Culture Bound Syndromes

Every culture must deal with mental illness to guarantee its stability. However, it is important to recognize that standards of mental illnesses are relative because the social context in which a particular behaviour occurs affects whether it is adjudged normal or abnormal. Depending upon the situation, the same behaviour may be considered as mental disorder, declared criminal, or even socially acceptable. For example, an adolescent who sets fire may seek psychiatric help, be labeled mentally ill, and receive psychotherapy. The same individual may have encountered the legal authorities, be labeled a juvenile delinquent, and be jailed. Moreover, behaviour which is usually considered abnormal may be accepted and even admired under certain circumstances.

Examples of this are hallucinatory behaviour in a LSD session, or the production of unintelligible speech in a church in which "speaking in tongues" is common. Such practices as not wearing clothes, handling poisonous snakes, and even suicide are often positively sanctioned and honoured by members of certain groups. The seventeenth century religious leaders who had witches and heretics burned at the stake were considered as respectable members of the community, but today they would be committed to an institution.

Beyond these differences in acceptable behaviour among groups in the same society, comparisons between Western and non-western societies demonstrate more striking differences. In Malaya, a syndrome known as running amok occurs in people who turn wild with little or no warning and for no apparent reason. The amok runner usually kills several animals or people before being killed by others. In addition, latah[6] is a Malay condition involving compulsive obscenity. It is precipitated by sudden fright.

Imu[7] is an illness found mainly among the older women of the Ainu of Japan. It is frequently triggered by a sudden stimulus such as loud noises or fearful objects including snakes, caterpillars, and snails. Wild, aggressive behaviour results, followed by running away in panic. There is occasional loss of consciousness and the person often experiences considerable embarrassment upon recovery. Among the Bena people of the Eastern Highlands of New Guinea, men are affected by day-long episodes during which they become deaf and aggressive towards clansmen, including their wives and children. They run about randomly in circles and with clubs and arrows in threatening gestures. Speaking is rare during these attacks. The episodes are quickly forgotten and there is no social censure. The Bena believe that the attacks are the work of malevolent ghosts who are the objects of intense fear.

Piblokto[8], sometimes called Arctic hysteria, occurs among the Polar Eskimos of the Thule district of northern Greenland. This illness follows a classic four-stage sequence. In the first stage, the victim is irritable and socially withdrawn. The onset of the second stage is sudden, the victim becomes wildly excited and may tear off clothing, break furniture, attempt to walk on ceilings, shout obscenely, throw objects, eat faeces, or perform other irrational acts such as plunging into snowdrifts or jumping off icebergs. This excitement is followed by a third stage characterized by convulsive seizures, collapse, and stupors sleep or coma, lasting for up to twelve hours. In the final stage, the victim behaves perfectly normally and has amnesia regarding the experience.

The windigo[9] psychosis, also known as the whitiko psychosis, occurs among the Ojibwa Indians of the Northeastern United States and Canada. Victims who suffer from this belief are possessed by the spirit of the whitiko monster. Symptoms involve depression, a state of food nausea, and periods of semi-stupor. They become obsessed with the idea of being possessed by the spirit and are subject to homicidal and/or suicidal thoughts. They perceive those around them as fat, appetizing animals which they wish to eat. They finally reach a stage of homicidal cannibalism and are usually killed since the Ojibwa believe that the craving for human flesh will never leave once it has been fulfilled.

There is also a peculiar group of disordered reactions to minor stress which have been reported in Puerto Rico. The behaviour includes outbursts of verbal and physical hostility, regression to infantile behaviour, forgetfulness, and loss of interest in personal appearance.

There are numerous such syndromes which occupy a large

which occupy a large chunk of ethnopsychiatric literature. These disorders need proper placement in the western classification system.

Shamans and Other Curers

In the context of ethnopsychiatry, for treatment of mental illnesses, a number of curers were identified. The types of curers found in a particular society, and the curing acts in which they engage, stem logically from the aetiologies that are recognized. Personalistic systems, with multiple levels of causation, logically require curers with supernatural and/or magical skills, because the primary concern of the patient and his family is not the immediate cause of illness, but rather "Who?" and "Why?"

In Mali, the people in the tribe want to know why they are ill and not how they got ill". And in the Indian villages studied by Dube, the Brahmin or a local peer aims at finding out what ancestral spirit is angry, and why?

The shaman, with his supernatural powers, and direct contact with the spirit world, and the "witch doctor", with his magical powers, both of whom are primarily concerned with finding out whom, and why, are the logical responses in personalistic, multiple causality, aetiological systems. After the who and why have been determined, treatment for the immediate cause may be administered by the same person, or the task my be turned over to a lesser curer, perhaps a herbalist.[10]

Thus, among the Nyima of the Kordofan mountains in Sudan, the shaman goes into a trance and discovers the cause and cure of the disease. But he himself performs no therapeutic act; this is the field of other healing experts, to whom the patient will be referred. Naturalistic aetiological systems, with single level of causation, logically require a very different type of curer, a "doctor" in the full sense of the word, a specialist in symptomatic treatment who knows the appropriate herbs, food restrictions, and other forms of treatment such as cupping, massage, poultices, enemas, and the like. The curandero or the Ayurvedic specialist is not primarily concerned with the who or why.

Traditional Healing

Apart from using herbs, some healers understand the importance of rehabilitation for psychiatric patients. The Kenyan healer interviewed by a researcher[11] stated that in most cases the patients worked for him:

"After a week some recover; then I do not let them stay idle. They cultivate, fetch water, I send them to the market and to the flour mill, and they cut grass in the compound".They carry out these jobs until they are discharged home. He is reported as being quite careful in the way he allocates jobs to his patients, and he would not send a patient to cultivate or to the market unless he was sure the patient was well enough for these tasks.

A similar account is given by another researcher[12] of a traditional healer in Nigeria. He found that acutely excited patients were restrained by the use of chains, but these were used on individual patients for no more than two weeks. By the end of this period, their excitement was usually controlled by herbal preparations, including rauwolfia serpentina. During the whole period of treatment, attention was paid to the patients' psychological needs, and as they recovered they were progressively involved in increasing amounts of work in and around the healer's compound. This study demonstrates the eclecticism of some traditional healers, who initiate integrated program of pharmacological, psychological, and social treatments, an approach which is widely acknowledged to characterize the Western psychiatry.

The humoral disease theory of the Greeks may have developed from the Ayurvedic concepts. In the mental sphere, it is believed that excessive heat can cause excitement; excessive cold can lead to depression and excessive bile to hostility.

A healing method currently used in the West which has an affinity to these techniques, is the laying on of hands. This was used by the kings of England and France throughout the fourteenth to seventeenth centuries to treat scrophula, a tuberculous infection of the skin, which was consequently known as the King's Evil. The healing power of the king's touch was believed to stem from his divinity, and as monarchs became regarded as increasingly human, this practice waned.

The spiritualist healer is believed to be an instrument of the healing act of a spirit, frequently of a deceased doctor. The healer usually becomes aware of possession by a tingling sensation in his finger tips. When this occurs the healer places his hands on that part of the patient's body to which he is guided by the spirit. Hence, there is a diagnostic as well as a therapeutic skill being exercised. The patient feels an intense heat emanating from the healer's hands and penetrating his body. The healer usually strokes the patient's body, and sometimes shakes hands after each stroke, symbolically discarding the sickness that has been drawn out of the patient. There is a bowl of water by the healer's side in which he washes his hands after the spiritual healing of each patient. Reference has been made to the use of water in traditional exorcism rituals to wash away the evil spirits. In modern spiritualism we can identify elements common to the traditional healing techniques described above. In particular, we note the combination of the extraction of illness by physical contact with the healer and the use of spirit possession for diagnosis and healing. Like many traditional healers, the spiritualist aim to locate the sources of tension in a person's social relationships as these might be responsible for the lack of physical well-being.

The traditional healing techniques applied to psychiatric conditions in developing cultures throughout the world have survived in a recognizable form in the West, where they coexist, more or less peacefully, with modern psychiatry. The practitioners of most of these techniques operate outside conventional medicine. However, the psychotherapists, whether medically qualified or not, can be seen as the direct heirs of the traditional diviner. The triumphs of Western psychiatry lie in the field of pharmacology and not in the area of social management, which is well understood and practiced by traditional healers. On the other hand, Western psychiatry may benefit from a closer study of the herbal remedies employed by healers to treat their psychiatrically ill clients.

Alternative therapies flourish in areas in which conventional medicine is unsatisfactory, costly and associated with side effects.

Extraction and Exorcism

The scientific view of illness of any kind is firmly based on the concept of a disturbance of normal bodily function. The causes of the disturbance may include external agents such as excessive intake of alcohol or intolerable psychological pressures, but these are considered to operate on the internal milieu to produce the illness. In many traditional cultures, illness is conceptualized in a concrete way as an external object which has intruded into the body. Such alien objects do not merely cause the illness, they are the illness. Thus, the healing procedure consists of removal of the offending substance, which may be either inanimate or animate, from the sufferer's body. The techniques described above exemplify the most concrete form of extraction of illness. The next step in extraction involves the transfer of an invisible illness principle from the subject to an external inanimate object. In these cases the illness is ascribed to harmful spirits who have to be lured from the sufferer's body. In Thailand the spirits are induced to leave by placing a sticky ball of rice on various parts of the patient's body, starting from the tips of the toes and working upwards to the top of the head.[13] The names of spirits are called out during this procedure and the patient is asked to pray with the healer. The rice-ball is then thrown away, indicating that the spirits have departed. Among the Eskimos of Alaska, insanity and episodic hysteria are usually ascribed to the intrusion of spirits. The healer has the patient lie down near an inanimate object, such as a log of wood or a saw, and then, with sweeping motions, he brushes the sickness from the patient onto the object. When the transfer has been accomplished, the object is broken into pieces.

Water as a cleansing agent is, of course, a component of many rituals, but has a special place in the transfer of spirits causing illness. A ceremony marking the recovery from psychosis is performed by the native healers of the Yoruba in Nigeria.[14] The patient is dressed in a new white cloth and has his head shaved while standing waist-deep in a swiftly flowing river. Three doves are used as living sponges to wash away the evil from the patient. They are then either drowned or decapitated and their bodies flung downstream. The patient takes off his white wrapper, which also floats away. The devil is borne away by the river on the bodies of the doves and on the white cloth, and any one touching them will contract the illness. An early account[15] of spirit expulsion in Abyssinia States,"The favorite remedies are amulets and severe tom-toming, and screeching without cessation, till the possessed, doubtless distracted with the noise, rushes violently out of the house, pelted and beaten, and driven to the nearest brook, where the Zar quits him, and he becomes well." A river also features in another exorcism ritual described by Gelfand[16] among the Shona. The native healer, or ngaga, treats a possessed woman by standing her next to a sheep or hen in the forest. He says to the sheep, "I am giving away this spirit" and the sufferer, then prays to her dead mother, telling her that today she has thrown out this bad spirit and asking her not to allow it to return to her, but to allow it to enter someone else. After this, the nganga takes a few grains of each crop that is grown and puts them into a black cloth. He then stands on the bank of a river and throws the bundle into the water.

The native healer commands or beseeches the spirit causing the madness to leave the patient and enter into an animal. The patient's head is commonly the focus of activities aimed at extracting the spirit. When this has been achieved, the animal is either killed, presumably putting an end to the spirit, or driven off with precautions ensuring that it will not return. An additional feature is the use of water to cleanse the patient of evil, and sometimes the introduction of flowing water to carry the spirits away forever, since rivers never run backwards.

Possession and Divination

Possession states fulfill a variety of functions in different cultures, some religious and some secular. Their appearance may mark a change in the role or status of the subject. Thus, the Gnau of New Guinea recognize a condition known as bengbeng. Affected people breathe in a rapid and uneven manner, while rapid cries are seemingly jerked out of them and their bodies convulse in time with the cries. They stride around chanting incomprehensibly, speak messages from spirits, or utter warnings. Their cries or jerks may reach a crescendo to the point of collapse, or else fade away into stillness or silence.

Possession states are commonly entered into by the traditional healer as a technique either to determine the causes of illness or else to heal the sick. The diagnostic powers of the possessed healer are presumably strengthened by the spirit that has entered him or her. Frequently, the healer's behaviour changes as he or she becomes possessed and appears to be under the control of a greater force than his or her own will. A dramatic manifestation of this is a change in the quality of the voice, and often in the content of speech which sounds like some strange tongue. Healers who "speak in tongues" in this way usually have a trained interpreter standing by to convey the meaning of their utterances to the audience.

Practitioners of the ancient Hindu system of medicine, the Ayurveda, also use the possession states for diagnosis, but speak intelligibly to the client. A patri acts as the medium for a spirit or bhuta. After drum beating and the burning of incense, the patri goes into a trance, possessed by his master bhuta. The spirit possessing the client is then asked to show itself and the client breaks into a weird dance. The spirit speaking through the healer then engages the spirit possessing the client in a dialogue. There is an established hierarchy of spirits, as in neighboring Sri Lanka, and if the healer's spirit is more powerful it orders the other to leave the body of the client. If the latter has the ascendancy, the healer's spirit pleads, asking the other to state its conditions for releasing the client. The client's spirit declares its conditions, which may be an animal sacrifice, a ritual feast, or a "house" for its use. After this, both the healer and the client throw final a fit, foam at the mouth, and pass into unconsciousness.[17]

Folklore Psychiatry

Levine[18] argues that folklore psychiatry - psychiatric ideas, beliefs and practices maintained by popular culture and tradition and respected by its patients, apart from and against what the dominant culture accepts - is neglected by the establishment both in developed and underdeveloped countries.

Folklore psychiatry is practiced by native healers, who differ distinctly from academic psychiatrists, medicine men, quacks and charlatans, and simple domestic popular wisdom. These healers, working in hundreds of towns and villages, which have never seen a psychiatrist, are actually the people who deal with the majority of psychiatric cases, and it is neither scientific nor practical to ignore them.

Kapur[19] conducted three studies to examine the patterns of mental health care in an Indian village. Study One examined the conceptual frameworks of the various traditional and modern healers. Study Two was an attitude study inquiring about the type of healer favored for psychiatric consultation. Study Three was population survey in which every person with one or more symptoms was asked whether he or she had consulted anyone for the relief of distress. Besides the modern doctors there were three types of traditional healers: vaids, who practiced an empirical system of indigenous medicine; mantrawadis, who cured through astrology and charms; and patris, who acted as mediums for spirits and demons. It was found that 59 per cent of the residents with symptoms had consulted someone. The consultation was determined more by the severity of illness than by socio-demographic factors. Modern doctors were more popular, but most people consulted both traditional and modern healers without regard to the latter's contradictory conceptual framework.

Treatment in Ethnopsychiatry

Situation in Pakistan

Pakistan has a population of about 140 millions and is inhabitated by various ethnic groups with the predominant religion being Islam. The Gross National Produce is $430, literacy level (34%) is very low and the general health scenario is gloomy. The incidence of mental illness is continually on the rise and the general awareness about existence and causation of mental illness is lacking. Recent studies[20,21] have shown that people give more importance to evil eye, possession, magic and Jinnic influence as being the major causes of mental distress and usually approach a shaman or a traditional healer for seeking treatment. Mental illness is recognized by these therapists if one has displayed odd or aggressive behaviour and becomes uninhibited. Usually shamans offer amulet, holy water, recitations of holy verses and rituals etc. Research further shows that only 5% of the patients suffering from mental illness are referred or seen directly by the psychiatrists mostly in the urban areas of the country which is 28% of the total population. The vast rural population receive mental health treatment by spiritual healers with the help of traditional medicines, but reportedly also hazardous methods are used which include exor-

Keeping in view the very low number (300)[23] of qualified psychiatrists in Pakistan and the general reluctance towards seeking psychiatric help owing to the stigma, high cost, lengthy duration and side effects of western treatment, the services offered by these alternate practitioners were considered to be worth exploring. Amongst these the shamans is an important category of healer who by definition is a person claiming to be in direct contact with the spiritual world and who assumes the responsibility of bringing cure thorough this spiritual connection. Another form of shaman is a 'sufi' who is generally a disciple of a well known saint. A large number of people have faith in the healing powers of such practitioners and hence shrines and other holy places are flocked by the masses, irrespective of educational or ethnic background, seeking cure especially for mental illness. It is also believed that 'sufi' saints are effective healers and even after deaths have spiritual influence by virtue of which they can cure or provide relief. Disciples of such saints are well respected and are approached by people in need of redressal of problems. One study[24] has reported that people do benefit from the treatment given by shamans and sufi's.

The following table gives causes, diagnostic criteria and management of mental illness according to shamans based on a study published in 1998.

Work done by Altaf H. (1995) and Adnan S. (2002) while preparing their dissertations have observed among the attenders of the faith heelers, that 57% were females and 42% were males. Females were found to be suffering more from depression, dysthymic disorder, generalized anxiety disorder, and epilepsy. Majority of the patients were either uneducated or had primary education.

Some adverse Results of Western Treatment

It is important to understand some drawbacks of western medicine in the background of rising popularity for traditional treatment. As evidenced by the prognosis and side effects profile, the statistics and personal data give some undesirable outcomes of western-oriented treatments. Thus antidopaminergic effects have been reported to include acute dystonia; akathisia; parkinsonism; and tardive dyskinesia. Rarely a very serious condition in the form of Neuroleptic Malignant Syndrome results due to super sensitivity of dopamine receptors have fatal outcome in one fourth of the cases even with intensive care management. Possible antiadrenergic effects include postural hypertension and inhibition of ejaculation. Anticholinergic effects may include dry mouth; reduced sweating; urinary hesitancy and retention; constipation; blurred vision; and precipitation of glaucoma. Other unwanted effects have been reported to include cardiac arrhythmias; weight gain; amenorrhoea; galactorrhoea; hypothermia; and various hypersensitivity reactions. Similarly, tricyclic antidepressant drugs may give rise to various autonomic effects including dry mouth; impaired accommodation; difficulty in micturition; constipation; increased sweating; tachycardia; hypotension; ECG changes; ventricular arrhythmias; fine tremor; lack of coordination; headache; muscle twitching; epileptic seizures and peripheral neuropathy. Other effects noted include skin rashes; cholestatic jaundice; and agranulocytosis. The benzodiazepines are liberally prescribed which are useful for short term period in cases of anxiety and depression but if used for a longer period may lead to depend-

galactorrhoea; hypothermia; and various hypersensitivity reactions. Similarly, tricyclic antidepressant drugs may give rise to various autonomic effects including dry mouth; impaired accommodation; difficulty in micturition; constipation; increased sweating; tachycardia; hypotension; ECG changes; ventricular arrhythmias; fine tremor; lack of coordination; headache; muscle twitching; epileptic seizures and peripheral neuropathy. Other effects noted include skin rashes; cholestatic jaundice; and agranulocytosis. The benzodiazepines are liberally prescribed which are useful for short term period in cases of anxiety and depression but if used for a longer period may lead to dependence with disturbing consequences.

Potential for Collaboration

In view of low number of qualified psychiatrists and allied mental health practitioners and large number of alternate practitioners who act as good counselors, the possibility of collaboration is worth exploring. Razali[25] in his paper entitled "Psychiatrists and folk healers in Malaysia" discusses the Bomohs, who are indigenous Malay medicine men with important specialization in mental health. People generally approach them to seek treatment for mental illness. Bomohs especially see those patients who are affected by supernatural agents like evil spirits, witchcraft, black magic and divine anger. The treatment methods adopted by these practitioners include communication with spirits; reciting special prayers or verses from the Qur'an; examining horoscopes; use of holy water (sometimes with herbs added); talismans and incantations. Some Bomohs are thought to be helped by Jinni. They acquire their treatment skills through years of apprenticeship to an established practitioner, who believes that though modern methods are good for physical illnesses, they are powerless against supernatural causes of illness.

A study[25] shows that 73 per cent of Malayan psychiatric patients in a sample surveyed had consulted a bomoh first, as opposed to only 25 per cent who had used general outpatient services. In addition, most of the psychiatric patients who had not yet consulted a bomoh said they would do so if their current treatment failed. Researchers have observed that mild temporary relief is frequently obtained from bomohs for neurotic disorders; but much less often for psychotic illnesses. Razali sees the possibility of collaboration between the two systems; and suggests that Bomohs should recognise their limitations, and that psychiatrists should learn more about religious and cultural beliefs.

Lashari[26] reviewed the possibility of collaboration in his paper entitled traditional and modern medicine - is a marriage possible?" and gave the following description. He emphasizes that "... it is the faith of people in traditional medicine that makes them seek the help of healers. It is an ancient form of health care, practiced for a long time before the appearance of scientific medicine, as part of the culture of many people. It is accessible to people in even the most remote areas; and does not require sophisticated equipment. The drawbacks and side effects of traditional medicine go largely unrecorded, because the system does not include record keeping. Many patients come to hospital when complications have occurred with traditional treatment. So much time is wasted that when they approach the hospital they are hopelessly ill; and then the unfavorable outcome leads to the unpopularity of scientific medicine.

Lashari[26] comments: "Some 'genetic counseling' may be needed to ensure a healthy offspring from a marriage of two systems, to avoid hostility and misunderstanding between the partners'. He suggests that

He recommends that traditional healers should undergo training in the basic principles of scientific medicine for at least eighteen to twenty-four months before they can join the health team; and that they should then be helped to adhere to a proper code of ethics.

In Pakistan, like in any other developing country, the faith healers flourish and have reportedly caused harm in a number of cases, therefore it is important to monitor their activities with appropriate law enforcement.

Conclusion

This review paper is an attempt to gain insight into different cross-cultural issues in terms of aetiology, causation and management, to understand the diverse mental health especially in the ethnopsychiatric perspective.

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