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Research Article

Role of Religious and Cultural Beliefs with regard to Mental Illnesses in India and France

Jugal Kishore[1], RC Jiloha[2], Nicolas Daumerie[3], Patrick Bantman[4], Jean-Luc Roelandt[5]

[1]Director Professor & Head, Department of Community Medicine, VMMC & Safdarjung Hospital, New Delhi, India.
[2]Professor & Head, Department of Psychiatry, Hamdard Institute of Medical Sciences & Research, New Delhi, India.
[3]Psychologist Project Manager, [5]Professor, Psychiatry Head, WHO Collaborating Centre-EPSM, Lille, France/ INSERM UMR 1123 Equipe ECEVE.
[4]32 Bvd de la bastille, Paris.
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Corresponding Author:
Dr. Jugal Kishore, Department of Community Medicine, VMMC & Safdarjung Hospital, New Delhi, India.
E-mail Id:
drjugalkishore@gmail.com
Orcid Id:
https://orcid.org/0000-0001-6246-5880
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A B S T R A C T

Introduction: A little is known about the differences in cross cultural psychiatric disorders among psychiatric patients in India and France. This study was planned with an objective to compare the role of religious and cultural beliefs with regard to mental illnesses in India and France.

Materials and Methods: A Comparative Cross-sectional Study was conducted in Psychiatry Out-Patient Department (OPD) of two hospitals in India and France among subjects aged 18 years and above, attending psychiatric OPDs and diagnosed of mental disorder. Information from 192 patients from India and 185 patients from France was collected. The data collected was analysed using EPI-INFO 2005 software of WHO and SPSS 16.0.

Results: The mean age of the Indian patients was 40.47±12.61 years as against 40.70±12.09 years of the French patients (Student t=-0.184, p=0.854). While 28.1% of the patients in India strongly believed in ghost/ devil/ witchcraft, nearly the same proportion (25.0%) strongly felt that their bad effect could be removed by Tantric/ Ojha/ Samana/ Priest. In France, not many patients believed in witchcraft and that the bad effect of it could be removed by Tantric/ Rabbi/ Imam/ Priests. In India, 59.4% (n=114) of the patients believed that mental disorders could be due to witchcraft, on the other hand only 17.3% of the French patients (n=32) thought so (χ^2=70.30, p <0.001).

Conclusion: Religious belief system was found to be stronger among the Indian patients as compared to France.

Keywords: Cross Cultural Beliefs, Mental Illnesses, Superstition

Introduction

There has active debate in scientific community regarding the role of culture in mental disorders and the cross-cultural applicability of biomedical aspects of psychiatry.[1] Increasing research focus has been seen on the role of religion and culture about mental disorders.[2-4] Many studies have been done to study the cultural differences in the beliefs about the causation of mental illness. In the study

conducted by Nakane Y et al.[5], infection, allergies and genetics were the predominant causes of mental illness reported in Australia, whereas nervousness and perceived constitutional weakness were more often reported in Japan. Several other studies have also reported such cultural differences.[6,7] In some other studies, religious beliefs, superstitions have been seen to positively correlate with mental health. A study among Roman Catholics and Atheists studied by James A et al.[8] showed that negative beliefs about death and superstitious beliefs appear to be positively associated with health anxiety. Perception of a mental illness as a dynamic imbalance of biological, social and environmental factors has been realized less both by general people and psychiatric patients.[9-11]

In so far as Indian society is concerned even the most rational people are apt to believe in superstitions, when they involve their personal emotional matters. Superstitious people believe in ghosts and witches. People in villagers and sometimes even in towns consider a person suffering from high fever or delirium to be in the grip of an evil spirit. There are people who believe in the supernatural powers of charms and use them to cure diseases. It is especially relevant to mental disorders in India which are often attributed to the influence of supernatural phenomena and many patients are subjected to various kinds of "magico-religious" treatments.[12,13] Such superstitious beliefs not only postpone the effective treatment but also lead to discontinuation of the treatment which may ultimately disable the patient.

Beside these factors, little is known about the effects of religious faith and belief in patho-physiology of illness and mode of treatment and these beliefs need to be considered in formulating appropriate care in Indian settings. The religio-cultural beliefs can also affect individual health seeking behavior, as has been noted in a number of studies.[14,15] There is growing evidence of a large body of religion-based beliefs and practices in different groups, which may complement or conflict with those of medical practitioners or psychiatrists as well.[16,17]

A little is known about the differences in cross cultural psychiatric disorders and its relationship with their perception, myths and beliefs among psychiatric patients in India and France. Looking at the above aspect, this study was planned with an objective to compare the role of religious and cultural beliefs with regard to mental illnesses in India and France.

Materials and Methods

Study Design, Participants and Sampling Technique

A comparative cross-sectional study was conducted in Out-Patient Department (OPD) of Psychiatry in a tertiary care hospital in Delhi, India and Establishment Public de Santé Mental (EPSM) Secteur Metropole-Lille, and a field practice area of a hospital in Paris, France. The study was conducted over a period of four years from February 2007-August 2011. Study population was constituted by patients attending the psychiatric OPD in above mentioned health facilities.

The required sample size was calculated on the basis of expected difference between two populations; which was considered to be within 10 percentage points of the true difference taking 95% confidence interval using Epi Info software. Sample size was calculated to be 192 for one group. In France, 4 subjects refused to provide information and 11 subjects did not complete their questionnaires. This high incomplete response rate was due to more self-administration of questionnaire in France. Overall 185 (92.5%) out of 200 patients participated in the study in France and 192 participated in India. Patients coming to the OPD for consultation on a particular day were selected for the study.

Study Instrument

A pre-tested, semi-structured, self-administered questionnaire, containing items to assess socio demographic data i.e. age, gender, education, occupation and religion of the patients was used. The International Classification of Disease (ICD) 10 criteria were applied for diagnosing mental disorder. Diagnosis was made by the consulting psychiatrist in the respective OPDs. Validated questionnaire to assess the religious and cultural beliefs about mental disorders was used.[18-20] The questionnaire consists of various components: A. socio-demographic characteristics; B. religious and cultural beliefs about mental diseases. Scoring for questions was taken on 3-point or 5-point Likert scale and analysis of such questions was carried out using only affirmative responses.

In a pilot testing, inter-observer reliability was good as kappa coefficient was 65%. Unacceptability bias was minimized by standardizing the questionnaire. Test-retest reliability of questionnaire was 52% when the same questionnaire was applied after a 2-week interval. The questionnaire was translated from English to Hindi with the help of Hindi experts and then re-translated into English by another expert of public health who was not aware of the English version. It was checked with the original English version and any discrepancy was removed with discussion. Again, it was translated by a bilingual expert into Hindi version to suit the language understanding of the study subjects. Questionnaire was pilot tested in a different setting among similar subjects for assessing its feasibility and reliability. Suitable modifications were done afterwards. Time required to fill one questionnaire was 30 minutes per subject.

Inclusion and Exclusion Criteria

Adult subjects (aged 18 years and above) diagnosed with mental disorder based on ICD 10 classification and were

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stable according to general assessment function attending psychiatric OPD and were able to give informed consent were included for study.

Statistical Analysis

The data collected was analysed using EPI-INFO 2005 software of WHO and SPSS version 16.0. Data was represented using mean, standard deviation and range for quantitative data and proportions for qualitative data. Difference between the means of the two groups was compared by t-test (for normal distribution) or Mann Whitney test (non-normal distribution) for quantitative data. Chi-Square or Fischer Exact test were used to observe difference between proportions for independent groups for qualitative data. P value less than 0.05 was considered statistically significant.

Ethical Issues

Purpose of the study and confidentiality was assured to all patients before taking interview. A written informed consent was taken from the participants before start of interview. The option to opt out of study was open at all times. Ethical approval was taken by the institutional ethical committee of hospital in New Delhi, India and in Paris.

Results

Socio Demographic Profile

A total of 377 patients participated in the study. Out of those, 192 patients (50.9%) were from India and 185 patients (49.1%) were from France. Table 1 shows socio demographic characteristics of the study subjects in both the countries. There was no significant difference in the study populations of India and France with respect to age (χ^2=4.81, p value=0.09) when patients with 18 to 44 years and more than or equal to 45 years were compared. The mean age of the Indian patients was 40.47±12.61 years as against 40.70±12.09 years of the French patients (Student t=-0.184, p=0.854). There were more male patients in India as compared to France where more female patients were interviewed. This gender wise distribution between the two countries was significant (χ^2=31.54, p value=0.001). A large number of patients in both the countries were at least high school pass and graduate. No patient in France who participated in the study was illiterate as compared to 11 (5.7%) illiterate patients in India. There was wide disparity between the two countries (χ^2=77.73, p<0.001) in occupation classes. Significant difference was found between the standardized mean income of the two countries (Mann Whitney U: p<0.001). While in India, majority of the study participants 122 (63.5%) belonged to nuclear families and 70 (36.5%) lived in joint families. Maximum number of study subjects from France 74 (40%) were single/ unmarried. There were 56 (30.3%) who lived in nuclear family and 23 (12.4%) belonged to joint family. Remaining 26 (14.1%) were mono-parent in France (Data not Shown).

Table 2, shows the religious beliefs of the Indian mentally patients. 84.9% of the patients strongly believed in worship and prayers and 79.2% believed that there should be a worshipping place in the home. Majority of the patients (>50%) believed in going to temple/gurudwara/mosque, keep fast regularly, believed that fast would provide solution to some problems. While 28.1% of the patients strongly believed in ghost/devil/witchcraft, nearly the same proportion (25.0%) strongly felt that their bad effect could be removed by Tantric/Ojha/Samana/Priest. More than 50% of the patients in India also firmly believed in existence of heaven and hell, sacrifices to Gods/Goddesses are useful activities, rebirth, that bad effects could be reduced by Pooja/Hawan/Jagran/Prayer, destiny is the only factor behind the success of man/woman, and one must always consult Pundit/Maulvi/priest/Tantric to start new work. Nearly one third of the patients (29.7%) strongly believed in signs/luck numbers also. These figures clearly implicate the fact that there is a strong religious belief system in India.

Table 3, depicts the contrasting religious beliefs among the French patients. Though 26.5% of the patients strongly believed in worship/prayers, there were only 3.2% who believed one should visit temple/gurudwara/mosque for worship and only 9.2% strongly felt that there should be a worshipping place in home. Majority of the patients (>50%) did not believe in fasts and only 4.3% of them strongly felt that fasts provide solution to troubles. Not many patients believed in witchcraft and that the bad effect of it could be removed by Tantric/Rabbi/Imam/Priests. More than three fifth of the patients (68.6%: Combined 'do not believe' + 'strongly do not believe') did not believe that sacrifices to Gods/Goddesses are useful activities. Nearly 50% of them did not believe in rebirth. Only 3.2% of the French patients felt that one must consult Priest/Rabbi/Imam/Tantric to start new work while 7.6% strongly believed in starting work on some auspicious day.

A score was calculated out of 5 for each statement pertaining to religious beliefs for every patient of both the countries. The mean score was then compared between the two countries. A score towards '1' was considered to be religious while towards '5' meant non-religious beliefs.

Table 4, compares the mean score of various religious beliefs in Indian with French patients. The table reveals that there was significant difference between the Indian patients with respect to various religious beliefs and beliefs in Witchcraft than French patients (p value<0.001). Overall score for India was 29.06±8.50 as against 52.91±11.72 for France (Student t=-22.680, p <0.001) which means that India has strong religious beliefs and superstitions including practices such as keeping fast, going to temple, and faith healers for their treatment as compared to France.

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Table 1.Socio demographic profile of study subjects

Characteristics		India n=192 (%)	France n=185 (%)		χ^2, df, p value
			Paris (N=45)	Lille (N=140)	
Age (in years)	(18-44)	113 (58.9)	22 (48.9)	93 (66.4)	4.81, 2, 0.09
	(≥ 45)	79 (41.1)	23 (51.1)	47 (33.6)	
Sex	Male	123 (64.1%)			31.54, 1, 0.001
	Female	69 (35.9%)			
Standardized Income	Per capita per month income (mean ± S.D)	Rs. 88.3±78.9	Rs. 1583.0±807.0		<0.001
Educational status	Professional degree	2 (1.0%)	2 (4.4%)	0 (0 %)	26.59, 12, 0.009*
	Post graduate & above	31 (16.1%)	10 (22.2%)	22 (15.7%)	
	Graduate, intermediate or high school diploma	56 (29.2%)	7 (15.6%)	37 (26.4%)	
	High school certificate	61 (31.8%)	19 (42.2%)	51 (36.4%)	
	Middle school	19 (9.9%)	7 (15.6%)	20 (14.3%)	
	Primary school or literate	12 (6.2%)	0 (0%)	10 (7.1%)	
	Illiterate	11 (5.7%)	0 (0%)	0 (0%)	
Occupation	Professional	4 (2.1%)	5 (11.1%)	12 (8.6%)	77.73, <0.001* (df=12)
	Semi-professional	29 (15.1%)	14 (31.1%)	51 (36.4%)	
	Clerk, shop owner, farmer	63 (32.8%)	1 (2.2%)	22 (15.7%)	
	Skilled	22 (11.5%)	18 (40.0%)	24 (17.1%)	
	Semi-skilled	8 (4.2%)	0 (0%)	0 (0%)	
	Unskilled	2 (1.0%)	0 (0%)	0 (0%)	
	Unemployed**	64 (33.4%)	7 (15.6%)	31 (22.1%)	

Mann Whitney Test has been done to compare the mean income; **Includes housewives.

Table 2.Religious beliefs of patients of India (n=192)

Religious beliefs	Strongly believe n (%)	Partly believe n (%)	Do not care n (%)	Do not believe n (%)	Strongly do not believe n (%)
Belief in Worships/prayers	163 (84.9)	23 (12.0)	0 (0)	4 (2.1)	2 (1.0)
Visiting Temple/mosque etc.	103 (53.6)	66 (34.5)	6 (3.1)	15 (7.8)	2 (1.0)
Worshipping place in Home	152 (79.2)	29 (15.1)	5 (2.6)	6 (3.1)	0 (0)
Beliefs in fasts	44 (22.8)	87 (45.4)	4 (2.1)	53 (27.6)	4 (2.1)
Beliefs that fasts provide solutions to troubles	76 (39.6)	78 (40.6)	14 (7.3)	22 (11.5)	2 (1.0)
Beliefs in bad effect of ghosts/devil/witchcraft	54 (28.1)	57 (29.7)	10 (5.2)	55 (33.9)	6 (3.1)
Existence of heaven & hell	109 (56.8)	33 (17.2)	10 (5.2)	38 (19.8)	2 (1.0)
Bad effect of ghost/devil/witch craft can be removed by Tantric/Ojha etc.	48 (25.0)	64 (33.3)	16 (8.3)	60 (31.3)	4 (2.1)
Sacrifices to God are useful	101 (52.6)	49 (25.5)	17 (8.9)	23 (12.0)	2 (1.0)
Belief in rebirth	101 (52.6)	30 (15.6)	18 (9.4)	39 (20.3)	4 (2.1)
Beliefs in signs/luck numbers	57 (29.7)	40 (20.8)	27 (14.1)	66 (34.4)	2 (1.0)
Beliefs that Pooja/Hawan etc. can reduce bad effects	115 (59.9)	54 (28.1)	7 (3.6)	14 (7.3)	2 (1.0)

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One must consult Pundit/Maulvi to start new work/job	97 (50.5)	42 (21.9)	13 (6.8)	36 (18.8)	4 (2.1)
Role of destiny behind success of man/woman	132 (68.8)	45 (23.4)	4 (2.1)	9 (4.7)	2 (1.0)
An auspicious day should be chosen to start good work	88 (45.8)	54 (28.1)	8 (4.2)	40 (20.8)	2 (1.0)

Table 3.Religious beliefs of patients of France (n=185)

Religious beliefs	Strongly believe n (%)	Partly believe n (%)	Do not care n (%)	Do not believe n (%)	Strongly do not believe n (%)
Belief in Worships/prayers	49 (26.5)	47 (25.4)	12 (6.4)	31 (16.8)	46 (24.9)
Visiting Temple/mosque etc.	6 (3.2)	77 (41.7)	8 (4.3)	83 (44.9)	11 (5.9)
Worshipping place in Home	17 (9.2)	35 (18.9)	65 (35.1)	36 (19.5)	32 (17.3)
Beliefs in fasts	16 (8.6)	17 (9.2)	20 (10.8)	113 (61.1)	19 (10.3)
Beliefs that fasts provide solutions to troubles	8 (4.3)	29 (15.7)	42 (22.7)	42 (22.7)	64 (34.6)
Beliefs in bad effect of ghosts/devil/witchcraft	25 (13.5)	31 (16.8)	23 (12.4)	27 (14.6)	79 (42.7)
Existence of heaven & hell	38 (20.5)	26 (14.1)	30 (16.2)	30 (16.2)	61 (33.0)
Bad effect of ghost/devil/witch craft can be removed by Tantric/rabbi/ Imam etc.	18 (9.7)	33 (17.8)	30 (16.2)	32 (17.4)	72 (38.9)
Sacrifices to God are useful	9 (4.9)	11 (5.9)	36 (20.6)	20 (10.8)	107 (57.8)
Belief in rebirth	33 (17.8)	34 (18.4)	25 (13.5)	21 (11.4)	72 (38.9)
Beliefs in signs/luck numbers	25 (13.5)	51 (27.6)	29 (15.7)	17 (9.2)	63 (34.1)
Beliefs that Prayers, etc. can reduce bad effects	13 (7.0)	43 (23.2)	25 (13.5)	37 (20.0)	67 (36.2)
One must consult Priest/Imam/rabbi to start new work job	3 (1.6)	3 (1.6)	20 (10.8)	28 (15.1)	131 (70.8)
Role of destiny behind success of man/woman	25 (13.5)	22 (11.9)	24 (10.9)	52 (28.1)	62 (33.6)
An auspicious day should be chosen to start good work	14 (7.6)	15 (8.1)	42 (22.7)	33 (17.8)	81 (43.8)

Table 4.Comparison of mean score about religious beliefs between patients of India (n=192) and France (n=185)

Religious beliefs	India (mean ± S.D.)	France (mean ± S.D.)	p-value
Belief in Worships/prayers	1.22±0.65	2.88±1.57	<0.001
Visiting Temple/mosque etc.	1.68±0.94	3.09±1.11	<0.001
Worshipping place in Home	1.30±0.67	3.17±1.19	<0.001
Beliefs in fasts	2.41±1.18	3.55±1.08	<0.001
Beliefs that fasts provide solutions to troubles	1.94±1.01	3.68±1.22	<0.001
Beliefs in bad effect of ghosts/devil/witchcraft	2.54±1.30	3.56±1.50	<0.001
Existence of heaven & hell	1.91±1.23	3.27±1.54	<0.001
Bad effect of ghost/devil/witch craft can be removed by Tantric/Ojha etc.	2.52±1.23	3.58±1.40	<0.001
Sacrifices to God are useful	1.83±1.08	4.11±1.21	<0.001
Belief in rebirth	2.04±1.28	3.35±1.57	<0.001
Beliefs in signs/luck numbers	2.56±1.26	3.23±1.49	<0.001
Beliefs that Pooja/Hawan etc. can reduce bad effects	1.61±0.94	3.55±1.37	<0.001
One must consult Pundit/Maulvi to start new work/job	2.00±1.23	4.52±0.87	<0.001
Role of destiny behind success of man/woman	1.46±0.84	3.56±1.41	<0.001
An auspicious day should be chosen to start good work	2.03±1.20	3.82±1.28	<0.001

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The mean score of male patients in India was 29.30±8.99 and for female patients, it was 28.62±7.61 out of total score of 75 (Student t=0.529, p=0.598). No difference in mean score was seen between the individuals 0-59 years and those above 60 years (p=0.316) (data not shown). For patients in France, no significant difference was noted with respect to sex (Male=51.36±11.36; Female=53.84±11.88; Student t:-1.392, p=0.166) and age (0-59 years=52.69±11.79; 60 years and above=55.31±11.06; Student t=-0.856, p=0.393).

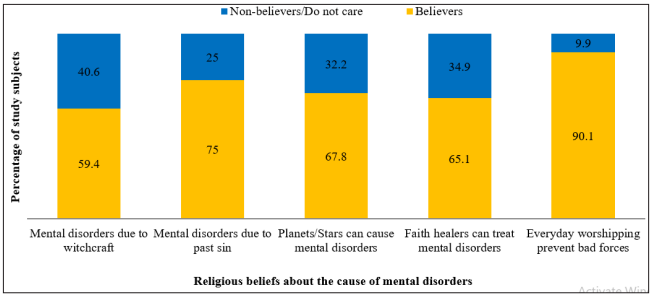

Figure 1(A).Religious beliefs pertaining to mental disorders among the patients India-192

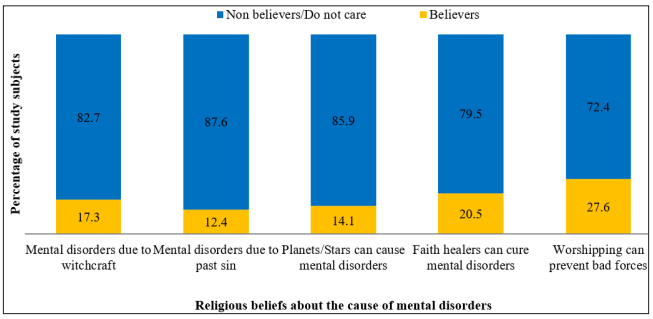

Figure 1(B).Religious beliefs pertaining to mental disorders among the patients in France-185

Figure 1A and 1B, reveals the religious beliefs about mental disorders among patients of both the countries. On one hand in India 59.4% (n=114) of the patients believed that mental disorders could be due to witchcraft, on the other hand only 17.3% of the French patients (n=32) thought so (χ^2=70.30, p<0.001). As high as 75% (n=144) of the patients considered mental disorders to be due to past sin In India as against 12.4% of the patients (n=23) in France (χ^2=149.48, p<0.001). Nearly 2/3rd (n=130; 67.8%) of the Indian patients believed in the role of planets/stars in causation of mental disorders whereas only 14.1% of French patients (n=26) believed in this (χ^2=111.82, p<0.001). 65.1% (n=125) of the Indian patients and 20.5% (n=38) French patients believed that faith healers could treat mental disorders (χ^2=76.24, p<0.001). But when asked whether a person living near to you was cured by a faith healer, only 52 Indian patients (27.1%) replied in affirmation whereas 31.2% (n=60) replied in negative and 41.6% (n=80) said that they just heard. In comparison to this, 70.8% (n=131) patients in France said no to this statement (Data not shown). Contrasting results were seen with respect to belief in role of worship to prevent bad forces in causing troubles. Whereas 90.1% of the Indians (n=173) believed in this, only 27.6% of the French patients (n=51) supported this belief (χ^2=152.81, p<0.001).

On asking whether you have seen someone who had been cured by faith healer/tantric, response of 6.6% of French and 27.4% Indian patients were affirmative (Data not shown).

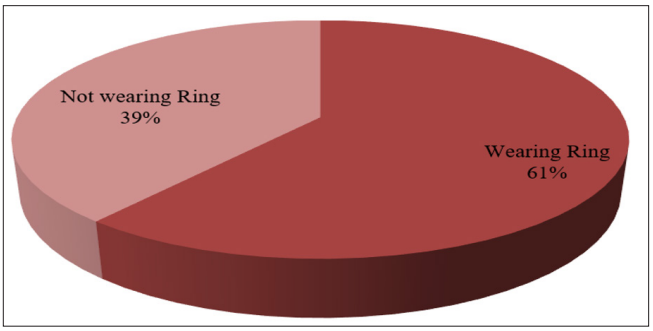

Figure 2(A).Wearing of ring/tabiz (considered auspicious) by the patients of India 192

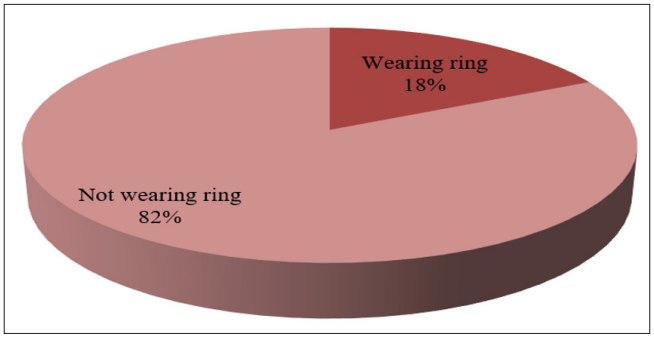

Figure 2(B).Wearing of ring/tabiz (considered auspicious) by the patients of France 185

Figure 2A and 2B, shows that majority of the Indian patients (n=117; 60.9%) were wearing ring/sacred thread/tabiz considered to be auspicious for them whereas there were only 33 patients (17.8% who were doing so (χ^2=73.05, p<0.001). Gender wise distribution within the country revealed that nearly 61% of both male (n=75) and female patients (n=42) were wearing ring/tabiz considered auspicious (χ^2=0.01, p=0.99). In France, there only 9 male (13.0%) and 24 female (20.7%) patients who were wearing ring/sacred thread/tabiz (χ^2=1.726, p=0.19).

Discussion

A number of varied factors affect mental disorders like genetic, physical, religious, economic etc. However, mental disorders are still not completely understood with possible role of religious and cultural beliefs which may determine such illnesses and delay in seeking professional help. Therefore, the present study was undertaken to assess the role of religious and cultural belief system about mental illnesses in India and France. From Indian setting 192 and

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from France 185 subjects were recruited sufficient to provide results with 95% confidence interval. Method of collecting data was validated semi-structured questionnaire prepared from validated instruments from various reliable sources.

Majority of the study subjects in India were Hindus and also small number belonged to Islam and Christianity. Only 2.6% patients were atheists. This distribution is in accordance to the findings of Census of India 2011, where Hindus accounted for 80.5% of the population of India.[21] In France a large number of subjects were Christians (44.9%) and atheists (45.9%) while there were small numbers of Muslims and Buddhists. According to our observation there was significantly a greater number of atheists in France as compared to India (χ^2=97.39, p<0.001). About 34% of French citizens responded that "they believe there is a God".

Majority of the patients strongly believed in worship and prayers and that there should be a worshipping place in the home. While some patients strongly believed in ghost/devil/witchcraft, nearly the same proportion strongly felt that their bad effect could be removed by Tantric/Ojha/Samana/Priest. More than half of the patients in India also firmly believed in existence of heaven and hell, sacrifices to Gods/Goddesses are useful activities, rebirth, that bad effects could be reduced by Pooja/hawan/Jagran/Prayer, destiny is the only factor behind the success of man/woman, and one must always consult Pundit/Maulvi/priest/Tantric to start new work. Nearly one third of the patients strongly believed in signs/luck numbers also. These figures clearly implicate the fact that there is a strong religious belief system in India. Similar findings are reported by Kishore J et al.[20] Mental illnesses were considered a "curse from God" or a punishment for "sins of the past life" or "manifestations of evil spirits". To appease the wrath of God, ordinary people turn to priest, tantric, shamana and seek treatment in their misery. Priest and Shamana are most approved physicians in the society to deal with such illness. It is believed that the God's punishment can be reduced or reverted by Godman only. This finding is supported by another report in general population.[20]

Such beliefs were not prevalent in France. Only few French patients felt that one must consult Priest/Rabbin/Imam/Tantric to start new work and important work should be started on some auspicious day. Significant difference was noted between the mean score for religious beliefs of the two countries.

Almost one third of patients in both the countries believed that mental disorders can be treated by faith healers/traditional practitioners as well. In another study conducted in South India found that an average of 30% of patients claimed some benefit from healer consultation, although the majority (91%) had discontinued such treatment at the time of their hospital attendance.[22] A qualitative study conducted on Asian patients in Britain also found that people believed in "prayer can help reduction of schizophrenia and depression symptoms".[15] Further it was found that religion could actually play a causal role in depression and schizophrenia particularly in the Muslim group. It was believed that mental disorders might partly be caused in Muslims by lack of faith and failure to pray regularly. The study also reported that religious beliefs and practices could play a useful role as a treatment for depression and Schizophrenia.

Significantly more Indian patients had religious and cultural beliefs about mental disorders such as that "mental disorders could be due to witchcraft", "mental disorders are due to gods' punishment for past sin", the role of planets/stars in its causation and "faith healers could treat mental disorders" although few could verify such claims. In comparison to this, majority of patients in France said no or were strongly against such beliefs. Similarly, belief in role of worship to prevent bad forces in causing troubles was commonly prevalent in India as compared to France. More Indian patients were wearing ring/sacred thread/Tabiz considered to be auspicious for them whereas there were only few in France who were doing so. These differences could be due to high literacy, awareness about the disease, bio-social causation and treatment. This could also be attributed to belief in religion and God which was absent significantly in France than India. Study findings are in consistency with our previous study[20] and study by Mori L et al.[23], where in it was found that Asian participants were less likely to recognize a need for psychological assistance, perceived greater social stigma as being associated with psychological treatment, were less open to mental health interventions, and less confident that therapy would be helpful than their Hispanic and White peers.

However, caution is necessary in interpreting the relationship between private religious practices and health in cross-sectional studies. People may pray more while they are sick or under stressful situations. Turning to religion when sick may result in a spurious positive association between religiousness and poor health. Conversely, a poor health status could decrease the capacity to attend a religious meeting, in that way creating another bias on the association between religiousness and health.[24]

Conclusion

It can be concluded that religious belief system was found to be stronger among the Indian patients as compared to France as majority of Indians also considered faith healers/Priests as ideal physicians for treatment of any sort of trouble. Majority of Indians also believed wearing ring as auspicious.

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