

BELIEFS ABOUT ILLNESS OF PATIENTS WITH SCHIZOPHRENIA

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ABSTRACT

Objective: To elicit the beliefs and perception of patients with schizophrenia about their illness by using Short Explanatory Model Interview (SEMI).

Methodology: This cross sectional study was conducted in the department of psychiatry, Lady Reading Hospital. One hundred and three patients of schizophrenia were included in the study. Short Explanatory Model Interview (SEMI) was used to assess the explanatory model of illness of the sample. Four major areas covered in SEMI were "Concept" i.e., naming the illness, "Cause", "Treatment Choice" i.e., help seeking behaviour, and "Severity" of the illness.

Results: Mean age of the sample was 30.52 ± 9.41 years. Regarding Concept, 34(33%) patients who although couldn't name any but attributed their condition to mental illness. The major response to the cause for the development of schizophrenia was stress of social issues by 22(23.30%) patients. A total of 56(54.3%) patients reported a combination of medication & spiritual healer to be the help seeking/ treatment choice. Only 44 (42.7%) patients considered the illness to be very serious.

Conclusion: Our study suggests that patients suffering from schizophrenia believe that they have some form of mental illness but mostly attribute it to stress and other social factors. They prefer visiting spiritual healers along with medication for seeking help regarding their illness.

Key Words: Schizophrenia, Beliefs, Short Explanatory Model Interview (SEMI).

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INTRODUCTION

Schizophrenia is a disorder that has an effect on the way a person behaves, thinks, and perceives the world. Individuals with schizophrenia have a distorted perception of reality, mostly a significant loss of contact with reality¹.

Investigators have not yet been able to identify a single factor that characterizes all patients with schizophrenia. In spite of the challenges, however, many re-

searchers have dedicated their professional lives to explore schizophrenia².

The health beliefs of individuals suffering from severe mental illness are important. Such beliefs have been recognized as key factors in models of health and illness behavior, and may consequently affect clinical outcome. Furthermore, the rising move towards patient-centered health care proposes that such beliefs must be identified if a patient's perception of his or her illness is to be dealt in the care process³.

Studies on explanatory models began with the influential work of medical anthropologist Arthur Kleinman. The term “explanatory model of illness” attempt to capture the concept that factors surrounding the individual, such as culture, influence the way illness is perceived and experienced.

The description of the term “explanatory model of illness” emphasizes the non-universal nature of the approach in which disease is defined and experienced carrying to bear the theory that illness is a socially build experience and not solely the result of purely biological causes or factors⁴.

Patients’ beliefs about their illness can be explored by direct questioning. Kleinman developed few questions which ask about the nature of the problem, its cause, its consequences and the expectation of the individual. Most interviews that attempt to assess explanatory models employ similar queries⁵.

Current study was conducted to assess the explanatory model of illness of patients of our region. By understanding the explanatory models of illness in schizophrenia patients in day to day clinical practice, mental health professionals would be able to better comprehend the subjective nature of the disorder as experienced by the patients in our settings and particular sociocultural context.

METHODOLOGY

This study was conducted in the department of Psychiatry, Lady Reading Hospital Peshawar, from April to June 2013. The research proposal was approved by the Research Ethics Committee of the Hospital. Patients who visited psychiatric OPD and identified by the consultant as having schizophrenic symptoms, were referred to the researcher. ICD-10 diagnostic criteria for schizophrenia was used for including the patients. Patients with any other psychiatric comorbidity such as learning disability, depression with psychotic features, substance induced psychosis were excluded. Outline of the research was given to all the patients and their willingness for the participation in the research was obtained through written informed consent. Semi structured-interview was conducted at first on all the patients in order to get basic socio-demographic information. Later, Short Explanatory Model Interview (SEMI) Version 3.0 was administered on them which elicited the patient’s explanatory model of illness. This instrument was administered in patient’s native language. The responses of the patients were recorded in a written verbatim form. Qualitative data obtained from the scale was analyzed through content analysis. Codes were given to the most frequent responses and categories were established according to the frequently happened items. SPSS 20 version was used for the analysis.

RESULTS

A total of 103 patients were included in the study. Mean age of the patients was 30.52 ± 9.41 years. There were 80 male and 23 female patients, 47 patients were married while 56 were unmarried. Twenty five patients had a history of formal education while 78 were not formally educated. There were 62 patients who belonged to rural area and 42 lived in urban area (Table 1).

Four major areas covered in SEMI are “Concept” i.e., naming the illness, “Cause”, “Treatment Choice” i.e., help seeking behaviour, and “Severity” of the illness.

Regarding Concept only 2(1.94%) patients said that they have psychosis or schizophrenia. A good number i.e., 34(33%) although couldn’t name any but they attributed their condition to mental illness. While other mentioned supernatural (Jinnat, Peeriyar) names to their illness. Patients also said that they don’t know about their illness and cannot name any. Other concepts which we could elicit were depression, physical illness, physical and mental illness and no illness (Table 2).

Responses to the cause for the development of the disorder are shown in table 3, where patients reported multiple causes. Patients responded that they have schizophrenia because of supernatural (Jinnat, Peeriyar) acquisition. Other common causes reported were spiritual e.g. ALLAH’s will (16.51%) and stress of social issues. Some patients said that the current illness is because of interpersonal conflicts within the family members. Patients also responded that their physical illness led them to schizophrenia. A good number of patients believed that Taweez and Jadoo (magic) has been done on them and this illness is the result of that magic while some patients had no idea about the cause of their illness. Other causes which cannot be categorized were also reported. Very small number of patients gave biological cause. Numbers and percentages are mentioned in Table 3.

When patients were asked about the help seeking/ treatment choice, patients said that they prefer visiting doctors and use medicines, other were visiting doctors as well as spiritual healers. few visited doctors, Hakeems and spiritual healers for the treatment. Some patients wanted to seek help from spiritual healer only while a very small number did not want any type of help or treatment. We had same percentage of the patients who did not know about any treatment choice. Numbers and percentages are mentioned in Table 4.

Responses of the patients about the severity of the illness are described in table 5.

Table 1: Demographic details of the patients (n=103)

Gender	
Male	80 (82.4%)
Female	23 (17.6%)
Marital Status	
Married	47 (48.4%)
Unmarried	56 (51.6%)
Educational Status	
Literate	25 (25.8%)
Illiterate	78 (74.2%)
Residence	
Rural	62 (63.9%)
Urban	41 (36.1%)

Table 2: Concepts reported by patients on SEMI (n=103)

Concepts	
Schizophrenia/Psychosis	2 (1.94%)
Depression	8 (7.76%)
Mental illness	34 (33%)
Supernatural	9 (8.73%)
Physical illness	17 (16.51%)
No illness	8 (7.76%)
Physical &Mental illness	6 (5.82%)
Don't Know	19 (18.44%)

Table 3: Cause reported by patients on SEMI (n=103)

Cause	
Supernatural	3 (2.91%)
Spiritual	17 (16.51%)
Biological	2 (1.94%)
Interpersonal	11 (10.67%)
Stress	24 (23.30%)
Physical illness	6 (5.82%)
Taweez /Jadoo	17 (16.51%)
Don't know	18 (17.47%)
Other*	22 (21.35%)

* Other includes THC, head injury, sleep deprivation, suspiciousness and side effects of other medicines.

** Few participants reported more than one cause.

Table 4: Choice of treatment/help seeking behavior reported by patients on SEMI (n=103)

Treatment	
Medication only	24 (23.30%)
Medication& Spiritual Healer	56 (54.36%)
Medication, Spiritual Healer &Hakeem	5 (4.85%)
Spiritual Healer Only	12 (11.65%)
No need of Treatment	3 (2.91%)
Don't know	3 (2.91%)

Table 5: Severity of the illness reported by patients on SEMI (n=103)

Severity	
Not Serious	27 (26.21%)
Mild-Moderate	17 (16.51%)
Serious	13 (12.62%)
Very serious	42 (40.78%)
Don't know	4 (3.88%)

DISCUSSION

This study was attempted to elicit the explanatory model of illness in the patients with schizophrenia using Short Explanatory Model Interview (SEMI). Our results show that patients in our region hold non biomedical/ non biopsychosocial model of illness. WWComparing our results with other research studies Kadri et al also stated that in developing countries like India and Morocco a vast majority of people attributed the schizophrenic symptoms to supernatural phenomena, drug use, stressful life events, and heredity or personality deficiencies⁶.

A positive finding regarding the description or concept about the illness is that most of the patients in our sample considered their condition as having mental illness, though they could not give it a name of schizophrenia. The concept regarding the illness is directly related to the help seeking behavior. As stated by Zafar et al these beliefs about the causation of schizophrenia are the primary forces that lead the public towards variable treatment modalities and delays in professional medical treatment and hence alter the outcome of this illness⁷.

We found that majority of our sample reported stress of different social issues as main cause for developing schizophrenia. Same findings are shared by Srinivasan et al that Lay public across different societies and cultures hold highly variable beliefs regarding the cause of schizophrenia. In developed countries social factors are believed to be the most important causative factors for schizophrenia⁸.

Pakistan is a developing country where mental ill-

nesses are widely perceived to have supernatural causes⁹ and are stigmatized even by the educated communities¹⁰. Traditional/spiritual healers along with psychiatric and psychological services are the main mental health service providers but the number of skilled mental health professionals is very less as compared to the population needs⁹.

CONCLUSION

We concluded from our findings that patients from our population believe that they have mental illness but they cannot name or specify their illness. They attribute their illness to stress and other social factors. Not surprisingly, patients also believe that there are Jadoo/Taweez and spiritual causes behind the illness and prefer to seek help from spiritual healers along with medication.

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CONTRIBUTORS

NRA conceived the idea, did data collection and wrote the manuscript. NZ and ZN helped in data collection. MI helped in the write up of manuscript. FN did the data analysis. SF and FJ supervised the study. All authors contributed significantly to the final manuscript.