SOCIO-MEDICAL PROBLEMS OF RELIGIOUS CONVERTS

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Introduction

Our knowledge of the precise role played by the minority religious organizations, especially the syncretic ones, to maintain some level of equilibrium in individuals and in society is very impressionistic and scanty. Yet it is necessary to have exact knowledge of this role for many reasons. In addition to the well-known indices of social pathology – like delinquency, divorce, etc. – there may well be other hidden indices which are handled by these religions organizations. To identify these indices and follow their trend in the context of a rapidly changing society, it is considered a matter of importance to study the nature of the problems that turn people to these organizations.

As it is known that most of these organizations undertake treatment of health conditions, it becomes a matter of epidemiological interest to identify the kind of health conditions which they treat and the usual outcome. It is a failure or inadequacy of health services that tends to drive patients to these organizations, or is it the traditional concept of priest-healer that is extended from the traditional healer to the new religious sects?

Finally, what are the factors lacking in the older established religious organizations that are present in the new religious sects which appeal to people in distress?
This investigation was carried out in order to throw some light on these questions and put the sects in the correct perspective in relation to social order and delivery of health services. /p. 224/

Methodology

There are many such religious organizations with a varying number of followers. It is indeed a methodological problem to take an absolutely representative sample because of the sometimes fluid nature of membership. Our resources are too limited to interview every member; and even if it were possible to do this, one runs into the difficulty of contamination whereby the nature and content of the interview are passed on and one gets a stereotype response.

The method adopted in the investigation was to attend one of the major religious meetings and interview as many followers as possible on the same day. Prior to the interview of the followers, a discussion was held with the leader to find out the approximate number of the followers, their sex distribution and also the philosophy and practice of the sect. Two or three trained interviewers participated at each interviewing session at the same time.

Five different sects were investigated in the town of Abeokuta in Western State of Nigeria. In deference to the sects and appreciation of their collaboration, they are not going to be named, but referred to with alphabetical symbols.

A. Was a sect of about 300 members equally divided by sex. It was reported that in 1947 the Founder saw seven stars when there was an eclipse, and he was directed by the Holy Spirit to the bush where he stayed and fed on honey for 3 months. It was after this experience that he founded the church. The aims of the sect included praying, healing, and solving life problems. This sect approved of medical treatment.
B. Believed that God could cure all diseases without drugs or medical treatment. The present leader joined the sect in 1931. When he completed his apprenticeship in his trade God told him through his prophets that he was not to practise his trade which he did without success or progress. This sect was 200 strong with 66 males and 134 females. The objective included praying, healing, solving life problems and changing destiny.

C. This was a branch of a very big organization with its headquarters in another town, where the leader had his training. They believed in Casting for spiritual growth and rolling on the ground for atonement of sins. They prayed, healed, solved life problems and changed destiny. There were about 50 followers, 21 males and 29 females.

D. This was also a branch of a bigger organization. They believed that the Holy Ghost speaks to some members of the church. They did not believe in blessed water and they accepted medical treatment. The leader joined when he was ill in 1932 and he was “cured” in the church. He said most of the congregation were patients who had been cured of their different problems. There were about 250 followers, 91 males and 159 females.

E. This was also a branch of one of the oldest syncretic sects in the country. The leader or this branch was a female. They believed in medical treatment but they also prayed, healed, and solved life problems. The following was 120 strong, 47 males and 73 females.

As the followers do not all congregate at the same time it was possible to interview as follows:

A. 54: 37 males and 17 females out of a total of 150 males, 150 females.

B. 33: 11 males and 22 females out of total of 66 males, 134 males.

C. 16: 7 males and 9 females out of a total of 21 males, 29 females.
Findings – sex distribution

Barring group A which claimed to have equal number, 150 of males and females, all the others had more female following than males. On the whole there were 375 males to 545 females. This phenomenon is difficult to interpret. It is tempting to interpret this as an indication of more sociomedical problems among women, which will be in keeping with the fact that there are generally more neurotic women than men reported, but one has to take into consideration /p. 226/ the possibility that women may be more religious than men, and they therefore are more inclined to seek help from religious organizations. It may also well be that they are able to afford more time than men to participate in the frequent and lengthy meetings or these religious organizations.

It is worthwhile to relate this to the findings in Aro-Cornell Epidemiological Study (Leighton et al. 1963) that Yoruba women had more psychophysiological symptoms than Yoruba men, but Yoruba men had more psychoneurotic symptoms; and also to findings of Murphy (1966) that urban and rural Yoruba women had almost identical rates or psychiatric symptoms.

Education

On the total of 156 interviewed 44 were illiterate. This is a surprising finding since there were more illiterate people of the age group involved in the general population. Furthermore it
could rightly be expected that the illiterate may not be aware of other facilities available to handle his problems, and therefore use the one which is readily available. These religious groups certainly publicize themselves.

If, however, it is agreed that scholastic and literary education tends to shake and loosen one’s foot-hold with established traditions, and it takes the educated person, especially those with low education considerable time to adjust to his new status, then it becomes understandable that the educated have more problems they believe can be deal with by the religious groups. It is indeed the half-educated who finds it most difficult to adjust to the changing order of things. His education does not fit him for the new pattern of life, and at the same time alienates him from the old patterns.

It is also significant that it is women who are mostly affected by this upheaval.

There appears to be some preponderance of illiteracy in some groups.

Group A had only 11 illiterates out of 54 interviewed. The others ranged from university graduates to elementary education.

Group B had 17 illiterates out of 33 interviewed. The others ranged from secondary class 4 to primary education.

Group C had 5 illiterates out of 16 interviewed. The others ranged from General Certificate of Education to primary education.

Group D had 13 illiterates out of 26 interviewed. The others had only primary education.

Group E had 9 illiterates out of 27 interviewed. The others were mainly of primary school level. It will appear that there is some element of selection in terms of education regarding what group a person joins.
Occupation

The pattern or occupation is a reflection of the educational standard or the followers. It also confirms the earlier indication that it is more the educated who is uprooted from the traditional way of life. It is significant that there was only one farmer among those interviewed. The occupation is predominantly teaching, clerical or schooling by the more educated group. Then there is a large group of traders who are evenly distributed among the groups. Housewives were over-represented in group D. There was a miscellaneous group which consisted of carpenters, tailors, plumbers, motor mechanics, seamstresses, electricians, bricklayers, etc. These were mainly non-traditional occupation. This is similar to the findings of Asuni (1967) in a related study.

There was a small group which deserved closer attention. This was the group of preachers, prophets and evangelists, 12 in all. Practically all of them had some psychiatric problem prior to being converted and later taking up their jobs. Few or them were definitely psychotic. This appears to follow the pattern observed about traditional healers who often take up healing after a psychotic episode – as if the psychotic experience bestows on them some healing power. Or it may be that it is the psychotic process which still lingers all-be-it in a less overt form, that gives them the delusion or possessing healing power; and that their less disturbing psychotic symptoms are utilized in a manner in keeping with the belief of the religious group and these give them a special place within the group (Ari Kiev 1964).

Original religion

Only 7 of the total interviewed had been born in the religious group to which they belonged; all the others were converts. The largest group was Christian (86 Protestants and 13
Catholics) 99 in all, and the next group was Moslem, 44. This figure of 99 Christians may appear surprising considering that there are slightly more Moslems in the community in which this study was done; but it is understandable if it is appreciated that the religious groups under study are Christians in the main and it is therefore easier for an ‘Orthodox’ Christian to fall in line with the group that it is for Moslems whose mode or worship and religious ideology are very different (Asuni 1962).

To what does the Moslem turn if he has the need to turn away from his original practice? The only other possibility is the traditional healer. How frequently he turns to the traditional healer is not known, or maybe he finds his religion more satisfying and he has less need to turn to something else. This is an area open for investigation.

Why does the adherent to an older and more established Christian faith turn to something else is it because of the promise of healing that goes with the practice of those new groups which is not emphasized enough in the ‘orthodox’ religion? Is it the novelty of it all? Does the practice – chanting, dancing, wearing of special robe, etc. – hold a special attraction for the converts? Is it that the society does not provide sufficient other social and health services to satisfy the need or the community and they therefore have to turn to what is immediately available to help?

Reasons for conversion

Of the 149 who look to the new groups 21 had no apparent problems. Majority of these joined to be of the same religious practice as their spouses or their parents look them there since their youth. Their conversion was not absolute and definite like the classical conversions, based on different ideology. Consequently they do not fit neatly into either of the 2 major types of
conversion suggested by Salzman (1953). The 2 types suggested are:
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(a) Progressive or Maturational type and
(b) The Regressive or Psychopathological Conversion. He however stated that he did not mean to convey the impression that one kind or conversion was good and the other bad, or that one had greater merit than the other.

It the converts in this study have to be classified according to Salzman’s types, they belong mainly to the second type. It is this type that “may either precipitate or be part of psychotic process”. He rather noted that at the same time because the conversion experience may include some conjunctive element and because of its defensive nature, it may ward off a psychosis. We may have cause to refer to this observation later. Some of the converts did not revoke their allegiance to their former religious affiliation.

In analysing the reasons given for joining the new sects, it is necessary to note that sometimes more than one reason is given, and the two of three given may not come under the same category.

Some of the reasons given are factual and straight forward enough to be categorized. Others are mainly symptoms which have to be interpreted in terms or physical illness or psychiatric symptoms. This is not always easy. For instance –, “stomach pain” may be indicative of physical illness like helminthiasis; psychosomatic illness like peptic ulcer; or neurotic illness or even somatisation of depressive illness. Other symptoms which are difficult to classify are weakness, headache and dizziness. In some cases however there are other associated symptoms which help classification such symptoms include insomnia, bad dreams, fear and suspiciousness.

The reason given for joining the sect can be divided into health and social. The health reason can further be divided roughly into physical and psychological. This latter subdivision
is operational and does not imply a rigid dichotomy or compartmentalization of physical and psychological illness. Even the classification into health and social is also operational as illness may be manifested more with social dysfunction than with individual personal suffering or discomfort. /p. 230/

Social reasons are “trade, job and studies not progressing” (1), “jobless (unemployment)” (6). It is difficult to classify “unmarried” (9) and “legal court case” (10) as being social. These 2 latter reasons are more indicative of some defect in the personality, and anxiety respectively. Of the 133 reasons given 26 were for social reasons.

Physical health reasons are “Children’s health and Infantile Mortality” (2) and “Physical Illness” (4). “Infertility” (7) may be psychological in origin, but to avoid giving bias to psychiatry it is included under Physical Health. “Spouse’s and relation’ illness” (8) may also be more indicative of the anxiety and depression of the devotee, but it is being included under
physical illness, since the core of the problem is the physical illness of loved ones, and the hope and desire of the devotee is the recovery of the loved one who is sick. There were 50 reasons which came under this category. Some of the reasons given under “physical illness” (4) were “stomach ache”, “high blood pressure”, “general weakness” and “oedema”, “asthma”, “constant illness” and “general weakness”, “deaf and dumb”, “threatened paralysis of both legs”, “losing weight”, “abdominal pain and distension”, “persistent cough”, “arthritis”. Psychiatric illnesses included “Psychiatric Symptoms” (5), “Children’s Performance” (3), “Unmarried” (9), “Legal Court Case” (10). The classification of these three columns may be questioned, especially column (3), but the liberty for this is taken because there was only one case under each item and this could not affect the total figures unduly. There were 57 in all. The main psychiatric symptoms included “anxiety”, “paranoid ideas”, “dizziness and wandering”, “madness”, “sadness and tearfulness”, “bad dreams”, “depression”, “no peace of mind”, “hallucination”, “brain disorder”, “anorexia, insomnia, weakness”, “unhappiness”.

These findings confirm the impression that people turn to these religious sects for social and more for health reasons. The social reasons are reminiscent of the magico-religious concept of the traditional healing practice, and it will appear that this concept will persist as there is no satisfactory alternative within the realm of industrially and technologically developing society. While science improves and social services – vocational guidance, unemployment benefits, work opportunities, etc. – can take care of some of the social problems, there is no reason to believe that this concept can be eradicated, the nature of man being what it is. In any case, since the sects are fulfilling a needful role in this area, and they are helpful and supportive to the devotees, there is no reason the concept should be eradicated.

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Causation

Before examining and discussing the health reasons which drive people to join these sects let us take a look at the views expressed on the causation of their problems and the benefit they have derived. 90 respondents attributed their problems to witchcraft, curse or evil machination or others. 4 belonging to the same sect attributed their problems to the devil: 10 believed that their problems were caused by destiny or the wish of God. Only one respondent said his “stomach pain” was caused by worms. Not one respondent attributed his problem to his personal irresponsibility and failures, nor to his early physical and emotional experiences.

This finding confirms earlier observations that the Yoruba people of Western Nigeria always look outside rather than inside for the cause of their problems, Prince (1960), Asuni (1967), and this leads to paranoid interpretation of events. It frees them from any personal responsibility. This also explains the practice of the traditional healer which is in keeping with these ideas. The traditional healer does not require his patients to say much, he lets his oracle tell him – the healer – the cause of the trouble. Almost invariably the traditional healer finds that the cause of the problems is some outside agency; thus reinforcing the paranoid interpretation in the patient, or creating paranoid ideas where it has not existed.

Another implication of this tendency to look for sources of problems outside the individual is the difficulty it creates for the practice or individual psychotherapy of “deep insight type”. This procedure seeks to relate the emotional problems of the individual to earlier experiences in the individual’s life which have been repressed: If the patient is not prepared traditionally to perceive the relationship between his earlier experiences and his present problems, individual psychotherapy may be a fruitless procedure.
The healing procedure of the religions sects only requires him to perceive his relationship with God. He is a sinner, so he prays for forgiveness. His faith is enhanced and it is this faith that beats. Even if his illness or misfortune had been caused by witches or the devil, the power of the Holy Spirit would overcome this. He is required to pray for his sins real or imaginary. Religious healing practice indirectly admits the paranoid interpretation because it does not seek to disabuse the mind of the patient of his paranoid ideas, but rather claims that the power of God will overcome any evil. The procedure is therefore in keeping with the traditional concept of causations.

Outcome

It is not surprising that all those interviewed claimed that they had benefited from their affiliation with the sects. Only very few joined the sects within the year of the study. If the respondents who had joined a long time ago had not benefited from the affiliation they would have left; and if their health condition had deteriorated, they would not have been able to attend the praying sessions and therefore not be present to be interviewed. In other words, the situation was such that only those who had derived some sustaining benefit or were still hopeful of benefit would be present to be interviewed.

Analysis of their benefits shows that the respondents all claimed to have their faith in God re-established or strengthened; and also that their problems – social and health – were either solved or were being solved. Even those with palpable physical conditions like oedema and abdominal distension claimed to be better or to have recovered. Since it is not the purpose to evaluate faith healing as such, this observation will not be discussed in detail. It can however be stated that in addition to faith, the community feeling, the sense or belonging to a small intimate group must have its therapeutic value.
Health

It appears from the findings in this enquiry that the major reason people gravitate to syncretic religious sects is health, both they can also be expensive financially. From the reasons and symptoms given, it will appear that physical and mental symptoms merge into each other. It is also noteworthy that severe and incapacitating physical or mental symptoms are not prominent on this list.

The patterns of symptoms presented are suspected to be similar to those handled by general practitioners who refer serious cases to hospitals with better facilities. The dearth of general practitioners, and the cost of their service will continue to provide clients and patients for the religious healing groups.

Psychiatric symptoms

It has been observed that patients with neurotic, and to a less extent depressive symptoms do not attend psychiatric hospitals as frequently as one would expect and the erroneous tendency is to generalize and state that these conditions do not exist in the community. This survey has confirmed that a considerable number of patients with anxiety state and depression attend the religious groups. It is significant that a considerable number presents with depressive symptoms like “loss of interest”, “unhappiness”, “tearfulness” – symptoms which are not often given spontaneously by patients attending psychiatric hospitals. It may well be that these symptoms are not regarded as being psychiatric just as some the symptoms of anxiety state like fear, palpitation, insomnia and frightening dreams are not so regarded. It is only when psychotic symptoms become disruptive to the smooth running of the household and community that they are regarded as psychiatric.
Delusion of persecution and suspiciousness, which are indicative of paranoid state are handled by the religious groups, and it will appear that their intervention halts the development of a gross and overt psychotic illness. Even if it does not, some religious healers still continue to minister into them. Indeed it is known that overt psychotic cases are taken to religious healers. but none of these was encountered in this study. There were, however, two cases who had attended a psychiatric hospital before. It is not clear in one of these cases whether he resorted to the faith healers after a relapse, but the other case was still attending the psychiatric hospital for follow-up and his maintenance medication, and was only using the religious group as an additional support.

Discussion

In assessing health facilities available and used by the community, it is necessary to include the religious faith healers which this study has shown to be carrying a considerable load of health service. In addition to this they also perform some social service. The medical people especially psychiatrists should be confident enough in themselves to admit this. Leavy (1950) had this to say in connection with this note:

(a) Good psychiatry can be practised by psychiatrists whether they do or do not have explicitly religious convictions.

(b) The psychiatrists never seek to destroy their patients’ religion.

(c) The religion may be a valuable asset of the patient’s personality and

(d) The religious life or the patient, like the history of his childhood, must be subjected to attentive scrutiny and evaluated with relation to his neurosis.
The traditional healer also carries a substantial patient load, but no study has been done to know precisely what type of patients they really have. There is no doubt that they also fulfil a role in the community, but since they use herbs and drugs, the dosage of which they do not know and the side-effects of which they cannot handle, they should rate lower in value and usefulness than the religious healers who only use, at the worst, water and olive oil which they have blessed. Furthermore, the religious healers are cheaper than the traditional healers, and in most cases are not as mercenary. While they may condone paranoid ideas, they do not tend to enhance them nor even create them like the traditional healers do. They alleviate rather than create anxiety as the traditional healers do.

This is not suggesting that since they fulfil a useful role, nothing else needs be done about providing health services. The point is that in the absence of adequate health services, people will go to the religious healers. We are not in a position to assess their effectiveness in treatment, but it will be foolish to consult a religious group for illness which can be diagnosed and treated effectively by modern medicine. If the patient wants the additional support of prayer, he should be free to have it.

The fact that some of the leaders of these religious groups take up leadership after a psychotic illness which may still persist in a less overt form makes one wonder as to the healing and other salutary effect of such leadership. This study has not addressed itself to answer this question.

ACKNOWLEDGMENT

I wish to thank Messrs S.A. Adubu, C. Aiyelabola, Akinbulumo and T. Adekanbi, Staff Nurses in Aro Hospital who conducted the interviews after a pilot study. I also wish to thank the Religious Leaders and their followers for their co-operation. I am grateful to the Controller of Medical Services, the Western State Ministry of Health for permission to publish this paper.

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RESUME:

PROBLEMES SOCIO-MEDICAUX DES CONVERSIONS RELIGIEUSES

L’auteur se propose d’apporter des éléments pour une compréhension du rôle précis assumé par les petites organisations religieuses, particulièrement syncrétiques, dans le domaine de services médicaux rendus à leurs adeptes.

L’étude a été menée sur un échantillon pris au hasard parmi les partisans de cinq sectes religieuses syncrétiques différentes à Abeokuta dans l’État de l’Ouest au Nigéria. L’auteur s’est attaché à estimer l’importance des soins prodigués, des services rendus par ces groupes, et le type de problèmes et de symptômes pour lesquels les gens rejoignent ces sectes.

L’étude confirme que les préoccupations concernant la santé physique et mentale constituent la raison majeure du regroupement de ces gens et de leur adhésion à ces sectes religieuses syncrétiques ; les problèmes socio-psychologiques tendent à prédominer. Les observations confirment qu’un nombre considérable de malades anxieux et présentant des symptômes dépressifs fréquentent ces groupes religieux.
Le rôle assumé par ces sectes vis-à-vis de leurs adeptes est comparé par l'auteur à celui qu'assure le médecin généraliste auprès de la clientèle là où il est constamment disponible.

Enfin, le système de guérison de ces groupes religieux est brièvement comparé à celui des guérisseurs traditionnels. L'auteur souligne l'insuffisance d'études précises permettant de déterminer le type de patients réellement en traitement traditionnel. Tout en convenant de l'importance du rôle joué dans la communauté par les guérisseurs traditionnels, l'auteur ne se dissimule pas leurs limites, notamment dans le contrôle des dosages et de la posologie de leurs médicaments herbalistes et de leurs effets secondaires. Il souligne par ailleurs que les guérisseurs qui fondent leur thérapeutique sur la prière et la suggestion (faith-healer) sont moins chers que les guérisseurs traditionnels et dans la plupart des cas ne sont pas intéressés. Bien qu'ils puissent être indulgents pour des idées de persécution, ils ne tiennent pas à les relever ou même les susciter comme le font les guérisseurs traditionnels. Ils apaisent l'angoisse plutôt que le susciter comme le font les guérisseurs traditionnels.

Le fait que certains chefs de ces groupes religieux accèdent au leadership après un épisode psychotique qui peut perdurer en une forme moins manifeste, nous fait nous étonner de la guérison et des autres effets salutaires d'un tel leadership. Mais ceci n'était pas le propos de cet article.

**SUMMARY:**

This study was of a random sample of followers of syncretic religious groups to find out how much load of medical service they carry, and what type of problems and symptoms make people join these groups.

It was confirmed that the major reason which makes people gravitate to these syncretic religious sects is health physical and mental, and socio-psychological problems tend to predominate. It was also confirmed that a considerable number of patients with anxiety and depressive symptoms attend these religious groups. The role of these groups was in a way likened to that of general medical practitioners where these are readily available.

The healing system of these religious groups was briefly compared with the traditional healers and found to be preferable in some ways.