PSYCHIATRIC PATIENTS WHO SEEK TRADITIONAL HEALERS IN SINGAPORE

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SYNOPSIS

This paper analyses some demographic and clinical characteristics of 75 first admissions to the authors' unit in Woodbridge Hospital, all of whom had been to traditional healers prior to hospitalisation. The results suggest that a Chinese with a primary level of formal Chinese education is most likely to seek traditional help. When admitted he is most likely to suffer from schizophrenia and, if neurotic, from a depressive illness with suicidal intent. There is no cultural or religious bias to the types of healers sought although almost all the Chinese went to the temple mediums and the Malays and Indians to the bomohs. Some probable reasons accounting for the above observations are discussed.

INTRODUCTION

The island Republic of Singapore has a multi-racial population of 2.4 millions comprising mainly Chinese (77.0%), Malays (13.5%), Indians (7.0%) and others (2.5%). The Chinese are mostly immigrants or their descendants from the southern coastal provinces of China. They speak at least eight different dialects with Hokkien and Cantonese predominating. Their religious practices are also diverse, the commonest being Shenism, Taoism, Christianity, Buddhism and Confucianism. The Malays and the Indians too are not homogeneous in their language, culture and religion. Although the Malays are all officially Muslims their religious belief is in fact a synthesis of animism, Hinduism and orthodox Islam. In the midst of this complex religious and cultural settings and ethnic composition, traditional concepts of the nature and causes of physical and mental illnesses flourish and exert great influences on the health care delivery system of the country. It is the common experience of doctors in Singapore to see patients who have earlier sought treatment from the traditional healers.

The authors have for some time been struck by the frequency which patients have consulted the traditional healers prior to their admission to Woodbridge Hospital. The traditional healers have their own hierarchy of reputation and status and the authors' impression was that patients asked for psychiatric treatment only as the last resort. When and why the traditional healers are consulted often also reflect the onset and the nature of the illness respectively. In this paper the characteristics of 75 such patients admitted between November 1974 and April 1975 are studied and discussed.

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METHOD

Woodbridge Hospital is the main psychiatric hospital in Singapore providing in-patient treatment. It is sub-divided into three units each headed by a Consultant Psychiatrist. Intake of first admissions to each unit is by rotation, one in three days.

The case notes of all first admissions to one of these units over a 6-month period from November 1974 to April 1975 were examined by the authors. There were altogether 153 cases of which 75 or 51.0% had been to traditional healers prior to hospitalisation. The latter group was further examined with respect to basic demographic characteristics, clinical diagnoses and types of healers sought. Where information was lacking the patients were either recalled or interviewed at subsequent follow up visits.

These cases were personally seen and diagnosed by at least one, usually two of the more senior psychiatrists in the unit. The sources of referral and procedures of admission are the same to all the three units. Therefore whatever differences in characteristics between the 75 patients in this series and that of the hospital in general cannot be due to administrative factors.

RESULTS

ETHNIC GROUP

The ethnic group composition of the 75 patients is shown in Table 1. The distribution does not differ significantly from that of the 1970 general population census figures, taking into consideration only persons aged 15 and above.

TABLE 1 DISTRIBUTION BY ETHNIC GROUPS

Ethnic Groups	Patients N	%	*Singapore Population %
Chinese	66	88.0	77.7
Malays	4	5.3	13.1
Indians	4	5.3	7.2
Others	1	1.4	2.0
Total	75	100.0	100.0

($P > 0.05$)

*Singapore population census (1970) of persons aged 15 and above.

AGE, SEX, LEVEL OF EDUCATION AND MEDIUM OF INSTRUCTION

The sex ratio of 45 males to 30 females does not differ significantly from the general population ratio, as set out in Table 2.

TABLE 2 DISTRIBUTION BY SEX

Sex	Patients N	%	*Singapore Population %
Male	45	60.0	51.1
Female	30	40.0	48.9
Total	75	100.0	100.0

($P > 0.05$)

*Singapore population census (1970) of persons aged 15 and above.

Table 3 shows the distribution by level of education and age groups, the latter classified broadly into 15-24 years, 25-55 years and above 55 years for comparison with the general population. Within the 15-24 age group, there is a significantly higher proportion of patients who have received primary level of formal education, whereas in the secondary and post secondary levels the proportions are significantly less ($X^2 = 5.31$, df = 1, P 0.05). In the 25-55 age group, a very significantly higher proportion has received some formal education, although, as in the previous age group, the majority are at the primary level ($X^2 = 14.3$, df = 2, $P < 0.001$). As there are only 6 patients in the above 55 age group, no meaningful comparison could be made.

Table 4 sets out the distribution of cases by language (or medium) of instruction in schools. There is n o comparative data on the general population; however the figures suggest a disproportionately large number of patients educated in Chinese.

DIAGNOSES

The diagnostic categories, using ICD 8 in this series, is compared with all first admissions to Woodbridge Hospital in 1975 as set out in Table 5. Significantly more schizophrenics and Depressives are found in our series than expected from the year's figures ($X^2 = 6.17$, df = 2, P 0.05).

SCHIZOPHRENIC SUB-GROUP BY LEVEL OF EDUCATION

In Table 6, comparison is a made of the levels of education betweent he schizophrenics in this series and all schizophrenic first admissions to Woodbridge Hospital in 1975. The results, which are all significant, show that schizophrenics who seek traditional healers prior to hospitalisation are less educated than the 'average' schizophrenic first admission to the hospital ($X^2 = 8.98$, df = 2, $P < 0.02$).

TYPES OF TRADITIONAL HEALERS SOUGHT BY ETHNIC — RELIGIOUS GROUPS

The types of traditional healers sought by the various ethnic and religious groups in the series are tabulated in Table 7. The following observations are made:-

a) The Christians are under-represented suggesting that as a group they do not usually seek temple mediums, bomohs or the traditional physicians.
b) All Malays, Indians and the only Sikh seek the bomohs while nearly all of the Chinese turn to mediums for help.
c) Seeking help from both the mediums and bomohs simultaneously is not uncommon as found in 9 or 12% of the Chinese patients and 1 Malay patient.
d) As a group, the Chinese tend to be more 'eclectic' in seeking out various forms of traditional healers — from mediums, bomohs, church pastors, sinsehs to accupuncturists.

DISCUSSION

Of the 153 first admissions to the authors' unit in Woodbridge Hospital, 75 or 51% have been treated by traditional healers prior to hospitalisation. This is low compared with Gwee's (1969) figure of 90% among the

TABLE 3
DISTRIBUTION BY LEVEL OF EDUCATION AND BOARD AGE-GROUPS

Level of Education	Age-Groups (Years)						
	15 — 24			25 — 55			Above 55
	Patients		Pop.*	Patients		Pop.*	
	N	%	%	N	%	%	N = 6
Nil	1	3.3	9.7	7	17.9	40.4	
Primary	15	50.0	29.9	23	59.0	33.1	
Secondary	12	40.0	52.3	6	15.4	21.8	
Post-Secondary	2	6.7	8.1	3	7.7	4.7	
Total	30	100.0	100.0	39	100.0	100.00	
	P < 0.05			P < 0.001			

*Singapore population census (1970) of persons aged 15 and above.

TABLE 4
DISTRIBUTION BY MEDIUM (LANGUAGE) OF INSTRUCTION

Medium of Instruction	Patients N	%
Chinese educated	40	62.5
English educated	22	34.4
Malay educated	2	3.1
Total	64	100.0

TABLE 6
SCHIZOPHRENIC SUB-GROUP BY LEVEL OF EDUCATION

Level of Education	Our Series N	%	1975 First Admission %
Nil	4	7.0	10.4
Primary	36	62.1	42.8
Secondary	15	25.8	41.5
Post Secondary	3	5.1	5.3
Total	58	100.0	100.0

(P < 0.02)

TABE 5
PATIENTS BY DIAGNOSTIC CATEGORIES (ICD 8)

ICD 8 List No.	Diagnoses	Present Series N	%	1975 First Admission %
295 & 7	Schizophrenia (including paranoid states)	58	77.3	60.2
296	Affective Psychosis	3	4.1	2.7
290	Dementia	1	1.3	3.8
316 — 6	Mental Subnormality	1	1.3	5.3
301	Personality Disorder	2	2.7	3.8
300	Neurosis	9*	12.0	9.1
	Others	1**	1.3	15.1
	Total	75	100.0	100.0

(P < 0.02)

*8 Depressives and 1 Hysterical Neuroses.
**1 case of Epilepsy. No comparison made.

TABLE 7
TYPES OF TRADITIONAL HEALERS SOUGHT BY VARIOUS ETHNIC — RELIGIOUS GROUPS

Types of Healers \ Ethnic — Religious Groups	Chinese A	Chinese B/T	Chinese C	Malays M	Indians M	Indians H	Others (one Sikh) Sikh	Total
Temple Mediums	3	49	1					53
Malay Bomohs				3	2	2	1	8
Mediums/Bomohs	1	7	1	1				10
Mediums/Sinsehs		1						1
Mediums/Acupuncturists		1						1
Church Pastors	1							1
Mediums/Church Pastors		1						1
Total	5	59	2	4	2	2	1	75

A = Agnostic/Athiest
B/T = Buddhist/Taoist
C = Christian
H = Hindu
N = Muslim

Chinese patients of an acute general hospital ward in Singapore, and Tan's (1971) figure of 90% among psychiatric patients of all ethnic and cultural groups at the University of Malaya. The low figure is probably due to rapid urbanisation and the subsequent improved social environmental conditions, the vastly improved universal education system over the years, and the easy accessibility and availability of modern medical and psychiatric facilities in Singapore in 1975. Table 3 illustrates the educational trend showing the sharp decline in proportion of population with no formal education from 40.4% in the 25-55 age group to 9.7% int he 15-24 age group.

Traditional medical treatment is linked with culture which in turn is maintained and modified by education. The impact of new knowledge disseminated by formal education would tend to discourage belief in devils and magic. Classical Chinese medicine bases its system on the balance of two opposing forces — the Yin and the Yang, so that every illness arises as a result of an imbalance of these two forces in the various organs of the body. The Yang represents light, warmth, reproduction and life, as also celestial sphere from which all these blessings emanate; the Yin is darkness, cold and death. The Yin and Yang are divided into infinite number of spirits respectively good and bad, called 'Shen' (gods or deities) and 'Kwei' (devils); every man contains a 'shen' and a 'kwei', infused at birth and departing at death to return to the Yang and Yin. It is not surprising therefore to find in this series a significantly high proportion (62.5%) of chinese educated patients with a low level of formal education. They are probably unable to discriminate between folk myths, religious practices, traditional beliefs and Western orientated 'moden' medical concepts especially in relation to mental illness.

Tsoi (1979) found that schizophrenic first admissions to Woodbridge Hospital in 1975 had received more formal education at both primary and secondary levels than the general population. We re-examined the 58 schizophrenics in this present series and compared them with Tsoi's in respect of this educational characteristic. The result, as shown in Table 6, is highly significant indicating a much larger percentage of our schizophrenics in the primary level, with a corresponding decrease in the secondary level. This further supports the observation we made in the preceding paragraph that a less educated mentally ill is more likely to seek traditional healers.

About 77% of our patients are schizophrenics, a proportion significantly larger than the 60% expected from Tsoi's (1979) analysis of 1975 first admissions. The differences cannot be attributed to administrative procedures as mentioned in the introduction. The psychiatrists in the three Units of Woodbridge Hospital who examine all new admissions received similar training in Psychiatry and share rather similar concepts in the diagnosis of psychiatric disorders. The most likely reason is a relative significant decrease in the number of non-psychotic and neurotic in our series compared with the 1975 total first admissions figures as shown in Table 5. The reasons for this relative lack of neurotic conditions are discussed below.

Of the 9 neurotics found in our series 8 were depressives with suicidal or homicidal intent requiring hospitalisation and 1 hysterical neurosis. No other neurotic illness was noted. The authors believe that without the suicidal threat, the number of neurotics would be even much fewer. Chong (1970) and Sandhu (1970) noted that traditional healers seem to handle a bulk of hysterical and neurotic patients quite effectively. Carstairs (1969), ("Neurotic Illness in Asian and Pacific Regions") pointed out that spiritual healing had two striking advantages over conventional supposedly scientific physical treatments: firstly, the patient is not exposed to the undesirable side effects of psychotropic drugs; and secondly, it requires the participation of other persons in addition to the patient and thus helps to

reintegrate the mentally ill with the rest of his community from which he has been estranged. A third advantage in our experience is the fact that traditional concepts of the causation and aetiology of mental illness (e.g. as poessession phenomena) are socially and culturally acceptable and lacks the stigma of a designated 'mad', 'insane' or 'psychotic' label when referred to a psychiatrist or mental hospital. It must be stressed however that such effective handling by indigenous healers applies to the neurotic conditions. The psychotics, as shown by the high proportion (81.4%) in this series, would eventually end up in the mental hospital, perhaps much later than should be and in a deteriorated state. The depressives situation could be dangerous as evident in the depressives in our series.

Of the traditional healers, the temple medium and the bomoh are most frequently sought by mentally ill persons with occasional resort to indigenous physicians. As shown in Table 7 almost all (898.7%) our patient went to temple mediums or bomohs and often both (12%). Frequently we come across patients visiting the psychiatric clinic, the Chinese medium's temple and the Malay bomoh's home simultaneously. The Malay bomoh's practices are much infected by Hindu and Muslim influences. The ceremonial and ritual setting of the Chinese temple mediums are much influenced by "shenism" with its dominant themes drawn from popular and corrupt Taoism, and influenced by Confucian and Buddhist principles and perhaps more importantly by ancient folk religion. We have mentioned the concept of 'shen' earlier in relation to Yin and Yang forces. In temples, the 'shen' (gods) need to be worshipped in order to secure human physical and mental well being. It is also the 'shen' who possesses mediums when they fall into trances, and from these trances the worshippers obtain diagnoses, prognostication and advice regarding further management. More importantly the 'shen' is regarded as the only power that can deal effectively with the many 'kewi' (devils) which cause mental sickness — thus explaining why the mediums are the most sought after healers in those mentally afflicted.

Lastly it is interesting to note from Table 7 the transcultural and cross religious search for spiritual healers. In the first instance we find Chinese and Indian patients going to the Malay bomohs, and the Malays going to Chinese medium; next we observe the Christians, atheists and agnostics seeking mediums and bomohs; the Taoists, Hindus and Sikh seeking bomohs and the Muslims turning to the mediums for help.

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