CULTURAL PERCEPTIONS OF PSYCHOLOGICAL DISTURBANCES:
The folklore beliefs of South African Muslim and Hindu community members

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DECLARATION

I declare that this thesis is my own unaided work. It is submitted in partial fulfillment of the requirements for the degree Master of Arts in Psychology by Coursework and Research Report in the Department of Psychology, University of the Witwatersrand, Johannesburg. It has not been submitted for any other degree or examination at any other university or institution.

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ABSTRACT

Culture shapes the expression and understanding of psychological disorders and plays a role in the emergence of culture-specific syndromes. In particular, certain cultures endorse beliefs in witchcraft, spells and spirits, which fall under the concept 'folklore'. Folklore beliefs like witchcraft and spirit possession and their assumed impact on the manifestation of psychological disturbances persist today. It thus becomes apparent that these cultural aspects will have an impact on how psychological disturbances are experienced and treated in different communities.

Given this, the concept of psychological disturbance needs to be aligned with the culture of the afflicted individual if one is to holistically understand and treat him or her. In addition, considering that many cultures include a belief in the spiritual self, a need to understand its' alleged role in psychopathology exists (Ashy, 1999; Eldam, 2001; Smith, 2005).

Consequently, if one is to effectively understand diverse communities, an exploration of the impact that spiritual beliefs have on community members' perceptions of psychological disturbance is imperative. By focusing on the folklore beliefs of South African Muslim and Hindu community members, this study aims to promote a deeper understanding of the impact that these beliefs have on perceptions of psychological disturbances.

Data was collected from four focus group discussions with two Muslim and two Hindu groups, comprising a total of 22 individuals. The interview schedule based on the salient themes from the literature guided the direction of the interview. This also allowed for clarification and exploration of new information. The data was analysed using thematic content analysis after the researcher had 'cross-tabulated' participant responses. This enabled the researcher to sift through the data in a systematic manner, identifying themes that were indicative of the research questions.

Responses to the questions fell into three broad categories: the participants' understanding of psychological disturbances, the participants' understanding of spiritual illnesses, and the impact of religious and/or cultural beliefs on the participants. Perceptions of psychological disturbances were found to reflect religious and cultural beliefs. A lay understanding of psychological disturbances was also reflected by the participants.

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The future belongs to those who believe in the beauty of their dreams
-Eleanor Roosevelt-

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This thesis is dedicated to
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INTRODUCTION

Culture shapes the expression of psychological disorders and plays a role in the emergence of culture-specific syndromes (Matsumoto & Juang, 2004). The Diagnostic and Statistical Manual of Mental Disorders-IV-TR (2004) supports this notion by stating that unfamiliarity with the nuances of an individual's cultural framework may result in an incorrect psychological diagnosis. Despite this support, cultural veneers of the individual are often overlooked when a diagnosis is made.

It can be said that many non-Western cultures do not conform to the assumed universality described by Western theories. Thus, the application of Western thought and understanding of psychological disturbances, without incorporating the specific cultural orientations and outlooks of non-Western communities, will not result in an understanding of those afflicted. Western thought, and particularly Western psychological theory, adheres to a dualistic conceptualisation of the body and mind (DSM-IV-TR, 2004). Thus, the concept of psychological disturbance needs to be aligned within the context of a particular religious and cultural system in order to better understand and diagnose the disturbance.

Certain cultures incorporate belief in witchcraft and spirit possession. Igwe (2004) states that belief in witchcraft permeates the perceptions, thinking and lives of many societies. Some of the symptomatic features of bewitchment are said to be lethargy, lack of motivation, social withdrawal, lack of appetite, intense agitation, terror, sleeplessness and, in some instances, trance-like states (Dein, 2003). Feelings of helplessness, hopelessness and despair are also common in those who believe that they are the victims of witchcraft (Dein, 2003). African folklore also indicates that illness and infections like HIV/AIDS are viewed as a manifestation of witchcraft (Van Dyk, 2001). A host of psychological, physical and social experiences are thus attributed to witchcraft.

Along with the fear of witchcraft, belief in possession by spirits is common in many cultures, both Western and non-Western. Some symptoms of experience of possessed states include supernatural strength, agility or self-destructive behaviour. Other signs include rolling eyes, fetid smells and screams (Stafford, 2005). Changes to personality, physique and the voice of the possessed are also cited as symptoms (Dwyer, 2003). It is also reported by McNutt (1995) that loss of memory of the experience of possession is typical of those who experience it.

Islam, one of the Semitic religions of the world, incorporates belief in witchcraft and spirit possession. Witchcraft beliefs are evident in the Holy Koran (Abdussalam-Bali, 2004, p.21).

In addition, the second major influence on the lives of Muslims are the teachings of the Prophet Mohammed (Peace be Upon Him). According to Mawdudi (1985) the Prophet walked upon an evil in the form of witchcraft that was set in his path so as to cause him harm. The implication of this is that, "…if the Prophet could be affected so can we" (Ally & Laher, 2006). In Islam, psychological and somatic symptoms are associated with bewitchment. Lethargy, bad dreams and hallucinations are noted (Abdussalam Bali, 2004). Other symptoms include excessive weight gain, changes in physical features, headaches, marital problems, infertility, and in some rare instances, death (Eldam, 2001). Thus, belief in the psychological and somatic symptoms of bewitchment is also present in Islam.

In Islam, spirit possession is attributed to *jinns*. As described by a Muslim faith healer (Ally & Laher, 2006), *jinn* can be said to be "the whisperers". This refers to the ability of the *jinn* to influence our thoughts and to direct us towards evil. In general, those who are considered possessed are those who are diagnosed by mental health professionals as suffering from schizophrenia and mania (Badri, 2006). Psychological symptoms of delusions or hallucinations are often described as symptoms of possession (Ally & Laher, 2006). Other symptoms, often physical, include fevers, convulsions, utterances in strange, unheard of languages, and altered tone of voice (Dwyer, 2003; Stafford, 2005).

In addition to witchcraft and spirit possession, the evil eye is believed by Muslims to cause drowsiness, lethargy and a host of symptoms. The evil eye can be considered as being passed on from and caused by jealousy of another person (Abu-Rabia, 2005).

Hinduism is a polytheistic religion, and is one of the largest world religions after Christianity and Islam (Hannabuss, 2005). The source of Hindu belief lies within two texts (*Veda* and the *Dharma*) amongst others (like the *Bhagavati-Gita*). The *Veda* contains magical poems that are used for all sorts of magic, including destructive sorcery (Flood, 2003). Thus, the sacred books of Hinduism incorporate an element of magic and witchcraft, and this is passed on from generation to generation through story telling, dance and poetry (Flood, 2003).

Sakini or *Dakini* are the Hindi terms used to describe the equivalent of the English term witch. As stated by Joshi et al (2006), accidents, sicknesses, death and other events have been thought to be caused by witches. The symptoms caused by witchcraft include feeling sluggish and ill (Joshi et al, 2006), suffering severe body pains, headaches and excessive fevers (Dwyer, 2003). Skin disease, infertility, nightmares and insomnia are also believed to be caused by witches. Psychological symptoms like lethargy, weakness and loss of appetite may also be experienced. Thus psychological as well as somatic symptoms are features of Hindu witchcraft.

The concept of the evil eye also features in Hindu belief and is thought to be closely linked to witchcraft. As elaborated by Abu-Rabia (2005) the evil eye is related to the concept of witchcraft in the sense that it can be considered as the "capacity to cause supernatural harm". According to Hindu belief, the evil eye can result in bad luck, broken marriages and even death (Spiro, 2005). A change in character or appearance is possible, and a loss of appetite is a common symptom of the evil eye. In addition, the evil eye is believed to have the power to cause minor illnesses in children (Winch & Alam, 2005).

Possession experiences are believed to result from the supernatural, particularly when a spirit attacks a person. When this occurs, the assistance of an exorcist is needed to 'expel' the spirit from the afflicted. One possible cause of the experience of spirit possession in the Hindu faith is the belief in *Rasa* (Dwyer, 2003). This Hindu theory states that human emotions have their seat in the mind and the heart (*manas*), which forms a subtle part of the body, activated by participation in song and dance. Early Hindu worshippers would imitate deities such as the goddess Kali, resulting in "controlled possessions", in which the devotee would urge the deity to possess him or her (Flood, 1996). Among the symptoms of bhut possession are trance-like states, moans or shaking, strange speech and physique, and even exhibitions of supernatural power (Stafford, 2005).

When a Muslim or Hindu individual displays symptoms believed to be caused by witchcraft, spirit possession or the evil eye, the assistance of faith healers are sought (Dwyer, 2006; Stafford, 2005). Various forms of religious and cultural healing practices are prescribed and include natural substances like honey, salt and water (Ally & Laher, 2006). Verses from Holy texts are also used by both Muslim and Hindu faith healers, indicating a religious treatment for illness that resemble psychological disturbances.

The aim of this study was to explore the perceptions of psychological disturbances held by Muslim and Hindu community members. This included gathering information on how they understood and interpreted psychological disturbances, as well as the method of healing that would be prescribed. This study is justified based on the need to understand the differing perspectives and understandings that many non-Western communities hold. This understanding in the diverse South African context is vital for diagnosis as well as treatment of disturbances. This study can thus be a potential contribution to knowledge into this growing field.

The exploration of the perceptions of psychological disturbances held by Muslim and Hindu community members was expected to yield religious and cultural descriptions. This was based on the literature that was reviewed as well as the researcher's experiences as a Muslim in the community.

This study employed a qualitative methodology, namely thematic content analysis of focus discussion data with the sample consisting of Muslim and Hindu community members. The 22 participants were divided into four groups based on the degree of religiosity or orthodoxy, i.e. two Hindu groups and two Muslim groups. The research required that the participants engage in a focus group discussion with the researcher and 4 to 5 other participants. The researcher utilised a semi-structured interview schedule to guide the discussion, but also allowed for the clarification and exploration of new information. After participant responses from the four groups were cross-tabulated, the data was categorised into themes, allowing the researcher to identify trends. This categorisation was then compared in relation to the relevant literature.

The structure of this research report is as follows: Chapter One provides a review of witchcraft and spirit possession as constituents of the folklore of certain cultures. Muslim and Hindu cultural understandings of psychological disturbances are also reviewed as different cultures have different perceptions of the causes and recommended treatments of psychological disturbances. As Islam and Hinduism incorporate these folk beliefs in their culture and religion, an overview of the relevant religious beliefs of these two cultures are also explored. These folk beliefs stem from the interplay between religion and culture. Chapter Two describes the methodological aspects of the current study. The qualitative method adopted is described, and is followed by a description of the sample and the data analysis procedure. Chapter Three addresses the research results in relation to the relevant literature. The thematic content analysis of the focus group material is related to the research questions in a discussion focused on

emerging themes. The results and discussion of the study are presented in a single chapter to avoid repetition and to immediately relate emerging themes to the relevant literature.

CHAPTER ONE
LITERATURE REVIEW

The field of psychology has placed much emphasis on the biological and psychological aspects of the causes and manifestations of psychological disturbances. As defined by Sue, Sue and Sue (2003), a psychological disturbance is characterised by discomfort, deviance and dysfunction in the behavioral, affective and/or cognitive domains of an individual. The Diagnostic and Statistical Manual of Mental Disorders-IV-TR (2004) adds that regardless of the original cause of psychological disturbances, it must be considered a manifestation of a behavioural, psychological or biological dysfunction. Even though definitions like these permeate the field of psychopathology, and even though they address many of the aspects related to the manifestation of psychological disturbances, they are limited in some respects. One major limitation is the non-inclusion of the possible influence of spiritual beliefs in the origin of psychological disturbances. The spiritual domain can be said to form part of the culture of many individuals, and thus requires consideration. As argued by Cochrane (1983), "to the extent that we find different cultural patterns of normal behaviour, we should expect to find culturally determined differences in abnormal behaviour" (pg 82).

Culture shapes the expression of psychological disorders and plays a role in the emergence of culture-specific syndromes (Matsumoto & Juang, 2004). Helman (1994, cited in Swartz, 2002) provides a comprehensive definition of culture:

> A set of guidelines (both explicit and implicit) which individuals inherit as members of a particular society, and which tells them how to view the world, how to experience it emotionally, and how to behave in it in relation to other people, to supernatural forces or Gods, and to the natural environment. It also provides them with a way of transmitting these guidelines to the next generation - by the use of symbols, language, art and ritual (pp.2-3).

Given this, one can say that the concept of psychological disturbance needs to be aligned with the culture of the afflicted individual if one is to holistically understand and treat him or her. This viewpoint is highlighted by Zaumseil (1998), who says that psychologically disturbed persons understand their psychological experiences from within their own cultural milieus.

A number of authors have suggested that indigenous psychologies are different from traditional Western psychology (Mkhize, 2004; Nsamenang, 2006). This is based primarily on differing world-views, or the philosophical premises upon which these communities base their assumptions. As an example, Mkhize (2004) states that indigenous societies tend to subscribe to a holistic view of the world. This is different from the Western worldview in that the world and aspects thereof cannot be viewed in abstraction from their context.

It becomes apparent that an etic approach to the study of psychological disturbances will not result in a comprehensive understanding of the individual (Matsumoto & Juang, 2004). Culture is one significant determinant of behaviour; it influences psychological vulnerability and contributes to both the onset and expression thereof. Evidence of this is found in cross-cultural comparisons, particularly in the case of those cultures which subscribe to beliefs in witchcraft and spirit possession.

WITCHCRAFT AND SPIRIT POSSESSION

I. Witchcraft

Witchcraft can be defined as the deliberate use of magic or enchantment, usually with the intention of causing harm to another person (Summers, 1945). In many societies, accidents, sicknesses and death are thought of as being intentionally caused by witches.

Belief in witchcraft can be traced back to early times (Burne, 1914; Hole, 1939) and can be said to be a feature in most societies at some point in their history. The word ‘witch’ is derived from the old English word *Wicca*, which means a female magician (Joshi, Kaushal, Katewa & Devi, 2006). Even though the generic description of a witch refers to women, men may also employ witchcraft. These men are described as wizards, warlocks, or sorcerers (Joshi et al, 2006). A sorcerer is a male witch who has learnt the art of magic, often invoking spirits to do his bidding (Eldam, 2004). As stated by Lambert (1988, cited in Dwyer, 2003) a sorcerer can cause adversity and harm to people using a variety of magical means, just as a witch does. Despite the different terms that exist to describe the male and female witch, the use of magical power to cause harm to their victims is the defining characteristic of these individuals.

Magic comprises two categories: demonic magic, which involves the invoking of evil spirits and which rests upon a network of religious beliefs and practices; and natural magic, which involves

the exploiting of ‘occult’ powers within nature (Kieckhefer, 1990). This can be taken as a reference to the utilisation of herbs and plants that have hallucinogenic properties (Ally & Laher, 2006). Based on this, a witch can be regarded as one who employs spiritual entities or exploits occult powers found within nature with either malicious or benign intent.

According to Cavendish (1977, cited in Ivey, 1997), Western witchcraft assumes three forms. The first type of witch is not associated with evil, but assists in the curing of disease, infertility and the removal of the harmful effects of hostile spells cast by other witches. This is achieved by the employment of magic, herbal remedies and prayers. The distinction between this ‘white witch’ and the evil ‘black witch’ is that despite the capability to work destructively with magic, this is not his or her calling. This idea is elaborated by Burne (1914, p.140), who states that even though they should be regarded with some dread, as they can “wreck vengeance on evildoers”, white witches focus on healing diseases, remedying the effects of witchcraft and discovering thieves and other witches. The black witch, however, is capable of shape-shifting, which gives her the capacity to transform from a human into a carnivorous creature in order to kill babies and attack adults at night. This witch is further described by Cavendish (1977, cited in Ivey, 1997) as being an evil spirit who hides behind her human disguise. The third type of witch allegedly worships the devil and uses demons to work her black magic. This witch was perceived as a threat, not only to the individual, but to society as a whole.

Evidence of non-Western witchcraft has also been found across the world. As stated by Smith (2005), in Africa, New Guinea and India, belief in witchcraft is rife. Reports of witchcraft have also emerged in the Caribbean and Australia (Dein, 2003). Igwe (2004) states that belief in witchcraft permeates the perceptions, thinking and lives of many societies. In non-Western witchcraft, as is the case with Western witchcraft, a distinction can be made between black and white witchcraft. As reported by Igwe (2004), harmful (negative or black) witchcraft is associated with women and children, while men, often called wizards, are believed to possess the antidote to the harmful magic. Thus, men are believed to be witchdoctors as they possess the ability to remedy the negative effects of witchcraft.

In non-Western witchcraft, a witch is believed to be ugly and monstrous. They are believed to behave strangely (showing anti-social behaviour and sadistic tendencies) and to stare fiercely at others (Igwe, 2004). A witch could be young or old, depending on the context (country of origin of

the belief), yet behaviour exhibited by women or children that is rude, reckless, destructive in character or even careless, arouses suspicion of witchcraft (Igwe, 2004).

Witches are believed, as is the case in Western witchcraft, to leave their bodies at night and to fly off to meet other witches (Igwe, 2004). They are believed to engage in cannibalistic activities at these gatherings, often consuming the bodies of relatives or enemies. Witches are also believed to cause prolonged and complicated illnesses, incurable diseases and sudden, mysterious death (Igwe, 2004). Similarities thus exist between Western and non-Western forms of witchcraft, and this also applies to the symptoms associated with bewitchment.

As reported by Dein (2003), some of the symptomatic features of bewitchment or sorcery include lethargy, lack of motivation, social withdrawal, a lack of appetite, intense agitation, terror, sleeplessness and, in some instances, trance-like states. Added to this is the belief that malevolent sorcerers can gain control of the bodies of their victims by robbing them of their personality, character and will power, thus controlling their victims and making them work endlessly as the sorcerer's slave (Niehaus, 2005). Feelings of helplessness, hopelessness and despair are also common in those who believe that they are the victims of witchcraft (Dein, 2003). According to Van Dyk (2001), in African folklore illness and infections like HIV/AIDS are viewed as a manifestation of witchcraft. In addition, failure in business or education can also be ascribed to the malevolent work of witches (Igwe, 2004). A host of psychological, physical and social experiences are thus attributed to witchcraft.

II. Spirit possession

Along with the fear of witchcraft, belief in possession by spirits is common in many cultures, both Western and non-Western (Stafford, 2005). Evil spirits are defined as, "…more or less intelligent beings which with a will of their own, seem to bother or oppress us, or in rare instances, possess our bodies" (Stafford, 2005, p14).

Individuals experiencing themselves to be possessed by these spirits sometimes show supernatural strength and agility or behave self-destructively. Other signs include rolling eyes, fetid smells and screams (Stafford, 2005). Further symptoms include changes to the personality, physique and the voice of the possessed (Dwyer, 2003). It is also reported by McNutt (1995) that an individual who has recovered from a possession experience will not remember his or her actions during that period. One can thus say that the experience of spirit possession is similar to physical and

psychological states that indicate out-of-the ordinary experiences or altered states of consciousness.

To a Western psychologist, the symptoms of witchcraft and possession outlined above may point to a specific psychological dysfunction, while in many other societies these psychological symptoms are taken as evidence of bewitchment or the influence of some spiritual entity. This belief applies to many of the psychological deviations or abnormalities experienced in non-Western societies. Igwe (2004) states that Western ideas of 'psychology' are limited in non-Western communities as "there is a tradition among Africans of applying spiritual or supernatural explanations and interpretations to anything that happens… every misfortune is the spiritual handiwork of some enemy" (p. 74). Thus, psychological and psychiatric explanations have little impact in communities where traditional supernatural belief systems provide culturally accessible understandings (Bakker & Mokwena, 1998). This is particularly so when individuals in these communities are confronted by adverse or apparently inexplicable events.

Given that witchcraft is construed as antithetical to scientific thought, and given the major progress that scientific endeavours have made, one would expect that belief in witchcraft would not be evident in scientific cultures. Kapferer (2003) suggests that Western ideas of rationality do not permit belief in witchcraft and sorcery as these "reach beyond the limits of reason" (p. 21). However, Kapferer (2003) adds that in parts of Africa and elsewhere in the world, fear of witchcraft is on the rise. This is also reported by Smith (2003), who acknowledges that the influence of witchcraft and sorcery in New Guinea, India, Europe and America also seems to be growing. Thus, despite the influence of Western ideologies, cultural and religious influences continue to shape the beliefs that many people hold with regard to psychological disturbances.

However, it is imperative to consider that culture is exposed to the influence of modernisation and globalisation and, consequently is not static. Thus, cultural and religious beliefs are subject to ideological shifts over time (Igwe, 2004). In this regard, folklore beliefs in witchcraft and spiritual entities can be thought of as 'outdated' or pre-scientific. However, as described by Ivey (1997), despite the predictions made by social theorists that technological progress, economic growth and urbanisation would hasten secularisation, religious beliefs continue to exert an influence in people's lives. This, together with claims of a revival of belief in witchcraft and spiritual entities (Kapferer, 2004), support the notion that folklore beliefs continue to influence contemporary thought and behaviour.

In particular, witchcraft beliefs and their assumed impact on the manifestation of psychological disturbances, prevalent in seventeenth century Western society, is still present in some form today (Dundes, 1965). In addition, belief in spiritual possession exists around the world (Dwyer, 2003; Stafford, 2005; Zaumseil, 1998). As indicated above, the symptoms of spiritual possession and witchcraft can be said to be similar to that of psychological disturbances. Given this, one can say that psychological and somatic symptoms of common psychological disturbances are given a supernatural meaning when formulated as witchcraft or possession. Psychological disturbances are thus conceptualised and understood within the framework of the particular folklore of a community. This folklore stems from the cultural and religious orientation held by community members. For this reason, understanding of the folklore of various communities is essential to our understanding of how a psychological disturbance is constructed in these communities.

1.2 WITCHCRAFT AND SPIRIT POSSESSION: FOLKLORE BELIEFS

Folklore literally means "the learning of the people" (Burne, 1914, p. A). As elaborated by Burne (1914), folklore is a reference to the customs, legends, myths, chants, charms and curses of a particular group of people. Folklore consists of the beliefs and traditions of a people that enable their religion, culture and beliefs to survive from generation to generation. Folklore also encompasses a people's belief in witchcraft, spells, omens, death and disease.

The next section will discuss perceptions of psychological disturbances held by Islamic and Hindu cultures. The reasons why these cultures lean towards a spiritual diagnosis will also be considered. Specifically, in the Islamic and Hindu faiths, witchcraft, spirit possession and the evil eye are integral to these cultures. In the following sections, I will explore the folk beliefs that exist in these faiths.

1.3 THE FOLKLORE OF ISLAM

Islam is the last of the great Semitic religions, the laws of which were revealed to the Prophet Mohammed (Peace be upon him) over a period of 23 years (Mawdudi, 1985). As reported by Koenig (1990), Islam is a rapidly growing religion, with many followers around the world. What is important to note is that the major influences on a Muslim's life are the holy book of Islam, the Koran, and the *Sunnah* (the teachings and way of life of the Prophet Mohamed). It can be said that the lives of Muslims are circumscribed by these two sources of religious inspiration.

I. Witchcraft in Islam

Witchcraft and sorcery is described by the Arabic term *sihr* in the Islamic faith. According to Eldam (2003), *sihr* can be equated with the English word witchcraft. Witchcraft beliefs are evident in the Holy Koran, *"...Suleiman (Solomon) did not disbelieve, but the devils disbelieved teaching men magic..."* (Abdussalam-Bali, 2004, p.21). The Koran also says, *"I take refuge with the Lord of the daybreak from the evil of what He has created, from the evil of darkness when it gathers, from the evil of the women who blow on knots, from the evil of an envier when he envies"* (In Abdussalam-Bali, 2004, p 22). This, according to Abdussalam-Bali (2004), is a reference to female sorcerers who blow on thread knots while making their spells. Given the acknowledgment of witchcraft in the Koran, and given that the Koran is a major influence in the lives of Muslims, belief in witchcraft will most likely influence the perceptions of health and illness of Muslim individuals.

The second major source of religious influence is the life of the Prophet Mohamed (*pbuh*). It is noted by Mawdudi (1985) that the Prophet Mohamed was bewitched as He walked upon an evil that was set in his path so as to cause him harm. The implication of this is that, "…if the Prophet could be affected, so can we" (Ally & Laher, 2006).

Some of the symptoms that are associated with bewitchment in Islam are lethargy, bad dreams and hallucinations (Abdussalam Bali, 2004). Other symptoms include excessive weight gain, changes in physical features, headaches, marital problems, infertility and in some rare instances, death (Eldam, 2001). Thus, belief in the psychological and somatic symptoms of bewitchment is also present in Islam.

II. Spirit possession in Islam

In Islam, spirit possession is attributed to *jinns*. The word '*jinn'* has Arabic roots and means hidden from sight (Ashour, 1993). *Jinn*, according to Ashour (1993), are created of smokeless fire and exist in a realm parallel to our own. Even though they are not visible to the naked human eye, *jinn* are able to exercise an influence in the lives of Muslims. In the Koran, Allah (God) says: *"Verily he (Shaytaan/the Devil) and his soldiers from the jinn or his tribe see you from where you cannot see them…"* (The Koran, Al-A`raf, p. 27). *Jinn* and humans have things in common, such as the ability to understand and choose between good and evil. As described by a Muslim faith healer (Ally & Laher, 2006), *jinn* can be said to be "the whisperers". This refers to the ability of the *jinn* to influence our thoughts and to direct us towards evil.

According to Ashour (1993), a *jinn* can be ugly, evil and possess supernatural abilities which can be bestowed on persons who have the power to call them up. *Jinn* are also believed to be used by witches or sorcerers to do their evil bidding (Ally & Laher, 2006). This is because the *jinn* can transport themselves and the evil intent of the witch or sorcerer to those whom they wish to harm without any delay (Ashour, 1993). *Jinn* are also believed to have the ability to possess and consequently harm a person.

In general, those who are considered possessed are those who are diagnosed by mental health professionals as suffering from schizophrenia and mania (Badri, 2006). Psychological symptoms of delusions or hallucinations are often described as symptoms of possession (Ally & Laher, 2006). Other symptoms, often physical, include fevers, convulsions, utterances in strange, unheard of languages, and altered tone of voice (Dwyer, 2003; Stafford, 2005).

III. Evil eye in Islam

In addition to Islam acknowledging the existence and influence of witchcraft and spirit possession, the evil eye is also cited as having an influence on the behaviour of many Muslims. The evil eye is defined as follows:

> "…each person within his eyes has something which he is not aware of. If he is somebody of a jealous nature, he will radiate evil. If he is a good hearted person, he will radiate good, so by him looking jealously at somebody, it can just make him (the other person) sick…" (Ally & Laher, 2006).

This claim is supported by Abu-Rabia (2005), who states that a touch or look from someone who envies another will result in the evil eye. It is transmitted by a malicious look from the envier or from excessive staring. The evil eye can thus be considered as stemming from the ill-will or envious nature of human beings.

According to Abu-Rabia (2005), symptoms of the evil eye include drowsiness, listlessness, fatigue, lack of concentration, restlessness, discomfort, headaches and incessant crying and fretting among babies and young children. In addition to this, the evil eye can bring misfortune to cattle, bad luck to businesses, car accidents, and even loss of one's job (Eldam, 2004).

IV. Treatment of psychological disturbances in Islam

Traditional healers (Moulanas, Sheikhs and Qaris) are considered by many as being able to drive away the effects of evil spirits, the evil eye and bewitchment. Muslim traditional healers in South Africa utilise natural substances (water, honey, salt and incense) to remove the symptoms presented by the afflicted (Ally & Laher, 2006). The healers recite verses from the Koran on the products and the afflicted person has to either ingest or splash these over the affected areas. The patients of these healers are also told to engage in prayer and the constant remembrance of God (*zikr*). It can thus be said that central to Islamic doctrine is the belief that the cure to all problems, be they social, psychological or spiritual, is through the Koran and prayer (Namaaz). This is supported by Koenig (1990), who states that the Islamic strategy for the promotion of mental health and well-being is based on the recognition of inherent human defects, and thus calls for systematic and constructive action to overcome them. Prayer is thus regarded by Islamic doctrine as a means to overcome illness and to promote mental health and well-being.

The prophetic medicine, *Tibb-al-Nabawi,* is also used to treat a variety of physical and psychological ailments (Bos, 1998). This form of treatment has its roots in the various practices and teachings of the Prophet Muhammad (*pbuh*) and incorporates the use of a variety of natural substances; for example, bali, senna, honey, black cumin, chicory, ginger, marjorum, saffron, vinegar and water-cress. These natural substances are used to treat a variety of physical and psychological ailments (Bos, 1998). Disturbances that resemble psychological syndromes are thus treated by means of prayer and spiritual healing in Islam.

1.4 THE FOLKLORE OF HINDUISM

Hinduism is a polytheistic religion, and is one of the largest world religions after Christianity and Islam (Hannabuss, 2005). While it is true that the objects of worship take the form of innumerable deities (Flood, 1996), within this polytheistic framework Hindus do not worship all the Gods in the same way. Each individual worshipper has a chosen deity, also known as the *ista-devata*. However, all the deities are regarded as manifestations of the sacred power (Flood, 1996), or a transcendent God who can manifest in a variety of different ways. For example, this Supreme Being can be worshipped as a handsome young man, as a majestic king, a beautiful young girl, an old women or even a featureless stone.

The *Veda* is a large body of literature written in Sanskrit, the sacred language of Hinduism. This language is revered as the revelation (*sruti*) and the source of the *Dharma* (Flood, 1996). The *Veda* and the *Dharma* incorporate the ideas of truth, duty, ethics, laws and even natural laws. The

sources of Hindu belief lies within these two texts, amongst others (like the *Bhagavati-Gita*). The *Veda* contains magical poems that are used for all sorts of magic, including destructive sorcery (Flood, 2003). Thus, the sacred books of Hinduism incorporate an element of magic and witchcraft, and this is passed on from generation to generation through story telling, dance and poetry (Flood, 2003).

However, as Flood indicates, "one striking feature of Hinduism is that practice takes precedence over belief" (1996, p. 12), thus indicating that what a Hindu does is more important than what a Hindu believes. These acts can be said to form the cultural practices of a group of people. As further stated by Flood (1996), "A Hindu is someone born within an Indian social group, a caste, who adheres to its rules with regard to purity and marriage, and who performs its prescribed rituals which usually focus on one of the many Hindu deities…" (p. 12).

Lord Siva can be described as such a deity. Hindus believe that people, celestial humans, Gods and kings, all worship Lord Siva (Danielou, 1991). Lord Siva is described as being a God of ambiguity and paradox (Flood, 1996). He is said to contain all the opposites in him and is even described as half male and hale female. Lord Siva is sometimes described as the Lord of Destruction and forms part of the Hindu trinity, with Brahma as Creator and Visnu as Sustainer. Lord Siva is represented and worshipped in a number of different forms. Of particular importance is that spirits of darkness, evil spirits (bhuts), ghosts, evil elves, magicians and witches serve him (Danielou, 1991). Another deity presented in Vedic texts is Bali, a demon enemy who ventures into a battle with the Gods. Bali defeats the Gods, only to be tricked by Visnu (in his dwarf avatar form) and is banished to the underworld (Hospital, 1984). Hindu mythology thus includes belief in witches, demons and spirits (Danielou, 1991).

I. Witchcraft in Hinduism

According to Danielou (1991), *Sakini* or *Dakini* are the Hindi terms used to describe the equivalent of the English term "*witch"*. As stated by Joshi et al (2006), accidents, sicknesses, death and other events have been thought to be caused by witches that have magical powers, which they use for evil purposes.

In Hinduism, the witch is considered as being inherently malevolent from birth (Dwyer, 2003); i.e., she is born at an inauspicious time (*ashubh*), or may have consumed impure (*ganda*) substances during childhood, particularly faeces and urine. In addition to these predisposing

influences, it is further believed that she may become wicked due to not bathing, wearing dirty clothes or sitting in filthy places. It is further mentioned by Dwyer (2003) that she may be possessed during childhood by an evil spirit, called a *Darkini*.

Witchcraft ingredients may include the ash from cremation grounds or graves, chicken or lizard bones, cat's faeces, mustard seeds, etc. These objects are mixed with the food of the victim, who will experience a variety of bewitchment symptoms. This 'direct method' of witchcraft also incorporates a belief in the fact that witches have knowledge of poisonous herbs and substances. The 'indirect method' of witchcraft is believed to be the use of supernatural powers, often invoked by chanting spells. It is also believed that a witch can transform herself into a cat, enter the victims' houses at night and cause severe illness to them (Joshi et al, 2006).

The symptoms caused by witchcraft include feeling sluggish and ill (Joshi et al, 2006), suffering severe body pains, headaches and excessive fevers (Dwyer, 2003). Skin disease, infertility, nightmares, and insomnia are also believed to be caused by witches. Psychological symptoms like lethargy, weakness and loss of appetite may also be experienced. Witchcraft is often associated with business misfortune or financial loss (Joshi et al, 2006).

II. Evil eye in Hinduism

Witchcraft in Hinduism is tied closely to the concept of the evil eye. The evil eye or *najar* is described as the belief that a malign power may be projected through a direct gaze (Joshi et al, 2006). This power is described as involuntary and is stimulated by negative emotions, especially envy. Abu-Rabia (2005) elaborates on this by stating that the evil eye is related to the concept of witchcraft in the sense that it can be considered as having the capacity to cause supernatural harm. However, it differs from witchcraft in that no particular action or ritual is required, but can work simply by wishing harm on another.

The evil eye is activated by jealousy, envy or greed. According to Hindu belief, the evil eye can result in bad luck, broken marriages and even death (Spiro, 2005). According to Joshi et al (2006) those more susceptible to witchcraft are small children, beautiful unmarried girls, or newly-wed couples. A change in character or appearance is possible, and a loss of appetite is a common symptom of the evil eye. In addition, the evil eye is believed to have the power to cause minor illnesses in children (Winch & Alam, 2005), who cry constantly without a reason. If the evil eye is cast on a pregnant woman she may experience a miscarriage or severe labour pains. A witch is

also believed to be able to put the evil eye on material possessions, causing harm to the owners. Business misfortune is also believed to be caused by the evil eye.

As indicated above, there is a clear connection between witchcraft and the evil eye. These mystical forces both stem from envy or jealousy, and secondly, *najar* or directly gazing at the victim is the main weapon used by witches to harm others (Dwyer, 2006).

III. Spirit possession in Hinduism

Possession by spirits in the Hindu faith is described by the term *bhut* (ghost) (Stafford, 2005). In the case of the untimely death of a person, unresolved grievances can result in the lingering spirit. Spirits or ghosts can be said to form an integral part of Hindu ideas about the soul. That is, the condition of the soul rests upon its activities in life, also known as the person's karma (Spiro, 2005). Spirit activity may also result from unfulfilled obligations or unfulfilled desires while still alive (Hindu Priest, personal communication, 2007).

Possession experiences are believed to result from the supernatural, particularly when a spirit attacks a person. When this occurs, the assistance of an exorcist is needed to 'expel' the spirit from the afflicted.

One possible cause of the experience of spirit possession in the Hindu faith is the belief in *Rasa* (Dwyer, 2003). This Hindu theory states that human emotions have their seat in the mind and the heart (*manas*), which forms a subtle part of the body. This is further described by the Hindi words *bhava* and *bhavana*, which incorporate emotions, ideas and thoughts. Central to the *Rasa* belief is that through the aesthetic, emotions are activated and expressed. Thus dance, drama and ritual practices of Hindu texts enable the individual to express his or her emotional experiences. Early Hindu worshippers would imitate deities such as the goddess Kali, resulting in "controlled possessions", in which the devotee would urge the deity to possess him or her (Flood, 1996). This aesthetic activation of emotions produces a transformation in the body and the mind. Those who partake in exorcist rituals are thought to undergo radical physical and mental changes, which enables the possessed to overcome ill-health and disease.

Among the symptoms of *bhut* possession are trance-like states, moans or shaking, strange speech and physique, and even exhibitions of supernatural power (Stafford, 2005). Other symptoms include fainting, hallucinations and epilepsy (Dwyer, 2003). These spirits or *bhuts* may take rest in

the victim's body or even leave the victim for short periods of time. The subsequent unpleasant physical sensations and psychological turmoil that the victim experiences during the exorcism is believed to be a caused by either the spirit presenting itself, or the expression of emotion from the victim who takes the form of a particular deity.

IV. Treatment of psychological disturbances in Hinduism

When a Hindu individual displays symptoms resembling schizophrenia or psychosis, he or she is brought to a traditional healer for treatment (Dwyer, 2006; Stafford, 2005). According to Spiro (2005), the exorcising of ghosts requires positive energy in the form of *vidhya* (Knowledge). This energy is derived from performing many mantras (prayers) (Spiro, 2005). The traditional healer (Baba, Guruji or Pandeet) begins an exorcism by waving a tray of lights (*arati*) in front of the afflicted. Once this occurs, the body of the person is totally possessed by the *bhut.* After the completion of the exorcism, the victim does not remember anything about the process (Stafford, 2005). The reciting of mantras and fasting, with the specific intention of removing the harmful effects of the possession, is often cited as a means to treat those who are affected by witchcraft and, to an extent, possession (Hindu Priest, personal communication, 2007).

The healer is also believed to have the capacity to become possessed by Sanskritic deities, particularly Hanuman, Bhairava and Kali. It is also believed that Hindu healers could either be born with the supernatural ability to heal those affected by supernatural entities, or develop this capacity later in life (Dwyer, 2006). Various mantras are used to increase the healer's ability to heal, including sacred phrases or sentences, such as 'Om'.

From the descriptions above, many of the symptoms described as being caused by bewitchment, evil eye or possession seem to correlate with the symptoms of psychological disturbances. These beliefs will probably impact on how psychological disturbance is conceptualised, understood and treated. Given that folklore beliefs play integral roles in these two cultures, and given that the symptoms of these beliefs seem to be similar to each other, the question arises as to how these shared supernatural beliefs in Islam and Hinduism came about?

1.5 ORIGIN OF SHARED ISLAMIC AND HINDU SUPERNATURAL BELIEFS

According to Basham (1975) there are four main cradles of civilisation from which the elements of culture have spread to other parts of the world. Of these four areas, it is India that deserves a larger share of the credit because "it has deeply affected the religious life of most of Asia and has

provided very important elements in the culture of the whole of South-East Asia, as well as extending influence, directly, and indirectly to other parts of the world" (Basham, 1975, p.17).

Indian culture comprises Hindu and Muslim cultures, and some cultural assimilation has occurred (Harman, 1977). Cultural assimilation is a feature in all societies, and the mutual influence that the cultural beliefs of the Hindu and Muslim communities in India have had on each other is clearly evident. Hinduism and Islam in India have interacted with and influenced each other for a very long time. Hinduism existed in India from the age of invasions (100-300 A.D) to the medieval dynasties (600-1000 A.D), surviving the British invasion till present. Islam began in India during the period of expansion of the caliphate[1] (Basham, 1975), around 1000-1200 A.D. Muslims arrived in India in three ways: 1) As traders or missionaries to India's Southern coast; 2) In the expanding wave of conquests, and 3) through conquest and immigration of the central Asian Turks and Afghans to the Sakas and the Huns. The early Muslim settlers in India were Turkish, Persian and Arab adventurers, and from these arrivals, intermarriages between these foreigners and local women occurred (Mistry, 2005). One can thus say that the majority of the Muslims on the Indian continent were converts to Islam, and that they followed Hinduism prior to their conversion. The majority of Indian Muslims are ethnically Indian (Mistry, 2005). Thus, the cultures of Hinduism and Islam assimilated to create a new Indian identity that encompassed beliefs from both the Islamic and Hindu traditions.

This assimilation is also better understood when one considers the fact that these two faiths studied each others' cultures. According to Massignon (1968), Arabic studies of the Hindu sciences of medicine and astrology, and the Hindu studies of Arabic mathematics were the main sources of mutual learning between Hindus and Muslims. Specifically, and on a more religious front, Sufism and Hindu mysticism can be said to have adapted to each other's ways and beliefs (Basham, 1975). As described above, spirituality deals specifically with the relation and connection experienced with God. Sufism and Hindu mysticism came into contact when the Muslims arrived on the Indian sub-continent. Given that mutual learning and assimilation occurred between these two cultures, it is reasonable to assume that the spiritual beliefs held by Hindus and the Muslims influenced each other's beliefs regarding the spiritual domain, as well as conceptions of health and illness.

[1] This is reference to the continuation of Islam by the disciples of the Prophet Muhammed (Peace be upon him) after his demise.

As elaborated above, Islam and Hinduism hold similar beliefs with regards to witchcraft, spiritual possession and the evil eye. Thus conceptions and beliefs with regards to the causes of psychological disturbances can also be said to be tied in with this 'fused culture'.

1.6 CULTURAL PERCEPTIONS OF PSYCHOLOGICAL DISTURBANCES

As is the case with mental health professionals, lay persons who form part of particular communities also harbour a variety of conceptions about the causes of psychological disturbances. Some views of psychological disturbances exist on the nature-nurture dichotomy, while others reject this perspective and view psychological disturbances as a matter of individual culpability or divine judgement (Schnittker, Freese & Powell, 2000). Others view psychological disturbances in religious terms and consider psychological ailments to be the will of God.

According to Komiti, Judd and Jackson (2006), "individuals who experience psychological disturbances are often confronted with stigma, fear, discrimination and rejection in the wider community" (p. 378). Thus, individuals experiencing a psychological disturbance are often the victims of some form of discrimination, stigma or prejudice, from either family or friends or from society as a whole. This may inevitably impact on community members' seeking help from appropriately trained professionals, like psychologists. Thus, the belief in witchcraft or spirit possession serves a social function by enabling a reduction in the stigma, discrimination and prejudice faced by those experiencing a psychological disturbance (Igwe, 2004). It fosters an acceptance of their illness as not stemming from individual culpability, but rather from an 'imbalance' in society, which is restored once the afflicted person has been released from bewitchment or possession.

The aforementioned relates to Bakker & Mokwena (1998) who state that subjective experience and personal knowledge that people attach to phenomena are more highly valued pathways to truth than scientific or empirical methods. For example, in African communities, certain beliefs are adhered to because of communal acceptance, regardless of whether or not they are considered valid or rational from a scientific perspective. This will be elaborated below.

African cosmology: Comparison with Muslim and Hindu belief systems

Literature on bewitchment within African communities frequently refers to the 'African worldview' or 'African cosmology'. Makwe (1985) defines this worldview as "an abstraction which encompasses the total way of life of the African society. It is a psychological reality

referring to shared constructs, shared patterns of belief, feeling and knowledge…which members of the group carry in their minds as a guide for conduct and the definition of reality" (p. 4). Traditionally, Africans believe that all things in the universe are connected and that beings and objects in the universe are related hierarchically (Mbiti, 1991; Ngubane, 1977; Ruch & Anyanwu, 1981). Meyer, Moore & Viljoen (2003) acknowledge that three cosmic orders or realities exist and that they can be distinguishable from each other. These are the macro, meso and micro systems.

The Macro-cosmos

This domain is considered to be the uppermost rank in the hierarchical order. It is in this domain that God is encountered (Meyer et al, 2003). Sow (1980) notes that according to African myth, no distinction between God and humans existed and that they lived with one another. However, the transcendence of God from day-to-day life resulted in the ancestors serving as the all-important intervening medium and contact with God. Thus, in everyday existence, the ancestors are more important than God.

The Meso-cosmos

According to Meyer et al (2003), this is a kind of 'no man's land', where the forces of the ancestors, malignant spirits and sorcerers hold sway. This cosmos comprises these entities, as well as living reality (humans and animals) and the natural physical reality (forests, oceans etc.). This cosmos is pivotal to an understanding of Africans as they are inclined to explain all conflict, as well as sickness and death, with reference to this level. Individuals do not hold themselves responsible for their own behaviour; the causes of all behaviour and events are ascribed to external supernatural beings or powers. This is broadly similar to Muslim and Hindu beliefs, which also ascribe responsibility for behaviour and events to external supernatural beings or powers. As indicated, symptoms of supernatural influence are described in terms of psychological and somatic symptoms from both Islamic and Hindu perspectives. This is similar to the African perspective, where physical ailments and psychological experiences are viewed as being the work of witches or malevolent spirits (Igwe, 2004; Niehaus, 2005; Van Dyk, 2001).

Furthermore, Maeillo (1999) states that the nature of pathology in African culture is not concerned with the question of *what* caused it, but rather *who* caused it. This corresponds to Mkhize's view that a witch can manipulate the 'life force' to bring about unfortunate events to harm others (2004). Thus, if someone becomes ill, the cause will be attributed to the malevolence of a witch (Meyer et al, 2003; Ratele et al, 2004). As suggested by Muslim and Hindu belief, pathology is ascribed to

the “jealousy” of witches. This can be linked further to the African belief where all behaviour is not assigned individual culpability, but is rather seen as stemming from the social context.

The Micro-cosmos

The micro cosmos can be said to be influenced by the macro and the meso systems. The micro-cosmos is the sphere of the individual in his or her collective existence (Meyer et al, 2003). A significant distinction between Western and the African perspective towards the self emerges.

Western orientations to the self can be said to be individualistic. Thus, in times of stress, individuals have to refer to their own coping mechanisms, and are also placed in competition with others. Contrary to this view, the African view is rooted in the collective existence (Meyer et al, 2003), and the survival of the community over the individual takes precedence (Ratele et al, 2004). Thus illness will be seen as a problem *within* the community, and the ascription of the illness to malignant spirits or witches brings about harmony within the group - hence the theory that witchcraft can be said to serve as a social function (Ratele et al, 2004). The implication of such an approach is that the Western understanding of the self does not play the same role in the daily lives of the non-Western individual. This can be extrapolated to Muslim and Hindu beliefs, which do not share the Western understandings of and orientations to the self.

1.7 SUMMARY

Western theory presents a dualism between the body and the mind. However, literature on culture, religion and mental health indicates that different communities have different understandings and experiences of psychological disturbances. A view pertaining to influence of the supernatural realm thus exists, and witchcraft, spirit possession and the evil eye are acknowledged as cultural aspects that influence views on health and illness. In Islam, witchcraft and spirit possession exist, and support for these beliefs exists in the two main sources of influence in the lives of Muslims, the Koran and the Sunnah. Psychological and somatic symptoms are considered as the manifestation of bewitchment and spirit possession. Hinduism also incorporates the belief in witchcraft and spirit possession, and symptoms are linked closely to psychological and somatic characteristics. These beliefs exist in the Holy texts and their influence on Hindus is evident. The concept of the evil eye exists in both Muslim and Hindu culture and is believed to cause a variety of psychological and somatic symptoms.

Faith healers are considered the appropriate mediums to ‘expel’ the invading spirit or the influence of witchcraft. A variety of natural substances and verses from Holy texts are cited in the literature as the means through which the faith healers assist those afflicted by bewitchment or possession.

CHAPTER TWO

2.1 RESEARCH METHOD AND PROCEDURE

The aims of this chapter are to outline the research questions that arose from the literature, as well as to describe the methodological approach used. This chapter will discuss the qualitative approach to scientific inquiry and detail why it was deemed appropriate as a research approach. The sampling selection as well as the analysis procedure adopted by the researcher will also be explored. Lastly, the ethical concerns raised by this study will also be addressed.

2.2 Design

The aim of this study was to ascertain the perceptions held by Muslim and Hindu community members, regarding the nature of psychological disturbances. Given this, and the fact that the research method adopted needs to be in line with meeting the demands of the research questions (Ivey, 1997), it can be stated that the qualitative approach to enquiry most suits the current study. Intrinsic to this approach is the adoption of the view of man as interpreter or communicator of personal meaning (Smaling, 1992).

The qualitative approach to scientific inquiry enables a researcher "to make sense of, or interpret, phenomena in terms of the meanings people bring to them" (Greenhalgh & Taylor, 1997, p. 741). The meanings and perceptions of psychological disturbances held by Islamic and Hindu community members is thus best explored using the qualitative approach, as it enables a focus on the meanings that these phenomena have for the participants. Thus, by exploring the ideas, beliefs and attitudes expressed by the participants, the researcher hoped to identify trends and emerging patterns that reflected participants 'cultural' interpretations of psychological disturbances.

This was achieved using focus group discussions to generate the relevant data. Focus groups incorporate group interviews and group interaction to generate the relevant data (Greenhalgh & Taylor, 1997). As indicated by Marshall and Rossman (1995), many participants (as in a group discussion) allow for more in-depth information gathering, as the ideas, believes and opinions presented by other members of the group will be reflected and added to by other members. Focus group discussions are richer than one-on-one interviews, as participants are able to reflect on the topic being discussed and share ideas with the rest of the group.

2.3 Research Questions

1. How do Muslim participants perceive psychological disturbance?
2. How do Hindu participants perceive psychological disturbance?
3. Do religious and cultural factors impact on the perceptions of psychological disturbance held by the Muslim and Hindu participants?
4. What similarities/differences exist in terms of their understanding of psychological disturbances?

2.4 Sample

The researcher identified potential participants for the focus groups by approaching community members from Johannesburg and surrounding suburbs. Given the researcher's knowledge of the Muslim community, potential participants were approached and requested to participate in the study. With regards to the Hindu cohort, the researcher identified a Hindu colleague who agreed to assist in identifying Hindu community members potentially willing to participate. This provided the researcher with two groups of participants, a Muslim group and a Hindu group.

In addition to these two groups, the researcher approached a Moulana and a Priest who further agreed to approach community members to participate. The aim was to provide the researcher with a broad response range, stemming from an orthodox sample (obtained from the Moulana and Priest) as well as a non-orthodox sample (drawn from the researcher approaching the community members). The aim was to 'diversify' each intra-faith sample, thereby allowing the researcher to draw trends regarding religious and cultural affiliations and their impact on beliefs held by the community members.

The participants were approached and the first 22 who agreed to participate and who met the inclusion criteria[2] were invited to participate. The 22 individuals were divided into four groups, comprising 6 individuals each. The groups were further divided in terms of religious affiliation. Men and women were approached and the researcher ensured that the minimum age range is above 18 years. 8 men and 14 women were part of the study.

[2] Participants needed to be Muslim or Hindu respectively.

Each potential participant was presented with a cover letter that detailed the nature of the study (See Appendix A) and invited participation. Those who agreed to participate were informed of the time and venue of the focus discussion. In addition to the cover letter being presented to the participants, consent forms were also attached (See Appendix B). Thus, participants were informed about the scope of their participation, as well as what their participation would entail.

The study included 22 participants, all of whom were Muslim and Hindu community members. The envisioned 22 participant rate could not be achieved as 2 participants, who originally agreed to participate, did not arrive for the discussions. A demographic profile of the sample follows.

TABLE 1: Muslim Focus Group A, referred to hereafter as M1.

Participant	Age	Gender	Religious affiliation	Occupation
1	24	Female	Islam (non-orthodox)	Teacher
2	32	Male	Islam (non orthodox)	Shop owner
3	24	Female	Islam (non orthodox)	Events consultant
4	25	Male	Islam (non orthodox)	Law student/ (Private business)
5	24	Female	Islam (non orthodox)	Pre-school teacher assistant

As indicated above, the participants of this group were in the same age cohort and were identified by the researcher. Three females and two males constituted this group. These participants were considered the 'non-orthodox' Muslim sample because they did not frequent the Mosque on a daily basis. All but one of the members had a formal education. This indicated that the group may have been exposed to alternative frames of reference, thinking and learning. It was expected that members of this group, given the age cohort (being young) and the level of education, would subscribe to a more 'scientific' explanation of psychological disturbances. In other words, the perceptions of psychological disturbances provided by these members were expected to be based on lay psychology explanations.

TABLE 2: Muslim Focus Group B, referred to hereafter as M2

Participant	Age	Gender	Religious affiliation	Occupation
1	34	Female	Islam (orthodox)	Welfare worker
2	36	Female	Islam (orthodox)	Housewife
3	44	Female	Islam (orthodox)	Counsellor
4	41	Male	Islam (orthodox)	Welfare worker
5	53	Female	Islam (orthodox	Housewife/ part time student (BA)
6	48	Female	Islam (orthodox)	Vernacular teacher

This group was obtained with the assistance of a Moulana. The Moulana put the researcher in touch with Participant Four, a male welfare worker. A request was than made to introduce the researcher to other potential participants. Participant Four suggested a meeting with Participant One, a female welfare worker. This participant further suggested the remaining group members. Participants One, Two, Three and Six were in '*pardah*' (veils). Participant Five, although not veiled, wore a scarf. The venue for this group discussion was at the welfare institute that two of the participants were affiliated with. Participant Five, although not veiled, was at the time of the discussion, studying towards the completion of a BA (Psychology) degree. It was anticipated that the perspective provided from this participant *would* be psychologically inclined. The Male participant was a Moulana himself, and his participation in the study served two purposes: 1) he 'oversaw' the discussion, ensuring that the researcher did not 'overstep' physical boundaries (In Islam, men and women are not allowed to associate, unless they are family or are married), and 2) the Moulana's participation was vital as this group was designated an 'orthodox'[3] group. Thus, orthodox responses were expected from the Moulana. It needs to be noted that a numerical gender bias existed in this group as there was only one male participant.

The researcher expected orthodox opinions from this group, i.e. that they would provide explanations of psychological disturbances and experiences in terms of religious texts and supernatural causes.

[3] Orthodox, in the context of this research refers to the religious affiliation of the community member's. This means frequenting Mosques or the Temples on a daily basis. Non-Orthodox refers to participants who do not frequent the Mosques or Temples on a daily basis.

TABLE 3: Hindu Focus Group A, referred to hereafter as H1

Participant	Age	Gender	Religious affiliation	Occupation
1	23	Female	Hindu (non-orthodox)	Student: BA (Communication studies)
2	49	Female	Hindu (non-orthodox)	Administrative position
3	19	Female	Hindu (non-orthodox)	Student: Post-school
4	27	Male	Hindu (non-orthodox)	Student: Bcom
5	29	Male	Hindu (non-orthodox)	Accountant

The researcher assembled this sample with the assistance of a Hindu colleague. This sample was considered 'non-orthodox' and comprised 3 females and 2 males. The ages of this sample varied from 19 to 49. The education level of the participants was fairly high, and all the participants were employed. It was anticipated by the researcher that this group would not provide responses centred upon spirit influence. The researcher expected that, as with M1, the participants of group H1, given their exposure to education and work, would have developed a more scientific framework for understanding psychological disturbance.

TABLE 4: Hindu Focus Group B, referred to hereafter as H2

Participant	Age	Gender	Religious affiliation	Occupation
1	24	Female	Hindu (orthodox)	Teacher (Vernacular school)
2	29	Female	Hindu (orthodox)	Bank Clerk
3	53	Female	Hindu (orthodox)	Housewife
4	57	Male	Hindu (orthodox)	Shop Owner
5	48	Male	Hindu (orthodox)	Teacher (Vernacular school)

6	31	Male	Hindu (orthodox)	Motor Mechanic

The Hindu Priest organised the entire sample and arranged the venue for the discussion. This sample comprised 'orthodox' Hindu individuals, meaning that these individuals meditated, prayed and attended the Temple daily. Three Males and Three Females formed this group and gender representation was thus equal. The level of education of the sample was not very high, with teachers constituting the apex of this group. In addition, these teachers taught in a vernacular school, thus indicating a stronger adherence to religious discourses.

The researcher expected a higher response rate from this sample, as with the Muslim orthodox sample, regarding belief in spiritual entities. It was expected that psychological disturbances would be explained in supernatural terms.

2.5 Measures

The semi-structured and open-ended nature of the focus group discussion allowed the researcher the flexibility to probe responses received. It also allows room for open-ended questions and elaboration of participants' responses.

The semi-structured interview schedule (See Appendix C) was developed by the researcher based on appropriate literature reviewed. The interview schedule was further constructed in consultation with the supervisor of the study. Questions designed to ascertain participants' perceptions of psychological disturbance in general, as well as their belief in cultural and religious explanations thereof, were sought.

A case study that depicted a psychological disturbance was to be used in the event that participants were not sufficiently responsive to the open-ended discussion task. The researcher, in consultation with his supervisor, chose a case study that depicts a manic episode, as there is unanimous agreement among psychologists and medical practitioners as to the signs and symptoms of this serious psychological disorder. Thus it was believed that the inclusion of the case study would open the discussion in the event that the participants were not initially responsive. This case study was used in the two Hindu groups, as the researcher was of the opinion that more information could have emerged from the responses (bear in mind that the case study was to be used in the event that participants were non-responsive). It was observed by the researcher that

the Hindu participants were not initially forthcoming. However, once the case was presented, they seemed to be more open, even though they were observed to be cautious.

2.6 Procedure

Participation in the study was voluntary. Participants were presented with a cover letter detailing the nature of the study and inviting the sample to participate, as well as three informed consent forms (see Appendix B). Participants were requested to read and keep the cover letter, which included the researchers' contact details. The interview and recording consent forms were collected after being signed by the participants. Participants were also notified that the audio-taped interviews would be destroyed after the completion of the study. A third consent form, requesting that participants of the focus group discussion keep the information, ideas and views expressed confidential was also presented to the participants. The participants were notified of the time and venue for the group discussion. Participants were also assured that confidentiality of responses would be maintained by the researcher. This was guaranteed as participants were referred to by a pseudonym in the report, e.g. Mr. X, Mr. Y etc. They were informed that, if requested, feedback would be provided to the participants upon completion of the research.

2.7 Data analysis

Thematic content analysis was used as an analysis technique as it enabled the researcher to sift through the recorded data collected in a systematic manner (Babbie & Mouton, 2005). Based on the data obtained, appropriate categories that reflected the research questions were identified and further analysed. This process of selective reduction enabled the researcher to focus on specific words and patterns that were relevant to the research questions (Henning, 2004). This technique allowed for the data to be placed into broader themes and for relevant issues to be highlighted.

The researcher pre-identified three broad categories, i.e. participants understanding of psychological disturbances; spiritual illnesses and the impact of religion and/or cultural beliefs on participants. Within each category, various sub-themes emerging from the questions asked by the researcher were appropriately categorised. This allowed the researcher to identify trends, opinions, attitudes and beliefs regarding the three broad categories. This further allowed the researcher to answer the research questions that were established.

The following steps were undertaken by the research in analysing the data:

1. Each focus discussion was transcribed and treated as a unit of analysis. The researcher then used the transcripts to develop a cross-tabulation of responses. This meant that each question was tabulated across the four groups with the responses that each group provided. This allowed the researcher to compare and contrast the responses received across the four groups, as well as to identify similarities and differences in responses.
2. Themes were identified on the basis of the data. This was compared to the pre-selected themes identified by the researcher. Information that was not relevant to the study was eliminated from further interpretation. The researcher at this point also read the research questions in relation to the themes that emerged. Most of the themes identified by the researcher involved participants' perceptions, views, ideas and attitudes related to the focus of the research.
3. By identifying sentences in the transcripts that indicated significant themes, the researcher outlined and compared each transcript to the next. This was done so as to determine whether trends were emerging across the groups. Secondly, this allowed the researcher to identify significant similarities and differences between the Hindu groups, between the Muslim groups, and then across the groups.
4. The researcher compared the themes to the research questions to ensure that the relevant information was highlighted. The themes were compared with the information from the literature.
5. Finally, the discussion of data was done along the lines of the pre-determined themes, i.e. the pre-determined categories identified by the researcher were used to frame the data. Thus, the discussion was divided into three sections: understanding of psychological disturbances, understanding of spiritual illnesses, and thirdly, the impact of religion and culture on their understanding.

I. Reliability and Validity

Patton (2001) states that validity and reliability are two factors which any qualitative researcher should be concerned about when designing studies, analysing results, or when judging the quality of a study. This corresponds to the question *"How can an inquirer persuade his or her audiences that the research findings of an inquiry are worth paying attention to?"* (Lincoln & Guba, 1985, p. 290). To answer this question, Healy and Perry (2000) assert that the quality of a study in each paradigm should be judged by its own paradigmatic terms and definitions. For example, while 'reliability' and 'validity' are essential measures for quality in quantitative research, in qualitative research, terms such as credibility, neutrality, consistency or dependability, applicability and transferability are the essential measures for judging the quality of research (Lincoln & Guba, 1985).

Lincoln and Guba (1985) use the term "dependability", which closely corresponds to the notion of "reliability" in quantitative research. This can be used to examine both the process and the product of the research for consistency (Hoepfl, 1997). Thus, in qualitative research, consistency of data is achieved when the research is verified through an examination of items such as raw data, data reduction, and process notes (Campbell, 1996). Consistency refers to the fact that the data would be interpreted in the same manner over time. Thus, by comparing the interpretations of data with the raw data, one should be able to determine the accuracy of interpretations.

It is important to note that high reliability may suggest a systematic bias at work in data, a bias shared by multiple researchers or across observations by the same researcher. This is why many qualitative researchers emphasise validity rather than reliability, as documenting what occurs in an accurate manner may reveal inconsistencies. Patton (2001) states that reliability is a consequence of the validity of a study, thus establishing validity is integral in the research process.

The concept of validity is not a single, fixed or universal concept, but "rather a contingent construct, inescapably grounded in the processes and intentions of particular research methodologies and projects" (Winter, 2000, p.1). Although some qualitative researchers have argued that the term 'validity' is not applicable to qualitative research, it is recognised that some form of 'check' or measure for qualitative research is needed. Many researchers have developed their own concepts of validity and have often adopted what they consider more appropriate terms (quality, rigor, trustworthiness) (Seale, 1999; Lincoln & Guba, 1985).

II. Maintaining reliability in the current study

The researcher maintained reliability by reading and re-reading the transcribed material. This enabled the researcher to ensure that the initial interpretation attached to the data was as consistent and accurate as possible.

III. Maintaining validity in the current study

The researcher tried to ensure validity by comparing the data from the current study with the relevant literature. This comparison of data with the literature enabled the researcher to establish whether or not participants reflected trends found in other studies. The researcher also compared the initial expectations held (that certain participants would perceive and understand in a particular way) with what actually emerged. This process ensured that the meaning attached to the data was specific to the

understanding provided by the participants. This process also ensured that interpretive bias did not distort participants' reported perceptions.

IV. Self-Reflexivity and Researcher's personal experience

The interest held by the researcher in understanding the influence of belief in supernatural entities can be said to stem from two sources. The first is personal experience of these "supernatural entities"; the researcher had a family member who experienced bewitchment. After following the treatment prescribed by a faith healer, the symptoms disappeared. This was interesting, as the symptoms displayed would probably have been diagnosed as depression by psychologists.

The researcher kept a diary documenting his feelings and attitudes that emerged during the discussions. This is important given that bias (which could stem from personal interest and perceptions) was kept to a minimum. Going through the documented feelings and attitudes enabled the researcher to be more critical of his position in the research process, as well as in the interpretation of data. For example, the researcher as a Muslim and a researcher identified spirit possession as existing and influencing the lives of many people. However, when the question *what is a spiritual illness?* was presented to the first Hindu group, there seemed to be a complete lack of knowledge regarding it. The researcher *did not* believe that this was possible. It was always assumed that Hindus would be more attuned to spiritual entities, given the assumed spiritual nature of the religion. Prior to the second discussion, the researcher revisited the diary and realised the bias against the Hindu participants that was created. This bias in the first group contributed to a degree of mistrust of responses received, as well as the thought that information was being withheld. Given that the researcher had noted these feelings, a conscious effort was made to ensure that the feeling created was not carried over into the second group. This also played a crucial role in the data analysis as an awareness of this prejudice or bias was taken into account.

Secondly, as a Muslim, the researcher is aware of the belief system held by many Muslim individuals (with Islam incorporating belief in the supernatural). Thus, the interest held by the researcher grew from strength to strength. It is, however, important to note that the researcher does not adhere to this belief in the supernatural (witches and demon possessions). Despite this, studying these beliefs has contributed to a degree of 'paranoia' in the researcher, i.e. I become 'wary' of food or sweets given to me (as they may be bewitched), and cannot help but wonder whether throwing salt over my shoulder would really prevent bad luck. This is an interesting dynamic, as it shows that

despite ones' belief positioning, exposure to the 'background' beliefs of ones' faith has the ability to influence thinking, beliefs and attitudes.

Dynamics of the discussion groups

The researcher was uneasy in the orthodox Muslim group, as the religious commitment of the group was different to the religiosity of the researcher, i.e. the researcher almost felt judged for not being as religious as the participants. Despite this and the lack of non-verbal cues (based on the *pardah*), these participants were adept at discussing the phenomena in question.

It needs to be noted that the researcher found facilitating the orthodox Hindu group particularly strenuous, as he felt like an outsider. This observation is vital, as the responses received may have been limited to the 'insider-outsider' paradigm, i.e. given the fact that the researcher felt like an outsider. Greater detail to questions asked was not obtained and the researcher found it particularly difficult to ask questions pertaining to the beliefs held by these community members. A lack of thorough understanding of the religious beliefs of the sample may also have contributed to this difficulty.

2.8 Ethical considerations

All participants were presented with consent forms and a cover letter detailing the nature of the study. Participants were requested to keep the cover letter which included the researcher's contact details. The three signed consent forms were collected by the researcher. Thus, permission was gained from the participants to partake in the study.

It was possible that participants of the focus group discussions may have a personal relationship with someone suffering from a psychological disorder, or may have experienced a psychological disorder themselves. In this case, the discussion could potentially have been emotionally distressing. Given this, arrangements were made with the Emthonjeni Centre for any participant who found the discussion distressing in any way to obtain the necessary counselling. The counsellors at the Emthonjeni Centre were approached prior to the focus group discussions and briefed about the scope of the study. Permission was then gained to refer the participants to the Centre should it become necessary. The participants were told about the counselling service prior to beginning the discussion. In addition to this, the researcher also contacted the Islamic and the Hindu Helplines in Lenasia and briefed them about the scope of the study. Permission

was then sought to refer the members of the group discussions to them in the event that they felt this necessary after the interviews. The contact numbers of these organisations were placed on the information sheet which was detached and kept by the participants. It is important to note that none of the participants appeared to become distressed.

Chapter 3: Results and Discussion

This study sought to explore the cultural perceptions of psychological disturbances held by Muslim and Hindu community members. Focus group discussions were used to gather the relevant data, and thematic content analysis enabled this data to be categorised into themes addressing the research questions.

Responses to the questions posed fell into three broad categories; i.e. participants' understanding of psychological disturbances, participants' understanding of spiritual illnesses, and the impact of religious and/or cultural beliefs on participants. The interview schedule was developed to gather information in terms of these three related areas. This process enabled the researcher to answer the following research questions:

1. How do Muslim community members perceive psychological disturbance?
2. How do Hindu community members perceive psychological disturbance?
3. What are the commonalities and differences between Muslim and Hindu participants?
4. Do religious and cultural factors impact on the perceptions of psychological disturbance held by the Muslim and Hindu community members?

The third research question, the commonalities/differences that exist in terms of participants understanding of psychological disturbances, was answered by applying a cross-tabulation method developed by the researcher. Given that information from four groups was obtained, it was difficult to draw the information relevant to the question being asked, as the researcher would have to sift through each transcript and compare it with the others. The cross-tabulation approach enabled the tabulation of the transcribed responses received from each question for each group. This allowed the researcher to compare the two Muslim groups and the two Hindu groups in terms of similarities and differences between the orthodox and non-orthodox groups, and allowed the researcher to compare the responses of the Muslim and Hindu groups cross-culturally.

This chapter is divided into four sections:

Section One describes Theme One: the community members' understanding of psychological disturbances. Section Two describes Theme Two: the community members' understanding of spiritual illnesses. Section Three discusses Theme Three: the impact of religious and/or cultural beliefs on community members. Section Four includes the conclusion of the results, as well as comments on the demographic characteristics of the sample.

3.1 Psychological disturbances: Participants' understanding and perceptions

The participants forming the focus group discussions seemed to have a rather vague understanding of what a psychological disturbance was. There also seemed to be variations across the Islamic and Hindu focus groups, with the Hindu groups' understanding of psychological disturbances being less precise than that of the Muslim group.

I. Understanding of psychological disturbances: Muslim and Hindu participants

The Muslim community members who participated in the focus discussions seemed to be able to link a psychological disturbance to physiological or chemical processes, as well as to traumatic experiences.

As stated in M1:

- ***"Basically I would say that a psychological disturbance is gotta do with the person's physical and mental being…it's basically gotta do with him err… reacting in a certain way that affects his mental psyche…"*** (Participant 4)
- ***"I don't know. I think it would be more physical…physical…it's got to do with his mind"*** (Participant 1)
- ***"Yeah…like …maybe chemical imbalances in the mind"*** (Participant 3) ***"…or different experiences or…and I would think maybe…scary experiences"***
- ***"When you are affected with something that err… you can't come to terms with…or something bad happens…"*** (Participant 5)

The views of the second Muslim group (M2) suggested a psychological understanding of a psychological disturbance.

- ***"Err…maybe it is when your mind is disturbed or maybe even emotionally disturbed…I think that would form part of err… psychological disturbance. It's not err… just one thing, it's like err…"*** (Female, age 44, participant 3)

As suggested by the above, Muslim community members do seem to have an understanding of the fact that a psychological disturbance can be caused by physiological or chemical factors, emotional experiences, and even traumatic events that have repercussions on psychological functioning. This suggests that the Muslim participants' ability to identify symptoms of a psychological disturbance referred to their aetiological theories.

Hindu focus group members provided a more vague interpretation of psychological disturbance.

As stated in H1:

- ***"When somebody is not thinking in their normal way they not recognised as a normal person…"*** (Participant 2)
- ***"It could be…when the person is using drugs…they err…"*** (Participant 1)
- ***"Umm… like say if somebody is screaming all the time, umm****…"* (Participant 4)

As suggested by this, a psychological disturbance is understood as being a mental problem belonging to *"Someone who is not in the right state of mind"* (H2, Participant 3). Conspicuously absent from this definition is a description of aetiological factors. This appeared to be at least partly related to the group trying to provide the researcher with the 'correct' explanation. The participants looked around at each other in silence when a question was asked by the researcher, and the description that was provided by one participant was than supported by the other participants. This made sense, given that the researcher felt like an outsider and consequently, the responses received from this group may have been limited in that regard.

However, more detail was forthcoming when the groups were asked to describe someone who they knew or heard of who had experienced a psychological disturbance. It emerged that psycho-social factors were seen as the causes of psychological disturbance. This indicates, firstly, the identification of a psychological aetiology and, secondly, the presence of a social element involved in the origin of abnormal behaviour. The members of the Hindu focus groups reported trauma in the form of death (i.e. losing someone close to you), crime, divorce or work-related stress as aetiological factors. This is similar to the Muslim groups who identified

traumatic experiences, physiological or chemical factors (imbalances caused by stress) as possible causes of psychological disturbance.

Community members of focus group H1 indicated that depression was a cause of psychological disturbance, suggesting a possible confusion regarding diagnosis and aetiology of a psychological disturbance.

The definitions or understandings provided by both Muslim and Hindu participants links to how a psychological disturbance is described in the literature. As per the DSM-IV-TR (2004), psychological disturbances are conceptualised as being a manifestation of a behavioral, psychological or biological dysfunction in the individual. This, as elaborated by Sue, Sue and Sue (2003), is a reference to subjective discomfort, deviance and dysfunction i.e. inefficiency in behavioural, affective and/or cognitive domains. Specific examples provided by the groups were depression, the death of a loved one, chemical imbalances, and divorce.

Research questions One and Two, which focused on the participants' understanding of psychological disturbances, can be summarised as follows. Even though a vague understanding of what defines a psychological disturbance is evident, the participants provided a stereotypical conception thereof. This further indicated that the understanding that the members provided was possibly based on lay perceptions no different from lay perceptions in non-religious communities.

As indicated by the data, the causes of behaviour and events, like death, business misfortune and illness are ascribed to supernatural entities. Thus, the conclusion Igwe (2004) draws that non-Western communities attribute all behaviour as external to themselves, is valid in this context.

3.2 Appropriate treatments recommended for a psychological disturbance

Participants claimed that the appropriate treatment for a psychological disturbance would be to seek assistance from a psychologist or psychiatrist.

- ***"Well it depends on the type of person, and I think… and also with Indians generally we don't tend to go and seek help. We think that we can just maybe seek our friends and we can overcome it by that, but sometimes in severe cases we do need a professional"*** (M1, Participant 1)

- ***"Well this person err… did eventually go to a psychiatrist and umm… eventually the psychiatrist umm… admitted the person to umm… err… mental institute for a little while and err… the person was given therapy then "*** (H2, Participant 3)

- ***"Oh yeah, treatment with a psychologist and err… if maybe it's err… more severe then they go to a psychiatrist and err… a psychiatrist I think can prescribe medication"*** (M2, Participant 2)

- ***"…told her she must speak to somebody and then she spoke and then from then… from that time she's coming out of her…"***
  So she went to a psychologist for treatment?[4]
- ***"Yeah, she's still having it, yeah"*** (H2, Participant 3)

As indicated by this, there seemed to be uniformity across the groups with regards to the treatments prescribed for a psychological disturbance; namely, medication and psychological intervention. This indicated that most participants believed that the appropriate treatment for a psychological disturbance is *medically* or *psychologically* inclined. This view spans the participant age groups, with the cohort ranging from 19 to 53 years. This was not expected, as it was assumed that the older generation would reflect more culturally inclined treatments.

In addition, as indicated by groups M1 and H2, an individual does not have to specifically consult a psychologist. It was mentioned that:

- ***"… it depends on the type of person and I think and also with Indians generally we don't tend to go and seek help. We think that we can just maybe seek our friends and we can overcome it by that…"*** (H1, Participant 1)
- ***…"Knowing that someone is there to help you, to listen to you…***This person that listens is the psychologist? ***No, it doesn't have to be the psychologist"*** (H2, Participant 6)

This is related to what Elliot-Schmidt and Strong (1997) state regarding the stigma faced by community members who seek psychological assistance. It could be the case that these community members fear the stigma attached to 'going to a psychologist'. Consequently, it was acknowledged that having someone like a friend or neighbour to listen to your problems could also prove beneficial to someone experiencing a psychological disturbance.

[4] This is a question asked by the researcher, hence the absence of bold or italic text.

In support of the findings by Schnitker et al (2000), different participants have different perceptions regarding psychological disturbances. This can be seen in M1, where it was noted that even though *"…you need doctors for your physical wellness…",* the treatment for a psychological disturbance from an Islamic perspective is "*…through prayer, religion, all that...".* Thus, even though this group (M1) contended that a psychological disturbance would be effectively treated by a psychologist, it also emerged that religion can help a person with a psychological disturbance:

> ***"Salaah (namaaz/prayer) is very, very powerful for the heart. It's a form of err… it's a… and it's a fact that where you find err… where a take an example of like when somebody is in love the whole time, they will be talking about this person, describing this person, he's constantly on the mind and heart… and similarly, if a person has a bond with the Creator and if you mentioning and err… speaking about Allah Ta'alla all the time, ummm… this… this… this being of Allah Ta'alla, this Noor (light), enters upon your heart. It gives you some sense of spiritual upliftment, some sort of err… contentment"*** (M1, Participant, 5)

Thus, prayer was identified as being one of the ways Muslims can be cured of a psychological disturbance. This differed from the Hindu group's responses (both H1 and H2), where no Hindu participants mentioned that a psychological disturbance could be cured through prayer.

In addition, it is important to note that M1 was not a specified religious group. The researcher identified group M2 from a Moulana, and responses that indicated a religious view were expected from that group. This indicated that religious beliefs and more importantly, the way they manifest in our understanding of illness, impacts on the psychological treatment pursued, regardless of ones' religious orthodoxy. As noted by Schnitker et al (2000), a view pertaining to psychological ailments being the will of God exists among (some) community members. In support of this view, Muslim participants in group M1 (a non-orthodox sample) reflected this position; this serves as an indication that different community members will have different perceptions of psychological disturbances. Groups M1 and H2 suggested that the assistance of friends and family can serve (and in cases, replace) the function of a psychologist. This points towards different community members holding different views and perspectives regarding psychological disturbance.

To revisit research questions 1 and 2, Muslim and Hindu participants hold differing perspectives and understandings of psychological disturbances. Lay understanding of

psychological disturbances was presented by the participants. Thus it can be said that the treatments recommended by the participants would be consistent with this understanding. As indicated above, different treatment plans (psychological, friends/neighbours, prayer) were identified by the members of the groups as possible means of treating a psychological disturbance.

3.3 Spiritual illnesses: Participants' understanding

This section concerns the impact that belief in witchcraft, the evil eye and spirit possession has on the perceptions of psychological disturbance held by Muslim and Hindu participants.

I. Understanding of spiritual illness

The Muslim participants seemed to have detailed knowledge of what a spiritual illness is:

- **"…*spiritual illness I understand, is two types, spirituality of the heart... but you also get other spiritual diseases like jaadoo and nazr…"*** (M1, Participant 5)

- **"…*a spiritual illness… is err… when someone would be umm… possessed by a jinn right…"*** (M2, Participant 6)

The Muslim participants can be said to know that, firstly, spiritual illnesses do exist and, secondly, that *nazr, jaadoo* and *jinn* are facets of them. In addition to this, it emerged in M2, that "*…jinn basically possess you and err… you have to turn to religion…"* (Participant 4). It was also stated that "*…jinn possession could cause two different extremes; one you can become extremely religious where its affecting your health, or negative where you can behave against your religion and doing things contrary to Islam"* (M1, Participant 5).

As noted by Mawdudi (1985), the two main sources of influence in the lives of Muslims are the Koran and the Sunnah. Given the mention of witchcraft and *jinn* in these sources, as well as the acknowledgement received from the participants, it can be concluded that they do form an integral role in the beliefs held by Muslim individuals.

This contrasted with the Hindu participants' understanding of spiritual illness, which was less precise than those of the Muslim participants:

- *"…**muthi- related like witchcraft"*** **(H2, Participant, 2) or**

- **"*…a lot of the times like when people are sick then they say… someone have must have done something…In Gujerati what we say?...Evil eye-najr"* (H1, Participant 4); and**

- ***"…you know bhut baragai" (spirit possession)* (H1, Participant 1)**

Despite this acknowledgement, it needs to be noted that this understanding seemed to be based almost on an 'external' understanding of the illness, i.e., the descriptions were given of accounts heard from friends or neighbours or seen on T.V. Members of both Hindu groups initially stated that they *never heard of this* [spiritual illness] before. These views were echoed by the members of both Hindu groups, indicating that they did not understand what a spiritual illness was. Despite this, an attempt was made to get them to define a spiritual illness and to elaborate on what they thought this meant.

- ***"I don't know. I've never heard of it, but looking at it just like that, I would say that everyone, each one, has their own spiritual… their own religion. Their customs that they grow up with right umm… I think that if you become obsessed with it umm… you… to the extent that you would go to err… just like an example err… you believe that you must do something only and err… you even get other people to conform to that…"*** (H1, Participant 2)

It can thus be stated that the participants may have been confused by the term spiritual illness. This is evident, given that they were able to later identify the facets of a spiritual illness. The spiritual illnesses as understood by the participants consisted of the evil eye, witchcraft and spirit possession.

II. The evil eye

The evil eye was deemed as having its roots in jealousy or envy.

- ***"I think that in today's society err… we living in a different type of society say than in the last 30 years you can say… I think that there is so much of materialistic things going on around us, everything we live for is materialistic things so the thing to trigger this would be to want what somebody else has and to probably put it into one word is jealousy"*** (M2, Participant 2)

This sentiment was echoed across the four groups, both Muslim and Hindu. This indicates that the cause of the evil eye was believed to be the ill will, envy or jealous nature of other people.

In addition to understanding the possible cause of the evil eye, all the groups were able to identify typical symptoms of this. These symptoms were indicative of physical or social experiences.

Physical Symptoms	**Social Symptoms**
• *"Loss of appetite" (M 1)* • *"Loss of hair, loss of weight, there are lots of things err… skin your skin I err… know of a lot of people where their skin just…really really bad acne err… headache" (M1)*	• *"you can even put nazr on your own child… …By the parent as well" (M2)* • *"Immense bad luck" (H1)* • *"Losing you job or your car or your family" (H1)* • *"Okay I've been there umm …going through a divorce now… …And err my mother in law and my sister in law were definitely jealous of me they just couldn't stand anything I did and then from baking to dressing to… it was just never good enough for them or maybe it was too good for them (laughs)…" "…obviously they hated me and in that way they broke up my marriage as well so err… they were jealous" (H2)*

As indicated by Abu-Rabia (2005), symptoms of the evil eye include drowsiness, listlessness, fatigue, weariness, lack of concentration, restlessness, discomfort, headaches, and incessant crying and fretting among babies and young children. In support of this view, both Muslim and Hindu participants identified physical and social symptoms that strongly correlate with the symptoms identified by Abu-Rabia (2005).

Experiences of "bad luck", misfortune and loss of appetite for example, were identified by participants as being caused by the evil eye. As stated by McWilliams (1994), these physical and or social symptoms (loss of appetite, misfortune, bad luck, fatigue, restlessness, discomfort, lack of concentration) are typical of an individual who is experiencing a clinical depression. One can

thus state that there seems to be spiritual attributions concerning ailments believed to have a psychological origin in Western cultures.

These might be understood by Muslim and Hindu participants to be caused by the evil eye, which is integral to their beliefs. Given that many Muslim (and Hindu) individuals visit faith healers for treatment (Ally & Laher, 2006), and given that faith healers indicated that the evil eye can result in symptoms or behaviour typical of a clinical depression, these beliefs perpetuate a cultural understanding of clinical depression in these communities.

III. Witchcraft

The participants' belief in witchcraft depended on religious belief (Muslim participants), as well as that of individual belief (Hindu participants).

As elaborated by the Muslim groups, symptoms indicative of depression, sadness and family problems were viewed as being caused by witchcraft.

- ***"At that stage…err… I think umm… not for me in particular. It was we were living in a flat and we were not too happy with the state of our lives in the sense that things were just not going well… things were just bad and err… somebody told us that maybe there's a possibility that something is affecting your home like maybe there's something in your home and that's the problem, and we went to the Moulana to seek help for that and he told us no something is affecting your house and this is the situation…"*** (M1, Participant 2)

The understanding of witchcraft that was provided by the Muslim participants was vague, and it was described as emerging from interplay with another spiritual illness (*jinn* possession).

In addition, the Muslim members contended that witchcraft and their related beliefs are religiously informed by the Koran and the Sunnah. This emerged from the participants in the Muslim groups.

- ***"… we believe that our Prophet (p.b.u.h) umm… his err… hair umm… they tied knots and they buried it"*** (M1, Participant 1)
- **"*…Islamically we have to acknowledge this… Yes, because Koran…the Koran tells us about this…"*** (M2, Participant 4)

- "**…*Yeah in the Koran, so there's no denying it because it* [witchcraft] *is in existence"***
  (M2, Particpant 3)

This was reflected by the Muslim participants (regardless of the orthodoxy of their belief system), who indicated that religious beliefs permeate their perceptions of illness, as well as their belief in the influence of spiritual entities.

On the other hand, the Hindu individuals in the group discussions were more inclined towards personal beliefs, apparently devoid of religious content. As stated in H1,

- ***"I'm an abnormal Hindu because I did… I think partly it's where I grew up because my mum was like… we lived in a farm area so we didn't have all the other influence you know…"***
  Mmm
- ***"So when we moved to Johannesburg when I was like 5-6, we were in the community but my dad moved around quite a bit when I was little so we didn't really sort of stay in one place for more than a year, so I don't think we settled anywhere - sort of like a structure or belief system and umm… err… (cough) I don't believe in all these things and that's why I believe strongly in Louie Hayes Affirmations. I think that its your mind and you can control anything… witchcraft and ghosts and spooks and all that is all nonsense in my mind"***
  Ok, but in Hinduism itself, does it exist?
- ***"There are people who believe in it. I mean I have friends that I haven't seen, it… I mean to umm… it's like I haven't experienced it…"*(H1, Participant 2)**

Swartz (2002) acknowledges that the context, specifically the cultural context of the individual, cannot be removed from the understanding of any human-related phenomenon. Thus, it can be said that if an individual grows up in a community that holds certain beliefs and practices, these beliefs and practices will to some extent be incorporated into their frames of reference and will influence their perceptions, including causation of psychological disturbances. This perspective was discussed by H1, the non-orthodox sample, who indicated that a possible reason people believe in spiritual aspects is due to their religious and cultural beliefs.

Symptoms of witchcraft were identified by both Hindu groups. Even though they were based on hearsay accounts by the participants, the implication of this acknowledgement is that the participants were influenced by the religious and cultural belief in witchcraft.

- ***"…she was telling me that her aunt is like out of it. She was like who she is and err… she does things and err… she tells people other things and err… she becomes very violent. She***

has these episodes where she's very violent and than she calms down so… that's what they say there's like someone putting that something witchcraft or the evil eye" (H1, Participant 3).

- ***"I have heard… I have heard a story umm… where there is this lady who is possessed, so called possessed. I, I only heard of it, I never seen it and at 12 o' clock at night only then the neighbours would hear these noises and she would scream and, and she was just ballistic and the lady who lived above her… they live, the lady lived in a flat, the lady who lived above her actually witnessed the women floating… above the ground…yeah"*** (H2, Participant 1)

Witchcraft is seen as causing behaviour that could well be regarded as a psychological disturbance from another perspective. This is confirmed by Stafford (2005), who states that the individual believed to be affected by witchcraft often behaves in a manner that is indicative of a psychological disturbance. This raises questions concerning the universalistic approach to diagnosis often adopted in Western conceptions of understanding illness. As Swartz (2002) indicates "two things may obscure the true meaning of universal illnesses: first, the way we *label* conditions in different settings, and second, how conditions are *expressed* in different cultures" (p. 12).

Thus, one can state that symptoms of psychological problems, from a Western frame of reference, are understood by Muslim and Hindu participants as stemming from the evil eye and witchcraft. The evil eye and experiences of bewitchment are inherent to both belief systems. Although both Muslim and Hindu community members seem to incorporate a belief in the effects of the evil eye and witchcraft, the Muslim understanding of psychological disturbance seems to be more inclined to a spiritual diagnosis than that of the Hindu individuals, who emphasised non-religious beliefs regarding symptom aetiology.

IV. Symptoms of African bewitchment

Symptoms of bewitchment may include hallucinations, fainting, public undressing, eating excrement and other taboo substances, and voluntary confessions of evil doings (Mojafela & Van Staden, 1999). Other symptoms of bewitchment may include uncontrolled weeping, listlessness, loss of appetite (Beuster, 1997), suicide attempts, 'deranged' behaviour or even odd muscular movements (Ngubane, 1977). Bewitchment however, need not necessarily include dramatic symptoms, and may simply describe any form of psychological distress involving the belief that witchcraft is being used against one.

As indicated by the data, Muslim and Hindu participants provided a variety of physical and psychological symptoms indicative of bewitchment, similar to that of African beliefs.

There are various local forms of bewitchment, the most frequently described resulting from poisoning or spirit possession. Poisoning (*idliso*) usually implies placing *muti* or poison in a victim's food. "*Idliso* is caused by sorcery imbibed orally and may be experienced by the victim as a snake moving in his/her stomach" (Farrand, 1988, p. 102). *Idliso* is considered one of the most common forms of sorcery in South Africa, and it is believed that ingestion of the *muti* will certainly result in death unless the victim receives the necessary treatment (Farrand, 1988). *Idliso* usually occurs within relationships marked by envy and hostility, and is thought to be mainly practiced by women, as in their traditional role they have to prepare the victim's food (Ngubane, 1977). A further similarity between the Muslim, Hindu and African perspectives exists in this regard, as it was indicated that bewitchment can occur when evil is fed to victims and stems from jealousy. A significant difference between the Muslim, Hindu and African beliefs is that death is very rarely cited as a consequence of witchcraft.

V. Spirit possession

This section will be divided into two parts based on the differing perspectives provided by the Muslim and Hindu participants.

VI. Muslim community members understanding of spirit possessions

The Muslim members who formed part of the focus group discussions indicated that spirit possession is caused by *jinn*. The Muslim participants' responses indicated that their belief in *jinn* possession is linked to Islamic ideology.

- ***"…with jinn possession it takes over their minds and as Muslims we are taught about it, that there's this other realm of a world and we believe in the existence of jinnats and so therefore you could be affected by it"*** (M1, Participant 1)

- **"*… As Muslims we are taught about it, that there's this other realm of a world and we believe in the existence of jinnat's and so therefore you could be affected by it"*** (M1, Participant 4).

- ***"…they are either sent to you through somebody else or you know they take possession of you… you know like Islamically, we know that err… if you in a naapaak state err… how do you say it"*** (M2, Participant 1)

Being in an impure (naapaak) state is an opportunity for *jinn* to possess a human's body and mind. It was further stated that:

- *"…**during that impure state you go to place where you not suppose to be at that time or umm… you go or say to the err…to relieve yourself or your hair isn't covered the Prophet S.A.W …"***
  "…so what err… like when you do toilet cover your head and the dua before entering the toilet. I mean if you read the meaning of it, I what, what err… the dua means to you…Yes …Oh Allah I seek protection from you from filth and err… this being err… reference to the err … male and err … female jinn…" (M2, Participant 5)

The impure state mentioned in M2 is indicative of the fact that in Islam, cleanliness is a major factor in gaining closeness to the Almighty. This suggests that spirit possession in the Muslim community is predominantly perceived as being caused by *jinn*, based on religious beliefs.

In addition to this, their understanding of spirit possession can be said to be based on religious doctrines. Given the Koran and the Sunnah's acknowledgement of the existence of the realm of *jinn*, it can be stated that these sources influence Muslims' perceptions of spirit possessions (The Koran, Al-Jinn). Thus, Muslim participants seemed to understand what spirit possession is, and this understanding takes the form of belief in *jinn*. More important than an understanding of *jinn*, was the understanding of the effects of possession will have on an individual.

- ***"…with jinn possession it takes over their minds" (M1)***
- ***"…yeah I know of a girl who was possessed by a jinn and like one minute she was normal and speaking to us and the next minute she was possessed and like screaming…err…like don't come near me and very abnormal behaviour" (M1)***
- ***"…she err… sitting - not actually sitting, she was shaking continuously and she was screaming, err… she was err… you can say not in her senses, not normal at all, err… sweating a lot, perspiring umm… and she was screaming a lot…as if something was like physically attacking her" (M1)***
- ***"…Ok for me I think err… its very difficult… the person goes like into a trance err… they sometime it last for about an hour…the eyes roll and***

you as a normal human being will not err... be able to handle this because their bodies become err…"

" …Strong"
"…Yeah its possessed they get all this energy. It could be a child, it could be a woman, it could also be a man but the energy that they have is unbelievable (members of M2 in a discussion of effects of jinn"

- ***"…The jinn talks through the person"***
  "…Yeah a lot of times they seem like totally different people, completely umm… its almost like scary coz you hear someone else talking like umm… I had myself seen where for instance this women but she starts speaking like a guy like err… you know you can see when someone puts it on"
  "…It's not acting"
  "…Yeah its not acting"
  "…Also the person would harm themselves, you know, the jinn would tell them like err… you know take something and err… cut yourself umm… probably going to do something to somebody else. Basically, this person is living through the jinn and the jinn is controlling the person" (Discussion in M2)

The above indicates that a *jinn* possession is firstly characterised by a person being 'overcome' by an external unseen entity, the *jinn*. Al- Ashqar (2003) states that *jinn* are beings that exist in a realm unseen by humans, yet their influence on human behaviour exists through possession of the human body. As indicated by their responses, the Muslim participants were of the opinion that the *jinn* can impact on the body and the mind of an individual.

Secondly, the symptoms of a *jinn* possession can be said to resemble the likes of a psychological disturbance. As stated, excessive screaming and shaking are symptoms identified by the participants. This is supported by Stafford (2005), who mentions that a spirit possession is manifest in a person who shakes excessively and screams, moans and groans. It is also noted that the person possessed may speak in a different voice. It was mentioned by participants that individuals possessed by *jinn* would take on a new voice and a new personality. Also, Stafford (2005) relates incidences from various cultures where people who are possessed gain excessive strength and may be harmed by the possessing spirit. This was indicated by the Muslim groups as being symptoms typical of an individual possessed by *jinn*.

Extrapolating from the symptoms identified by the participants, one can state that these symptoms, whether in isolation or combined, seem to point in the direction of a psychological disturbance. The people affected by *jinn* are described as not being themselves and speaking in a different voice (due to the *jinn* taking control over the individuals' mind and body). Thus, as is

the case with the evil eye and witchcraft, Muslim participants may understand or perceive psychological disturbances as stemming from the effects of *jinn* possession.

The expectation from the researcher that group M1 would not lean towards a religious understanding was not met. This, despite the age and education level of the group, indicates that religious beliefs do not necessarily correlate with the degree of Islamic religiosity. Religion can thus be said to impact on the understanding and beliefs held by the Muslim community members regarding psychological disturbances.

Jinn possession may be preferred as an explanation to 'lessen' the social stigma and impact of being classified as a psychological patient, as suggested by Komiti et al (2006) and Elliot-Schmidt and Strong (1997). It is mentioned that community members will hold beliefs regarding psychological disturbances based on what is considered acceptable within those communities. Thus, it can be stated that a *jinn* possession, given its incorporation in Islamic doctrine, is a means to express ones' psychological disturbance in a manner that is socially acceptable. This seems to be the case with regards to the communities' belief in witchcraft as well.

VII. Hindu community perceptions of spirit possession

Spirit possession was understood and explained as being either evil (H2) or good (H1; H2). The Hindu participants in both groups indicated that an 'evil' spirit possession would be characterised by *"…something that exists on television"* (H2). It also emerged that:

- ***"…I have heard a story where there is this lady who is possessed, so called possessed. I only heard of it, I never seen it and at 12 o' clock at night only then the neighbours would hear these noises and she would scream and she was just ballistic…"*** (H2, Participant 1).

This indicates an acknowledgement that spirit possession alters ones' functioning. This possession, as indicated above, was considered a 'bad' possession. However, the 'good' spirit possession, as different as it is from the Muslim understanding, is as religiously linked as it is in the Muslim community.

- ***"…ok, I seen people who go into a trance and take the form of a God or a Goddess and that is considered as them being blessed at that time so…"*** (H1, Participant 2)

- ***"…But than if you look at it that way you say err… not in the evil form but in the good form, there a lot of priests you know the Hindu priest and the err… the Moulana's and everything, if you look at Hindu people they go into trance now isn't trance a possession?..."*** (H2, Participant 5)

Given this, it can be said that a possession is considered to be a trance experience and is linked to the religious beliefs of the Hindu individual. That is, the trance-like state that the Hindu individual experiences takes the form of identification with a deity, thus indicating that religious beliefs influence the understanding and experience of psychic abnormality. As indicated:

- ***"… Hanuman… Yes where he took the form…Yeah err … Hanuman is err… our Lord or monkey Lord so like the face also it like changes… Changes to the monkey like a monkey… It blows up more…Yes it blows or swell up err… like the face of a monkey… like the monkeys jump around so they also they don't walk…Like mimic… They like mimic the monkeys"*** (H1, Participant 2)

- ***"…I saw got a Kalika Ma trance and obviously in this state she was very obviously very violent because she was considered a very umm… violent women…"***
  When you say violent form, what did she do?...
  "We believe kalika ma was sent umm …obviously umm …we call it avatar err… she came down to us in a human form but err… she was reincarnated as a human basically right… Err… yeah, she killed the evil… She was sent to err… in many err …many years ago in India that was a lot of evil and demons we call them Rakshus" (H2, Participant 5)

As evidenced by the above, as well as from Dwyer (2003) and Flood (1996), the experience of spirit possession in the Hindu community relates to the Hindu theory of *Rasa*. This Hindu theory states that human emotions have their seat in the mind and the heart (*manas*), which forms a subtle part of the body; and that through the enactment of drama, dance and ritual of Hindu texts, the individual is able to express his or her emotional states. As confirmed by Flood (1996), worshippers of Hindu belief would imitate their deities, such as the goddess Kali. These are considered controlled possessions, in which the devotee would urge the deity to possess him or her.

This emerged from the discussions where participants acknowledged witnessing a Kalika-ma trance or a Hanuman trance (respectively). As further evidenced by participants various physical

changes, like swollen faces and violence is cited as some of the consequences of the trance state. This is highlighted by Dwyer (2003), who states that those who partake in these rituals undergo radical physical and mental changes.

Even though the Hindu community members were not very forthcoming with the information in this section, it emerged that unexplained physical changes, personality changes and violence were cited as manifestations of the trance state. This is similar to the symptoms identified by the Muslim community and, as elaborated by Sue, Sue and Sue (2003), these symptoms resemble the characteristics for a diagnosis of a psychological disturbance (dissociation, mania, somatoform disorders).

Given that the Hindu community members believed that the trance state could result from the manifestation of a deity, and given that the Muslim community members believed that a spirit possession was equated with that of a *jinn* possession, it can be said that the belief in spiritual possession is closely related to the religious avocations of their faiths. Thus, with reference to Question Three of this study, religious variables impact on the understanding and beliefs held by Muslim and Hindu community members.

VIII. Spirit possession from an African ontology

Bewitchment resulting from spirit possession is termed *ufufunyana,* which also occurs in the context of interpersonal relationships coloured by feelings of envy and resentment (Beuster, 1997). *Ufufunyana* is induced by placing a mixture of soil and ants from graveyards in the path where the intended victim is expected to walk. This mixture is believed to capture the spirits of the dead, who then possess the intended victims when they walk over it.

This is different from the Muslim perspective provided. Muslim participants indicated that a spirit possession occurs when one is in a "dirty place", often the toilet, or being outside at times when one is not supposed to be.

Upon being possessed by these different spirits (often of different racial groups), the African victim responds in a number of ways, such as weeping, screaming and throwing themselves on the floor. Alternatively, they may become aggressive, self-injurious, or hysterical (Ngubane, 1977), be inconsolable or develop anorexia (Beuster, 1997). Stafford (2005) also describes symptoms of agitation and odd body movements, and further reports that the afflicted person may have fits or

enter into a catatonic state. Beuster (1997) adds that psychotic symptoms, such as auditory hallucinations, delusions and disorganised speech are often indicators of this form of possession. This is similar to the understanding which Muslim participants provided. The Hindu perspective, although similar regarding symptoms, does not carry the same magnitude in terms of 'possession' per se. This based on the fact that possession states are generally considered 'good', are revered by the Hindu community and are not considered as 'evil'.

3.4 Treatment of spiritual illnesses

It follows that if an individual views the symptoms of a clinical depression as stemming from the evil eye, a sub-facet of a spiritual illness; or mania as stemming from witchcraft or even a personality disorder as resulting from a spirit possession, then the treatment that would be pursued would parallel this conception. The DSM-IV-TR (2004) states that one cannot ignore the cultural and ethnic context of an individual, and that this needs to be taken into account when a diagnosis is made, as contexts play a role in the expression of and evaluation of symptoms and dysfunctions. This was confirmed by the responses given by the community members regarding the treatment of spiritual illnesses.

The treatment prescribed by the participants of the groups can be said to be influenced by both religion and culture, incorporating both prayer and certain cultural rituals. Religious treatments were predominant in the Muslim groups and in the cultural practices dominant in the Hindu groups.

I. Treatment for the Evil eye

In the Muslim groups, combinations of both religious and cultural practices were identified as being the appropriate means to treat the evil eye:

- ***"… I would think that it would be a combination of both because err… maybe err… our belief systems also come from the err… Indo-Paki sub-continent, so a lot of the beliefs I err… know my mother- in- law would err… tie black beads around my babies wrists because err …she said it would protect the baby from nazr. So I would err… say that that is a cultural practice more than a religious practice. It's err… I don't think it has basis in religion"*** (M2, Participant 5)

> ***"…Religion would err… I think encompass more practices like prayer and, and stuff like that and the mere fact that you tying beads around your child's wrists err… umm… seems more cultural than religious***…"
>
> ***"Can I say something here? If you ask a mother why they put the beads they would say because people will focus on the beads and not on the child"*** (M2, Participant 1)

It was also acknowledged that there are different ways to remove the effects of the evil eye. As stated in M1, "*we as Muslims believe surah jinn was also revealed so that err… proves to us that there is that outer source. There is jinnats and the prophet was also affected by jaadoo and nazr and yeah these two surahs were revealed in cure for that"* (Participant 5).

Further added to this understanding were perspectives in M2. " *from the Koran you use err… a cloth or err… sometimes salt and sugar and you read suratul Fathiha and you remove the nazr like that…or you'll find that they write with their fingers on a piece of cloth…"* (Participant 3).

As indicated by this, Koranic verses can be used to remove the effects of the evil eye. Mentioned by the groups were Surah's (verses) *Jinn*, *Falakh*, *Naas*, *Ahad* and *Kursi*. These are specific verses of the Koran that are believed by the Muslim community members as being able to cure the effects of the evil eye. Muslim community members indicated that these verses are to be used in conjunction with a variety of natural substances such as salt and sugar. This can be linked to the prophetic medicine, *Tibb-al-Nabawi*, where the prophet Muhammad would prescribe to his disciples to treat a variety of ailments, including witchcraft and sorcery, with natural substances and remedies (Eldam, 2003). This is highlighted by Ally and Laher (2006), where it emerged that Muslim faith healers utilise a variety of natural substances to assist those afflicted by witchcraft.

The Hindu members of the focus discussions also identified a variety of natural substances that are used to remove the effects of the evil eye. Salt, chillies, lemons, water and sugar were mentioned by the groups. This seems to be similar to the Muslim communities' understanding of the treatments for the evil eye, thus an overlap of beliefs can be said to exist. As stated by Harman (1977), Indian culture comprises the beliefs of both Hindu and Muslims. As such, the process of cultural assimilation can be said to have occurred, resulting in some of the beliefs of Hindu culture being passed on to Muslim culture and vice versa.

In group H2, it was stated that if a child is affected with the evil eye, *"…we take salt and sugar and we …err… (moving her hands in a anti-clockwise manner)… Turn it around…. 7 times around the child yeah… Yeah and there's a prayer that you say…"* (Participant 3)

The treatment recommended by the Hindu community members for the evil eye does denote prayer, thus indicating a religious influence in the treatment. This was similar to the Muslim community members, where it was mentioned that both a combination of prayer and cultural practices are used.

II. Witchcraft

The treatment for witchcraft recommended by Muslim community members was the assistance of a spiritual healer, i.e. a Moulana. Thus, a religious prescription is given for treating someone affected by witchcraft. As stated, "*…basically what we do, we [go] to the Moulana's. They basically read things from the …or make Koran you read or they read in water (H1).* This is supported by Ally and Laher (2006), where it was found that Muslim individuals tend to frequent faith healers, such as Moulana's, Sheikhs or Qari's.

The Hindu community members also stated that they would "*…take you to a priest" (H1)* and that "*…they'll open up … the book or Takdeer or something according to… birth date and they can maybe see if we are suppose to go through something like this maybe at this stage we are suppose to go through this." (H1)*

The Hindu members thus stated that a priest would be effective in treating a person afflicted with the symptoms of witchcraft. It also emerged that fasting would be recommended by the priest to the individual experiencing bewitchment. As stated in H1 this would be:

- ***"…linked to what you going through"***
  …Yes
  "…And it's linked to a specific God"
  "…Yeah like what your problem is and then on that day you offer like a fast to that God"
  "…Yeah and like different deities are worshipped on different days so depending on your problem you would then"
  "…Yeah that's the way I know it. I was going to say that also"
  "…Like we were talking of the monkey God and that's on Saturdays only"
  "…Yeah now if the people are not happy with what the priest has told them they will then go to one that puts them into a trance or something" (Discussion in H1)

According to a Hindu scholar (personal communication, 2007), each individual is born with a particular faith or path determined by the time, place and month in which they are born. This is believed to impact on the name given to the individual, as well as the marriage partners that are

deemed as being compatible with them. Also, it was mentioned that that if someone is experiencing a particular difficulty at a particular time in their lives, a priest will determine whether a planet is in their path. Each planet represents a particular experience and if one fasts and prays than the experience becomes easier. In addition, a particular deity would be worshipped, based on the type of problem experienced. This was confirmed in H1:

- ***"Most of the times like you get people they say you have to do the prayer and the fast and like maybe a number of days from… like 9 Saturdays it will be an odd number…Its always linked to what you going through…And its linked to a specific God…Yeah like what your problem is and than on that day you offer like a fast to that God"*** (Participant 4)

As indicated by Danielou (1991) and Flood (2003), Hindu individuals do not worship all the deities with the same fervour. The Hindu person chooses a deity and this is termed the *ista-devata* and will be worshipped predominantly. Given that each deity comes to represent something specific (for example Lord Siva is known as the destroyer, Visnu the sustainer etc), certain deities will be worshipped primarily depending on the particular needs of the individual.

Very interestingly, a cross-cultural approach to treatment was acknowledged by Hindu participants. It was stated in H2 that they would go to a Moulana for treatment, because "**…***Maybe the Moulana is more powerful…And err… the Moulana is pure, I mean he's genuine … than it'll work".* Even though this was the opinion of one participant, the researcher observed agreement from the other participants of the group. The other participants did not disagree, and this was taken as a sign of general consensus.

This further indicates commonalities in belief systems between the Hindu and Muslim communities. This was indicated by the fact that Hindu individuals believe that they can be treated by Moulana's, as well as by the similarities in recommended treatments prescribed by both these communities (the natural products and substances). In addition to this, many of the symptoms of the evil eye and witchcraft, and to an extent spirit possession, are similar across the two communities. Even though one cannot state a complete mutual influence in terms of spiritual illnesses and beliefs, it can be stated that other cultural practices like wedding celebrations are similar. This was mentioned by all four groups when probed about the similarities between the cultures of Hinduism and Islam. As such, it can be deduced that some

mutual influence does exist between the two communities, but to a lesser degree with regards to spiritual illnesses and their treatments.

III. Spirit possession

The Muslim participants indicated that the treatment for spirit possession would also be to visit a Moulana who would read verses from the Koran to treat the afflicted. When probed with regards to what a Moulana would do, it emerged that different Moulanas have different ways of removing the effects of *jinn* possession and that, "*…it depends on the case, like there's different methods…Yeah I know there's one Moulana who give salt and water to drink, bath in salt. I think also depending on the jinn and how long its been with the person* (H2, Participant 4)".

As identified by Ally and Laher (2006), Muslim faith healers have different methods of healing. It is important to note that with witchcraft and *jinn* possession, the Muslim participant's believed that it could only be treated by a Moulana deemed pure and also more religiously powerful. This is regardless of the fact that they acknowledged various surahs from the Koran as a means of treatment.

No comments can be made about the treatments of trance states in the Hindu community as it was not regarded as something requiring treatment. Trance states are rather revered in the Hindu community.

IV. Treatment of illnesses: Comparison with the African perspective

In addition to the African faith incorporating belief in witchcraft, the role of the ancestors is vital as they play a role in the maintenance of mental health by providing protection against evil and destructive forces (Meyer et al, 2003). Recovery from illness is possible only if the individual is in sync with his or her ancestors. The wishes or revelations of the ancestors are revealed to people in altered states of consciousness, such as dreams, trance conditions or hallucinations (Meyer et al, 2003). This is similar to the Hindu perspective provided by participants, who indicated that the trance states are a means for deities to express themselves.

Furthermore, African individuals will seek assistance from a healer (*isangoma*) to restore physical, psychological and social harmony. As indicated by participants, Muslim and Hindu, Moulanas and Pandeets were identified as the appropriate mediums to treat the symptoms identified above.

3.5 A distinction between a psychological disturbance and a spiritual illness?

Even though participants in the focus discussions identified a distinction between a psychological disturbance and a spiritual illness, it needs to be noted that these illnesses are viewed as having different causes reflecting the same symptoms. As such, it follows that Muslim and Hindu participants may be 'confusing' these two illnesses. This emerged in the discussion above, where it was concluded that spiritual illnesses closely resemble the likes of psychological disturbances. This was further highlighted when participants were asked what schizophrenia is. They were confused and unable to appropriately classify it.

- ***"…Split personalities"*** (M1, Participant 4)
  "…Yeah, that's what I believe split personalities err… acting like one person and then like another, so basically, you think there are multiple personalities in one person" (M1, Participant 3)

- ***"…I think that schizophrenia is a split personality where you have 2 personalities or multiple personalities so I think that you will behave differently err…"*** (M2, Participant 3)

- ***"…Isn't it split personality?"***
  "…Like the people in the mental hospitals" (H1, Participant 1)

This confirms the discussion above where community members seemed to have a vague and stereotyped understanding of what a psychological disturbance is. It follows that there also seemed to be confusion linking specific symptoms to the psychological classification to which they belong. However, one has to consider what the perceptions and understanding of lay Western community members would be. It is likely that a lack of academic understanding and exposure may result in lay perceptions of psychological disturbances dominating the understanding held by most communities.

3.6 Impact of religious and cultural beliefs

Some of the members were of the opinion that, "*…You can say that jaadoo nazr it's actually a culture thing, because if you look at us Muslims, in Islam we are affected by whatever. If you look at Hindus, they are also affected by that and I didn't know that it came out now (M1)".* This suggests that a spiritual illness would be regarded as an entity stemming from a religious belief only if it was specific to a particular religion. However, it emerged in M2 that:

- ***"… I would think that it would be a combination of both because err… maybe err… our belief systems also come from the err… Indo-Paki sub-***

continent so a lot of the beliefs I err… know my mother- in- law would err… tie black beads around my babies wrists because err… she said it would protect the baby from nazr so I would err… say that that is a cultural practice more than a religious practice its err… I don't think it has basis in religion" (M2, Participant 2).

This implies that the community members do seem to understand that their belief in spiritual illnesses are linked to the belief systems that they adhere to, and that not only is it a religious aspect, but there seems to be cultural influence as well. This was aptly described in H1:

- ***"…I think it's a combination of both your religion determines your culture and your culture determines how you think, also basically your religion, the environment you grew up in. Like we South African but we Hindu as well, but we do things that err… we err… adapt to our environment because err… religion is part of our culture; it's not the only thing so…"*** (Participant 1)

This sentiment was echoed through the groups who more or less adhered to the belief that spiritual illnesses are linked to the cultural and/or religious beliefs that they adhere to. Upon further probing, it emerged that the Muslim groups do believe more that, "*…that the Prophet (p.b.u.h.) was affected by it so we definitely can all be affected (M1)"* and that the affects of these illnesses can be cured by verses of the Qur'aan (M1; M2). This contrasts with the Hindu members who stated that, "… *I don't know the texts well enough to comment* (H1)" and that, "… *It does exist but …err… no, not in the texts* (H2)". As highlighted, cultural context plays an important role in the understanding and world view held by people (Swartz, 2002).

The four groups can be differentiated in their responses to this question (Impact of religious and cultural factors) along the lines of religious orientation. Groups M2 and H2 were selected on the basis of their attendance at mosques and temples, thus indicating a group that is more religiously inclined. As elaborated in M2:

- ***"…as Muslims believe in a higher power and we believe that whenever we have a problem…err… whatever the problem we… if you going to turn to your creator He is going to help you and I think with such a belief system it does help you a lot err… like with psychological problems like***

depression err… if you ask Allah, if you read your salaat (prayer) then you will find that a person comes out of it" (Participant 5)

This indicates that the prescription for a psychological disturbance is in some instances linked to prayer. This was elaborated by H2 who stated that:

- **"…*If a person is ill and doesn't get better you take a vow at a certain day for the person to get well. We will do a prayer*"**(Participant 2)

From this, one can state that the more religious a person is, the more religiously inclined the treatment for a medical illness would be. However, as indicated above, these perspectives cannot be contrasted with the responses received from M1 and H1, as all the groups seemed to reflect a belief in the impact that religion plays in the manifestation of and tenure of psychological disturbances. One can thus say that religion impacts on the beliefs people hold with regards to the treatments of psychological disturbances, in both the Muslim and Hindu communities.

As further described by participants, the treatments prescribed by members of the focus groups for a spiritual illness were prayers, vows, fasting and faith healers. This is important to note because as established, the symptoms of spiritual illnesses closely resemble the likes of various psychological disturbances.

3.7 Summary

This section will conclude the findings discussed above.

Both Muslim and Hindu participants provided understandings of psychological disturbances that seemed to be vague and stereotyped. Even though they were able to identify aetiological factors like chemical imbalances, symptoms were confused with causes. The treatments prescribed for a psychological disturbance indicated treatment with a psychologist; yet friends, family and prayer was also cited.

The participants identified a spiritual illness as being characterised by symptoms that indicate a psychological disturbance, yet a spiritual illness is believed to be caused by the evil eye, witchcraft and spirit possession. Most of the participants seemed to indicate that religion and culture impacts on the belief of illness, with slight differences between the two religions. It

follows logically that the treatments suggested for spiritual illnesses would be spiritually inclined. This was indicated by the groups who stated various cultural and religious treatments for the psychological symptoms described in spiritual illnesses.

However, as none of the Hindu participants had heard of it before, they had a problem defining a spiritual illness. This was not expected from the Hindu groups. The researcher had a difficult time in trying to phrase and probe to get responses from these participants. Muslim participants however, were certain about the definition of spiritual illness.

The Muslim participants identified a combination of religion and culture for a spiritual illness, while the Hindu participants identified cultural factors more than religion. Treatment recommended included beads, prayers (readings from the Koran) and a variety of natural substances. It was also stated that the treatment of the evil eye differs according to ones belief, caste and context. This emerged in the Hindu discussion groups.

Given that Islam and Hinduism incorporates aspects indicative of spiritual elements, like witches, spirits and possessions, as well as an acknowledgement from both these communities that psychological disturbances do exist, coupled with the symptoms of spiritual illnesses resembling the likes of psychological disturbances, it follows that the community members may interpret the symptoms in a manner that is the least socially threatening.

One thus realises that religious beliefs and cultural practices impact on the conceptualisation of psychological disturbances as held by the Muslim and Hindu participants. Thus, if one is to effectively and holistically treat an individual from a (predominantly) non-Western outlook, a need to understand and incorporate religious and cultural beliefs into the treatment exists.

The perceptions and views provided by the community members can be said to be spread across both genders. However, given that the sample comprised mostly women, it is possible that a gender bias existed. As such, most of the views provided were those of female participants. Thus, one cannot conclude whether or not these beliefs are as strongly held by their male counterparts.

It was expected that the younger an individual was, the less religiously-inclined views and perspectives would be provided. However, it seems that all Muslim and Hindu participants

believed in the impact of spiritual elements on the body and mind. The youngest participant was 19 years old and the understandings provided from this individual were similar to the views and understandings provided by the 53 year old participant. Thus, this study did not find age differences in terms of beliefs and perceptions, regarding psychological disturbances.

The researcher expected that the more educated an individual was, the less likely he or she would be to provide explanations of psychological disturbances that were spiritually inclined. This was based on the assumption that an education exposes one to different perspectives of the world, and teaches one to think critically. However, it emerged that the level of education that was held by the participants did not seem to change their beliefs in spiritual illnesses. This can be linked to the impact that religion and culture has on ones' frame of reference.

CONCLUSION

This study explored cultural perceptions of two communities, Muslim and Hindu. In doing so, it attempted to yield an understanding of the impact that religious and cultural beliefs have on the perceptions of psychological disturbances. Islam and Hinduism incorporate belief in bewitchment, spirit possession and the evil eye.

Participant responses indicated belief that psychological disturbances can be brought on by the malevolence of a witch or an evil spirit. The symptoms of these spiritual illnesses are believed to closely resemble many psychological characteristics, which influenced participants understanding of the treatments of these ailments. These spiritual illnesses are believed to be treated by a faith healer. As such, a realization that culture and religious beliefs impacts on the understanding of psychological disturbance, its manifestations, symptoms and treatment. The literature reviewed provided evidence that some cultures incorporate belief in witchcraft and spirit possession. The results from the study confirmed much of this literature. This study yielded the following limitations and recommendations.

LIMITATIONS AND RECOMMENDATIONS

This research is limited in that it may have been subject to respondent bias. Given the sensitive nature of the research topic, it was possible that participant unresponsiveness and withholding of information may have introduced biases. This was most reflected in the response rate of the Hindu participants.

Secondly, the nature of the sample indicates a potential bias in favour of women. Thus, much of the perspectives provided were reflective of the female cohort of the Muslim and Hindu community. This limited the responses received from the male members and it is unclear if gender differences exist.

It is recommended for further study that firstly, the gender bias present in this study be addressed. This will enable one to fully understand whether or not the perceptions and beliefs provided by the female participants in this study are similar to or different from male community members.

Secondly, it would be valuable to apply psychological theories to cases of bewitchment and spirit possession in the Muslim and Hindu communities. This will allow further understanding of the experiences of these two communities and will provide depth to this understanding. This will also further aid psychologists in their practice with these communities.

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APPENDIX

Appendix A: Cover Letter
Appendix B: Consent Forms
Appendix C: Semi-Structured Interview Schedule

APPENDIX A:
Focus Group Cover Letter

Psychology
School of Human & Community Development
University of the Witwatersrand
Private Bag 3, WITS, 2050
Tel: (011) 717 4500 Fax: (011) 717 4559

Assalaam-u-Alaikum,

My name is Yaseen Ally, and I am conducting research for the purposes of obtaining a master's degree in Research Psychology at the University of the Witwatersrand. My area of interest is the influence that religion and culture can have on perceptions of psychological disturbance. I would like to invite you to participate in this study.

Participation in this research will involve a group interview with you and approximately 5 other people. The interview will last for approximately one hour. With your permission this interview will be recorded in order to ensure accuracy. Participation is voluntary, and no person will be advantaged or disadvantaged in any way for choosing to participate or not participate in the study. However, all of your responses will be kept confidential. No information that could identify you will be included in the research report or in any publication that follows. The interview material (audio-tapes) will not be heard by any person, other than my supervisor and me. On completion of the research, the audio-taped interviews will be destroyed. You may choose not to answer any questions you would prefer not to, and you may choose to withdraw from the study at any point.

If you choose to participate in the study please complete the attached consent forms. If requested, feedback will be provided on completion of the project. Feedback will take the form of a one page summary of the study and its results. If further information about the study is needed, I can be contacted using the details provided below. You may also contact Professor Gavin Ivey, the research supervisor, if you require further information..

This research will contribute to a growing body of literature on cultural and religious perceptions of psychological disturbance. Your participation in this study will be greatly appreciated.

Kind Regards,

Yaseen Ally
Researcher
084-840-4832

Prof. Gavin Ivey
Research supervisor
(011) 717-4529

Islamic Helpline (011) 852-1930
Hindu Helpline 084-563-1022
Emthonjeni Centre (011) 717-4513

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School of Human & Community Development

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UNIVERSITY OF THE WITWATERSRAND
JOHANNESBURG

Namaste

My name is Yaseen Ally, and I am conducting research for the purposes of obtaining a master's degree in Research Psychology at the University of the Witwatersrand. My area of interest is the influence that religion and culture can have on perceptions of psychological disturbance. I would like to invite you to participate in this study.

Participation in this research will involve a group interview with you and approximately 5 other people. The interview will last for approximately one hour. With your permission this interview will be recorded in order to ensure accuracy. Participation is voluntary, and no person will be advantaged or disadvantaged in any way for choosing to participate or not participate in the study. However, all of your responses will be kept confidential. No information that could identify you will be included in the research report or in any publication that follows. The interview material (audio-tapes) will not be heard by any person, other than my supervisor and me. On completion of the research, the audio-taped interviews will be destroyed. You may choose not to answer any questions you would prefer not to, and you may choose to withdraw from the study at any point.

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This research will contribute to a growing body of literature on cultural and religious perceptions of psychological disturbance. Your participation in this study will be greatly appreciated.

Kind Regards,

Yaseen Ally
Researcher
084-840-4832

Prof. Gavin Ivey
Research supervisor
(011) 717-4529

Islamic Helpline (011) 852-1930
Hindu Helpline 084-563-1022
Emthonjeni Centre (011) 717-4513

APPENDIX B:

Consent Forms: Interview
: Recording
: Focus Group Confidentiality Agreement

Consent form: Interview

I _____ consent to being interviewed by Yaseen Ally, for his study that focuses on religious and cultural perceptions of psychological disturbance. I understand that:

- Participation in this interview is voluntary.
- That I may refuse to answer any questions I would prefer not to.

- I may withdraw from the study at any time.
- There are no risks or benefits associated with this study.
- No information that may identify me will be included in the research report.
- My responses will remain confidential, although I may be quoted in the research report.
- I am aware that the results of the study will be reported in the form of a research report for the partial completion of the degree, Master of Art in Psychology.
- I am also aware that the results may also be presented at a conference and written up for publication in a psychology journal.

Signed _____

Date _____

Consent form: Recording

I _____hereby give consent for my interview with Yaseen Ally to be tape-recorded for his study on religious and cultural perceptions of psychological disturbance. I understand that:

- The tapes and transcripts will not be seen or heard by any other person other than the researcher and his supervisor.
- The tapes and transcripts will be kept in a safe place for the duration of the study and will be destroyed after the research is complete.
- No identifying information will be used in the transcripts or the research report.

- Direct quotes from my interview may be used in the research report, but I will not be identified by name.
- I am aware that the results of the study will be reported in the form of a research report for the degree, Master of Arts in Psychology.
- I am also aware that the results may also be presented at conference and written up for publication in a psychology journal.

Signed _____

Date _____

FOCUS GROUP CONFIDENTIALITY DECLARATION

I _____hereby agree to keep the information provided by other participants of the group interview confidential. I understand that the views and opinions expressed during the interview is to remain within the context of the interview.

Signed _____

Date _____

APPENDIX C:
Interview Schedule

This case study will only be employed if participants are not forthcoming.

Aveer-Hindu participants
Faheem- Muslim participants

CASE STUDY

Aveer/Faheem was a forty-three-year-old unmarried computer programmer who had led a relatively quiet life until two weeks before, when he returned to work after a short absence for illness. Aveer/Faheem seemed to be in a particularly good mood. Others in the office noticed that he was unusually happy and energetic, greeting everyone at work.

A few days later, during the lunch hour, Aveer/Faheem bought a huge cake and insisted that his fellow workers eat some of it. At first everyone was surprised and amused by his antics. But two colleagues working with him on a special project became increasingly irritated because Aveer/Faheem didn't put any time into their project. He just insisted that he would finish his part in a few days.

On the day the manager had decided to tell Aveer/Faheem of his colleagues' concern, Aveer/Faheem behaved in a delirious, manic way. When he came to work, he immediately jumped onto a desk and yelled, "Listen, listen! We aren't working on the most important aspects of our data! I know, since I've debugged my mind. Erase, reprogram, you know what I mean. We've got to examine the total picture based on the input!"

Aveer/Faheem then spouted profanities and made obscene remarks to several of the secretaries. Onlookers thought that he must have taken drugs. Attempts to calm him down brought angry and vicious denunciations. The manager, who had been summoned, also couldn't calm him. Finally the manager threatened to fire Aveer/Faheem. At this point, Aveer/Faheem called the manager an incompetent fool and stated that he could not be fired. His speech was so rapid and disjointed that it was difficult to understand him. Aveer/Faheem then picked up a chair and said he was going to smash the computers. Several coworkers grabbed him and held him on the floor. Aveer/Faheem was yelling so loud that his voice was quite hoarse, but he continued to shout and struggle. Two police officers were called, and they had to handcuff him to restrain his movements.

(Sue et al, 2003)

1. Can you tell me what you understand is happening in the scenario?
2. What do you think is the cause(s) of Aveer/Faheem's behaviour?
3. What treatment would you recommend, and why?

It is anticipated that these questions based on the case study will enable the participants to participate.

PSYCHOLOGICAL DISTURBANCES

1. How would you describe psychological disturbance?
2. According to you, what are the causes of psychological disturbance?
3. Does anyone know of someone who has been affected by a psychological disturbance? Please note that no identifying information is needed.
4. Please describe this person's behaviour? Why do you think this was so?
5. How was the person treated?
6. Did the treatment work? How so?
7. What are the characteristics of a psychological disturbance? (This question aims to form a framework around the symptoms)
8. The causes of psychological illnesses are often described as stemming from many causes like social pressures, or from neurological impairments or even

intrapsychic conflict. How do you think the field of psychology has helped to understand psychological illnesses (if at all)?

SPIRITUAL ILLNESS

9. What characterizes a spiritual illness?
10. Please explain to me the impact that the 'evil eye'/ spirit possession/ magic will have on the person? (to be stated as three separate questions)
11. Are these aspects cultural? Or are they religious? How so?
12. What does your religion say with regards to the above mentioned?

13. Does anyone know of someone, on a personal level, who has been affected by a spiritual illness?
14. How do you think a person can be relieved of these symptoms?
15. What are the characteristics of a spiritual illness? (to place a framework around the symptoms)
16. Can it be said, that there is a distinction between psychological disturbance and spiritual illness?
17. What is the distinction?

RELIGION AND CULTURE

18. What influence do religious practices like meditation and prayer have on the person's illness?
19. Could a Muslim/Hindu person be effectively treated by Moulana's or Babas for psychological disturbances?
20. What is culture?
21. Would I be correct in saying that the culture or religion of a person is a key factor in treatment?
22. Is there anything that you would like to add that I have not asked, or that we have not discussed? Please elaborate.

Thank you for your time.