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ORIGINAL PAPER

Muslim Traditional Healers in Accra, Ghana: Beliefs About and Treatment of Mental Disorders

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Abstract
Traditional and faith healing is a common practice in many low- and middle-income countries due to resource limitations and belief systems, particularly for disorders such as mental disorders. We report on the beliefs about mental illness from the perspective of one category of alternative healers in Ghana—the Muslim faith healers. We also report on their methods of diagnoses and treatment for mental disorders. Results show that the healers' beliefs about mental illness revolved around the notion of *Jinn* as causing most mental illness. Emerging themes are discussed with reference to their potential implications for patients' care and health-seeking behaviour.

Keywords Ghana · Islam · Jinn · Mental disorders · Faith healing

Introduction

Untreated mental illness presents a significant burden for both the individual and their wider environment and, consequently, may result in a loss in national productivity levels (Sipsma et al. 2013). Indeed, the WHO (2011) estimates that mental disorders account for nearly 12% of the total global burden of diseases. In addition to this, the mental health burden in many low- and middle-income countries is further complicated by the shortage of trained mental health professionals, weak policies that do not address the needs of the ill, the limited resources allocated to mental health within these countries and/or the difficulties in accessing these limited resources (Rathod et al. 2017). This is also the case for Ghana, where it has been estimated that there is one mental health professional per every one million people (Ae-Ngibise et al. 2010; Jack 2011). Further, the new mental health law which allows for improved resources and services remains largely unimplemented, 5 years after it was passed. As a result, many cases of mental illness in Ghana arguably remain undiagnosed or untreated (Ofori-Atta et al. 2010).

In addition to these broader factors, concepts of mental illness causation and treatment are deeply rooted in social and cultural notions of illness and misfortune (Musyimi et al. 2016). As a result, traditional and faith healing systems are often the preferred choice for

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patients and their relatives (Chowdhury 2016; Crawford and Lipsedge 2004). In Ghana, as in many other African countries, it has been argued that this is not only because of the similarities in beliefs and values, but also due to the perceived accessibility of these healers, as well as the often-flexible nature of remuneration (Ae-Ngibise et al. 2010; Gureje et al. 2015).

Various studies have also described how notions of health and healing are influenced by religious beliefs (e.g. Adewuya and Makanjuola 2008; Ally and Laher 2008; Nortje et al. 2016; Tabi et al. 2006), and this includes religions that are not considered indigenous to the people. However, despite global similarities in core facets of any transported religion, the local expression of religion in terms of beliefs and practices is shaped by factors which differ based on geographic location, as well as indigenous influences. Consequently, approaches to healing will be directed by a combination of cultural, religious and personal beliefs of the patient as well as the healer (Keikelame and Swartz 2015; Kleinman 1980).

In recent years, there have been increased calls for collaboration between traditional medicine systems and biomedicine (Gureje et al. 2015; Nortje et al. 2016). In Ghana, however, efforts at collaboration have been largely unsuccessful (Ae-Ngibise et al. 2010). This is likely due in part to the fact that, although there is some knowledge of the indigenous beliefs about mental illness, there is little documented on the specific methods used in treating these disorders. In addition, traditional medicine practitioners are often viewed as one broad category with similar practices. The differences which exist among different groups of healers based on their belief systems are also poorly documented. Therefore, in order to understand mental health in Ghana, there is the need to understand the context within which these systems operate. Such knowledge can then drive collaborative efforts which may be more likely to be sustained.

In Ghana, 18% of the population, according to recent census data, describe themselves as Muslim (Ghana Statistical Services 2012). There is a well-developed set of healing practices aligned to Islam in Ghana (Adu-Gyamfi 2014; Edwards 2011), but to our knowledge, there are no published studies on the mental healthcare methods of Muslim religious healers in Ghana. It is on this group of Ghanaian healers that we focus in this article.

Islam and Mental Illness

Belief in the supernatural and its influence on human behaviour and experiences is a common concept in many world religions. Islam in particular emphasises the existence of specific unseen spirits or entities, and the role they play in the lives of people. These spirits—called *Jinn*—are believed to possess traits similar to humans but, in addition, have the ability to take on various forms (Laughlin 2015). They are also believed to be either good or evil. The evil *Jinn* are considered to be the cause of much of the havoc that exists in the world (Dein et al. 2008; Islam and Campbell 2014).

The *Jinn* are also believed to have the ability to possess people, which may result in the possessed falling ill, behaving in ways that are considered unusual or sometimes malevolent, or in some cases leading to extraordinary prowess or abilities (Hussain and Cochrane 2002; Kapferer 1991; Laughlin 2015). In addition to possessing people, the *Jinn* are also able to give people the ability to perform black magic or witchcraft (called *Jaadoo*) to harm others, or to cause them to behave in disruptive ways (Hussain and Cochrane 2002; Laher and Kahn 2011). Descriptions of unusual behaviours are often similar to biomedical notions of mental illness, but are believed to be caused by the *Jinn*. As a result of these prevailing beliefs, some Muslims resort to religious and faith healing practices rather than,

or in addition to, biomedical methods (Al-Ashqar 2003; Ally and Laher 2008; Dein and Sembhi 2001).

There is also the belief in the evil eye (or *Nazr*). Unlike the *Jinn,* the evil eye is believed to originate from humans themselves as a result of envy or jealousy (Ally and Laher 2008). Such jealousy or envy can cause a person's spirit to wish ill upon another's. This ill will is believed to manifest in abnormal behaviours. When an individual is inflicted with the evil eye, they are believed to exhibit symptoms such as lethargy, insomnia, and listlessness, all of which are similar to what is classified as clinical depression in biomedical understanding (Ally and Laher 2008; Sayed 2003; Syed 2003).

Islam teaches that God allows illness to afflict a person for his own reasons. However, some suggest that the patient is allowed (even expected) to seek solutions to their problems through natural remedies, spiritual remedies, or a combination of the two methods (e.g. Littlewood 2004; Parkin 2007; Roy 1982). As a result, healing practices may involve the use of herbal and alternative methods in addition to methods considered "spiritual" (Adu-Gyamfi 2014). Other writers argue that such methods reflect a more syncretic approach to Islam and that Islam in its "pure" sense advocates reliance on God and his words for healing or deliverance. Based on these two viewpoints, patients could either receive strict regimens which are considered spiritual or divine in nature, or they would receive a combination of spiritual and natural remedies for illness.

Previous studies have discussed the Islamic notion of *Jinn* possession (e.g. Islam and Campbell 2014; Littlewood 2004; Wilce 2004) and the prevalence of this belief among minority populations. Other studies have discussed Islamic methods used in exorcism of these *Jinn* (a process called *Ruqyah*; e.g. Adu-Gyamfi 2014; Al-Ashqar 2003; Younis 2000). Many of these studies have highlighted the use of such methods in matters of illness and misfortune among Muslims, including mental disorders, for different categories of patients. Seemingly, mental illness is considered by many Muslim healers as a state of *Jinn* possession. Hence, healing involves exorcism of the spirit which has afflicted the patient.

Despite this knowledge, and considering the tendency of faith healing methods to involve a blending of indigenous cultural and religious beliefs/practices, the methods are likely to differ from one setting to another. Inasmuch as the core beliefs may be similar, the specific approaches to obtaining such healing would likely differ from country to country. The aim of this article is therefore to describe the methods for treating mental disorders from the perspectives of Ghanaian Islamic healers.

Although some research has been done on the use of traditional and faith healing by patients in Ghana, these have been predominantly about biomedical conditions such as tuberculosis, HIV/AIDS and cancer (e.g. Addo 2008; Amoah et al. 2014; Dodor 2012; Opoku et al. 2012). Further, much of the focus has been on the use of such methods by patients but not on the actual methods themselves. Finally, these studies generally examine traditional and faith healers together, without separating them into categories based on their creeds or their training. The data reported in this article form part of a larger study of different categories of healers, but in this article we focus on the work of Muslim traditional healers in mental healthcare in Ghana.

Methods

Research Design

In this study, a qualitative approach was employed to answer the question: "How do Muslim healers in Accra understand and treat mental disorders?" Specifically, we employed an experiential qualitative design (Braun and Clarke 2013) to examine the lived experiences of the healers with regard to the treatment of mental disorders. We found the use of an experiential qualitative approach to be appropriate for exploring the participants' views on mental disorders based on their own experiences. This study therefore used an interpretative phenomenological lens in order to understand the mental health views and perceptions of Muslim traditional healers in Accra. This design also allowed us to interact with participants within their natural setting, thereby allowing a somewhat "insider" perspective of their contexts, and ensuring a greater level of openness (Babbie and Mouton 2001; Gray 2009). This was particularly useful given the stigma associated with mental disorders in Ghana.

Research Setting and Participants

The study was conducted among Muslim faith healers in the Greater Accra Region of Ghana. The Greater Accra Region is located on the southern coast of Ghana. It is a peri-urban region populated with both rural and urban settlements, including Ghana's capital city, Accra. There is a high level of rural–urban migration from other parts of the country to the region. As such, the population of Greater Accra comprises people from various ethnic, religious and faith groups.

There are different categories of healers recognised in the Ghanaian context. These include herbalists, shrine priests, pastors (or Christian faith healers), and Islamic or Muslim religious healers. The Muslim healers are called *mallams* in local parlance. For this study, we interviewed mallams in the Greater Accra Region. Many of these mallams had migrated from one of the northern regions of Ghana (where Islam is more dominant) and were located in neighbourhoods which were predominantly Muslim settlements.

For this study, ten mallams were recruited through the Ghana Federation of Traditional Medicine Practitioners Associations (GHAFTRAM), which is an umbrella body of the various groups of traditional and alternative healers. Specifically, GHAFTRAM put us in touch with the leadership of the Ghana Muslim Traditional Healers Association, a sub-group of the Federation, through whom potential participants were purposively and conveniently recruited. In addition, snowballing was used to identify further participants. Individual, semi-structured interviews were conducted with the ten healers.

Mallams were included in the study if they could speak English, Ga or Twi (the most commonly used languages in the region) and if they had practised as mallams for at least 5 years. All ten mallams were male, and their ages ranged from 51 to 76 years. The number of years they had practised ranged from 16 to 47 years.

Procedure

Before any data were collected, ethics approval was obtained from Stellenbosch University Research Ethics Committee. Further, local ethics clearance was obtained from the Ghana Health Service Ethics Review Committee. In addition to these, institutional permission was

obtained from the Ghana Traditional Medical Practitioners' Council and from GHAFTRAM.

Through GHAFTRAM, potential participants from the Muslim healers' subgroup were identified. Due to cultural and religious rules, these participants were approached through a trained male research assistant, given that it was frowned upon for females to interact directly or unaccompanied with mallams. Individual informed consent was obtained from each participant after the objectives of the study were explained. Basic demographic information was also collected from participants.

The participants were asked a number of questions on a variety of topics using a semi-structured interview schedule. The items in the semi-structured interview schedule were developed based on concepts from previous studies of traditional and faith healing (see Keikelame and Swartz 2015; Kleinman 1980; Sorsdahl et al. 2010). With regard to their work with mental disorders, questions such as "how are you able to identify what the patient's illness is?", "how would you treat [this] illness?", and "how do you think this illness will affect the patient?" among others, were asked. The broader schedule was developed for the larger study on different categories of healers.

All interviews were audio-recorded with consent and took place in the homes and/or workplaces of the healers. The interviews were conducted in English, Ga and/or Twi, depending on which the participant was most comfortable in using; in most cases, this involved a combination of English and one of the local languages. Interviews lasted an average of 41.2 min.

Data Analyses

All interviews were transcribed verbatim depending on the language of the interview. Where necessary, the transcripts were translated into English, then back translated by a linguist to check for accuracy and consistency.

Data were analysed thematically using the six-step model described by Braun and Clarke (2006). Initial codes were generated inductively based on the participants' accounts of their beliefs and methods. Following this, emerging patterns and trends were identified and classified as tentative themes. These were reviewed and defined to produce the broad thematic areas described below. All data were analysed using the ATLAS.ti qualitative data analysis software (v.8).

Results and Discussion

Based on the data collected in this study, the work of mallams surrounding mental healthcare can be organised into two main themes. First, the diagnostic methods used by the mallams to identify the problem. Second, the specific treatment methods and regimens that are used. Each of these is discussed below. However, these methods were dominated by the mallams' explanations about the origin of mental illness. Therefore, we begin this section by discussing their beliefs on the causes of mental illness.

Beliefs about Mental Illness

All the mallams that were interviewed described their ideas about how mental illness came about. These descriptions were dominated by the idea of *Jinn* as causing most illnesses, but

especially those which affect the mind. For example, one participant, a 76-year-old mallam stated,

> *…there are some [people] who get mad through the* Jinn*… They can be like we the normal human beings* [sic]*, the way we appear. And they can behave just like us, some of them are very good and they can bring blessing on your path, but some of them are evil and they work with the demons and satan to cause trouble. So sometimes the trouble that they cause is leading people to madness.*

From this participant's description, the *Jinn* can have a positive influence on people as well as causing trouble. Such descriptions were common from our participants. However, many of them explained that the *Jinn* possess people in various ways or for various reasons. One way that they could inhabit a person is through the individual's own behaviour or mistakes. This is described by another participant as follows:

> *…these* Jinn *…they are usually in bathrooms, toilets, anywhere that is dirty … So when you enter places like that you can meet the bad* Jinn*… they can enter you… especially if you talk while they are around; they will enter you through your mouth… then they start to… give you mental illness and other things.*

This participant describes the process of *Jinn* possession as happening through the mouth as an entrance into the body. Such explanations were common from our participants. For them, the *Jinn* can enter the person when they neglect to do things that would protect them from this possession. Some of our participants spoke of things that could be done to protect the individual from *Jinn* possession, such as reciting a short incantation before entering bathrooms or toilets, or places that were seen as dirty. Others also spoke about behaviours and traditions which were meant to be followed for protection from the *Jinn* and consequently mental illness. One such description is given below, by a 59-year-old mallam:

> *…you see, that is why… every woman has to cover her hair whenever she is going outside…they are usually weak and more vulnerable to the spirits…the* Jinn *are just like us, so when they see the woman's hair or they see some other part of her body …they can fall in love with her, and enter her …if she doesn't cover herself, she allows them to come into her very fast!*

However, apart from the things that people do which cause them to be possessed, there were also descriptions of instances where the person was afflicted by *Jinn* as a result of witchcraft or the machinations of an "enemy". Such cases were also common explanations for unusual behaviour. Our participants believed that when someone was jealous of another, they could cause the *Jinn* to possess the other person in a bid to destroy them. This was done by offering the spirits something of value to them. There were therefore many descriptions of people "buying" *Jinn* influences to use to harm others. An example is described as follows:

> *…in the spiritual aspect, when you give birth to a person or when you are growing up, they know what you are and what you will become, so they can also buy those evil* Jinn *and they will be following you and disturbing you by giving you that type of illness called madness. That one, someone went to the spiritual world and bought it for you.*

This description appears to be similar to what other studies have described as the effects of the evil eye (*Nazr*). Although our participants acknowledged the presence of the evil

eye, their descriptions appeared to circle back to the *Jinn* as causing this evil eye. This is quite different from what others have reported as the evil eye being a result of human behaviour (e.g. Ally and Laher 2008).

Despite the dominance of spiritual explanations for mental disorders in all our participants' accounts, some of them did admit that there was the possibility of other causes for mental illness. These alternative explanations primarily involved mistakes made by other people, such as road traffic accidents leading to brain injury, or drug misuse, subsequently leading to abnormal behaviour.

The beliefs of our participants regarding the causes of mental illness were therefore dominated by spiritual explanations. This is not unlike what has been found in other studies in different populations (e.g. Dein and Illaiee 2013; Khalifa and Hardie 2005). For the most part, these explanations are derived from descriptions in the Qur'an and the Hadith about how *Jinn* and *Nazr* influence human behaviour (Islam and Campbell 2014). This is particularly so with regard to possession through the individuals' own neglect. However, explanations of *Nazr* attacks by enemies appear to have been influenced by indigenous African notions of illness and misfortune. Such notions include the belief in jealousy, envy and/or greed as motivating factors for one person to seek the harm of another. As a result, the jealous individual may cause their target harm through spiritual means. Considering the stigma attached to mental disorders, one of the common ways that this is done is through afflicting the person with mental illness.

Diagnostic Methods Used

As part of their treatment process, the mallams had specific means of diagnosing their patients' conditions. The predominant mode of diagnosis was through interviewing the patient and/or their relatives. Many of them described this process as "*the same way that the doctors do it*". For instance, one participant, a 52-year-old mallam stated,

> *…the complaint that the person makes… will help us to see that it is because of this illness or that illness that is why the person is complaining of this or that behaviour…just like how they will do it when you go to the hospital; the doctor will ask you questions, to understand what has brought you there.*

Despite this similarity to biomedical methods, a key part of this interviewing process involved questioning the patient about their dreams. Many of our participants described dreams as a vital clue to identifying the underlying illness that plagued their patients. One such narrative is described below:

> …when they bring the people to me… I have to see whether he had a dream that he is in a river, or maybe he had a dream that he was seeing some dead person… somebody who died a long time ago; you might have a dream and you can see the person. So when I ask all these questions …that will show me what kind of illness it is.

According to this participant, the nature of the patient's dreams would reveal the kind of illness plaguing him. He reported that different themes in the dreams would manifest in different behavioural symptoms. And these in turn inform the treatment approach.

In addition to the healers' interviews and observations, almost all participants reported that despite their personal efforts, the true diagnosis will often be revealed once certain verses of the Qur'an were recited or read for the patient.

> So when [they] come, we recite the Qur'an to their hearing, then the spirits that are in the person will start to confess and will tell us why they have inhabited that person's body… [it] depends on the way the person will be reacting to us…when we are reading the verses [from the Qur'an]…it will help me to know that what is worrying him is a mental problem or a spiritual problem or whatever.

By reciting the verses of the Qur'an for diagnostic purposes, the healers' belief in spirits causing mental illness is evident. Their use of the verses was due to their belief in the power contained within those words, which could banish or repel the spirit that was causing the disturbance in the individual.

The use of Qur'anic verses for medical diagnoses is not a new practice. Previous studies have reported this in different Muslim populations (e.g. Al-Habeeb 2003; Ally and Laher 2008; Gadit and Callanan 2006). Significantly different in our sample of mallams was the explanation of different elements of patients' dreams as indicating specific disorders. Again, this is likely influenced by indigenous cultural explanations of illness which have been fused with Islamic methods. This syncretic approach to healing is therefore dependent on both healer and patient perceptions within the cultural contexts that influence illness manifestation and outcomes (Stephenson 2013).

Treatment Methods Employed

Another aspect of the mallams' work involved the different treatment methods that they employed for patients with perceived mental disorders. To a large extent, these methods were similar for all our participants, although some differences did exist based on their individual backgrounds and beliefs.

The predominant method that was described by the mallams was the recitation of verses from the Qur'an. All ten participants reported that even if they prescribed additional treatments for their patients, the primary mode of healing was through the words of the Qur'an. Ultimately, they believed that all healing was done by God through them. Verses, or sometimes whole chapters, were therefore recited to the hearing of the patient. If the patient was able to, they would be required to read the verses themselves. They believed the Qur'an contained the very voice of God which had the power to cure any illness. This is illustrated in the quotation below, by a 54-year-old mallam:

> …the al-Qur'an has many verses that can be recited and used to treat problems for any individual. So when we start saying those words from Allah over and over again many times, then the spirit of sickness will start to feel uncomfortable and then it will leave the person… sometimes we will write it down for them to also read for themselves, or maybe their family members can read it [for them] when they go home.

However, simply reciting or reading the verses from the Qur'an was sometimes inadequate when dealing with a difficult case. Some of the participants explained that sometimes the verses were written down with specific herbal extracts and washed with water. The water that was used to wash these verses was believed to imbibe the power of the verses and hence contained healing power as well. Patients were sometimes made to bathe with this water and/or drink it to complete the healing. The quotation below illustrates this process:

I usually… give them some holy water or spiritual water…they use it to bathe, they drink it, and also use it to mix the herbs that we will give them… At midnight then they bathe with the water. He doesn't have to take plenty [of the water], just a small bowl of the spiritual water; he will pour it… on his head, usually he will start at the head and bathe with it.

In some cases, the water that was used to wash the verses is used to soak plants or roots which the patient will bathe or drink. For instance, one of our oldest participants, a 76-year-old mallam who reported that he had been healing people for over 40 years, described his method to us in detail:

…we treat the people who come to us, with the verses from the Qur'an and sometimes with herbs… Sometimes we have to soak the herbs and the roots in the pots for some days. Then we use the "tawada"*, that one is some ink that we make from a particular tree, to write the verses of the Qur'an on this board* (a wooden plank)*, which we call "*allo*". Then… we write the healing names of God on it and then we wash it into the pot that has the herbs in it, for the person to drink it, or even to bathe with it and then it can remove all the things that will be causing the problems from their lives… so that nobody else will get that madness.*

In other instances, the verses were written on talismans like rings and given to the patient to wear during and after treatment:

Sometimes you can [make] a talisman with the verses, so that the person can even wear it on him… So we can give them [a] ring, it is very powerful. It has the Qur'an on it. So… if you recite [the verses] and the Jinn *didn't respond, if you give him or her the ring, immediately it is like fire that will burn [the* Jinn*], and so he will respond…then we can use it to remove the spirit from the person.*

In addition, the herbal remedies that patients were given were not limited to herbal infusions or decoctions; sometimes, patients were given herbal ointments or perfumes to use as a means of protection from further attacks; other times, herbs were lit on fire and the patient made to inhale the smoke. All these were done to banish the evil spirits and, subsequently, to protect the patient from further attacks:

…when we finish with all that, there is some pomade, I make it from some of these herbs that we have here…he will just have to rub it and put it on himself, especially the head… that place where the problem is, then it will go. (71-year-old mallam)

…then you can take some of these other ones…some herb that he will put on the fire directly, for it to burn, so that the smoke, he will be inhaling it. (66-year-old mallam)

All of these processes were done to banish or repel the evil spirit, which is believed to cause the mental illness, from the patient. The methods, however, appeared to be based on a trial-and-error approach, and none of our participants were able to prescribe specific durations for the treatments they provided. Many of them simply repeated their treatments a number of times until they could observe a change in the behaviour of the patient. At most, they reported the number of times that verses or chapters needed to be written in order to be effective:

… we will pick a particular Sura *from the Qur'an, we call it* "Yaseen"*, and we will write it 41 times, so that you will be drinking it and bathing in it for one week or one*

month, depending on what it is…some of them even do it for one year! But after that, nothing will happen again.

Other participants also prescribed different durations for the treatment, but they all reported that it was stopped only when there were no further indications of the presence of the spirits or of symptoms of possession.

Some of the methods described above are similar to those described in other Muslim populations (e.g. Ally and Laher 2008; Cinnirella and Loewenthal 1999; Dein et al. 2008; Islam and Campbell 2014). Our participants, however, also described additional practices which appear quite syncretic in nature. The writing and washing of Qur'anic verses, coupled with the specific preparations of herbal remedies, is certainly influenced by traditional Ghanaian herbal practices (Tabi et al. 2006). Similarly, the use of protective talismans appears to draw from traditional animist religions. However, the belief in the power of the words of the Qur'an and its use in repelling evil spirits was described by all of our participants as expected of a good Muslim. Based on their teachings and traditions, these verses are believed to be able to overcome any difficulty or misfortune. As a result, many of them believed that it was the only thing needed for healing or wellness. For some, any suggestion of alternative or additional treatments was considered inappropriate.

Discussion

In this article, we have described beliefs and explanations given by Islamic healers in Ghana (called mallams) regarding the origin and cause of mental disorders. We also described the methods they used to diagnose and treat mental disorders. The mallams all believed that mental disorders are caused by evil spirits called *Jinn* who possess people for various reasons and cause them to behave in unusual or inappropriate manners. Their descriptions of such abnormal behaviour (and what they considered mental disorders) were primarily about severe psychotic behaviour. This predominance of belief about *Jinn* as the cause for mental disorders was somewhat surprising. From previous studies (e.g. Ally and Laher 2008; Cinnirella and Loewenthal 1999; Dein et al. 2008; Islam and Campbell 2014), we expected a wider range of causes to be identified. All our participants did acknowledge that other factors such as the evil eye, road traffic accidents and drug misuse could result in brain malfunctioning which would manifest in abnormal behaviour. However, despite admitting that these other factors could arise through human error, they also believed that the *Jinn* could orchestrate such incidents. Particularly in the case of drug misuse, they saw such behaviour as a moral failure on the part of the individual which allowed the *Jinn* to possess them.

The mallams used various informal spiritual methods for diagnosing disorders. The primary mode of treatment involved using the Qur'an and its chapters or verses. In addition to the Qur'an, they also used various herbal remedies and talismans to complete the healing or to protect the patient from future episodes.

These methods are based on religious and indigenous notions of mental illness causation (Mpofu et al. 2011) and involve a mixture of Islamic and indigenous practices. The Islamic aspects involve not only the specific verses of the Qur'an, but also ideas which were drawn from other Islamic texts like the *Sunnah* and the *Hadith*. These are read or recited with the belief that they have the power to expel evil spirits which are thought to possess people, resulting in abnormal behaviour.

People's preference for such methods was also reported by our participants. This was not only due to congruent belief systems, but also due to the flexibility of this health

system. For instance, some of our participants reported that patients did not need to make monetary payments if they could not afford it. The healers were willing to receive whatever means of thanks that the patients were able to provide; in some cases, they reported that they did not receive any form of payment at all. This was primarily due to their conviction that they merely served as conduits for the healing process which ultimately came from God. They saw themselves as providing a more humanitarian service than biomedical systems provide.

This certainly has implications for patient health-seeking. As has been reported in other studies in Ghana, people were reported as preferring to go to traditional healers because of factors such as accessibility and affordability (Ae-Ngibise et al. 2010; Ofori-Atta et al. 2010). The mallams' benevolence would therefore be appreciated and may be sought by the people in a context where mental health resources are limited.

Though treatment by mallams may be more accessible to the public than other treatments for reasons of cost, this does not address the question of how effective treatments may be. The processes and treatments that the mallams undertake are largely unstandardised. Much of their work appears to be trial-and-error, and it is possible that treatments may be ineffective or even, in some cases, present risks for patients. One of the major risk areas was the use of herbs and inks which patients needed to drink or bathe in. None of our participants were able to explain the specific content of these inks. This may present a risk of toxicity for the patients who imbibe the mixtures.

In this study, we have described some of the methods used by Islamic healers for mental disorders. Despite the uniformity of their use of the Qur'an in healing, there is a level of ambiguity present in their outcomes. Their reliance on the confession of the so-called *Jinn* to diagnose, and also to determine the direction of the treatment process, is highly unreliable considering the potential for patients with psychotic disorders or patients who are disoriented, to utter things which are not accurate. As such, what the healer would suppose is a *Jinn* confession of possession, may well be the result of a confused patient.

Further, the treatment regimens did not have fixed timelines. The healers relied on observed changes in behaviour to determine recovery. Given the self-limiting nature of many common mental disorders, this may also be a false outcome of passing time.

Paradoxically, there was a deep commitment on the part of our participants to doing the patient no harm. The mallams frequently spoke of the repercussions that they would encounter if their methods led to any adverse effects for the patient. This was one of the reasons for their reliance on the Qur'an, which they said would never lead to harm for the patients. However, their use of herbs and other materials is not specifically guided by the Islamic holy books or by other protocols and is therefore difficult to regulate or standardise.

Regardless of this ambiguity, the value of the spiritual engagement of the healers with the patients cannot be denied. The patients' belief in what the healer was doing has been suggested to serve as a positive coping mechanism for them, which influences recovery and relapse rates (Hanely and Brown 2014).

Conclusions

The use of faith healing for mental disorders is not likely to stop in the foreseeable future. The healers' congruence with patients' beliefs about the causes of illness and misfortune is one of the major reasons for its widespread use and popularity. Therefore, calls for collaboration between traditional and faith healers, and biomedical systems are a move in the right direction. However, the limited knowledge about the work of traditional medicine

practitioners is a big drawback to successful collaboration. This lack of knowledge may also explain some of the mistrust and suspicion that often exists between these two systems of healthcare (Gureje et al. 2015).

However, understanding their methods and recommending their use for patients are two different situations. From our data, the mallams believe that their work is more humanitarian than that offered by biomedical systems, and as a result, more effective. However, most of them also believed that biomedical methods were a waste of time since they did not tackle the root cause of the disorders. This speaks to their perceptions of potential collaboration with biomedicine. Indeed, many of them stated outright that they did not think it was necessary to work with doctors because the doctors' methods would not result in complete healing. Such statements are worrisome, in the light of the widespread call for collaboration between the different systems.

This study has found insightful descriptions about the methods of Islamic healers in the Ghanaian context with regard to diagnosis and treatment for mental disorders. Regardless of this information, there were a few limitations which are important to note. Given the cultural influences on notions of illness, the descriptions and views of mental illness may also be held by other healers. The data must therefore be viewed within the larger context of traditional or alternative healthcare in Ghana. That is, a comparison of the different categories of healers would be insightful. Secondly, an exploration of the patients' experiences and views would also provide a broader picture, particularly into the efficacy of these methods. Despite these limitations, we believe the results can provide an important first step in understanding mental healthcare and practices in a Ghanaian context.

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Compliance with Ethical Standards

Conflict of interest The authors declare that they have no conflict of interest.

Ethical Approval All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Declaration of Helsinki and its later amendments or comparable ethical standards.

Informed Consent Informed consent was obtained from all individual participants included in the study.

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