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ABSTRACT

In spite of the development of medical services in Asian countries, mental illness and mental health services remain a stigma. An awareness of the causes and consequences of mental illness is also lacking. Since the 1990s, much work has been done in Malaysia to advance the people's concepts about the scientific approach to mental illness and to promote clinical psychology. The first master's program in clinical psychology was started in 1994. The trend of visiting traditional healers is changing, and a more systematic and scientific approach is emerging. This paper presents counseling techniques that can be used with patients transitioning from the traditional into the modern world of medicine. (JDM)

## Psychotherapy in an international setting - A Malaysian perspective

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### Historical background:

Malaysia is now one of the fastest growing countries in Asia. It is located in South East Asia and has two major divisions, west on Peninsular Malaysia and East Malaysia which consists of Sabah and Sarawak (Situating in Borneo islands). Since its independence in 1957, Malaysia has grown in ethnic groups i.e. Malays, Chinese and Indians. Malay population is about 60% of the total (Dept. of statistics, 1997).

### Growth and scope of Psychotherapy

In spite of the development in Medical Sciences, mental illness has still remained a 'stigma' in most of the Asian countries. People still stick on to their traditional views based on their cultural background. By and large, the awareness of causes and consequences of mental illness is lacking to a considerable amount in comparison to the western world.

The usual practice here is to approach the traditional healers called 'Bomoh' and consult a specialist only when situation aggravates. The belief that the mental illness is due to spell of

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evil spirits or due to their past sins is still prevailing in this region.

But since nineties, a lot of work has been done in the direction of creating the awareness in the people about the scientific approach to mental illness and hence promoting Clinical Psychology. The first Master's Programme in clinical psychology was started in the year 1994. Presently, only about 120 Psychiatrists practice all over Malaysia with only a very few trained Clinical Psychologists. It is stunning to note that the number of clinical psychologists is even less than 20 for a population of 20 Million!

The Dept. of Psychiatry in University Sains, Malaysia started its Master's Programme in Psychiatry as late as in 1996. The Dept. consists of 6 Psychiatrists and one Clinical Psychologist i.e. myself. I solely cater to the needs of all the other Depts. In addition to the regular teaching to undergraduate and postgraduate students. I also conduct Clinics for adults on Thursdays, and for children on Saturdays in a regular basis. Referral of cases is through General Practitioners, Pediatricians, Neuro Surgeons, and ENT specialists, psychiatrists, Oncologists and others.

### **Traditional Practices**

As indicated earlier, Psychotherapy is still not popular in Malaysia in comparison to the Western Countries. We have two psychiatrists in our Dept. who have been trained in the UK with the specialization in Cognitive Behaviourtherapy and Personal Construct Therapy. My area of specialization is Counseling, Behavior Therapy and Psychotherapy.

Most of the patients (specially Neurotic disordered patients) who are referred for assessment and treatment will be taken up for Supportive Psychotherapy in the beginning, and later directed to fit into the needs of specific kind of Psychotherapy.

My experience here has made the point very clear that the stigma towards mental illness is very much prevailing among the general population irrespective of their educational background. I have come across many educated class of people with this kind of a notion towards mental illness.

It is a general belief here that mental illness is a result of past sins, 'karma', possession by the evil spirit etc.

Malaysian society is a multiracial with diversity of cultural beliefs existing among the three major races namely, Malay, Chinese and Indians. The culture of rural Malay has been influenced by Hinduism, Islam and western civilization.

All of the Malays are Muslims. The culture and religious members of the Chinese and Indian races differ because the majority of Chinese are Buddhist and most Indians are Hindus.

As Malaysia is a multi-ethnic and multi-racial country, the perception of the people is based mainly on their religious practices. If a Hindu has encountered mental illness, his family members will first take him to an astrologer, then to the temple and offer prayers to their family God/Goddess, and even after this the illness doesn't cure then they approach the local GP and the final resort would be to take him to the mental Health professionals. During this process the illness aggravates due to the delay and will become chronic, taking longer time to cure, and ends up with poor prognosis.

If Malay encounters mental illness he first visits a traditional healer called 'Bomoh'. This is the case with 80% of the patients.

Among Bomohs there are two types. Some of them follow the principles adopted in the Holy Quran and try to overcome the mental illness in the spiritual way. Other types of Bomohs are considered to have special powers and they are self-styled. (Razali, 1995) My attempts to meet such Bomohs for a dialogue failed. But I have gathered enough information about them through my patients and friends. Bomohs are ordinary persons who have gained some high state of energy, which nobody knows how. There is a saying that they spend long hours in the caves meditating, and have attained that power. Some of them even work in the Govt./Private organizations and weekly twice they play the role of Bomohs and perform the healing. People even wait in long queues to meet some powerful Bomohs. So it has been considered to be a very normal practice to take help from Bomohs when required. The patients (usually, Psychotics and chronic Neurotics) who are not getting better will go to mental health professionals and by the time they visit the specialist they would have reached a chronic stage.

Bomohs generally see illnesses caused by Physical factors, supernatural factors and predispositions. Physical factors include certain foods, heat and cold, microorganisms, physical trauma, brain impairment and wind. They have their own effect but are often seen as being affected themselves by super natural agents. This includes evil spirits, witchcrafts, black magic and divine anger. Predisposition includes loss of vital inner strength (semangat), several mental stress and immortality. Such conditions, it is believed make people more vulnerable to natural and supernatural dangers.

Two of the commonest means of healing used by Bomohs are holy water and incantations. The use of talismans is also common as well as herbs, sometimes added to water to bath the body. If the illness is thought to be caused by ghosts, or evil spirits, efforts are made to drive out or defeat them!!

The popular belief that Bomohs are particularly well equipped to handle mental disorders is reflected in a study conducted by Razali(1996). He states, that 73% of the Malay Psychiatric patients in a sample surveyed had contacted Bomoh first as opposed only 25% of these using general outpatient services. In addition most of the psychiatric patients who had not yet consulted a Bomoh said they would do so if their current treatment failed.

In case of the Chinese Christians and Buddhists, they consult their own religious preachers and astrologers to overcome their mental illness. Here also the patients were advised to follow certain rituals to overcome their mental illness. It has been observed that these traditional healers are able to treat only 20% of the patients, mostly neurotics.

### **Stages of Psychotherapy/Counseling**

Most of the patients who approach us after the sessions with their traditional healers demand an immediate cure. I have adopted the following procedure in my treatment:

**1<sup>st</sup> Session:** Collect the case history.

**2<sup>nd</sup> Session:** Administer appropriate psychological tests. To know more about their personality traits.

**3<sup>rd</sup> Session:** Analysis of results. And inform the patients about their strength and weaknesses of their personality

**4<sup>th</sup> - 20<sup>th</sup> session:** Teach them techniques to overcome their Problems.

During the therapeutic sessions I have been following the sequence of breathing exercise, alternate nasal breathing and mind control.

### **Breathing Exercise:**

Breathe as slowly as possible 10 times. It should involve only the process of inhalation and exhalation and no holding of breath. This has to be repeated 20 times for 10 days.

### **Alternate nasal breathing:**

Inhale from the left nostril and exhale from the right nostril as slowly as possible. Repeat this 20 times daily. This induced mind stability.(BKS Iyengar,1981)

### **Mind Control:**

This session is to develop a strong will-power. I make them understand the nature of mind and learn the techniques to interact with it earnestly and intelligently. The person who has no control over his mind will be the victim of passions, emotions, tensions and criminal activities. Also, I educate them how a controlled state of mind induces calmness and gives peace of mind & happiness. This is like a psycho-education of insight in to their problems and prepares them to cope up.(swami Budhananda,1987)

### **Case Studies:**

For the past 6 years I have seen many cases with diagnosis of General Anxiety Disorders, Panic disorder, many types of Phobia, Somatoform disorder. PTSD, Marital disharmony,

Mental retardation, and other childhood psychiatric problems. And almost all these cases referred to me are from good educational background. Invariably all of them consulted Bomoh once to several times.

Of the number of cases I have treated with positive results I present the following two cases to give an idea regarding how even educated people succumb to the Bomohs.

### Case study 1

A 28 years old Malay male accountant came with the case of Social anxiety. He found it extremely difficult to talk in front of strangers and failed to answer questions in job interviews. He became sad and unhappy when he learnt that his younger sister got a job.

He consulted a Bomoh and paid him US\$ 1000/-. Each time when he visited Bomoh he used to sprinkle holy water on him and gave some ashes to eat with his food. He visited twice a week for 4 months, as there was no improvement even after 4 months he came for professional help.

### Case study 2:

A 23 years old Chinese Female Medical student came with a case of Generalized anxiety disorder with already on anti-anxiety drugs. She also has some Hypochondriacal Traits

She had consulted a Chinese traditional healer. She was told that it is a bad period for her and she should be careful to avoid more dangers.



She approached me just before 2 months of her professional exams. She lacked confidence, had poor self-esteem and she had already generated a negative feeling that she is destined to fail the examinations.

### **Future of Psychotherapy in Malaysia**

The awareness of Psychotherapy is considerably low in Malaysia but considerable steps have been already taken to improve the situation. Three universities are running Master's Programme in Psychiatry. As a part of curriculum the students are supposed to submit 3 cases of psychotherapy done under supervision.

Short term Psychodynamic Therapy, Cognitive Behavior Therapy and Marital Counseling. Slowly the trend of visiting the Bomohs is changing and more systematic and scientific approach is emerging in healing patients with latest techniques of Psychotherapy, Behavior Therapy and counseling.

Ministry of Health had declared 1999 as the year for the 'Promotion of Positive Mental Health'. A committee was constituted consisting of Psychiatrists, Psychologists and some Para-Medical workers to develop modules to conduct workshops and seminars. I was one of the national facilitator in developing the modules and conducting workshops. We have conducted several workshops on promoting positive mental health to medical officers who in turn are going to impart the knowledge at the grass root level of paramedical workers. We emphasized strongly about why traditional healers are not successful in treating psychotic disorders and impart the usefulness of modern methods of treating various mental illnesses.

However, a lot need to be done in the direction of promoting positive mental health. We constantly look for service minded mental health professional who would like to render service particularly in the rural areas of Malaysia. Even though the package may not be very attractive, aiming at the growth of Psychotherapy in Asian region this would be an endeavor worth taking.

### **Conclusion**

'Change' is often resisted no matter whether it is at the personal or professional level. Irrespective of the geographical location people have a general tendency to stick on to the old practices in the name of traditional importance. Switching over from the traditional methods to scientific methods is also no exception to this. The only approach is to educate people in the right direction with patience and perseverance. The government of Malaysia has a very open-minded approach and provides all the required facilities to promote mental health and also take curative measures. So, a step in this direction would contribute a lot to the growth of Psychotherapy in Malaysia.

THANK YOU

### **References.**

1. Dept of statistics (1997) Population and housing census of Malaysia. General report of the population census, Vol 1& 2
2. Light on pranayama(1981) BKS Iyengar, Chapter Breathing exercises, London UNWIN paperbacks, pp123-156
3. Mind and its control (1987)Swamy budhananda,Advaita ashrama dehi entally road, culcutta
4. Razali:etal(1996)Belief in supernatural causes of Mental illness inMalayMentalPatients:impactontreatment.Acta.Psychiatr.scand.9 9.229-233
5. Razali.M.S(1995)Psychiatrists and Folk healers in Malaysia,World Health Forum,Vol.16,56-57



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