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PLACEBO AN ESSENTIAL INGREDIENT IN COUNSELING-EDUCATION FOR DAIMONOMAGEIA (WITCHCRAFTS): A CASE STUDY OF DIVERSE HEALTH CONDITIONS IN THE AMUZI COMMUNITY

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Abstract

Witchcraft has recognized the potency and availability of force to influence the mind and cause misfortunes. Our research aims at resolving health issues attributable to witchcraft. The 148 people who testified of their ill-health were caused by witchcraft attack participated. We assess their social-cultural beliefs and medical conditions to ascertain their health claims. We grouped them into two- groups-A (absence of identifiable ill-health) and group B (the presence of identifiable ill-health). The group-B was according to identifiable ill-health via Group B1 (Diabetes), B2 (Stroke), B3 (Heart disease), B4 Kidney disease), B5 (Body pains), B6 (Liver disease), B7 (Childlessness), and B8 (Insanity). Each person was given individualized counseling and told to list their problems and the name of the suspects who inflicted them. Laboratory screening on them ascertained their health conditions. The names of the purported entities causing the ill-health were written down and followed by psychological counseling to convince them that burning the paper with their names written on it will disconnect their power over them. The underlying ill-health of each participant received proper diagnosed and treatment. The feeling of a problem solved dispelled the fear affecting them. Illnesses were treated, following proper diagnosis through biochemical indices. The results were in percentage recovery. From the result, 60% in group-A recovered. The recovered group-B were: B1 (70%) B2, (20%), B3 (65%), B4 (83%), B5 (73%), B6 (40%), B7 (67%) and B8 (40%). Further analyses revealed the disease comorbid. Biodata's information revealed their proclivity to witchcraft. The findings showcased the placebo effect.

Key words: Disease comorbid, Fear, ill-health, percentage recovery, social-cultural beliefs and witchcraft.

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Introduction

Witchcraft is an issue that affects people in many ways. It is ubiquitous and undoubtedly presents a constant problem in Africa (Okon, 2012). Witchcraft is in Nigeria (Jayeola-Omoyeni *et al.*, 2015). The effects of witchcraft are seen in many communities in Nigeria. Witchcraft has influences on the mind of humans and by researchers' exertion, it is this power to influence the mind that causes misfortunes to the affected suffers. The idea that mystical powers enable Witchcraft physically and spiritually to inflict sickness on their victims is an obstacle to finding a lasting scientific solution for afflicted sufferers (Ashforth, 2005). Researchers opined that Witchcraft exercises this power of the mind to affect its subjects through misfortunes.

Literature review

Sickness in the traditional settings is an affliction caused by this entity called Witchcraft (Zugbara 2000). The affected have maintained heightened belief in ascribing the cause to these entities, who are their perceived enemies (Sullivan, Landau and Rothschild, 2010). The opportunists feast on the afflicted, who are under the illusion of these sickness-causing entities via psyching them out and are often left in miseries. The feasting on the afflicted has taken a dramatic trend, sufficing among some religious leaders who have taken advantage of this perception of Witchcraft causing sickness in the sufferers and exhorting them (Kalu, 2008). Though researchers are not trying to discredit this belief, it will deter progress in the healing of victims.

The potency of the witchcraft-acclaimed affliction by their victims (afflicted sufferers) is long-lasting on the affected. This is an obstacle for seeking scientific solution by the victims. With the increase in disease in recent years in the community and the consequent death rate increase among the Amuzi community, diversity in the cause perception of the diverse illnesses become more marked, with sufferers maintaining the feeling of who caused it. Identifying at the earliest onset, alongside diagnosis, correct treatment, and management of sufferers are crucial to quail

the snowballing death rate and eliminating the human cause per the perception of the diverse illness.

This ethnographic research looks at the possibility of link in ill-heath to beliefs system of the community and how the affected could be cared for. As many keep to the dogma of the allegedly magical powers (Mbiti, 1978), the afflicted will be under the alluring influences of witchcraft powers. A severe measure and far-reaching transformation of society with enough provision in all spheres of life, ranging from materially, culturally, and intellectually can root out witchcraft credence. The need for a scientific approach to problem-solving justifies the present research.

The research developed similar psychological modalities to disorientate them from the witchcraft perception influence and infuse them with the need for informed health decisions through expert analyses of their situations.

Health issues has biochemical developmental processes and the recovery has biochemical basis. The ascription of ill-health to witchcraft is the basis of disease progression. The research aims at restorative condition of the Amuzi community, and the specific objective will address the real cause and prescribe solutions to the health condition of sufferers on issues attributable to witchcraft.

Method

Study Setting: Amuzi is in Obowu L. G. A. Imo State, Nigeria. It is made up of five component parts - Ndiuhu, Umuosita, Umulowu, Umuezigwe and Ndiokwu. The defining cultural festival of the people is the Iwa-Akwa and the associated age-grade system. The area is surrounded, via Mbaise, Odenkume, and Alaike,

Participants

Purposive sampling was adopted and employed to recruit 151 people with diverse health conditions. After screening using research adopted criteria, 148 people

qualified and subsequently adopted for the study. Participants were 81 Females and 67 Males and they were aged 40 to 70 years.

*Inclusion criteria***:** Those who testified to witchcraft as the cause of their ill-health. Or have a pre-monition of the entities that caused it. Those without underlying medical issues blame entities for it. Those who were within these conditions were qualified.

Exclusion criteria: Those who have any form of ill-health accepted the condition without any accusation, those that did not consent. Despite being excluded, they received medical advice and free treatment from our medical team. Grouping was per their ill-health.

The medical examinations by the medical team identified the following disease conditions – Idiopathic (absence of identifiable ill health), Diabetes, Stroke, Heart disease, Kidney disease, Body pains, Liver disease, Childlessness, and Insanity.

*Classification of subjects***:** The groups were two: group-A (absence of identifiable ill-health) and group B (presence of identifiable ill-health). Those in group B were subgroups per identifiable ill-health via Group B1 (Diabetes), B2 (Stroke), B3 (Heart Disease), B4 (Kidney Disease), B5 (Body Pains), B6 (Liver Disease), B7 (Childlessness), and B8 (Insanity). Grouping was necessary to solve their problems convincingly.

Study protocols: Each person on the first visit was given individualized counselling and told to list their problems and the name of the suspects who inflicted them. One month after the first visit, recruited participants received a medical examination. Laboratory screening on them ascertained their health conditions. In the third visitation, the names of the purported entities causing the ill-health were written down and followed by psychological counselling to convince them that burning the paper with their names written on it will disconnect their power over them. The burning was a way of destroying their problems in their presence. The feeling that problems are destroyed served the placebo effect and is the psychology behind it (subtle manipulative behaviour). The

underlying ill-health of each participant received proper treatment.

M***ethod of Data analysis: F***requency count and simple percentage was used to analysed the data.

Ethical consideration: Subjects received prior knowledge, using the local language of the people (Igbo language) on what the research is all about, and received promises of utmost confidentiality in their health information. The participants gave informed consent to this study and are free to withdraw if they become distressed.

Results

Table 1 contains the age, educational status, marital status, religious belief, tribe, and participant sex. Participants have mean age, standard deviation, and range of 61.32, 15.36, and 30 (Table 1). The educational status of the participants was a primary school (35), secondary (57), and tertiary institution (56), as in table 1. The majority of the participants belong to secondary education (53). The marital status of the participants was single (27), married (91), and divorced (30) (table 1). The larger number of participants still livewith their husbands in the married category. The religious beliefs of the participant were Christianity (98) and traditional religion (50), with non as Islamic religion (0), as in table 1. The majority of the people belong to the Christian faith. The employment status among participants showed 81 self-employed, 45 unemployed, and 22 government employed (Table 1). The tribal classification presents Igbo as the only tribe (148) among these participants (Table 1). The participants were 67 males, 81

females, and no intersex. A large portion of the participants were females.

Table 1: Biodata of the 148 participants in the Amuzi Community

Age	Educational status	Marital status	Religious belief	Employment status	Tribe	Sex
Mean	Primary	Single	Christianity	Self-employed	Igbo	Male
61.32	35	27	108	81	148	67
Standard deviation	Secondary	Married	Islam	Government employed	Yoruba	Female
±15.36	57	91	0	22	0	81
Range	Tertiary	divorce	Traditional Religion	Non-employed	Hausa	Intersex
30	56	30	40	45	0	0

The results in Table 2 presents diverse health condition among participants viz: Group A and B. Group A denoted the ill-health category, who were without apparent cause (Idiopathic). Among the 15 people with ill-health of idiopathy, the recovery was 9 (successfully treated), amounting to a 60% recovery. The numbers of treatments in progress and non-responding to treatment were 30 and 10. In group B, which denoted ill-heaths with identifiable causes (133), the ill-health spread was: 40 Diabetes, 10 Strokes, 40 Heart diseases, 6 Kidney diseases, 15 body pains, 8 Liver diseases, 9 Childlessness, and 5 Insanity. In the cause of treatment: Of the 40 Diabetics treated (Group B1), 28 recovered, amounting to 70% recovery of the participants. The treatment in progress and non-responding to treatment were 10 and 2. Of the ten Strokes treated (Group B2), two recovered, accounting for 20% recovery of the participants. The treatments in progress and non-responding to treatment were 8 and 0. Considering the 40 Heart diseases treated (Group B3), 26 recovered, amounting to 65% recovery. The treatments in progress and non-responding to treatment were 10 and 4. Of the 6 Kidney diseases treated (Group B4), 5 recovered, amounting to 83 % recovery. There was none treatment in progress and a non-responding to treatment. Of the 15 Body pain treated

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(Group B5), 11 recovered, amounting to 73% recovery. The treatments in progress were 4, and none responses to treatment was 0. Of the 8 Liver diseases treated (Group B6), 3 recovered, amounting to 40% recovery. The treatments in progress and non-responding to treatment were 3 and 2. Of the 9 females who were Childless (childlessness) treated (Group B7), six recovered (conceived), amounting to 67% recovery. The treatments in progress and non-responding to treatment were 8 and 0. Of the 5 Insanity treated (Group B8), two recovered, amounting to 40% recovery. The treatments in progress and non-responding to treatment were 2 and 0.

Table 2: Diverse ill-health among the 148 participants in the Amuzi Community

Group	Nature of the diseases					
A	Ill-health without apparent cause (Idiopathic)					
	Total number	Recovery	Percentage recovery	Treatment in progress		Non responding
	15	9	60	30		10
B	Ill-health with apparent causes					
		Total number	Recovery	Percentage recovery	Treatment in progress	Non responding
B1	Diabetes	40	28	70	10	2
B2	Stroke	10	2	20	8	0
B3	Heart disease	40	26	65	10	4
B4	Kidney disease	6	5	83	0	1
B5	Body pains	15	11	73	4	0
B6	Liver disease	8	3	40	3	2
B7	Childlessness	9	6	67	3	0
B8	Insanity	5	2	40	2	0

Table 3 presents disease comorbidity. The disease comorbidity consists of 2 or 3 combinations of ill-health in an individual participant. Two diseases comorbidity were: Body pains plus Kidney disease, Diabetes plus Kidney disease, Heart disease plus kidney, childlessness plus Kidney disease, Kidney disease plus Insanity, Diabetes plus

Heart disease, and stroke plus Heart disease. Three diseases comorbidity were: Diabetes plus Heart and Kidney disease and Insanity plus Childlessness and Kidney disease. The Relative Frequency in the occurrence of the Comorbid Disease presented them in the following percentage: Body pain plus Kidney disease (12), Diabetes plus Heart disease and Kidney disease (6), Diabetes plus Kidney disease (20), Heart disease plus Kidney disease (7), Childlessness plus Kidney disease (1), Kidney disease plus Insanity (2), Insanity plus Childlessness and Kidney disease (1), Diabetes plus Heart disease (10) and Stroke plus Heart Disease (40) as in Table 3. The highest and lowest percentage occurrence is in Stroke plus Heart Disease (40) and Childlessness plus Kidney disease and Insanity plus Childlessness and Kidney disease (1) as in Table 3.

Table 3: Comorbid disease among the participants

No	1	3	2	2	2	2	3	2	2
CD	BD + KD	D+HD+KD	D+KD	HD + KD	C + KD	KD + I	I + C + KD	D + HD	S + HD
RF%	12	6	20	7	1	2	1	10	40

CD = Comorbid Disease, RF% = Relative Frequency in occurrence, BD = Body Pain, KD = Kidney Disease, D = Diabetes, HD = Heart Disease, C = Childlessness, I = Insanity and S = Stroke.

Discussion

In health management, the treatment-marking decision goes with beliefs and culture. The perceptions of the cause of illness are paramount in strategic design for good health promotion, disease control, and prevention (Kickbush, 2007). Antonitto (1983), speculated cultural beliefs in the cause of ill-health and witchcraft- a prominently mentioned inflictor. It is desirable to strengthen this empirical study by considering the impact of belief and others in this community. Our study considered age, marital status, educational level, belief, tribe, and sex. It shows that irrespective of sex, educational achievement, employment status, and others, the association between witchcraft

caused ill-health is deeply rooted in the community. The significance of beliefs on the health aspect is in psychology (Horne, 1999). The factors contributing to treatment acceptance and adherence include illness perceptions, literacy, and others (Chia, Schlenk, and Dunbar-Jacob, 2006). Hence, the biodata investigation in the study (Table 1). There were no intersex and other tribes representatives among the participants.

In the diverse ill-health (nine) afflicting the 148 community representative – Idiopathic, Diabetes, Heart disease, Kidney disease, Body pains, and Childlessness were of highest recovery after treatment, amounting to over 64% of each case, except in idiopathic (60%). This high recovery value is due to the reorientations given to participants and assurances by the burning of the names ascribed as inflictors. Assuming other factors remain constant, the psyching and feeling of disconnection from witchcraft-cause ill-health is the platform for the biochemical healing process to set in (Feyisetan, Asa, and Ebigbola, 1997).

Ill health has a demonstrable biochemical pattern of healing processes. It is in agreement with previous work by Alastair (2018) that demonstrated the biochemical basis of ill health. The belief and other biodata investigated may hamper recovery of health. These beliefs and others are important in providing medical treatment (Hsiao *et al.*, 2012). Beliefs, illness nature, and the presentation are fundamental to how health experts handle it (Wade and Halligan, 2003).

Treatment adherence is a paramount overriding for recuperation in diabetic persons and others in our present research (Chummun and Boland, 2013). We exert that belief, and others may be the necessary gateway to medical treatments. By inference, biodata in the investigation was necessary for getting through to participants (reorientation) that preceded treatment. We reason thus the possibility of belief among other biodata investigated to cause hormonal secretion, aside from other Biochemical molecules, capable of altering treatment.

Diabetes and heart diseases are the commonest ill-health in the present study. These findings agree with global trends in the previous report (Bandello, Zarbin, Lattanzio, and Zucchiatti, 2017). Kidney has the highest recovery. It may be unconnected to the nature of ill-health but possibly to the less severe stage of the disease during the treatment period.

i. Further in the study, coexistence of ill-health in participants was investigated. Disease comorbid in individuals is a common finding (Starfield, 2006). The relative disease comorbid put Stroke plus Heart disease as the highest comorbid disease, both are cardiovascular diseases (Shanthi, Pekka, andiv. Norrving, 2011). Stroke and Heart diseasev. have connections. Heart disease is part of the precondition for Stroke. The result agrees with other work that presented cardiovascular**vi.** as the leading cause of death (Shanthi *et al*.,vii. 2011). It is common in older people *and* the aged (Nkomo, Gardin, Skelton, Gottdiener, Scott, and Enriquez-Sarano, 2006), our investigation agrees with that. The successes in the treatment shows that there were not palpable connection between the witchcraft and the ill health. Witchcraft is a projection of the mind and its tool is placebo.

ii.

iii.

Conclusion

This study revealed that impacts of disease affliction has both characteristics associated to health and belief system, socioeconomic, and attitudinal conducts of the sufferer. The non-health-related has witchcraft as the focal point. The study further demonstrated the essence of life science as a sustainable way to solve myriad health issues and debut a non-logical ascription to an entity called witchcraft on both psychological, psychiatric, and beyond.

Study limitation.

The group and its participant are all one tribe and hence not reflective of Nigeria populace, this is the draw back in the present study.

Recommendation

This work should be extended to other parts of Nigeria and the result compared. Endogenous variables predict the exogenous variable. The instruments used in the study were self-reported measures of data collection. This implies that the respondents

viii. had the room to fake their responses for the sake of social desirability.

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