

# Rastafarianism religious beliefs: spiritual practices



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Over the years, there have been various explanations to the causes of mental illness; while some have indicated genetic causes, others have identified socio-economic causes and others have explained it using a stress-vulnerability model. Sometimes it has been explained as a combination of these factors but irrespective of these explanations which could be argued, it has been substantiated by various studies. One cannot dismiss the strong association of cultural and religious beliefs and practices in the explanation of mental illness and how these explanation and beliefs can influence treatment options sought by the individual and clinicians' attitudes and responses. In some instances, people experiencing mental illness may have delusions of religious content as this can obscure valuable diagnosis and required treatment to be given (Cinnirella and Loewenthal, 1999). Although, religion in certain instances does not have association with mental health disorders, when it does, some close associates of the person experiencing mental health difficulties see them as someone who requires treatment, while others think they have a good doctrine or fundamental ideas and will seldom seek medical or psychological intervention (Johnson-Hill, 1995).

Rastafarianism is a way of life predominately allied with people of the Afro-Caribbean background. The movement turned religion, began in Jamaica in the 1930s, came into view as a proxy to the governance of western colonial authority and values. Teachings of Marcus Garvey, who advocated and championed the interests of people of African descent in the Diaspora, inspired the movement (Chevannes, 1998). There are over a million worldwide followers of Rastafarian religion. It has been estimated that about 5, 000 Rastafarians are living in England and Wales in the 2001 census and

there are considerable followers of the faith in communities predominately in London, Leeds, Manchester, Birmingham, Liverpool, Bristol and Nottingham (BBC, 2009).

The primary aim of the religion is to bring about the elementary transformation of an unjust society. Ethiopianism is an idea that merges Ethiopia and the whole of the African continent which occupies followers of the Rastafarian faith with dreams of a return to their 'heaven on earth' (Chevannes, 1994). Johnson-Hill (1995) stated that everything about this religion, the use of the 'holy herb' (cannabis), the use of the term I, meaning 'We', and songs are all intended for the Oneness (divine self) within inner self discovery which acts to strengthen the individual. All these aid the Rastafarian to engage in purity of the mind and be regarded as person of self worth (Murrell, Spencer and McFarlene, 1998).

The rise of Bob Marley, who was a practicing Rastafarian made the movement/ religion very popular not only in the Caribbean but the whole world and has attracted a considerable number of followers mainly blacks, and some white people who claim to have affiliation with Africa, to the ethics and practices of the Rasta faith. The inclusion of white people to the religion has led to a change in their philosophy of skin colour to an orientation of the mind and self-determinism (Johnson-Hill, 1995).

Their strict teachings and practices, like any other religion may have protective factors against mental illness however it does not exempt an individual from experiencing mental health difficulties. This article will

attempt to highlight the origin of Rastafarianism, spiritual practices and its impact on mental health and mental health practice.

## **Origin of the Rastafari Religion**

Marcus Garvey was one of the founders of the religion. His middle name ' Mosiah' which was interpreted by people as a link between Biblical Moses and the Messiah was very significant to his followers and turned the United Negro Improvement Association to a worldwide movement. Garvey used Biblical suggestion of Ethiopia as a place of return to Africa and also predicted to his followers to “ Look to Africa for the crowning of a Black King; he shall be the Redeemer” (Murrell, Spencer and McFarlene, 1998). As Barrett (1988) pointed out, this prophecy to all of Garvey’s followers existed in their minds until in 1930, when Ras Tafari the great grandson of King Saheka Selassie was crowned Emperor of Ethiopia. He took up the name Haile Selassie (Might of the Trinity) and other titles as “ King of Kings, Lord of Lords, Conquering Lion of the Tribe of Judah, Elect of God and Light of the World and placed himself in the dynasty of King Solomon (Murrell, Spencer and McFarlene, 1998).

Many Jamaicans and followers of the United Negro Improvement Association saw the coronation as a revelation from God and the fulfilment of the prophecy predicted earlier by Marcus Garvey. The fundamental idea of Ethiopianism and Messianism were put together by the Garvey movement whose task was to rebuild Africa shattered by the invasion of the colonialists (Chevannes, 1998).

Rastafarians soon accredited themselves as part of the twelve tribes of the biblical Israel and identified with Haile Selassie as the redeemer or messiah who would lead them away from the white oppression (Babylon) with a promise of a return to Africa (Barrett, 1988).

Johnson-Hill (1995) pointed out that although some followers of the faith returned to Ethiopia, others now see this mission as a psychological self discovery and personal attribute to Africa; its culture and way of life.

### **Rastafarian beliefs, rituals and practices**

The Bible is of great importance to the practice of Rastafarianism but only some of its content is peculiar to the religion. However the Rasta believes in the Bible as having higher power to expose evil. They have nurtured for themselves a wide range of beliefs and spiritual practices with support from their interpretation of various texts in the Bible (Murrell, Spencer and McFarlene, 1998).

The Rastafarians are persuaded that God is black and support their doctrine with Biblical text in Jeremiah 8: 21. A reverence of Haile Selassie is very vital to the Rasta as he is perceived as a living god and returned messiah linking him to the lineage of King Solomon. The distinct characteristics of Haile Selassie is divine to the followers of Rastafarianism but to some he is an incarnation of God who is called Jah or combined as Jah-Rastafari which they support with Biblical verses in Revelations 5: 2-5, Psalms 68: 4 and Psalm 87: 3-4. (Barrett, 1988).

Chevannes (1994) points out that twice every week, the Bobo Shantis' who are the strict followers of the religion use prayer and fasting and drumming  
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as an essential part of the Rastafarian faith. On these occasions, nothing whatsoever passes their lips from noon to sunset amid worship in their temple. Prayer is predominately done three times every day, where the believer prostrates facing east at sunrise, noon and sunset. These religious beliefs and practices clearly have implications for mental health practice.

The general believe in the Rastafarian religion is peace and their denouncement of violence. Sometimes this non-violent way of life is highly unachievable due to their socioeconomic strata and the militant affiliation of one section of the religion, the Nyahbingi order that might support violence. The Rastafarians lifestyle and day to day activities began as a deviation from society's norms and the formation of a cohesive unit. Protest against authority brought about violence in the early days of the founding of the religion (Johnson-Hill, 1995).

The Bobo Shantis (a sect of Rastafarianism), are self mindful non violent people who wear their dreadlock hair under turbans. They desist from amassing wealth and property with a notion of living a very simple life similar to the lifestyle and practices of the ancient Israelites while observing the Sabbath weekly from Friday evening through Saturday evening (Murrell, Spencer and McFarlene, 1998). Another division of the Rastafarian religion is the twelve tribes of Israel which have larger and diverse followers. Each tribe is associated with a month of the year according to the names of the twelve tribes of Israel and members are deemed equal in status although they may function differently (Barrett, 1988).

In the Rastafarian religion, women are seen as less superior beings and obtain the faith's thorough divine wisdom through their husband, or partner (Barrett, 1988). This indicates the possibility of Rastafarian men treating women inhumanely and possibly preventing them from accessing mental health services and treatment. There are some traditional practices which bear similarities in the practices of Rastafarians where in the public place, women must wear ankle length dresses, and hair must be covered during ritual proceedings. Rasta women are exempt from cooking when menstruating and in certain situation they are placed in seclusion (Chevannes, 1998). Although these are beliefs and custom held by the Rastafarians, it is evident that it can cause oppression to the woman, and can be a contributing factor of mental illness.

Another belief or practice that can have implications for the treatment of mental illness is the Rastafarians placing a valuable importance on nature. It is seen as an endowment of Jah for healing and sanctification of mankind (Murrell, Spencer and McFarlene, 1998). As a result of this view, they reject unnatural things relevant to life including medical treatment, rather preferring the natural herbal use. The use of cannabis referred to by the Rastafarians as the herb, weed or ganja is believed to have been found on the grave of King Solomon and it is to aid in gaining insight into life, have a clear conscience and meditating in worship (Barrett, 1988).

## **CLINICAL IMPLICATIONS**

### **Cannabis and mental health**

A feature that people attribute to Rastafarianism is the use of cannabis. To the Rastafarian smoking cannabis is a special spiritual experience and help <https://assignbuster.com/rastafarianism-religious-beliefs-spiritual-practices/>

in their meditation as well as enlightens their mind. A procedure referred to as reasoning. The ritualistic way involving cleansing and prayer before using cannabis is sacred to them. Smoking cannabis without purpose is regarded as disrespectful to a Rasta (Barrett, 1988). To the Rastafarian, it is their right to use cannabis but its cultivation and possession according to the law is illegal and warrants a police caution or arrest (Home Office, 2009).

In a medical context, the association between cannabis sativa commonly known as cannabis, marijuana, weed, or herb and psychosis has been raised. Cannabis sativa is exceptional for producing different types of cannabinoids but the most powerful type associated with psychosis is the Tetrahydrocannabinol (THC) which also contains carbon monoxide and carcinogens found in tobacco (Ashton, 1999). The THC content in cannabis has dramatically augmented over the years due to the advanced ways by which the plant is cultivated. The increased potency of cannabis nowadays may expose users to high doses of THC.

In a study conducted by Reilly et al., (1998) using 268 long term users of cannabis with regular usage of at least three times per week, the subjects gave reasons for their cannabis use as mainly for relaxation, having a feel good effect and to alleviate stressors in their day to day lives. They however reported feelings of anxiety or depression, lack of motivation, exhibition of paranoid ideation and some also reported respiratory symptoms. Beer (2007) explained that certain individuals with a Valine modification in the dopamine-regulating COMT (catechol-O-methyl transferase) gene are vulnerable to developing psychosis and cannabis can exacerbate psychosis in individuals with this defect in their genome. Experiments conducted by <https://assignbuster.com/rastafarianism-religious-beliefs-spiritual-practices/>



D'Souza et al (2004) described the existence of positive and negative symptoms of schizophrenia in the healthy people in their study who were given cannabis intravenously and also a transient acute psychotic episode in others. Early commencement of cannabis use on a frequent basis was noted as a strong predictor in the individual's future addiction to cannabis and an important relation to depression (Kalant, 2004). He further showed that there is evidence that memory and information processing in the children of women who are chronic users of cannabis were permanently affected and a susceptibility to other illicit drugs dependence in later life owing to early exposure.

Still exploring the impact of cannabis use on mental health, Ashton (1999) has indicated the pharmacokinetics of cannabinoids as it enters the lungs into the blood stream and the effect it precipitates. As the cannabis smoke is inhaled or taken orally, its effect is noticed within minutes and evoking a physiological and physical effects in users. In the bloodstream, the cannabinoids are circulated quickly to parts of the body requiring high blood demand like the brain, liver and lungs. In the brain, cannabinoids like THC act as agonist at the CB1 receptors which is only found in the brain and a second one is also located in peripheral tissues especially in the immune system (Iversen, 2003).

Studies have shown that these CB1 receptors are predominately confined to axons and nerve terminals but not in the dendrites or body of the neurons. These receptors have a presynaptic mechanism in origin and modify the release of neurotransmitters which are mainly found in the basal ganglia, cerebellum, hypothalamus, anterior cingulate cortex, hippocampus and

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cerebral cortex (Levenes et al., 1998). Chronic cannabis use is linked to memory, learning impairment and cognitive function which are allied with the cortex and the hippocampus with subsequent mental health deficit (Iversen, 2003). Impaired judgement by these users relates to disruption in their decision making. This effect of cannabis on the brain explains the effect of the amount of dopamine released corresponds to the dopamine hypothesis of schizophrenia whereby excessive production of dopamine is associated with symptoms of schizophrenia (Johns, 2001).

There is an extensive research highlighting the adverse effect cannabis has on one's mental state most especially in chronic or regular users. The capacity of cannabis is to generate a 'high', a notion widely associated with its use. Its abuse or addiction is related to substantial pre-morbid psychopathology (affective and personality disorders as well as psychotic disorders). The intense reaction it gives is ecstatic otherwise a euphoric, detached and relaxed feeling which may persevere with perpetual use of cannabis (Johns, 2001).

### **Patriarchal structure and mental health implication**

While the woman signifies an enchanting pleasure to men and also satisfying their partner's desires by not showing dissatisfaction or allowed to complain about anything in the Rastafarian faith, she is thought to denote a specific hazard to their men. " Rastafarians believe that a woman is of such wayward nature that only through her male spouse, her ' king-man', may she attain the enlightenment of Jah" (Chevannes, 1998).

Using Biblical context of Adam and Eve and Samson and Delilah's experiences, Rastafarian men do not trust their women folk. This feature of the Rasta faith which has society's condemnation is the issue of dissimilarity in gender and a patriarchy practice. In certain Rastafarian communities, some of these sexist ideas results in women being marginalised, seen as inferior and a source of sin. There is a concept about women being submissive to their men folk and always show respect as well as do what they ask which is very contradictory or antithesis to their belief about human equality (Johnson-Hill, 1995). This oppression and control can lead to emotional and physical abuse in the women. Domestic violence arises when a partner considers dictating and gaining control of the other partner. Most often abusers are of the male gender and the need to dominate may arise from low self esteem, extreme inferiority issues in socioeconomic and educational status, excessive anger and jealousy. Intense traditional beliefs or cultural practices may influence people's behaviours as they grow either witnessing these practices of abuse from childhood or being victims of abuse themselves and the subsequent development to think it is right to control and abuse women (Briere, 1996).

This occurrence of jealousy, insecurity and all forms of abuse with the situation of intimate relationship are common (Spiegel, 2003). Abuse is often thought as a physical abuse but emotional and verbal aspects can be as damaging as that of the physical. In many situations of abuse, these women will seldom report such incidences and only in serious proportions resulting in injuries and death reaches the attention of the authorities. Women experiencing this ordeal of pain and trauma in their relationships are

referred to seek mental health and psychological interventions (Salter, 1995). In a cross-sectional survey comprising of 432 women who attended walk-in clinics, Maharaj et al (2010) used the Woman Abuse Screening Test (WAST) and showed a major association between abuse in mental health disorders in the patients especially depression, anxiety and posttraumatic stress disorder.

A longitudinal study conducted by Roberts et al (1999) with women aged between 16 to 74 years, who were treated at the accident and emergency department investigated the features of symptoms and precedents of mental illness associated with domestic violence and abuse. Their findings showed similarities with other results highlighted in other research which identified that women who suffer abuse in their adult lives suffered an impact on their mental health and other women who experienced similar abuse in their childhood as well as adult life also had a significant difficulty in their mental health than women in the control group who were women not abused in any form. These studies clearly indicate an association between abuse and mental health problems. It also indicates that addressing the issues of abuse is paramount to religious beliefs and practices in mental health practice. The other implication it has on mental health practice is; professionals' ability to carry out accurate risk assessment and subsequently manage risk in the light of these complex beliefs and practices.

### **Rastafarianism and the vegan's syndrome**

The Rasta believes that it is wrong to eat the carcass of animals because then the body is being converted into a burial ground (Chevannes, 1994).

Most Rastafarians will not eat animal meat, some will eat fish but not eat

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shellfish and the consumption of milk by some is viewed as not coming from dead animals. They will not eat fruit that has been altered from its natural form nor any food that has been processed. In vegan diet, there is a low concentration of vitamin B12. Vitamin B12 (cobalamin) is a vital component of the synthesis of DNA and has been implicated in various neurological and psychiatric disorders (Lerner and Kanevsky, 2002). Vitamin B12 contributes an important part in the maintenance of homeostasis in the nervous and the transport systems (haematology). The daily dietary recommendation is 2.5 µg and only produced naturally by some microorganisms unlike humans who have to obtain it from their diet especially in dairy products, eggs, fish and meat (Catalano et al., 1998). A decline in the level of vitamin B12 causes anaemia, a rise in mean corpuscular volume (MCV), haematocrit and haemoglobin and some patients are found to have normal blood levels but deficient in this vitamin which can prove difficult to diagnose. Its role in the disorders of a neuropsychiatric is understudied, however several research cited by Catalano et al (1998) in their article has postulated toxic levels in homocysteine, axonal demyelination of neurons are a cause of deficiency in vitamin B12 and an association with mental health difficulties. It has proven a challenge to diagnose, as the psychiatric symptoms sometimes can present with or without hematologic or neurological appearance (Sabeen and Holroyd, 2009). There is a correlation between vitamin B12 deficiency and different types of psychiatric and neurological deficits. Vitamin B12 (cobalamin) plays an important role as a coenzyme in human metabolism which contributes to the synthesis of neurotransmitters such as dopamine, serotonin and noradrenalin. Defects in these neurotransmitters can lead to a

decline in mental state and subsequently evolve into a psychiatric disorder (Hutto, 1997).

Symptoms of a psychiatric nature that is accredited to a deficiency to vitamin B12 are a decline in cognitive function, confusion, delirium, depression, acute psychosis (agitation, paranoia, hallucination) and a rare schizophrenia presentation. In the older adult patients, there are reported cases of dementia and catatonic presentation and other patients presented with neurological deficit like paresthesias, ataxia and other sensory impairments (N. Berry, Sagar and Tripathi, 2003).

## **Recommendations**

It is very evident that the religious beliefs and practices of Rastafarians have implications for mental health and mental health practice. It will be recommended that;

## **Practice**

Rastafarians have nurtured a phonological scheme of words into a new framework of the English language which is heavily accented. This exclusive way of communicating might obstruct the clinician's task in mental health assessment of a Rastafarian. Health professionals ought to be aware of the variations in making accurate assessments. This will include sometimes consulting people with in-depth knowledge.

Secondly, a thorough spiritual assessment needs to be considered especially if the patient is a practising Rastafarian as spiritual practices like chanting, fasting and their dietary needs to be adhered to and some of the beliefs and practices can be construed as symptoms.

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Raising awareness of vitamin B12 deficiency and its relation to psychiatric symptoms among healthcare professionals is essential to provide understanding to the vegan syndrome in these people who presents as anaemic or neuro-psychiatric disorder or both. Training regarding this causality of deficiency in vitamin B12 and psychosis should be ruled out when these group of people present with symptoms of a psychiatric nature.

During any psychological or psychiatric assessment of the Rastafarian women, clinicians should be aware of the possibility of abuse and in- depth exploration into the likelihood of abuse in order to safeguard the individual. Psychological intervention could also play an important part in ensuring their well being if identified of suffering abuse.

Cannabis use and its association with psychotic illness should not be undermined. Patients and their carers need to be educated about the risks of cannabis use. Staff should set up groups to educate and help patients to be abstinent.

## **Training and Education**

In pre qualification training, health professionals need to be educated on the existence of such beliefs and practices and its impact on mental health assessment and management despite this group being little. Subsequently, post qualification training in religious, cultural and spiritual needs has to begin exploring the needs of this minority group. Furthermore, training in techniques such as motivational interviewing will be invaluable.

Education of the general public as a whole is also important, and followers of the Rastafarian faith should be encouraged to include products like milk or take vitamin B12 supplements in their diets.

## **Research**

Further research into the Rastafarian beliefs and practices and its implications for mental health need to be carried out as this is limited and almost non-existent

## **Conclusion**

It has been established that the beliefs and practices of Rastafarians has implications for mental health and mental health practice. The differences between Rastafarianism and other “ typical” religion are myriad, including: no set membership, no ordained or commanding leader, and as a whole there is association with the outside world.

In certain societies, Rastafarians have been described as a religious group exhibiting delusions. The negative analysis needs to be questioned because it suggests a misinterpretation of the ideals of the religion and encourages the incorrect concept that their beliefs are atypical to notions of other religious movements. Despite these diverse ideas, it should be highlighted that Rastafarians, like other religions; Christians, Muslims, Buddhist etc are susceptible of having mental health difficulties. Diagnosis and management should be based on clinical examination and a holistic understanding of the person, in order to provide an appropriate medical, religious and cultural sensitive care.