



Troubled Mind and Healing Rituals: Re-Thinking Mental Health

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ABSTRACT

This paper presents nine cases of troubled mind and healing rituals during a short field work in different healing sites in Delhi. Following the WHO's promotion of the integration of traditional medicines, AYUSH and allopathic medicine, India has integrated traditional medicines as an integral part of our cultural heritage, to support allopathic medicine, especially in cases concerning mental health issues.

Introduction

Healing Rituals, that is symbolic dimensions which give repetitive behavior to an individual or a society, have important social and psychological roles. Usually, however, anthropologists are more interested in public rituals followed by many of people or a particular society than in personal ritual behavior (Helman, 2007; Stephenson, 2015). According to Stephenson (2015) rituals are unavoidable and hold a place also in modern life. What is a ritual? What does it do? Is it useful? What are the various kinds of ritual? Is ritual tradition bound and conservative or innovative and transformational? He raises these basic questions and focuses on the places where a ritual activity touches everyday life, in politics and power; moments of transformation in the life cycle; as performance and embodiment. He also discusses the boundaries of ritual activity, and how and why certain behaviors have been studied as ritual while others have not. Further he shows how ritual activity is an important vehicle for group and identity formation; how it generates and transmits beliefs and values; how it can be used to exploit and oppress; and how it has served as a touchstone for thinking about cultural origins and historical change. It also develops a narrative of the rituals place in social and cultural life and encompasses the breadth and depth of modern ritual studies (see Mrinal, 2018).

Turner(1968) mentions ritual activity as a periodic restatement of the term in which men of a particular culture must interact if there is to be any kind of coherent social life. He examined the form

and meanings of ritual symbols, especially those which are used in healing rituals. He points out that especially in pre literate societies, ritual activity has the important function of storing and transmitting information about a society. Every ritual has some kind of symbols and acts as a storehouse of the traditional knowledge. This is because ritual symbols are polyvalent. Each symbol in a ritual can be regarded as multivocal, that is it represents specific clusters of values, norms beliefs, social roles, sentiments and relationships within the cultural system of the performing society. Therefore, to the observer, each symbol has a whole range of associations for those taking part in the ritual. It helps them to understand the value of their society, how it views the natural and super natural world, how it is organized. This is particularly important when a community is threatened by misfortunes such as famine, death, war, accidents, conflicts and ill health (see Mrinal, 2018).

Similarly, Tomlinson (2014) explains a classic question in ritual studies, that is how ritual performances achieve-or fail to achieve-their effects. It is argued that participants condition their own expectations of ritual success by interactively creating distinct textual patterns of sequence, conjunction, contrast, and substitution. He has been drawing on long-term research in Fiji, the book presents in-depth studies of each of these patterns, taken from a wide range of settings: a fiery, soul-saving Pentecostal crusade; relaxed gatherings at which people drink the narcotic beverage kava; deathbeds at which missionaries eagerly await the signs of good Christians' "happy deaths"; and the monologic pronouncements of a military-led government determined to make the nation speak in a single voice. In each of these cases, Tomlinson also examines the broad ideologies of motion which frame participants' ritual actions, such as the Pentecostals' beliefs that effective worship requires ecstatic movements like jumping, dancing, and clapping, and the nineteenth-century missionaries' insistence that the journeys of the soul in the afterlife should follow a new path. By approaching ritual as an act of "entextualization" - in which the flow of the discourse is turned into object-like texts - while analyzing the ways people expect words, things, and selves to move in performance, this book presents a new and compelling way to understand the efficacy of ritual action.

Bell (2010) offers a practical introduction to ritual practice in her book *Ritual, Perspectives and Dimensions* (2010). She surveys the most influential theories of religion and ritual, the major categories of ritual activity, and the key debates that have shaped our understanding of ritualism. Bell refuses to nail down ritual with any one definition or understanding. Instead, her purpose is to reveal how definitions emerge and evolve and to help us become more familiar with the interplay of tradition, exigency, and self-expression that goes into constructing this complex social medium. Loudon (1966 c.f. Helman, 2007) defined these public rituals as "those aspects of prescribed and repetitive formal behaviour that is those aspects of certain customs which have no technological consequences and which are symbolic".

Anthropologists describe three main types of public rituals: cosmic cycle or calendric rituals; rituals of social transitions; rituals of misfortune (Helman, 2007). There are many definitions of health and healing in aboriginal, traditional or indigenous contexts. The healing has common elements, found on different continents, where aboriginal populations live, from North and South America to Africa and Australia and Asia including India. The American Muslim population also has diverse healing practices of various ancestral origins: they use a variety of traditional healing practices utilized by this population along with allopathic medicine (Al Rawi et al. 2011; Struthers et al., 2004).

William Sax (2008) has elaborately discussed the ritual healing and social justice in Central Himalayas of north India. It focuses on the cult of Bhairav, a local deity who is associated with the lowest castes, the so-called Dalits, who are frequently victims of social injustice (see Mrinal, 2018).

His work is an ethnographic description and it successfully places this content in relation to larger debates in the field and Sax's own arguments about ritual, modernity, and personhood in South Asia. It is an excellent contribution to the literature on healing, caste, gender, and the culture and religion of Garhwal (Sax, 2008). Similarly Indian population has been studied well (Sax, 2008; Singh, Kumar, Rani, 2014; Schoonover et al, 2014) as to the ritual healing and health.

Actually, rituals used for healing vary among different people and are difficult to summarize all of them, however, here I have used the concepts of ritual and healing as well as traditional healing practices (Williams, Guenther and Arnott, 2011, Mrinal, 2018).

Field Work Methodology

At the beginning of twentieth century Malinowski developed the fieldwork tradition of "Participant Observation" as a method. He emphasized on fieldwork as a primary way of anthropological data collection in his work 'Argonauts of Western Pacific' (1922) about the need to include a statement of field procedure. Franz Boas as well as A. C. Haddon, W. H. R. Rivers, C.G. Seligman, E. E. Evans-Pritchard went on building the pillars of anthropological research.

I planned for my field work with this background in mind, But I faced different problems when I began to work in a real situation as per my plan. It was not easy to ask questions, as per plan, to troubled minded, help-seeking people directly on the healing site. After I began my field work I could not fill in Performa or schedule for nearly two days. Soon I realized that it is better to hear the informants' 'stories', which may enlighten their problem and their possible trajectories, and patterns of healing. Hence I went to three healing sites:

1. Masjid in Jhangirpuri A-block Market where every Friday several new mothers, with their infants less than one year old, gather at the gate just to take the blessings from Chief Molvee after their namaaz in evening. These blessing are directed to cure infant diseases or sicknesses which most trouble the mothers. Here it was a little difficult for me to conduct the interviews / or interact with young married women accompanied by their mother-in law in most of the cases. It was perhaps due to my being a young man, the sacredness of their problems and the stigma in discussing with outsiders, especially an unknown man.
2. Kale-shah Dargah, near SDN Hospital in Dilshad garden. Several people with family or alone usually sit and wait for the blessing every Thursday. I also entered and sat in the corner behind the healer and his team. I observed the following cases as mentioned in the analysis below.
3. Rohini, Sector-11. I did my short duration field work for ten days during the summer holidays between 5th June and 16 June, 2018.

The present study was conducted to explore, through the case study method, the healing ritual practices among people at different healing sites with two main objectives: 1. to observe who these people seeking help from traditional healers are and who performs certain healing ritual; and 2. to explore the different problems/diseases for which people looks for ritual help.

Analysis

The following are nine case studies, the first four are primary cases and the other five are secondary,

which I have used to strengthen my primary cases and their interpretations. Aliases have been used for the people in the primary cases.

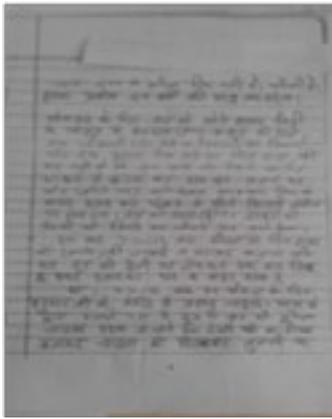
Case -1: Gauri, 50 yrs woman, Kaleshab Dargah, near SDN Hospital in Dilshad garden, Delhi - Abaji, the healer sits at his place. He is listening to Gauri. She is describing her skin problem to him. After listening the problem, the healer uses his pen to write the prescription on a small rectangular paper in Urdu. This is healing scared script (HSS). After writing the prescription with a red board marker, he also writes something on the back side of the paper in bold Urdu letters. Before giving the prescription, he tells her to take a deep bath in a pond for fast healing. Then the old lady takes the prescription and goes to the person sitting next to the healer, the Sattar babaji. The Sattar babaji begins to pack capoor, a pair of cloves, a little kumkum and finally packs all the things in a paper and puts them in a plastic bag. Finally he hands over to Gauri. I approached that lady to ask about her problem and why she believed on the healer although she can go to the normal doctor for her treatment. She said this healer is very powerful. Every time I come here for my trivial problems. I follow the prescription, it helps me heal my skin problem. Further she mentioned that she also went to the doctors'. She shared that they used to charge a lot of money and prescribe costly medicines which she cannot afford for long. She also said that these medicines are useless and did not heal the problem. But this healer is not charging much money for his services and we donate 100 or 150 Rupees. People can even donate 10 or 15 rupees. The method he used to treat the commonest problem is very effective.

Case -2: Arjun, 27 years, Kaleshab Dargah, near SDN Hospital in Dilshad garden, Delhi - Arjun was sitting on on the back seat of a motorcycle when he was injured in an accident few years ago. Hence he stayed in a hospital for 3 months. Most of his injuries were healed, but he had a hair line fracture in one of the vertebrae disk which often causes him uncontrollable pain. Often he would have to take leave from the work when it is unbearable. Then his co-worker suggested him to look for the local healer for help. Though Arjun was not very sure about it, the doctors had told him that there was nothing else they could do about his problem. So he listened to his friend's proposal and went to the healer for a treatment. Whenever his pain became uncontrollable, he went to the healer who put his hands on his back and prayed for his healing. The result was intense, and after sometime the pain subsided. However, a few hours later it would return. He was discouraged that although the healing would work for a while, the pain would eventually return. However, over the next few weeks the pain took longer and longer to return, and was less and less severe. After 5 or 6 weeks the pain was gone. He said that the healers have some magical power, the healer did not charge any money for his treatment but he used to give some amount of money to him because he felt grateful. Arjun returned to the doctor for his regular checkup. The doctor was astounded that the ruptured disk had healed! According to him, there was no injury in his disc and may be his X- Ray was replaced by other X- Ray. So, actually, his intervertebral disc had never healed. This way the doctor snubbed the healing treatment of his disc because he did not believe in these ritual healings. The truth is known only to Arjun, his family and his co-worker.

Case -3: Savitari Devi, age 50, Kale-shah Dargah, Dilshad Garden, New Delhi - Savatari Devi was in her early 50's and was suffering from visual migranes, a kind of headache. Unlikemost migranes, there was no pain involved, but first she would see things in her peripheral vision jagged, then they would form a tunnel until she was totally blind. This would normally take from 15 to 30 minutes, then after a while the tunnel vision would recede and slowly widen until her normal vision returned. Apparently this is not uncommon, and the doctors told her that there was absolutely nothing he or anyone could do for it, once it starts. All she could do is to find a safe place, and wait until it passes.

The doctor indicated that they always run the same course and never stop once they start without going through the entire sequence. One day Savatari Devi was taken to the healer by her son for the treatment of her migraine. The healer spent less than a minute of prayer and lying hands on her head to treat the migraine, without going through the other stages, something the doctors said it was impossible. Now she regularly comes for the treatment when required and she says that she is perfectly fine and able to live normally because of the healer of Kale shah dargah.

Case 4: Monu, 15 years, Astro Point, Sector-1, Rohini Delhi - The parents of Monu, 15 years who was to attend the 10th class exam, were disturbed due to their son's behavior. They said Monu was losing interest in the studies, he was arrogant, just always out of the house most the time with his friends, roaming here and there till late night. He did not eat home food and enjoyed chicken in the dinner at hotel with his friends. Monu's parents were worried for him for his unusual behaviour as he had to appear in Tenth Class exam the following year. His parents visited a very famous local Panditji. He sat in a big *barmada* where he kept different idols of Hindu Gods and Goddess including of Lord Hanuman. People visited him for the solution of their problem in the evenings. He asked the date of birth and Kundlani. He carefully listened to the problem, then advised the following treatment, written in Hindi on a white paper, to the mother.



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Picture of Prescription Treatment-perform Rituals at home

The following are other cases, drawn from secondary sources, which reflect the cultural values of folk healers, the rituals and their healings.

Case -5: School going Boy, VK, with epilepsy - VK, 16 years boy, was affected by epilepsy, preparing for the 12th class board examination. His mother said his seizure began when he was eight years old. During past eight years, some traditional healers treated him for one year in his maternal uncle house in Himanchal Pradesh. These healers used, as his mother narrated further, tabeej, mantra rituals, scared thread etc. but VK had no cure in his maternal uncle house. He visited the different places for traditional treatment including the well-known large hospital in Delhi. Initially, his mother said she did not know it was a disease, but a doctor treating the boy then told her that epilepsy is a disease, and sent him doctor to the tertiary care neuropsychiatric center. His mother says she finds it difficult to take his son to the hospital for the routine checkup. He does not want to come very frequently, because his friends and neighbors make fun of him by saying that his treatment is from this hospital. As his mother says: "*Main usko chupa ke lati hun taki padosi bhi nahi jante ke eska ellaz yahan se ho raha he aur VK ko ye achha nahi lagta ki usko bar bar yaha aana accha nahi lagta he.*" (I bring him hospital in the hiding, he

does not like to visit the hospital frequently, even his friends and our neighbor do not know about the treatment. It is only we the family know the about it and we do not share his treatment with other). However his treatment continues from the hospital. His seizures are under control (Singh et al, 2013).

Case -6: Neeti, 26-year-old from Dhuliya, Maharashtra - Neeti, suffering from a mental illness went for treatment to the famed Mira Datar Dargah shrine, in Mehsana district with her brother. It is 100 km away from Ahmedabad. The shrine is known to cure illnesses and 'possessions', and thousands people across the country visit it to for the treatment. Neeti's brother tells that she was chained to prevent her to smash things and beat up people. Neeti's family spends four months every year at Unava for her treatment. "We consulted doctors but nothing worked. Now, she has become much calmer. The bouts still erupt but they last, at the most, for ten minutes." The shrine of Hazrat Sayed Ali Mira Datar, a general of Ahmedabad Sultan Mahmud Begada, has attracted devotees for over 500 years. It is one of the many places of worship in India where thousands mentally ill patients seek divine remedy. The fabled power to cure mental illness, which has a huge stigma attached to it, also draws Hindus who make up 50% of the visitors (Yasmeen, 2016).

Case -7: Jagat Ram's Sister - Jagat Ram travelled from Hapur, a district of UP to the Institute for medicines because his younger sister suffers from depression, a common mental illness in the country: "It all began at her in-laws' place where she uses to complain they tortured her," recalls the 35-year-old. In 2007, she lost her newborn and it pushed her into shock, adding to her already existing marriage problems. She turned quiet, lost interest in doing household chores, personal care and even stopped bathing. Her in-laws used to accuse her of acting to gain attention and did not think to cure her. Her condition continued to deteriorate and then Jagat Ram forcibly brought her back their home. Jagat Ram spent money on a costly private treatment in his native place for one year. But she showed no improvement. It was by chance that the family brought her to the Institute. Here she is under treatment now and being recovering. He adds further that "We now have to keep her away from negative thoughts". Though I still spend money on travel and take frequent leaves from office whenever it is required (see Varsheny, 2013).

Case -8: Sanju, 19 Years. - Sanju is a tribal boy from a village in the Jhabua district of Madhya Pradesh. He shows symptoms of depression. Ratan Singh, his father, believes that he is under the spell of evil spirits, because he was fine till two years ago, when his behavior suddenly changed. He stopped responding to calls and did not even care for himself. He would cry for no reason. In the past two years, Ratan Singh and his wife travelled several times to the Baba Dongar temple atop a hill, hoping that the God would cure Sanju. They also promised to sacrifice some cocks at the temple, if Sanju showed improvement. Though the boy did not show any sign of improvement. Baba Dongar was their only hope. When asked why he does not take Sanju to a doctor, a bewildered Ratan Singh says Sanju does not have any health problem. He is not the only one who believes so. A photographer of the Samni village who earns his livelihood by taking photos of the pilgrims at the temple, says every day five to 10 families, even educated ones, visit the shrine, hoping their mentally ill relatives would be cured (Varsheny, 2013).

Case-9: Tamanna - Tamanna, 30 year old, lives a life of rejection. Her husband and his family brought her one year ago to the Indore Mental Hospital. Doctors diagnosed her a bipolar disorder and admitted to hospital. Doctors declared her healthy within a couple of months and asked her family to take her back home. But no one wanted to take her back. Tamanna kept writing to her family for six months, but there was no response. Even her mother did not respond. Finally, the hospital administration had no choice but to shift Tamanna to a nearby shelter home with the due permission

of the Chief Judicial Magistrate (Yasmeen, 2016).

Discussion

These nine cases deal with psychological or mental disturbances/mental illness and physical diseases. Monu, my primary case study, the case studies of VK, Neeti, Jagat Ram's Sister's Depression, Sanju and Tamamna may be grouped as mental sickness/psychological problems in secondary/ published studies. Gauri, a lady suffering with skin problem; Arjun, Savitri Devi and VK showed body ailments. The case of VK is different as he first underwent the traditional treatment at his maternal Uncle's place in Himanchal Pradesh followed by the treatment of epilepsy/ seizure disorders in Delhi.

The mental sickness/psychological problems as mentioned in the secondary/ published studies are the realities in urban life. Many people are suffering with afflictions like depression, suicide thoughts etc. Most mentally ill people look for a healer's help rather than going to a doctor's as we can see in case of VK: she went to a healer's in her maternal uncle place in HP then came back for a proper treatment in Delhi. In contrast, Arjun was first treated for his accident in a hospital then for further relief he went to a healer's. Similarly, Savitri Devi's migraine found a cure in a healer's blessings. The stigma associated to mental illness is often treated in a mental hospital, where the patients would prefer to stay, rather than going back home.

The shrine of Hazrat Sayed Ali Mira Datar has attracted devotees for over 500 years, but today it is has turned from dua (blessing) to dava (medicine). The Dava and Dua Project (DDP), initiated in 2008, have ensured that almost half of the visitors to the shrine also consult a psychiatrist and accept an amalgamation of faith and science to treat their mental illnesses. This is one of the pioneering initiatives in which traditional faith healers work in close association with psychiatrists and psychologists, creating a model of social psychiatry that has attracted the attention of the WHO and NHRC.

The DDP was tough as mujawar (faith healers) protested when a team of doctors and others tried to inspect the premises in 2002, and police had to intervene. The medical practitioners did not lose hope and succeeded in starting the DDP formally in 2008.

In eight years DDP have reached out to over 38,500 patients. In India, mental illness is stigmatized and thus studies estimate that 82% patients of common and 47% of severe mental disorders never come into contact with medical practitioners. In such a situation, places like Mira Datar or similar shires or healing sites at least show the way for healing and provide an opportunity to reach out.

While the case of Sanju of Jhabua district and Monu's strange behavior are supposedly due to 'possession' according to their families, the treatment cannot be accepted on scientific grounds but as a ritual of healing whose efficacy is connected to the family's beliefs.

The real mental illness, as in the case of Tamana at the Indore Mental Hospital and Jagat Ram's sister of Hapur who took early initiative for the appropriate treatment for their illnesses and got well, are subjected to the prejudices of people and the social stigma. Many cannot reach health facilities in metro cities like Delhi, Indore etc. and mental professionals have problems in reaching their patients because people go to traditional healer as the first choice of treatment. Then if it fails, then they to visit a doctor as the last resort. The DDP is an innovative project where professional and traditional

healers work to reach to people in remote areas.

Conclusion

This paper has attempted to explore healing rituals to common ailments, mental health issues, and troubled minds through a number of cases. Modern medicine is very costly and not all people can reach or afford it, and traditional healers are looked for, because of their knowledge of healing, and their integration with popular culture. Hence, the specific place traditional healers have together with medical professionals. Moreover, allopathic medicine cannot solve all the problems of people's mental health; this is why the World Health Organization (WHO) is promoting the integration of traditional medicines as well as AYUSH-Ayurveda, Unani and Siddha with allopathic medicine, which India is also adopting. Traditional healers and healing rituals are integral part of our cultural heritage and play an important role in psychotherapy and psychology, hence from this point of view mental health issues need a healthy re-thinking of entire mental health spectrum.

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