

Folk wisdom and traditional healing practices: Some lessons for modern psychotherapies

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Introduction

Freedom from pain and suffering has been a major preoccupation of Indian society since antiquity, like many other traditional cultures. Based on a shared understanding of human nature and the causes of suffering, every society has developed its own healing institutions and practices. The traditional systems so evolved have weathered the vagaries of time, and still thrive in the present times on popular support. A wide range of healers and healing centres, which includes temples, *majars*, shrines, local deities, etc. are found in every nook and corner of the country. The burgeoning crowd which one sees around these places is a testimony to the fact that their relevance for healing the human psyche has not declined. Kakar (1982) has stated in his book, *Shamans, Mystics and Doctors*, that India is a country of healers. There are *ṣ amans*, *gurus*, *ojhas*, *tāntrics*, priests, and faith healers, who specialize in dealing with a variety of social and personal problems. The rapid progress in modern medicine has little affected the popularity of traditional systems. According to the Fifth Plan Document (1992), India has more than half a million traditional healers. This number, of course, includes all practitioners of alternative medicine. A gross estimate (VHAI, 1991) suggests that more than 90% of the Indian population use these services at some point in time. Thriving on folk wisdom and trusted by the masses, these traditional healing practices are still an enigma for the health scientists. The main objective of this paper is to examine these healing systems and to highlight the salience of socio-cultural belief systems in triggering a healing mechanism within the suffering individual.

The larger scientific community and modern medicine have remained critical and skeptical of the efficacy of these traditional practices. These are held as prescientific and considered to be practiced by primitive and tribal people (Kothari & Mehta, 1988). It is further argued that ignorance and backwardness are primarily responsible for adherence to these nonscientific practices. But, as Watts (1975) contended, traditional healing practices are called

primitive, mystical and esoteric because our education does not prepare us to comprehend their sophistication. The work of Kakar (1982, 2003) and Kleinman (1980, 1988) has shown that most of these traditional practices are deeply entrenched in folk wisdom and sound theories of mind. These practices provide practical solutions to personal, familial and social problems, and have been integrated in the communal life. Despite their popular mass base, there is not enough work to test the premises of traditional practices on the scientific crucible. There is a crying need to decipher this folk wisdom and traditional knowledge, and examine its import to augment therapeutic services. We need to develop methodologies and mindset to learn from this rich heritage.

Folk wisdom is a collective and accumulated knowledge base of a society which is rooted in experience and practical considerations. Folk wisdom finds its expression in proverbs, folklores, legends, poetry, rituals and mythologies. These sources tell us how life problems are created, construed and controlled by the collective efforts of the community. In its struggle to maintain harmony and order, every society attempts to develop ecologically valid understanding of human nature; its own theories of suffering and remedial measures (Kleinman, 1988). In many anthropological texts (e.g., Mariott, 1955) folk practices are considered to be part of the little tradition, i.e., the beliefs and practices of the masses. Shamans, spirits, local deities are all part of it. This is contrasted with the great tradition characterized by the practices based on classical and philosophical texts, like *Vedas*, *Upaniṣads*, the *Gītā*. In this, God is held as the Supreme Self, realized through contemplative meditation and devotional worship. It is a misconception that these two traditions are parallel and that the little tradition is subscribed by lower class and caste only. People who subscribe to the folk practices belong to all strata of the society.

In India, the folk wisdom manifested in the traditional healing practices is, indeed, based on complex and cohesive systems of thoughts and beliefs, derived from philosophical texts and scriptures. Not only do the folk practices derive their legitimacy from the scriptures but they also have proven to be effective vehicles to translate the essence of scriptures into dialects that a common man can follow. Folk beliefs and practices can be held as social representations of the formal texts and as practical aspects of the classical theories. These are, however, contentious issues, how folk wisdom and scriptures complement each other, and how folk wisdom got distilled and documented in classical texts, that in turn feed into the social life. In my view, folk and emancipatory (or scholarly) practices peacefully coexisted, though an undercurrent of mutual

mistrust always remained. Of course, in the long history due to local influences, there are distortions, diversions and mutations in folk practices on the negative side, and improvisations, adaptations and innovations on the positive side. The folk systems have remained responsive to local needs and expectations.

In recent years there is a resurgence of interest in understanding and acknowledging the contributions of these traditional practices in combating physical and mental illness. Limited success of the biomedical model and modern psychotherapies in the global scenario, and their impersonal and market orientation has led to widespread discontentment. It is now widely accepted that psychotherapy works in the broader cultural context, which takes into consideration values and demands of the society (O'Hara, 2000). With the increase in stress-borne diseases and disorders, the spotlight is increasingly turning toward the age-old practices and their relevance in the modern world. There is a body of literature that concurs with the intuitive understanding and cultural sensibilities which folk healers show about the working of the human mind and its potential to alleviate suffering. This paper explores the characteristic features of these healing practices and will attempt to decipher the way it works. The purpose is to draw parallels between folk practices and modern psychotherapies and identify learning opportunities from the ancient wisdom.

Characteristic features of traditional healing practices

Sacred therapies

As mentioned by Kakar (1982), one of the distinguishing characteristics of Indian healing practices is the role of the sacred. "The whole weight of the community's religion, myths and history enters sacred therapy as the therapist proceeds to mobilize strong psychic energies inside and outside the patient..."(p. 5). The sacred may be evoked in many forms, such as the local versions of Lord Śivā and Hanumān, spirits of ancestors, and demons. Different healing practices use different forms of the sacred but for most of them the physical and metaphysical worlds overlap. Deities, demons and spirits are as much part of this physical world as they are of the metaphysical. Folk healing endeavours to preserve harmony between these two worlds.

The sacredness of the healing practices is further reinforced by the legends associated with the healer and/or healing centre. This author surveyed eighteen such shrines in U.P. and

Rajasthan, famous for their healing prowess. Each one of these centres had a story about how that shrine came into existence. It was either a deity who instructed a devotee in the dream, some paranormal phenomena observed on a particular spot, miraculous recovery near some enchanted grooves, deification of a *sati*, or boon bestowed on a devotee to have supernatural powers. These legends of derived powers are recounted with reverence by the visitors, who often know these healing stories by heart. There are rituals associated with these legends. For example, in many temples of the mother goddess in eastern U.P. the devotees are expected to offer a fine red linen with *zari*, or in the Kali temple in Chittorh, Rajasthan, the patients are supposed to enter the temple crawling. The sacredness of these places is maintained by the priests, *swāmis*, *fakirs*, *tāntrics* and *gurus* who manage these places. It may also be mentioned here that though sacred, many of these healing centres are secular and thronged by the believers of different faiths.

Holistic approach

Traditional healing is holistic, and aims at the overall well-being of the person. It takes body, self and society within a framework of dynamic equilibrium. The holistic approach takes into consideration the values, passions, beliefs, social interaction, and spiritual orientation of a person in their healing practices.

The traditional healers often know intuitively about the close symbiotic relationship between the mind and the body. That the body does not remain healthy when the mind is sick and vice versa. A sick and stressed mind sets the conditions for physical ailments to inflict the person and consequently an ailing body can be treated by changing the mental state. In the community life, of which the healer is a part, altering the social and psychological matrix of the suffering person's life is considered integral to the healing process. The healer creates conditions in which physiological processes are connected with altered meaning and patterns of relationships, so that one's social world is linked recursively to one's inner experiences. In the Ayurvedic tradition, which has greatly influenced the folk tradition in India, health is a balance among the body humours and the conditions of the external world mediated by diet and a hierarchy of social relations organized around purity and pollution (Das, 1974).

Traditional healing focuses on the person, not on the problem. In healing sessions the attention on the problem is only peripheral; the emphasis is on ‘who is suffering?’ It is the people, not the ‘patients’, who are helped to regain their normal functioning.

Thus, though some healing centres and healers specialize in the treatment of a particular type of problems, often people with all kinds of crises frequent these places, be it physical or mental illness, family feuds, loss in business, marital discord or wrath of spirits. At healing centres treatment for these wide range of problems does not vary significantly. At the Balaji temple in Ayodhya, for example, holy water is the standard treatment for all who come for solace.

Healers as diviners

In most of the folk practices healers are mediators between the physical and the metaphysical. One can frequently find healers who are known for their ability to host a deity or spirit and under whose spell they acquire supernatural powers to control the minds of their visitors and to heal them. The healer becomes the medium through which others can communicate to deities and spirits. They get visions and can dispense away favours at will. As diviners they are presumed to be in direct communication with the supernatural and derive their healing powers through divine grace. They are both feared and revered by the local communities. Of course, they become diviners only when possessed by some spirit. Otherwise they are like any other ordinary person.

These traditional healers often belong to the same clan and subscribe to the same belief system. They are not formally educated to practice their art but learn it through apprenticeship and assisting their *gurus*. Quite often they inherit their right to practice and this remains a prerogative of a few families whose members possess special powers to heal. No matter what is the background of the healer they need long years of internal preparation to acquire a purity of body and mind. Most healers are not supposed to charge for their services. In fact it is widely believed that if they charge for their services their healing powers will go away. Though the community and patients are expected to compensate for their work, most of the healers this author talked to also had some other sources of livelihood. They farm, rear cattle, have small businesses or shops, teach in schools. They offer a wide range of services, and are consulted on family and community matters. They are fortune-tellers, medicine men, clairvoyants and key

informers about the community they serve. However, there seems to be a clear social hierarchy, which determines their status, power and mode of therapeutic relationship.

Kakar (2003) holds that it is the unquestioned faith in the paranormal powers of the healer, which is at the core of positive outcomes. It is belief in the person of the healer, not his or her conceptual system or specific technique, which is of decisive importance in the healing process. Kakar (1982) visited a number of shrines and healers, and observed what transpires in the healing sessions. The suffering person often does not understand the rituals in which the healer engages but the ambience created transports her/him into an altered state. What is of prime importance is the trust and confidence that a healer is capable of instilling in the minds of its clientele. The aura and authority of a healer is carefully cultivated through the stories of miraculous healing.

The tradition of the *guru* as healer is not always consistent with the notion of a diviner. A good deal of healing takes place within the *guru*-disciple paradigm, in which the close relationship with the *guru* is an extension of the parent-child relationship (Kakar, 1991). Neki (1975) has discussed at length the therapeutic value of the *guru-chelā* relationship, and of surrender before the *guru*. The healing powers of the *guru* were observed to reside in his or her ability to connect with the disciple's psyche, sending him the messages of strength and reassurance. For people who are seeking redressal of their mundane life problems, the glimpses of divinity in the *guru* is an assurance that he can deal with their problems.

Socio-centric treatment

It is implicit in all folk therapies that the illness is held as a social problem not a private affair. Social customs, traditions, moral strictures, mode of interaction and role expectations gives rise to pathologies which vary from culture to culture. The sociogenic nature of individual suffering is a widely accepted fact in mental health literature. It seems logical that in the treatment of these illnesses society ought to play a larger role. As stated by Kleinman (1988), in all Asian cultures body-self is not a secularized private domain of the individual person, but an organic part of the sacred, socio-centric world, a communication system involving exchange with others, including the divine. The person in these therapies is seen as embedded in a social hierarchy and in a

network of relationships. One's family history, which includes ancestors also, is an important consideration in understanding the problem and deciding about the treatment modalities.

It is a general observation that traditional healing does not take place in the private chambers of the healers, but quite often as a social activity held in an open place. People share their problems and consult the healer in full public view. Families and other community members also actively engage in the treatment process. Everybody knows everyone's problem and it becomes a participatory venture to help out the person. This kind of ethos is ideal for the social construction of the problem and its remedy, which has the approval and acceptance of the community. These are the places where the personal problem is no longer seen from the ego-centric perspective but within the larger social framework. Participation in social ritual and the social nature of healing activities helps in relocating the person on a larger social canvas. This shift in focus from personal to social is important for relocating the ailing person within the social matrix.

Cultural compatibility

The healer and his/her healing practices are integral to the beliefs and practices of the local communities. The explanatory system which a healer employs is mostly congruous with the thinking of the masses. Evolved over centuries and verified in a countless number of cases these beliefs about pain and suffering are compatible with the beliefs about life and the supernatural. The theory of supernatural causation is widely believed and is frequently invoked to explain a wide range of events. Healing practices evolved around such beliefs have thus a greater acceptability. For example, cutting the *peepal* tree, which is considered sacred, amounts to unsettling the spirits residing on it. In many parts of the country this transgression is seen as the cause of illness or other misfortune the perpetrator is suffering from. The *ojhas* (holy men) are approached to pacify the spirits so as to alleviate the suffering.

How people interpret their illness and mental state is largely determined by the society and social relationships. Social attitudes, beliefs, norms, values, etc. provide the basis for making sense of symptoms, etiology and import of the problem. People acquire the meaning of social rituals, customs, communications, symbols and metaphors which help them in understanding

their social world. The nature and intensity of suffering is often not contingent on the events in the physical and social world but on their social meaning.

How do traditional therapies work?

The efficacy of folk therapies is widely acknowledged and there is mounting empirical evidence that they work. Surveys conducted in India show that more than 90% of urban respondents believed that the traditional therapies are effective in the treatment of physical and mental illnesses (Purohit, 2002). However, still not much is known about how these traditional therapies work and there is a real dearth of empirical work in India to throw light on the processes and mechanisms underlying the healing. In this section, on the basis of available literature and evidence, I have attempted to demystify the healing process. If we understand how these traditional practices work, it will be possible to derive lessons for modern psychotherapy.

One factor which renders conjectures hazardous is that these folk therapies differ in terms of their sophistication and specialization. The cultural diversity of the country has facilitated the growth of diverse systems. It is a daunting task for any social scientist to capture the range and diversity of these healing practices. As Kiev (1965) has noted, differentiation in the therapeutic practices are contingent on the advancement of a particular society. In a tribal society, as among the Bhils in south Rajasthan, the healer is medicine man, village elder and a consultant on all important matters, beside being a holy man. They are often not high in the caste hierarchy but are held in high esteem because of their knowledge, expertise and benevolence, and are consulted by all strata of the community. In the arid but more developed zones of Jodhpur and Jaisalmer, the same Bhopas specialize in treatment of bites by different species of snakes.

As discussed elsewhere (Anand, Srivastava & Dalal, 2001; Dalal, 1991; Dalal, 2000) traditional healing practices primarily deal with psychological aspects of the problem. No matter what are the perceived causes of the problem, be it organic, emotional or social, the suffering is viewed as a state of mind, a subjective experience. Healers develop their own psychological theories about the functioning of the human mind, which are implicit in their healing practices. Kakar (1982) has concluded on the basis of an in-depth analysis of the traditional healing systems in India that the healing powers reside primarily within the patient's mind rather than in the tenets of their various faiths and ideologies. It is the tremendous outpouring and channelling

of a patient's emotions and faith, rather than any specific aspects of the healer's personality or methods, which seem to be responsible for dramatic cures. Similar observations were made by clinical psychologists Frank and Frank (1991) about western psychotherapies as well, "*The apparent success of healing methods based on different or incompatible ideologies and methods compels the conclusion that the healing power resides in the patient's state of mind, not in the validity of a particular theoretical scheme or technique*"(p. 111). The equal effectiveness of different techniques, however does not imply that they are dispensable. All healers need *some* technique to trigger the healing process. In all the techniques healing is largely a by-product of the interaction between the healer and the person, particularly the way subliminal messages are received and interpreted.

While discussing what works in folk healing, it should be clear that not all such healing experiences are emancipatory, nor do they all lead to elimination of the problem. Practice of *yoga* and meditation may lead to liberating experience and may give insight into the ephemeral nature of worldly problems. This is my contention that the healer has no power directly over the disease but does have techniques to effect positive reconstrual of the disease state. Traditional therapies focus on changing unhealthy patterns of thinking, feeling and behaving, and prepare the person to face the vicissitudes of the problems in their social world. At times the actual problem may not go away but as a consequence of the traditional therapy people learn to live with it. These therapies soothe the troubled ego of the person. In other words the therapy may result in (i) symptom relief and (ii) improved functioning. In case there is no real cure symptom relief, may still be achieved by lowering expectations, whereas improved functioning is contingent on remodelled pattern of social interaction, for which others in the family have to change as well.

It is my conjecture that folk practitioners know intuitively what works in the healing sessions. Their training and conceptual tools, however, may lead to different interpretations and articulations of the process than what a health psychologist would construe. In this section an attempt is made to unravel the healing process in traditional practices from a social-psychological perspective.

Subliminal healing messages

Healing takes place primarily in the transaction between the healer and the suffering individual. Whatever be the nature of problem be, people experience emotional distress and manifest psychological symptoms of anxiety, fear, withdrawal, dissociation, etc. These symptoms impair their physical and mental functioning, making their suffering worse. An experienced healer knows that these people need a reassurance. A healer creates an aura of authority over the natural and supernatural, and reinforces the belief of a sufferer and her family that he can control the course of events. For this it is not very important what kind of verbal exchange takes place between the two, but how effectively the non-verbal messages are put across and received. The healing rituals make extensive use of cultural symbolism to send the healing messages across. The messages which are subliminally transmitted, and not mediated by the conscious mind, are most effective in reassuring the person that things are likely to improve.

The traditional treatment of snakebites is a good case in point. In a large part of Rajasthan Tejaji's name is synonymous with the treatment of snakebites. Tejaji was a commoner who was rushing to meet his wife at her father's place. Inadvertently he stepped on a snake and hurt it. The snake wanted to bite him but Tejaji pleaded that he would come back after seeing his wife and that at that time he could bite him. The snake relented and Tejaji, as he had promised, returned back and asked the snake to bite him. The snake changed its mind and refused to bite. Tejaji insisted and the snake reluctantly obliged. Before Tejaji died the snake gave him a boon that whosoever will be brought to his shrine will not die of snakebite.

Since then for the last three centuries, Tejaji's shrines all over Rajasthan are frequented by the victims of snakebite. I visited one such place near Jodhpur. In my presence a person bitten by a snake was brought in a semi-conscious state. The Bhopa (snake doctor) made strange gestures and sounds as if invoking some spirit, recited something loudly, which I did not understand, pressed his mouth on the open wound and sucked it. To my amazement the person sat down after a while and after half-an hour walked back home without assistance. It was an amazing feat and I kept puzzling what cured him. I learned much later that more than 80% of the snakes are non-poisonous. So the traditional healer is giving psychological treatment to these 80% of the victims, who if remain unattended, show all clinical symptoms of snake biting. I learned much later that even the most poisonous snakes only rarely inject sufficient poison for

their bite to be fatal. So it might be that the fairly high but not perfect success-rate of the traditional healers simply reflects the percentage of snakebite victims who would have recovered in any case, perhaps increased by those cases where sufficient poison could be sucked out. Whether this purely physical explanation is all there is to their intervention is, however, difficult to say. How such healing might take place is not clear. One possibility is that it happens through subliminal messages.

It is still not clearly known how such subliminal messages are exchanged. These messages are communicated through cultural symbols, legends and myths, which arouse positive emotions that heal. These may have powerful influence on the person, as their effect is accentuated by an aura created by the healer. These messages are received and processed by the unconscious mind. In an article published in the *Lancet*, Evans and Richardson (1988) have shown that positive suggestions to the anaesthetized patient in the operating room lead not only to less discomfort after surgery but also to earlier discharge from the hospital. There is much work to suggest that subliminal messages bring change in attitudes and emotions. Cassettes and audiotapes with subliminal messages which claim to facilitate self-healing are frequently available in the market (Galbraith and Barton, 1990).

Broadening the domain of experience

Folk healing aims to help people to move away from too narrow and myopic a view of their problems and to experience the larger social and metaphysical reality. The healing process connects people with their past and future, with living and dead, with demon and divine to broaden their range of experience. Various rituals and ceremonies solicit the indulgence of ancestors and departed relations, who are held as part of the wider support group. People develop a sense of belonging to a larger cross-section of people and learn to situate their problem in the larger social matrix.

Healing thus facilitates the process of becoming a social being from an individual being in the face of a crisis. Healing centres are places of intense social activity where people learn to deal with the problem in newer ways. The crises experience becomes an opportunity to fully integrate the person into the social mainstream. Imposition of social meaning on one's illness and exposure to cultural symbolism brings the person face to face with others in the society and

participation in the healing rituals implies that the person is accepted as an equal by those who matter in the community. Healing occurs through broadening of the network of relationships (Kapoor, 2003). Community healing marks the transition of a person from personal to social identity. People develop a feeling of responsibility, competence and interdependence; and feel reassured that they are not alone, and that their predicament is not unique.

How such broadening of experiences occurs is well illustrated in a story in Buddhist literature. This is a story of a mother who lost her young son and was very miserable. She approached the Buddha and implored him to relieve her of pain and agony by bringing back her dead son. The Buddha told her that before her pain could be taken away, she would have to perform one task. She would have to get a bowl of rice from a house where nobody had died. The woman went from door to door throughout the village to find such a household. Several days later she came back as a changed person. She was not able to locate any such household. In fact, the more doors she knocked at, the more stories she heard of death and despair. Finally, she emerged from the confines of her private suffering and realized that no one is free from suffering. This realization mellowed her pain.

Repatterning of affective relations

All healers know from experience that emotions can be destructive and that once emotions follow a predictable self-damaging path, suffering can become chronic. Folk healing thus endeavours to break this pattern of emotions. Repatterning of affective relations may follow different tracks. One is redefining one's relationship with self, family and social network from very personal to role-specific, from spontaneous to functional modes of affective relationships. Another is changing from idiosyncratic conflicts and defences to conventional conflicts and ritualized symptoms. In doing so one develops a sense of sharing and togetherness. Often shamans provide a kind of corrective emotional experience that leads to repatterning of defences without what psychologists would call 'curative insights'.

Most healing encounters are of an affective nature. These encounters make people realize their vulnerabilities and openly vent out their feelings. Siegel (1991) observed in his vast clinical experience that when you put your feelings outside, you heal inside. Anger, anxiety, depression, fear and many other feelings are unhealthy only if they remain buried inside, unexpressed and

not dealt with. When one goes beyond one's surface emotions and begins to acknowledge one's deeper fears, one can break through the resentments and disappointments one holds, and herein begins the process of genuine healing. Venting out one's pent up emotions, particularly of deep-rooted anger as part of the spiritual experience was found therapeutic. It helped to cleanse the system of its negativity (Anand, 2004). In the healing process people experience new emotions, a process that changes their way of experiencing the tragic happenings. Such repatterning of emotions is often followed by a new pattern in social relationships as well. Change in emotions thus leads to a more adaptive behavioural sequel, and shows the social maturity required to handle social and moral demands.

Institutionalized catharsis

Traditional village societies in India impose many restrictions on an individual's conduct. The suppression of individual desires and emphasis on role appropriate behaviour leaves little scope for fulfilling one's innermost desires. The poverty, mistrust, exploitation and dehumanizing life conditions result in accumulation of pent up emotions. Trapped in social quagmire, many women look for some legitimate channels to vent out their pent up feelings. Traditional societies which impose restrictions on the expression of emotions have also invented accepted ways to vent emotions.

Maliamma's temple is a classic example of a healing institution borne out of the Indian ethos. Located in coastal Andhra it is the temple of a local deity, called Maliamma. Maliamma was the daughter of a poor fisherman, was married young and lived with her husband's family. She was tortured by her in-laws who eventually threw her out of their house. Dejected and with nowhere to go, she returned to her father who then wanted to get her remarried to an elderly person for a paltry sum of money. Maliamma refused and did not eat anything for weeks and eventually died. Before she died, she was presumed to have acquired some healing powers and actually healed some people, as it is believed. So a temple was built for her in the village. Every year on her death anniversary, only women are allowed inside the temple premise. A large number of women from the nearby region assemble and stay there for the whole night. Possessed by the spirit of the deity, they shout, cry, run around, get hysterical and do anything they wish.

On their return a large number of them report a psychological relief (feel lighter, mentally free, less tension), besides experiencing recovery from their chronic ailments.

That this is not an exceptional case is evident from a large number of healing centres in the hinterlands of U.P. Here also the social ethos is no different. Because of their lower status in the family and all the repression that goes on, a large number of women, unable to bear it any longer, develop conversion hysteria. The woman suddenly turns violent, indecent and abusive, and her behaviour is attributed to the spirit, which possesses her, for which she is not blamed. No one in the family takes offence of her behaviour and during the healing sessions she is permitted to give full vent to her feelings, which are interpreted as due to the evil spirit. Once the spirit is driven out resulting in her recovery, everybody just laughs at what she did during her spell. The family fearing relapse is now more considerate with her.

Creating positive imageries

The success of any healing centre lies in creating strong imageries of health, well-being and prosperity. Through aroma, chanting, drumming and symbols an ambience is created that is conducive to the arousal of some familiar imageries associated with strength and security. Stories of miraculous recovery from a disease or disability are told and retold to sustain imageries of hope and optimism. These imageries are often not of the kind found in *yoga* and meditation, but relate to the mundane world and its objects. In a Śivā temple in Varanasi the devotees are made to believe that on the full moon day the Lord Śivā will open his third eye to heat their paralysed limbs and set them right. Many safe and effective techniques are evolved and intricately integrated in the healing rituals to arouse cultural imageries of well-being. Such imageries are powerful tools to bring about desired change in attitudes and expectations from healing encounters.

That imageries bring physiological changes needs no hard evidence. The very image of a ripe mango can wet one's mouth. The impact of imageries (or imagination) on physiological processes as varied as respiration, blood pressure, heart rate, muscle tension, bowel movement, salivation, etc. is common experience for anyone. Imageries can bring major changes in the functioning of the autonomic nervous system. In recent times, visualization is used as a powerful tool in the treatment of varied diseases, even cancer (Sheikh, Kunzendorf & Sheikh, 1989).

Traditional healers master the art of heightening people's suggestibility when they induce their particular type of imageries and healing messages. During healing sessions, the Bhopas of Rajasthan beat the drums and everyone joins in a circular two-stepped hopping dance. The rhythm of the drum and the steps in the dance synchronize and create a kinaesthetic experience for both the Bhopas and their believers. This is presumed to invoke the spirit of benevolent ancestors who can bestow health and happiness. There are many other techniques used by folk practitioners to alter states of mind, such as chanting, slow breathing, rhythmic dancing, fasting, sensory and social isolation, etc. This facilitates lulling of the conscious mind, rendering the unconscious mind more receptive to the positive imageries induced by the healer. Other ways of creating desired imageries and mindsets work by getting into a trance-like state. Healers in many parts of the country get into an altered state of consciousness through elaborate preparation and rituals, till they are supposed to be possessed by some divine spirit. In that state the shamans and healers are presumed to be in direct communication with various deities, demons, spirits and gods. They exhibit bizarre but familiar behaviour, which has symbolic meaning and transports the audience in a world of paranormal visions and experiences. How these techniques actually work is still an enigma to the scientific community.

Treating family and community

Most of the traditional healers know from their personal experience that treating the person is not enough. Unless the family and the community to which the person belongs change, any improvement in his or her mental health will be short lived. Very often the problems for which people come to a healer have their genesis in unhealthy social relationships. It is therefore imperative that all concerned parties participate in the healing process.

In the case of hysterical outbursts, as we observed at one healing centre, what is gratifying for the women is that suddenly the whole family wakes up to their existence and becomes concerned about their needs and welfare. Many women report that after their recovery no one in the family is ill-treating them for fear of Bālājī (the monkey god). The family and other relatives who participate in the healing rituals, many of which take place in the home setting, are directed to bring about attitudinal change. Most of these activities are planned, keeping in view the clientele and their specific needs.

Take the example of parents of children having a major disease or disability who suffer silently and need reassurance that the things will improve. The Avari Mātā temple in south Rajasthan is flourishing for the last four decades as a healing centre for polio and paralysis. The suddenness of the attack and incapacitation of the patient makes the family scared and confused. Taking it as a wrath of the mother goddess and finding medical treatment ineffective, many of them are rushed to this temple when struck by the disease. Situated in a hilly terrain with a quiet river flowing along, this place is an ideal location for an outing. The patients who arrive with family members camp here for several days. On my visit to that place, I found a party atmosphere all around, where people sitting in small groups were chatting, or singing *bhajans*, or feasting on the riverside. With so much sharing and exchange of information, their fears and anxieties had already taken a back seat. They knew they were not alone in that tragic predicament and that there were people who are worse off than they are. There was an air of expectancy about the recovery; many stories of miraculous healing were already doing their rounds. All this not only helps in overcoming the initial shock but also creates a mental state conducive to physical recovery.

Towards developing relevant psychotherapies

The efficacy of folk healing is still a puzzle and is often doubted by health professionals, scientists and rationalists who attribute their success to the placebo effect. At present we do not have conceptual and methodological tools to establish a causal connection between folk healing practices and the well-being of the targeted person. The critics of western psychotherapies and of biomedicine have also not ruled out the placebo effect behind claims of the success of these therapies. The placebo effect is strong evidence of the power of the mind to heal. Beecher (1955) (1955), who has coined the term ‘placebo effect’, emphatically argues with supportive evidence that about 35% of the patients improve after treatment regardless of the type of treatment. Kiev (1965) and Frank (1961) also report similar findings. In recent times the APA Monitor prominently featured a research study which shows that the active ingredient in the treatment of 225 depressed people was the clients’ active participation, and the strength and duration of the therapeutic bond between the therapist and the client (APA Monitor, Sept. 1996). O’Hara (2000) concludes on the basis of an extensive review that psychotherapies are effective only when they are compatible with the value system of the society.

As evidence shows, there is an element of universality among all traditional healing practices, even though they may have evolved independent of each other. They aim at changing the way people construe their world and modern psychotherapies also work to that end. Modern psychotherapies are in crisis today and serious questions are raised about their efficacy in managing mental health problems. The discontentment is evident from the fact that more than one third of their clientele is now turning toward alternative therapies not covered by their insurance policies. Modern psychotherapies are going through a crisis of identity and a debate is raging about their goals, philosophy and moral vision (VandenBos, 1996). Transpersonal and humanistic psychotherapies which had remained on the margin in the better part of the last Century are now becoming popular. There is a renewed interest in religion and spirituality and their role in the psychotherapeutic process (Miller and Thoresen, 2003). Traditional healing therapies of India have much to contribute to this end. The rich know-how and techniques employed in traditional therapies to bring about attitude change can provide new insights to evolve more relevant psychotherapies.

Modern psychotherapies have very limited application in India. There is one psychotherapist per half million of population. Obviously, these services are highly inadequate to manage the massive mental health problems in India. Mutual learning from these diverse perspectives can significantly enhance our ability to alleviate the suffering of the people. For this we need a new conceptual framework which can integrate the finer elements of these seemingly diverse systems. There are indeed many positive developments taking place in this direction. As Vishwanathan (1998) writes in his article in *Science*, Indian society celebrates diversities and contradictions, and has the tradition and resilience to absorb new systems and practices. There is a real hope that a new breed of psychotherapies will emerge in India which will be useful in the contemporary world.

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