Chapter 7
Indigenous Healing Practices in India: Shamanism, Spirit Possession, and Healing Shrines

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Introduction

One of the most striking features of health and medicine in South Asia and South East Asia is the parallel existence of a range of healing systems from different epistemological traditions. With the publication of Leslie's *Asian Medical Systems* (1976), there has been a proliferation of scholarship on the varieties of medical systems in Asia, including India. The availability and deployment of different mechanisms of illness redressal have been variously referred to by phrases like 'medical syncretism' (Addlakha 2008), 'pluralism of genres' (Sujatha 2007) or 'heterogenous cultural model' (Khare 1996). Much of the literature on medical pluralism has focused on two broad systems of medicine, namely, biomedicine/Western medicine/'cosmopolitan medicine' (Dunn 1976) on the one hand, and 'Indian medicine'/'indigenous medicine'/'traditional medicine' on the other hand.[1] Increasingly, however, the boundaries of these binaries are getting blurred. Indigenous medical practices are not impervious to global market forces and therefore it is not uncommon to see the indigenous being recast in a modern *avatar*, whether in the case of herbal medicine (e.g. Mukharji 2009), unani (e.g. Attewell 2007), or ayurveda (e.g. Bode 2008).

[1]The terms 'Indian' and 'indigenous' continue to be retained despite various difficulties. For instance, while unani and homeopathy fall under the rubric of 'Indian Systems of Medicine', unani actually has Greco-Arabic origins and homeopathy originated in Germany. Further, as Mukharji (2009) has pointed out, the ambiguous phrase 'indigenous drugs' does not recognize the plurality of botanical traditions involved; it could refer to drugs available in India, drugs grown in India, or drugs used in indigenous pharmacopoeias.

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Indigenous healing practices in India can be broadly classified into two categories. The first includes the alternative systems of medicine which have considerable state support and legal backing. Research on Indian systems of medicine or 'Indian medicine' has largely focused on five main classical medical traditions in India, namely ayurveda, yoga and naturopathy, unani, siddha, and homeopathy that are commonly referred to by the acronym AYUSH. As Dalal (2005) points out, in the post-independence period, there was considerable political support for education, research, and practice in ayurveda and unani. These institutionalized medical traditions have now become relatively professionalized and standardized with their own recognized courses, universities, and degrees. In 2014, a separate Ministry for AYUSH was created by the government of India to further focus on these classical medical traditions (Halliburton 2003).

Apart from the Indian systems of medicine which are drawn from classical traditions, large sections of the population in India also resort to practices referred to as 'faith healing' or 'folk healing'. These range from visits to local healers, shamans and *mantravadis* to worship at religious sites purported to have healing properties. Such a pragmatic and pluralistic approach to healing is particularly marked among sufferers of mental illness. Addlakha (2008) found that there was an 'unproblematic reconciliation of different therapeutic systems' (p. 163) for patients—they simultaneously turned to both medical treatment and healing temples without perceiving any contradiction in this. Carstairs and Kapur (1976) found a similar attitude among traditional healers. In their classic study of culture and mental disorder among three communities in a village in Kota (South Canara district or Dakshina Kannada district, Karnataka), it was revealed that traditional healers too accepted the medical model and regarded medical treatment as complementary to their profession.

Observing this widespread pluralism in practice, a number of scholars such as Dalal (2005), Kapur (1979) and Asuni (1979) have called for integrating traditional healing practices within primary care to meet the health needs of the population. They argue that traditional healers are more attuned to the cultural context and beliefs of patients, as they hail from similar socio-economic and cultural backgrounds as patients. Cultural psychologists such as Kakar (1982) and Nandy (1995) have remarked that in India, psychology is generally consumed by a small population comprising the urban elite. Many psychiatrists have embarked on a movement to Indianize the practice of psychiatry, by using language that is more amenable to patients and that reflects the cultural context of their practice (Addlakha 2010; Sébastia 2007). Thus, the intent in collaboration is for professionals to work with healers and healing shrines to meet the health needs of the population.

This chapter reviews the literature on ritual healing, focusing particularly on studies on healing practices in India. Research on religious healing practices has been done from both anthropological and psychological perspectives. Much of this research has attempted to identify what elements of the healing process are important and what factors constitute the efficacy of healing. In trying to delineate

the universal factors and processes in healing, research has focused on various aspects of the healing process, such as the symbolic significance of rituals, the relationship between the healer and the patient, the aesthetic aspects of healing, and the psychosocial dimensions of healing. The following sections review this rich body of literature on ritual healing.

Healing as a Symbolic Practice: Studies on Shamanism and Ritual Healing

Research on 'ritual healing' or 'indigenous healing' has been done from different theoretical persuasions. While some researchers have been interested in the performative aspects of healing, others have focussed on the 'cultural therapeutics' of healing. Still, other researchers have looked at the symbolic and socio-political aspects of healing. This section reviews some of the key research on healing done from different theoretical persuasions.

Psychoanalytic Perspectives: Healing as Psychotherapy

Studies on the therapeutic benefits of rituals have been done by psychoanalysts as well as psychoanalytically minded anthropologists. Anthropologists such as Dow (1986) have described healing as involving the transformation of emotions through the use of symbols from a shared mythic world. Others (Scheff 1979) have focussed on the catharsis of repressed emotions in ritual healing. A number of studies have drawn comparisons between psychotherapy and healing (Frank and Frank 1991; Ward 1989).

One of the first psychoanalytic studies of healing traditions in the Indian context was Kakar's (1982) *Shamans, Mystics, and Doctors*. Kakar (1982) proposed that while psychoanalysis and other Western psychotherapies focussed on the individual self through addressing the 'individual myth', indigenous healing addressed the 'collective myth' by reintegrating the self with the community. He added that Western psychoanalysis emphasized the autonomy of the individual and therapeutic growth through insight and understanding. In contrast, Eastern healing traditions emphasized the importance of faith in and surrender to a higher power.

Psychoanalytically-minded anthropologists have also compared psychotherapy with indigenous healing. Notable here is Lévi-Strauss' (1963) explanation of shamanism and psychoanalysis as essentially involving the manipulation of symbols to resolve conflicts. In both cases, the process of abreaction is central, that is, reliving and working through intense emotions and situations during the healing

session. He also emphasized the central role of belief in the healing process. According to him, healing was effected through three factors: 'First, the sorcerer's belief in the effectiveness of his techniques; second, the patient's or victim's belief in the sorcerer's power; and, finally, the faith and expectations of the group, which constantly acts as a sort of gravitational field within which the relationship between sorcerer and bewitched is located and defined' (Lévi-Strauss 1963, p. 168).

Obeyesekere's (1977) study of ritual exorcisms in Sri Lanka also drew attention to the cathartic and dramatic aspects of the exorcism. By allowing the possessed woman to act out, he explained, exorcism worked as a 'standard ritual' that tapped the unconscious of the individual and released his/her inhibitions. The dramatic enactment of the establishment of the authority of god over demon was achieved through the performance of the exorcist and patient.

These studies indicate that most scholars have analysed the therapeutic features of rituals in terms of universal processes and mechanisms. The core features of exorcism or ritual healing are regarded as essentially similar to processes in psychotherapy and psychoanalysis. This assumption of universal processes in healing is also seen in phenomenological explanations of the therapeutic benefits of rituals.

Phenomenological Approaches: Culture, Self and Embodiment

Phenomenological studies of ritual healing have also drawn attention to the cultural therapeutics of the healing process. This is seen in the work of Csordas (1983, 1994, 2004) on Pentecostal and Charismatic Movements as well as Navajo healers. Csordas' approach emphasized the role of culture, self and the body in the healing experience. In *The Sacred Self*, Csordas (1994) relied on the phenomenological framework to emphasize charismatic healing as an experience that is personal, cultural as well as grounded in the experience of the body. While focussing on the experience of the patient in the healing process and the transformation of the self that occurred through healing, his work also highlighted the salience of the sacred in the healing process and the embodied nature of healing.

With regard to the efficacy of healing, Csordas and Lewton (1998) identified four factors as relevant: the disposition of supplicants; individuals' experience of the sacred and variations in their capacities for the sacred; the elaboration of alternatives or possibilities in the healing; and actualization of change through the healing process. Csordas (2004) also held that the patient's hopes, desires, and emotional responses were central to the healing process. Csordas' work is an illustration of the psychological anthropology tradition that seeks to draw linkages between culture and self through the theoretical framework of phenomenology.

Symbolic and Interpretive Approaches: Ritual and Social Relations

Most of the approaches to healing discussed so far have been concerned with making broad generalizations about the therapeutic functions of indigenous healing practices. Symbolic and interpretive approaches have been concerned less with the functions of ritual healing, than with understanding the specifics and dynamics of healing in cultural context. Although this category includes a wide range of approaches, all of them focus on healing as cultural practice or text to be interpreted. Some studies make use of symbolic analyses in understanding possession, while others draw on specific theories from the interpretive traditions of anthropology.

Sax (2004) merged various analytic threads in his study of ritual healing, including performative, interpretive and critical traditions. Although he approached healing rituals as performances, he also emphasized the power dynamics involved in these rituals. In his critical approach to the study of ritual, he pointed out that 'social power is constituted not only by relations of material production, but also by relations of ritual production' (Sax 2004, p. 302). Healing rituals reflect and reproduce unequal relations of power by providing and presenting a certain model of society. Sax's (1991, 2009) studies of Himalayan healing practices also emphasized the centrality of family and social relations in shamanism. In *The God of Justice*, Sax (2009) illuminated the important role of shaman in negotiating family relations through possession.

The depiction of ritual healing as an everyday rather than an exotic practice is also reflected in Flueckiger's (2006) *In Amma's Healing Room* about a Muslim woman healer in Hyderabad. Her work was significant in illuminating the variation and flexibility of discourses and practices around illness and healing. She pointed out that such 'vernacular' practices of Islam, such as healing traditions are characterized by considerable fluidity so as to challenge several conventional notions about gender and Islam in South Asia. These works from interpretive anthropology add to the understanding of deity possession and ritual healing as embedded in everyday life and family relations.

Performative Approaches: Healing as Social Drama

Some researchers have emphasized on the performative and expressive aspects of healing rituals. Lee's (1989) dramaturgical perspective of Malaysian healing ceremonies focussed on the social rules of public healing ceremonies and on the relationship between the performer (spirit medium) and the audience. Following Goffman's (1959) approach, he analysed the spirit séance as an interaction based on three rules of role performance: mood changes, status distance and power display. Similarly, Schieffelin (1985) emphasized the dramaturgical and rhetorical aspects of

ritual performances. The spirit medium and audience are involved in a 'dialogic mode of constructing reality' where they co-create a new reality through the performance.

Kapferer's (1979) analysis of demonic exorcism in Sri Lanka brought out the performative, expressive, and transformative aspects of rituals. He emphasized that ritual performances are both representative and transformative. They not only represent a certain definition of reality, but also bring about a shift in mood in patients. Kapferer also used symbolic analyses to describe the emotionally expressive behaviour of the patient as constituting a sign/symbol system. The patient's gestures not only reflect their inner experiences; they also work as signs to confirm and prove for the audience the 'actual' internal emotional state of the patient.

Sensorial Approaches: Healing as Aesthetic Experience

Some interpretive approaches have focussed on the embodied and sensory aspects of healing. This is best exemplified in Stoller's (1995) study of the Hauka movement in Nigeria, in which African mediums are possessed by spirits that mimic European figures. Stoller called for a 'sensuous ethnography' that approaches healing trances as bodily experiences involving all the senses. In his study of Hauka spirit mediums, he drew attention to the sentient body and sensory aspects of healing trances—the textures, smells, sights, sounds and tastes. The embodied experience of trance triggers social and colonial memories, thus drawing connections between bodily practices and cultural memories. Stoller's approach emphasizes shamanism as a set of embodied practices involving the sentient body with its textures, smells, sights, sounds and tastes, and as related to cultural memories and practices.

Still, other studies have emphasized the aesthetic aspects of healing. Desjarlais' (1992) study of spirit-related illness and healing in the Nepal Himalayas brought together the sensory grounds of experiences and the 'aesthetics of experience'. In *Body and Emotion* (1992), Desjarlais elaborated on the sensory and cultural grounds of the phenomenon of soul loss among the Yolmo Sherpa in north-central Nepal. Through a "phenomenology of embodied aesthetics", Desjarlais attempted to show 'how ritual performance is grounded within, and governed by, a wider sphere of value and practice: the aesthetics of the everyday' (1992, p. 65). Desjarlais' analysis described experiences of suffering, illness and healing as both culturally constructed and grounded in sensory experience.

This necessarily brief survey gives a glimpse of the wealth of literature on ritual healing. A range of theoretical persuasions and analytic frameworks have been adopted to explore the significance of indigenous healing practices. Each of the different theoretical frameworks is useful in understanding the different dimensions of healing. At the same time, two broad concerns can be discerned in the literature —a focus on the cultural therapeutics of healing and an interest in the symbolic

meanings of ritual healing. Apart from shamanistic healing, many individuals also resort to healing practices in religious sites. The next section considers the literature on healing shrines in India.

Healing as Everyday Practice: Studies on Healing Shrines

Several researchers have focussed on the healing aspects of residing in a shrine that is purported to cure one of illness. Many of these studies have been done from psychiatric and psychological perspectives. In general, the psychiatric and psychological literature have been concerned with the effectiveness of healing shrines in curing mental illness. Addlakha (2008) lists the main issues that psychiatric studies on traditional healing have been concerned with: efficacy of traditional healing; characteristics of healers; and collaboration between healing centres and mental health services in order to provide culture-sensitive mental healthcare.

The Pattern of Illness and Cure in Healing Shrines

Stanley (1988) studied a range of healing sites in the state of Maharashtra (Western India) such as *sufi* dargahs, healing churches, local deity shrines, and temples of the Mahanubhav sect. He observed that despite variations in the specific details, there were certain commonalities in the pattern of illness and cure associated with religious sites of healing. Ghost possession typically began with victims having a vague sense of something 'not right' with them. Initially, they started to have headaches, backaches and sudden sharp pains. Later, their problems compounded, they had problems at work and in their relationships. Finally, when the problem became severe, they became depressed, unresponsive and unable to work. At this point, they visited doctors. When they obtained no relief from doctors, they approached the healing centre.

Halder's (2009) study of the Balaji temple in Mehndipur (in the state of Rajasthan in north India) found that most afflicted people suffered from bodily pains, insomnia, and loss of appetite. They initially sought medical treatment but when this did not cure them, they came to the temple. Similarly, Deliège (2007) found that possession usually started out with physical symptoms, gradually leading to problems in work and other areas as well. The occurrence of trance at the temple functioned as the sure sign of possession. Thus, it appears that the pattern of falling ill, visiting temples and going into trance is common to various forms of possession in different healing contexts.

Trance and Possession in Healing Shrines

One important part of healing rituals is the trance that afflicted individuals go through. In the case of shamanism, it is the healer who undergoes trance and cures the sick person. On the other hand, in the case of ghost afflictions for which people turn to healing shrines, it is the afflicted person who goes into a trance. Trance is the central aspect of the healing process as it is believed to draw out the affliction from the person.

Some studies have elaborated on practices of trance and possession in healing shrines. Kakar's (1982) extensive survey of healing traditions in India also included healing traditions in temples. His exploration of healing in the Balaji temple in Mehndipur (in the state of Rajasthan in north India) analysed exorcism as enabling repressed and hysterical women to act out their unacceptable sexual and aggressive urges without guilt. In line with the psychoanalytic framework, he interpreted women's possession as reflecting their unresolved unconscious sexual desires and conflicts. These conflicts are manifested in their dramatized and exaggerated behaviour during trance. By projecting their feelings of hostility onto an external demon, women could act out their unconscious hostility towards their loved ones. Although his psychoanalytic explanation is useful in drawing attention to unconscious motivational processes in possession, there is little exploration of what women themselves experience as healing in the temple.

Dwyer's (2003) elaboration of the healing process in the Balaji temple drew on the phenomenological approach to explore the transformation of the self in the healing process. He described the exorcism in the temple as a transformative experience that brought about physical and mental change. However, Dwyer also compared the exorcist rituals in the temple with psychotherapy, and here, he moved away from a purely phenomenological approach. Thus, he argued that in both exorcist rituals and psychotherapy, the patient draws on shared concepts and beliefs to de-identify with pathological states of being and re-identify with positive self-conceptions. At the same time, Dwyer's comparison between healing and psychotherapy does not highlight what individuals themselves think about healing, thus conflicting with his own stated interest in the 'cultural construction of illness and cure' in the temple.

Pfleiderer (1988) studied healing in a Sufi shrine in Gujarat, the Mira Datar dargah. She analysed the ritual process as a 'semiotic enterprise' (p. 423) of interpreting various related signs and symbols. She argued that patients and their families attempted to read and interpret the 'texts' involved in possession, which included the signs of possession such as symptoms and dreams. In *The Red Thread*, Pfleiderer (2006) added that women used trance and possession as deliberate and instrumental strategies to deceive men. Pfleiderer's explanation of trance and possession as manipulative strategies used by women to gain advantage not only reduces a complex and multifaceted phenomenon but also fails to elaborate women's own perspective of trance, possession and healing.

The Effectiveness of Healing Shrines

A number of scholars have attempted to explain the therapeutic effectiveness of shrines. Asuni (1979) attributed the effectiveness of traditional healing to the fact that healing takes place in a familiar environment and patients had faith in healers, who came from backgrounds similar to those of patients. Padmavati, Thara and Corin (2005) held that shared cultural explanations and belief systems regarding illness played a central role in the effectiveness of healing. Halliburton (2003) found that the aesthetic aspects of healing, such as living in the soothing, pleasant, and spiritual environment of the healing temples, were crucial in the healing process. Raguram et al. (2002) attributed the effectiveness of healing to the benefits of staying in a supportive and non-threatening environment.

Other researchers have found that healing shrines do not just provide a pacifying environment for ill persons, but may even become places of refuge for those in distress. Skultans' (1987a, b, 1991) research on a Mahanubhav temple in the state of Maharashtra (western India) found that the temple sometimes became a permanent shelter for mentally ill women who did not receive care from the family. Similarly, Davar and Lohokare (2009) found that Sufi dargahs often worked as safe spaces for women during times of vulnerability and crisis.

Comparisons between healing shrines and psychotherapy have also been drawn in several studies. Satija et al. (1982) maintained that traditional healing worked through mechanisms of suggestibility, identification, role-playing and catharsis. Dalal (2011) also drew parallels between folk healing and psychotherapy, emphasizing the role of the sacred and holistic nature of healing, which addressed psychological, social, cultural and spiritual dimensions and involved the entire community in the healing of an individual. He added that the healing process itself used mechanisms of suggestion, symbolism, institutionalized catharsis and corrective emotional experiences to redress the problem at the core psychological level. Thus, Dalal (2011) regarded traditional healing as analogous to a culturally specific form of psychotherapy. Dalal and Misra (2011) have argued powerfully for inclusion of the spiritual component in psychotherapy and health psychology, in order to make modern therapies more effective.

This approach of drawing comparisons between indigenous healing shrines and mental health centres is also seen in Sébastia's (2007, 2009a, b) studies. She regarded the shrine of Saint Anthony of Padua in Puliyampatti (Tuticorin district, Tamil Nadu) as analogous to a 'medical care centre' with 'diagnostic', 'casualty', and 'medical care units' (Sébastia 2007, p. 72). Patients were first taken to a space near the church which she referred to as the 'casualty department', and then moved to a "diagnostic centre", where they drew on the power of Saint Anthony to force the possessing spirits to manifest themselves. Finally, they were taken to the 'medical care unit', namely, the shrine of the Virgin Mary where exorcist practices were carried out to expel the spirits.

While many studies, including some of the ones discussed above, regard shrines through the lens of mental health, Bellamy's (2011) analysis of 'everyday healing'

practices seeks to understand shrines in their own context. She found that healing in the Husain Tekri dargah (in the north Indian state of Madhya Pradesh) was characterized by the absence of structured healing rituals. Pilgrims did not passively 'receive' healing from a designated healer but instead crafted their own experience of healing, drawing on other pilgrims' narratives and the stories and legends surrounding the Husain Tekri dargah. Her research is significant for bringing out the importance of understanding healing as an active process of becoming familiar with everyday shrine culture and practices. Her work marks an important shift from the study of healing as ritual process to the analysis of healing as everyday practice.

Healing Shrines as Sites of Mental Health Interventions

The above review illustrates that there is considerable interest in the therapeutic functions of healing shrines. In recent times, there has also been interest in looking at healing shrines as potential sites for the delivery of mental health services. In fact, in some dargahs, like the Mira Datar dargah in Gujarat and the Erwadi dargah in Tamil Nadu, psychiatric clinics have also been opened with the within the Dargah precincts.[2] Observing that large numbers of population prefer to access healing shrines when in distress, the state governments of Gujarat and Tamil Nadu have piloted projects that provide psychiatric consultations and medicine to pilgrims residing within the shrines. These moves, largely stemming from pressure on the state to improve the dismal state of public mental healthcare in the country, are based on a biomedical logic of suffering and healing, where distress is equated with disease and healing is substituted with biomedical cure. Such a reductionist model reframes pilgrims' suffering into a psychiatric problem that can be treated with medicines. Yet, as Bellamy's research illustrates, perhaps the most important aspect of healing shrines is the flexibility of the healing narratives that circulate, thereby allowing for pilgrims to experience healing in unique but shared ways.

Further, mental health interventions within shrines primarily rely on medication as the sole line of treatment for pilgrims. In doing so, they ignore the relevance of the social space of the shrine in the healing process. The above review brings out the differences between shamanistic practices and healing shrines. While shamanism is characterized by a dyadic patient–healer relationship, in healing shrines, the bonds that pilgrims form with the shrine community is significant. Given that pilgrims generally stay within the shrine for extended periods of time, they often develop lifelong associations with the shrine and its community. These social and communal aspects of healing are ignored in the biomedical logic of psychiatric treatment.

[2]See Ranganathan (2014) for a more elaborate discussion of these initiatives and the controversies surrounding them.

Conclusion: From *Ritual Healing* to *Everyday Healing*

This chapter has described the literature on indigenous healing within anthropology and psychology. Much of the early work in this area has focussed on the practices of healing cults and indigenous healers and shamans. These studies reflect a fascination with the exotic flavour of rituals and a motivation to unravel the symbols and meanings underlying indigenous healing. Traditionally, anthropology has focused more on deity possession or shamanistic practices. There has been much less attention paid to healing in mundane and everyday contexts.

More recent research in India has concentrated on religious shrines where healing is not limited to specific ritual periods or festivals but is integrated into everyday life and practices. These studies—many of which have been done on Muslim healing shrines—have moved focusing on the place of such healing shrines in contemporary religious practices in India. In moving towards the mundane and the routine, these studies have been a useful departure from the conventional anthropological gaze on the exotic.

Along with a shift in focus from 'ritual healing' to 'everyday healing', the literature also shows a parallel shift from an emphasis on the symbolic significance of rituals to the social space of the shrine. The study of everyday healing practices has provided new ways of understanding healing not only in terms of *what* rituals are carried out, but in terms of *where* these healing practices are conducted. Thus, the social space of the healing shrine emerges as a significant part of the healing process. Much of the traditional concern with questions of efficacy has located efficacy in the symbolic significance of the rituals. More recently, however, there has been renewed interest in locating efficacy in the *place* of healing (e.g. Bellamy 2008). In many cases, individuals develop a lifelong association with the shrine and its community. They form strong links with the 'distress community' (Sébastia 2007: 70) or the 'dargah culture' (Bellamy 2011, p. 7) and often frequently return to the shrine at regular intervals to experience trance. These findings indicate that what is important for sufferers is the continued association with the healing site. It is the overall experience of becoming familiar with the shrine and its community that is perhaps at the heart of healing, rather than the performance of specific 'healing rituals'.

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