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RESEARCH IN PROGRESS

Transgressing Narrative Boundaries: Exploring How Indigenous Faith—Healing Rituals from Kerala Move Beyond the Limitations of Narrative Therapy

Meera Kumar[1,2] · **Sukanya Guruvayoorappan**[3,4] · **Sangeetha Menon**[5]

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Abstract This paper focuses on two indigenous healing rituals from Kerala, the South- Western state of India. The first one is *uzhinjuvāngal,* a ritual of warding off evil spirits. It is practised as part of the *mantravāda* healing tradition, at pūṅkuṭil mana, an ancestral house belonging to brahmin priests. The second is, *gaddika*, a ritualistic art form practised as part of ritual healing by the *Aṭiyān*, a scheduled tribal community residing in the Wayanad district of *Kerala*. These faith healing practices are conducted complementary to biomedical treatments and provide relief to patients. This must be understood in their rich cultural context. As an alternative to modern medicine, unique traditional healing rituals are used to provide specific treatments based on the antiquity and integrity of beliefs and practices. Significant aspects including phenomenological and narrative influences which contribute to the efficacy of these practices were observed from ethnographic data collection after the emerging narratives were analysed thematically. Certain similarities can be found between narrative therapy and how these faith-healing practices employ narratives. Deriving from primary research, this paper argues that these practices go beyond the limitations of narrative therapy, employing metaphors, embodied ritualistic experiences and fictive imagination.

Keywords Beyond Narratives · Healing · Rituals · Metaphors · Fictive Imagination

✉ Meera Kumar
parappilmeeramenon@gmail.com

Sukanya Guruvayoorappan
sukanyaagl297@gmail.com

Sangeetha Menon
sangeetha.menon@nias.res.in

[1] Manipal Academy of Higher Education, Manipal, Karnataka, India

[2] Consciousness Studies Programme, School of Humanities, National Institute of Advanced Studies, Bangalore, India

[3] The University of Trans-Disciplinary Health Sciences and Technology, Bangalore, India

[4] Consciousness Studies Programme, School of Humanities, National Institute of Advanced Studies, Bangalore, India

[5] Dean, School of Humanities & Head, Consciousness Studies Programme, National Institute of Advanced Studies, Bangalore, India

Introduction

This study attempts to report and understand two indigenous healing rituals from the South Indian state of Kerala which are termed in the native language Malayalam as *uzhinjuvāngal*[1] and *gaddika*.[2] The ritual called *uzhinjuvāngal* is part of an elaborate class of rituals called *mantravāda*.[3] *Mantravāda* is "translated often as sorcery or witchcraft but literally the use of mantras" (Nair, 2010, para 1). Within Kerala this is practised predominantly by the *nampūtiri* community. However, it is to be noted that certain other communities within and outside Kerala also practice various forms of *mantravāda*. As earlier studies have suggested, defining the term *mantravāda* is problematic (e.g., Nair & Tarabout, 1999, p. 152). However, for ease of understanding,

[1] *Uzhinjuvāngal* is a Malayalam word corresponding to the ritual of warding off evil spirits.

[2] *Gaddika* is a ritualistic art form practised by the *Aṭiyān* tribe of Wayanad. It is performed as a part of traditional ritualistic healing practice.

[3] *Mantravāda is* "translated often as sorcery or witchcraft but literally the use of mantras" (Nair, 2010, para 1).

it is commonly understood as two types- *sanmantravāda* (intended for noble purposes) and *durmantravāda* (intended for evil purposes). The case study that is presented here is of the first type, practised by a community of priests known as the *nampūtiris*, is noble in nature and performed in goodwill. Well known studies in this area are conducted by Tarabout (1999) and Kakar (1982) who look at the *mantravāda* tradition in South India from ethnographic and medical anthropological perspectives. This work on the other hand closely examines the narrative techniques employed and moves beyond it to comment on the significance of metaphors, fictive imagination and the phenomenological experience in these ritualistic healing practices.

The ritual called *gaddika* is prevalent among the tribal community called the *Aṭiyān*,[4] in the district called Wayanad in the north-east part of Kerala. Earlier studies have noted that one of the major reasons for people preferring faith healing practices is because modern medicine fails to give meaningful explanations to intricate psychological dispositions and does not help understand their difficulties. Among the *Aṭiyān* tribes for instance, the rituals seem to establish faith and assurance in the patients. Culture bound diseases[5] are found among these tribes who rely on traditional healing practices for cure. While accepting the modern biomedical system of medicine for a few diseases, when it comes to culture bound syndromes, they choose indigenous healing practices. James Wilce in his paper *Healing* elaborates on the necessity of understanding the relations between language and healing. He mentions that "These value-laden visions of healing incorporate notions of language, affect, personhood, and bodies. A complete account of language and healing would examine how discourses constitute illness, disease, and medicine in broader terms" (Wilce, 1999, p. 97).

> "Narrative therapy, developed by White and Epston in the early 1990s, stands out in seeking to empower individuals and groups by getting them to look again at their habits of self- narration and to explore the possibility of telling new stories about their individual or collective lives" (Hutto et al., 2017, p. 17).

Several myths, stories and fictive characters infuse the narratives that form the cultural history of these practitioners, whether it is an indigenous community like the *nampūtiris* or a tribal community like that of the *Aṭiyāns*. This study proposes that while narrative therapy has its own limitations, neither *mantravāda* nor tribal traditions exclusively follow a specific version of such a therapy. The healing practices of *uzhinjuvāngal* and *gaddika* which are practised by these communities respectively, both incorporate and transcend the limits of narrative therapy with an inclusive approach. These practices encompass metaphors, fictive imagination, performance aspects and phenomenological experiences, along with narrative approaches, which might be adding to both its popularity and efficacy. Here we examine the following: (i) Do these rituals serve as metaphors providing meanings to the illness narratives of the patient? (ii) Do the stories incorporated in these two healing practices, namely *uzhinjuvāngal* and *gaddika,* and the performance rituals associated with them, provide phenomenological experiences that surpass narrative limitations?

Methodology

This particular study focussed on interviewing practitioners of Mantravāda belonging to pūṅkuṭil mana and healers and ritualists who belong to the Aṭiyān tribal community of Wayanad.

For this study, we have developed ethnographic frameworks, using the methods of observation and interview followed by analysis of thick descriptions emerging from field notes. *Mantravāda* and tribal healing practices are complex health behaviour interventions and the ethnographic method helps in understanding them within their rich cultural context.

> "Qualitative methods, such as interviews and focus groups make an important contribution to process evaluations because they can provide rich, detailed information about processes, contexts and causal pathways in ways that quantitative data cannot. Interviews with participants can capture rich narratives describing how individuals experience and react to an intervention and why they may change their behaviour as a result" (Morgan et al., 2016, p. 3).

Data were collected as part of the ethnographic fieldwork carried out in selected *Aṭiyān* tribal settlements in the Mananthavady Municipality of Wayanad district of Kerala between September 2019 to December 2020. The quasi-participant observation was conducted to understand some specific rituals i.e., araṅkeṭṭubāṅkal.[6] The interviews conducted with practitioners during field work were transcribed verbatim and the narratives emerging were classified thematically. The rituals had been studied within their setting by means of employing quasi participant observation and elaborate field notes were maintained. The field work conducted at

[4] The *Aṭiyāns* (also known as ṟāvuḷa) are one of the scheduled tribal communities residing in the Wayanad district of Kerala.

[5] David defines "Culture-bound syndrome as a collection of signs and symptoms that is restricted to a limited number of cultures by reason of certain psychosocial features. Culture- bound syndromes are usually restricted to a specific setting, and they have a special relationship to that setting" (Stern et al., 2010, para 1).

[6] *Araṅkeṭṭubāṅkal* is a healing ritual of *Aṭiyān* tribal community.

pūṅkuṭil mana[7] was carried out in the years 2019–2021. The practitioners were interviewed with semi-structured open ended questions, and their responses were recorded verbatim. The names of all interviewees and participants have been changed to maintain confidentiality and the study has been conducted after acquiring necessary ethical clearance. Six Mantravāda practitioners belonging to the ancestral house of pūṅkuṭil mana were interviewed for the purpose of the research pertaining to this paper and fifteen participants belonging to the Aṭiyān tribe were interviewed. The interviews were conducted with traditional healers, ritualists, and elder members of the Aṭiyān tribal community. Keyinformants were identified after the pilot study. The practitioners interviewed belonged to two different generations. While the elderly practitioners were experienced only in traditional indigenous healing practices, some of the practitioners from the younger generation were certified ayurveda physicians who complimented the traditional treatment at the mana with ayurvedic medicine.

The researcher had made multiple visits to the site of study to establish rapport with the practitioners. While documenting the healing rituals, photographs were taken, but the patient's faces were blurred to maintain confidentiality, as requested by the practitioners and keeping up with research ethics.

Care was taken not to intervene in these practices but only to observe them without causing any disturbance to the practice, practitioners and patients. The data presented in this paper is part of the doctoral research undertaken by the two researchers which employ ethnographic methodology and Interpretative Phenomenological Analysis respectively. The data extracted through interviews which were transcribed, was then analysed thematically. The categories considered were the relationship between the practitioner and patient, the metaphoric meanings associated with the healing ritual, the similarities and differences with narrative therapy and how indigenous healing practices move beyond narrative limitation.

Uzhinjuvāngal: A Faith Healing Ritual

Situated near *Vaḷḷikkāppaṭṭa* village in Malappuram district in Kerala, *pūṅkuṭil mana*, known locally as *pūṅkaḷa mana* is well known as a healing centre specifically devoted to the treatment of mental illness. There is a popular legend which situates the place within a mystical space. The legendary hero of the *paṟayipetta pantirukulaṁ*[8] folklore prevalent in Kerala, *Nāṟāṇattu bhrāntan*[9], got his name from *nāṟāṇamaṅgalaṁ illam*,[10] where he was taken for treatment. The predecessors of this household moved to places like Naaras, Kallil and *pūṅkuṭil*, thereby coming to be known with the names of the localities in which they settled. The practitioners at *pūṅkuṭil* specifically mention the use of *mantravāda* being performed exclusively for healing purposes and that it belongs to a specific genre.

One specific ritual very commonly conducted at the *illam* as part of *mantravāda* is *uzhinjuvāngal.* Understood as a ritual to ward off the *dośam* (negative causes), this practice is part of many other faith healing traditions in different versions of treatment. The practitioner would sit on the front porch, facing east- west to the shrine of the deity which is placed a few feet inside the *illam* (household), and visible from outside. The patient is seated cross legged on the floor facing the practitioner and also being able to view the deity in the background. The *Uzhinju vāngal* (taking) when said by the practitioner and alternatively *Uzhinju kotukkal* (giving) as used by the patient, is a ritual where the *dośam* (negative causes responsible for illness and associated difficulties) is considered to be left at the doorstep of the *illam*. The legend behind this ritual as practised in *pūṅkuṭil* is that an ancestor of this *illam*, due to impoverishment, or difficulties experienced in the treatments undertaken, decided to become an ascetic and turned a *sanyāsi* (monk). After his death, he is said to have turned into a *bhrahmarakśass* (the spirit of a *nampūtiri* priest who died of unnatural causes) who has been given a shrine nearby the *illam* premises. The guardian deity of *Rakshassu* is said to protect the *illam.*The deity ensures that the *dośam(s)* that are left at the doorstep of the *illam*, shall all be debilitated.

The materials and objects used for the ritual include a conch, goglet, leaves of *tulasi* (Ocimum sanctum), coconut, rice, flowers, wicks, oil, lamp, and an idol. The ritual involves the recital of a few mantras, after which the practitioner takes a *pantam* (a wick set ablaze) and performs what is named as *thiri-uzhichil*—the act of circling it over the patient's torso several times. Thereafter, the patient is asked to pray well and think of all the *dosham(s)* he must have acquired due to actions that he has committed knowingly or unknowingly. Then he/ she has to take in hand the idol, with which he/she makes circles over his torso and returns it

[7] *Pūṅkuṭil mana* is the name of an ancestral house belonging to a brahmin (*nampūtiri*) community in the Malappuram district of Kerala.

[8] A folklore popular in Kerala about a woman and the legacy of the twelve children born to her.

[9] The madman of *Nāṟāṇattu* is told to be a divine person who pretended to be abnormal. He used to continuously roll a stone uphill and let it fall back. This is much like the Myth of Sisyphus from the Greek legends.

[10] *Illam* and *mana* are used interchangeably to mean the households of the *nampūtiri* community.

to the practitioner. After this, the practitioner makes a hand gesture by placing his hand over the patient, indicating that he/she has been blessed. The patient may or may not receive a *caraṭ* (a sacred thread) after the ritual, depending on the assessment of his situation.

Narrative Influences in Uzhinjuvāngal

In his paper, "Narrative Practices in Medicine and Therapy: Philosophical Reflections'' the author explains that "The cornerstone of both narrative medicine and narrative therapy is the assumption that becoming skilled in narrative practices—becoming more narratively competent—can transform one's ways of interacting and engaging with others and also, making a fundamental difference to what we see the world as offering to us as well as our potential to respond to such offerings" (Hutto et al., 2017, p. 3). The author further explores how providing specialised narrative training to healthcare professionals can be rewarding. Hutto cites Charon in his paper to further explain that "Genuine engagement with the stories of patients help to bring them back into the fold; by understanding and appreciating the narratives of those who are ill, medical professionals provide better company and better support by enabling patients to feel included among those who are not ill" (Charon, 2007 as cited in Hutto et.al, 2017, p. 5). Another important insight is on how "it is through greater ability to appreciate the narratives of the patient that it becomes possible to maintain stronger, more reliable and more trusting relations between doctors and patients" (Hutto et al., 2017, p. 6). Such a forming of a bond and sustaining it by actively listening to the narratives of the patients is an integral part of the treatment at *pūṅkuṭil mana*.

At *pūṅkuṭil mana*, the practitioners believe that it is with the decline of mental health (*mānasikārogyam*) that mental illnesses occur. The practices here are meant to give mental support/power (*manaśakti*) to the patients. Since the practice is based on faith between the practitioner/ healer and the patient, it is through faith itself that healing is primarily expected to happen. However, there might also be rare cases where, due to the use of both medicines and mantras, patients might become believers and imbibe faith.

Whether it is mental strength, health, or will power, whatever is within is what is revived. It occurs to me, says Namboothiri,[11] that it is the influence of the practitioners, and the bond between the patient and the practitioner which seems to most impact the healing process. Meaning to say, that the deities and the *mantravāda* rituals here are common to some other places as well. Same is the case with the ayurvedic medicines given here, say *brahmikṛtaṁ* (an Ayurvedic concoction used as medicine) from Kottakkal *ārya vaidyaśāla* (a well-established Ayurveda hospital) or elsewhere. However, if our treatment is more effective and people come to us, it could be due to this bond that we cherish. It is the cause, *hētu,* that is identified and cured, rather than the symptoms caused by it. Without the bond between the practitioner and patient that provides mental strength, no number of medicines might be of effect in eradicating the cause (N, Namboothiri. Personal Communication, August 17, 2019).

The treatment is considered effective only if the bond is established between the practitioner and patient. In order to build the rapport which is not just of a psychological nature, but also of a deeper "spiritual" connect, the practitioners opine that they need to know the patient's complete history. In an interview conducted, N Namboothiri elaborates:

We often seek to relate to the patient by trying to be on their side, and being one among them. For instance, we ask them about their interests, maybe in food, sports, movies, or something relatable. By conversing we try to strengthen this bond. More often than not psychological patients are not listened to attentively, either due to fear or because what they say are considered nonsensical. Since we offer patient listening, they have the *bādhyata* (commitment) to listen to us as well (N, Namboothiri. Personal Communication, August 8, 2019).

In a paper on 'Placebo Studies and Ritual Theory', the author validates this by explaining that "Rituals and their sensory, affective, moral and aesthetic components transmute the mythos into an experiential reality for participants. Metaphors and symbols, the healer's prestige, social interactions with relatives and community members in the course of preparation and performance of the ritual, and gesture, recitation, costume, iconography, touch, ingestion and the physical ordeal—all provide vehicles for and multi-dimensional guideposts to a process that is meant to transform a patient from brokenness to intactness" (Kaptchuk, 2011, p. 1851).

However, it needs to be noted that an elderly practitioner, J Namboothiri has a contradicting perception. He says that the efficacy of medicine lies in *īśvarādīnam* (divine intervention). *Mantravāda*, although it is used to evoke the bond, is also based on practical understanding. You would know when you see someone, as to what works for them. He says, "Whatever it is that we do, the patient's *manas* (mind) should be able to *ulkolluvān sādhikanam* (internalise) it." When asked about a surreal or strange experience that has happened, he mentioned an in-patient, who, many years ago, left the *illam* one fine morning and made everyone worried, but returned later by himself, asking them to treat him until he gets better. J Namboothiri also believes that mental strength is something that the practitioner has to cultivate in the patient. That it is the onus of the practitioner to create in

[11] First names of all informants have been masked/ changed to maintain confidentiality.

the patient—a power to overcome (*atijīvikkuka*) life situations that present themselves.

A second seemingly strange case recounted by practitioners at *pūṅkuṭil* mana, is that of a woman, in her late fifties. She visits the illam every year during the Malayalam month of *Karkkiṭakaṁ* (June). She sits for an *uzhinjuvāngal* ritual and demands to drink *guruti vellam* (a mixture of slaked lime, and turmeric powder) which is offered to the goddess. After drinking this intense concoction, she is given some tender coconut water to cool down her system. Soon after, she runs to the inner portion of the *illam*, shouting and jeering for a while and then faints away. Once this process is over, she surprisingly regains her composure and leaves, like a normal person with her son who accompanies her. There is hardly any explanation for this behaviour. This happens every year and now we are used to it, says the practitioner. Whether the woman feels a strong connection to the deity or whether she imagines herself to be the deity who is, according to the ritual offered the *kuruti*, is unknown.

> An ambiguous text is compatible with several different narrative universes, each centred around its own actual world, and there is a one-to-many relation between discourse and fabula. The optimal way to respond to such a text is not to leave blanks in the private worlds of characters but to construe as many as possible of the sets of embedded narratives which lend coherence to the physical events. The only indeterminacy inherent to a narrative universe occurs when there are gaps and holes in the contents of the private worlds themselves. This happens when a character has only a partial understanding of past events or when a plan is incompletely specified, thus leaving scope for improvisation (Ryan, 1986, p. 330).

Another case that the practitioners referred to was that of a 32-year-old woman, a mother of two, who was taken to *pūṅkuṭil mana* by her husband, complaining that she has been possessed. She hits him, bites him and constantly speaks about having hid something underground in her husband's house which he does not know about, in order to cause harm to him. The husband explains that she was first taken to another *Illam* from where she was given a *caraṭ* (a sacred thread), the tying of which has caused an aggravation of this problem. The woman who is ill thinks of the practitioner (who in his own words, wears a *pūnūl* (a sacred thread worn around the torso by priestly classes) and *bhasmaṁ* (sacred ash), as an enemy and does not comply to speak to him during these episodes of hysteria. The practitioner then asks her to wash her face continuously for about fifteen minutes and asks her to consume a ghee, which is intensely pungent. This is bound to give her relief from the hysterical thoughts, and then she is listened to. Further, the practitioner gives her a 'short counselling'. Here, the practitioner asks her what people would think of her behaviour, wouldn't it be a shame if her husband and the society at large think of her as a patient, would it not be better if she behaves well. Then he also leaves her with the comment saying that for the follow up meeting he expects her to feel and behave better. Apart from this, *uzhinjuvāngal* is also done, so as to pacify her. Here the patient is spoken to in a language using frames of references that she is used to and comfortable with.

In an earlier study conducted by Nair about *pūṅkuṭil mana*, the researcher opines that the healers here do not claim that they do any psychological counselling nor does it involve methods in western psychotherapy such as introspection or elucidation. He quotes Tarabout and Kakar to further elucidate this point and mentions that the healers did not delve deeper and analyse the inner conflicts of the patients but try to reintegrate them with a pre-existing harmony (Nair, 2010, p. 75).

Moving Beyond Narrative Limitations

It is interesting to note that there are various limitations to narrative therapy as well, which are discussed extensively in a paper titled "The limits of narrative: Provocations for medical humanities'' (Woods, 2011). The author identifies seven challenges, problematizing firstly the truth value of narratives, and then how narrative coherence can be harmful and can become a vehicle for oppression, questioning what exactly can be considered as a narrative. He also questions how there is a collapse in the distinction between various narrative forms and contexts. She further identifies certain other challenges including how a sophisticated account of a genre is missing in the understanding of narratives and how cultural and historical dimensions are often overlooked. The last point is on how the mode of human self-expression in turn promotes a specific model of the self. In an attempt to overcome these challenges, the author derives from Lawrence Kurayer who argues that metaphor serves as a middle ground between embodied exper ience and myths, ideologies and the like which are part of the larger narratives. James Wilce in his paper "Healing" also states that "Perhaps metaphor is the key insofar as it links bodily experience with myth, influencing sensation, imagination and actions as much as mental operations" (Wilce, 1999, p. 96). Therefore it would help to make sense of the various metaphors that form part of the *mantravāda* healing tradition. The author mentions Stelarc & Orlan who suggests that exploring beyond the comfort of narrative-continuity, closure and containment- in the pursuit of the paradoxical, ambiguous and undecidable" (Woods, 2011, p. 76) is of relevance. This can be seen extensively in the case of *mantravāda*, where there is a mix of narratives, imagination, fiction and metaphors. At the end of

the paper the author quotes Mark Freeman and makes a very important observation that "Whether we're narrativists or anti-narrativists, the pressure for meaning, for significance, remains much the same" (Freeman, 2008 as cited in Woods, 2011, p. 76).

Narrative therapy is used as a mental health practice to treat patients dealing with various psychological problems. This form of talk-based therapy focuses on conversations with patients, listening to their narratives, intervening in their narratives so as to encourage them to alter their narratives of self in more helpful ways. There is also a process of co-authoring that becomes part of the process of narrative therapy where helpful suggestions from the therapist and others will aid the patient to reimagine and retell his/her narrative. Narrative therapy has been criticised for various reasons, which Daniel. D. Hutto consolidates in his paper "Narrative Therapy in Mental Health". The paper looks at various challenges to narrative therapy such as how stories cannot be considered as theories, how narrative understanding of the self and life may not be universal and also how narrative therapy might be manipulative in the sense that by re-narrating, there might be a distortion of truths. It is in this context that Hutto argues that most of these problems can be solved by narrative therapy going fictive. He maintains that considering a narrative as fictive, not because it is false, but it is narrated and heard, can free it from the necessity of empirical adequacy. He further opines that "all challenges disappear when the question of truth of the narrative is bracketed since it is fictitious" (Hutto et al., 2017, p. 20). In his research on "Narrative Knowing and Indigenous Knowledge of Illness", Yozuke Shimazano from the University of Oxford observes "On the one hand, the idea of narrative knowing is of great significance to anthropological studies of indigenous knowledge of illness. On the other hand, how storytelling is guided by and how it generates shared knowledge of illness can be and should be an important topic of narrative analysis" (Shimazono, 2003, p. 47).

Further, when it comes to the narrative spaces which are co-created by the practitioner and the patient, the embeddedness of these narratives in their cultural setting as well as the ambiguous nature of these narratives might be contributing to their efficacy.

> Within the narrative universe, the status of embedded narratives is ambiguous: on one hand, they exist as beliefs, intents, commitments, obligations, and so forth, and they belong to the satellites of the actual world; on the other hand, the mental act of their conception is a historical event, and they are rooted in the realm of the factual. The origin of embedded narratives in actual acts means that any representation of the actual world of the narrative universe must also contain representations of the narratives produced by its inhabitants. Hence the recursive character of narrative embedding (Ryan, 1986, p. 329).

This can throw light on how, more often than not, in *mantravāda* settings, the emphasis is not on the value of truth of its settings, which by its nature, is highly dependent on the perspectives of the interpreter. The settings which might seem religious, supernatural and fictive still contribute to, and are validated by cultural meanings that are attributed to it.

Different kinds of *pratimās* (idols) are used for the ritual, *strī* (female), *puruśan* (Male) *caturbhāhu* (with four limbs) etc.and they are made of different kinds of wood, or metals like copper, silver or gold. It is according to the chart prepared by the astrologer that the idol used for the ritual is determined and this is said to be dependent on the nature of the *pretam* (spirit). The ritual is conducted for different purposes, mostly for *āvāhanaṁ*. Different spirits are said to cause different symptoms. For instance, if the patient exhibits symptoms like pacing around, untimely laughter, or singing, it is attributed to *gandharva graha doṣam*, i.e., the spirit causing the symptoms is a *gandharva*, who will then be invoked and dealt with. The *pratima* is considered as an external object, not as representative of the patient or the deity but rather as an objective correlate to which the *doṣams* are extrapolated. Not only for mental problems, people also approach these practitioners with cases of financial problems, marital discords, infertility etc. Depending on the nature of the problem, they are either prescribed medicines along with *mantravāda*, or some are also advised to conduct certain rituals in temples famous for solving specific difficulties. The practitioners say that the meanings of the practice or its intricate details are never explained to the patients.

"There is no point or need to explain it to the patients. *Mantravāda* has a nigūṭata (deeply secretive nature). One should not try to explain it based on logic. Then there would no longer be faith" (N, Namboothiri. Personal Communication, August 8, 2019). It is said that Mantras are to be whispered (*mantrangal matrikkān ullathān*). However, it is also said to the children that when they chant mantras, even the trees should hear it (*mantram collumbol maram kelkkanam*). This might be so that they can be corrected if wrong. However, for treatment purposes it is whispered so as to safekeep its secretive nature. Laderman in his study states that the importance of secrecy in magic has been stressed by Southeast Asian ethnographers. He quotes various ethnographers who observe that some consider secrecy as a necessary condition for the success of magic, and that whispers are given a higher state than clearly audible words when it comes to rituals. There are also some studies which stress the importance

of accurate memorization and secrecy. He further states that "Incantations cure by analogy, not through their specificity but by their 'fan' of meanings, their multi-layered nature and the ambiguity of their symbols" (Laderman, 1987, p. 300).

What is asked of the patient is to take the flowers (coconut/lighted wick/*pratima* as the case maybe) and circle it around their torsos. They are requested to recall and pray that all *dosham*-s that might have occurred with or without their knowledge, whether they are caused by *staladoshangal* (places), *grahadoshangal* (planets) *śatru doshangal* (enemies) may all be left at the doorstep of this illam. It is also interesting to note that Muslims who come here often say *bismi* (a muslim prayer) while doing this. This might further explain how making sense of these rituals is both esoteric and shared simultaneously.

It seems that most often than not, the symptoms shown are attributed to various *pretam(s)*[12]who caused them. Some of these include: *jalapiśācu, jalapretam, vibhramayakṣi, raktacāmuṇṭi, devalayakṣi, gandharvan, vimānagandharvan, apasmāra bhūtam, viṣakāḷi, nīcakāli, unmādabairvan, brahmarākśasan, śmaśānabhūtaṁ, nāga gandharvan* and *sancāra gulikan.* In the *mantravāda* proceedings at *pūṅkuṭil mana* one often comes across how techniques used in narrative therapy lay latent. The *pratima(s)* that are used in *uzhinjuvāngal* seems to be serving as objective correlatives for the approach undertaken in narrative therapy, which is one of shifting the emphasis of the person being the problem, to the problem being the problem. While a person gets to see that the cause for his problem is externalised, it might help in gaining an objective perspective. At the same time, it also moves further from narrative therapy with its extensive use of props, settings and body movements thereby creating a more holistic experience that is not merely narrative oriented in nature.

Gaddika: A Tribal Healing Ritual

Aṭiyān tribes are inhabitants of the Wayanad district of Kerala. The community themselves are known by the name *r̲āvuḷa*. A dialect which is a mix of Malayalam and Kannada is their mother tongue and it is known as the Adiya language or *r̲āvuḷa* language. With the outsiders, they communicate in Malayalam or in Kannada. People of the *Aṭiyān* community are specialized in indigenous healing. According to the belief of the *Aṭiyān* community, there are two possible factors responsible for causing diseases. The first among these are natural factors, such as climate change and dietary change. The second is due to the action of supernatural powers such as ghosts, spirits and the anger of deities. Traditional medicine is important in each community's repository of knowledge. Within a community, treatment can vary widely. The healer of the community has the special ability to find the medicines from their immediate surroundings itself, for treating various diseases. Leaves, flowers and roots are some examples for that. These are inherited knowledge from their ancestors. The treatment pattern of each community depends on their culture, topography, immediate surrounding and climate. So, over time, this type of treatment has undergone changes to a certain extent.

Gaddika is a ritual performed in the *Aṭiyān* community to identify the cause and cure the disease when one falls ill. Studies on this type of *gaddika* are very rare. *Gaddika* was popularised by P K Kalan, an immortal artist from the *Aṭiyān* tribe and former chairman of the Kerala Folklore Academy. This is an indigenous healing ritual practised by the *Aṭiyān* tribe of Wayanad. *Gaddika* means *śānti* (peace/ relief) in the *Aṭiyān* language. There are different types of *gaddika* found in the *Aṭiyān* community, which includes *gaddika*, *nāṭugaddika*, *pūja gaddika* and *araṅketṭubāṅkal*. *Pūja gaddika* is performed as a vow to cure a disease. *gaddika* is performed to identify the cause and cure the disease when one falls ill. *Nāṭugaddika* is performed to prevent diseases and to bring peace and prosperity to the land. *Araṅketṭubāṅkal* is a ritual which is performed to bring comfort to pregnant women during the delivery. The informants opine that *araṅketṭubāṅkal* is also a different kind of *gaddika*.

The *Aṭiyān* tribal community has many divisions within the community, namely: *cemmam, nāṭu, kunṭ*, etc. Each clan has its own deities. Through the oral tradition, the *nāṭumūppan* and the *kunṭ mūppan* transmit their knowledge to the next generation. Among the community, a variety of natural remedies are used to treat ailments. In some cases, the healer of the community is unable to find a remedy using ethnomedicine alone. In these cases, they perform a healing ritual called *gaddika* along with herbal medication. *Gaddika* is a ritual performed to find out the cause of the disease and provide remedy for the disease.

Gaddika is usually done by the *tammāṭi*. *Tammāṭi* is a person who knows about magico- religious rituals. If the *nāṭumūppan* has the wisdom / knowledge to conduct *gaddika*, he will do it himself. In some areas, the *thammadi* and the *nāṭumūppan* may be the same person. *Gaddikakāran* is a person who performs *gaddika*. In the area where data collection was carried out, it was performed by the *nāṭumūppan*, who is the head and the highest- ranking member of the *Aṭiyān* community. This ritual begins at dusk at the patient's home. During the ritual, the *gaddikakāran* ties red silk cloth over his head and waist. Coconut, rice, and rice flakes are the essential ingredients for the ritual.

[12] These Malayalam names stand for various kinds of demonic presences (*Baadha/pretham*) that are considered responsible for causing different kinds of diseases and distress.

Narrative Influences in Gaddika

Prior to performing the ritual, the *gaddikkāran*'s helper goes to the patient's house. He visits the patient's home to understand the patient's behaviour, difficulties, and symptoms from home and neighbours. These features are investigated without the patient's knowledge. The patient narrates about his difficulties related to the illness to the ritual performer. From the narratives of the patient, the healer adopts therapeutic modalities of understanding the patient's mood. They also provide the patient with adequate psychological support during the course of understanding the illness. This is done to provide mental and physical support. ''There are doctor-patient narratives. These are narratives which show not only the patient's perspective on their illness, but also how their experience of illness was affected by the interaction with their doctor. These make us aware of how our reactions to patients and explanations of their symptoms can affect a patient's understanding and experience of their illness. These narratives form in the interplay between doctor and patient in taking a history, and in forming a diagnosis. Both the doctor and patient will begin to form stories about the illness in this process, which will necessarily be changed by the therapeutic encounter'' (Chapple, 2015, p. 64). Further, Selberg in his study on Folklores and Miracles, elaborates the needs to consider the narratives in healing.

> Strange to say, folklorists have paid less attention to the narrative tradition of folk and faith healing. A healer is not a healer unless people ask for help, but to be a healer it is equally important to be part of a collective, telling stories about the healings and the healer's powers. In narratives about experiences with healers and healing, the narrator makes sense of experience and expresses attitudes and ideas. From a folkloristic point of view, these stories should be the basis for the analysis of popular concepts about sickness and faith healing. Rather than interpreting folk medicine within a medical discourse and trying to prove its medical effectiveness, folklorists should interpret folk healing within a discourse about faith and miracles. Ideas about miraculous healings are created and re-created in narratives that cause listeners to reflect, again and again, on healings and interpretations of the miraculous. Extraordinary powers and healings are explained and located in the narrator's reality, thus making narrative constructions rather than reflections of reality. Narrative often can be found behind collective and individual categories and interpretations of reality, and narrative tradition exists behind categories and interpretations of folk healing (Selberg, 1995, p. 36).

Charon describes narrative medicine simply as "medicine practised by someone who knows what to do with stories" (Charon, 2007, p. 64). After the conversion with the patient, tribal healers will suggest the remedy according to the description or narration of the patient regarding his/ her illness. Here the healer knows what to do with this narration of the patients. The health of a person should not only include someone who is free from illness but also competent in drinking, eating, interacting with others, as well as participating in customary ceremonies (Workneh et al., 2018). Meanwhile before the treatment, the healer investigates among neighbours and family members about the patient's behaviour, his/ her activities, mental and physical health conditions.

Gaddika: Stretching Narrative Boundaries

Along with *gaddika*, the *vaittiyakkāran* gives herbal medicines to the patient. The person who specialises in ethnomedicine is known as *vaittiyakkāran*. Disease treatment may be influenced by a variety of factors, including available treatments, ease of access, efficacy, socio-cultural beliefs, level of awareness, and practitioner attitude (Jacob, 2014). *Aṭiyān* community members believe that illness is a result of the wrath of God and that it can be cured only by performing the *gaddika* ritual. During the ritual, the musical instruments *tuṭi* will be beaten and the *cīni* will be blown by two to four people from the *Aṭiyān* community. The *gaddika* begins only after the offering of coconut and betel leaves. After giving this, he takes the blessings from God. Fever, diarrhoea, headache, some mental illness and stomach pain are often treated by conducting *gaddika* rituals. The *gaddikakāran* chant *mantrās* accompanied by a ritual hymn/ song. He sings and praises each god by calling the name. After getting rid of the sickness, the *pūja gaddika* is performed to thank God. *Betthavaṭi* is a must in the hands of a *gaddikakāran* when performing rituals. *Bethavadi* is a magico- religious or shamanic instrument. It is mostly made up of bamboo and sometimes wood too. It is inherited. In some places *māri* is also used in this ritual as a religious object. The *tuṭi* is also an important object for conducting *gaddika. Aṭiyān* community members make three types of *tuṭi;* which is a traditional musical instrument used in accordance with ceremonies. The magico-religious or shamanic apparatus, *ajjamuṟaṁ*, is also a must for the ritual. After the bells are put together, they are tied in a winnow made of bamboo. This is how the *ajjamuṟaṁ* is built. The ritual song of *gaddika* begins by saying,

"I am dead in both hands and mouth; I do not know exactly what to do and how to do the ritual so please forgive me for my mistakes.[13]'' (Maruthan).[14]

Gaddikakāran starts to invoke the deity by chanting the mantras and praying, while two others beat the *tuṭi* rhythmically. The mantras are uttered in a medium sound. Different types of mantras are used in this ritual. There is some particular order for chanting the mantras which is only known to the *gaddikakāran*. The rhythm of the *tuṭi* varies according to the type of mantras being chanted. It is believed that the gods are brought to the earth with the help of mantras. God first enters the body of the *gaddikakāran.* He shows the sign of possession and starts shivering. During this time, the *gaddikakaran* rubs the body and head of the patient using the *betthavaṭi* along with the chanting of mantras. At this time, the helpers ask for the cause of the disease. He asks God, 'Are you the cause of the illness?' If God says ' I am not responsible for the cause of the disease, then the *gaddikakāran* will chant again. Another God enters the body. This is repeated over and over. Through his mantras he invokes and communicates with some of the deities such as *māri, malakkāri, kuliyan,* and *cikkmmādevi,* etc. In this state, he asks the causes and remedies for the disease. He also asks who is responsible for the cause of the disease. There is only one deity who causes the disease and would finally admit that he/ she caused it. The cause of the disease is also stated to the *gaddikakāran*. The deity also conveys that the disease was caused due to a specific reason., such as the patient not paying the vow, or because of God's wrath or the like. All other deities then claim that they have not caused the disease.

Aṭiyān community members believe that the Goddesses *māri* protects the Adiya community from various diseases. During the *nadu gaddika,* Goddess *maari* carries all the diseases to the *mūṭala rājiyam/ mūṭala deśam*, an imaginary land mentioned in their myths. The Goddess *māri* forgoes all diseases at *mūṭala rājiyam* and returns after seven days. Many such legends, folklores and myths are infused into the various kinds of *gaddika* practised by this community.

Orally told stories of course are often ephemeral; they communicate ideas and experiences and perspectives and now-lost worlds in ways that touch our imaginations and have the potential to give us important knowledge and understanding. Far from being distractions or amusing asides, the "little" stories embedded in a formal interview can be looked at to provide insights we might not otherwise have and to supplement other forms of discourse about the past and the construction of the past and its society or about the mentalité of those who inform us about it and these stories should of course be viewed as a valuable resource (de Caro, 2012, p. 276).

Even today, *gaddika* rituals are being conducted at some of the settlements in order to protect themselves from various illnesses.

Limitations and Scope

The study has been conducted taking into consideration only two healing rituals belonging to two different communities within Kerala. The procurement of data has been difficult considering the secrecy and stigma associated with these ritualistic practices, however, this also makes it an area of study which has been less explored due to the same reason. Ritualistic healing traditions with their holistic involvement of the mind and body, and cultural groundedness, may contribute important insights, to overcome certain limitations of modern therapeutic practices including that of narrative therapy, which needs to be further studied in detail. Cross cultural studies incorporating healing rituals from various backgrounds may also help highlight best practices that can significantly contribute to traversing narrative boundaries and understanding its efficacy in healing.

Conclusion

Narrative influences are inherent in both *uzhinjuvāngal* and *gaddika*. It lays latent in the myths that form the backbone of these healing practices, and manifests itself in the interactions between the healer and the patient. While there are certain aspects of narrative therapy that can be seen in these indigenous practices, these rituals are not merely narrative exercises but moves beyond it. With their use of various objects that act as symbols, the use of music and instruments, with its generous incorporation of the fictive element, the involvement of the body in the rituals and the overall phenomenological experience, it surpasses the boundaries of narrative limitations. In both *uzhinjuvāngal* and *gaddika*, one also comes across the involvement of ethnomedicine along with faith healing practice. With a complex and holistic involvement of body, mind and what is considered the spirit, these rituals are nourished by narratives but not limited by it. Thereby they transcend many limitations that are identified as challenges faced by narrative based therapy which may positively contribute to the efficacy of these methods.

[13] *Kayyuṃ vāyuṃ cattavanāya enikku kṛtyamāyi mantraṃ colluvānuṃ karmmaṃ ceyyuvānuṃ aṛiyilla. entheṅkiluṃ teṭṭukuṭṭaṅgal uṇḍeṅkil poṛukkaṇe*. (Transliteration in Malayalam).

[14] The name informants have been masked/ changed to maintain confidentiality.

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Data Availability The data collected for this study is part of the Ph.D. research undertaken by the first author Meera Kumar and Second author Sukanya G. It has been collected with the method of first-person interviews during field visits. The transcription of these interviews and field work are in the repository of the Consciousness Studies Programme at the National Institute of Advanced Studies where the authors are research fellows.

Declarations

Conflict of interest Not applicable.

Consent to Participate All participants who are part of the research reported in this paper have given their consent to participate and were made aware of the nature of the research. Their consent has been obtained in writing and can be furnished on request.

Consent for Publication The author and co-authors are fully aware and willingly given consent for Publication of the manuscript.

Ethics Approval It is hereby stated that the field work reported in the paper submitted titled "Beyond Narrative Limitations: Exploring Indigenous Faith-Healing Rituals from the South Indian State of Kerala" was conducted in 2019 as part of the Ph.D. programme (2018 July-Ongoing) undertaken by the first author (Meera Kumar) at the National Institute of Advanced Studies, Bangalore, India. The proposal for field work has received ethics clearance (NIAS/RES/MK/2019) from the research ethics committee of the National Institute of Advanced Studies after careful scrutiny of questionnaires and consent forms. All participants have been informed about the research and have participated willingly. Their written consent has been acquired prior to the submission of this paper.

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