

## Review Paper

**Traditional Community Resources for Mental Health in India**

Raguram R, Venkateswaran A, Ramakrisna J, Weiss M G. Traditional Community Resources for Mental Health: A Report of Temple Healing from India. *British Medical Journal*, 325: 38-40, 2002

WCPRR Jul 2008: 159-161. © 2008 WACP

The paper focuses on the use of what we (in western countries) call “complementary medicine” or traditional medicine. The research study has been carried out by the Authors in a healing temple in South India, namely the temple of Muthuswamy in the village of Velayuthampalayampudur, Dindugal District.

The temple was built over 60 years ago around the tomb of Muthuswamy, a man who lived in the village a century ago. According to the local legend, a mere touch of his hands could cure many ailments, especially mental illness. After Muthuswami’s death the villagers built the temple and over time it began to attract mentally ill patients.

The Authors point out that the healing power identified with temple healing may reside in the site itself, rather than in any religious or charismatic leader or any medications provided at the site. It is customary in India for people troubled with emotional distress or more serious mental conditions to go to Hindu, Muslim, Christian and other sites embedded with a religious aura. This attitude can result both from a traditional set of beliefs and the shortage of statutory mental health services.

The “patients” are usually brought to the temple by their families and a close relative stays with them to take care of their daily needs during their permanence in the temple. They are encouraged to take part in the daily routines of the site, including cleaning the compound, watering the plants, and so forth.

The fact that this paper has been published in the *British Medical Journal* underlines that the topic of complementary approaches to mental disturbances is relevant to medicine as a whole. In Psychiatry this phenomenon is particularly clear, especially if we take into account the increasing numbers of people in Europe, North America and Western Countries who rather than on medical paradigm of health and illness rely on neo-spiritual conceptions of psychical and mental wellbeing. Since previous research studies have not systematically examined the mental state of people coming to a temple for help, the Authors delved into the explanation of the reasons why a positive outcome for severe symptoms may have occurred. The Authors’ attention is focused on the clinical diagnosis of people at the point of their arrival and at the end of their stay in the temple.

31 people sought help and stayed at the temple during the study. 23 subjects were diagnosed with paranoid schizophrenia, six with delusional disorder, and two with bipolar affective disorder. The mean duration of stay in the temple was about 6 weeks (range: 1-24 weeks). Subjects generally

acknowledged that their stay was beneficial (as scored by the clinical interview conducted by the Authors) and so did the caregivers.

In the interesting paragraph dedicated to the discussion the Authors acknowledge that the temple serves as an alternative to clinical psychiatric treatment for these people suffering with psychotic illness.

Such an impressive improvement in the symptoms reported by people with psychotic illness who received no psychopharmacological or other somatic intervention calls for further studies to be carried out on the explanation of temple healing.

Although the Authors are fully aware of the limitations in the sample and in the methods of their study lacking that kind of “unquestionable” evidences proposed by randomized controlled trials, the paper offers many resources for developing an in-depth understanding of the role played by this kind of temple healing. It certainly encourages the reader to extend the study to other kinds of local complementary healing practices offered by non conventional (religious?) approaches.

As highlighted by the Authors, the Muthuswamy temple is not a high caste Hindu temple, but rather a temple of a backward caste, known as Gounders, which means that no elaborate brahmanical rituals or specific ceremonies were performed. Although the cultural power of staying in the temple, known for its healing power, may play a role in the healing process, the Authors identify the main healing factor in the supportive, non-threatening and reassuring setting and in the different psychological climate within the temple, as compared to medical treatment in an asylum.

The paper does not mention that during their stay in the temple the patients are involved in spirit possession ceremonies carried out by Muthuswami's 55-year-old son Palaniswami. In the Special Report by S. Gautham in the “*Himal Southasian*” (no date of publication in the attachment Prof. Raguram kindly emailed together with his original paper) entitled “*Faith, fetters and freedom*”, Palaniswami is reported to suddenly going into convulsions and to collapse when the large courtyard of the temple is filled up with people. According to those who gathered, this is no longer Palaniswami, but the spirit of Muthuswami who comes to visit his kinsmen. Other subjects appear to be randomly chosen by the spirit, to act as mediums.

This sketch reported in the *Himal Southasian* casts a new light on the daily routines within the temple site.

Is spirit possession to be considered as a normal activity in the temple? Or is Palaniswami's spirit possession a specific form of Indian healing?

As a reviewer living within the Mediterranean culture, I cannot help but linking temple healing in India with the healing ceremonies performed by Bishop Milingo in the consecrated Christian Churches in Rome, where hundreds of devotees gather to participate to holy spirit group possessions.

Temple healing goes back very far in the history of India as well as that of Mediterranean people, thus showing that the inherited cultural conglomerate of different countries often coincide. Beside the comparative historical studies on the many ways people tried to reach better health conditions, it is worth searching through the specific phenomenon according to which an increasing number of people approach extramundane healing practices in western countries, both in institutionalized holy sites or in private settings (Korolenko, 2006).

Large crowds are attracted by a wide range of healing procedures often embedded with magic, supernatural, extramundane resorts offering cultural, existential, personal and group salvation horizons. Is this the dark side of the reductionist biological and managed care treatment offered by conventional western medicine?

The problem is: how can we succeed in bridging the epistemological gap between spirituality without substrate and psychiatry with an organic substrate?

The epistemological fallacy of the reductionist restrictions posed both by the mundane and religious theoretical systems are far to be solved (Tseng, 2001) but the theoretical stagnation of the age-old question of compatibility between religious healing and scientific medicine is still operating and can now be turned into a useful debate once we introduce the **cultural** and the **clinical** variables.

The “emic” and “etic” clinical approach Raguram et al. have used in their study opens to a better understanding of the relativity of culture-bound healing procedures, thus promoting an integration between a flexible meaning of *science* so as of *faith*: i.e. Science as the capacity to re-handle the “sacred” text of Psychiatry (AAVV, 2007) and Faith as a *human sentiment* and not necessarily as the devotion to institutionalized Gods.

From my Roman observatory I see that the integration between medical treatment and religious embedded forms of healing is not painless: beliefs are part of everybody’s identity, hence their transformation is not easy. Unfortunately “elite” literature usually attributes the belief that mental illness depends on “evil forces” or on a lack of devotion to God to so called “traditional cultures”: do we not see that these beliefs are widespread in so called “higher civilizations” too?

Let me report an example of the aftermaths following the neo-spiritual psychological climate in Italy. My long lasting clinical practice with adolescents shows that young people nowadays refuse or try not to engage in psychotherapeutic treatment since it is perceived as invasive or obsolete on respect of the ineffability of the healing role of the extramundane energies promoted by mass media.

I am reporting this local phenomenon, apparently disconnected from the paper on temple healing in India, because the latter has stimulated a lot of reflection on the relativistic approaches that in any specific environment fit with the healing interventions felt and perceived as correct in any historical and cultural environment.

Temple healing can fit in traditional cultures in India as well as in Southern Italy (Bartocci & Littlewood, 2004; Littlewood & Bartocci, 2005). As cultural psychiatrists we do acknowledge it. But, as medical psychiatrists, we have the responsibility to ascertain whether the convergence of contemporary post-secular culture with the “mystery” of supernatural healing produces a decline in our international clinical practice for the benefit of a new theurgic psychiatry (Bartocci & Eligi, 2008).

I would suggest that those colleagues intrigued with this topic read the full text of this short but incisive and seminal paper that I have briefly summarized.

*Reviewed by Goffredo Bartocci*

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