

## Perception of Mental Illness and Healing Practises among Villagers in Gwalior District

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### ABSTRACT

Mental health awareness and resources for treatment is still scarce in India. Thus, a large majority of rural population remain inclined towards 'Traditional methods' of healing. The present study aimed to understand the perception of mental illness, and various approaches to treatment, among rural population around the city of Gwalior, Madhya Pradesh. A semi structured interview was conducted with 20 individuals that included 18 villagers and 2 faith healers. Sampling technique utilized were purposive sampling and snowball sampling, respectively. Phenomenology approach was applied, and the data was analysed through thematic analysis. The community members consider mental health as important but the concept and management of it remain obscure. The villagers seem to be open to seeking treatment and the first choice includes seeing doctors in local dispensaries and aanganwadis. Failure in the former encourages the villagers to go for traditional healing practises which is considered a more reliable, reasonable, and easily accessible form of treatment. Despite their emerging beliefs in medical model, they are still rooted in traditional healing practises that have been prevalent across generations. Collaboration between traditional healers and the medical model can help sensitize the community members about mental illness and build better integrative models of treatment.

**Keywords:** *Traditional healing, Mental illness, Rural population, Gwalior*

Mental illness is on rampant increase in India. Despite this, the resources for treatment and prevention are scarce. Therefore, individuals are easily drawn towards alternative traditional methods of healing. These practises have a long history of prevalence in India; however, their perception and application have rarely been documented systematically.

World Health Organization (WHO) defines Traditional healing methods to be of three different types namely Traditional Medicine, Complementary/alternative medicine (CAM) and Herbal medicine. Traditional medicine is considered as a sum total of the knowledge, skills and practices which are based on theories, beliefs and experiences which are indigenous to different culture. It is used for maintenance and prevention, diagnosis, and treatment of both physical and mental illness. Complementary or alternative medicine are a broad set of

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Received: March 20, 2019; Revision Received: May 6, 2019; Accepted: May 8, 2019

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health care practices that does not have its origin to that country's own tradition and are not integrated to the dominant health care system but are used inter-changeably with traditional medicine in some countries. Herbal medicines on the other hand as described by WHO comprises of herbs, herbal materials, herbal preparations and finished herbal products, that contain as active ingredients parts of plants, or other plant material or combinations (General Guidelines for Methodologies on Research and Evaluation of Traditional Medicine, 2000).

In India, these traditional methods of healing are seen providing curative and restorative benefits. People with serious psychotic illnesses adhere to 'temple healing' (Raghu, 1999); others with emotional distress and any other mental illness go to their respective religious centres. It is found that the 'healing power' resides in the 'site' more than the religious leader or the medicines provided at the site (Raguram, Venkateswaran, Ramakrishna, & Weiss, 2002).

Thereby, this study focused on the understanding of 'Mental illness' among the rural population around Gwalior and their methods of treatment to overcome mental illness. This could enable us to predetermine the notions such people hold about 'mental illness' in general and how these methods are beneficial and could be collaborative with the classical (medical) treatment methods.

## METHODOLOGY

### *Participant and procedure*

A semi structured interview was conducted with 20 individuals that included villagers and faith healers. Sampling technique utilized for community members (n= 18) and faith healers (n= 2) were purposive sampling and snowball sampling, respectively. The sample was obtained from villages named Soni, Ganeshpura, and Maharajpura located around Gwalior. Phenomenology approach was applied, and the data was analysed through thematic analysis.

### *Measures*

A questionnaire comprising of 25 questions was developed to conduct the interview with the villagers and a questionnaire comprising of 30 questions was developed to interview the two faith healers, respectively. Both the questionnaires were translated to Hindi and the questions pertained to the various issues dealt with 'mental illness' and 'the methods' used to heal the same.

### *Data Analysis*

There were around ten themes that emerged during the course of the study. The first theme was the importance of mental health. The overall understanding of 'mental health' was very vague and undefined. Though most of the participants agreed that they consider mental health being as equivalent to physical health but they also confessed that there are no talks or communication regarding the same among the family or community members.

The second theme identified was that of emotional expression. It was found that the participants considered expression to be a necessity but it pertained to sharing only positives and not negatives. There was also a 'gender bias found in terms of whether one is allowed to express or not. Females were found restricted to emotional expression then men.

The third theme was identification of mental illness. The most common response to this was 'pagal toh pagal hain' meaning a mad person is a mad person only. The common signs and symptoms of mental illness according to the villagers were 'gussa aana'(anger), 'sar par chot

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lag jana' (head injury), 'ghar mein ladai jhagde hona' (quarrels among family), 'dimag me garmi aa jana' (heat), 'dimag par zada vajan dene se' (taking too much tension), 'zyada khana peena aur fir achanak se wo khaan paan band ho jana' (taking a substance for a long time in large quantities and suddenly stopping it). Most participants considered mental illness to be internally acquired, inherited or from within oneself while very few considered it to be externally acquired, denoting it to be 'upari shakti'. They believe that mental illness is not communicable and are treatable.

The fourth theme was disclosure of mental illness and seeking help. It was found that there was a common need among the participants regarding social support from the entire village community. Most of them considered themselves quiet open to reaching out for social support.

The fifth theme was discrimination and distancing of mentally ill patients. The participants described that not all individuals with mental illness are dangerous or cause harm to others. There are two types of individuals with mental illness: first, those who are violent and cause harm to others, and second, ones who are always quiet and sit in isolation locking themselves in their home. Only the former are considered as dangerous. They considered only them to be kept away and not all of them. The participants also pin pointed how the person with mental illness should be allowed to work or allowed paid leave which would not stop the financial flow in the respective family.

The sixth theme was marriage being a cure to mental illness. Almost all participants disagreed on this notion and mentioned that treatment is necessary and marriage does not provide with medicine therefore cannot help in curing or managing the illness. A few participants stated that it could help in certain cases as the individual would have someone to share his/her issues with. They also mentioned that marriage could help in cases where the symptoms have occurred due to failure in love relationship.

The seventh theme was the first line of treatment. All participants mentioned that they first go to the hospital to see a doctor and get medicines. If the medicines do not work, they turn to faith healers like 'babaji' and 'bhakts', thinking it is something to do with possession or black magic.

The eight theme was of the prevalence of traditional healing practices. Participants mentioned that individuals go for such treatments because they have faith in the healers and their traditional methods. They go for these treatments after they have already taken medication and the medication has failed to show some improvements in the health. Another major reason is the belief that medical treatment would cost much more than going to a traditional faith healer. They mentioned that their near ones have benefitted from the treatment when they were suspected to be possessed or being affected by some external forces; and these verbal reports of successful treatment given by other people also encouraged them to visit the healer. Lastly, they also mentioned that the ladies of their family are highly suggestible and even if they do not wish to go to the faith healers, the ladies get influenced by others statements and fight at home until the family agrees on visiting a faith healer.

The participants mentioned that the faith healers learn either from their teachers or they get powers by doing various practises and they declare themselves as healers once they have the complete knowledge usually known as 'siddhi prapt hona'. The traditional healers are

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consulted for treatment of physical illness, mental illness, as well as possession and any problems that occur due to influence of external paranormal forces.

A few patients mentioned that they do not believe in the system of traditional healing anymore. They claim that they once did believe and spent a lot of money over the same, but soon realized that the healer was just fooling them and making money. They then decided to see a medical doctor and did not turn go back to the healer again.

The ninth theme was the perception of medical treatment for mental illness. All participants mentioned that they are not aware of these specialized terms. They only know the term 'doctor'. All of them were aware about the low cost of treatment in government hospitals. They mentioned that the people who have money go to private hospitals and those who are poor go to the government hospitals. Most of them feel satisfied with the treatment facilities available in Gwalior. Few consider pros and cons of government as well as private hospitals. They stated that government hospitals provide treatment at lower prices but the facilities are not that satisfactory whereas, private hospitals provide with very good facilities but one requires a lot of money to seek treatment there. If they are to go to another city apart from Gwalior to seek treatment, they majorly go to nearby government or private clinics and if referred to other places they may visit Agra, Delhi. A participant also mentioned about Vellore in South India as a possible treatment place for mental illness.

## RESULTS AND DISCUSSION

The prevalence of mental illness in adults in Madhya Pradesh in the year 2015-2016 has been 13.9%. It has been found to affect the quality of family and professional life of the patients. The availability of mental health services per 1,00,000 individuals in the state is 0.03%; 91% of individuals suffering from mental illness do not reach out for consultations and treatment (Kokane et al., 2017). 70% of Indian population stays in rural areas and they may not be able to access mental health services, even when they are willing to, due to the lack of resources, information and awareness about proper channels of treatment; and the stigma related to mental illness (Schoonover et al., 2014). As a result, mental disorders can either go unrecognized or be subjected to treatments through alternative methods (Kokane et al., 2017). The traditional healing practises, though not studied or accounted for systematically, have been prevalent in India since a long time and have been at a constant strife with the medical models of treatment. The World Health Organisation defines Traditional healing methods to be of three different types namely, traditional medicine, complementary/alternative medicines (CAM) and herbal medicine (General Guidelines for Methodologies on Research and Evaluation of Traditional Medicine, 2000).

In the present study, community members and traditional healers consider mental health as important but the concept and management of it remain obscure. They identify mental illness using certain common signs and generalized notions, like '*pagal toh pagal hai*'. Most villagers and both traditional healers attribute mental illness to internal causes. The villagers show inclination towards medical help but are partially aware about the treatment facilities specifically catering to mental health. They seem to be open to seeking treatment and the first choice includes seeing doctors in local dispensaries and *aanganvadis*. Failure in the former encourages the villagers to go for traditional healing practises which is considered a more reliable, reasonable, and easily accessible form of treatment.

All participants considered individuals with mental illness as potentially dangerous stating that they are not in their senses and can harm others. All participants expressed concern about

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the individuals with mental illness in terms of their work. They stated that the individual should be allowed to continue with work, to the best of his ability, or given paid leave, or a job could be given in his/her place to someone in his/her immediate family.

Traditional healers informed that individuals of all age groups and with various issues related approach them and they treat the patients with methods like '*Parikrama*' around the temple, and giving '*Prasad*'. Despite their emerging beliefs in medical model, they are still rooted in traditional healing practises that have been prevalent across generations.

### **Implications**

This study threw light on the vivid perceptions about the concept of 'Mental Illness' the rural people around Gwalior behold.

It investigated the present perceived status of 'Traditional Healing' practices in comparison to the treatment offered by the medical model. Research could be conducted at a larger scale which can help build integrative models of treatment by taking traditional healers into confidence and helping them collaborate with the medical model. Aanganwadi professionals and other health professionals can take up initiatives to create more awareness about mental health services and direct people to proper channels of treatment available in the state.

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### **Acknowledgements**

The authors profoundly appreciate all the people who have successfully contributed in ensuring this paper in place. Their contributions are acknowledged however their names cannot be mentioned.

### **Conflict of Interest**

The authors carefully declare this paper to bear not conflict of interests

**How to cite this article:** N Hazarika, & G Kanhere. (2019). Perception of Mental Illness and Healing Practises among Villagers in Gwalior District. *International Journal of Indian Psychology*, 7(2), 184-188. DIP:18.01.022/20190702, DOI:10.25215/0702.022