Chapter 5

Traditional Healers:
Persisting Epistemologies:

Since time immemorial communities across the world have addressed issues pertaining to health and disease and illness\(^1\), including mental disorder, not just to maintaining an optimum level of health but also to restoring balance in case the equilibrium is disturbed. This calls for specialised skills and there has always been a designated set of people who have taken on this task. Societies have thus developed specialised bodies of knowledge with various practitioners and healers ‘aimed at managing the human body, treating illness, and providing care for those who suffer’ (Good et al. 2010: 1). Healing refers to a range of ‘therapeutic practices embedded in local social relations’ (Connor et al. 2001: 3).

Almost all cultures across the world have some form of healing system other than modern medicine to deal with various mental and physical health issues. Medical pluralism, or the existence and adoption of multiple health care alternative systems along with the modern system, is deemed to be the rule and not the exception (Stoner 1986) that health seekers may choose to use ‘exclusively, successively or simultaneously’ (ibid.: 44).

The advent of modern medicine was an important event that marked a paradigm shift and indelibly altered the perception and attitude towards health and illness, including towards practitioners not trained under the rubric of modern medicine. Because of the kind of influence and hold that modern medicine has the world over, an important point of discussion with regard to other practitioners is often positioned pre- and post-modern medicine. With regard to mental disorder, this history is long and complex and pre-dates modern medicine (Foucault 1965; Alexander and Selesnick 1967; Rosen 1968; Chakravarty 2011). Even after the arrival and powerful influence of modern medicine, healing practices including those addressing mental disorder have continued, even in societies that have gone through the process of colonisation. Hence, in India too, there are distinct sets of practitioners who have been and continue to address mental disorder.

The previous chapters discussed practitioners of two different systems. One was psychiatry as an instance of an implanted modern western medicine practised within a formalised and structured system. The other was Ayurveda as an instance of an

\(^1\) Terms like ‘health’ and ‘disease’ and ‘illness’ are deemed to belong to different discursive frameworks. Disease and health are seen as bio-medical terms, where disease is the ‘malfunctioning of biological and/or psychological processes’ and health is the absence of disease. Illness refers to the ‘psychosocial experience and meaning of perceived disease’ (Connor et al. 2001; Kleinman 1980: 72). Here by health I mean an optimum level of mental and physical functionality and any disequilibrium, perceived or not, as ill health.
indigenous codified system of medicine. This chapter will discuss yet another set of practitioners who also address mental disorder among other things. Traditional healers, as they are termed, operate within a system that is non-formalised and, in the case of India, unorganised as well.

There are many terms to denote the category of people engaged in addressing the health and illness issues of people across the world, both generic and indigenous or local, who do not belong to the domain of modern medicine but are called ‘traditional healers’; they do not practise modern biomedicine, but are actively engaged in the art of healing. They are found across the globe, from Latin America to Africa and Asia and even in Europe and North America. In 1976, WHO defined traditional medicine as the sum total of all knowledge and practices used in diagnosis, prevention and elimination of diseases. Such knowledge and practices are handed down from generation to generation orally or in written form. Thus, a traditional healer is defined by WHO as a person who is recognised by the community in which he/she lives as competent to provide health care using vegetables, animals and material substances as well as other methods deriving from the knowledge, attitudes and beliefs prevalent in a community (http 18). A key feature of a healing tradition is its endurance over time and being rooted in a particular body of knowledge that is passed on with or without an organisational set-up, often orally in a one-to-one relationship between a healer and an apprentice and sometimes shrouded in secrecy (Wing 1998).

There is a vast body of literature available on traditional healers, as a result of immense research done on the subject in the past few decades. Scholars have looked at a range of issues including various healing traditions across the world from Africa to Native America, from Asia and Latin America (Kiev 1964, Margetts 1965; Appel 1977; Kleinman 1980; Stock 1981; Kale 1995; Rekdel 1999; Davies 1998; Csordas et al. 2000; Connor et al. 2001; Csordas 2000; Johnston 2002; Campagne 2007; Ally and Laher 2008). Studies have also looked at examining the efficacy of healing (Waldram 2000), definition and modalities of healing (Mc Cormack 1978; Perez 1998; Kelcourse 2001; Schuster 2001), healers and their interfacing with other systems like modern medicine (Imperato 1979; Hiegel 1983; Stoner 1986; Blerkom 1995; Aguilar et al. 1999; Arseculeratne 2002; Andersson 2005; Marsland 2007) comparisons to modern biomedicine (Landy 1974; Kottow 1992; Finkler 1994; Brown and Rusinova 2002; Vellenga 2002) and healing and mental disorder (Edgerton 1971; Odejide et al. 1978; Raguram et al. 2002; Lemelson 2004). Two related categories that have also seen a
prolific amount of scholarship in the past few decades are *shamans* and possession (see Crapanzano and Garrison 1977; Kapferer 1997; Smith 2006).

Another category of research examines the social and cultural elements of disease and critiques the objective approach to studying health and illness; it calls for examining the alternatives not by comparing them with modern medicine, but by locating them within a community’s own understanding of health and illness (Leslie 1992; Kleinman 1997, 1980; Good 1994; Biehl et al. 2007; Good et al. 2010). The study of healers and the practice of healing are placed within this framework. These studies have been undertaken under the rubric of such related disciplines as anthropology, cross-cultural psychiatry, culture studies and sociology.

The ontological and epistemological underpinnings of traditional healing point to a world view vastly different from that of modern medicine. Health practices and health care choices within healing practices are deeply embedded within a larger *weltanschauung*, a framework of ideas and beliefs held by a group or culture that it uses to interpret and interact with the world at different levels and not just to make health care choices. This is a more cosmological understanding of health-seeking behaviour.

The above cited literature also shows that healing traditions are extant in historically colonised and in developmental parlance, underdeveloped countries like those in Latin America, Asia and Africa. Healing traditions exist in countries like England and North America as well, but their presence there is not as strong or vibrant.

With regard to the care and treatment of the mentally ill, one trend has been to actively seek and explore the virtues of community care. In this respect the role of approaches other than the medical approach of psychiatry or Ayurveda become significant. India has always had a rich and varied history of healing and healers. To quote Brigitte Sebastia, ‘India is the repository of a kind of medical knowledge which is formed by both codified and folk therapies’ (2009a:7). We have a plethora of healers including *vaids*, *mantarwadis* and *hakims* among others. Local-community-level and folk healers constitute the older more established set of practitioners. Religion is a predominant idiom in the Indian cultural pantheon and recourse to religious treatment for ailments continue to this day. Here healers from different religious orientations like Christianity, Judaism and Islam as well as Hinduism play an important role.

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2 This is not to include the more recent profusion of healing practices like crystal therapy, flower therapy, aroma therapy, Reiki, Pranic healing and the like.
The Healers: Their Profile

I interviewed eleven healers for this study (see Table 5.1). All barring one were based in the city of Mumbai. The lone exception was a healer who works both in his village and the city. I located all the healers through word of mouth. As I started to meet them and conducted my interviews I realised all of them were associated with particular religions and sect. Although gender was not a consideration in the study, I interviewed both men (9) and women (2) healers. Out of the eleven, four were associated with and worked in temples; three with a mosque; and four with the Catholic Church. They were aged thirty and above, Father Pareira, in his seventies, being the oldest. Their healing experience spanned from ten years to several decades.

I have chosen to present my interview data from the healers in the form of specific themes that cut across all the healers. Thus, rather than talk about a specific healer at length, I will examine a theme at length and discuss what the healers had to say about it. Each of these themes will reflect upon their healing work in the context of mental illness and also interface with other systems. Further, the religious orientations of the healers distinctly influenced and patterned their healing work; I will, as such, present the profile of the healers by clubbing together those that have a particular religious orientation. I will use this schema to address the themes as well. The following profile of healers is intended to provide the background in which their experiences, ideas and opinions become meaningful.

Nine of the eleven healers were born and raised in Mumbai, where they had pursued their education as well. The least educated had a school leaving certificate and the most, a Master’s degree. Five of them at one point had pursued an alternative profession before taking up healing work including that of a teacher, a banker, a mill worker and working at a factory as a technical person. One was still the manager of a sanatorium when the interview was conducted, a position he has held for fifty-seven years. All barring one were married and had children. Five were second-generation healers. Apart from the Christian healers, all of them had teachers, not necessarily kin, who had taught them the practice of healing. For some, the healing education commenced at an age as young as ten and twelve.

Bharat Chandra Shivram is in his fifties. He looks after an old Shiva temple in a village in one of the districts of Maharashtra. The temple is renowned in the area and people throng to it from far and near seeking help and blessings. In his role as a healer he
helps in delivering both and has been doing so for more years than he can remember. He learnt a lot of the healing trade from his father who in his lifetime had assumed a position similar to his own. Once in a way he visits his daughter in Mumbai, but chooses not to stay there long. In Mumbai he has a small but devoted following, who come to visit him and seek his counsel.

Deepak Siddhartha Vyas lives in one of the many small lanes that fork out from the main road in one of the posher localities in south Mumbai. The area is renowned for an ancient water tank and a complex of temples that dot its boundaries. The local legend around it is that when Lord Rama, a revered god in the Hindu pantheon and protagonist of the Hindu epic Ramayana was exiled from his kingdom and lived in a forest, his wife was kidnapped and Lord Rama rested here on his way to rescue his wife. The water body sprang forth when he asked his brother for water and Laxmana his brother shot an arrow into the ground. People come here from across the city and outside too, to offer prayers and bathe in the tank.

Deepak Siddhartha Vyas is sixty-three and has lived here most of his life. He has been involved in this work for the past fifteen years or so. He used to work at a mill showroom, but lost his job when the mill shut down. He took up another job, but felt it did not hold the same kind of respect and joy as his previous job. So he quit and started what his father used to do. He said he is a Brahmin by birth and that allowed him a certain amount of leeway into this kind of healing work, a lot of which he learnt from his father. He said he used to be associated with a big business house in Mumbai whom he described as his jajmaan (patrons) and he conducted religious work for them for many years, but stopped due to ill health. He now looks after a temple adjoining his house and said he only ‘serves god now’, apart from the people who drift in every now and then seeking help for a whole range of problems from health to property disputes, legal problems and matrimony.

Vijay Tiwari is thirty years old and has a graduate degree from Allahabad from where he hails. He has been in Mumbai for over two decades now and his brother and father are also involved in looking after temples and ‘helping people where they can’. The temple that he looks after is in a locality that hosts the biggest (literally, in size) Ganesha idol in the annual Ganapati festival in Mumbai; one that draws a crowd of 1.5 million daily and involves waiting in line for up to forty hours even, before one is able to receive darshan (sight) of the idol. It is believed that this particular idol of the Hindu god Ganesha fulfils all wishes. The temple that Vijay Tiwari is in charge of is located next to where the idol is
erected during the festival and this proximity holds significance as it is seen as particularly sacred, because of this fact. It draws a huge crowd from across the city and the distant suburbs as well, during the rest of the year.

Moti Ishwar Chandra was born in Kutch in the state of Gujarat, but he studied in Mumbai and has been in the city for forty years. He has been associated with a two-hundred-year-old Jain Devi temple for these forty years. A steady stream of people constantly seeking his counsel ensures he spends most of his time in the temple premises. He is the only one from his family who chose ‘to serve god and humanity’. He said he met his guru (teacher) when he was very young without seeking him and stayed on the path he was shown since. The temple that he is associated with is of particular significance to people from all communities. It is situated in a locality that is the hub of the city’s gold, silver, diamond jewellery trade as well as hardware (including iron and other metals), cloth, grains, vegetables, fruits, automobile spare parts, plastic, pharmaceuticals and other wholesale markets. It is very congested as all of the above jostle for space. It has a local railway station right across the road from it. The locality houses many communities including Hindus, Christains, Parsis and a few Sikh families all of whom have been here for generations. The temple, in fact, is located very close to a mosque that is over a century old. The temple itself has undergone some renovation but without relocating the idol. It is deemed to be a sacred and a powerful healing space and during the interview Ishwar Chandra proudly stated that even during the worst rains Mumbai has ever seen, that completely flooded the city and led to irreparable damage to property and saw loss of life across the city, the idol of the Devi stood undamaged. This has only added to her mystic undiminished aura.

Serena Morais one of the two female healers I met grew up in one of the suburbs of Mumbai, though she was born in Delhi. After completing her schooling in the city, she shifted to Bengaluru to pursue a Bachelor’s degree in Commerce. She did a post-graduate course in Teachers Training and started to teach in a school. She got married, had four children and moved back to Mumbai. She said she has always been a church goer, since childhood; she has ‘grown up as a Christian’ and her association with the Church has strengthened through the years. Her role as a healer simply sealed her fate with that of the Church. Apart from her four children, two of whom stay outside Mumbai, she and her husband look after her eighty-six-year-old father and three other children, two of her house help’s daughters and another boy whose father works in a school close by but is
unable to afford his education. One of her children, a son is studying to be a priest, a vocation he chose of his own volition.

Way back, sometime in the 1980s, Serena had her first personal experience that ‘God is real and that religion is not just about ritual’. She has been an active member of a global group, the Catholic Charismatic Renewal and has served as the secretary of the Mumbai chapter and was also the secretary of the national service team of the same group. She has been the leader of the local prayer group for years. She sees her healing ability as a gift, what she terms a ‘charism’ from God. The Charismatic movement came to India forty years ago from North America and the movement has a presence in several countries across the world where regular charismatic prayer meetings are held. As Serena describes it, ‘The word charisma is gifting...the gifts of the Holy Spirit, the gift of healing, the gift of praying very personally to God; being able to spontaneously pray with others is very integrally a part of it.’ The Charismatic Renewal has spearheaded most of the healing movements within the Church. ‘So the renewal is something that has brought us very close to the Church, has brought us very close to God’. Her whole family is associated with the Church in one way or the other. ‘In our home it is easier because my dad, my husband and all the children are very involved in the Church and activities of the Church.’ Serena described her healing work as ‘a long journey and one of discovery’.

Edward Fernandes is fifty-five years old, has a Bachelor’s degree in Commerce and was a banker by profession, a vocation he pursued for ten years abroad and for two years in Mumbai, till he ‘gave up his job for the cause’, in the year 1990. He described himself as an active sportsman, is married with two children, one of whom was pursuing a degree in France. Edward stated, in his youth he was very ‘religious’ and most of his friends were priests. But at some point he ‘deviated from religion’, and ‘became far away from God, like an atheist’. He described that situation as one where he had ‘no belief’, even though he had gotten married in the Church. A persistent health condition forced him to return to the city and he found his way back to the Church where the priest asked him to go for a retreat that the latter conducted and it was during this retreat that Edward found his new calling, that of a healer. ‘A big transformation that took place at that time…It was a transition that took place in my life.’ He returned abroad to continue his work. Even though he had helped a woman with a persistent skin problem that saw her finally ‘healed’, Edward expressed trepidation. ‘Being the only son, imagine how to give up a job to work with the Lord. That was a risk.’ It took nine months before Edward finally did just that, an act that, he said, set him ‘free’. Before that he said, ‘I didn’t realise my charism, I
didn’t realise anything. I didn’t know how to pray...I was the only black sheep in the family.’

John Roberts to begin with expressed great reservations about being interviewed and asked me a few questions before I was allowed to ask him a few of my own. He asked me if I was a reporter or a journalist and if I was a Christian and how did I come to meet him. I was accompanied by a fellow doctoral research scholar who was also a Jesuit priest. It was only after he reiterated my position as a researcher that John agreed to be interviewed. But, only after questioning my friend quite thoroughly about his work, as a priest and as a researcher. On the whole, he remained taciturn throughout the interview.

John grew up in Mumbai, and completed his graduation from the city. He had a job thirty-five years ago in a factory as a ‘technical man’. But he gave up his job after he ‘came into the fold of Charismatic Renewal movement of the Catholic Church’. He said ‘God touched me and I felt the need to serve Him and His people, so I gave up my job.’ John travels extensively across the country and outside too and has an entire website dedicated to his work that describes it at great length and has testimonials from various people. He described his work as a ‘calling’.

Father Joseph Pareira has been the priest of a church for over thirty years and like Serena and John also a member of the Charismatic Renewal Movement in Mumbai. He described healing and preaching as work mentioned in the scriptures and Jesus Christ being the epitome of both. Healing, he stated, is a gift ....’one bestowed on some people’. He also said faith is important to receive the healing. His mother suffered from asthma for many years till she was cured by Homeopathy. But she was also a ‘regular church goer’ and ‘had faith’, which Father Pareira believes helped her heal. He is now in his seventies and has travelled extensively all over the country and the world and has overseen the working of several churches.

Mohammad Aziz has lived in Mumbai for the past twenty-seven years and in the same locality for twenty-five of those years. He is otherwise from Azamgarh located in the populous north Indian state of Uttar Pradesh. Some of his family members still live there and he visits them every now and then. He is the Imam (a leader of prayers) of a mosque in a fast-growing suburb of Mumbai. He teaches the Quran to both children and adults. He knows this sacred text by heart, ‘including the meaning of every word and sentence’. He said it is his job to convey this to lay people. He also said Islam talks about different kinds of work, both good and bad. After death ‘Each one will be questioned about his or her work and life and what one did whilst on earth. There is no escaping this
and, accordingly, one will be treated.’ His healing work is informed by this pronouncement entirely.

Mohammad Ibrahim is a healer and draws from the Quran for his work as well. He is a graduate of an acclaimed upmarket college in south Mumbai and speaks fluent English. Currently he is the manager of a hundred-year-old sanatorium in Mumbai, a job he has held for fifty-seven years; one that his father held before him. He sits at the office both morning and evening for a fixed number of hours and sees countless number of people who stream in. They do not pay him any money but they are required to deposit a sum of thirty rupees at the counter located at the front of the building before they come to meet him. The only other money transaction is for the ingredients of the concoctions he makes as a part of the treatment procedure that people are given with precise instructions.

Imam ki Ammi is what one of the two female healers asked me to call her when I asked her for her name. She said that is what everyone calls her. She was a stunning resplendent woman dressed all in white comfortably seated in a worn-out cushioned chair. In her sixties she seemed quite oblivious to the chaos surrounding her as some people lined up to seek her assistance and still others conferred with her son outside the small unkempt room she occupied. She lives with her family, including a son who has a degree from the University of Cairo, within the premises of one of the oldest dargah (shrines) in Mumbai. She said she has lived within the mosque premises for fifty-one years and is a third-generation healer; the first two generation of healers have lived within the premises of the shrine she lives in. She handed me a new copy of an English translation of the Quran when I left and asked me to handle it with care and respect. She said whatever she knows, whatever skill she has, she has drawn from this sacred work.

Several key observations can be made with regards to the above description of the healers. All eleven have had some form of formalised education - seven are graduates - that enabled them to seek and hold jobs for several years and earn a comfortable living as well. All have been living in or in the case of Bharat Chandra Shivram has been occasionally living in a metropolitan city. When the interviews were conducted all eleven were only actively pursuing healing work and had either voluntarily or otherwise, like in the case of Deepak Siddhartha Vyas who lost his job and did not like the next one, quit professional office work. Mohammad Ibrahim held an additional administrative position of being a manager of the sanatorium he practices healing work in. The respondents associated with the church held other responsibilities including administrative positions but all related to their work and the church. What this points to is that all eleven have
been exposed to an alternative form of earning a living from that of healing. At another level, while they are all involved in work deemed to be sacred with indelible associations with religion and G/god, they have all been actively engaged with secular spaces like an office as well. And those who have left have voluntarily done so and chosen healing work. Their education and work engagements have exposed them to an ontology and epistemology that is different from that of healing. In other words they have worked with a modern rational secular institution like higher education and also professional work as opposed to dealing with the metaphysical element that is pronounced in their healing work. The significant point is that they have all been able to make this transition smoothly, without doubt.

The question is also whether their background – educational, locational, familial and professional – has an impact upon their healing work. Their education and professional background, though, in principle, was based on a different set of assumptions and trained them for a different work and skill set, did not hinder or disrupt their healing work. They were able to separate the two spaces neatly. Some of the healers had a predecessor in the family involved in healing work. Or they all received active support from their families. In a few cases, they actually learnt the intricacies of the healing work from a family member, usually a father. None of the healers expressed receiving negative reactions from their families. On the contrary in some of the cases like that of the Christian healers, the family’s close involvement with healing spaces like the Church greatly facilitated their transition from non-healing to healing work. Even for the Brahmin healer, who was also a priest, his family played an important role in his work and still does. His wife provides him with instrumental and functional support as does his daughter. For Edward Fernandes, it was his wife who gave him the confidence to leave his secure job and join the church and stay on notwithstanding the financial insecurities involved. Imam ki Ammi too had the active support of her family especially her son who looks after the organising and daily management of the people who come to see her. Healing work comes with an array of related activities: preparatory work, prescriptions and proscriptions that are to be strictly maintained, procedures of healing including the preparation of certain concoctions, or physical objects like an amulet, or ash even, consulting a sacred text very carefully, choosing an excerpt and so on. This requires active participation and help of people apart from just the healer. The family plays an important role here too.

The fact that some of the healers had held jobs point to the fact that there had been an epistemological break for them wherein they can clearly identify a before and after vis-à-
vis their healing work. The healers can be divided into two groups here. One group included those that did not have any overt association with healing work, but had actively pursued an alternative career, like it was for Serena Morais, Edward Fernandes and Deepak Siddhartha Vyas. But at a point they all made a break and moved into healing work. Secondly, the vocation they followed was always healing work, like in the case of Mohammad Ibrahim and Mohammad Aziz as well as Imam ki Ammi and also Bharat Chandra Shivram, Vijay Tiwari and Moti Ishwar Chandra. A third possibility is the concurrent pursuing of both healing and non-healing work: Mohamad Ibrahim, in his role of a manager of a sanatorium and Moti Ishwar Chandra, in his role as the manager of a temple. These involve assuming active administrative roles that also pay a certain remuneration. But the fact also is that the non-healing roles are closely associated with the healing work they do. The sanatorium, temple and church are all significant spaces that allow for and facilitate healing work, and healing in a sense encompasses this physical space and cannot be seen independent of it. With regard to location, being placed in a city like Mumbai has given the healers opportunity, in terms of resources, organisational help as well as exposure to a wider profile of people.

The other significant factor that the above description posits is that healing as a skill is either learnt or believed to be literally bestowed. In either instance, some amount of skill building is involved, as will be seen in the following sections. What is also to be pointed out is that all the healers one way or another are associated closely or otherwise with a sacred space, be it a temple, mosque or church. And there is a definitive connection between their healing work and this sacred space which, in a way, enhances the healing work. There is a level of synchronicity in the relationship between this sacred physical space and the healing work that is undertaken; most times within this very space or at times even outside of it.

**Healing: The Finer Details**

While there are commonalities in what healers said with regard to the healing work they do, I will put forth their work in accordance to their religious orientation. At a larger level, the healing work was spoken of in similar terms; this tended to converge further among each group in accordance with their religious training and practice. Hence, the healers associated with the church and Christianity spoke about their healing work in similar terms; it was the same for the healers associated with Islam. While Hinduism is
not a religion in the sense in which Christianity and Islam are (Radhakrishnan 2009), for the purpose of this research, as I mentioned earlier, I will group healers associated with the Hindu temples together. To reiterate, each group thus is also associated with a religious/sacred space, be it a temple, church or mosque and, accordingly, adopts a particular orientation to its healing work. Their work on mental illness is deeply connected to what they think about healing and how it works; as are their ideas about interface.

The Way of the Christian Healer
For the healers associated with the Catholic Church, healing came into their lives as a specific event; they became healers at a point in time. They were conferred the ‘gift’ of healing and this can be located spatially and temporally. They all had a particular predisposition that, they say, enabled them to accept their role as healers. This included being regular church goers or being associated with the church, as well as having a social/familial environment that reinforced and actively encouraged this association. For Serena Morais, it was during her time in college, when she was studying for a graduate degree, that she had, what she describes as, a ‘spiritual experience’, a ‘closer experience of Christianity’ while she was in a particular church. For Edward too, this transition happened at a Retreat organised by a priest within a church premise. For John, it was his association with the Charismatic Renewal Movement whence, he says, ‘God touched me’. Father Pareira did not mention a specific event; he adopted an orientation to healing as a member of the Catholic Church.

Serena stated that, for most people, healing is physical. They expect a hand to get better, a disease to be removed or be relieved of. She went on to say, ‘I think the more and more people come into a relationship with God they realise that healing is about a feeling of wellness.’ But there are also times when people experience complete physical healing. What makes a difference, according to Serena, is ‘Faith; it plays a very big role’, she said. She claimed to have experienced healing first-hand. She had a low blood pressure problem, which she overcame by believing that God was healing her and that she was getting better. It has been sixteen years since then and she believes she is healed of the affliction she suffered from for years. She believes it was not just the positive thinking that helped; it was something more. She has prayed with many people in the course of her work and people have had both kinds of experiences, whether they have been healed
completely or not. ‘God will do whatever he wishes to do’, is how Serena put it. The Bible states that, if one wants to be healed, one needs to ask. But God has His own ways of working. There are also instances of people who will say that they are not healed physically, but after a healing session they feel like they can accept what God is doing in their life. This, Serena said, is greater healing because it enables acceptance and strength, both positive values. So, the larger understanding that overarches an individual healing experience is the fact that healing is derived from Jesus who heals:

If He is not healing this time, he knows what He is doing. If healing does not take place then that reality is no different from the fact that not everyone who goes to a doctor gets healed. Similarly not everyone who comes for spiritual healing gets healed.

Serena’s initiation into healing work started rather abruptly. She was a volunteer at a healing service at a church ushering people in. The priest was in charge and while taking to the people he happened to ask a woman what her problem was to which she said it was her back. The priest pointed to Serena and asked the woman to go to her and said she would be healed. Serena, in turn, was asked to pray for her, which she did. ‘The woman went away healed.’ This was over twenty years ago.

Two things Serena identified as essential to the healing process: to ask to be healed and to believe. She tells people about Jesus and that people need to ask to be healed and He will respond. But Serena also tells people that among a crowd not everyone gets healed, unless one believes that it is going to happen. What makes it happen is ‘one’s fate’ is how Serena put it. The other big factor that determines healing is the lack of forgiveness and the blocks that are created in one’s mind. ‘Somehow I am convinced that most people who don’t get healed, most people who are very seriously ill are people who have buried some anger or hurt or resentment towards someone.’ Serena also said, ‘I don’t deny that there are lots of people who don’t get healed and none of us know why. We believe in the power of the name of Jesus. And so we ask with simple faith and we trust that he is going to do it. And he has done it so often that I am confident.’

Healers, according to Serena, are just a conduit or a messenger. But she does assert that there is something called the gift of healing. When such people pray ‘something happens’; people ‘experience healing’.

Some of the healing is through the spoken word and some of it is through touch. The source of the power to heal, however, lies outside the healer; for Serena, that source is
Jesus. In fact, they are warned against being affected by this gift: ‘We are not God’. She said, in some cases, ‘the gift’ is taken away if it is misused, but this is very rare.

An important phenomenon connected with healing is possession. A distinction is made between mental illness and possession. Possession, according to Serena, cannot be addressed by a psychiatrist or a mental health professional. It calls for a different kind of expertise; for instance, exorcism. Serena is not an exorcist, but she does pray over people who she believes are possessed. But there are certain rules that she would not violate at any cost. For example, she will not touch a person who is possessed: ‘We don’t lay our hands personally or physically on someone who we feel is possessed.’ Personal prayer time involve acts of ‘cleansing and strength gaining’ that all healers in the church take time out to do on a daily basis. Also, it involves being a role model wherein, Serena said, ‘My personal life needs to be right. I can’t be telling you what to do when my own life is in disorder.’ If the case is a serious and violent one, physical restraints are used. Prayers are never said alone; it is always said in a group. What works, according to Serena, is the ‘power of the prayer, the power of the word of God, the power of counselling in the right thing and what we call the power of the right witness’. When Serena was younger, she always worked with a team. She believes that, if one is not careful, the effects will come onto her/his children as well. There is a close set of colleagues, called co-ministry workers, who pray together and work together. There is power, in this case divine, and strength in numbers. Besides, she says, there are special protection prayers for her.

The main point is that ‘You cannot operate individually. Never try it. The devil will kill you. I never go for a deliverance case alone. I will never go immediately. I have to equip myself. Prayers go on when we go. Like God’s army.’ Cases are followed up on, sometimes for years. The fact that the family is associated with the Church goes a long way in enabling Serena to stay in touch and keep tabs on the progress made by the person afflicted.

Serena is part of what is called the Charismatic Group of the Catholic Church. There are different gifts or ‘charisms’. Preaching is one; here healing takes place by the word of God immediately. Then there is wisdom, discernment; such people can discern who can provide the wisdom of God. This is important because Serena explains, ‘If ones work is wrong, then the medicines are wrong.’

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3 ‘Charisms’ is a term Serena used to indicate the gifts that have been given by Jesus to a chosen few.
Possession is not a common occurrence, according to Serena. Everyday problems and issues plague more people causing physical disease and psychological damage. There is a certain process consisting of certain steps that one has to be led through. One is repentance; to be truly sorry for what one has done, if that is what is causing a problem. Then there is renunciation; to renounce is a responsibility they have to undertake. Then there is a return to God. People are also encouraged to take up something called restitution; to restore to a former state. Every healing session includes prayer. Another important step is to go for what is termed a sacramental confession, wherein a priest gives them a special blessing and absolution. If it is a real and serious problem of possession and nothing is working to resolve it, not medical help or medicines, not the regular healing prayers and the person concerned get increasingly more violent or aggressive, s/he is sent to a special priest called the exorcist who is especially appointed by the Catholic Church to 'pray the prayer of exorcism'.

Edward, like Serena, also believes that healing is a ‘calling’. He realised his when he went for a retreat after falling ill, and, in his words, 'hearing a voice from the cross'. He said, he was able to cure a woman who came to him with an aggressive and painful skin condition, which she had suffered from for years, just by sitting with her and praying. He has also ‘laid his hands on her’, and a painful boil with abscess cleared within a month. Unlike Serena, Edward was not aware of his charisma when he started. He also said, 'When I see a person I know everything about that person.' Such an ability, he claimed, goes a long way in enabling him to understand what a person suffers from. Often, possession is thought to be the problem, but he is able to tell that it is nothing more than acting out that comes from repressing deep guilt from having broken a social more or taboo – like a young teenager having had a sexual encounter while on a camping trip and not being able to handle it. Edward is also the Chairman of the Charismatic Renewal Movement in Mumbai. He has been doing his healing work for over twenty years now. He is very emphatic in his belief that he does not personally heal; he ‘...is not a faith healer. We just pray’, is how he described his role.

There is also what is called a Healing Ministry that helps people focus on ‘inner healing’. Here the strategies are more akin to what a psychologist would undertake. The focus is often upon the revealing of hurt feelings and traumatic memories, anxiety, but in front of God. Edward said he has been blessed with the gift of the word of knowledge and deliverance. He says his role is to get to the root cause of the overt mental problem that
people come with. Also, the attempt is to always involve the family, especially if it concerns a young person.

According to Edward, it is important to first discern whether the problem is one of possession or not; accordingly, a person is treated by the healer. People who are possessed manifest certain signs that a healer recognises. 'Here no amount of help or medication by a doctor is going to help.' Exorcisms are done only by an ordained priest; that too only by a certain number of priests. 'It is like a super specialisation that not everybody is qualified to handle.'

The far more common malaise which Edward said people come to him for, are what he termed ‘obsession and oppression.’ Both have more mundane psychological causes that call for counselling and invoke more skills of psychoanalysis than supernatural intervention. The element of the supernatural ‘by way of God is, however, always present’. Edward believes that people come to him for help at a much later stage and often as a last resort. A very important element of the healing process is forgiveness; to forgive oneself and also forgiving someone who has harmed you in some way. Once forgiveness takes place, healing happens.

For John and Father Pareira too, healing is a calling. They both said they would rather focus on enabling inner healing and invoke emotions for doing so. John said his task is to find the root cause of a person’s suffering, especially if it is mental and not physical. But the way to truly heal is to ‘...move the person to a space of forgiveness. If the person affected cannot forgive, healing is difficult.’ Then one needs to pray and ask for God’s grace. ‘Sometimes it takes minutes for this to happen; at other times it takes months.’ The Christian teaching posits that a human being is made up of three parts: mind, body and soul. Healing needs to be effected on all three parts. The body has physical ailments and the mind has mental ailments and this has to do with emotions. The spirit or soul suffers due to sins committed. Then, of course, there is possession. All of it needs external help. The most important means is through prayers. Besides, sins need to be repented for as well. Forgiveness is the third condition for healing. In all this, an essential precondition is for one to ‘surrender’ to the will of God. This requires one to stop worrying and start trusting in God.

As John summarises succinctly, ‘If they are going the wrong way, lead them to repent for their sins. Lead them to forgive. Lead them to surrender. Lead them to believe in Jesus and receive the blessings. Healing is not for their spirit, mind and body but also for the transformation of their lives.’
Father Pareira is a healer who uses the scriptures to determine how to do his work. For him, speaking to people requires psychological and spiritual techniques. Two important techniques that he mentioned were ‘discernment’ and ‘discretion’, both necessary to ‘unmask the lie’, that people tell themselves. Spiritual discernment is an important part of the healing process and concerns the ability to discern and understand God’s will in a particular situation. Spiritual discernment has a role to play in clinical practice as well – to clarify, to discern and guide and to confirm a particular decision. Discretion refers to the healers ability to correctly judge a situation and respond accordingly.

The Way of the Maulana
I interviewed three healers associated with Islam who, like their Christian counterparts, drew their healing power from a holy book, in this case, the Quran, which is believed to contain the revelations from God (Allah) to the Prophet Mohammad. Two of the healers were also associated with a mosque: One was the Imam⁴ ki Ammi (or the Imam’s mother) and the other was maulana⁵ Mohammad Aziz. The third healer was Mohammad Ibrahim, who was not formally associated with a mosque, but was the manager of a hundred-year-old sanatorium and has seen hundreds of people in the fifty-seven years that he has held this position. He has succeeded his father, who was the manager of the same sanatorium.

The most important element that they emphasised as essential to the healing process was faith, much like the Christian healers who were interviewed. The power to heal, ironically, does not lie in the healer, but in God. Here too a definitive distinction is made between mental illness and spiritual illness, the latter referring to the possession syndrome. Again, like their Christian counterparts, all the Muslim healers too believed that no amount of modern medication is going to help one who is possessed. It is not mental illness; it is possession, a different category of phenomenon requiring a different skill set to deal with.

What is somewhat different in the case of the Muslim healer is that the process of healing does not just include an oral invocation by way of reading excerpts from the Quran and saying prayers, but also the ingestion of certain substances as well as the inhalation of smoke of substances burnt, used as purifying agents. The course of ingestion

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⁴ ‘Imam’ (Arabic) generally is the person who leads prayers in a mosque.

⁵ ‘Maulana’ (Arabic) is a Muslim man revered for his religious learning or piety.
differs depending upon the nature of the problem and its magnitude. Sometimes, it is a seven-day course and, if that does not show results, it is followed by another seven-day course. This can continue for a period of up to three months before a review is done and changes effected.

Mohammad Aziz started the learning process that would someday see him as a healer very early on in life. He learnt from his ustaad (teacher), an old man in his village, who was adept at exorcising ‘wayward bhoot and praet’ (ghosts and spirits) that possessed hapless unsuspecting people. He was also a specialist in ridding people of the malevolent effects of black magic. If, after following a certain treatment regimen, the condition remained unchanged, it was advised that the afflicted individual and his or her family seek the more ordinary aid of a doctor. In other words, the problem was not one of metaphysical origin and is best left to a different kind of specialist to handle.

Maulana Mohammad Aziz started his healing career at the early age of twelve and has been associated with this work since. He follows no other occupation. He said there is simply no time. He worked and learnt from his teacher for about ten years and then shifted base to Mumbai and started looking after a mosque in one of the many crowded and growing suburbs of Mumbai. Soon someone came to him for help saying he was possessed and sought his help. He stated that he has always been interested in healing work and the passion for this line of work has only increased over time. ‘One has to be very careful, however, and do the work well and efficiently’, he cautioned. ‘Reputation is everything...What does not help is the fact that this line of work is also followed by people who cheat and do not have the gift but pretend they do.’

The need is great, said the maulana, and true healers so few. Besides, he, like the other healers, believed that he too might need help one day and, if he does not help someone, he too will not receive the help he may need for himself or his family. This sense of reciprocity was seen within a moral space and had a strong element of retribution as well. All of which created a self-regulated system which ensured that they do not cheat anyone who came to them for help, either monetarily or otherwise.

The maulana was very clear that, if there was a problem for which he did not have a solution, that person is to be referred to a medical doctor without fail. The problem, he said, often lies with the people who come to him. They are so convinced that the problem is one of possession that it is very difficult to convince them otherwise. The maulana has to work very hard to send them to a doctor then and, sometimes, he goes along just to ensure that help is sought and received. He explains further that the time spent in trying to
exorcise a non-existent ghost is also the time during which the real psychiatric condition worsens, and family’s anxieties heighten. He is, however, also pragmatic about psychiatry; that line of treatment he says takes time, citing the case of a young girl who was brought to him ten years ago assuming that she was possessed. He said, she was not. A psychiatrist’s help was sought. It has been ten years and she is still on medication. But, the maulana stated, ‘she is functional and leading her life’.

One of the most important tasks of a healer according to the maulana was to discern the nature of the problem, identify it and categorise it as either one of possession or not. The next thing to do, as a parallel to the modern medicine’s technique of doing a case study, was to undertake a detailed examination of the household. Comparing himself to a doctor, the maulana said, ‘Just like doctors we too ask everything’, and this includes information about number of members in the household, their relation to the afflicted individual, income, employment apart from detailed information about the problem itself. While this interview takes place, there is also a concurrent reading of excerpts from the Quran. If the person affected is possessed, immediately with the commencement of the reading they will start to, what the Christian healers termed, ‘manifest’. They will exhibit a certain range of behaviour that could include anything from a violent thrashing about to tearing of their clothes to abusing and swearing. If it is not possession, none of this will take place and they will be able to talk about their trials and tribulations, the maulana said.

Depending upon the level of experience a healer has, it is easy or otherwise to make this distinction. He can do it almost immediately, as also Mohammad Ibrahim and Imam ki Ammi. He is so certain about this that he stated ‘I can give it to you in writing.’

The fact is that, as the maulana explained, there is a definitive truth to the existence of ghosts and spirits that harm. Then there is also black magic. The treatment for afflictions due to black magic is entirely different. The job of a true healer is to diagnose the problem correctly, like a medical doctor, and accordingly provide treatment. ‘If I lie, his mental illness continues to increase’, said the maulana, underlining the huge moral responsibility that he has.

The qualifications to become a healer are stringent and require hard work, patience, steely resolve and endurance. Knowing every word of the Quran by heart is only the beginning. To infuse an element of the sacred into an excerpt of the Quran that transforms it into a tabeez (amulet) that then has the power to heal calls for a different set of knowledge, skill and practice. This also involves complex calculations that involve details
like names and lineage among other things. This was mentioned particularly by the healer who called herself Imam ki Ammi. She was very busy when I went to meet her and barely had time to give me the interview. Treatment could include use of amulets as well as ingesting substances or drinking water that has been consecrated as well as inhaling the smoke of certain substances that have been burnt. Similarly, exorcism is just one step to healing. To ensure that it does not happen again is what ensures well-being in the long run.

All the Muslim healers have been involved in this work for over three decades. Training and learning has been through the lineage. All three learnt from their fathers and did not attend any formal school or institution to learn their healing work. They see over fifty people every day who come to them with different problems, from simple illness, to mental illness, to troubles from djinn and ghosts and black magic as well.

Patients come from far and near to seek help, some as far as America and Dubai; still others come from Kashmir besides the nearby states. Healing requires intense training, but that is not enough. It is described as a naimat (gift). Not everyone with training alone can do it. Certain strict prescriptions and proscriptions are to be observed at all times, including following a set of strict moral codes like telling the truth and abstaining from alcohol, never intentionally hurting anyone as also doing the namaz and daily wazeefa. All agreed that it is difficult to find someone to train and pass the skill onto. The fact that along with the skill, God has to also bestow the gift is an even more stringent condition. All agreed that no monetary benefits can be gained from this work. People give what they want to and only pay for the ingredients used in preparing the concoctions and inhalants.

The Way of the Temple Priests

Deepak Siddhartha Vyas is the third generation from his family to be living in Mumbai. They are from Jodhpur, Rajasthan otherwise. The healing work in his case was learnt from his father; some of it through participation and some by way of observation. Vyas was initiated into this line of praying, worship and helping people from an early age. It was a part of his Brahmin sanskar; learning certain principles one is expected to follow one’s whole life. This includes not just a series of prescriptions and proscriptions, but also undergoing certain ritual ceremonies that further help to strengthen one’s role. There is a certain temporality and rhythm to the rituals that has to be maintained. Some are to be done daily and could include something as simple as bathing; others could be once in a
life time and include such initiation rites as a thread ceremony. Still others are religiously conducted in a yearly cycle. To heal someone requires god’s grace and that has to be earned and maintained.

People from all class backgrounds and walks of life come to Vyas with their problems. There is a way for everyone. Problems can be solved without money if one is poor. Elaborate birth charts with the date and time of birth are constructed or consulted, if already present. Problems are also researched into and diagnosis made. Is the problem originating in an unsavoury planetary position? ‘Some of it could well be karmic, the results of deeds past and present.’ Illness can fall in either category, mental or physical. Some of it could also be the result of not doing enough to appease ancestral spirits, *pitr*. The fault has to be removed; ancestral spirits have to be appeased. There is a prayer, song, ritual or invocation that will be identified for the same.

If a solution does not lie with him, people are referred to another practitioner. Sometimes the solution might be a ritual that he might not want to do, as it is a part of the proscription he has to follow. Then too the people concerned will be referred to someone else. People come with physical and mental problems from everywhere. Problems determine the solution, but there is always a solution: some so effective and powerful that someone can be revived from her/his death bed as claimed by Vyas. If money is taken, it is a debt that must be repaid or balanced with a reciprocating act. The most important element as always is faith.

Vijay Tiwari’s narrative was almost the same. People come to him with all kinds of problems, including mental illness. Incantations or doing an elaborate *japa*, providing a protective thread, *dhaga*, even an amulet, *tabeez* is all part of the healing process. ‘I have to do somethings and they have to do some things’ in order to heal, said Tiwari. The protective thread is turned from profane to sacred by infusing it with sacred energy invoked by way of long hours of and elaborate chantings. When the object’s effect has worn out, and there is a time limit usually, it must be immersed into a running water body, be it a river or sea. ‘My temple is always full. It works. So people come’, answered Tiwari in answer to a question about if he thought his brand of healing works. He ended with the familiar adage, ‘Faith is essential.’

Moti Sagar, who has been associated with a two-hundred-year-old Jain temple, expressed similar observations. People come to him from everywhere too. Sometimes they just want to talk and he listens. ‘If someone shows them the way they get strength.’ There is an element of trust that has been earned and cannot under any circumstances be
violated. *Mantras* (sacred chants) and *japas* (prayers) are prescribed to ward off problems. Sometimes rituals are conducted to ward off *nazar* (evil eye) too. The temple deity shows the way, Sagar said. He is merely the medium. *‘It works because the temple is a place of faith and worship. Everyone finds peace here’.* He ended our interview with a word of caution: *‘Not anyone can do this. It is a strict life.’*

**Religion: The Key Motif**

The healers interviewed belong to particular religious orientations and are associated with a sacred religious space. Two of these religions, Christianity and Islam are drawn from a holy book deemed to be the central tenet of that religious tradition. These texts are central to the healers and the healing process. They are instrumental in converting the profane into sacred. The contents of these holy texts are invoked and overarches the act and the process of healing, both literally (when the Christian healer reads out from the Bible while putting her hand on someone) and otherwise (as when an excerpt from the Quran is written down to make an amulet). The epistemology of healing is drawn from these holy texts and these scriptures form the basis of the healing work.

All the healers are also closely associated with a sacred religious space, that is a temple, mosque and church. The association between the healer and this space reinforces the healing process. The space, in other words, becomes the signifier for healing and enhances the role of the healer. They become a close-knit unit. This constitutes the contextual environment for healing. It is an important element that contributes to the habitus of healing and healers.

One central tenet of religion is the element of the metaphysical, the sacred, the supernatural. In healing based on particular religions, this element of the supernatural becomes paramount. Not only is the source of all healing located within this key element, but it also determines who gets healed when, especially within the Christian understanding. A key trait associated with this and again constituting the most important element of healing is what the healers termed ‘faith’ and ‘belief’. This conviction in G/god is another important determining factor in healing: to be healed, conviction is a necessary condition on the part of the person seeking to be healed. On the part of the healer too it is a constant. Faith in G/god is a given for all healers interviewed. The

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6 These religious texts or scriptures like the Bible for Christians or the Quran for Muslims are believed to have divine origins.
associated act is that of praying, or reading from a holy/sacred text. Who reads or prays is imperative to the healing process.

The essential backdrop to healing and healers is then religion and the important distinction that is made is between the sacred and the secular. The element of the sacred is what drives the healing process. Within this the physical space that is infused with sacredness and closely associated with the religion and that often houses the key idol, icon or relic of that religion and its indelible association with the healer is another key ingredient of the healing process.

The above pertains to all the healers in general. There are similarities and differences within the specific groups of healers however. For instance, within the Christian framework, all the healers became healers at a point in time. There is a definitive before and after to their becoming healers. Moreover they all believed that they were chosen to become healers and was initiated into this work thus. Usually associated with a specific event, that is of a supernatural nature, like Edward recalling his experience of hearing a voice from the cross at a retreat, or Serena healing a woman at another such retreat. In other words, the ‘gift of healing’ was conferred to them at a point in time. While this experience of being conferred is different, what is common is the fact that they all had a particular predisposition that they believe allowed for them to be chosen. Like for the Christian healers it was their previous association with the Church and all that it implied. All deviations from this were seen to be temporary. To become a healer one had to follow what one of them described as a ‘calling’, a strong inner impulse toward a particular course of action accompanied by conviction of divine influence.

Healing is not seen as a uniform phenomenon. It does not necessarily include physical healing wherein a person is rid of a pain or discomfort literally. It also constitutes mental and psychological relief wherein the physical condition stays but the act of having gone through a healing process enables a person to deal with and cope psychologically with the physical pain and discomfort and gain the strength to endure, or come to terms and accept a particular life situation. Healing becomes positive reinforcement, one that produces ‘a feeling of wellness’.

What is common and necessary across all religious groups is faith, an indelible belief in a higher power, a sacred power that eventually heals or not. For the Christian healers, the two essential conditions to healing are (i) to be asked to be healed and (ii) to have faith that one will be healed. But there are other determining factors too: fate and forgiveness. The former has again to do with the element of the sacred (the healers
believed that one’s fate is also related to God) and the latter with that of the secular. Forgiveness requires for the person to go through a process that is akin to psychological counselling, but with religious undertones. That is, to go through a process of enabling forgiveness, especially if it involves emotional and physical damage, is a therapeutic psychological process. The same is for cases that involve guilt of some kind. There are definitive steps to healing, especially for the Christian healers. These steps include repentance, renunciation, returning to God, restitution and sacramental confession. The saying and chanting of prayers overarch the process of healing. Healing can be for the mind, body or soul of a person. Healing of one element need not result in healing of all three. In fact, sometimes, healing also involves suffering. And physical healing may or may not result in healing the mind or soul. Healing, for the Christians, is organised work and is also institutionalised.

For the Muslim healers, healing involves organised structured work, but no one overarching authority determines its rules. It is left to an individual who follows the Quran as guide. Identifying the problem is of paramount importance and the skills and experience of the healer will determine how soon this is done and how accurately. This would necessarily include a detailed case study of the problem including interviewing family members. Christian healers too spoke about family involvement greatly facilitating the process of healing, unless, of course, there was friction within the family that caused the problem. The problem, will, in turn, determine the treatment process and procedure.

For the Hindu healers, ailments could also be karmic; here faults will have to be removed by rituals and chants and prayers. In fact, following certain rites and rituals hold more or less importance for all the three sets of healers interviewed. For the Christian healers, it was less, but there are definitive steps involved; for the Muslim healers too, there are specific rituals involved in the healing process; and, for the Hindu healers, a large part of the healing process commenced with the performance of rites and rituals, like those followed to appease ancestral spirits deemed to be the cause of a recurrent health condition.

For the Christian healers, healing was a gift conferred by God. And, as such, it is irrevocable: once a healer, always a healer. For the other two groups, the understanding is that healing work to be maintained requires that the healer is and continues to be a particular kind of person. She/he, in other words, is a role model and lives life and conducts herself/himself in a particular way. This includes following certain strict prescriptions and proscriptions and following rituals. Self-regulation ensures that the
healer engages with the sacred in an apt manner. Healing work then calls for skills that have to be taught and learnt. All the healers interviewed mentioned teachers or mentors. So, apart from a predisposition to healing, being chosen to heal, following a strict regimen that maintains the position of a healer, all the healers have also been taught the ways of healing.

One of the most significant outcomes of how effective this process has been is gauged by a healer’s ability to use her/his discretion to discern the nature of the problem. The most important distinction that all the healers mentioned in this respect is to tell the difference between what one Christian healer termed ‘spiritual illness’ and ‘physical illness’, that is, the difference between possession and illness. The treatment procedures for the two are different in all religious orientations; all three sets of healers made this distinction. Possession calls for a specific skill set. In the Christian tradition, it is handled by a different set of people altogether; for the Muslim healers, it called for a skill set different from regular ailments; and for the Hindu healers, it called for the intervention of a specific set of people and work, not handled by the healers themselves.

What is involved in regular healing work? All the healers said that they are just the medium/conduit for healing. The source lies outside of them. While their principal task is to heal, it is a complex process. For some, like the Christian healers, healing could be brought about through direct physical touch that results in the amelioration or disappearance of a condition, like physical pain. Or healing could involve oral/verbal invocation by way of reciting prayers. So, the power of the written word (drawn from the scriptures and holy texts) is what heals.

For the Muslim healers and also the Hindu healers, the healing work involves transferring the sacred on to the profane or secular; or, rather, transforming the profane into the sacred. Hence, substances like water, ash and certain foods are given to ingest, or smoke is to be inhaled. All of this is made sacred by way of infusing them with sacredness, by incantations and prayers said over them over a period of time, recited in a particular way, from a particular part of a sacred text, depending upon the problem. Sometimes, in addition to the healer, the person afflicted is also expected to follow some prescriptions and proscriptions.

To summarise, healers need a few important factors to heal, namely, faith/belief, rituals, a sacred text and certain objects that have been transformed from profane to sacred and the act of praying central to the healing process. They also need to follow a certain regimen in their own lives that enables them to heal.
Whether a person is eventually healed or not is not dependent upon the healer, but on a higher power who is believed to be the source of all healing. The suggestive power involved here is more or less the same for all three groups. For the Hindu healers, it was more a ritual than faith; for the Christian healers, it was more faith and suggestive power rather than ritual and for the Muslim healers, it was both.

Healing can be for any kind of ailment, physical or mental. It can be for a current short-term condition, or a chronic long-term condition. It can also be for a situation that involves more than one person, like a long-drawn court case that results in anxiety. The only distinction that all healers make in this respect is whether the condition is one of possession or not.

Treatment and response to the problem is dependent on the nature of the problem. However, in most cases, it involves prayers and wearing an object on the physical body like a thread tied in a wrist or an amulet worn around the neck. It could also include drinking water that is mixed with prescribed substances, or certain foods prepared by the healer as ‘medicinal’, or rubbing ash or even ingesting it. A common factor that all healers uniformly spoke about was just talking and listening to the concerned person and their families. Counselling is another very important factor in the healing process. The healers are able to negotiate between family members too because the healers are community based and, more often than not they not only would know the person with a problem but also his/her entire social and familial network. This is particularly so for groups that go to church or mosque together to pray. In fact the healers associated with the church undergo periodic training in counselling as well.

Mental Illness
Religion and elements of the supernatural are the leitmotif with regard to mental illness and healing. It is the dominant setting for the treatment and attitude to mental illness. Here human beings are deemed to be integrated with the larger cosmos, presenting an overall unified integrated system; one that sees gods, stars, planets bonding together and acting in concert. The prominent themes associated with mental illness revolved around the supernatural and had strong religious connotations.

All the healers that were interviewed made a clear differentiation between mental illness and possession and emphasised that one should not be confused with the other. Possession necessarily requires the intervention of a trained practitioner outside of the
medical profession. Mental illness requires the intervention of a trained medical professional, but they (the traditional healers) can definitely help in ameliorating the condition and in facilitating the healing process.

Mental illness was defined similarly by all the traditional healers: it has elements of stress, tension and it is both physical and spiritual. All these healers spoke about constantly meeting people with a lot of anxiety and stress. The way suggested by the Christian healers is to ask such people to surrender it all to God. Also, one is advised to be rational about one’s own limitations and know what one can do and cannot do. ‘Just enabling a person to think calmly and rationally kick-starts the healing process’, declared Serena. The physical aspects have also to be recognised: palpitations, sweating and hallucinations, recognised and acknowledged as signs of disturbed minds and troubled lives. These need to be unravelled slowly and gently.

Often people come with complaints of others having done ‘something’ to them and their families. The first thing the healer would do would be to help them eliminate the circumstantial factors and help them identify the stress factors in their own lives that could be causing the problem. This process includes looking at the family and identifying emotional blocks. But, overarching all this is the inculcation of a belief that, as Serena posited confidently, ‘God does not want us to be possessed, to be afflicted, to be disturbed.’

Mental illness is not classified by the traditional healer the way it is done in psychiatry; rather, the problems are seen as emotional problems or spiritual problems or both. There is also a further classification of possession and non-possession within the category of spiritual problems. Non-possession is deemed to be an affliction. If it is an affliction, prayers are invoked. It could also be an addiction. If it is possession, regular healing prayers are invoked in a group. If that does not work and medications have failed, an exorcist is referred to.

Hence, there is a system in place that classifies mental illness and also allows one to heal. Possession is a rare occurrence; most of the time it is an affliction whose roots lie in failed relationships or stressful family and life conditions. Sometimes it is just a matter of setting perceptions right, where one perceives a problem differently from what it actually is. Reality orientation is what they need and that is what is given within an accepting and non-threatening space. A lot of the healing work involves enabling people to strike a balance in their lives and in their thoughts. As Serena put it, people also ‘over
spiritualise’, indicating that people often use spirituality as a crutch and also a call to inaction.

All healers within the Church, as mentioned earlier undergo counselling courses and go for regular updates and training programmes too. While most of the counselling they do has a religious (Christian) hue, a lot of the training also includes basic principles of psychology.

Edward too expressed a similar set of opinions. He said, possession accounts for perhaps one per cent of what they see. Most of it is what would qualify to require regular psychiatric intervention and counselling. His classification is possession, on the one hand, and obsession and oppression as the non-possession states, on the other. ‘Possession is a situation wherein one allows the devil into one’s life.’ Oppression can result due to a range of negative stressors, including ill-treatment, being molested or tortured or even poverty. Obsession is, by and large, addiction, including alcohol and substance addiction. Repressed shame and guilt causes illness. Sometimes the signs for all three are the same. ‘Manifesting’ is the term he used. It is up to the dexterity of the healer to correctly decipher where the problem truly lies. Counselling plays a key role. Edward’s job is greatly facilitated by his gift. ‘I am not a psychologist, but by the gift I have, I can understand what the person is going through.’ Experience helps immensely. Hence, a distinction is made between different kinds of mental illness and a healer requires the ability and skill to discern which is what.

John, much like Serena and Edward, said that mental illness is caused by deep hurt. Psychologically, there are clear symptoms, like social withdrawal and feelings of inferiority and rejection. Their emotions are clearly affected and cause disorientation. They need to be healed of the hurt that they have experienced. Illness can result from a failure to forgive, or due to too much worry and trying to sort out all the problems oneself and also a lack of faith. All the healers agreed unanimously that no psychiatrist or medication can help a possessed person; possession calls for a skill set that modern medicine simply does not teach.

Mohammad Aziz expressed similar ideas. He said, ninety per cent of the problems are due to disease and mental illness. But, because the concepts of ghosts and spirits are so much a part of people’s cultural orientation, they often mistake one for the other. The fact, however, is that mental illness can be caused by ghosts and spirits, but it is not a common phenomenon. Aziz related the case of an eighteen-year-old girl who was possessed, but also had mental illness, he suspected. He took care of the errant spirit that
had possessed her and sent her to a psychiatrist so that he could take care of her mental illness. It took him three months to rid her of the spirit. Aziz has also spent time in the psychiatric ward of a government hospital. Here too he said he came across a few cases of possession. Conditions and problems have to be assessed correctly and precisely. Other factors that contribute to mental illness, according to him, include genetics and temperament. He, however, also stated that he did not think of mental illness in terms of brain disorder. Mohammad Ibrahim too identified non-organic factors as causes of mental illness, including negative emotions like fear and jealousy. *Djins* also play a role, but not very significant.

**Interfacing with Other Practitioners**

One of the most important factors that this study addresses is that of interface between systems. With regard to psychiatrists who were interviewed for this study, it was seen that interfacing with systems disparate from the modern bio-medical system is a difficult proposition. With Ayurvedic doctors the position assumed with regard to interfacing with other systems was not as stringent, especially with regards to the modern western bio-medical system. The traditional healers were most open to working with practitioners from other systems, be it modern biomedicine or indigenous.

Interface is determined by the perception of the problem involved. All the traditional healers admit that people who come to them have definitely sought help from other practitioners. By virtue of being based in the community and being in touch with not just an afflicted person but also their families and social circle generally, they are aware of who community members seek help from. Some people come simply because they cannot afford anything else. For all, however, no matter who they approach, prayers are imperative to their healing process. So, irrespective of the affliction and practitioner they come to church or seek the *maulana*’s help to just say a prayer or seek spiritual healing. The church also regularly organises the oration of testimonies of people who have been healed. This encourages other people and they seek help too. Often they come before a medical procedure to ensure success. People who have had a charismatic experience tend to come and seek healing alongside consulting another practitioner, be it a doctor or a psychiatrist. The church also has something called the sacrament of extreme unction or sacrament of anointing the sick. Here a dying person seeks final blessings. Often this requires that a priest goes to a hospital.
Serena believes that interfacing with other practitioners is a very good idea, so long as it does not violate the principles she believes in. She says there is a need. If there was not, then everyone would just go to a doctor or a psychiatrist. But, clearly, that alone is not helping. So, the decision to interface at one level is not made by the practitioner, but by the people, patients and their families.

Another important practice with regard to interface is that other practitioners, like doctors and psychiatrists themselves are active members of religious groups. They then also become the active initiators and catalysts for interface. Serena mentioned two psychiatrists who are active members in her church group and when people see them in church they feel a sense of affinity by virtue of belonging to a common group and this reduces the fear and intimidation they feel when they approach the same person in a hospital or clinic. Seeking the help of a church or a temple priest or a maulana, even while undergoing treatment or consulting a doctor, is a common feature. The former is believed to somehow enhance the chance of success in the latter. Hence, asking for a prayer or a ritual or a ceremony before undergoing a surgery or meeting a doctor is believed to ensure a favourable outcome. As Serena put it, ‘It is powerful and hopeful.’ Besides, there is no conflict here because, as one of the healers stated, ‘We are not taking anything from the doctors.’ Prayers have been said, the healers have done their bit. They then actively encourage consulting a doctor and taking medication. Healers will not make a final diagnosis or make decisions about not taking medicines or consulting other practitioners. As they all stated and believed, G/god made doctors for a reason.

All traditional healers interviewed believed that interface is a good idea. Some said doctors should pray too before they do their work. The healers were more acceptable of the idea of interfacing with doctors rather than other healers from other religious orientations. There were differences in degrees to this. For instance, Edward, one of the Christian healers expressed clear suspicion of what he termed ‘babas’, as did John Roberts. The Muslim healers had people come to them from all religious groups so it was not a concern for them.

The Hindu healers did mention that they did not turn anyone away and all were equal for them, but they did not have a Christian or Muslim approaching them for help. But here too the fear and suspicion was reserved for what they believed to be charlatans and cheats who do not really heal. As John put it, expressing clear distaste for the practice, ‘They go to these babas and I tell them they will fool you.’ But he was so much more amenable towards doctors: ‘God has blessed us with doctors. With wisdom. If they had no
wisdom there would be no medicine. So bless the medicine that you take and take in the name of the Lord.’ Edward actively advises members of his congregation to seek help from a psychiatrist, but is weary of electro-convulsive treatment or shock treatment, which is a regular part of psychiatric treatment regimen in India.

Going to counsellors is also encouraged. Talking and sharing is deemed to be a good practice by all healers. Also, they all admit that, if the problem is acute, without medication they cannot get through to the person. Once medication is able to bring a sense of balance and reduce disorientation, they can help. John, however, warns against believing in what he terms ‘false prophets’. But he too admits that interface on the whole is a good idea and that it works and enhances the healing process. He also actively asks people to seek help from doctors and psychiatrists. Edward, however, does mention that the spiritual path is different from the medical path. Often the medical path will not acknowledge what he believes in and dismisses it as irrational.

John warns against seeking help from the ‘wrong people’. Some go everywhere and some just ‘go to Church’. People, he believes, are okay with doing both, but they need to have faith for either to work. He would not advise anyone to stop taking medication and asks that such decisions be made by the concerned professionals.

Mohammad Aziz actively works with a psychiatrist and has interfaced with him for over fifteen years. They have exchanged patients and collaborated multiple times for various cases. It started with him taking his wife to the psychiatrist and experiencing the benefits of the treatment. He also says that the psychiatrist has a skill, a *shifa* that makes him a good doctor. He actively refers people who come to him to the doctor. If a person comes to him seeking help for possession and he finds out it is not possession, he will immediately refer the case to the psychiatrist. Sometimes, after exorcising a spirit a person is sent to the psychiatrist for further treatment. Sometimes, while he sends people to the psychiatrist, he will say a prayer for them and tell them that. The concerned person feels that he or she is getting better because of the prayer, but continues to see the doctor. According to maulana Mohammad Aziz, psychiatry definitely works, ‘...because I can see results everyday’. He further stated that, since mental illness is a long-term problem and medicines need to be taken on a regular basis, it helps to also stay in touch with him because he can help in ensuring compliance to treatment. On the face of it, it does not go together, but it can be made to go together he said. The Quran also does not say avoid medicines. Sometimes, the work he does can be delayed, but not that of a doctor or psychiatrist; it saves lives.
Imam ki Ammi too assumed a similar position. She said doctors from any system are necessary and people must consult them. She would not dissuade anyone from doing so. She said, what she does for people adds to the effectiveness of the treatment they are undergoing or seeking. It compliments a system and does not hinder it in any way.

Deepak Siddhartha Vyas was not as enthusiastic. He was worried about the economic implications of interfacing with other practitioners. But, he did say that it is necessary to seek help from certain practitioners like doctors and psychiatrists. Maximum benefits accrue to those who do both, is what he agreed to, despite his earlier reservations. Problems also have different sources and that will determine whose help is sought and when. He ended on a hopeful note by stating ‘Anything to do with the divine has no harmful or negative effects. So interfacing with healers will not harm.’

Conclusion
There are similarities and differences between the healers and their practise depending upon their religious orientation. How they saw healing again differed but there were points of convergence. In the Christian healing tradition, one might receive healing without being necessarily cured. Also, the elimination of disease may not even be the goal of traditional healing; the goal might be physical healing of a specific body part or emotional repair or just coping with physical disease or disability. Healing then becomes a process and not a product that curing implies; biomedicine is equipped to make pronouncements of cure because the underlying assumption is the absence or presence of definitive pathology. For healers, the aetiology is different from symptomatology. The latter can be located in the larger cosmos invoking a myriad of factors including planetary positions, ancestral spirits and so on. Symptomatology is more centred upon the physical body. Healing would then include rituals with symbolic meaning with definitive therapeutic benefits like it is for the temple priests. Again, just like in modern medicine, the prescription of ingestion medicines is a common practice amongst certain healers, like it was for the Muslim healers. ‘Medicines’ are made by the Muslim healers from scratch using such indigenous material as ‘zafraan’ (saffron) and water and even rose petals.

Another important point is that healers, while incorporating elements from modern medicine, also include factors that set them apart from modern medicine. What are these factors? Religion and the sacred and metaphysical was a strong presence in all the healing modalities and was, in fact, the crux of their practice and is the primary episteme of their
practice. Faith and belief was a common element amongst both the healers and those who sought help from them. Essentially, the practice of healing in many cultures incorporates elements of religion and the supernatural. This is seen across cultural contexts. Be it the ‘charmers’ of England who include those that possess oral or written charm, those who possess object charms with healing properties and those with innate healing charms (Davies 1998), or shamans who operate in many a society, especially in Africa, Asia and the Mediterranean.

Knowledge of healing is not always enough. One has to have the ‘gift of healing’ as well in certain cases, like it is for the Christian healers. The Muslim and the Hindu healers relied more on rigorous training and practise and education; but they all agreed that a certain predisposition and propensity towards healing is present, as also a predilection to help people. One important feature that is common to all the healers is their distinction between mental illness and possession. This ability to distinguish between the two is significant. A further ability and skill to deal with ‘dark forces’, like ghosts, djins, spirits that with malevolent intent create problems including inducing fear and anxiety was also important for some of the healers. Not all, however, would deal with this phenomenon. In fact, cultures across the world have a specialised category for this kind of work. Shamans are distinct in their role as healers by virtue of their ability learnt or innate to negotiate with spirits, ghosts and other metaphysical beings that are believed to play as important a role in determining health and illness as are physical factors like the food one eats or the environment one lives in. This factor has a profound impact, especially in the case of mental illness and the role of the healer in determining the healing process. Religious beliefs have an important role to play in the perception, treatment and approach to mental illness in general (Ally and Laher 2008), and ideas of good and bad forces are entwined with these beliefs. Traditional healers thus made a clear-cut distinction between mental illness and spiritual illness.

One important concern with regard to traditional healing is about its efficacy. What is purported is that efficacy is a shifting category that various stakeholders of a sickness episode constantly negotiate with mostly due to the presence of medical pluralism. Mental illness is addressed by practitioners from different backgrounds and perspectives; all three sets of practitioners that this study looked at – psychiatrists, Ayurvedic doctors and traditional healers – admitted that, while they actively addressed mental illness, the fact is that the people who came to them for help also sought the help of other practitioners. This process of simultaneously, separately or concurrently consulting
different types of practitioners and seeking their help and intervention builds epistemological bridges between these practitioners. Thus, people living with mental disorder and their families and care givers become axial in the process of interface. The next chapter will look at this group specifically, that is, care givers and will seek to understand why they seek help from multiple practitioners and what determines their choices.
Table 5.1: The Traditional Healers and their Healing Work

<table>
<thead>
<tr>
<th>Name</th>
<th>Religion</th>
<th>Education</th>
<th>Principal Occupation</th>
<th>Aetiology (Mental Disorder)</th>
<th>Nature of Healing Work</th>
<th>Treatment</th>
<th>Interface</th>
</tr>
</thead>
<tbody>
<tr>
<td>Edward Fernandes</td>
<td>Christian</td>
<td>Graduate</td>
<td>Healer and Church work</td>
<td>Psychological, spiritual, metaphysical</td>
<td>Prayers, healing through discernment, counselling, prayer groups</td>
<td>Prayers (reading from the Bible)</td>
<td>Open to modern medicine</td>
</tr>
<tr>
<td>Serena Morais</td>
<td>Christian</td>
<td>Master’s degree</td>
<td>Healer and Church work</td>
<td>Psychological, spiritual, metaphysical</td>
<td>Prayers, healing by touch, counselling, prayer groups</td>
<td>Prayers (reading from the Bible)</td>
<td>Open to modern medicine</td>
</tr>
<tr>
<td>Father Joseph Pareira</td>
<td>Christian</td>
<td>Graduate</td>
<td>Healer and Church work</td>
<td>Psychological, spiritual</td>
<td>Prayers, counselling</td>
<td>Prayers (reading from the Bible)</td>
<td>Open to modern medicine</td>
</tr>
<tr>
<td>John Roberts</td>
<td>Christian</td>
<td>Graduate</td>
<td>Healer and Church work</td>
<td>Psychological, spiritual, metaphysical</td>
<td>Prayers, counselling</td>
<td>Prayers (reading from the Bible)</td>
<td>Open to modern medicine</td>
</tr>
<tr>
<td>Moti Ishwar Chandra</td>
<td>Hindu</td>
<td>Graduate</td>
<td>Healer and temple administration</td>
<td>Psychological, metaphysical</td>
<td>Prayers, chanting, counselling</td>
<td>Prayers, sacred thread</td>
<td>Open to all practitioners</td>
</tr>
<tr>
<td>Bharat Chandra Shivram</td>
<td>Hindu</td>
<td>School Education</td>
<td>Healer and temple keeper</td>
<td>Psychological (stress, tension), metaphysical (ghosts, spirits), planetary, karmic</td>
<td>Ritual, prayers, connect to the divine</td>
<td>Ritual, sacred thread, holy ash</td>
<td>Open to all practitioners</td>
</tr>
<tr>
<td>Vijay Tiwari</td>
<td>Hindu</td>
<td>Graduate</td>
<td>Healer and temple keeper</td>
<td>Psychological, planetary</td>
<td>Prayers, oblations, birth charts</td>
<td>Rituals, chantings, prayers, oblations, sacred thread</td>
<td>Open to all practitioners</td>
</tr>
<tr>
<td>Deepak Siddhartha Vyas</td>
<td>Hindu</td>
<td>Graduate</td>
<td>Previously mill worker; now healer and temple keeper</td>
<td>Psychological, planetary, karmic</td>
<td>Birth charts, rituals, prayers, oblations</td>
<td>Rituals mostly, chantings, obligations</td>
<td>Economic concerns, else open</td>
</tr>
<tr>
<td>Imam ki Amni</td>
<td>Muslim</td>
<td>Was taught by her father</td>
<td>Healer</td>
<td>Psychological, metaphysical</td>
<td>Prayers and chanting</td>
<td>Amulets, ash</td>
<td>Open to all practitioners</td>
</tr>
</tbody>
</table>

Continued on the next page
<table>
<thead>
<tr>
<th>Mohammad Aziz</th>
<th>Muslim</th>
<th>School education</th>
<th>Healer and mosque work</th>
<th>Psychological, metaphysical</th>
<th>Amulet, prayers, ash and water, inhaling smoke</th>
<th>Open to all practitioners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mohammad Ibrahim</td>
<td>Muslim</td>
<td>Graduate</td>
<td>Healer and manager of sanatorium</td>
<td>Psychological, metaphysical</td>
<td>Amulet, prayers, ash, water, medicines</td>
<td>Amulet, prayers, ash, water, medicines</td>
</tr>
</tbody>
</table>