Discrimination, Mental Health, and Subaltern Healing Practices

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What is/should be the place of local healing shrines in public mental health? How do we make sense of the simultaneous existence of doctor and the healer? What happens to those whose practice of visiting religious shrines for mental healing is now illegitimated? These are some important questions to reflect on when thinking about 'discrimination' and 'mental health', particularly when the focus is on subaltern groups who come from historically disadvantaged sections of society.

Much of the debates on the issue of 'discrimination' in relation to 'mental health' have focused on the different ways in which persons suffering from mental distress or psychosocial disabilities are denied opportunities for full participation in society,whether in terms of employment or marriage prospects, property ownership, inheritance, or child custody. But what is also now emerging is that that are racial and ethnic dimensions to this discrimination, as Jayasree Kalathil's background paper on *Race, Discrimination, and Mental Health* (forthcoming), so that the mentally distressed from racial minorities become 'doubly disadvantaged' and 'doubly discriminated'.

In the Indian context, one of the ways this 'double discrimination' occurs is by delegitimizing certain help-seeking practices, such as people's resort to religious shrines for healing. Social

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scientists have long established that large sections of the Indian population– particularly those suffering from personal and social distress – resort to visiting religious shrines that are seen as having healing properties. This does not mean that they do not seek medical or biopsychiatric treatment for their problems. In fact, the practice of simultaneously seeking treatment from a general medical practitioner, psychiatrist, herbalist, and visiting a shrine is only too common. Patients often adopt a pragmatic approach to help-seeking, consulting "medical doctors for the medical problem and spiritual healers for the spiritual affliction" without perceiving any contradiction in this practice.

Yet, when it is *subaltern* groups who engage in certain cultural practices – such as visiting healing shrines – double discrimination results in these healing practices being framed as unscientific, ineffective, and therefore, illegitimate. *Inevitably, it is the cultural practices of those coming from the lower castes and classes that become the target of illegitimacy or 'reform' endeavours.* This means that a Dalit with psychosocial distress who trances in an obscure Mahanubhav temple is likely to be seen as 'ignorant' and 'irrational' while the upper caste sufferer who makes an offering in a Hindu temple of the Brahmanical tradition might be excused for his/her 'religious belief'. Thus, after the Ervadi fire tragedy, one witnessed the systematic targeting of *sufi dargahs* by the state, media, and activist organizations (termed 'witch-hunting' by Davar and Lohokare, 2009)[i] even while several temples of the great tradition are left alone even when they are used for similar purposes.

But what is it about healing shrines that are powerful enough to draw large sections of people to them? In most residential healing shrines, it is not the use of a substance or the performance of

an exorcist ritual that is important but the stay within the shrine premises. Suffering individuals reside within the shrine for a specified duration of time and carry out their worship activities, such as singing hymns. They may also experience trance, which is believed to draw out the ghost from the body and heal the afflicted person. Importantly, in Mahanubhav temples, as well as several other kinds of healing shrines such as *sufi dargahs*, people are neither subjected to exorcisms, nor forced to carry out any practices. While many of them do go into trance during the worship sessions, these trances are not coercive but participative. Staying in the shrine is an accepted practice, which does not make the person a 'patient'. Thus, one can say that as healing temples, the Mahanubhav temples are distinctive in the absence of any 'healers' or 'exorcist' practices.

From the modern, 'scientific' perspective, healing shrines are seen as exploitative and ineffective spaces that prey on the blind beliefs of susceptible villagers for their personal benefit. Yet, this modern, 'scientific' perspective often fails to engage with the 'irrational' subject, who is seen as fatalistically resorting to healing shrines either because of no other option or because of ignorance. My own long-term field research on residential temples of the Mahanubhav sect in Maharashtra indicates that people are not simply passive victims of exploitation and superstition. In most cases, they make a clear choice about whether to visit the shrine as well as when to leave. In fact, not all who turn up at the temple doorstep take the path of trancing and healing.

Thus, for instance, Sneha, an eighteen-year-old woman complained to a temple official that her mother 'dragged' her to the temple every year. Sneha's mother was convinced that Sneha was a victim of possession due to the series of problems that she had: repeated headaches, typhoid, and

poor school performance. (Note also, that Sneha's problems cannot be delimited to the category of 'mental illness' but reflects a general sense of dis-ease due to the successive life difficulties she encountered.) She hoped Sneha's illness would 'come out' in the temple through the trance. Sneha, however, was convinced that her problems were related to 'tension' and she never went into trance in the temple. Although this worried her mother further, there was nothing that she could do. In fact, the temple official commented to the mother that Sneha did not appear to have a ghost in her. Regardless of the 'real' cause of Sneha's problems, what emerges from this case is the space afforded by the temple for women to 'refuse to trance' if they so wished. The idea, therefore, that women frequenting shrines are gullible and powerless victims of exploitative forces who inevitably become indoctrinated into believing they are possessed is not supported by field data.

What is also often not acknowledged is that healing shrines play an important role of providing succour, respite and refuge for those in distress. Particularly since these shrines tend to be visited by women who have to contend with the struggles of everyday family tensions and domestic responsibilities, they provide much-needed spaces of respite and refuge. For instance, an eighteen-year-old newly-married woman Gayatri, who was having trouble adjusting to the additional demands made on her in her marital home, stayed in the temple for a month to heal her affliction. During her initial days in the temple she frequently described her temple as "peaceful and calm", unlike her tension-ridden home environment. However, she gradually became reconciled to her new role as a wife. By the end of her stay, Gayatri was no longer troubled by the increased housework she was burdened with in her marital home. She had learned to make compromises and adjustments to her marital family. On their part, her marital

family had accorded her the allowance of the temple stay, which provided the required buffer time for Gayatri to adjust.

Another middle-aged woman Vimla complained of having frequent quarrels with her husband and mother-in-law. She would often visit the temple to gain respite from these fights. Gradually, after her frequent stays in the temple, Vimla was able to convince her husband that they move out of his parents' home and live separately with their children. Meanwhile, her husband began to accept her frequent stays away from the home. Through a process of mutual adjustments and compromises, Vimla and her husband were able to come to some kind of resolution.

These cases illustrate that women are able to negotiate their demands and needs after their initiation into the temple community. While some women move out of the in-laws' home with their spouses, others move to another village. Given that these women lack realistic options to resist subjugation, the opportunity to stay in the temple (away from the home) with a community of sufferers, works as a powerful alternative that provides them some degree of negotiability. In allowing for such symbolic but significant modes of conflict resolution and distress management, these shrines play an important role as community spaces of healing in society. They are all the more crucial given the severe dearth of options for women to redress family conflicts, and the abysmal absence of non-biomedical and community alternatives for managing psychosocial distress.

Given these observations, one might believe that it would be beneficial if healing shrines were incorporated formally into the mental health circuit. In fact, the Global Mental Health Agenda

endeavours to expand community mental health service delivery through 'low-cost alternatives' such as using shrines as important agents and sites for the delivery of services. Thus, for instance, one witnesses government-supported efforts that provide free psychiatric consultations and medications, *within healing shrines themselves*. On the one hand, it is laudable that biomedical treatment is provided alongside spiritual healing, but one worries that with the attempt to recruit shrines within the GMH agenda we might witness increasing homogenization of these shrines. Healing shrines are not equivalent to mental health service centres, and their role in society extends beyond the narrow domain of 'mental health'.

Moreover, the drive to use healing shrines to reach out to those in mental distress is based on the assumption that all individuals frequenting healing shrines are actually mentally disturbed and require psychiatric intervention. Yet, as the cases above describe, people's distress is often not individual or personal but psychosocial. Therefore an individual-centric form of intervention, such as psychiatric medication, might not be appropriate. One might think of Gayatri or Vimla and wonder what psychiatric medication might achieve in such cases. Would psychiatric medication enable Vimla to move out of her home and seek respite in the temple? Instead of simply using healing shrines to gain access to those in psychosocial distress and medicate them, what is required is the strengthening of strong *non-biomedical* alternatives in society that women in distress can turn to. Without providing such alternatives, the transformation of religious shrines into 'community psychiatry sites' might actually take away what is most powerful about them – the fluid and unstructured healing that restores persons without making them 'patients'. Although the drive the provide psychiatric medication in *dargahs* is couched in the language of

'mental health rights', without attending to the broader psychosocial concerns of sufferers, such intervention might be nothing more than an appropriation of healing shrines.

Endnotes

[i] Davar, B. & Lohokare, M. (2009). Recovering from Psychological Traumas: The place of Dargahs in Maharashtra. *Economic and Political Weekly*, 44 (16), 60-67.