FAMILY-CENTERED TREATMENT OF MENTAL HEALTH PROBLEMS AT THE BALAJI TEMPLE IN RAJASTHAN

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1. INTRODUCTION

Most developing countries have a network of non-Western traditional health practitioners operating outside the modern official health care system, often unknown to health professionals. In fact, such local healing systems provide the vast majority of care and support for those who suffer from mental health and substance dependence problems (e.g. Kleinman 1984: 209-242; Leff 1981: 118-147; Pfeiffer 1994: 143-178, 211-228; Desjarlais et al. 1995: 51-67; Csordas & Lewton 1998). Jilek (1996) suggests that in developing countries, where the availability of modern psychiatric services is still limited, such traditional resources could be a useful complement rather than a competitive challenge to modern psychiatric health care.

In India, Neki (1973) estimated that 80% of the population first consult religious folk healers when they seek outside help for mental health problems. For many help-seekers, this is also the preferred mode of treatment even when Western-type psychiatric treatment is available (Gopalakrishnan 1996). However, there exists little in-depth or systematic knowledge of the methods employed and services provided by religious healers. In order to plan and deliver successful psychiatric services in India, it is important that the role of religious healers is established, clarified and understood (Gopalakrishnan 1996; Campion & Bhugra 1997: 220). As a preliminary step towards such an assessment, descriptions of their work are needed.

The present study deals with the religious treatment of mental health problems at the important Balaji temple in Rajasthan. The few studies previously made there have provided psychiatric diagnostic information (Satija et al. 1981), psychoanalytic understanding (Kakar 1982), and ethnographic and anthropological findings (Seeberg 1994; Dwyer 1995, 1998). The present study, in addition to summarizing some of their research results, presents new data on the theory and practice of treatment at Balaji, especially as illustrated in the work of a professional healer with his patients. As a clinical psychiatrist the author is interested, in particular, in the reality

of psychiatric illness as a human experience: how this is confronted in religious healing, how a specific theoretical model is applied in clinical practice to make sense of the illness experience, and how therapeutic actions proceed. Finally, some aspects of the treatment are discussed in an attempt to interrelate indigeneous (emic) views with an interpretative psychiatric (etic) framework. Throughout, special attention is paid to the essential role of the family in the treatment process.

The data on which the present study is based have been collected on field research trips to Balaji since 1991 through participant-observation methods in treatment sessions and unstructered interviews by the author in Hindi with patients, their families, priests and healers. The material has been documented in fieldnotes, audiotapes, photographs and a large number of digital videotapes. Supplementary data have been drawn from pilgrim manuals available in Mehndipur, especially the *Baṛā Hanumān Upāsanā* (1997). In the orthography and translation of terminology, the standard Hindi-English dictionary of McGregor (1997) has been used whenever possible.

2. BALAJI AS A PILGRIMAGE AND HEALING SHRINE

The Balaji temple, dedicated to the monkey-god Hanumān – or Bālājī (fig. 1), as this god is often referred to in Rajasthan – is situated in Mehndipur, a small, bustling village 3 km off the highway, about halfway between Jaipur, the state capital of Rajasthan, and Agra, one of the historical centres of the Moghul rulers. Nestled in a valley between two hills, Mehndipur, often referred to simply as Balaji, is a pilgrimage centre attracting visitors (*yātrī*) from many parts of Northern India in the context of popular Hindu devotion (*bhakti*).

There is a steady stream of hundreds of visitors daily throughout the year coming for a few hours or days for prayer and reverence (*darśan*). Blessings are asked from the powerful temple divinities for good health, fertility and economic well-being (*manokāmnā*). Later, thanksgiving ceremonies (*savāmanī*) may be offered on a new visit for answered prayers. Some come for life-cycle rituals, especially the head-shaving ceremonies of babies (*muṇḍan*). Local villagers visit the main temple briefly during marriage ceremonies.

However, what makes Balaji unique among the many pilgrimage centers of Northern India, is its reputation for offering help to those suffering from mental health problems. Here psychological distress is expressed and treated in terms of spirit affliction, culturally congenial to large segments of the Indian population. The treatment is a multiphased process which aims at relieving distress and restoring intrafamilial balance and functioning. There is a conspicuous recourse to trance states, the sight of which never fails to impress visitors.

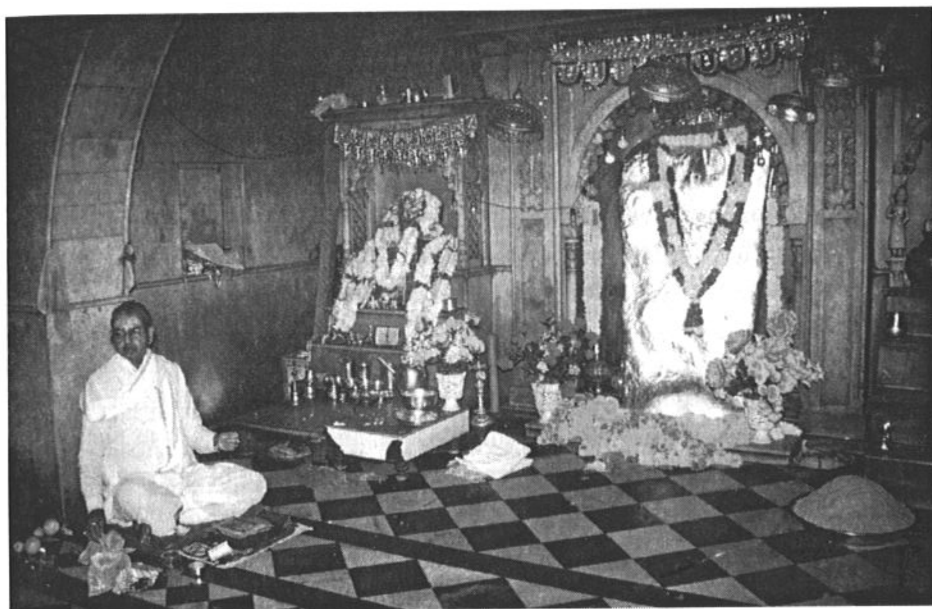

Fig. 1. A senior priest in front of the idol of Bālājī.

The flow of visitors increases to tens of thousands three times a year during the festivals of Holī, Hanumān Jayantī and Daśahrā. Some temple sources estimate the total number of visitors at 300,000 per year. Local tradition (*Baṛā Hanumān Upāsanā*) maintains that the original Balaji shrine was founded 1000 years ago. However, the present Balaji temple is less than a hundred years old and the other shrines of the Mehndipur valley dedicated to the gods Rāma and Śankar (Śiva) are even younger. The popularity of Balaji is of recent origin and has developed in the last six decades or so during the time of Gaṇeśpurī (1899-1979), a chief priest (*mahant*) of the temples, a charismatic religious leader and renowned healer, now worshipped at a small commemorative (*samādhi*) shrine. The esteem of the temple and the number of pilgrims have continued to increase during the reign of his successor, Śrī Kiśorpurījī, who also has devotees among leading politicians and carries out extensive charitable activities. Under his direction some twenty priests are daily involved in the temple ceremonies. In addition, various functionaries perform subordinate administrative and practical tasks.

3. THE HELP-SEEKERS

Studies performed previously among patients at Balaji, especially those of Dwyer (1995, 1998) with more than 700 patient interviews, give important background data about the clients. The fame of Balaji is reflected by the fact that almost 90% of the patients come from outside the state of Rajasthan – mostly from neighboring states but some from as far as Nepal, Assam or Karnataka. Seeking help from Balaji is not associated with ignorance about modern medicine, since 80-90% of those who come have previously visited 'allopathic' doctors (i.e. doctors practicing modern Western medicine) for their presenting illness. The most commonly given reason for visiting Balaji – frequently described by patients and their families as a last resort – is their experience that medical consultations have failed to make sense and to relieve distressing health problems. The statistical data of Dwyer also show that seeking help from Balaji is not correlated with illiteracy, lack of education, low social status, poverty or a rural background as the patients are predominantly relatively well-educated, from higher castes, middle social class, and of urban domicile. Two thirds of the patients are in the age-group of 15-34 years, and about 60% of all patients are married. There are usually no prepubertal patients and geriatric patients are very rare. Seeberg (1994) saw a frequent association of help-seeking with recent marriage, especially among females. However, the overall gender distribution is almost equal (Dwyer 1995).

Almost two-thirds of the patients coming to Balaji seek help on the suggestion of family members, relatives, friends and neighbours (Satija et al. 1981). Although help-seeking from Balaji takes place in the context of popular thinking that does not *a priori* distinguish illness from social misfortunes or differentiate physical disease from psychiatric illness, it is an impressive fact that actually most patients are found to suffer from mental illness. According to the only psychiatric study (Satija et al. 1981) carried out on patients at Balaji, the vast majority (92%) of an unselected sample of one hundred patients suffered from psychiatric illnesses: 48% from neurotic disorders, 26% from functional psychoses, twelve per cent from organic psychoses and six per cent from other psychiatric disturbances.

In presenting their complaints patients most often describe psychosomatically expressed symptoms, such as diffuse pains in the body, headaches, heaviness in limbs, weight on shoulders, chest pains, dizziness and vertigo, problems in swallowing, appetite and digestion. However, in more in-depth interviews, patients will also reveal emotionally experienced symptoms such as depression, dysphoria, anxiety, panic attacks and phobias.

4. DAILY PROGRAM, PURIFICATION AND DEVOTIONAL ACTIVITIES

In contrast to short visits for prayer and reverence (*darśan*), treatment of the afflicted requires longer stays, not uncommonly a few weeks and sometimes several months. The length of the present treatment and the need for new treatments in the future depend on the seriousness and persistence of the health problems, the degree of help received, the economic resources of the family and various psychosocial factors.

Accommodation in Balaji is provided by numerous *dharamśālās* or guest houses. The majority of them are relatively inexpensive, and some, donated by pious sponsors, are free of charge for shorter stays. Ritual offerings involved in the daily temple ceremonies and sold on the main street by vendors have fixed prices. Single offerings are usually not expensive but repeated offerings – often suggested at the temple's information office – may amount to a considerable expense for the poor.

The temple authorities have issued rules of conduct – displayed on a poster near the temple and in detail in pilgrim manuals (e.g. *Baṛā Hanumān Upāsanā*) – relating to purification of mind and body through proper social behaviour, diet and ritual activities. These should be observed by all visitors, patients and their care-takers during their stay in Balaji. Food must consist of a simple, light vegetarian diet. Alcohol, meat, fish, garlic and onions are strictly forbidden as they are – according to Ayurvedic and popular conceptions – understood to increase bodily passions and spiritual imbalance. Visitors should sleep on the ground and sexual abstinence is obligatory – even for married couples. Mutual help among all visitors is enjoined, and men may not harass women in any way. Daily participation in temple worships (*ārtī*) is mandatory for patients and their care-takers alike.

Patients must be accompanied by family members (figs. 2 & 3) who have responsibility for their daily care and physical well-being. Patients cannot be brought to Balaji and left there for 'treatment'. In fact, family members are involved in the treatment throughout the patient's illness. The care-takers accompany the patient to temple ceremonies and treatment sessions and, when necessary, ensure that he or she does not run away. In Balaji, no chemical substances are used to pacify agitated patients. Those who are violent or suicidal may have as a protection a chain tied to their wrist with the other end carried by the care-taker, or, when they are calm, by the patients themselves. Unmarried patients come primarily with their parents and married persons with their spouses. Frequently other relatives may also accompany the patient, in particular on the first visit. These usually include the person at whose suggestion the patient comes to Balaji. Small children frequently accompany their parents.

Fig. 2. Family with patient, healer (center) and his female assistant (left) at the start of the treatment.

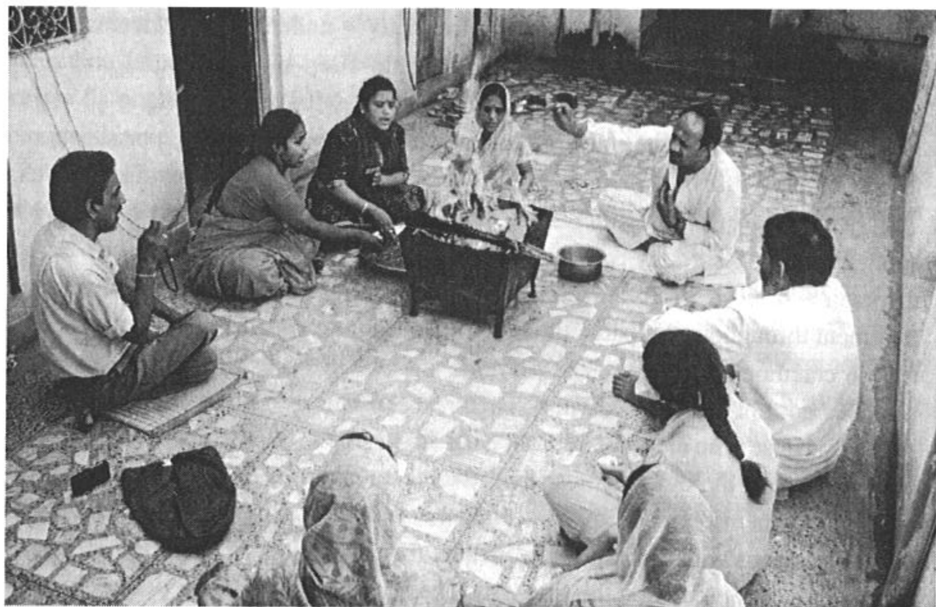

Fig. 3. Fire offering (*havan*) by a family. A healer (left) is chanting mantras.

There are two types of temple ceremonies: general ones and those that are specifically associated with the treatment process itself. The latter, which are performed by each family separately and of specifically local character, will be described in Section 6. Among the former, the most important are the congregational pan-Indian *ārtī* services held at the main temple in honour of Bālājī twice a day at dawn and at dusk which form the focal points of the daily program of all visitors. The more assiduous pilgrims will also participate in the *ārtīs* performed for the other deities within the main temple and the other shrines of the valley.

The ceremonial procedure of an *ārtī* at the main temple is similar to the way it is performed in many temples elsewhere in India. Some time before the ceremony begins, patients arriving together with their families from their guesthouses start to fill the main sanctuary of the temple and the street in front of the temple. The congregation gathered within the temple starts singing devotional hymns (*bhajan*) in praise of the shrine's deities. Soon afterwards the *ārtī* begins. The leading priest (*mukhya pūjārī*) performs a solemn ritual of circular movements in front of the idol of Bālājī with a many-branched lamp (*dīp*) of burning ghee in his right hand and a bell (*ghaṇṭī*) in his left hand. He is accompanied by other priests, one of them blowing a conch shell, the others beating a large gong-like instrument. The ceremony ends after half an hour with holy water being sprinkled by the priest on the raised hands of an excited crowd of visitors, patients and their families. Since 1997, the main idol of Bālājī and the rituals taking place in the inner sanctum have been shown to pilgrims in the street through two monitors placed on the balcony of the second storey of the temple. The *ārtīs* are also a focal time for the trance behaviours of the treatment described in Section 6. Another important congregational event, also obligatory for all patients and their care-takers, is the daily chanting session (*kīrtan*) held every afternoon on the second floor in a large hall dedicated to the temple divinity Pretrāj, a minister of Bālājī.

Outside the official temple program, there will be devotional singing sessions – either spontaneous or organized by healers – in the guesthouses. Many visitors read and chant religious texts, abundantly available in the bazars of the main street, the most popular being those which describe the exploits and glories of the monkey-god. Finally, there is continual informal sharing of peer-group experience with other families as the main method of acculturation to the stay at Balaji.

5. THE DIVINE LANDSCAPE: EXTERNAL AND INTERNAL

Any approach to the treatment of mental health problems – whether Western or non-Western – consists necessarily of two major culturally constructed components: theoretical models and their practical application in the clinical treatment process of patients.

At Balaji, both the theory and practice of treatment (see sections 6 and 8) are embedded in a divine panorama of religious imagery and mythological stories of both pan-Indian and provincial origin. In this landscape, the main celestial actors are the ideal Hindu couple – King Rāma and his wife Sītā – together with Rāma's brother Lakṣmaṇa and their powerful ally, the monkey-god Hanumān, the males valiantly fighting various demons and Sītā setting the example of gentle female virtues. Their stories enjoy immense popularity in Northern India, especially through the Rāmcaritmānas (1974), the Hindi version of the ancient Sanskrit epic Rāmāyaṇa, by the mediaval poet Tulsīdās.

The external topography of the temples of the Mehndipur valley illustrates and reflects the internal divine landscape in which the treatment process takes place. On the main street, a recently partly renovated two-storied temple of Bālājī stands opposite to a modest temple of Rāma. These temples, as well as three other smaller shrines, are ritually connected and owned by the ruling family of priests. There are some suggestions of the hierarchical superiority of Rāma, e.g. a group of Bengali musicians play and sing in his temple unending devotional music day and night, while the temple of Bālājī is closed for the night. Also every evening, after the *ārtīs* have finished, the offerings (*prasād*) and the holy water (*jal*) coming from the temple of Bālājī are distributed to pilgrims from the temple of Rāma. However, the central ceremonies important for the treatment process itself take place in the temple of Bālājī as the presence of his idol is associated with curative powers (*śakti*). Considered as the royal court (*darbār*) of Bālāji, this building also has idols of his two divine ministers of equal status: Bhaironjī, a form of the great god Śiva, popular in Rājasthān, here an assistant of the monkey-god, and the purely local deity, Pretrāj – believed to have been converted by Bālājī from evil ways to be his helper in the treatment activities. The idols of the Bālājī temple are amorphous rocks, painted with silver, gold and orange, with strangely vital, piercing eyes. They are considered by many to be divinely created and therefore more powerful than human-made idols. Finally, there are sites (*sthān*) without idols for several lesser non-Sanskritic deities who are converted spirits serving in the army (*fauj*) of Bālājī as his soldiers (*sainik*) and messengers (*dūt*).

An outline of the myths involving the main deities will now be presented. In the Rāmāyaṇa, Rāma is banished by intrigue from his position as rightful heir to the kingdom of Ayodhya, parted from his grieving father and other relatives and exiled in the forest for fourteen years. He is followed by his faithful wife, Sītā, and his loyal younger brother, Lakṣmaṇa. In the forest, Rāvaṇa, the demon-king of Lanka, infatuated by the beauty of Sītā, kidnaps her and carries her off to his capital. In Lankā, Sītā resolutely rejects his advances. The royal brothers set out on an unrelenting search for Sītā. They enter into alliance with the monkeys of the forest and after many adventures, the monkey-chief Hanumān, who becomes a devotee and powerful ally of Rāma, finds the pining Sītā in Lanka. Hanumān sets fire to the

demon capital, Lanka is attacked, Rāma slays Rāvaṇa in a terrible battle and rescues his untouched wife. The joyfully reunited couple return in triumph to the throne of Ayodhyā. In the story of Rāma, one can see an epitomization of cultural ideals of the fulfilment of familial duties: filial obedience, brotherly loyalty, the courage and love of the husband and the marital fidelity of the wife through crises. Rāma is raised to the status of the perfect man, and Sītā as the gentle, faithful, obedient wife is an incorporation of Hindu feminine ideals.

Hanumān, the divine monkey chief, is the child of a nymph by the Wind God, son of the Purifier (*pavanaputra*). In his infant form, Bālājī, he is the main healing divinity of Mehndipur. Locally three aspects of his character are highlighted: courageous strength, devotion and benevolence. Valiant and resourceful in battle, he is a great hero (*mahāvīr*), powerful and strong of frame (*bajrangbalī*). The devotional aspects of Hanumān are emphasized in the religious books, cassette music and pictures sold in the bazar of the village. He may be shown as kneeling at the feet of the royal couple in utter humility, or sitting in blissful meditation blessed by the hand of Rāma radiating light towards him. In his devotion (*bhakti*), he is always chaste and virtuous (*brahmacārī*), an ideal for all visitors as the exemplary devotee. In the most dramatic illustration, one sees Hanumān as a noble figure standing up and tearing his breast open to show for all to see the image of Rāma and Sītā in his heart. In the Hanumān Chālīsā, a short poem attributed to Tulsīdās, recommended reading for all visitors, he is also extolled as the solver of problems (*saṅkaṭmocan*). By finding and consoling Sītā, anguished in her captivity, and helping Rāma to rescue her from the clutches of Rāvaṇa, he is the helper of all the innocent tormented by forces of aggression and selfish lust. He is also the divine healer who flew to the Himalayas to bring curing herbs to Lakṣmaṇa and the soldiers of the army of Rāma, who were seriously wounded in the battle against Rāvaṇa. Actually, this is the form in which Bālājī is represented in the main temple, as if flying through the air and bringing in his uplifted right arm a whole mountain of curing herbs (fig. 1).

Local legend ties Hanumān-Bālājī to Mehndipur and to the family line of the chief priests. Long ago, this area was covered with deep forest in which lions, tigers and wild animals roamed about. It was infested with thieves and bandits causing the local people to live in continual fear. Once a forefather of the present chief priest had a frightening dream where he heard thundering sounds coming from a huge gathering of wild animals who were honoring an illuminated idol of Bālājī in the forest. During the same night, in a second dream he heard the command of Bālājī to worship him in order to spread his glory. The next day, he found the place indicated in the dream and the idol of Bālājī from which issued a stream of purifying water. The size of the idol was immense. A king who tried to have it dug out of the earth failed to reach its feet as the idol proved to be a natural part of the hill. The mahant settled on this very spot and performed many miracles. A temple was built for Bālājī and his two main assistant deities – Pretrāj and Bhaironjī.

Pretrāj – the Lord of Ghosts – a central character in the village pantheon, lived once upon a time in the valley between the two hills where the temple of Bālājī now stands. He refused to allow anyone to pass through. All who tried were instantly killed or struck by an incurable, painful illness. Therefore, the tormented villagers decided to build a shrine in order to pacify the savage spirit. But as soon as it was completed, it was immediately reduced to rubble by the monkey-god. After this was repeated a number of times, the infuriated Pretrāj attacked Bālājī. In the ensuing battle where Pretrāj put up a fierce resistance, he was severely beaten because ultimately he was no match for the monkey-god, a mighty lifter of mountains. Pretrāj capitulated and pleaded for forgiveness for the evils he had caused to poor, innocent people. Bālājī granted him mercy on the condition that he would forsake his bad and destructive ways for ever and, instead, start helping suffering humanity. After proper penance, the subdued Pretrāj became transformed into a helping spirit (*dūt*) in the court (*darbār*) of Bālājī. Ever since, he has been a faithful servant of the monkey-god. Pretrāj is the paradigm of spirit conversion, essential to the logic of the treatment process at Balaji, as will be shown in the next section.

These mythical stories set the scene of treatment in an allegoric divine landscape expressing important cultural values and models of right action (*dharma*). The stories function as mental maps directing the perception, thinking, emotions and actions of the pilgrims at Balaji. On the cognitive level, they describe problem situations encountered by gods and humans, problem-solving strategies and actions. In the polarity between the forces of destruction and chaos represented by demons menacing social order and the good way of life (*dharma*) defended by the gods, the former gain only temporary ascendancy, and they are eventually overthrown by the mighty gods and their helpers. The end-result is always positive, but not before ferocious battles have been fought, dire difficulties experienced and penance performed. The stories are constantly reinforced emotionally both by the temple rituals and by religious cassette music played in the streets and religious booklets (e.g. Hanumān Cālīsā, Bālājī Cālīsā, Sundarakāṇḍa) available in the bazar. Even daily greetings among pilgrims underscore hope and positive expectations: '*Jay Śrī Rām!*' ('Victory to the Great Rāma'), and '*Jay Bābā kī!*' ('Victory to the Lord') referring specifically to Hanumān – Bālājī.

Whatever takes place on the cosmological level of the myths is true of ordinary humans as well. The macrocosmic and the microcosmic, the external and the internal are analogous, constructed according to the same patterns. The fight against the forces of chaos and destruction in the lives of the patients and their families and the ways of solving their problems are modelled according to the structure and chronological sequences of the divine allegoric scripts.

6. THE INDIGENOUS THEORETICAL MODEL AND DESIGN OF THE TREATMENT

The local discourse translating psychological distress into terms of spirit affliction is culturally congenial and minimally stigmatizing. It is actually a specific language for reformulating mental health problems and a concrete method for treating them.

Already before they arrive at Mehndipur, patients and their families usually suspect a spirit affliction, for which a range of expressions exist (*ūparī havā*, *bhūt kī bīmārī*, *jāḍū ṭonā*, *caukī*, etc.). Often this possibility may have been suggested to them originally by their local healers or priests. Talking about spirit affliction has several culturally based therapeutic consequences. First, the images of an intrusive spirits outside the control of the afflicted relieve the patient and the family from personal responsibility for his or her plight. The sufferings of the captive Sītā were not her own fault but due to the aggression of the demon king. Secondly, domination by spirits is a temporary state of affairs, like the rules of Rāvaṇa and Pretrāj, and implies eventual hopes of a happy end for the oppressed if proper action is effectively taken. Thirdly, it mobilizes family action for saving the patient from his or her distress, which is simultaneously a plight of the whole family. After the kidnapping of Sītā, the rest of the Rāmāyaṇa is really mainly about joint efforts to save her from the clutches of the demon king and to overcome this enemy who has caused the sad separation of husband and wife.

In the local idiom of Mehndipur itself, the principal three terms used to designate the agents of spirit affliction are *bhūt*, *pret* and *saṅkaṭ*. The first two words are Sanskrit past participles, *bhūta* meaning 'has been', 'passed' and *preta* signifying 'departed', 'one who has gone forward'. Used as nouns, both in Sanskrit and Hindi, both refer to the ghost or spirit of a dead person. *Bhūt-pret* are the spirits of the dead that have not yet reincarnated. *Pretlok* is the world of disembodied spirits awaiting the performance of funerary rites. *Bhūt* also refers to the traditional five elements (earth, water, fire, air and ether). Finally, in several compound words of modern Hindi, *bhūt* simply refers to the past, as in *bhūtakāla*, the grammatical designation for the past tenses of Hindi.

The common Hindi word *saṅkaṭ* has the meanings of 'dire difficulty' or 'misfortune', 'danger', 'crisis', 'emergency' in everyday spoken language and newspapers. However, in Mehndipur the term has additional specific connotations of spirit affliction, quickly picked up by newcomers: on the abstract level it signifies the state of being afflicted by spirits, and, on the concrete level it designates the possessing spirits themselves. In fact, it is the most prevalent of the terms referring to spirit affliction. The afflicted are called *saṅkaṭvāle rogī*: those ailing from *saṅkaṭ* or patients with *saṅkaṭ*. The treatment of the affliction is called *saṅkaṭ kātnā* with the double meanings of a) ordinary Hindi: 'surmounting difficulty', 'overcoming adver-

sity', 'resolving a crisis situation' and b) the specific usage of Mehndipur denoting abstract and/or concrete termination of spirit affliction. The interplay of the various connotations of the word *saṅkaṭ* allows flexibility of usage and resilience of expression.

The spirits tormenting the patients at Mehdipur are not the great demons (*rākṣasa*, *asura*) of the classical religious stories. In traditional Indian conception, the *bhūts* are unhappy spirits of deceased people who have not found a fulfillment of their life due to untimely death caused by illness, accident, violence or, sometimes, because of non-performance of the last funeral rites (*antim sanskār*). They are still hungry for life and roam around looking for a human body into which they could enter in order to enjoy life once more. They may spontaneously attack vulnerable persons or they may be sent through the black magic of a sorcerer (*tantrik*). In the latter case, it will be some enemy or jealous person in the social network of the patient and his family who is believed to have paid the sorcerer for his services. Once in the human body, the *bhūts* sap the patient's life-energy, causing weakness and pains, heaviness and lethargy, or socially inappropriate behaviour such as fits of anger and rage. In fact, the colloquial Hindi expressions, *bhūt bannā* and *bhūt honā*, mean 'to rage'.

Although they inflict distress and pain on the patient and his family, it must be clearly emphasized that – at least in Mehndipur – the possessing spirits are not regarded as intrinsically 'evil' or 'malevolent' (*burā*, *duṣṭ*, *pāpī*) beings in themselves. It is only when they have entered the human body that their activities result in harm (*unke kām bure*) to the person concerned. The terms for spirits do not imply malevolent intentionality, nor are they employed with such adjectival attributes. Priests and healers explained to the author that, as the spirits suffer from unhappiness (*duḥkh*), they really need peace and release (*mukti*, *chuṭkārā*) from their ghostly existence. However, by themselves they are unable to reach this goal. The treatment process at Balaji will permit them to do so. As a healer pointed out: 'Think of the misery of the very poor! The aim is not to do away with the poor but only to end their poverty.' In a successful treatment the unhappy spirits will become transformed into protective, helping spirits (*dūt*) performing good works in the divine courts (*darbār*) of the temple divinities. Therefore, the logic of the treatment both releases the spirits from their unhappiness (*duḥkh*), and the patient from his state of affliction. This double metamorphosis can be seen, for instance, in the expression: '*Saṅkaṭ kaṭ gayā aur mukti ho gayā.*' It can be translated as 'Adversity/spirit affliction was finished and deliverance/release took place', signifying that both the patient and the spirit afflicting him were fully relieved of their misfortune. As balance is restored, it is understood that the helpful ancestor spirits (*pitṛdevatā*) of the family who are always disturbed by the *bhūts* will also receive peace and can rejoice once more.

Technically, the treatment process at Balaji is formulated as a legal trial of the spirits associated with the patient's illness. It is maintained that the temple functions like a law-court (*adālat*) where the innocent, that is, the patients and their families, receive justice. Bālājī is the chief judge, Pretrāj and Bhaironjī his leading prosecutors and legal aids. In the trial, the possessing spirits (*bhūt*) are cross-examined, accused and punished (*sazā*) for their evil deeds by the helping spirits (*dūt*) of the temple, all of whom are themselves reformed former spirits (*bhūt*). During their punishment, the possessing spirits at first angrily deny having committed any offences and put up a fierce resistance, but in the end they are forced to confess, and like Pretrāj, will pray for forgiveness (*kṣamā*). Mercy will be granted by Bālājī on the condition that they reform their evil ways and do penance (*tapasya*) to purify themselves, after which they may be accorded a seat (*sthān*) in Bālājī's court of helping spirits. Therefore, in contrast to the fate of the demon Rāvaṇa in the great epic, these spirits are not killed but converted and transformed from enemies into useful allies. Here we can see the paradigmatic importance of the local story of Pretrāj, the Lord of Ghosts, converted from a perpetator of destructive, rageful activities against the poor and innocent into their helper. Several other minor deities at the temple (Dīvān Sarkār, Bhaṅgīvāṛā, Kuṇḍīvāle Bābā) as well as the whole army of nameless spirit helpers (*dūt*) exemplify the same sequence of transformation.

On the level of ritual performance the 'legal process', to which the divine stories and personal involvement give cognitive and emotional content, proceeds through a sequence of three stages of physically executable action structures for the individual patients and their families.

Filing a petition in the court: *darkhāst* and *arzī*

First, the patient has to submit a petition to the gods of the main temple in order to have his case registered in the court. This is done by making specific food oblations (*bhog*) to the three main deities: Bālāji, Bhaironjī and Pretrāj – in this order in their respective halls at the temple. *Darkhāst* is a smaller offering to get things started and *arzī* a bigger one following it. Both of these Urdu words mean 'petition' or 'application'. *Darkhāst* is performed through the mediation of the priests (*pūjārī*) officiating in the temple. The latter take a little of the oblation and throw it into the sacred fire (*havan*) burning in small brass pots in front of each of the deities. Of the offering sacrificed to Bālājī the priest returns to the donor two sweetmeats (*laḍḍū*) with which he has touched the holy fire in front of the monkey-god. The patient is then instructed to keep these separately with him. The ritual ends in the courtyard behind the temple, where the supplicant passes the rest of the offering seven times around his head and then throws it over his shoulder to the dogs, goats, peacocks and other birds feeding on the hill behind the courtyard. By this act of physical

casting-off, the patient anticipates the end-result of the treatment process, liberation from affliction (*saṅkaṭ*). Finally, the two sweetmeats returned to the patient – understood to be now suffused with Bālājī's curative force (*śakti*) – are consumed by him either immediately or a little later. It is believed that directly after this the details of his or her request will be examined by the temple gods.

On ordinary weekdays, the whole sequence of events does not take more than 10-15 minutes to complete. This is also true of the *arzī* ritual, which in terms of procedure parallels *darkhāst* in every detail. However, on Tuesdays and Saturdays, the auspicious days of Hanumān, long queues of eager and noisy pilgrims prolong the procedure. Most of them will be healthy visitors wishing to give *darkhāst* for obtaining fulfilment of their wishes (*manokāmnā*) for good health, fertility and economic well-being.

The function of *arzī* is to 'keep things going in the court', and patients are recommended to offer it daily until the case comes to a successful conclusion. In addition to the above rituals, there are many other offerings (*bhog*) used to facilitate and enhance the process. The offerings themselves have standard contents, but the pattern and sequence of their use is variable and depends on the the progress of the treatment and the characteristics of the affliction. For their performance, advice from a senior temple priest or a healer is usually requested.

Appearance in the court: *peśī*

Peśī is another Urdu legal term, meaning 'hearing of a case or law suit, appearance in court'. During *peśī*, the evil (*burā*) and unlawful (*niṣiddh*) acts committed by the possessing spirits (*bhūt*) are exposed by the helping spirits (*dūt*) of the temple, who inflict stern punishment (*sazā*) upon them. Outwardly, *peśī* is a ritual trance manifesting itself through highly expressive stereotypic verbal and motor behaviour. Theoretically, *peśī* may take place at any time and anywhere in Mehndipur, from where, it is said, the possessing spirits cannot escape. A large number of *peśīs* will be seen during the evening service (*ārtī*) within the temple and in the street in front of it. Another important occasion for *peśīs* is the impressive singing sessions (*kīrtan*) held every afternoon for two hours in the large hall of Pretrāj on the second floor of the temple, where some two hundred people may sit on the floor singing hymns (*bhajan*) directed by an energetic lay choirleader.

Even Indian visitors who come to Balaji for the first time – whether for worship or as help-seekers – are struck and bewildered by the wild trancing taking place right on the street. During the evening worship a large, dense crowd fills the street between the temples of Bālājī and Sītā-Rama shouting loudly '*Jay Bābā kī!*' ('Victory to Hanumān') and '*Jay Śrī Rām!*' ('Victory to the Great Rāma'). Among the crowd one sees patients of both sexes starting to sway, shake and dance. The

long hair of women is freed and whirls around with the gyrating movement of the upper body. In the crowd, their relatives and other participants form small rings around them rhythmically clapping their hands and shouting loudly to force the possessing spirits to reveal themselves with cries of '*Jaldī bolo!*' ('Talk quickly'), '*Zor se bolo!*' ('Speak loudly'), '*Terā nām?*' ('What's your name?'), '*Kahān se āyā?*' ('Where did you come from?'), '*Sacc bolo!*' ('Speak the truth'), etc. – or, to summon the helping spirits (*dūt*) to proceed with their attack on the *bhūts* – '*Mār lagā do!*' ('Beat him'), '*Saṅkaṭ kāṭo!*' ('Defeat him!'). As the tempo increases, anguished screams or abusive rage understood as the spirits' protests issue from the mouths of the afflicted who may shake as if in convulsions or do impressive acrobatic somersaults. As the spirits become ready to surrender, they will cry for mercy – e.g. '*Choṛ do!*' ('Leave me'), '*Kṣamā do!*' ('Forgive me') and will make an account and declaration (*bayān*) revealing their identity and full details of their mischiefs. Finally, some of the afflicted may collapse on the ground in exhaustion. The whole atmosphere is weird and frenzied – at least to newcomers. Occasionally camels, buses and jeeps try to pass through the crowd but nobody really pays any attention to them, and their passage is often blocked for the duration of the events. The *peśīs* terminate abruptly when the leading priest (*mukhya pūjārī*) appears on the veranda of the temple to sprinkle holy water on the excited crowd, in this way indicating the end of the ceremony.

In any individual case, several *peśīs* will be required as the possessing spirits are held to be deceitful (*cālāk*) and full of tricks (*dhokhebāz*). Often, it is not one spirit that possesses the patient but several, sometimes dozens. Therefore, a sequence of repeated *peśīs* over a longer period of time is necessary in order to obtain significant relief. When spirits have attacked the whole family, other members of the family will also have to perform *peśī*.

Moderation and abstention in home care: *Parhez*

On leaving Balaji, patients will once more offer *darkhāst* to ask for the protection of the deities for the journey back home and domestic life there. Subsequent home-care consists of both dietary and behavioural components. It is denoted by the word *parhez*, of Persian origin, meaning 'abstention', 'moderation' and 'continence'. Sometimes the Sanskrit word *nivāraṇa* is used, signifying 'warding off', 'prevention'. Dietary regulations have to be continued at home. Alcohol, meat and garlic should be totally avoided. Other foodstuffs may be restricted on an individual basis. Chastity (*brahmacārya*) and cleanliness, both spiritual and physical, are to be observed in daily life. The first 11, 21 or 41 days – according to the case – should be spent confined to the house, sleeping on the ground during the night and per-

forming worship (*pūjā-pāṭh*) every morning and evening and applying the protection of holy ash (*bhabhūti*) and water (*jal*) obtained on departure from the temple.

If the family considers that the treatment has been successful and full help has been obtained for domestic life, many of them return to Balaji to offer a special, great thanksgiving ceremony (*savāmaṇi*). It is not obligatory and is performed often only after a fairly long stable period of relief from distress and affliction.

To summarize, in the first phase the families place their troubles at the feet of the gods and entreat their assistance, in the second, the divine powers act with decisive energy to reveal and punish the secretive possessing spirits in order to force them to change their evil ways, and in the third, the family ensures through its own activity that the positive results are maintained and further consolidated at home. In the first and third phases, the patients and their families are acting subjects; in the second all action is said to be 'automatic' – this English word being used – meaning that the events taking place during *peśī* are involuntary and not accomplished by conscious will or effort.

7. PROFESSIONAL EXPERTS: PRIESTS AND HEALERS

The treatment process involves two types of professionals in Mehndipur: resident, hereditary temple priests and non-resident, charismatic healers. Both share the local religious idiom of communication and theoretical model, but they have different roles and functions in the therapeutic process as a whole. Although the priests and healers have neither formal nor informal relations with each other, their activities can be seen as synergistic and complementary (Dwyer 1995).

The priests are primarily ritual experts officiating the temple ceremonies (fig. 1). On request, the priest on duty in the information office of the temple, open for two hours daily, may give brief advice on rituals to be performed for the gods and holy texts to be profitably chanted by the pilgrims. Some priests may perform on payment separate rituals for the benefit of patients and pilgrims by applying mantras (*mantrit karke*) to water (*jal*), ashes (*bhabhūti*) and amulets (*tābīz*). Apart from this, the priests do not participate in any way in the concrete treatment of the patients and keep away from the trance states (*peśīs*).

As there is little central co-ordination of the treatment in general, it tends to be a self-directing, spontaneous and somewhat haphazard process. Occasionally one hears dissatisfaction from pilgrims about the lack of specific instructions and concrete participation by the priests. This does not, however, in most cases affect their faith in the temple divinities. Individual planning for the treatment of families is provided by healers, who are voluntarily consulted by a sizeable proportion of the pilgrims. Through their efforts the treatment process becomes more organized and

systematic. Time expenditure may be considerably reduced, which also diminishes economic losses due to long absences from home and work.

The healers are administratively and economically independent of the temple, but all are devotees of the temple divinities. All healers stress that treatment takes place due to God's grace (*Bālājī kā kṛpā se*) and that everything is up to God (*un kī marzī*). Healers systematically underscore the importance of participation in rituals at the temples and, in fact, prescribe for their clients additional rituals to be performed there. Therefore, the healers' services are never an alternative to the temple ceremonies but always an adjunct to them. Healers are addressed with the title *bhagat*, meaning 'devotee' or 'healer'. They often describe their profession as 'working with the spirits' (*bhūt-pret kā kām*), or simply as 'working for Bālājī' (*Bālājī kā kām*). In contrast to the priests, no healer lives permanently in Mehndipur, but they visit it either regularly or occasionally. Some of them attract a large clientele, including many cured patients with their families. The healers do not have set fees, but clients are expected to contribute according to their means and their satisfaction with treatment. Very poor patients, however, do not usually use their services.

As folk practitioners, the healers, of course, do not have any formal training for their work, which for them is a religious calling. Often it has been initiated after personal crises overcome with divine help in the almost archetypal way of religious healers and shamans all over the world. All have had a guru, a religious master, often an older relative involved with healing activities. The healers are male, but they may have female assistants. All healers belong to the higher twice-born castes but not to any specific healing subcastes. Some are full-time practitioners who also travel in other parts of Northern India, but most are part-time healers with a mundane profession (e.g. wheat merchant, goldsmith, tax inspector). Healers do not appear to have professional or social contacts with each other.

Healers do not operate in the temple precincts but stay and work in their favourite guesthouses, where they organize *kīrtans*, which means 'group singing of hymns (*bhajan*)' for their clients. These are emotionally intensive occasions of often several hours with usually about twenty – sometimes even two hundred – participants singing, playing music and clapping hands (fig. 4). The *kīrtans* are essentially structured treatment sessions for the afflicted under the guidance of the healer. Trance states or *peśīs* similar to those observed at the temple take place. Some healers enter into trance themselves or use trancing assistants, who give voices to the possessing spirits (*bhūt*) and messengers (*dūt*) of the temple deities. Priests never go into a trance in Balaji, although they may do so in other temples of Rajasthan. All successful healers are repositories of religious legends and stories which they skilfully recount – according to the needs of the situation – to enthralled audiences. Many healers appear to be expert in perceiving problem patterns of family relationships and are skilled at responding quickly to exigent intra- and interpersonal crises.

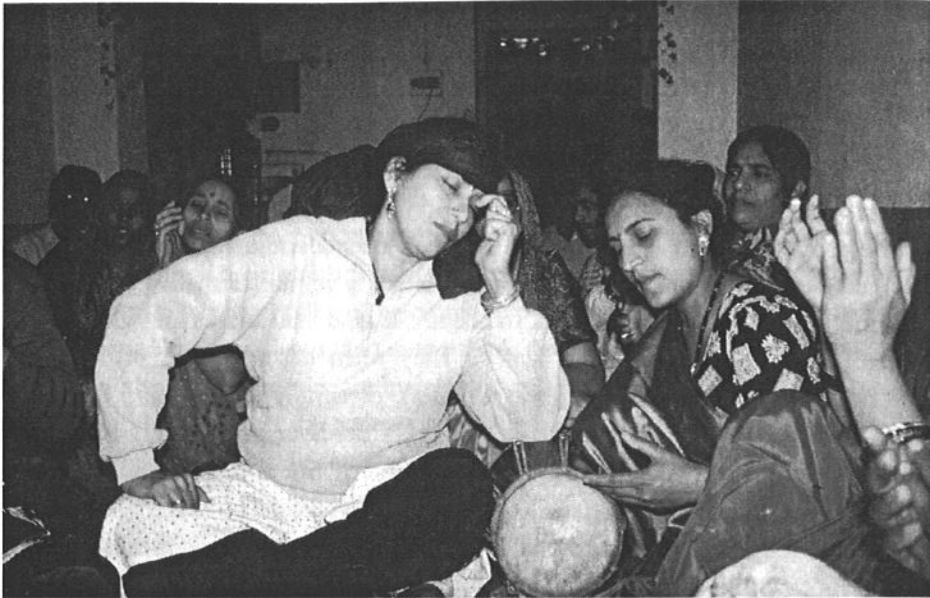

Fig. 4. A *kīrtan*, singing of religious hymns during a treatment session.

There may be several individual variations of technique among healers, but the similarities are more important than the differences. In all cases, the court model with its three consecutive phases – as described in Section 6 – is adhered to. In the following section, the working methods of one healer are described as an example of the work of an experienced professional.

8. A HEALER AND HIS PRACTICE

Bhagat (figs. 2, 3, 6 and 7) is a full-time religious healer from Uttar Pradesh, about 50 years of age, Rajput by caste, married with four grown-up children and grandchildren. His grandfather, who was a part-time healer, taught him some of his skills when Bhagat was still quite young. As an adult he earned his living in the family trade of goldsmiths, in addition to which he did some healing work. Later he underwent personal crises that shook his life, but he sought and obtained help from Bālājī. Then he received in prayer a message from Bālājī to forsake his mundane work and become a full-time healer. This he did despite initial protests from his family. Now he has visited Mehndipur regularly for ten years to treat patients suffering from spirit affliction. The word spreads through cured patients, who bring neighbours and relatives to his consultations. Bhagat always works with a brahmin female assistant, a former patient of his, about 45 years old (figs. 2, 3, 6 and 8).

Mīnā's husband had been killed in a street riot, and her little daughter died after she fell to the street from a roof top. For a long time she suffered from severe depression. After visiting many doctors and healers, she finally found help from Bhagat. Then she told him: 'I am only an uneducated and useless widow, but would you allow me to work for you so that I could again be of some use to people.' Bhagat was impressed by her emotional talent, and now they have worked together for many years. Once a month Bhagat fetches Mīnā from Delhi to Mehndipur, where they work together with their patients for ten days. Then Bhagat sees her back home and returns to his own family in a small provincial town.

Bhagat and Mīnā – like other healers in Mehndipur – stay in a guesthouse together with their clients. Therefore, in contrast to the priests, the healers share the daily life, living quarters, food and daily tasks with their clients. In this way, their activities are integrated into the everyday life-experiences and ongoing activities of their clients. In contrast to the deferential formality observed towards the priests, daily exchanges between healers and their clients outside the treatment sessions have an easy familiarity with much personal warmth and scope for joking and humour. It is quite obvious – at least to a psychiatrist – that both the healer and his assistant are mentally healthy and well-integrated personalities, complementing each other in their working partnership. Bhagat is the sensitive intellectual with highly developed interpersonal skills and quick wit, while Mīnā is an emotional dynamo, direct and with abrupt flashes of intuition about patients.

Patients and their families seeking help from Bhagat participate, in addition to the temple ceremonies, in Bhagat's treatment sessions and group discussions every day, preferably for the full duration of his ten days' stay in Balaji. Usually several such stays are necessary, often separated by one or more months. Every treatment stay ends with clear-cut home-care instructions for the whole family. Cured patients may return later to Bhagat for thanksgiving, and some may develop a continuous relationship as his religious followers.

New patients may arrive at any time of the day and are received informally in the small room where Bhagat and Mīnā stay. Bhagat listens to the worries of the family and may ask a few questions but does not pursue them in detail. More often he will recount stories of successful cures for problems similar to those of the newcomers. His followers present in the room will make encouraging comments. First, the *darkhast* and *arzī* ceremonies must be performed in the main temple. Bhagat informs the family that only after that, if the spirits appear on the next day in his treatment session, can an assessment be made of the nature of the problems. Thus the session itself is diagnostic. In addition, he may perform a purificatory ceremony with sacred fire (*havan*) and the chanting of mantras for the family (fig. 3) or ritual offerings (*bhog*) (fig. 4).

The healer enjoins daily participation in temple worship (*ārtī*) and, most importantly, personal activity (*svayam karnā*) in prayers, purification and devotion.

Therefore, the treatment is not really something that the healer does to the clients but a shared project that necessitates the concerted efforts of both parties. In an interview, he commented: 'Doing it yourself is much more useful than having others perform rituals for you because only by personal activity can a new habit be formed. Only that will change thinking'. He recommends, in particular, hymn singing (*bhajan*), 'Preferably 24 hours a day,' he half-jokingly adds. Therapy consists of active action for and by the whole family, 'learning by doing' under his personal guidance.

Bhagat clearly attempts not to start treating patients who have outwardly recognizeable symptoms of serious somatic illness (*doktorī rogī*), such as severe weight loss, high fevers, prominent skin changes, etc. For such patients he recommends hospital treatment, and only after that may they return to him. However, lacking medical knowledge, his somatic diagnostic skills are modest, and he cannot fully appreciate the importance of continuing adequate medical treatment of 'invisible' medical diseases with diffuse symptoms, such as diabetes and hypertension.

Bhagat's treatment has formal and informal phases: the former consists of the actual treatment sessions and the latter of group discussions carried out by him in the traditional teacher-student (*guru-celā*) idiom. Both phases of therapeutic interaction take place within the context of open groups and always involve the family as well as the sick person (figs. 2 & 7). There is no individual psychotherapy built upon a dyadic setting. If somebody at any time starts a private discussion with the healer any other patient or family is free to listen in, and participate with questions and remarks.

The treatment sessions, *kīrtans*, take place twice a day – two hours in the morning and two in the afternoon in the guesthouse where Bhagat and Mīnā and most of their clients stay. All Bhagat's patients participate together with their families and any accompanying persons. About 10-20 men and women, some with small children, sit on a large carpet spread in the inner courtyard. A view opens into a small sanctuary where they can see an altar with pictures of gods garlanded with flowers and the burning flame of a ghee-lamp (*jyoti*), which is the physical and spiritual centre of the forthcoming session, as it represents the highest God (*param-pitā parameśvar*). All action takes place in front of the altar flame, which is also a visual focus attracting the gaze of the participants.

In the beginning of the session, Mīnā is sitting inside the sanctuary on the floor beside the altar and Bhagat outside on a chair. Arriving participants bow first to the gods with their hands joined in prayer, some touch the ground with their foreheads. Then they greet the healer and his assistant by touching their feet with both hands. Some settle on the carpet outside, some sit down in the sanctuary itself to pray. Behaviour is subdued, participants are either silent or may exchange whispering remarks. No special costumes or paraphernalia are used. Both the healer and his assis-

tant as well as the patients and their families are dressed in normal clean, everyday clothes.

The active formal phase of the session begins abruptly when Bhagat puts a cassette in the deck of his tape-recorder, which has two high-volume loudspeakers. Sometimes he may himself start energetically a religious song and is then joined by others. All participants clap their hands rhythmically to the beat of the music, which is not dissimilar to some of the popular Hindi film music, but the contents are praises in honour of the gods, often stories from the Rāmāyāṇa. Music and hand-clapping – understood to weaken the possessing spirits – will continue all through the session except for the intermissions when Bhagat interviews spirits who make their appearance later in the session. An intensively charged vibrant emotional atmosphere is created (fig. 4). Most participants will remain watchers of the drama which starts to unfold as some of the patients will go into an outwardly manifest trance (*peśī*). After their eyes close drowsily, their heads start to sway slowly, then their upper bodies. As the tempo increases, the possessed will shake and tremble. Those entering *peśī* are ushered by Bhagat to the space in front of the altar. Some of them will start to dance with abandon and lady patients may writhe on the floor in erotic movements reminiscent of sexual intercourse. Screams of protest, raging abuse and invective swearing issue from their mouths, which may create confusion and fear in newcomers if they do not understand what it is all about. To the others it is clear that the highly irregular behaviour – aggression and voluptuousness – acted out by the patients in trance is not their own, but that of possessing spirits revealing themselves. The healer may throw holy ash (*bhabhūti*) and mutter secret mantras to facilitate the emergence of the *bhūts* from the bodies of the patients into the open. With hand movements around a patient's neck he may signal the tying up (*rekhā*) of a spirit so that it cannot escape from the awaiting trial.

The basic elements of the patients' *peśīs* are similar to those taking place in the temple but richer in expression and culturally significant details, with a more clearly discernable logical structure. Bhagat will authoritatively question the possessing spirit and insist that it should disclose its name, origin and mischiefs. He will demand from the spirit – in the interrogative form of the second person singular – an explanation as to why it has been tormenting the patient, referred to as an innocent child (*baccā/baccī*). During the sessions, Bhagat never addresses the patient directly and makes no comments on him or her as a subject – neither in the past or present tenses. The patient is not there as an acting person, but only as a vehicle whose body and voice are being used by the *bhūt*. What comes out verbally and in motor activity through the patient is not of him or her but of the demonic 'other'.

At first, the furious spirit usually denies having committed any misdeeds. Bhagat's relentless barrage of questions and socratic arguments will reveal the futility of the spirit's lies, its greediness and empty misery. Sometimes Bhagat may get a husband to conduct part of the interview of the spirit possessing the body of his

wife. Often only after the volume of the cassette music has been raised to an almost ear-splitting level, the spirit will start to pray for mercy and promise to give a truthful statement (*bayān*) of its mischieves. Then the healer again stops the music and demands it to surrender itself completely at the feet of Bālājī and admonishes it to forsake its bad ways (fig. 5). Finally, Bhagat makes the spirit recite a long oath formula (*qasam, saugandh*) dictated by him in which it promises to reform itself and leave the patient and his family in peace.

If the patient does not go into trance quickly enough – which is common with newcomers – this part will be performed by Mīnā who has the ability to enter briskly into an impressive *peśī* on behalf of the patients. As the patient lies in front of her on the ground face downward, she will hold the patient's hair with her left hand and slowly stroke his or her back several times with upward movements, thus transferring the possessing spirit into herself (fig. 6). In case of an obstinent or aggressive spirit, she may beat the patient's back to get it out. Then she will play out the patient's possessing spirit with gusto and creativity. Her actions are intermittently followed by the healer's stern cross-examinations which eventually lead to the *bhūt*'s final submission.

During every session, there will be several rounds of consecutive *peśīs* with different patients. Patients will be in two cyclically changing roles: either trancing on the stage or in the audience as spectators providing support, encouragement and validation. Entering a possession trance will be based on cultural expectations: only those known, believed or suspected to be possessed by spirits may manifest possession trance, others remain in spectator roles during the events of the drama. Each cycle ends with the congration's relieved invocation: *Bol sacce darbār kī jay* ('Praise the victory of the true court').

Although there is a lot of wild and apparently uncoordinated motor activity during the sessions, nobody is ever hurt physically – neither the patients jumping and raging in trance nor the audience. Actually, behaviour and interpersonal interaction during the session is latently rather formalized with rules concerning the contents and limits of expected motor, affective and verbal role performance.

The outer forms of trance behaviour are culturally determined, and there is a limited repertoire of roles that can be enacted: (1) the *bhūts* initially raging angrily and then imploring for mercy, (2) the ancestor spirits (male: *pitṛ;* female: *pitrāṇī*) who are first anguished but then sing praises when they are relieved from the yoke of the *bhūts*, and (3) the helping spirits or messengers (*dūt*) of deities inflicting punishment on the *bhūts* or making important announcements and predictions for family welfare. The deities themselves do not appear in the sessions.

Role identities during trancing are indicated by appropriate cultural codes. Aggressive raging, cursing or voluptuous writhing are, of course, typical of the *bhūts*. When Mīnā in trance ties up a scarf round her head, she is possessed by a helping peasant spirit preparing for battle. Shouts of triumph with swinging move-

Fig. 5. Two patients in a trance at the feet of a healer.

Fig. 6. Healer (left) and his assistant in the process of drawing out a possessing spirit from a patient.

ments of the upper body and raised index fingers indicate a rejoicing ancestor spirit. Rhythmic beating of the breast with both hands precedes and follows important messages from helping spirits (*dūt*) to the family. Hissing sounds indicate messengers (*dūt*) sent by Śiva. Dancing with a fire plate tells about the arrival of a helping spirit (*dūt*) of Kālī, the Mother Divinity, the favourite deity (*iṣṭadevatā*) of Bhagat and Mīnā. When the spirit idiom has been fully learned – Mīnā setting the paradigmatic model – various spirit roles, both male and female, may be enacted in quick succession by the same patient. One is reminded of the solo artist of classical Indian dance herself performing all the roles of a story, each delineated by subtle gestures and motor symbolism.

Sessions always end immediately on Bhagat's orders before midday temple ceremonies or evening worship at the temple. Those who have gone into trance, some of them lying on the floor looking rather unconscious, return to this world. If interviewed, they claim amnesia about the events that occurred during their own trance. They describe their feelings as relieved and light (*halkā*).

The structure of the sessions resembles that of a folk theatre performance where Bhagat is a director working personally on the stage with Mīnā as his most accomplished actress. There, beside the altar, calm and composed, with no personal ostentation, he rigorously controls the unfolding of the drama and the choreography performed by the 'actors'. He does not himself go into any outwardly visible trance. He, however, maintains that he is not acting as himself during the session but as a channel of higher forces. As in any good theater, the faces of the audience reflect a range of emotions: fear at the raging of the possessing spirits, laughter at some of the more amusing tricks they try to play with Bhagat, relief at their submission, wonder at the might of the helping spirits and deep involvement in the messages of the ancestor spirits and the announcements of the helping spirits. After the performance, there are general aesthetic feelings of cleansing, serenity and invigoration.

After the session there is quick return to the realm of everyday life. The long hair of women which was let down in the hectic trances is again plaited decently. The participants disperse into the courtyard, and some of the women immediately start attending to their kitchen duties. In the courtyard the healer gives verbal and written instructions to those who were involved in the day's treatments (fig. 7). The head of the family or the responsible care-taker of the patient is informed of rituals (*bhog*) presently to be performed in the temple. So far the audience has remained silent and solemn during the preceding formal phase of the treatment session, but now is the time for verbal exchange. Anyone in the audience is entitled to present comments and questions to the healer. Most often they deal with his instructions and advice. The atmosphere is now relaxed and cheerful. A lively, thoroughly Indian group discussion with a polyphony of multiple viewpoints may ensue. Bhagat, however, always has the last word with his paternally benevolent reasoning

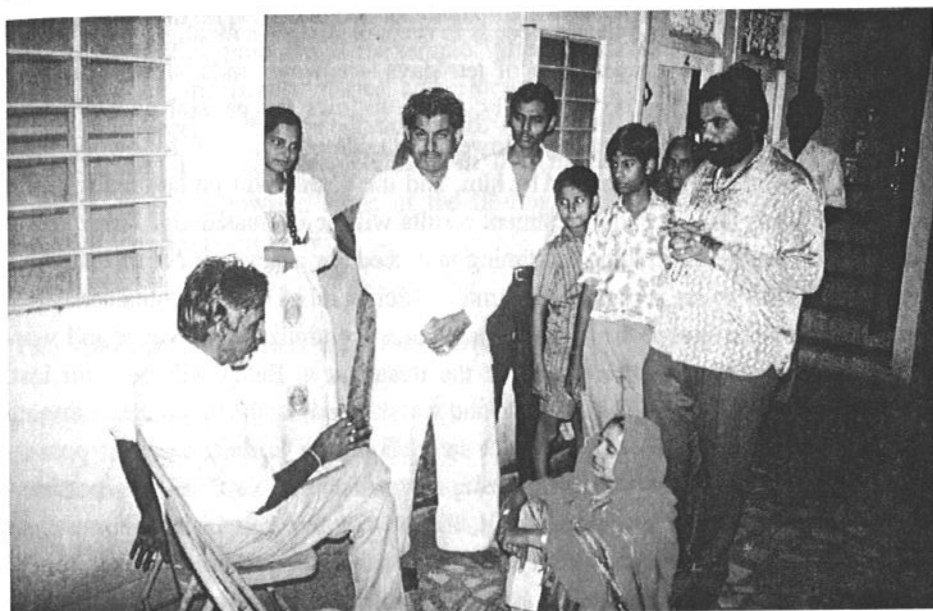

Fig. 7. A healer instructing patients and their families after a treatment session.

Fig. 8. Leaving home from Balaji: healer's assistant (center) with satisfied patients.

skills and narrative capacities. Meanwhile Mīnā, tired from her exhausting performances, takes a short rest and then proceeds to prepare Bhagat's meal.

The treatment episode – maximally of ten days – always ends with home care (*parhez*) advice by Bhagat to the family, which follows the general pattern of the corresponding temple instructions. However, the importance of following them carefully is specifically emphasized by him, and the details will be tailored for each family separately (fig. 7). Now treatment results will be evaluated and future therapeutic action planned, including the timing and need for a new course of treatment. Renewed treatments are recommended until sufficient relief has been obtained.

Bhagat emphasizes to the families that without continuing observance and worship also at home the positive effects of the treatment at Balaji will be soon lost. Home should be considered as a temple and worship (*pūjā-pāṭh*) and hymn singing (*bhajan*) should be performed along with daily chores. In the best case, the possessing spirit (*bhūt*) who has been victimizing the patient and his family, is metamorphosed into a benevolent, helping spirit, the *Dūt Mahārāj*, which will make its appearance in the home. This 'family protector' can be consulted in prayer by the former patient for family well-being at times of difficulty. It may also spontaneously give advice and instructions on proper action to be taken in moments of danger.

9. PSYCHIATRIC CONSIDERATIONS

Despite many cultural differences in the expression of mental illness, it has been possible to classify the major forms of mental illness into relatively universal categories (ICD-10, 1992; DSM-IV, 1995). From psychiatric studies performed around the globe it is evident that such mental illnesses exist in every culture causing considerable suffering and economic loss. All societies have developed their own culturally formulated methods for encountering and treating mental illness (e.g. Kleinman 1984; Leff 1981; Pfeiffer 1994; Desjarlais et al. 1995; Csordas & Lewton 1998).

In India, where psychiatric hospitals must concentrate on the most difficult cases, and where community-based psychiatric services are still scarce, help for mental health problems is most often sought from ubiquitous religious healers, both Hindu and Muslim. There are also many healing shrines in various parts of the country which provide help for acute and chronic psychiatric patients, such as the Hindu temples of Bālājī in Northern India, Mahānubhav in Maharashtra (Skultans 1987), Chotanikkara and Gunaseelam in South India (Gopalakrishnan 1996; Pakaslahti 1996).

There exists little in-depth or systematic knowledge of the methods employed and services provided by religious healers in India. The present study has described the religious treatment of mental health problems at the important Bālājī temple in

Rajasthan based on personally collected data drawn from direct participant-observation in the healing practices at the temple. After an introduction to Balaji as a pilgrimage place and healing shrine and a description of the help-seekers, the next sections focused on the presentation of the indigenous (emic) theoretical model of treatment and its practical application in the clinical care of patients and their families. In the following, some of the findings will be discussed from a more psychiatric (etic) point of view.

The therapeutic milieu and the family context

Psychiatric studies of factors influencing the outcome of serious mental illness have shown that the stigma of mental illness, critical social attitudes and negative family reactions may lead to ruptures in social relationships and isolation, which will have untoward effects on recovery (Pakaslahti 1992:36-38). In Balaji, help-seeking takes place within the social context of religious devotion and pilgrimage. Thus, the patients participate together with a majority of healthy and normal visitors in culturally prestigious pilgrim and temple activities. Since not even the seriously ill are excluded from the pulsating activity of the temple and its devotional services, the patients are not isolated from other people. On the contrary, in the therapeutic milieu they are reintegrated into the social and cultural fabric of traditional life and its values. 'Temple is life' commented one elder visitor. Peer-group support, expectations of change, the discovery of commonalities, camaraderie, encouragement and advice from cured patients create a positive and hopeful atmosphere.

Generally speaking, in the Indian cultural concept of family (Desjarlais et al. 1995: 66) it is the family that is expected to provide for the treatment of any illnesses and to see that it is carried out. In Balaji, families are specifically enjoined by the temple rules to take care of their ill members. Moreover, the treatment procedure itself is family and network-oriented, involving the extensive participation of key family members of the identified patient, whose needs are now given full familial attention. All this has important consequences for the patient and the family. First, the continuity of the patient's intimate social relationships are maintained and supported. Secondly, as the discourse about possessing spirits places responsibility for the illness outside the patient himself and his or her family, guilt or criticism within the family is bound to diminish. Thirdly, negative interactional patterns in the family – often associated with psychiatric illness – are liable to be refashioned along the family ideals of solicitous and constructive emotional attitudes constantly marshalled by the divine stories of the Rāmāyāṇa.

Religious imagery as psychotherapeutic tool

The divine stories, presented in Section 5, act as grand scripts which provide cognitive and emotional guidelines for the patients and their families throughout the treatment. The fight against the forces of chaos and destruction in the lives of the patients and their families are modelled according to the structure and chronological sequences of these allegories. The stories function as mental maps directing the perception, thinking, emotions and actions of the pilgrims at Balaji. On the cognitive level, they describe problem situations encountered by gods and humans, appropriate and successful problem-solving strategies and actions.

In the pilgrimage context of popular devotion and faith (*bhakti*), the stories are transformed emotionally into living presence. From the abstract level of mere narratives on how something very distant happened 'there and then' they may become suffused with personal relevance and subjective meaning experienced in the 'here and now'. Through devotion, the divine stories become larger than life scripts on to which the personal narratives of the afflicted are projected. They become dynamically active psychotherapeutic tools when the depicted personages and their relationships start to act as ideals of identification, as models of behaviour and as paradigms of conflict resolution. The story of Rāma and Sītā offers ideals of masculine and feminine identity, a story of reunion after separation, family happiness after crises have been overcome. The monkey-chief Hanumān, who upgrades animal nature in the service and devotion of the divine couple, is a motor of change, the ideal devotee whose example provides emotional energy for therapeutic progress. However, not to be too distant as objects of emulation for imperfect humans, both Rāma and Hanumān have their moments of hesitation, anguish and uncertainty in their quest to find the pining Sīta captured by the demon-king Rāvaṇa. In the Rāmāyāṇa, through perseverance, courage and help from their allies they are in the end successful and the ferocious Rāvaṇa, the lustful and aggressive arch enemy of family happiness, is finally destroyed.

Like Hanumān, it is through devotion that pilgrims at Balaji find the energy and initiative to overcome their difficulties (*saṅkaṭ*). These are represented by the imagery of possessing spirits which can be overcome with the help of the victorious temple divinities. However, because the treatment at Balaji does not aim at the destruction of the possessing spirits but their conversion into allies, the mortal fate of the demon-king in the great epic is unsuitable as a model of conflict resolution. Therefore, at Balaji, the role of Rāvaṇa is taken up by the local Pretrāj, the Lord of Ghosts, whose conversion offers the paradigm of healing, its mechanism and method. It is this myth that is constantly being concretely acted out in the ritual battles taking place in the possession trances (*peśī*) of the patients at Balaji in front of families and audiences. The forces of evil are not exorcized but metamorphosed

into benevolent family helpers. These will protect the family as long as it follows the Hindu way of life (*dharma*) described in the Rāmāyāṇa and the home-care instructions given at Balaji for domestic life. Thus, in psychological terms, the dark forces of unresolved conflict represented by the possessing spirits are not repressed or pushed away but their energy is channelled and sublimated for serving a functionally improved family homeostasis and more successful psychosocial adaptation.

Stages of therapeutic change

At Balaji, the treatment process to which the divine stories and personal involvement give cognitive and emotional content, is technically formulated in legal terminology as a court trial of the spirits associated with the patient's illness. It is maintained that the temple functions like a law-court where the innocent, that is, the patients and their families, receive justice. There are three consecutive phases in the legal process which provide concrete joint action models for the individual patients and their families. Described in detail in sections 6 and 8, these stages can be understood as components of a psychological transformation both on the individual and family levels.

The first preparatory phase, called 'Filing of a petition in the court' (*darkhāst*, *arzī*), consists of the necessary preparations for change. The ceremonies performed express surrender into the hands of benevolent higher powers, giving up conscious resistance and a symbolic anticipation of ending the misfortunes and illnesses of the family. This is the beginning of the convalescence of the patient, a first relief for him and his family from the burden of illness. There are behavioural restrictions in daily life consisting of rigorous observance of sexual abstinence, dietary rules and purification of body and mind for both patients and their family members. Sleep is often reduced. The daily program is filled with intensive devotional activities emphasizing positive, socially constructive emotions (*bhakti*) and solicitude for others (*prem*). All this is supported by extensive peer-group information exchange, encouragement and acculturative learning. The general atmosphere is that of trust and positive expectations, which is liable to diminish negative emotional and interactional themes and patterns within the families. Hope and motivation are built up. There will also be plenty of daily opportunities for observing and learning the new, unfamiliar trance behaviours widely demonstrated by other more experienced patients.

For those who have come to Balaji, the model of spirit affliction is, in most cases, culturally congenial and acceptable in terms of religious tradition and popular beliefs, although the sight of the trance states (*peśī*) may at first be experienced as something rather strange or even frightening. Younger patients with Western scientific views may find it difficult to accept the discourse of spirit affliction as some-

thing 'natural'. However, even some of these patients slowly give in to the conformative suction of family and peer-group expectations and activities.

The second transformative phase of the treatment, 'Appearance in the court' (*peśī*), is culturally understood as a cross-examination and punishment of the possessing spirits. These will first put up fierce resistance to the temple divinities, but in the end they are forced to submit and will promise to reform their behaviour. After sufficient purification and penance they will be accepted into the divine court as helping spirits. The possessing spirits are not simply agents of illness to be 'exorcized' out of the patient but as personifications of psychological conflicts – as 'ghosts of unsatisfied desires', to use the apposite expression of Kakar (1982: 56), they are in need of release from their ghostly existence, which is made possible in this phase of the treatment. Priests and healers maintain that without this stage the healing of the afflicted from their illness is not possible

Outwardly, this stage consists of trancing behaviour in which the possessing spirits speak and act through the patients, often in a violent manner, most commonly during the temple services and congregational singing sessions. In a way, the theoretical model is enacted personally by the patients; it becomes for him 'flesh and blood'. Trancing is a breakaway from the ordinary, a qualitative change in expression and behaviour, where the patient is acting out, as if involuntarily, violent forces outside his ordinary consciousness. In contrast to the previous and the subsequent phases, which are voluntarily directed by the patient, this phase is a moment of discontinuity, a 'quantum jump' which releases the grip of conscious control and opens up completely new avenues of verbal and motor expression. In any individual case trancing is to be repeated on successive days, sometimes for weeks, until there is sufficient assurance of relief.

The third phase of the treatment, 'Moderation' (*parhez*) is a last period of consolidation of the desired psychological, behavioural and interpersonal changes. It consists of following the prescribed home tasks and domestic regulations which apply to the whole family, underscoring again the belief that treatment is effective only as a sustained joint family action. The emotional restructuring of patient and family experience and the new more adaptive coping strategies need to be established in daily practice, which is why priests and healers emphasize the importance of carefully following the prescribed home tasks. Thus the family ensures through its own activity that the positive therapeutic results are maintained and further consolidated at home. A central place is occupied by dietary regulations, which are, through popular Ayurvedic concepts of the emotional values of food-stuffs, apparently a subtle way of manipulating emotions by metaphors of balance, harmony and purity.

This basic tripartite structure applies to all successful treatments at Balaji, but is more clearly evident in the treatments directed and supervised by the healers whose efforts make the whole process organized and systematic. Healers often recommend

short periods (e.g. 7-10 days) of active treatment (phases 1 and 2) at Balaji alternating with longer periods (e.g. 1-2 months) of home care (phase 3). These are repeated until sufficient relief or improvement is obtained.

Perspectives on mechanisms of therapeutic change

In any attempt to discern significant patterns in the very complex and rich phenomena – physiological, psychological and interactional – taking place during the transformative phase of the treatment process, there are the polar dangers of getting lost in a mass of detail or of oversimplification and reductionism. In the following, some viewpoints which appear to be necessary and relevant but separately insufficient for understanding the nature and mechanism of therapeutic change in trance states will be briefly presented without entering into discussion about their relative merits or attempting an integrative synthesis.

1. Trance behaviour as a physiological capability and psychological skill

Trance states are the most conspicuous external characteristic of the transformative stage of the treatment at Balaji. Based on mechanisms of dissociation, trance states are part of the psychophysiological capability of the human central nervous system (Jilek 1994) and are used in the traditional ceremonials of a large number of cultures around the globe for social, religious, and therapeutic purposes (Sargant 1959; 1973; Bourgignon 1973: 3-35; Pfeiffer 1994). In therapeutic rituals trance states are entered either by healers or their clients, or both.

Ritualized trance is culturally appropriate behaviour of limited duration, occurring as expected behaviour in specified settings. Psychologically, there is a selective narrowing of awareness of immediate surroundings and loss of the usual sense of personal identity, which is replaced by motor and verbal enactment of culturally defined spirit roles. It is usually followed by subjective amnesia for the events that took place during the trance.

It must be emphasised that ritualized trance, at least in Balaji, is not an expression of any mental illness, such as hysteria or conversion disorder, described in psychiatric diagnostic manuals (ICD-10, 1992; DSM-IV, 1995). Neither is it indicative of hysterical personality disorders, as was proposed by Kakar (1982: 75). Ritual trance cannot be reduced to psychopathology. It is basically a culturally approved procedure for treating psychosocial problems in a positive group environment. As a therapeutic method, it must be learned like any skill.

As a matter of fact, ritualized trance requires a certain degree of control and mental balance. Therefore, it cannot be entered by the more seriously ill patients such as those suffering from schizophrenic psychoses. At Balaji, one sees how it becomes accessible to many newcomers after acculturative learning and some

personal practice. The trancing healers and their assistants observed at Balaji have struck the present author both as ingenious and creative adepts of ritual trance and also as well-integrated personalities who have successfully resolved their own life crises.

2. Trance as emotional catharsis and abreaction

In trance, when the afflicted are believed to be possessed by spirits, they are permitted to act in a manner which in ordinary life would be severely disapproved of. In this way trance states function as a cathartic release, or emotional abreaction in offering socially acceptable outlets for negative, repressed emotions, for the expression of which Indian society offers few opportunities, especially for women. In this sense, trancing may be considered a culturally sanctioned safety-valve. Indeed, the immediate effects of trancing subjectively relieve and alleviate dysphoric affective states. However, if the main function of trancing would be to provide ventilation of repressed emotions, one would expect a larger number of female patients than male ones in an Indian context. Nevertheless, the statistics of Dwyer (1995) show an almost equal gender distribution among the patients at Balaji.

Some authors have argued in rather general terms that the therapeutic efficacy of trance states is based on such catharsis and abreaction – as pointed out e.g. in the overview by Csordas and Lewton (1998). These terms were originally introduced into psychotherapeutic literature by Freud and Breuer in 1895. At first, they thought that a sufficient cure for most of their patients could be attained through a release of repressed negative emotions associated with the re-emerging of traumatic memories in hypnosis which can be considered – according to the present author – a form of trance behaviour. Soon Freud abandoned this view after observing that mere catharsis and abreaction do not lead to stable therapeutic results.

Irrespective of how effective or not catharsis and abreaction may be in therapeutically relieving repressed negative emotions, it is clear that they cannot be the main reason for trancing at Balaji because quite often trancing is performed by somebody else than the patient himself or herself. For instance, in the healer's sessions described in Section 8, when the patients are slow or ineffective in getting into trance, the healer's assistant enters trance on their behalf. Trance may also be performed on behalf of a patient by another family member if the patient is not able to go into a ritual trance, for instance due to psychotic illness.

Moreover, in several cases, the spirit affliction of a male family member was transferred to a consenting female family member who entered trance on his behalf. Sometimes a mother helped her son in this way or the wife of an alcoholic husband his spouse as in the Maharashtran healing temple described by Skultans (1987). Rather than illustrating catharsis, these instances seem to show the usual social readiness of the women to carry the burdens of their suffering male family mem-

bers. However, in Balaji one may also see, although infrequently, males trancing on behalf of absent female family members.

3. Trance as destabilization and suggestion

Sargant (1959; 1973) in his extensive studies of religious and other conversion procedures noted that, when emotional and physical pressure on an individual is increased simultaneously on many levels, a crisis may be finally reached when the existing system of reference will be destabilized despite the sometimes intense resistance of the individual. At this moment a particularly unstable phase occurs, in which the subject is acutely sensitive and highly suggestible, with the result that new beliefs or values can then be implanted with relative ease. These may remain stable later if brief repetitions of the conversion conditions are provided from time to time.

Similarly, in Balaji one can see that the treatment may function as a method for destabilizing the patients' experiential system with the purpose of substituting negative emotional and behavioural patterns with new, culturally and socially more positive ones. The transformative crisis occurs in the trance states after arduous mental preparations which can also be physically quite exhausting. In the behaviour of the possessing spirits during trance, their angry raging can be interpreted as a metaphor for unconscious resistance to forced change and their final submission as an emerging readiness to accept the new behaviour as an end of the ordeal. The explanations offered to patients and families after the impressive drama of trance when they are in most receptive state of mind, fall into fertile ground. Trancing is repeated at Balaji daily until sufficient psychological transformation has taken place. Observation of the home care rules and future shorter visits to Balaji ensure stability of the treatment results.

4. Spirit affliction as a communication system

In private discussions with patients and their family members individually at Balaji, it becomes evident that, behind the discourse of spirit affliction, they are well aware of the stress-related, psychological and interpersonal dimensions of their problems. They may talk about anxieties, fears and depression associated with the vicissitudes of their lives: personal traumas (e.g. the death of small children), achievement failures (in studies or professional life), unfulfilled wishes (infertility), interpersonal problems (marital or intergenerational), tensions and threats in the larger social network (disputes over land), etc.

However, in public settings and in the treatment sessions at Balaji, psychological and interpersonal language is replaced by discourse about possessing spirits, ancestors and helping spirits acted out in trance. Lewis-Fernandez (1998: 389) notes that in trance states there is a basic discontinuity with commonplace reality, which

may allow comment on everyday life from a certain remove, a new perspective, which is often sacralizing, restorative or challenging.

As a matter of fact, the theoretical model of spirit affliction and ritualized trance functions as a method which permits and even forces the patients and their families to work at solutions together. Moreover, and most importantly, this is carried out in such a way that the close interpersonal relationships which are of primary concern to both patients and their families are not jeopardized. For example, it is the spirits who express aggressions and selfish interests, not the patients and their family members. Spirit affliction and trance behaviour provide a specific language for expressing and handling psychological distress in a therapeutic way. In the terminology of Western family therapists, it provides a metaposition from which psychological and interactional problems can be discussed beyond the system in which the family is enmeshed most of the time. Nobody in the family is victimized or blamed as a human person. Particularly, the sessions of the healer show how this is effected by a succession and interplay of different types of trance states, each associated with specific negative or positive roles, which allow a wide and intricate range of emotional expression and restitutive action carried out in the therapeutic interactions.

5. Treatment as family and group therapy

The therapeutic process is family and group centered, involving through the whole length of treatment the active participation of at least the key family members of the identified patient. Mental health problems are not seen only as individual afflictions but much more as disturbances in the family's internal and spiritual balance which can be restored only through joint efforts. Also the family's psychological relationship with its social network and past history usually needs re-balancing. Therapeutic action is guided by cultural ideals of harmony, order and hierarchy.

Kakar (1982: 82) pointed out that the treatment at Balaji is concerned with changing the context of the problems by changing the person's feelings about himself or herself and by trying to connect or reconnect him or her with sources of psychological strength available in his or her life situation. This observation can be applied to the family as a whole because the treatment mobilizes healthy family resources and restructures the way the family feels about itself.

In the process of the treatment sessions, the patient's status in the family is substantially strengthened. She or he moves from a socially disvalued, peripheral role into a socially valued, more central role as she or he becomes the channel and intermediary of the protective spirit, obtained through successful treatment for the benefit of the whole family. When the family has problems, it is the patient who prays for the protector spirit's advice, which he or she then mediates to the family. From a cause of problems the patient may actually become a vehicle for solving the problems.

Often, during the treatment the voices of family-ancestors or the helping spirits will indicate a long history of familial disharmony and past social ruptures that still affect the entire family's present situation. It may turn out that it is not only the identified patient who is afflicted but the whole family. An intensively creative emotional involvement may be catalyzed in the family, opening up fresh perspectives, unexplored sources of energy and new avenues of joint action. Previously rigid or blocked intrafamilial interactional patterns that have been part of the problems may find more harmonious and adaptive solutions. The therapeutic process also allows a re-assessment of the family's relationships with its social network – neighbours and relatives – and provides for a diminution of negative emotions – such as greed, envy and jealousy – associated with various kinds of rivalries.

In the treatment process at Balaji, the trance states take place in front of a supportive and actively involved peer-group of other patients and their families. Symbolically, the audience also represents society and its values. Actually, the dramatic structure of the trance sessions, especially those directed by the local healers, resembles that of folk theatre performances. One is reminded of psychodrama, a Western technique of group psychotherapy sessions based on ideas derived from the theatrical experience of its founder Moreno (1947). Symbolically, the audience represents society and its values.

Assessment of treatment results

Evaluating treatment results and their stability is a conceptually different issue from the preceding discussion of the mechanisms of therapeutic change. Adequate assessment would include both cross-sectionally and longitudinally such outcome dimensions as degree and extent of subjective improvement, objective diminution of psychopathology, amelioration of psychosocial functioning and quality of interpersonal relationships.

From cured patients and their families one hears anecdotal stories of impressive psychosocial gains, including loss of symptoms, drastic improvement in the family situation, and the regaining of personal satisfaction. Some of these patients have become associated with their respective healers as religious followers, the cult and its members providing peer-group support and new interpersonal relationships around devotional activities. What one does not hear about are the unsuccessful treatments, because such patients are not likely to return to Balaji.

According to the observations of Satija et al. (1981), one quarter of their sample, consisting mainly of psychoneurotics, showed slight to complete recovery after the development of trance. In the experience of the present author, patients suffering from depressive and anxiety disorders seem to profit most from the treatment rationale. Acutely psychotic patients may remit in Balaji, although they cannot

enter ritual trance. Although not cured, the condition of chronic psychotic patients may improve with time in the therapeutic, partly rehabilitative, milieu of Balaji. It is important to note that treatment results cannot be judged only in terms of the condition of the identified patients because the family as a whole is the help-seeking unit. For instance, one may see that although a severely or chronically ill patient is not personally helped, the family may derive relief and support through sharing their burden, and obtain empowerment in its management tasks as well as for home care.

For adequate assessment of treatment results, scientific follow-up studies would be necessary. However, very few such studies, with evaluations before and after treatment, have been carried out anywhere on folk healing (Kleinman 1984: 319-352; Csordas & Lewton 1998: 493-497). Probably, conducting such investigations in a religious setting such as Balaji would be hardly feasible, as outcome studies of psychiatric illness are methodologically demanding even in much more favourable conditions (Pakaslahti 1992: 7-15).

10. CONCLUSION

The family-centered religious treatment of mental health problems taking place at the Balaji temple in Rajasthan attracts clients mainly from the neighbouring states and, to a small degree, also from other parts of India. As a healing shrine the popularity of Balaji is growing rather than declining. Seeking help from Balaji is not related to illiteracy, low caste status or rural domicile, as the majority of the clientele has average or better than average education, belong to the higher castes and are of urban domicile. Most clients are relatively young, of working age. There is an almost equal number of female and male patients. Help-seeking is not associated with non-use of Western-type health care, as more than 80% of the patients have consulted a general practitioner of medicine. Only a minority of patients have experience of psychiatrists, and usually these patients have a chronic psychotic illness which has required hospitalization at an acute stage.

The local model of expressing distress in terms of spirit affliction is often a culturally congenial, minimally stigmatizing way, actually a specific language, for reformulating mental health problems and a concrete method for treating them. The family and group treatment approach employed at Balaji aims at a positive transformation of internal experience and outer behaviour in the interests of a better family homeostasis. The therapeutic use of ritualized trance states is central to the transformative phase of the treatment, whose results need to be later consolidated in home care for more lasting results. Ritualized trance itself is neither a psychopathological *dis-order* nor mere catharsis or abstraction but a specific therapeutic method for creating *new order* by employing constructively the innate capacity of dissociation. Above all, the treatment effectively and creatively mobilizes healthy

family resources and coping strategies. In psychiatric terms, patients with depressive and anxiety disorders seem to derive most benefit from the treatment. In cases of non-improvement of a patient's condition, relief, support and empowerment may be obtained by the family having the responsibility and burden of caring for a psychiatrically ill family member.

In the current Indian situation, with few psychiatric hospitals and scant resources for community-based psychiatry, treatment at Balaji does not, in reality, compete with modern mental health care but might be seen as complementing it for a certain section of the population. The treatment is not, however, effective or suitable for all, for one thing because it presupposes a high degree of religious acceptance. As the treatment aims at a fuller reintegration into the traditional values of the Hindu family, it may not be relevant to the needs and adaptational tasks of modern, more Western-oriented young men and women. On the whole, the treatment of mental health problems at Balaji is an example of culturally developed coping strategies based on the vitality of a religious tradition, apparently deriving much of its strength from its capacity to empower help-seeking families in their endeavours to find relief, guidance and internal renewal at times of psychological distress and psychosocial crises.

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