

Chottanikkara Healing Tradition: A Psychological Perspective

M. Gayathri¹, T. Rejoyson², S.S Nathawat³

¹ AIBAS, Amity University, Amity Education Valley, Kant-Kalwar, NH-11C,
Jaipur Delhi Highway, Rajasthan, 303007, India,

² Department of Applied Psychology, Pondicherry Central University, Kalapet, Puducherry,
605014, India,

³ AIBAS, Amity University, Amity Education Valley, Kant-Kalwar, NH-11C,
Jaipur Delhi Highway, Rajasthan, 303007, India,

Abstract: Temple healing tradition, is an established niche in the management of psychiatric conditions in India. However, there is an acute need for empirical analyses and theoretical formulations of these arrays of healing practices and locate them within a specific genre of healing paradigms. The present work is an effort to fulfill this vacuum. The *Chottanikara* temple in Kochi, Kerala was taken for the case study. Data was collected via in-depth interview from priests, care takers and patients along with adjunct sources of healing stories of the past. The qualitatively saturated sample consisted ten priests, three caretakers and three patients. In addition to the implementation of in- depth interviews, data were collected through participant observation during the ritual of “Bhajanamirical” (meditative chanting) at the high altar. The data also included information collected through non participant observation at the lower altar, during the performance of the “Guruthi Pooja” (conjuring of the spirit). The transcripts were scrutinized through the method of qualitative narrative inquiry. Catharsis and unconditional positive regard were the dominant themes that emerged from the analysis. Psychoanalytical, experiential and humanistic frameworks were adopted to understand the healing paradigm of the Chottanikara temple.

Keywords: *Chottanikara* Temple, traditional healing, faith healing,

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I. INTRODUCTION

Temple healing traditions form an integral part of the faith healing culture (Kakar, 1982; Satija, Singh, Nathawat and Sharma, 1981). The mere presence, at a temple has been effective in alleviating certain psychiatric disturbances (Raguram, 2002; Kalantri, 2002). However, the team of mental health professionals may not acknowledge the same. Even when there are isolated examples of healing traditions, proven detrimental to the client, the use of these “indigenous clinics” in bringing cure as a constituent of individual cultures cannot be ignored (Sarkar, Seshadri, 2014; Chithra, 2005). In fact, World Health organization upholds the principle of “medical plurality” that encourages, indigenous health care systems to be a part of mainstream medical practice, in developing countries. The components of ritualistic trance and auto suggestion indeed propagate the therapeutic components in temple healing traditions, as depicted in *Mehendipur Balaji* healing culture (Satija, Singh, Nathawat and Sharma, 1981). *Chottanikara* Temple, located in the heart of *Kochin* is a renowned temple healing center, for the “alleviation” of psychological disturbances. The devotees, believe that, the visit and stay at the temple can cure, these “otherwise unexplained” conditions. It is of vital importance in mental health management to understand the working mechanism of such temple healing traditions in curing psychiatric conditions. The aim of the study was to explain the working mechanism of *Chottanikara* Healing Tradition using a psychological perspective.

II. METHODOLOGY

The dearth of a theoretical perspective in documenting and explaining the working mechanism of *Chottanikara* Healing tradition became the rationale of the study. The aim of the study was to narrate the working mechanism of the *Chottanikara* temple from a psychological perspective. The objectives included the exploration of *Chottanikara* Healing from an experiential and theoretical framework. The study followed a descriptive exploratory study design. Data was collected from Chottanikara temple, situated in the heart of Kochin. Sampling design was purposive that included five priests who took the lead role in the conduction of healing ritual, three cases that underwent healing at the time of data collection along with their caregivers and

two past cases of successful cure. Data was collected via in depth interview, participant and non-participant observation. The technique of analysis included qualitative narrative inquiry within the theoretical framework of humanistic and psychoanalytical perspectives. All cases that underwent treatment within the *Chottanikkara* modality and cured previously by the same were included in the study. Patients underwent other modalities of faith healing or mainstream treatments were excluded. Female patients in their young adulthood were chosen for the study and male patients and other age groups were excluded.

Procedure

The sample was selected via purposive sampling strategy. The researcher visited the temple, regularly for a period of seven days, where first three days were spent for participant observation at the high altar, putting down the narrations of the illness, elaborated by family members. They narrated the kind of difficulties that they experienced because of the “unexplained changes” in the patient and involving the failed efforts to heal the condition. The conversation also implied hatred towards mental health professionals. In-depth interviews were carried out on the fourth day. The experiences with the healing process, the cases that got healed, the legend of the goddess and the belief in the power of the goddess became the gradually constructed structure for the conduction of in-depth interview. Sixth day included a review of cured cases that the temple healing tradition undertook previously. The seventh day included the integration of knowledge acquired via the participant observation of meditative practices or *Bhajanamirical* and interaction with the cases. Data collection was concluded with the non-participant observation of *Guruthi Puja* at the lower altar, where the catharsis created a particular kind of “closure” to the healing process. The transcripts and observation notes were written via the strategy of narrative enquiry within the humanistic and psychoanalytical frameworks.

Description of Tools

The study included the use of a socio demographic questionnaire and observation schedule. The Socio demographic questionnaire covered aspects like age, gender, socioeconomic status, educational status and disturbances experienced. The observation schedule included the phenomena under investigation, its elaboration and associated memos and inferences associated, separately for participant and non-participant observation.

III. RESULTS AND DISCUSSION

Chottanikkara temple was crowded with devotees of the goddess. Devotees expressed different emotions in their way to the temple. Some were anxious, some were puzzled and some were lost in their own worlds. However, they all are heading towards the same destination that achieved the status of a healing clinic holding the belief that the goddess will address their difficulties. The “affected” are brought to the temple that claim to heal them. Bad spirits are believed to be warded off by the divine healing ability of goddess “*Chottanikkara amma*” (mother goddess). The symptoms are elaborated to the priest and the “bad spirits” are “diagnosed” and “managed”. The etiology of an illness is governed by the principle of wrong doings. In certain cases, the illness is believed to be caused by an “evil eye” or a jealous neighbor. The temple law gives equal “probability” to every individual where the chances of getting punished in the *Karmic* cycle are equally distributed. Within the healing premises, the etiology of a psychological disturbance was collectively called as “*Badha*”.

Unveiling, the journey of exploration, Goddess stood in the shrine as a symbol of faith and hope. The pathway to cure and relief are designed by the rich mythological tradition owned by the temple. The healing tradition was indeed a team work. Lord *Ayyappa* (the celibate deity) made the assessments, Lord *Shiva* (the god of healing) initiated the process of cure and Lord *Ganesha* (problem solver) removed the hurdles in the pathway of cure. Their intervention happens during the meditative process. After that, the goddess completes the cure at *Guruthi Pooja*, which is the ultimate cleansing ritual.

The researcher began her exploration at the high altar. She walked towards a lady and a girl. They were involved in the meditative process. After a while, the lady opened her eyes. They got into a conversation. She began to talk. “My daughter was all fine, but all of a sudden, she started showing obscene gestures. She started becoming so careless. At times, she laughs.... at times she cries.... I don’t know... what happened. After paying attention to their concerns, the researcher gradually inquired the reason for not taking the child to a medical professional. The lady became all furious. “Do you want people to call her mad? She is about twenty!!!.... She needs a life. We didn’t want anyone to know about this and henceforth, we brought her here”. The stigma attached to mental illness, became evident, and henceforth, further enquiry of the same wasn’t extended. They continued their meditative process and the researcher moved ahead towards the *shrine*. Near the shrine, two other cases were simultaneously being addressed. Two women, one of them was married, around twenty five years and the other aged eighteen. After the meditative chanting, the “affected” were involved in the circumambulation of the shrine of Lord *Ganesha*, so as to overcome hurdles that might disrupt the healing process. Secondly, they went to the ritual of chanting, before the shrine of Lord *Shiva*. A part of the

healing process has been already conducted under the supervision of concerned priests, at the shrine of *Ayyappa*. The “affected” were individually presented in front of the deity, *Ayyappa* and the priest initiated the prayers and ritualistic chanting. This ritual indicated the nature of the malicious spirit of the priest, within the categories of *Madan, Marutha, Yakshi etc.* (understood as the category of disturbances that might affect the naive individual) On behalf of the deity; priests became the medium of this “diagnostic communication”. Once this “diagnosis” was made, they were usually asked to return back to the meditative chanting. After the chanting, the affected were given the *Prasad* or the sacred ghee. The meditative chanting also ensured strict vegetarianism.

The “affected” exhibited psychological disturbances all of a sudden, before being brought to the temple. The researcher spoke to the care takers individually. When the girl started showing disobedience, the married lady started to abuse her husband and became indifferent with the mother in- law. When discussed further, the care takers reported certain conflicts within the family of the “affected”. The girl who expressed disobedience, reportedly had issues with her father due to his abusive nature. The married lady on the other hand fought with her husband regarding his drinking problem and never got support from her in- laws. The gradual development of “inappropriate behaviors” following these incidents indeed developed the pathway of causality. These negative incidents might have allowed the “badhas” to “disturb” the “identity” of the individual. Psychoanalytically speaking, the development of the “*Badha*” could have been a psychological resort for the “affected” to express the discomfort that they experienced. The “*Badha*” might have become the safest medium to communicate the discomfort. Moreover, irrespective of the nature of the deed, everyone is indeed vulnerable to be “affected” by the “*Badha*”.

After exploring the “*Bhajanamirical process*”, the researcher explored second part of *Chottanikara* Healing modality that indeed gave the temple, the title of an indigenous healing center. The lower altar looked furious. It was crowded with affected and their family. The goddess inside the shrine was wearing red and was decorated with precious jewels. The chief priest took the lead of the *Guruthi* ritual. The traditional musical instruments created the background tone of the ritual where the lamps created a sense of monotonous presence of *kizkavilamma* (The goddess at the lower altar). The auspicious fumes are expected to block the escape of evil spirits. Once the *Guruthi* began, the affected demonstrated a rhythmic form of dancing. Some even abused the goddess. However, most of them fainted at the end. After this, the malicious spirits were conjured from the body of the affected into a nail, which was attached to the trunk of the sacred banyan tree. The spirits made a promise with the goddess that they shall remain within the banyan tree. The researcher viewed the commencement of *Chottanikara* healing therapy.

The healing strategies at the lower altar manifest a platform for catharsis. The rhythmic dancing and the opportunity to cry and abuse completes the vending out of emotions. All the defenses are confronted in front of the goddess such that she becomes the symbol of an unconditional positive regard. This nonjudgmental love of the goddess acts as a catalyst to the process of catharsis creating emotional stability in the minds of the affected. The platform of *Guruthi* becomes an acceptable situation where the affected can exhibit their ego defenses such that they address their fears and apprehensions in a healthy manner. Finally, when the evil spirit is conjured, the faith takes its role as an effective component of therapy. Faith assures the client that their problems are resolved and the psychosocial conflicts that they experienced may not reoccur. Hence, the fear of abuse from the father and ill treatment at the in- laws are all addressed. The absence of a rigid psychiatric tag, gives the added advantage to the temple healing tradition, considering the stigma towards the treatment of mental illness.

When the researcher climbed down the steps, she saw a healing tradition that owns its working principle deeply rooted in the cultural psyche.

IV. CONCLUSIONS

The curing tradition of *Chottanikara* temple serves to be an integrated indigenous modality with its adherence to personality and naturalistic traditions of healing. The practice holds the same objectives of modern psychiatric technique in a clinical continuum. Such traditions indeed require further attention rather than acknowledging their existence. The idea of wellness is indeed promoted by the tradition rather than the “process” of cure. At the end of the day, if a healing tradition promotes wellness, it could be accommodated into the mainstream clinical practice.

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Conflicts of Interest

There are no conflicts of interest.

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