Unit 11

Sudhir Kakar: Shamans, Mystics and Doctors

Contents

Learning Objectives

After studying this unit you should be able to:

● describe the concept of healing;

● describe some real life mystics;

● outline tantra and tantric healing; and

● discuss ayurveda and society.

11.1 Introduction

Preamble: Cross-cultural studies of mental health were introduced by anthropologists in the middle of the twentieth century after Malinowski did his classic study of testing Freud's hypothesis on the Trobriand Islanders. However, very few psychologists in India actually went to test the psychoanalytical theories in the field and in this Sudhir Kakar is both a pioneer and a recognised scholar. His works have made use of the anthropological techniques of field- work along with the sociological insights of looking into textual traditions and comparative analysis comparing Neo-Freudian theories with non-western, in this case specifically Indian systems of healing.

He follows the post - modern traditions of not privileging western systems of knowledge above all others. Moving away from a positivistic stand he enters into a reflexive analysis where his own status as a western trained Indian psychoanalyst is often fore grounded. This book is both an analytical work as well as a story of Kakar's journey across India meeting healers of various traditions and he is careful to take into account the diversity of Indian life as he journey's from rural to tribal areas and into the modern cities.

The student would be benefited to look at this work as both sociological in content as well as an important methodological statement. The emphasis throughout is to keep ethical comments to a minimum and to privilege each system of knowledge equally. Thus to Kakar there is no essential difference between the tribal shaman and the modern psychiatrist. He is comfortable referring to the *pir baba* as a colleague, a fellow practitioner. This movement away from positivism to an eclectic phenomenological analysis is noteworthy as is the use of subjectivity as a tool of research.

11.2 The concept of Healing

The book opens with a dictionary meaning of the concept of healing that is defined by the Oxford English Dictionary as "to restore (a person etc.) from some evil condition or affection (as sin, grief, disrepair, unwholesomeness, danger, destruction), to save, purify, cleanse, repair, mend" (p.3). In the category of healers is included the *vaids* of Hindu Ayurveda and Siddha systems and the *hakim* of the Islamic Unani tradition-plus astrologers, *sadhus*, herbalists, diviners, *matas*, *bhagwans* and a host of other practitioners. The concept of healing is thus firmly rooted in a tradition where healing is not a separate medical domain but falls within the mystical-spiritual sphere, a phenomenon not only widespread in India but in many non-western cultures. In fact even within the Judeo-Christian traditions beliefs in spirit possession and demonic invasion of the body were widespread till they were edged out by western systems of medicine and the hegemony of western scientific mode of thinking. In India during the colonial period the faith in western systems of medicine became deep rooted among elite sections many of which would have dismissed the path tread by Kakar as hocus-pocus (Channa 2004). Kakar seeks to reinstate some of these antiquated modes of thought with respect to health and healing and also provide them with respectability within the scientific mode of explanation by drawing parallels between the philosophy and techniques of traditional system and the modern psychoanalytic systems and medicine.

The Hindu system of thinking does not have the same view of the person as the western system of thought, where the person is seen as situated within the present and also viewed as bounded. In Hindu view the self is not situated in the present but linked to the cycle of Karma that stretches over many lives and so does the social order that extends much beyond the present to include both ancestors and the progeny to be. In other words how a person is, in terms of both mental and physical health is conditioned by the past births the Karma of the ancestors and what the person will do will affect the generations to be. The person is thus not to be viewed as an individual as in western society but as Mckim Mariott has put it as a "dividual' composed of many parts. Since each of these parts is derived from various sources past and present therefore, the treatment needs to be holistic, taking care of many dimensions, many of which may have supernatural and mystic origins. Thus health is not a matter of simply what has happened to the body but how the person has derived his/her existence (parentage), how he or she has conducted himself and several other factors like family history, land where born and cultural practices that are observed. In other words healing is a term that needs to be understood much beyond its medical sense and health becomes a concept that encompasses the social, cultural and metaphysical aspects of a person's life, transcending the mere physical.

Kakar is concurrent in his view with Foucault (1965) who considered mental illness to be historically situated within the cultural definitions of particular times and places. Even anthropologists have for long drawn attention to

the fact that the very definition of madness is a social construct and psychoanalytic concepts vary across cultures finding their validity in the symbolic structures in which they are embedded. Thus a shaman who is highly respected in a tribal society because he has visions, may be treated like a schizophrenic with hallucinatory disorders in a modern culture. In fact in the initial stages many anthropologists and scholars including Freud were convinced that the shamans and mystics in non-western cultures were counterparts of neurotics and psychotics in western cultures. However, later it was realised that these people were quite normal and rational in their day- to- day lives but acted according to certain culturally prescribed scripts. Even the physiological transformations that some of them underwent like becoming oblivious to pain or able to perform extraordinary physical feats were a result of deep psychological conditioning some of which is dealt with by Kakar in this book. In fact he coins a term, "cultural psychology" to discuss the interface of culture and psychology.

He admits to a methodological bias in keeping with the reflexive approach of the book that as an Indian he was convinced that there must be some rationality in the Indian way of thinking. However, he does not fail to add that "A degree of alienation from one's culture, a deep exposure to other world-views and even a temporary period of living 'as others' may indeed be necessary for heightening one's perceptions about the culture and society one is born into"(p.9). In this way he is making insightful comments on what in sociology has long been recognised as the advantages and disadvantages of studying one's own culture and the plus and minus points of subjectivity and objectivity as standpoints of analysis. However, he realises that to make his work theoretically acceptable he cannot move away too much from mainstream theoretical approaches of psychoanalysis and he is aware that "the contradiction in simultaneously pursuing cultural relativity and psychological universalism is evident". But throughout this book this is what he does and now let us go into the case studies and their explanations as given in this work. In each case as we shall see there is an attempt to integrate the healer's method and approach within a framework of universalistic psychological theory.

11.3   The Pir of Patteshah Dargah

The Patteshah's dargah, in Delhi, is a small mosque built during the eighteenth century in memory of a sufi saint. The pir who is the object of this case study was at the time he was interviewed and visited by the author, a man of 87 years of age, sitting in a dingy room and having no material possessions worth the name. He subscribed to the ideal that the power that he had to cure people could only be used selflessly. He never demanded any money and since his clientele was of the very poor section of society, rarely got any material returns. However, he had a claim to being special as he was supposed to be born in a miraculous way. Stories of miraculous births have been regarded as claims to special powers in almost all cultures across the world. The descriptions we get of the *pir* does not convey any sense of an extraordinary personality or demeanour that would show that he could impress people by his special personal qualities. A toothless old man in shabby clothes sitting in a dirty unkempt room is what we get to see. Yet the *pir* had a reputation for miraculous cures.

Box 11.1: The Pir's Explanation

The explanations given by the *pir* for most ailments was invasion of the body by some being like a *jinn* which has been converted to a *bala*

The *jinn*, to begin with, are internal to the personhood of every one. It is that part of the self that is dark and covert and is killed by the angels at the time of death. If however for some reason the *jinn* is not destroyed it turns into a *bala* and tries to find a host body to invade. In trying to find some common grounds between the psychological and demonological frameworks Kakar is led to observe that the *jinns* belong to that covered part of human nature psychoanalysts call the id. It is amoral and primal to which unconscious and socially stigmatised fantasies and desires can be traced. Thus the *bala* are nothing but certain core fantasies of men and women that provoke strong anxieties in the Indian cultural setting. Here the link between psychological anxieties and culture is clear in that only those things that are culturally forbidden or repressed come out in unconscious fantasies. For example, a core fantasy according to Kakar in the Indian culture is of a female demon personifying forbidden female sexuality that sucks and drains even the most powerful men to death. Thus, we have the story of a wrestler who is killed by a female demon who sucks out his life energy. Thus, a good female in Indian culture is not supposed to be overtly sexual yet men have unconscious desires to possess such a woman. It is this forbidden, desire that takes the form of a *chudail* or female ogre.

There are not one kind of healers even within the traditional system thus the mosque that is home to the *pir* also has other specialists like the *hakim* who sits outside under the shade of a tree. The difference between the *hakim* and the *pir* is that between a technician and a priest. The *hakim* gives medicines and considers all *balas* and supernatural beings to be irrational fantasies.

The major requirements of the traditional forms of healing is that the healer is not simply any person who dispenses medicines but a special person who is different from others not simply by having more knowledge and skills but by being transformed from inside. He is a superior moral and ethical being and his powers are not acquired from outside but come from inside. He possesses what is called *Ilm-ul-ruhani* or soul knowledge. The *pirs* are higher than the *sayanas* who have skill but not the superior soul-force of the sacred specialists. The *pirs* and *babas* do not cure by what knowledge they possess but by acting as a conduit for the divinity and it is the divine force that does the actual healing. Thus to be a *pir* a man must develop certain virtues of character, some one whose inner transformation has made him fit to convey the divine healing touch to the sufferer. It is because of this perception that the *pir* does not demand any money for he perceives the healing to be done by God. If the patient gives anything it is only as an offering to Allah or perhaps as a token to take care of the worldly needs of the *pir*.

However, as an analyst what is of most importance to the author and to the readers is how the cure is actually accomplished, for certainly if so many people persist in coming to a healer there has to be a certain number of satisfied patients.

At one level, mostly unconscious the patient evaluates the healer as to the extent to which the healer conforms to an ideal healer in the patient's mind. Thus even if the *pir* is unkempt, dirty and poor, he may project himself as a person of divinity by these very features. Thus, the patient may evaluate him as being other-worldly, pious and having sacred powers, as having inner powers for the very reason that he does not have any material possessions and overt signs of prosperity. These would make him appear holy and also trustworthy in the eyes of poor people.

Moreover, they come with a heightened expectation of getting cured by the social awareness of other cured patients and also stories and folklore that support the miraculous nature of particular healer. As Kakar puts it " The sharing of the demonological framework by the whole culture, where the patient, his relatives and friends are all united on the etiology of the illness and the means of curing it, certainly makes the process of therapy more efficient" (p42). Thus one may explain an inexplicable cure by the faith of the patient that a cure is forthcoming and the sharing of this view by most significant others in her social universe that creates a positive predisposition to getting cured.

Moreover, on the technical side the healers have positive ways of dealing with the psychological ailments. Thus *pir baba* would ask every patient about their dreams and this would open the way for many unconscious emotions and repressions to surface. Both Hinduism and Islam believe in dream symbolism and the interpretations of the *pir* quite often agreed with that of professional psychotherapists. Even the kind of cures like the giving of holy water for cleansing of the 'insides' agreed with psychoanalytic interpretation of water as a symbolic cleansing agent.

11.4   Balaji Temple in Rajasthan

From a mosque in Delhi we now move to a temple in Rajasthan in a small town Bharatpur, where a rather nondescript temple is situated whose claim to fame is however phenomenal as it is believed that the god Balaji or Hanuman who is enshrined therein can cure anything from invasion by *bhuta-preta*, madness, epilepsy and barrenness. The mythology of this temple narrates that Balaji sits here in the lap of his mother Anjana, therefore, evoking maternal images of care and healing. Moreover, Balaji is not alone in his abode, he is joined by two other deities namely, Preta - Raja or Dharma - Raja, the other name for the god of death and Mahakal Bhairava who is an incarnation of Shiva. While mythology attributes healing powers to Balaji, Mahakal Bhairava is in control of the demons and *bhuta-preta* and the god of death presides over them all. It is Dharma Raja that keeps an account of the good and bad deeds and doles out punishment accordingly. It is believed that those who die untimely deaths are converted into *bhuta-preta* and they trouble the living as they themselves are tormented by their unfulfilled desires. However, as we shall see these *bhuta-preta* are nothing but the unfulfilled desires of the living that torment them from the unconscious level of their psyche.

The description given of the temple makes it out to be an unusual place full of patients and their relatives who live on the premises for long periods of time. The most unusual behaviours are ignored and taken for granted. A significant feature is the presence of large number of women mostly young who exhibit signs of hysterical behaviour. It is the women who have been especially selected for analysis as they represent according to the author "accumulated and repressed rage of rural women".

There is the example of the young girl Shakun, nineteen years of age, who came form a small town in Bihar. She had been possessed by a *bhuta* since she was sixteen years of age. The *bhuta* in question was the unsatisfied spirit of her aunt, the wife of her father's elder brother. She had committed suicide after being caught red handed by her husband in a compromising position with an outsider. It was disclosed that this woman in question was of a loose moral character having illicit sexual liaisons frequently but her husband was quite unaware of them till he caught her. The girl Shakun was only three and a half years old at that time. According to her family members she was too young to remember the incident but

it was the unsatisfied *bhuta* of the aunt that invaded her young body when she became sixteen years of age.

Box 11.2: Aspects of Possession

However, Kakar analyses this case as typical of projection of unconscious and unsatisfied desires of a girl in a conservative society; "Shakun's *bhuta* is, then a figure of her unconscious, an iconic representation (in the form of her aunt) of the girl's own sexual (even homosexual) wishes". According to the analyst at three and a half she was not too young to have any memories of events that must have been very dramatic when that happened. Moreover, as she grew up she must have heard the story repeated many times by members of the family and she must have formed an image of the aunt as representing all that was sinful. When her own body ripened she must have been troubled by the emerging sexuality and the desires that would not go away although in her cultural set up she was made to believe that they were sinful. It would be such tensions in her unconscious mind that became projected on to the image of her aunt and led to her 'possession'.

The case of Asha can be analysed as typical where as an only daughter she had a too close emotional relationship with her father. The father, who was extremely indulgent and loving even to the extent of fondling her till she was quite old, was very strict about her sexuality. She was punished for her attraction towards a boy when fifteen years of age and even later when she fell in love at a later age was forcibly married off to the younger brother of the same man. The situation then became even worse for her as her lover, who then became her brother-in-law refused to give up the relationship and forced his advances on her, increasing her sense of guilt.

According to Kakar Asha's case is typical of the hysterical reaction of women who are torn between love and duty. Such instances were quite common among girls in European bourgeoise society in the late nineteenth century when Freud was practicing psychoanalysis in Vienna. Thus, the unconscious hostility she may have felt towards her father for aborting her first love affair and in not letting her marry her lover later in life was converted to feelings of guilt as she was not supposed to have such feelings towards a very loving father. They then became demons that tormented her. Her stomach-aches could be attributed to her unfulfilled wish to have a baby. It is significant that they were triggered off when she went to visit her pregnant sister- in- law. The unconscious desire to kill the baby would have been converted to another demon thus transferring the guilt on to it. Thus, it was not her but the demon that wanted to destroy the baby. Even her enormous craving for food is translated in psychoanalysis to unfulfilled desires that when they are not satisfied in the right manner are translated into hunger. Thus, people suffering from depression often tend to put on weight as their desires are translated into desire for food.

The interesting difference between the patients at Balaji temple and the middle class Europeans was that although there was great similarity in the hysterical symptoms, the kind of vivid imagery that the patients brought to their *bhuta* in India is completely missing in the western counterparts. The differences are clearly of culture. The Indians are exposed to vivid visual images of gods, goddesses, demons and many mythological beings ichnographically represented in many ways and forms that are missing in the less colourful world of the Europeans.

Again as in the previous case, culture plays an immense role in the curing process. The collective efforts that go on in the temple, the public declarations or *peshis*, that always take place before a crowd of people, the participation of every one present in whatever is going on lends a validity as well as a sense of reality to the healing process. The patient's expectations are heightened as a large number of people contribute towards its validity. The demons are publicly exposed and there is visible relief of the patients who are thus able to get rid of their hidden desires and feelings in a publicly approved manner.

The nights that are spent on the terraces when meetings go on between patients and their relatives with each other, where each case is discussed thread bare, compared and also emotional support provided by the people to each other is in itself a part of the healing. The patients get a lot of support from the 'when every one says it will be done it will be done' attitude. Moreover, the complete acceptance given to the phenomenon of *bhuta* and possession gives moral support to the patients who are never made to feel that there is anything wrong with them rather every thing is attributed to the demons.

The male patients usually suffer from the apprehensions of taking on responsibilities and a feeling of being alone. They show symptoms of shying away from growing up into responsible adults and may suffer breakdowns when asked to work or after getting married. Kakar sums it up by saying that "whereas powerlessness is the social denominator of female hysteria — the demands of autonomous functioning and anxiety at the prospect of individuation seem to be the social correlates of male hysteria". In India the prospect of separation from the mother also haunts men as the mother son relationship is unusually close.

11.5 The Oraons

The Oraons are a tribe in the Chota Nagpur plateau of eastern India. They were a forest dwelling tribe till the deforestation process pushed the forest away from most of their dwellings. Today they practice some rudimentary agriculture that barely suffices for their subsistence needs. However, they still have considerable reverence for nature and every Oraon village has its sacred grove of trees and sacred pools and streams that are intrinsically connected with the deities and the spirits of the ancestors. The Oraon have a free and easy way of life and do not suffer from sexual suppressions and repressions usually found among the Hindus. They have the *dhumkuria*, or youth dormitory that is an important education institution where a boy is sent when he is around 8 years of age and he is given instructions in folklore, dance, music and other tribal traditions till he is old enough to get married and take up adult duties.

Reflection and Action 11.1

What is the Shaman of the Oraons called. In what does he specialise? Discuss and note down.

The shaman is locally known as Ayata or *bhagat* and is a true specialist in that he can distinguish between two kinds of mental illnesses. One is known as *apropi* that is caused by excessive worrying, anxiety or some other physical illness, in short the kind of diagnosis that a medical doctor might do. The other kind is closer to the demonic possession theory and is known as *shaitani* disorders attributed to demonic spirits. The Ayata is also able to recognise ailments that need medical treatment like stomach

worms and ulcers. In that case he advises the patient to get medical help and not waste time and money in demonic cures.

Box 11.3: Treatment for Possession

The Ayata come close to the psychoanalyst when they locate the origins of envy to early childhood. One may compare their theory to that of Melanie Klein that says the first stir of envy occurs in infants when they become aware of the breast as a source of life and all good experience and feel envious that they are not the source of such perfection. Thus, the wisdom of the tribal shamans parallels that of modern day scientists in many ways.

The treatment for *shaitani* possession is to induce the patient to go into a *trance* from where the shaman is able to converse with the invading spirit. Thereafter once the shaman is convinced about what the demon wants he thinks up ways and means to get rid of it. One way is to lure the demon into a bird (chicken or pigeon) that is well fed and looked after for about six months to ensure that he demon does not leave. Then it is killed and fed to a number of people ensuring its destruction.

Raymond Prince, reviewing a number of studies from different parts of the world has suggested that the altered states of consciousness that occurs in a state of possession when another ego seems to take over may be in itself a therapeutic agent. Thus, during the possession ritual the ego is dissolved and a new, more adoptive ego may emerge. There are here two kinds of overt possessions; one of the shaman which is of a presiding deity and that of the patient, by the demon. It is in the latter's case that ego adjustment takes place for the shaman it a routine matter.

The anxieties from which the tribes suffer are more from factors caused by external agents than their own social norms. Thus deforestation, the erosion of the traditional ways of life, forced changes in their life style and poverty are some of the reasons for depression and neurosis among them. In fact their free and easy life style is the object of covert envy by their Hindu neighbours.

11.6   The Lamas of Macleodganj

The lamas are Buddhists unlike the Hindus and Animists we have discussed so far. Yet they too practice shamanism like the tribes and believe in possession rituals. These lamas came with the Dalai Lama when he fled from Tibet and took shelter in Dharamshala. Since then they are having a considerable influence among the local population irrespective of them being Buddhists or Hindus or Animists. There are three kinds of practitioners among the lamas, the mystics, the doctors who practice the ancient art of Tibetan medicines and the shamans who enter into possessions.

The Tibetan view however, is different from the view of demonic possession of the Hindus. To the Buddhists all existence is a mirage of the mind and the absolute reality can be attained only when the cobwebs covering this reality, that we assume is the real world but which is actually *maya*, is cleared. Within this world-view, both physical and mental illness is caused by a fault of the mind, a distortion of perception. A thorough cleaning of the mental and emotional world is necessary for the cure of every type of illness. However, in their actual practice of illness the lamas are confronted with patients who would want instant cure and would not be comforted if

told that this was all illusionary. So a healer identifies mainly four immediate causes for any illness, the time of the year, food, habit and behaviour and the three hundred and sixty spirits that crowd the environment. The Tibetan system makes no essential causative difference between mental and physical diseases that are traced to the same origins. Diagnosis usually involves dream analysis, a method popular across most cultures. Other symptoms like a patients eye movements are also helpful in diagnosing the exact spirit that is invading. However, not all symptoms are traced to spirit invasion and emotional disturbance, grief etc. are also seen as causative of mental disturbances as in modern systems of medicines. Bad times, ill karma and simply bad luck may also be the reasons for ill health and cures vary from changing a person's name to hanging of prayer flags.

Levi-Strauss, the famous anthropologist, has suggested that there is a parallel between the cure brought about by the shaman and that affected by the psychoanalyst. In the case of psycho-therapy the patient is healed by regaining his/her individual myth, related to life history, for example, resolution of the oedipal complex. In case of shamanism the cure is related to the social myth, like that of existence of *bhuta*. However, as Kakar points out even in case of shamanism a successful shamanic ritual is not merely the healing operation of a collective myth subscribed to by the community but also attends to the individual elements of the patient's sickness. For example, the collective may draw upon the concept of Karma but its individual manifestations are rooted in an individual's life history. Moreover, the shaman may draw upon the most frequently occurring mishaps in a culture, often that are a result of culturally imposed inhibitions and restrictions, like on women's sexuality among upper caste Hindus and Muslims, to create collective myths. Thus the separation between the social and the individual is only a matter of degree for individuals live in society and are guided and restricted by its norms.

11.7   Mystical Traditions: The Sant Mat of the Radhaswami Satsang

Radhaswami satsang of the Beas group is an extremely popular movement in northern India and is based upon the *guru shishya* tradition and the need for a living guru to lead one to salvation. The Radhaswami world-view tells that the path to salvation lies in *surat shabd yoga* where one is linked to the celestial sound emanating from the highest region of creation, the abode of the Supreme being.

The Radhaswami satsang makes the most of the notion of the collective in creating an atmosphere of catharsis as thousands of followers sit in unison and chant in the praise of their guru. Kakar, who is a participant observer in the true sense of the word writes. "To anyone sitting within the vast belly of the crowd, a choir of fifty thousand feels like an elemental sound of nature —. Here I am deliberately emphasizing my subjective experience of the Satsang, on this day as on the following days and the fantasies that bubble up to the fore of consciousness as one sits esconed in the warmth closeness of thousands of bodies"— further "Distance and differences - of status, age and sex-disappear in an exhilarating feeling (temporary to be sure) that individual boundaries can indeed by transcended and were perhaps illusory in the first place".

However, the author does not think it fit to refer to the *satsangis* as a society or as a community, he prefers to say that they seemed to be living in a communion, referring perhaps to the temporary and situation nature of the brotherhood and communication between the believers.

How does healing take place in such a situation? Taking the example of a young man who saw the face of the *baba* in his dream and came looking for him it can be said that this vision of an old bearded man (that is how the *baba* looks) may be linked to the search for and yearning for a father figure at the time of deep personal crises. A Jungian analysis may look for the archetypical vision of the 'Old wise Man' as drawn from the collective unconscious. As a part of therapy the *sasangis* tried more and more to identify with the guru and in the process to forcefully project all positive qualities that lay within them. Thus, in psychoanalytic terms one may look for an explanation in the process of idealisation and identification. Thus, as each follower strives to follow the path of *sadhna* laid down by the guru and which involves many acts of self-purification like giving up eating of non-vegetarian food, consumption of alcohol, telling lies etc. he or she comes closer to this identification as the guru is upheld as the perfect state to be in. As people progress further and further in the path of *sadhna* the guru, Maharaj ji becomes the fount of omniscience and omnipotence and the supposed power of the guru is absorbed into one's self. It is this sense of power and internal purification that comes with greater and greater identification that leads to healing of the inner self.

11.8   Tantra and Tantric Healing

Tantric practices are part of Hinduism yet they are regarded not quite in the line of conservative Hindu thinking, in fact they go against most of the moral values and beliefs of what is regarded as mainstream Hindu traditions. Even geographically speaking Bengal, Assam, Kerala and Kashmir, where Tantric practices and cults were historically located are socially and politically on the boundaries of mainstream Hindu society.

Because it deals with the forbidden things, Tantrism is closest to a psychoanalyst. There is similarity in the manner in which both look at the emancipation of the self. In the case of psychoanalysis, healing involves the "enlightenment" that is not only individual but also societal in nature in that the person must be acceptable to society in order to be considered, 'normal' and in case of Tantra, a 'liberation' not only in the mystical sense but one that is emancipative even in the context of one's life history and situation. Both psychoanalysis and Tantrism look upon healing involving a recognition and even celebration of human sensual nature.

In fact Tantra concurs with psychoanalysis in its diagnosis of human mental diseases. Leaving aside the experience of birth of which we have very little knowledge, most of the psychic pain experienced by the ego on its path towards development are of separation and differentiation. The very process of realisation by the infant that it is separate from its mother, especially from her breast is a painful process and so is its realisation of gender. To begin with infants have no notion of being differentiated but once they realise that they can only be one, that is either male or female, another kind of pain takes over. Freud has discussed these aspects in great details in his theories of the development of the ego when the infant Narcissus painfully separates a 'me' from a 'non-me' in the "prehistoric phase" of human psyche that extends from birth to three years of age.

> **Box 11.4: Tantra and Psychoanalysis**
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> Just like psychoanalysis that roots much of mental problems to the unconscious trauma of assuming a gendered identity, Tantra too looks upon sexual differences as a major problem of human life. Tantra

claims that wholeness and spiritual liberation can only be achieved if a person gives up his/her gender identity and dissolves his/her self into an undifferentiated bisexuality. Unlike other belief systems Tantra refers to sexuality on both symbolic and concrete physical ways. For the male Tantric a major part of his spiritual experience is to apprehend and experience the feminine sexual experience within himself and the reverse is required of the female Tantric. Tantrism is in essence free of gender bias and regards mean and women equally. In essence it invokes the breaking of all taboos, thus sexual experience with one's mother, sister and daughter is one of the highest attainments of spiritual liberation. In actuality most schools of Tantra requires the Tantric to perform all his sexual practices with his wife and the images of the mother, sister and daughter are invoked in the wife herself. Thus Kakar analyses this " As post -Freudians, we know the child's unconscious incestuous fantasies, consequent to the momentous discovery of gender identity, provokes major anxieties which the child's immature ego copes with by building defensive structures in the psyche. Tantric practice not unlike psychoanalysis, seeks to resurrect the elemental fantasies around incest" (p.159). Not only Freud but Jung too would have been at home with Tantric practices as according to Jungian analysis one might say that Tantric practices bring to a conscious level the "inherited collective image of the Woman which exists in every man's unconscious and through which he 'knows' women".

A Freudian analysis is aptly suitable for Tantrism for such an analysis would be sensitive to the developmental aspects of bisexuality and its cultural variations. However, Kakar does not believe that one should either go for psychological reductionism or for thorough going cultural relativism, but should take a middle path testing the psychological theories in a cross cultural framework.

According to Stoller (1968) masculinity in men is not a naturally occurring state and some rudiment of femininity is there from the beginning as a result of the primary identification with the mother that is common to all infants. Only in the developmental process the realisation comes that one is only of one sex and this remains as a primary anxiety due to differentiation. However, the process of differentiation takes different forms in various cultures and in India the mother son bond is especially long and enduring as well as among the most intense known in any culture. This memory remains latent in the unconscious mind of the Indian man and influences adult personality. However, in those men where the early experience with the mother is of hostility it comes out as aggression towards women in later life and masculinity is not tempered by any feminine qualities of nurturance. The ideal Indian man is however, not devoid of nurturing qualities and as we had seen in the temple of Balaji, the myth situates Balaji in the lap of his mother. Bisexuality is found in many Indian myths such as that of Shiva as *ardhanarishwar* and of Vishnu taking on the garb of a woman; holy men such as Rama Krishna Paramhansa often manifest the feminine qualities.

Apart from psychological anxieties that are resolved perhaps by the Tantric rites themselves, overtly the system also has an explanation for ill-health. The Tantric view of the body divides it into *chakras* that are situated from the base of the spine to the top of the head. The life energy (*kundalini*) rises from the base to the top of the head as the person reaches enlightenment. Ill health is attributed to the disturbances in the *chakras*. And why such disturbances are created? They are created because of undigested Karmas. In the Hindu metaphysics especially in Tantrism,

there is no concept of good and bad but by undigested is meant those Karmas that are not befitting to the lifestyle or situation of a person. When the disturbances become too pronounced a *bhuta* is generated. Thus like psychoanalysis Tantrism also believes that the *bhuta* or demons are produced inside us and are not invasions from outside. Thus the demons within us are the uncontrolled instincts. The Indian *bhuta* can be both good (obedient) or evil (disobedient). Thus, there are four steps to becoming ill. The first is undigested karma that leads to *chakra* malfunctioning, that when intense generates *bhuta* that lead ultimately to mental illness. A Tantric healer must "know" the *chakras*, especially his own and also be a master of demonology or *bhuta- vidya*. Thus we see that to become a Tantric one must successfully overcome one's own unconscious anxieties that can be attained by the practices prescribed. Only thereafter a person gains qualification to get rid of the anxieties, manifested as *bhuta* of the mentally ill.

As an example of a practicing Tantric although of a variety quite different from what is normally regarded as one, Kakar takes the example of Nirmala Devi, famed to be able raise the *kundalini* in no time at all.

11.9   The Cult of Mataji: Nirmala Devi

Mataji can only be understood as against her background, that of a former medical student and also belonging to a Christian family. Although she believes in the basic tenets of Tantrism, namely, the *kundalini* and the *chakras* , she is critical of the practices of the Tantrics that are sinful according to her Christian upbringing. She combines Hatha -yoga and Tantrism to practice healing.

Here one must again go back to the question of privileging a particular point of view over others. In the Indian system the correctness of something is judged not by any external system of providing proof but by the inner experiential reality of any one who has attained a degree of self- realisation to perceive the truth.

The followers of the guru or Mata or whatever else the realised person is known as accept the truth because the person, the teacher or master in front of them tells them it is true. No other proof except tradition and the word of the teacher is required. Thus, the weight of tradition, of the 'inner vision' is acceptable over and above the requirement of empirical proof.

Reflection and Action 11.2

How is Mataji different from an Oraon Priest. Give reasons for your answer and put it in your notebook.

Thus, when Mataji preaches her version of the human existence to her disciples it is taken as the truth unquestioningly. The imagery of the physiology of the human body locates the psychic energies at various parts of the body, the bulk of it at the base of the spine, the *sushumna*. The human infant that is born of the universal consciousness is cut off at birth from the source by the severance of the umbilical cord. The naval then separates the individual consciousness from its universal roots. It is thus a very important center in Hindu vision of the body. The ego and the super ego are located at the right and the left side of the brain and as they develop during the lifetime of the individual, the consciousness is cut off from the super consciousness. In other words as one develops the

sense of "I", one is moving away from the source of consciousness. Liberation would mean a realisation of the link to the super consciousness and a movement back to it. The left side or the super-ego is home to the demons, emotions, passions and the right side, the ego, is thinking, planning, organising etc.(Here one must remember that Mataji's version of the ego and super ego are quite different from the psychoanalytic concepts). In most people the psychic energies oscillate between the left and the right side. Ideally they should settle down in the middle, at the center of the forehead, where they bring peace and tranquility. There movement die this or that side provokes the energies characteristic of that side. Thus, too much swing to the left side brings bout mental illness. Healing consists of balancing and cleaning of the channels and the removal of the constrictions that affect the *chakras* is the first step towards getting well. Ultimately self-realisation of the movement upwards of the *sushumna* to the top of the head, brings healing.

Any one who has become Mataji's follower and has received self-realisation is simultaneously credited with the potential of becoming a healer. The person who becomes a true follower develops an ability to sense the vibrations emanating from others as well as the status of their charkas and channels. From the point of view of modern medicine the healer's use of his own emotional reactions to the patient as a means of diagnosis is not completely ruled out, for one does hear of intuitive reactions of doctors to the status the patient's health.

However, it is still left for us to understand the basis of the faith and the cures that may actually take place by such methods. What is more important to understand is that even if the cures do not occur the faith is not shaken. Thus, as Paul Watzlawick and Leon Festiner among others have pointed out, once a tentative explanation has taken hold of our mind it is difficult to dislodge it. Even if we receive information to the contrary what happens is that further explanations are built up to save the earlier information. Thus, the explanation itself can not be dislodged or refuted and on the contrary there is distortion of reality to fit the explanation as to give up what we hold dear and may have been acquired ate considerable emotional expense might prove too traumatic.

Thus, the belief in the powers of a Mata, or a guru may itself have considerable therapeutic power and the followers make such heavy emotional investments that they would rather close their eyes to reality than give up the comfort of believing. And quite often it is this trust and faith that actually may bring about a cure.

Thus, in psychological terms the healing power lies primarily in the patient's mind. Thus, as Kakar explains, the miracle lies in the power of the mind to influence the physiological processes of the body. Thus at the time of possession, people can do miraculous feats that they would never in normal times even think of. It is very difficult to explain why hot iron does not burn or piercing the flesh does not produce pain or bleeding.

The faith cures can also be explained in psychoanalytic terms as the "rebirth' of the patient through the various rituals where at the same time he is giving birth to a new set of parents, the guru. Thus, this new parent, mother or father will heal the wounds inflicted by the original parents and "free him from the burden of his life history".

11.10 Indian Medicine: Ayurveda

Like Hinduism, Ayurveda is believed to be something that has always existed, having no beginning or end and springing from the laws of nature

itself. The concept of the person in Ayurveda is a holistic one where physical, psychological, social and metaphysical aspects are all given equal importance in defining what a person is. Thus the person is seen as a microcosm of the entire cosmos. All that exists outside in the universe, is contained within the person. This is reflected in the Pancha-Bhuta theory where a person is composed of the five elements, fire, water, earth, air and *akash* (ether). In the same theory it is believed that to have good health there must be balance between the three humors, wind, bile and phlegm. In other words there is a appropriate sense of harmony between the body and the universe and all the elements that compose it for the body is not seen as separate but as continuous with the nature, the universe and the divinity.

Thus ill health is viewed as a range of "cultural diseases" where a person falls ill because of his conviction that he has lost too much of a body fluid, leading to an imbalance in the body . Thus any disturbance in the balance of the humors would manifest itself in causing both physiological and mental ill health. In this way Ayurveda too makes little difference in the causation of illnesses, treating mind and body as equivalent.

Thus according to the Guruji, taken as case study by Kakar for his study of Ayurveda, the struggle against disease is a moral struggle, not only against illness but also against all those who cause this imbalance to occur.

In his observances of treatment done by the Guruji, Kakar observed that he considered himself solely responsible for the patient and not for his family members or any else. And here Guruji follows the tradition set by Freud, in that he too considered himself as solely devoted to the treatment of his patient and having no obligation either to the family or society at large.

Since Ayurveda is concerned with balance, food is very important factor of both diagnosing of disease and of its cure; for a person is what she eats. Psychoanalytically this heightened concern with eating and defeating points to a cultural prominence of "oral fantasy".

11.11 Conclusion

In this book the author has journeyed through a very wide range of healing practices available in India focusing on both the key practitioners and the philosophy regarding the causation and prognosis of ill health. A very important theoretical assumption that underlies the entire work and which is very relevant for the student to understand is the way in which cross cultural healing practices have been approached. For many practitioners of medicine as well as qualified psychoanalysts, the truth has always been ascertained and reachable only by the methodology and paradigms of western science. What ever lies beyond has been condemned as superstition or plain deception. This book has been written to specifically counter the condemnation of the mystical world on "social and historical grounds" and the ethnocentricism and sense of superiority of the west.

Kakar specifically puts forward his views on knowledge and recognises that there are four levels of knowledge; commonsense, rational knowledge of the scientist, the imaginative knowledge of the artist and the spiritual knowledge of the mystic. All four have their relevance and none is to be discounted.

Healing of a psychological kind has to do a lot with what both spirituality and psychoanalysis recognise as liberation of the mind to a pure and

balanced state. In traditional Hinduism this liberation is seen as primarily an inner state of mind. It involves the increase in the capacity to experience different inner states but the outer practices are limited and follow traditional stereotypical behaviour. Thus liberation is strictly of an other-worldly kind while this- worldly affairs remain confined within a more or less static model of behaviour.

The west believes that the inner consciousness defined in terms of a rational, waking sense of self, remains constant. Liberation is to be achieved by increasing the potential to act in the outer world and by increasing choices. Expansions of the inner realm are dismissed as irrational and even a sign of mental illness. One may recall for example that non-western shamans and mystics had often been designated as neurotics or psychotics by western thinkers.

Healing in India is also seen as something that belongs to the collective and not to the individual. In India the patients are always surrounded by relatives and well-wishers and this is seen as part of a therapeutic process. Under the western system of medicine such collectives are viewed as an intrusion into the privacy of the patient and as something that may be actually detrimental tot he patient's health. But as Kakar has shown in the case of the Balaji temple, collective action actually informs the patient that he/she is part of a larger whole and the problems are not only his/hers but are shared by the larger group. Active communication between patient's and the relatives, the cultural support given to such beliefs as spirit possession go a long way towards providing appositive frame of mind and a feeling of being absolved of guilt that restores the ego to a more adaptive stage.

Social support and cultural translation of diseases within an acceptable framework provide real therapeutic support and in many cases the patient is restored to a normal life. For example if the patient believes that his/her condition is not as a result of anything wrong with his/her physiology but only because of illegal possession by a evil spirit, then the anxieties are displaced on to this negative figure and when it is believed that this spirit has left the body, the patient believes and is actually restored to mental health by this belief that the negative forces have left. Many times the negative figures are culturally negative too, for example, the *bhuta* are often believed to be that of muslims, therefore, the irrational fantasies and urges are not that of the patient but of this culturally negative category of person. The psychoanalytic concept of displacement is supported and made effective by social and cultural means.

Thus society and culture provide what even in western system can be defined as a sign of mental health, namely a balance between inner needs and the outer reality. Since needs are defined in cultural terms most normal individuals are brought up or socialised to be fit members of their own society. However, under special life historical situations the persons may not be able to cope with the tensions between their inner sub-conscious urges and the demand of society. Sometimes the social demands may go beyond human levels of tolerance as is often seen in the case of women in conservative societies. Here the cultural mechanism comes in to provide an outlet. Thus, possession by a *bhuta* enables the patient give went to those inner feelings that can never be expressed by her in normal life; thus, an otherwise demure woman may speak in filthy language and abuse her husband or even engage in overt sexual behaviour, thus providing cathartic relief to the ego, but at the same time is culturally absolved of all the consequences of her action as these are attributed not to her but to the invading demon.

Thus society and culture play important role in healing and mental health and this has been recognised under the concept of cultural psychology of which this book provides a very good analysis.

11.12   Further Reading

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