PIR, FAQIR AND PSYCHOTHERAPIST: THEIR ROLE IN PSYCHOSOCIAL INTERVENTION OF TRAUMA

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In spite of the advances made in various fields of medical science, traditional healing practices continue to be used widely all over the world especially in Africa and South Asia. Spiritual healing has got a pivotal role as far as mental health is concerned because traditional faith healers are usually the first contact in the event of a sickness. A common experience of Sufi mystic and psychiatrist practicing psychotherapy is the balance between the inner and outer life. The dawn of the new century has also seen a significant increase in realization in the West that spiritual factors are an integral part of health and well being. It is important for mental health care professionals to be aware and sensitive to spiritual dimensions of mental health. Taking a lead from an article by Late Prof. E. Hoch, written 30 years back on the subject of importance of traditional healing practices, the present study describes the change over the years and the role of spiritual healers (pirs, faqirs) in chronic mass trauma interventions in Kashmir.


**Keywords**: Spiritual healing, psychotherapy, trauma

Before describing the modus operandi of Pir Faqir healing practices, a brief account of spirituality is inevitable because the essence of their intervention is assumed to be based on it. The dawn of the new century has witnessed a significant increase in coverage of spirituality in the media, work place, education and socio political circles. Spirituality has also become more visible in health care with increased realization in the west that spiritual factors are an integral part of health and well being. In fact, it has always been difficult to separate mental health from spirituality in oriental societies. The reference point for traumatic stress, therefore, need not always revolve around western theories alone. A rich body of knowledge and wisdom exists in ancient texts of oriental societies. A major resource already exists in terms of people who practice or advocate it, and populations that believe in it and follow it.

A recent study assessing the implications of psychiatric pluralism for WHO research on mental health disorders examined patients in three forms of therapy for mental illness in South India: Ayurvedic (indigenous), allopathic (western) and religious healing, and reported that patients in all three therapeutic systems showed improvement after follow-up evaluation, and that several patients had radically divergent experiences with each of the three therapies - each therapy was helpful to some and ineffective for others.

In view of the new insights gained through recent studies, the WHO's 1979 follow-up study results on severe mental disorders are being reinterpreted in view of containing very little description of local culture, and tendency to apply western common sense to the practices of developing countries. The study had lamented, 'ignorance about the nature of mental illness and misconceptions and superstitious beliefs about mental illnesses which lead people to seek help from faith healers'.

Subsequently, however, WHO sponsored follow-up studies found better outcome for severe mental disorders in developing country centres, as such places have a greater availability of diverse forms of therapy when compared with the developed countries. Psychotherapy implies a change of perspective with the objective to understand emotional problems, change coping skills and to restructure the personality. Application of the techniques of psychotherapy commonly practiced in the west may be difficult to employ in their absolute form in South Asian patients. Regional notions and healing practices including religion, yoga and meditation are reported to be helpful in managing a number of psychiatric problems, social and spiritual afflictions and are now being strongly recommended even at the advanced centres of the U.S.A.

Due to the close relationship of the spiritual aspects to health in general and mental health in particular, it is important for mental health professional to be aware and sensitive to spiritual dimension of mental health.

Recent surveys show that approximately 80% of Americans believe in the connection between healing and spirituality and there is a rekindling of interest in, and focus on the spiritual dimension in medical schools. Dr. Afzal Javed (U.K) in a recent International Congress presentation explicitly stressed on the need to reconsider the place of religion and spirituality in psychiatry. He stressed that "despite the secularizing influence of modern society, the presence of religiosity remains substantial and reports suggest the positive impact of religious beliefs and practices on day to day functioning and mental well being". Suggestions that spirituality and religion can be powerful tools to boost resilience, not only for man made stressors but even in the face of calamities and catastrophes, are getting strongly substantiated. A more recent study on the inhabitants of three different population centers in Israel, including a suburb of Tel Aviv, a settlement in the Western Bank and a settlement cluster in the Gaza Strip exposed to various...
“Submission”: an art work by Masood Hussain, a renowned artist of Kashmir. Depicts a praying woman’s head and hands, peeping through a beautiful latticed wooden window ravaged by time.
forms of violence clearly demonstrated that even under extreme conditions deeply held belief systems influencing life, impart significant resilience against developing stress related disorders. "Religiousness combined with common ideological convictions and social cohesion was associated with substantial resilience as compared to a secular metropolitan urban population", conclude the researchers.

Spirituality, though often used interchangeably with religion, goes, beyond a specific religious affiliation. Religion and spirituality both offer a sense of meaning and purpose in life but spirituality transcends organized institution of religion, in relationship between the person and a Higher Being.

In almost all of South Asia and Africa, traditional religious healing practices are widely prevalent and people consult indigenous spiritual therapists first, in the event of a sickness. The spiritualism in these countries is recognized as a way of life with eternal joy and bliss beyond the realm of sensual pleasures. Kashmir has been the favorite abode of mystics for hundreds of years. Sufi mystic and psychotherapist share in the community the experience of balance between inner and outer life. In view of the prevailing turbulent conditions in Kashmir, a reappraisal of the conventional/psychotherapeutic methods practiced here during 1970's (as earlier reported by the eminent European psychiatrist late Prof. E.M. Hoch, the then head of department of psychiatry Govt. Medical College Srinagar and Medical Superintendent of the sole psychiatric diseases hospital of Kashmir), would be a worthwhile exercise. The present study therefore reports on the previous practices of the local traditional healers (during 70's), the common beliefs concerning the nature and origin of mental disorders in Kashmir, and the change over past 30 years. This includes items relating to their family background, sociodemographic variables, personal history and characteristics, the training recommended and detailed account of their techniques for different types of health and other problems.

In Kashmir, the Muslim community forms a majority of the population; some families have the hereditary status of being a Pir. The Pir, known as a respected wise man, prominent representative of religion and spiritual guide who not only has power to drive out evil spirits and to cure physical and mental illnesses, but also to 'divine' the hidden causes of various misfortunes including litigation, theft, and the wisdom to give appropriate advice in crucial life situations. Although not all the men born in a Pir family actually function in their traditional role, and are engaged in different professions, but they still enjoy a special respect. A person with no hereditary status, who has served an apprenticeship under a recognized Pir, can also attain the status of Pir and would then transmit it to his descendants. The training and initiation into the carefully guarded secrets of their practices is handed down from father to son or from teacher (Pir) to disciple (Murid). No intoxicants are used for achieving trance states. A Pir usually dresses in a sober, traditional way which earns respect. The techniques used by Pir are making passes, breathing air on to the patients, dispensing of Tawiz (amulets), Pills or Holy water.

In contrast to the Pir, a Faqir does not have any hereditary status, may belong to any religion, and is a self styled healer, often eccentrically dressed or rather undressed and adorned by bizarre attributes, and makes frequent use of intoxicants, especially cannabis in various forms. Fumigations, rhythmical singings, dancing to the tunes of drums, sometimes accompany the healing sessions. Sometimes an imposter can take on the role of a Pir or Faqir. In some situations, a chronic mental disorder patients is taken as a Faqir and lot of people visit him for healing.

Trivedi and Sethi, about 25 years back in their study on 10 prominent faith healers of Lucknow, reported that most of them belonged to lower economic class, where extroverted, less intelligent and more assertive. Most of them had undergone training but had not been able to demonstrate their ability.

With a significant improvement in the education level and socioeconomic status like any other place over the past thirty years, the stigma attached to psychiatric disorders has decreased. The turmoil of past 15 years in Kashmir has led to a phenomenal increase in psychosocial problems. The increased psychoeducation through media, government health services and NGOs has led to an increased demand for psychotherapeutic and medical treatment by mental health professionals on one hand, while on the other continued death and destruction has reinforced the faith in God and coping with religion resulting in a massive rush to faith healers, shrines and other religious places. There has been significant change in the percentage of patients visiting faith-healers before they seek psychiatric help. In 1996, 73% of the total patients would visit a faith-healer before seeking psychic help and more-so in rural areas (87% in rural and 59% in urban area), while as in 2005, 68.5% (84% in rural and 53% in urban) of the patients seeking treatment visit faith-healers first. Because of these factors the trend to compete and cooperate, to certain extent between mental health professionals and the indigenous spiritual healers is continuing the same way as three decades back. In majority of cases, without any ill feeling on either side and in a spirit of peaceful co-existence, the traffic continues to run both ways. Patients under the treatment of mental health professionals, wishing to make use of the local resources, are hardly objected to except for instructions not to approach an impostor using unethical measures like branding etc., or discontinue the prescribed treatment. The indigenous healers in turn continue to refer cases which they consider beyond their scope to mental health professionals. Although the referral of patients from faith-healers is not very large, but it is still higher than the percentage of patients referred from other medical professionals. In 1996, from a sample of 912 patients seeking treatment at psychiatric disease hospital, 81.6% were referred by the old patients, 13.4% by faith healers and only 5% by medical practitioners, while as in 2005, from a sample of 1010 patients seeking treatment at psychiatric disease hospital, 76.17% were referred by old patients, 14.12% by faith-healers and 9.7% by the other professional.
medical professionals. Though there is an increase in the number of patients referred by the other medical professionals, the number of patients referred from the faith healers shows no significant change.

Another tendency that has decreased considerably but still exists, is the one in which some chronic cases of mental disorders may receive high respect and veneration as "Faqir" or "Darvish" and get approved as healers, especially by community associates from the similar sociocultural background with a possible huge identification with such a healer. But then, a similar kind of situation can also arise when unqualified people indulge in psychotherapeutic interventions especially in crises or disaster situations. The process of digging in like this results in more harm than help.

The indigenous healer usually achieves his aim in a single session, except if the person becomes a regular devotee or apprentice, while the psychotherapist usually works for a longer period which 30 years back would probably mean many years. [Even though cognitive behaviour therapy and other recent techniques focus more on the present life, the faith healer has always been using techniques so as to complete the intervention in a relatively much shorter period.] The Pir and Faqir continues to perform his practice mostly in public either in a family or in a wider gathering. Psychotherapy on the other hand continues to rely on seclusion of the therapist with his patients, discouraging contact of family members. The strategy of traditional healers is drawn on aspects of healing that are viable alternatives in societies where advanced technology and sophisticated understanding of disease is lacking. The traditional spiritual healers many of whom are part of the clergy, are intimately involved with their patients and in the community are highly respected for their skills and sharing the results of their work.

For many people, the first person they seek out during times of crisis and need is a Pir, or a Faqir, or some other religious clergy person. Now a days many people, even in the West would better seek help from the clergy than from mental health professionals and are often more satisfied with the assistance they receive from clergy. Present research has revealed that spiritual programmes can be very useful in the event of traumatic response, particularly in a mass trauma or a disaster situation. Encouraging collaboration with traditional healers has been specifically stressed, as a working alliance between traditional healers and allopathic practitioners can help to overcome barriers to treatment acceptance and delivery. This has also been strongly stressed by Russell De Souza and Bruce Singh in the light of their experience of working within the disaster areas of Srilanka following the Tsunami, who concluded, "Thus in these resource poor areas, the collaboration of medical and mental health professionals with appropriate traditional resources such as faith healers, pastoral care clergy and similar is seen as an important and necessary engagement and an opportunity in terms of care, provision of meaning and general community support."

This intervention, although like most other management modalities warrants a caution about its limitations. Faith healing, for most of its practitioners is a source of earning their livelihood. There is always a strong possibility of exploitation and likelihood of the whole exercise getting converted into a brisk business or unbridled trade for faith healers, once it gets inadvertently patronized by a qualified mental health professional or a credible organization. Incidentally, the most popular local newspaper, Greater Kashmir, carries a write-up on this topic (April 9, 2006) by a well known writer, Aijaz-ul-Haque, which reads "Peer-Mureed duo makes an interesting combination in the Oriental folklore and Eastern literature. It's been once revered as a sacred bond between the one in quest of truth and the other bearing torch. But, as the years rolled by, pure spiritual association got smeared with material interests and thus entered the element of exploitation which the famous Eastern poet, Iqbal, refers to in a small poem titled 'Baaghi Mureed (rebellious disciple)', strikes at the root of a relationship based on fowl play and exploitation, which Mureed(disciple) can't bear anymore.

Mujh Ko To Muayassar Nahi Mitti Ka Diya Bhi
(I can't afford even a lamp of clay)

Ghar Peer Ka Bijhi Kay Chiragoon Say Hai Roshan
(But look how does the mansion of my priest dazzle with the light of luxury)

Had spiritual knowledge not been maneuvered for personal ends, who knows world would have been better off. Peer-Mureed alliance so nonchalantly toyed with by mavericks, would have been a reference point of respect had it retained the essence it once had. Though there may be a few examples around with the same nostalgic touch, but how many? By and large the company of guide and the disciple can easily be renamed as a queer partnership between a naïve follower and a shrewd instructor. Dynastic rule, theocracy, priesthood and all such fanatic expressions of a base desire played havoc. Suppression of ideas, blind following, unquestioning obedience of some fallible and may be iniquitous souls was willfully accepted as the order of the day. The institutions of an emotional mind wash got encouraged, where a disciple could not dare to put his oil lamp of clay against the flashlights of affluence, his guide enjoys the daze of. Religion, we believe, has humanized and will always humanize the rawness of flesh and blood. But, let us not forget faith has nothing to do with pedigree. Knowledge, spiritual or material, is an intellectual property not to be inherited or copyrighted but to be cultivated, something not to be bought and sold, but to be taught and learnt."

One more caution to be taken is against imposters in the name of spiritual faith healing, who indulge in various injurious and unethical practices, like branding of psychiatric patients (possession states including peritraumatic dissociation, which is prevalent in disaster situations) with hot iron rods. To prevent such unacceptable activities, proper advance homework including preparation of well formulated psycho education material, in the form of pamphlets and handouts for disciples can be helpful.

We feel that an appropriate way to end this discussion is to close it with the late Prof. Ernie Hoch's enlightening
already introduced may not be adequate as yet for level of
attraction while at the same time the western methods
and healing practices have lost their meaning and
and the healing practices available for them) old sick roles
and beliefs and attitudes with regard to mental illness, the
words: "in developing countries under the influence of
rapid social and cultural transportation one frequently
finds confusion in this respect (of the fit between popular
beliefs and attitudes with regard to mental illness, the
symptomatology of mental disorders actually prevalent
and the healing practices available for them) old sick roles
and healing practices have lost their meaning and
attraction while at the same time the western methods
already introduced may not be adequate as yet for level of
emancipation, and the still archaic symptomatology of
those who try to make use of them. The therapist working
in this situation is therefore forced to abandon all dogmatic
rigidity and to find new approaches relying on that which
is fundamental to all healing. This, however, is what he
basically shares with his indigenous counterpart, whom
then he will no longer consider as an outdated absurdity,
nor as a dangerous rival, but as a respected colleague with
whom he feels at one".

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