A PSYCHIATRIC STUDY OF PATIENTS ATTENDING MEHANDIPUR* BALAJI TEMPLE

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SUMMARY

In the present study 100 cases, randomly selected were studied at famous shrine of Rajasthan, the Mehandipur Balaji. As regards the sociodemographic variables, patients were mainly between 15-39 years of age, 80% were educated, 82% had Urban domicile, 98% were Hindus and Females were 54%. Majority of the visitors being from Northern part of India. Failure of modern treatment and influence of family members and friends were the main motivating factors. Majority of patients were Neurotic (48%), followed by Psychotics (28%). Patients who developed trance (possession) were Neurotics. One quarter of the patients who were mainly psychoneurotics, showed improvement.

Throughout the history of human race, from the simplest primitive tribes to the greatest civilized nations, there has existed a belief in what is commonly called as the supernatural, the occurrence of strange phenomenon in apparent defiance of natural laws (Ross, 1968). Mental diseases were especially viewed as the result of malevolent influence exercised by supernatural forces or by another human being, alive or dead.

Some of the temple and shrines have become treatment centres for various diseases, especially mental illnesses in our country. Temples have been used as place of healing for incubation or temple sleep by ancient Egyptians and Greeks as well (Somasundaram, 1973). Neki (1973) holds that about 80% of our rural population first consult faith healers. It is conceivable in a way that temple priests or faith healers come from same culture as the patients, i.e. they wear same dress, use same language, and practice healing methods which are consistent with their beliefs.

In the west, efforts are being made to utilize the services of faith healers in managing mental patients. In our country only preliminary observations are available as regards temple healing (Somasundaram, 1973).

We believe this to be a phenomenon important enough to call for a systematic study. Furthermore, the existence of the temple healing is a matter of public concern and should be made available to any interested person. The present paper is an effort to throw light on aforesaid issues attached to temple healing by a detailed evaluation of patients attending the famous temple of Rajasthan, Mehandipur Balaji.

There are three deities within the main temple building. On the ground floor is the vermilion idol of Balaji. In a small annexes is a large stone slab with a carved eye, the representation of Bhaironji. Upstairs is the domain of the lord of the Demons, Pretraj Maharaj.

After initial offerings (Darkas) some

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of the patients start getting trance or "Peshi". Those patients who do not get "Peshi" can contact the Mahant—the guardian of the temple who sits in a building that adjoins it.

AIMS AND OBJECTIVES

To investigate the socio-demographic characteristics, motivational factors, diagnostic break-up, relationship of diagnostic categories with possession and finally to assess degree of improvement of these patients.

We propose to extend our study to investigate psychodynamics of these patients, to learn of the opinion of the patients and their relatives regarding the causation of mental illness and the factors responsible for improvement in these patients in the second Phase.

METHOD AND MATERIAL

We selected five rest houses and from each we randomly took twenty patients. Two of us stayed there for three consecutive days in months of July, August and September, 1980. Each patient and his relatives were interviewed in details. At first they resisted as if we wanted to shake their belief in Balaji, but, with efforts we could overcome the difficulty. A verbatim account of complaints of these patients, their mental status as determined by the clinical interview, circumstances which brought them to this particular temple and improvement alongwith development of ‘peshi’ were recorded on a detailed pro forma (The proforma is available from the authors). The patients were diagnosed subsequently according to the criteria laid down in D.S.M. II (1968).

OBSERVATIONS

Data analysis revealed following observations:

| Age (in years) | 5—9 | 10—14 | 15—19 | 20—24 | 25—29 | 30—34 | 35—39 | 40—44 | 45—50 |
|----------------|-----|-------|-------|-------|-------|-------|-------|-------|-------|
| Male           | 2   | 4     | 24    | 26    | 10    | 12    | 10    | 8     | 4     |
| Female         | 46  | 54    | 54    | 54    | 54    | 54    | 54    | 54    | 54    |
| Education      | I litrate | Primary | Middle | High-school | Intermediate | B.A. | M.A |
|                | 20  | 18    | 14    | 12    | 24    | 10    | 2    |
| Religion       | Hindu | Sikh | Muslim | Christian |
|                | 98  | 2     | 2     | 2     |
| Caste          | Vaishya | Brahmins | Rajputs | Jat | Punjabi | Others |
|                | 38  | 16    | 6     | 4     | 10    | 26    |
| Marital-status | Married | Un-married |
|                | 62  | 38    |
| Occupation     | No. Occu. | Student | Business | House | Farmer | Govt. Ser. | Servant |
|                | 8   | 26    | 20    | 24    | 8     | 12    | 2    |
| Domicile       | Urban | Rural |
|                | 82  | 18    |
| State of domicile | U. P. | Delhi | M. P. | Haryana | Punjab | Rajasthan | Bihar | Nepal |
|                | 28  | 18    | 16    | 12    | 4     | 14    | 4    | 4    |
Table II—Motivational factors (N=100)

1. Failure of allopathic treatment 80%
2. Influenced by family members/relatives/friends and neighbours 66%
3. Family had full faith 4%
4. Patient had successful exposure before 8%
5. Family member got benefited 6%
6. Economic problems 0%
7. Stigma regarding attending mental hospital 2%
8. Brought forcibly 4%
9. Easy approachability 0%
10. Religious/supernatural faith 12%
11. Ignorance about modern treatment 4%
12. Miscellaneous 2%

Table III—Diagnostic break-up with and without trance (N=100)

| Diagnosis                          | Trance | Non-Trance |
|-----------------------------------|--------|------------|
| Hysteria (Dissociative type)      | 30     | 24 (80%)   |
| Schizophrenia                     | 14     | 4 (29%)    |
| Anxiety neurosis                  | 10     | 4 (40%)    |
| M. D. P. (Manic type)             | 12     | 2 (16.6%)  |
| Epilepsy with psychosis           | 10     | 2 (20%)    |
| Neurotic Depression               | 6      | 4 (66.6%)  |
| Obsessive Compulsive neurosis     | 2      | 2 (100%)   |
| Psychosis associated with         | 2      | 2 (100%)   |
| other physical conditions & child-|        |            |
| birth (Puerperal psychosis)       |        |            |
| Psychophysiological disorders     | 2      | 2 (100%)   |
| Genitourinary (Impotence)         |        |            |
| Mental retardation:               |        |            |
| Moderate, with infection or intoxication (Post-encephalitis) | 2 | 2 (100%) |
| Drug dependence:                  |        |            |
| Cannabis (Bhang)                  | 2      | 2 (100%)   |
| Diabetes Mellitus                 | 4      | 2 (50%)    |
| Rheumatoid Arthritis              | 2      | 2 (100%)   |
| Pigmentation                      | 2      | 2 (100%)   |

Table IV—Showing degree of improvement as reported by patients and their relatives (N=100).

| Improvement | Nil | Slight | Satisfactory | Very Satisfactory |
|-------------|-----|--------|--------------|------------------|
|             | 74  | 12     | 6            | 8                |

Discussion

To the best of our knowledge this is the first pilot study of its kind on temple healing of mental illness in Rajasthan in our country and therefore, our observations are not strictly comparable with other studies done on faith healers (Trivedi, 1977; Sethi et al., 1977; Sethi, 1978; Sethi and Trivedi, 1979; Trivedi and Sethi, 1979a, 1979b; 1980). Some preliminary observations were however made by Somasundaram (1973) on treatment of mental illness through temples in Tamil Nadu.

Analysis of our socio-demographic data discloses that the majority of the patients (82%) belong to age range 15-39 years. It suggests that this temple does not attract many children and old patients. Male and female ratio is more or less evenly distributed (46% vs. 54%), females being slightly over represented. Majority of these patients (80%) were educated from primary to postgraduation level, only one fifth of the patients (20%) were illiterate. This finding is in contradiction to popular belief which holds that faith healing methods attract only illiterates and rural patients. Our results are also in dissonance with the observations made by Sethi and Trivedi (1979) on patients who attended traditional healers' clinic, as majority of our patients had high level of education and they hail from urban areas as against to rural areas (82% vs. 18%).

It is interesting to observe that Mehandipur Balaji attracts more patients from U.P. (28%), Delhi (18%), M.P. (16%) and Haryana (10%) as compared to Bihar (4%), Punjab (4%) and Rajasthan 14%). Although temple is situated in Rajasthan State yet it attracts only few patients from this state.

Analysis of occupational status of the patients reveals that majority of the patients were young students (26%) and housewives (24%). 20% of the patients had business as their occupation. Almost all
the patients (98%) were Hindus. An overwhelming majority of these patients (60%) belonged to upper caste-Hindus constituting Vaishyas (38%), Brahmmins (16%) and Kshatriyas (6%). Overall findings disclose that Balaji Temple attracts more of business class, particularly Vaishyas. As such, we have no other study to compare our findings on the socio-demographic variables.

Another aspect of our study is concerned with evaluation and delineation of motivational factors of these patients. Among motivational factors that emerged in this study, failure of allopathic treatment (80%) and influence of family members and friends (66%) played a major role. Trivedi and Sethi (1979) too reported similar observations in their study on patients seeking traditional healing methods. However, our findings are in contrast with the observation of this study, reporting that “easy approachability” and “financial problems” also serve as motivating factors for patients seeking such healing methods. The fact that patients out of India also visited Mehandipur Balaji Temple shows that there is no consideration of money and distance of place in approaching faith healing person or place.

Finally our study reveals that a vast majority of patients who visit Mehandipur Balaji suffer from psychiatric ailments as against physical problems (92% vs. 8%). The majority of visitors to this temple are those suffering from neurotic (48%) and psychotic disorders (28%), thus constituting three-fourth of the studied sample. Neurotic disorders form diagnostic categories of dissociative hysteria (30%), anxiety neurosis (10%) and neurotic depression (6%). Among the psychotic disorders: schizophrenia (14%) and hypomania (10%) are the commonest clinical presentations. It is believed that only those patients will be benefitted from this temple who get “peshi” or “trance” during which they perform ritualistic and repetitive movements of various parts of body. Some of the patients strike hard against wall, iron bars, the floors or place heavy stones on their body. Thus evil spirit is supposed to cry and promise to leave the body of the patient and not to return and thus ensuring cure. Our results reveal that only half of the studied sample (52%) developed trance and of which neurotic patients constituted 34%. Of the patients developing trance, hystericals were more prone to get it. On the basis of these observations, it may be inferred that “suggestion” and “faith” are underlying factors in the development of trance in neurotic patients in particular and in other psychiatric patients in general. Our observations further indicate that one quarter of the sample mainly constituting of psycho-neurotics show slight to complete recovery after development of trance at Mehandipur Balaji Temple.

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