



Appraisal of Emotional Intelligence among Traditional Healers Believing in Local Deities and their Followers

Upasana Kataik¹, R. L. Zinta²

Research Scholar, Department of Psychology, H.P University, Summer Hill, Shimla 171005.¹

Professor and Chairman, Department of Psychology, Himachal Pradesh University, Shimla.²

Email: upasanapanta@gmail.com, zinta.roshan@gmail.com

Abstract- Himachal Pradesh is considered as the 'Fruit Bowl' and the 'Dev Bhumi' wherein approximately 33 crore local deities reside and communicate with the people so as to bless them through their agents such as Mali or Gur. Be it a traditional ritual observance (like possession of local deities), psychological accounts or expectation of sectarian institutions, their obligatory creeds and rituals by means of mystic experience, all have proved effective in ameliorating socio-emotional conflicts and inculcating happiness. Be traditional healers from socially advantaged or socially disadvantaged segments, all possess miraculous mystic power and charismatic emotional intelligence during the possession of local deities. Therefore, this study has been conducted to know the emotional intelligence of the traditional healers and people consulting them before and after the possession of local deities. More appropriately, the objective of this study is to identify the difference between Scheduled Caste and non-Scheduled Caste traditional healers possessing local deities and the people consulting these healers on the measure of Trait-Emotional Intelligence before and after the possession and consultation of local deities. The present study has been conducted in rural Tehsils of Shimla district of Himachal Pradesh where such beliefs are prevalent. Sample of N = 120 subjects was selected and divided into two groups (60 traditional healers and 60 people consulting traditional healers) those finally were subdivided on the basis of their caste (30 scheduled caste and 30 non-scheduled castes). In all, there were four groups with N = 30 subjects in each that comprises of aforesaid sample. Pre and post testing was applied in all the groups. Results based on ANOVA Repeated Measure revealed that a significant difference was found $F(1,116) = 4.13, p < .05$ on the measure of Trait-Emotional Intelligence Questionnaire between Scheduled caste (92.05) and non-Scheduled caste (94.22), wherein non-Scheduled caste people were found on higher side. Similarly the main effect of intervention was found $F(1,116) = 52.41, p < .01$ that reflect the efficacy of deities intervention in modifying even the emotional intelligence. Further, the two-way interaction between the Healers and Consultants and intervention test was found $F(1,116) = 17.00, p < .01$ as highly significant. In nutshell, the deities intervention played vital role in increasing the emotional intelligence of the people consult them during distress to attain bliss.

Keywords- Emotional Intelligence, Traditional Healers, Local Deities, Possession

1. INTRODUCTION

God is an enduring mystery, an enigma that human beings have been trying to unravel since long. Those who believe in God see him everywhere. Non believers seek empirical evidence, but since God is beyond the senses, mind and intellect; this is not available. Those who believe do so because of inner evidence- their own experience, which according to them is the best proof. They claim to experience God. Religious beliefs in the present society across the world seem to be at a gargantuan level. Be it a traditional ritual observance like deities possession, psychological accounts and expectation of sectarian institutions, their obligatory creeds, and rituals by means of mystic experience, all have proved effective in ameliorating socio-emotional conflicts. Indian ancient traditions and scriptures reveal three major paths to experience God; these are paths of Karma (action), Bhakti (devotion) and Jnana (wisdom) which merge into one another. We are all pilgrims in the journey of life however everyone has different points of such journey according to their qualification and inclination. As per individual's attitude and preferences, the seeker chooses the path most suited

to their inner calling and pursue it with diligence, thus being our spiritual journey towards divinity. Whereas belief in local deities in rural areas may be one of the medium for achievement of bliss (Zinta, & Negi, 2017).

People living in hilly area still believe in their traditional local institution of deities in general and Gur's (traditional healers) in particular promoting health of the community (Ashwini, 2012). The village deity in Himachal Pradesh is considered to have a power to destruct enemies, increase the production of crop, remove and reduce physical and psychological ailment as well as protect the people from demon, devil and witches. At the same time these deities are considered to help the people in boosting their knowing, giving justice during clash of two communities and members, increase horticulture and agriculture produces, protect forest as well as generating revenue and fitting the individual in employment and vocations. Deities are considered to protect individual from flood, drought, and other natural calamities like earthquake in general and help in promoting physical wellbeing and mental health. The villagers use various means such as presentation of goat or lamb as well as Bhog to their goddess/deities. The deity become delighted and



showers their blessing on people to cope in difficult situations and time. This type of practice may vary across culture and village to village (Sharma, 1999).

The devi and devta in this state thus govern all social, cultural, moral, economic, religious and political life of the villager (Thakur, 1997). These deities according to them alleviate their suffering of any kind. The people in turn please their deities with the help of gift like jewellerys such as chhatar of gold and silvers and other ornament including money. Fair and festival are another means for pleasing these local deities. Beside this various means of singing and music instruments like dhol, nagaras, baam, kansal, guju, bhana, tali, dhokoli, ransingha, karnali, damru, and chimtas which are used as a means of music to please the local deities. Not only this the devi and devta are decorated by giving shapes, wearing clothes named as ghagri, mohras, baal (hairs) and wooden palanquin are made for them. As a result these deities are used for recreational sources. Therefore the people believe that these devta and deities will remove their suffering including protection from bhoot and pret such as demon and witches like vampire or Chudel in local.

Almost everywhere in India, spirit possession is described as means of social regulation and conflict resolution process through symbolic transformation. It is found among Gaddis of western Himalayas in general and amongst the people of Shimla, Sirmour, Chamba and Kinnaur of Himachal Pradesh. Possession is generally a belief and a practice. The upper and lower caste people in Himachal have their own devi and devta at their family and village level. For them their deities help them in overcoming every fear and helplessness with the help of Gur or maali. Generally the low caste people use it for removing social oppression (Dhaleta, 2012). As the atrocities on socially deprived segments especially on scheduled caste and women have increased across the work in general and H. P. in particular. The minority seems to be the major impact (Mullick, Yadav, Rana & Stobringh, 2013) thus, deities Dosh has remained as one of the instrument for preventing such oppression (Narayanan, 2012). Possession is practiced for yogic practices such as Samadhi wherein deities enters inside the body of the individual and take full control of thought, pattern, behavior and feelings that is found in daily routine. Possession took place in open area in order to solve cross personal and village litigation (Cote, 2007) in general and asking tips for health, preventing enemies and getting employment in particular. Gur in Himachal show various tricks as well as proof of deity's power such as inserting iron rods in cheek, tongue, eyebrow and neck. There are also some Gur who in possession state walk on burning coal (Amar Ujjala Bureau, 2014). It is a matter of great exploration that what strategies of interventions are used by the Gur or Mali during

deity's possession. Generally, it is believed that the Mali during possession experiences supernatural power even modify the emotional trait of the people under consultation.

According to a meta-analysis of 63 studies conducted by Zuckerman, Silberman, and Hall (2013), a negative association between intelligence and religiosity was observed. The study clearly revealed that the person during possession possesses supernatural power that is beyond the personal intelligence. But there are certain studies which emphatically revealed the role of socio-cultural factors and psychopathology such as means of communication, and diagnosis techniques, as well as the utilization of social behavior and moral values of the person possessing local deities (Ruiz & Langrod, 1976). There is plethora of research that emphasizes upon the role of cultural and personal factors in the possession. It might be the emotional intelligence and personality traits and other socio-cultural and psychological factors those are implemented by the person during possession. In a study by Ahmed et al. (1999) observed that the traditional healing is widespread phenomenon in Sudan and traditional healers are well respected by the local community. This study assessed the characteristics of visitors attending traditional healers, the reasons for visits, the frequency of visits, satisfaction with visits and advantages and disadvantages of visits. The results showed that children under ten years did not take part in visits; most of the visitors were between 21 and 40 years (61%) and were women (62%). Visitors were less educated compared to the general population in the area. The main reasons given for attending traditional healers were treatment (60%) and blessing (26%). Visitors did not mention any disadvantages to visiting traditional healers.

Survey by Kapur (1979) indicated that approximately thirty to forty million Indians suffer from psychiatric problems serious enough to require urgent attention. However, there are only 500 psychiatrists, 400 clinical psychologists, and 100 psychiatric social workers to provide them cosmopolitan health care. Most of the mentally ill people are cared for by indigenous healers. A one-year study of the concepts and practices of indigenous healers was carried out in a town of western India. With a population of 10,000, the town boasts 26 healers of which 3 were MDs. 2 Vaidis, 3 Mantarwadis, 4 Patris, and 14 of mixed tradition called Patrimantrik. Results showed that healers and patients are in agreement with psychiatrists in the diagnosis and identification of "serious" symptoms of mental illness. With the exception of one condition, "possession", the MDs were the healers initially preferred by patients, in spite of the former's poor psychiatric training. However, the majority of the patients had consulted more than one kind of healer



for their problem. There was no association between a patient's choice of healer and his age, wealth, or formal level of education.

Similalry, Sharma (2010) made an attempt to understand 'locality', where the issues of subversion, subordination and marginalization as well as the problematic notions of liminality and empowerment was more vibrant and real. He observed that the low castes and untouchables were engaged in economic conflict at various levels with the high-caste landowners, who resulted in occasional uprisings too, the popular belief system was used by the marginalized as an instrument of assertion of their power against social coercion. It is argued that the social and ritual protest aimed at diluting or subverting the local caste hierarchy in a stratified society is an efficacious threat to the power of the high castes; that the hope of social revision becomes an alternative to economic subordination. More important, the symbols of empowerment are not the ones controlled by the high castes, but those which are located in the specialized rituals of the marginalized dalits. This article is about these symbols, which are liminal in nature, and how they empower, if only for a brief while, the economically exploited and socially marginalized dalit practitioners. In such a situation, the local deities play important role in mitigating the social discrimination, conflicts and dominance of upper caste people by bringing harmony and peace among the low caste and low income people by restraining from their aggression

Roger (1990) asserted that folk healers have a valuable role in medicine. A large percentage of the world's population relies on these practitioners as primary health care providers, and thus their contribution to medicine is considerable on a global scale. Similarly, treatments and pharmaceutical agents discovered by the tribal healers have, on occasion, been keenly adopted by the west. Acknowledging the significance of this contribution can stimulate further study of alternative treatment options and philosophies. The study of Kleinman (1979) from a follow-up of patients treated by a shaman (*tâng-ki*) in Taiwan, and relate these to early findings from a much larger study of indigenous healing in that Chinese cultural setting. Ninety percent of patients were treated by indigenous practitioners suffered from chronic, self-limited, and masked minor psychological disorders. The last group, involving "somatization" of personal and interpersonal problems, accounted for almost 50% of cases. In the follow-up study 10 of 12 consecutive cases treated by this indigenous healer rated themselves as least partially, cured. This occurred in spite of any significant symptom change in several cases, and in the face of considerably worsened symptoms in one case. In these cases, behavioral or

social gains were responsible for the positive evaluation of therapeutic efficacy. Further Carone and Barone (2001) explored how religious beliefs provide order and understanding to an otherwise chaotic and unpredictable world. Many religions advocate forgiveness, which is often helpful in resolving conflicts. Another beneficial religious belief is an ever-present spiritual attachment figure. Negative effects of religion include its exercising aversive control to maintain conformity and its promoting an external locus of control. In contrast, mental-health professionals belong to a tradition of free inquiry and self-development, and guide clients to acquire competencies necessary to change and direct their lives. Therapist attitudes are far less likely to include allegiance to religion than are those of the public and psychiatric patients. Rather than being biased against religion or trying to debate religion, therapists need to engage in problem solving with clients in the context of this example of socio-cultural factors.

In Himachal Pradesh, the intervention of local deities is very efficacious. Here the people have their own local devi and devta with different shapes and size. The local deities have palanquin named as Palki in local language that has head and body. Head has hair, Sheer ka Mohra and other small mohras of reea, tamba, chandi and sona or the mixture of various precious metal. The body of devta is i.e. palanquin is made up of wood having squared shape with zaaini or arms to pick it up and ghaghri (bright cloth) to cover the body. The palanquin rest on the ghundas i.e. paveys and different clothes are there in the body of deities. The bright ghagri with various design are put on the local deities whereas the plain clothes on the zameini. The Mohra with the shapes of men and women on the name of deities are found in the neck of the deitas palki. The palaki of some devta are of round shape with three chhatar on the top in pahari language known as Kilbalu. It has two part head and body. The head is made of of chhatar and the body of tamba in oval shape. The body is covered by ghagri and one people carry it on the head. When the power came the body of the people who carry the Kilbaloo tremble completely and people start believing that the deities has a power. Further there are other people in the for of Mahasu whose upper head is in triangular shape with chhatar on the top and lower part with square body covered with ghagri. It has also the magical power. Further there are also other types of palanquinThe local deities are in two form i.e. male and female in local dialect known as devi and devta known as the awtara of God and Goddesses. These people dance and show their power when people them about their social suffering. With the nod of the palaqui and movement and vibration trembling the people. Further, these local deities have their Gur in local on whom their possession take place. They verbally report the problem of the people during



deities possession. Hence, the people listen and follow them to pass their happy life.

These deities therefore play important role in relieving distresses of the people, curving social conflict, physically, socially and psychologically promote the wellbeing of the people. Here our philosophy is that where these mali are emotionally intelligent or do they have inner power and ability to monitor others emotions? These Malis play important role in identifying, and managing the emotions of other people in positive ways to relieve stress, overcome challenges, and diffuse social conflict so as to achieve greater success at work so as to lead a more fruitful and fulfilling life.

It was in 1990 that Mayer and Salovey who first outlined their views on this concept by suggesting that it embodied a distinct set of abilities. The idea that the human skill set involves something more than just IQ was not new at the time, nor was the term "emotional intelligence. In 1995, Daniel Goleman published his hugely successful book, "Emotional Intelligence: Why it can matter more than IQ," and with its release, the term found a permanent place in the popular imagination and in the annals of Pop psychology. They refereed it as any number of positive personality traits, such as self-esteem, optimism and need for achievement, and any number of social skills, habits and behavioral preferences (Mattiuzzi, 2008). Daniel Goleman, 1998, developed a framework of five elements for defining emotional intelligence. First element deals with Self-awareness that deals with people's understanding of their emotions, and because of this, they don't let their feelings rule them. They are confident – because they trust in their intuition and don't let their emotions get out of control. Second element deals with the Self-regulation that helps in controlling their emotions and also prevents them to become anxious, jealous, and impulsive. Third element is Motivation that enhances their emotional intelligence for achieving long-term success. Further fourth element is Empathy that involves their ability to identify with and understand the wants, needs, and viewpoints of those around you. Similarly, the fifth element deals with Social Skills that also increase emotional intelligence so as to attain success and manage disputes by applying communication. It is the capacity to reason about emotions, and of emotions to enhance thinking. It includes the abilities to accurately perceive emotions, to access and generate emotions so as to assist thought, to understand emotions and emotional knowledge, and to reflectively regulate emotions so as to promote emotional and intellectual growth (Mayer, 1999, 2000).

There seems to be the positive relationship between emotional intelligence and wellbeing. This is visible in the areas where people believe in the local deities. In his study Reuven (2005) empirically examined the

relationship between emotional intelligence and subjective well-being. It is important to know more about this relationship, because a growing body of research indicates that EI significantly contributes to human performance whereas SWB reveals overall satisfaction with what we are presently doing and have done. Gallagher and Vella-Brodrick (2008) in their study examined the predictive value of social support (SS) and emotional intelligence (EI), and their interaction effects, on subjective well-being (SWB). Participants were 267 adults (196 female) who anonymously completed measures of satisfaction with life, positive and negative affect, social support, emotional intelligence, personality and social desirability. Exploratory hierarchical multiple regression analyses showed that SS and EI, and their interaction effects, significantly predicted SWB, and explained 44%, 50%, and 50% of the variance in SWL, positive affect, and negative affect respectively. Generally emotionally intelligent individuals are likely to experience psychological wellbeing at a higher level than individuals who are low in emotional intelligence.

The study of Carmelli (2009) aimed at to examine the relationship between emotional intelligence and four aspects of psychological wellbeing (self-acceptance, life satisfaction, somatic complaints and self-esteem). Data were collected from employees through two different structured surveys administered at two points in time. The results of four hierarchical regression models provide, in general, support for the positive association between emotional intelligence and psychological wellbeing components – self-esteem, life satisfaction, and self-acceptance. Only marginal significant support was found for the negative relationship between emotional intelligence and somatic complaints. Similarly the study by Zeidner (2010) aims at extending previous research on the predictive validity of "maximum performance" measures of emotional intelligence (EI) in relation to cognitive and affective facets of well-being, by way of a prospective research design. Participants were 202 Israeli adolescents who were administered on the (a) MSCEIT, an ability-based measure of EI, (b) the oceanic, a measure of the "Big-Five" factors of personality, and (c) the Vocabulary subtest of the WISC-R, as measure of verbal ability. At time two, data were gathered on cognitive and affective facets of well-being, as criterion measures. Overall, the MSCEIT failed to demonstrate predictive validity against affective criterion. The null outcomes were discussed and explicated. It seems that the the gurs and malis of local deities during their possession uses emotional intelligence to help their follower in passing sweet life. Be the traditional healers are from enriched and impoverished classes all seems to use emotional intelligence during the possession of local deities.

1.1 Objectives of the present study: The objective of the present study was to find out the difference between scheduled castes and non-scheduled castes traditional healers possessing local deities and the people consulting traditional healers on the measure of Trait-Emotional Intelligence Questionnaire before and after possession and consultation. The objective here is to see what exceptional emotional intelligence the traditional healer possesses those make them different from other people for influencing the people to some extent. We are here trying to find out the reason for peoples belief in them and the interventions and techniques used by traditional healers to solve people's grave social problems.

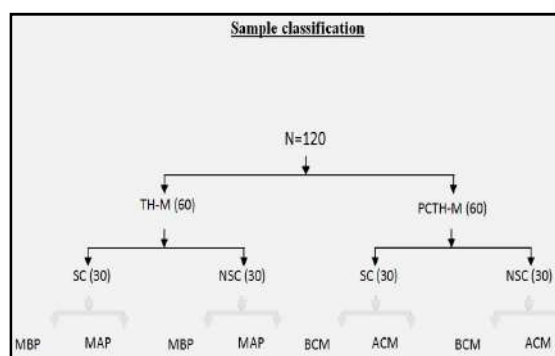
2. METHODOLOGY

2.1 Study area

The belief in supernatural element is quite prevalent in Himachal. The people of district Shimla believe in their local deities and consult them during distress. Therefore, the present study was conducted in various rural tehsils of Shimla district known as Chopal, Theog, Kotkhai, Jubbal, Rohru, Chirgaon, and Rampur where such beliefs and practices are followed at mammoth.

2.2 Sample

The study was conducted on a sample of $N = 120$ subjects. These subjects were divided initially into two groups (60 Traditional Healers i.e. Mali possessing local deities + 60 People Consulting Malis) and further on basis of Castes (30 scheduled caste, 30 non scheduled-castes) were selected. Pre and post testing was applied in all the groups. More appropriately, the Malis from both the castes are tested before and after possession. Similarly people consulting Mali were also tested before and after consulting the traditional healers. Thus, purposive sampling was used. The sample classification is as follows:-



Notations: TH-M = Traditional Healers (Mali) ;
PCTH-M : People Consulting Traditional Healers-Mali;
SC = Scheduled Caste; NSC: Non-Scheduled Caste;
MBP: Mali before possession ; MAP: Mali After Possession ; BCM: Before Consulting Mali ; ACM: After Consulting Mali

Measures used: In this study The Trait Emotional Intelligence Questionnaire was used that was developed by K. V. Petrides in 2006. It is an integral part of a scientific research program that is currently based at the London Psychometric Laboratory in University College London. It is a 30-item questionnaire designed to measure global trait emotional intelligence. It is a seven point scale ranging from completely disagree (1) to completely agree (7). Score range from minimum of 30 to maximum of 210. More the score more will be emotional intelligence. The score is reliable and valid. It was adopted and translated in Hindi language by following the criteria of standardization.

3. PROCEDURE

Objective of the present study was to investigate the trait-emotional intelligence of the socially deprived and non-deprived traditional healers i.e. mali/gur as well as the people consulting traditional healers before and after the possession of local deities. Further objective also was to know the intervention style and procedure used by the traditional healers for reconciliation of socio-emotional conflicts of person, family and community under distress. Purpose here is to know whether the malis used emotional intelligence or the spiritual power during possession. Since there are customary beliefs in the supernatural powers possessed in deities and their agent i.e. mali's in particular, therefore the present study has attempted to approached both i.e. traditional healers as well as the people consulting them. In this study $N = 120$ subjects of various rural tehsils of Shimla district were studied. These subjects were divided initially into two groups (60 Traditional Healers and 60 People consulting) and further on basis of Castes (30 scheduled castes, 30 non scheduled-castes) were selected. Pre and post testing was applied. More appropriately the Malis from both the castes were tested before and after possession. Objectives here were to know the existence of supernatural power or detecting the emotional intelligence of healers immediately after the possession. Similarly, the people consulting Mali's will also be tested before and after consulting the traditional healers. Here objective was to know the impact of intervention given by Mali/Gur during possession of local deities. The subjects are assessed with the help of Trait-Emotional Intelligence questionnaire. The researcher here has targeted to explore the Malis immediately after the possession because during possession they cannot be questioned or asked about the reality of such magical/supernatural power. Post test in the study was carried out keeping in view the fact that if something enters into the body it should have its long lasting effects. For example if a person consumes alcohol, its impact can be seen for some hours later also. Similarly if supernatural elements entered into the Mali's body then it should



also sustain for some minutes or hours. Hence the study is very interesting in nature.

4. RESULTS AND DISCUSSION

Hence the objective of the present study is to identify the emotional intelligence amongst the traditional healers and the people consulting them before and after the possession of local deities. In this study ANOVA repeated measure has been used and the results are as follows:-

Table 1.1: ANOVA Repeated Measure performed on the measure of Trait-Emotional Intelligence Questionnaire among Socially Deprived and Non-deprived Healers and People Consulting them

Source	SS	df	ms	F	p
Total	619.41	120			
A	192.60	1	196.60	2.80	n.s.
B	283.83	1	283.83	4.13	<.05
C	26.00	1	26.00	52.41	<.01
A x B	49.50	1	49.50	.72	n.s.
A x C	8.43	1	8.43	17.00	<.01
B x C	.004	1	.004	.008	n.s.
AXBXC	1.504	1	1.504	3.03	n.s.
Error	57.55	116	.496		

Notation: A=Healers/ Consultants; B= Caste; C= Pre/Post Test (Intervention)

From the above table it is quite clear that the main effect of (A)Healers/Consultants on the measure of Trait-Emotional Intelligence Questionnaire was found $F(1,116) = 2.80$, $p > .05$ as statistically non-significant. But the main effect of (B) Caste was found $F(1,116) = 4.13$, $p < .05$ as statistically significant. More appropriately the mean score of scheduled caste on measure of Trait-Emotional Intelligence Questionnaire was found 92.05 whereas the mean score of non-scheduled caste on same measure was found 94.22 therefore showing more emotional intelligence than scheduled caste people. From the average score it is quite clear that there is meager difference between the two groups which ANOVA Repeated Measure has already negated. The main effect of (C) Pre/Post test was found $F(1,116) = 52.41$, $p < .01$ as highly significant. More appropriately the mean score of pre test on measure of Trait-Emotional Intelligence Questionnaire was found 92.81 whereas mean score of post test on same measure was found 93.47; therefore, showing that post test did have the effect on people after consultation. The two way interaction (AXB) between Healers/Consultants and Caste was found $F(1,116) = .72$, $p > .05$ as statistically non-significant. But the two way interaction (AXC) between Healers/Consultants and Pre/Post test was found $F(1,116) = 17.00$, $p < .01$ as highly significant. The two way interaction (BXC) between Caste and Pre/Post test was found $F(1,116) = .008$, $p > .05$ as statistically non-significant. Finally the three way interaction

(AXBXC) between Healers/Consultants, Caste and Pre/Post test was found $F(1,116) = 3.03$, $p > .05$ as statistically non-significant.

Table 1.2: Average Score of Scheduled Caste and Non-Scheduled Caste Traditional Healers and People consulting them on the measure of Trait-Emotional Intelligence Questionnaire before and after intervention

	Before Intervention		Average
Groups	SC	NSC	
TH	90.63	93.57	92.10
PCTH	92.80	94.23	93.51
Average	91.72	93.90	
	After Intervention		
	SC	NSC	
TH	90.77	94.00	92.38
PCTH	94.00	95.10	94.55
Average	92.38	94.55	
Overall Average	92.05	94.22	

Notations: TH= Traditional Healers; PCTH= People Consulting Traditional Healers; SC= Scheduled Caste; NSC= Non-Scheduled Caste

From the table we can see that the average score of scheduled caste people was 91.72 and that of non-scheduled caste people it was 93.90. It shows that there is a difference between average scores of two groups and non-scheduled caste people have more of trait-emotional intelligence than the scheduled caste people before the intervention was conducted. Further the average score of the traditional healers was 92.10 and that of people consulting traditional healers it was 93.51 showing the difference clearly. It depicts that people consulting traditional healers have more of trait emotional intelligence than the traditional healers. From the table we can see that the average score of scheduled caste people was 92.38 and that of non-scheduled caste people it was 94.55. It shows that there is a difference between average scores of two groups and non-scheduled caste people have more of trait-emotional intelligence than the scheduled caste people after the intervention was conducted. Therefore we can say that the emotional intelligence of the people does change after intervention irrespective of caste difference. Further the average score of the traditional healers was 92.38 and that of people consulting traditional healers it was 94.55 showing the difference clearly. It depicts that people consulting traditional healers have more of trait emotional intelligence than the traditional healers. Here we can see that there is not much difference in emotional intelligence of traditional healers but is affected of the people consulting them.

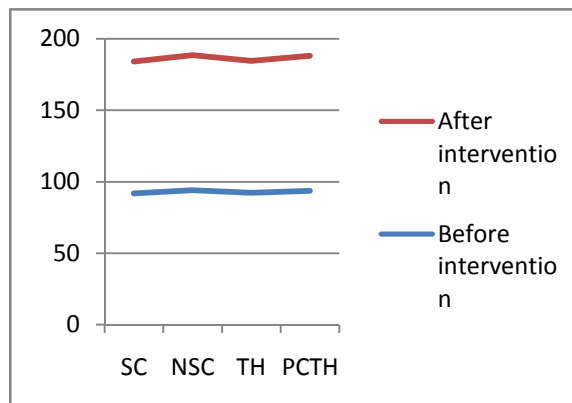
Therefore we can say that the emotional intelligence of the people consulting traditional healers is affected due to intervention. More clearly the mean scores of scheduled caste traditional healers before the intervention was 90.63 and 90.77 after intervention showing slight difference. Therefore there was not much change after intervention in traditional healers and there emotional traits were almost the same before and after intervention. The mean scores of non-scheduled caste traditional healers before intervention were 93.57 and 94.00 after intervention. Here, we can see that there is some difference between the mean scores therefore showing that there was effect of intervention on the group. Further we can see the mean score of scheduled caste people who consulted traditional healers was 92.80 before the intervention and 94.00 after intervention, therefore, we can see that there is a lot change after intervention and so we can say that their emotions were greatly influenced and effected due to intervention. The mean score of non-scheduled caste people who consulted traditional healers was 94.23 before intervention and after intervention it was 95.10 showing the effect of intervention on them.

Table 1.3: Average Scores of All the Groups before and After Intervention on the Measure Of Trait-Emotional Intelligence Questionnaire

	Before intervention	After intervention	Overall Average
SC	91.72	92.38	92.05
NSC	93.90	94.55	94.22
TH	92.10	92.38	92.24
PCTH	93.51	94.55	94.03
Overall Average	92.81	93.47	

From the overall average it was clear that non-scheduled people showed more changes from the intervention as the average score of scheduled caste people was 92.05 and of non-scheduled people it was 94.22. Therefore, it was clear that emotions of the non-scheduled caste people were reverted or affected due to consultation from the traditional healers or the traditional healing done by them. The average score of traditional healers was 92.24 and that of people consulting them was 94.03 showing the difference. It is also seen that people consulting traditional healers showed more changes than the traditional healers himself. After traditional healing people going to traditional healers did show some changes in their emotions, while healers had the same emotions after possession as they had before possession with not much difference. On the whole we can see that

intervention did play the role and there were some changes in all groups after the intervention as the average score before the intervention was 92.81 and 93.47 after intervention.



The graph clearly shows the difference after intervention and hence we can say that there were some changes in the groups after the post test. From the overall study we can see that irrespective of caste there is some change in the people after the intervention. There was also difference in the emotional intelligence of the traditional healers and people consulting them. Therefore we can say that traditional healers do have some exceptional emotional intelligence with the help of which they are able to understand the mentality and beliefs of people comes for the consultation. According to their judgments and understanding of the situation and environment around them are able to exert some influence on the people coming to them for healing. The atmosphere around the place of healing is created in such manner that people are totally devoted towards their deity and his mali that they have full faith in them so their whole heartedness towards them does the partial work. The mali during possession changes his physiological make. Either he put off his clothes, shake his body, rub atta is his body and face, move his long hair, verbally shout and speak loudly as well as sometime uses iron shangal to beat his back or utilizes hot iron plates to impose fear on the client and also give rice pieces to his client. Some Maalis also uses mantra to cure their patients. They also uses kheer and gounch i.e. milk and cow mutras to make the place as holy by sprinkling it with Bekhal i.e. the thorny plant. Then the Maalis during possession give updesh and bakhan to satisfy their follower. The mali clearly say whether the patient has medical problem, social problem and psychological problem. They are able to say that whether the client is possessed with some deities dosh, influence of negative supernatural power like bhoot, prît, chudel or banshish or banshira or some other ghost or some lag lappet like of Kaali and Solah Savnis influence avatara of Kaalis live in moutaneous top. The malis during possession predict



and control the suffering of their followers. They are fully convinced that their deity will surely solve their grave socio-psychological problem and this preconceived notion even helps the mali in their treatment. Therefore we can say that traditional healers have some different emotional intelligence that helps them in understanding the situations and giving people the intervention.

5. CONCLUSION

Hence the study showed that traditional healing is a process of faith and belief in God and local deities which helps the followers in promoting their wellbeing. The healers do have some special emotional intelligence which helps them in understanding and dealing with the situation.

REFERENCES

- [1]. Ahmed, I. M. et.al. (1999). Characteristics of visitors to traditional healers in central Sudan. *East Mediterranean Health Journal*, 5(1), 79-85.
- [2]. Amar Ujjala Bureau (2014). Dehakte angaron par nachte mata ke gur. Amar Ujjala, 28th July. CHD: AU Press.
- [3]. Andrew (2008). A dictionary of psychology (3rd ed.). Oxford University Press.
- [4]. Ashwini, Y. (2012). Role of guru in your life. *Times of India*, 2nd July.
- [5]. Carmela, A. et.al. (2009). The relationship between emotional intelligence and psychological wellbeing. *Journal of Managerial Psychology*, 24, (1), 66-78. Carone, A. D. & Barone, F. D. (2001). A social cognitive perspective on religious beliefs: their functions and impact on coping and psychotherapy. *Clinical Psychology Review*, 21(7), 989-1003.
- [6]. Cote, D. (2007). Les rites de possession chez les Gaddis du Dhauladhar (Himachal, Inde): spiritualite, guérison, société. Ph. D. thesis, Department of Anthropology, Université de Montreal (Quebec, Canada).
- [7]. Dhaleta, S. (2012). Devta on pilgrimage, festivities on hold. *Times of India*, thirteenth November. CHD: HT Press.
- [8]. Gallagher, N. E. & Vella-Brodrick, A. D. (2008). Social support and emotional intelligence as predictors of subjective well-being. *Personality & Individual Differences*, 44, 7, 1551-1561.
- [9]. Kapur, R. L. (1979). The role of traditional healers in mental health care in rural India. *Social Science & Medicine. Part B: Medical Anthropology*, 13(1), 27-31.
- [10]. Kleinman, A. (1979). Why do indigenous practitioners successfully heal? *Social Science and Medicine. Part B: Medical Anthropology*, 13(1), 7-26.
- [11]. Mayer, J. D. et.al. (2000). Models of emotional intelligence. In R. J. Sternberg (Ed.), *Handbook of Intelligence* (pp. 396-420). Cambridge, England: Cambridge University Press
- [12]. Mayer, J. D. et.al. (1999). Emotional intelligence meets traditional standards for an intelligence. *Intelligence*, 27, 267-298.
- [13]. Mullick, R., Yadav, P., Rana, Y. & Stobringh, I. P. (2013). Pasty hitch their fate to brand: Minority major impact. *Times of India*, July, Delhi.
- [14]. Narayanan, V. (2012). Abused girl to decide her future. *Times of India*, 4th February. Delhi: HT Press.
- [15]. Reuven (2005). Perspectives in education - The impact of emotional intelligence on subjective well-being. *The International Bibliography of Social Sciences*, 23(1), 41 - 62.
- [16]. Roger W. B. (1990). Folk healers: A different perspective. *Can Fam Physician*, 36, 125-127.
- [17]. Ruiz, P. D. & Langrod, J. (1976). The role of folk healers in community mental health services. *Community Mental Health Journal*, 12(4), 392-398.
- [18]. Sharma, M. (2010). Symbols of empowerment: Possession, ritual and healers in Himachal Himalaya (North India). *Journal of Asian & African Studies*, 45 (2), 196-208.
- [19]. Sharma, S. (1999). *Encyclopedia of Himalayas* (2). New Delhi: Anmol publications pvt. Ltd.
- [20]. Thakur, M.R. (1997). *Myths, rituals and beliefs in Himachal Pradesh*. New Delhi: Indus Publishing Company.
- [21]. Zeidner, M. et.al. (2010). Emotional intelligence and subjective well-being revisited. *Personality & Individual Differences* 48- 431-435.
- [22]. Zinta, L.R. & Negi, D. (2016). *Religious Psychology. Conflicts reconciliation through possession of local deities*. New Delhi: Indu Book Services.