



BELIEF OF HIMACHAL PEOPLE IN LOCAL DEITIES AND THEIR AGENTS IN HEALING AND RECONCILIATION PROCESSES FOR PROMOTING WELLBEING

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Abstract- People living in hilly area still believes in their traditional local institution of deities in general and Guru's in particular for promoting wellbeing in the community. The devi and devta in this state govern all social, cultural, moral, economic, religious and political life of the villager. In Himachal Pradesh approximately 33 crore local deities reside, communicate and commemorate with the people through their agents called Mali's or Gur's. This study has been conducted to know the belief of traditional healers and people consulting in local deity's reconciliation before and after the possession of local deities. The objective of this study therefore was to identify the difference between Scheduled Caste and non-Scheduled Caste traditional healers possessing local deities and people consulting these healers on the measure of Local Deities Reconciliation Scale 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 believes are prevalent. Sample of N = 120 subjects was taken 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 observed as the main effect of intervention was found $F(1,116) = 42.64, p < .01$ as highly significant where the mean score before test was 7.46 and after test it was 7.78 showing slight higher score. Further the two way interaction between Healers and Consultants and Caste was found $F(1,116) = 11.66, p < .01$ as statistically significant. Finally the two way interaction between Healers and Consultants and intervention was found $F(1,116) = 9.56, p < .01$ as highly significant. Overall study showed that neither caste nor traditional healers and consultants differ in beliefs about reconciliation done by local deities. They have a fix mind set and permanent and strong faith in local deities.

Key Words: Reconciliation, Traditional Healers, Local Deities, Possession.

1. INTRODUCTION

One of the most enduring pursuits throughout the entire history of humanity has been the search for well-being, happiness, and good life. It takes only a minor excursion into human history to realize that the answers to this question have been extraordinarily diverse. Some people have pursued towards sensual pleasure; others have sought love, the joys of intimate relationships and still others have worked toward the actualization of their potentials, while some significant others have searched for the peace of contemplative spirituality (Compton, 2005; Srivastava, 2012; Sethi, 2012; Khan, 2012). The psychologists in India also have realized that the inner religious believes may also play crucial role in real life adjustment that may exert profound influence on the wellbeing (Broota, 1987). The belief in supernatural element, power and possession is not only prevalent in India but is also prevalent in

Western countries as well (Kamat, 2012). For example the US poll 2005 found 88% Americans as religious whereas in India every people seem to follow this path.

The Himalayas with long chains of mountains is rich in religious believes, customs, traditions and cultures. The myths, ritual and trusty behaviors of Himalayan people, functions as a conceptual apparatus in the life of the community members. The religious beliefs are intermingled in the psyche of Himalayan people in such a way that it has become the way of life. The traditional religious believes therefore play vital role in physical, socio-cultural psychological and spiritual wellbeing of the people. Thus people believe in institutions of deities, priests, old customs, possessions and practices as well as rituals and is said to govern human behavior and help them to adapt in better way in their environment. India being culturally a very rich country has always cultivated a seed of religiosity in which Himachal Pradesh has also kept its indelible impression by



considering as Dev-Bhumi. They have strong belief in their deities in terms of forecasting, justice and decision making processes. The people here have their specific family deities and village and community deities those spread their positive vibration to specific territory and foresee their grief, ailment, suffering and future as well and promote their health (Dhaleta, 2012). Therefore the people of India seem to be happiest on the planet (Poll by global research company).

The state comprises of many village gods. The village god is considered to rule over encapsulated territories, the largest of which includes the territories of subordinate gods. A village god is perceived as a king over his territory and receives regular tributes (nazrana) from those who live within his jurisdiction. People please their deities with the help of gift like jewellerys such as chhatra 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. Deity exercises his sovereignty through a set of various representatives. Firstly he can be consulted directly by speaking through his own institutional medium, the Gur/Mali, who is gods receptacle possessed by means of ritual procedure. During consultation a dialogue is held between the god and the village who ask him to interpret their problem to give some advice and decision to them. The Moutmein, Kardar and Pujarlas further help the people during possession as well as in understanding and directing deities' language. Almost everywhere in India, spirit possession is described as means of social regulation and of conflict resolution through symbolic transformation. Apart from village gods there are also family deities who dwell in one corner especially on the small temple made on shelf of the house and the valley god is a god of all the villagers who in various ways celebrate his fair and festivals.

In an attempt by Ruiz and Langrod (1976), they tried to study the role of folk healers in Community Mental Health services. The study dealt with the relationship between socio-cultural factors and psychopathology in Hispanic groups in a disadvantaged urban area. The data were drawn from a 6-year collaborative undertaking between the Lincoln Community Mental Health Center and two local spiritualistic centers in the Southeast Bronx, New York. Comparisons are offered between classical mental health personnel and indigenous folk healers with emphasis on terminology, means of

communication, and diagnosis techniques, as well as the utilization of social behavior and moral values. Relevant inferences were drawn regarding the broader relationship between religion and psychiatry. Further in other study the importance of understanding and of utilization of local folk resources in the planning and implementation of mental health services in urban ghettos is documented. During their findings on how folk healers are and what ways they use to treat their visitors one of the authors visited a Mexican-American folk healer in the Los Angeles area, not as a patient but as a fellow health professional. Information was obtained from this healer, a curandero, regarding his background, his clientele, the illnesses he treats, the therapeutic techniques he uses and his relationship with the official health care system. It also provided additional insight into practices that have been alluded to in that literature but not described in detail. It would seem to be talented healers whose efforts often benefit their patients and whose continued popularity has important implications for physicians, especially those serving large numbers of people of Mexican descent (Mull and Dorothy, 1983).

The study of Norman (1984) found that belief in the healing power of faith is widespread, and is receiving new support because of the holistic health movement. However, reports of faith healing are uncommon and always involve changes in symptoms rather than in disease. Unanticipated remissions probably occur more frequently than they are reported, but often they may be ascribed to misdiagnosis or to the fact that disease progresses more slowly than expected or even regresses in some patients. When they are sick, patients are more likely to pray and to seek spiritual assistance, and such improvements in their health may thus seem to result from faith. Faith—especially an uncritical acceptance of medical authority—sometimes has negative effects. Patients' unquestioning compliance is not trust; it is an abdication of personal responsibility. Physicians also must maintain a healthy skepticism so that they do not accept all medical explanations without questioning them.

Freedom from pain and suffering has been a major preoccupation of Indian society since antiquity, like many other traditional cultures. Based on a shared understanding of human nature and the causes of the suffering, every society has developed its own healing institutions and practices. The traditional systems so evolved have weathered the vagaries of time, and still thrive in the present times on popular support. A wide range of healers and healing centers, which includes temples, majars, shrines, local deities, etc. are found in every nook and corner of the country. The burgeoning crowd which one sees around these places is a testimony to the fact that their relevance for healing the human psyche has not



declined. Kakar (1982) has stated in his book, *Shamans, Mystics and Doctors*, that India is a country of healers. There are Shamans, Gurus, Ojhas, Tantrics, Priests, and Faith healers here who are specialize in dealing with the variety of social and personal problems. The rapid progress in modern medicine has little affected the popularity of traditional systems. According to the Fifth Plan Document (1992), India has more than half a million traditional healers. These numbers, of course, include all practitioners of alternative medicines. A gross estimate (VHAI, 1991) suggests that more than 90% of Indian population uses this service at some point in time. Such healing practices are higher in rural areas. People of Shimla district have steak believe in their local and village deities. People representing these deities are called mali or gur. It is found in the people of all communities' weather they are of scheduled castes or non-scheduled castes. The traditional healers possessing local deities use various cognitive behavioral techniques to treat the psycho-socio suffering of the people.

According to Kakar (2003) it the unquestioned faith in the paranormal powers of the healer that shows positive outcomes. It is belief in the person of the healer not his/her conceptual system or specific technique, which is of decisive importance in the healing process. Earlier he observed that the suffering person often does not understand the rituals in with the healer engage but the ambience created transports her/him into an altered state. The aura and authority of a healer is carefully cultivated through the stories of miraculous healing. The tradition of the guru as healer is not always consistent with the notion of a diviner. A good deal of healing takes place within the guru-disciple paradigm, in which the close relationship with the guru is an extension of the parent-child relationships (Kakar, 1991). Neki (1984) has discussed at length the therapeutic value of the guru-chela relationship, and of surrender before the guru. The healing power if the guru were observed to reside in his or her ability to connect with the disciple's psyche, sending him the messages of strength and reassurance. For people who are seeking redressal of their mundane life problems, the glimpses of divinity in the guru is an assurance that he can deal with their problems.

Kiev (1965) has noted differentiation in the therapeutic practices in the advancement of a particular society. In a tribal society, as among the Bhils in south Rajasthan, the healer is medicinal man, village elder and a consultant on all important matters besides being a holy man. They are often not high in the caste hierarchy but are held in high esteem because of their knowledge, benevolence, and are consulted by all strata of the society. Traditional healing practices primarily deal with psychological aspects of the problems. No matter what are the perceived causes of the problem, be it organic,

emotional or social, the suffering is viewed as a state of mind, a subjective experience, and the healers develop their own psychological theories about the functioning of the human mind, which are implicit in their healing practices (Anand, Srivastava & Dalal, 2001; Dalal, 1991; Dalal, 2000). Author Roger (1990), however, asserts 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 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.

Carone and Barone (2001) tried to study 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. Reece, Schwartz, Brooks, and Nangle (2005) conducted this study to examine the effects of giving and receiving *Johrei*, a spiritual energy healing practice, on measures of well-being. Participants (N = 236) rated 21 items pertaining to feelings plus an overall well-being measure, before and after a *Johrei* session. Receivers experienced a significantly greater decrease in negative emotional state than givers; however, givers and receivers experienced a comparable increase in positive emotional state and overall well-being. The practice of *Johrei* and other energy and spiritual healing techniques, may have positive health effects for givers as well as receivers. Future research examining different energy and spiritual healing practices (for example, Reiki and Therapeutic Touch) and using various control groups (for example, treatment naive subjects instructed to "send loving energy") can explore the generality and mechanisms underlying these apparently robust effects. Thirty years of research has shown that even under optimum conditions religious attributions are rare compared to naturalistic ones.

Wellbeing deals with optimal experience and functioning. The research on it has been derived



from two general perspectives: the hedonic (happiness) and Eudaimonic (self-realization). The hedonic perspective defines well-being in terms of pleasure attainment and pain avoidance; and the eudaimonic one defines well-being in terms of the degree to which a person is fully functioning. These two perspectives have given rise to different research foci and a body of knowledge. New methodological developments concerning multilevel modeling and construct comparisons are also allowing researchers to formulate new questions for the field. This review of research from both the perspectives concerns the nature of well-being, its antecedents, and its stability across time and culture (Ryan & Deci, 2001). More appropriately, the general well being may be defined as the subjective feeling of contentment, happiness, satisfaction with life experiences and its role in the world of work. The general well being may show some degree of positive correlation with quality of sense of achievement and negatively with neuroticism, psychoticism and other such related variables. In this manner, the well-being comprises of sense of achievement utility, belongingness, and non-distress, dissatisfaction or worry etc. those in some extent are very difficult to evaluate objectively. As **a noun it refers to the** state of being well, happy, and prosperous and welfare. Finally, the global well-being involves present life satisfaction, global self-esteem and self-efficacy.

The psychological and subjective well being is the focus of intense research attention (Diener & Diener, 1995). It resides within the experience of the individual (Campbell et al, 1976) in terms of life satisfaction (cognitive evaluations) or affects (ongoing emotional reaction). The study of Diener and Diener (1995), however, held that little attention has been paid to the predictor of psychological well-being those differ in various cultures and influence peoples' evaluations. There involves the role of personality and social support in psychological well-being (Nathawat, 1988, Nathawat & Rathore, 1996). In the words of Diener et. al. (1989) people who are successful at attending frequent positive affect may be happy as compared to their counterpart. The concept of 'psychological well-being' is considered from the standpoint of George Kelly's personal construct theory (Kelly, 1955) who argued that the origin of psychological disorder lies in the difficulty in 'person construing', with particular reference to 'self-construing'. The psychological well-being ranges from positive and negative aspects of well-being to the global aspect of well-being.

Recently Heintzman (2002) proposed a conceptual model of the relationship between leisure and spiritual wellbeing based on current theoretical speculation and empirical study. It is based on the assumption that leisure experiences may either consciously or unconsciously provide opportunities for "grounding" or "working through" spiritual

difficulties as well as "sensitizing" one to the spiritual. Leisure experiences involve interplay of time, activity, motivation and setting can provide contexts in which the spirituality is explored rather than repressed, and spiritual preoccupation due to a spiritual emergency can be addressed. The leisure style provides repeated opportunities to translate leisure experiences of a spiritual nature into spiritual development. The spiritual wellbeing model incorporates a number of theories that suggest processes that may link leisure and spiritual wellbeing. Restorative environments theory is helpful in explaining how specific activities and settings may move a person toward spiritual wellbeing. The proposed model suggests that leisure may play both a positive and a negative role in spiritual wellbeing and development.

According to Wiegand and Weiss (2006), recent understanding of subjective well-being suggests that it consists of global judgments of life satisfaction, hedonic experiences, and beliefs about facets of one's life. Traditionally, life satisfaction judgments have been the outcome of interest in studies examining the relationship between religiosity and well-being. Two studies were conducted to look at the interactive effects of personal religious beliefs, namely God images, and environmental stimuli, particularly priming the thought of "God". The first study examines hedonic experiences, which is one of the information sources when constructing a well-being judgment. A second study attempts to replicate the findings with life satisfaction ratings. Results of the first study showed that one's image of God as a controlling or non-controlling entity moderated the affective response to being primed to think about God. In particular, those who had a high controlling image of God had a negative affective reaction to the God prime. Results of the second study replicated the pattern of results using life satisfaction ratings as the dependent variable. Thus it may be stated that the religiosity is an important component of wellbeing of the individual whether living in rural or urban areas. The deities' intervention in Himachal as a counselor has been proceeding as a treat asset in eliminating the psycho-socio problems of the people.

1.1 Objectives of the present study

The objective of the 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 Local Deities Reconciliation Scale before and after possession and consultation. The objective here is to see what exception reconciliation powers a traditional healer possesses those are different from other people so that he is able to influence people to some extent. We are here trying to find out the reason for peoples belief in them and



the interventions and techniques traditional healers apply to solve people's problem.

2. METODOLOGY

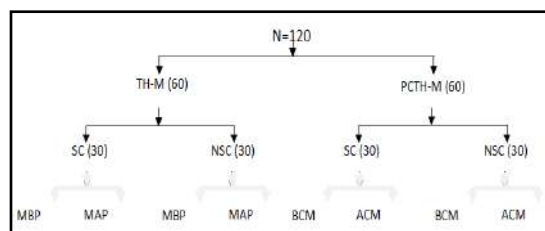
2.1 Study area

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.

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 are tested before and after consulting the traditional healers. Thus, purposive sampling was used. The sample classification is as follows:-

Fig 1: Sample classification



2.3 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.

2.4 Measures used

In this study both quantitative and qualitative measures will be used:-

2.5.1 Quantitative Analysis

Local Deities Reconciliation Scale: The local deities' reconciliation scale was developed by Deepika Negi (2013) in order to study the role of local deities in reconciliation of socio-emotional conflicts. The scale consisted of 15 items related to reconciliation through the possession of local deities. The item number 12 follows reverse scoring. It is a three point scale. Higher the score, the greater will be the reconciliation processes used by mali (traditional

healers) in mitigating socio-emotional conflicts. The score range from minimum of 15 to maximum of 45.

3. PROCEDURE

Objective of the present study was to investigate the belief in reconciliation process of the socially deprived and non-deprived traditional healers i.e. mali/gur as well as the people consulting traditional healers. Further objective is also 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. Since there are customary beliefs in the supernatural powers possessed by deities in general and their agent i.e. mali's in particular, therefore the present study has attempted to approach both traditional healers as well as the people consulting them. 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 are tested before and after possession. Objectives here are to know the existence of supernatural power 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 is to know the impact of intervention given by Mali/Gur during possession of local deities. The subjects are assessed with the help of Local Deities Reconciliation Scale. 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 is 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.



4. RESULTS AND DISCUSSION

Table 1.1 ANOVA Repeated Measure performed on the measure of Local Deities Reconciliation Scale among Socially Deprived and Non-deprived Healers and People Consulting them

Source	SS	df	Ms	F	p
Total	41.41	120			
A	.067	1	.067	.049	n.s.
B	1.35	1	1.35	.983	n.s.
C	6.01	1	6.01	42.64	<.01
A x B	16.01	1	16.01	11.66	<.01
A x C	1.35	1	1.35	9.56	<.01
B x C	.000	1	.000	.000	n.s.
A x B x C	.267	1	.267	1.89	n.s.
Error	16.36	116	.141		

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

From the above table it was clear that the main effect of (A) Healers/Consultants was found $F(1,116) = .049$, $p > .05$ as statistically non-significant. More appropriately the mean score of healers on measure of Local Deities Reconciliation Scale was found 7.60 whereas mean score of people consulting healers on same measure was found 7.64. From score it is clear that there is Mega difference between the two groups. The main effect of variable Caste (B) was found $F(1,116) = .983$, $p > .05$ as statistically non-significant. More appropriately the mean score of scheduled caste on measure of Local Deities Reconciliation Scale was found 7.54, whereas mean score of non-scheduled caste on same measure was found 7.69. From score it is clear that there is slight difference between the two set of groups. But the main effect of variable (C) Pre/Post was found $F(1,116) = 42.64$, $p < .01$ as highly significant. More appropriately the mean score of pre test on measure of Local Deities Reconciliation Scale was found 7.46. Whereas mean score post test on same measure was found 7.78. It shows that belief of people in reconciliation was almost same before and after intervention. The two way interaction (AXB) between variable Healers/Consultants and Caste was found $F(1,116) = 11.66$, $p < .01$ as statistically significant. The two way interaction (AXC) between variable Healers/Consultants and Pre/Post test was found $F(1,116) = 9.56$, $p < .01$ as highly significant. But the two way interaction (BXC) between Caste and Pre/Post test was found $F(1,116) = .000$, $p > .05$ as statistically non-significant. Finally the three way interaction (AXBXC) between Healers/Consultants, Caste and Pre/Post test was found $F(1,116) = 1.89$, $p > .05$ 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 Local Deities Reconciliation Scale before and after intervention

	Before Intervention		Average
Groups	SC	NSC	
TH	7.73	7.30	7.52
PCTH	7.03	7.77	7.40
Average	7.38	7.53	
	After Intervention		
	SC	NSC	
TH	7.83	7.53	7.68
PCTH	7.57	8.17	7.87
Average	7.70	7.85	
Overall Average	7.54	7.69	

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

From the above table we can see that the average score of scheduled caste people was 7.38 and that of non-scheduled caste people it was 7.53. It shows that there is not much difference between average scores of two groups and therefore showing similar kind of local deities' reconciliation in both groups' people before the intervention was conducted. Further the average score of the traditional healers was 7.52 and that of people consulting traditional healers it was 7.40 showing not much difference in the groups. From the table we can see that the average score of scheduled caste people was 7.70 and that of non-scheduled caste people it was 7.85 after intervention. It shows that there is not any difference between average scores of two groups after the intervention was conducted. Further the average score of the traditional healers was 7.68 and that of people consulting traditional healers it was 7.87 showing not much difference. It depicts that people consulting traditional healers and the traditional healers have similar local deities' reconciliation. More clearly the mean scores of scheduled caste traditional healers before the intervention was 7.73 and 7.83 after intervention showing slight difference. Therefore there was not much change after intervention in traditional healers. The mean scores of non-scheduled caste traditional healers before intervention were 7.30 and 7.53 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 7.03 before the intervention and 7.57 after



intervention, therefore, we can see that there is a change after intervention and so we can say that local deities' reconciliation did make some changes in the group. The mean score of non-scheduled caste people who consulted traditional healers was 7.77 before intervention and after intervention it was 8.17 showing the effect of intervention on them.

Table 1.3 Average scores of all the groups before and after intervention on the measure of Local Deities Reconciliation Scale

	Before Intervention	After Intervention	Average
SC	7.38	7.70	7.54
NSC	7.53	7.85	7.69
TH	7.52	7.68	7.60
PCTH	7.40	7.87	7.64
Average	7.46	7.78	

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

From the overall average it was clear that non-scheduled people and scheduled caste people showed similar changes before and after intervention as the average score of scheduled caste people was 7.54 and of non-scheduled people it was 7.69. Therefore, it was clear that people's belief in local deities' reconciliation did not change in both the groups much after intervention; therefore their belief in local deities is strong and permanent. The average score of traditional healers was 7.60 and that of people consulting them was 7.64 showing no difference. On the whole we can see that intervention played a little role and there were little changes in all groups after the intervention as the average score before the intervention was 7.46 and 7.78 after intervention.

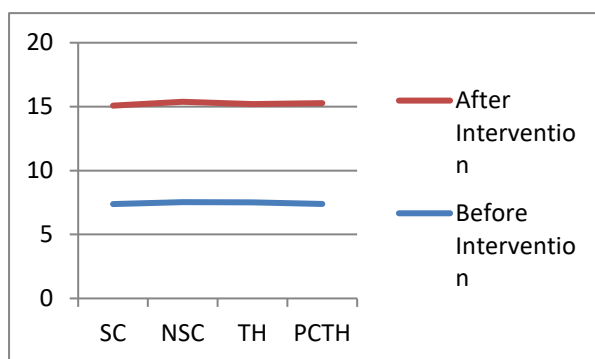


Fig. 1.1 Average scores of SC, NSC, TH and PCTH before and after intervention on the measure of Local Deities Reconciliation Scale

The graph clearly shows that there is not much difference after intervention and hence we can say there were no major changes in the groups after the post test.

4.1 Qualitative Analysis

From the overall study we can see that caste does not play much role in the beliefs of the traditional healing as all people show similar mental set and faith in God. Whereas even the traditional healers and people consulting them showed immense trust in reconciliation process by the deities as their views were similar in pre and post tests. Therefore we can say that traditional healers do have some exceptional mental ability and faith in deity with the help of which they are able to understand the mentality and belief of people in God. According to their judgments and understanding of the situation and environment around they 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. They are fully convinced that their deity will surely solve their problem of any kind and this preconceived notion even helps the mali in their treatment. Therefore we can say that the strong belief of traditional healers and previous mind set of people consulting deities and their dedication and faith does the whole job and help people relieving from their problems.

5. CONCLUSION

Hence the study shows that traditional healing is a process of faith and belief in God which helps individual in keeping his wellbeing. The healers do have some special understanding ability and connectivity with the consultants which help them in dealing with the situation.

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