



PRAYER AT MEHENDIPUR BALAJI: A PSYCHOLOGICAL PERSPECTIVE

Clinical Psychology

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ABSTRACT

Observations on the role of faith healing in the treatment of mental illness are replete. At the same time, there is a void with respect to the role of faith healing in a continuum that offers the benefit of prayer, to the individuals who believe in the practice (Kakkar, 1982; Satija, et.al, 1981, Nathawat and Menon, 2017). These observations have been reconsidered and revisited. A sample of one case attending Mehendipur Balaji healing tradition was interviewed in depth. The study aimed to explain the significance of prayer in the continuum of therapeutic faith healing. Data was represented via the strategy of case study. Findings revealed the need of an accommodative perspective in understanding the roles of "faith" and "healing" in general mental health wellbeing.

KEYWORDS

case study, Mehendipur Balaji, faith healing, therapeutic continuum

INTRODUCTION

The role of faith healing practices in curing mental health conditions has been researched widely in the Indian scenario. In the continuum of healing, the role of faith has become important from daily prayers and rituals to the cure of mental health conditions (Kakkar, 1982). For some people, faith healing is nothing but, pure spirituality. "Religious placebo" indeed takes a significant role in one's psychological well being. It is in fact established that, people who maintain a positive religious framework and nurture religiosity, enjoy better health and lower morbidity. The daily reflection of faith healing finds its due share in prayer (Village, 2005).

Prayer in itself is a form of cure that is preventive in nature. The present study is an exploration of prayer within the faith healing context from a positive psychological perspective. The positive effect of prayer and prayer as a phenomenological experience was explored in the present study. When there comes, multiple requests of faith healing practices to clinical treatment, the daily effect of faith healing tradition in the form of prayer becomes an important aspect. Prayer henceforth becomes an important aspect of "everyday mental health" (Somasundaram, 1973).

The temple of Mehendipur, like many centers addressed the mental health conditions of the population from different parts of India. At the same time, it is also a center that heard prayers from different populations (Sarkar and Sheshadri, 2014). The present study explored the significance of prayer in the therapeutic continuum of faith healing, the rationale being the dearth of a case study perspective in evaluating the role of prayer in the clinical continuum of faith healing in itself (Sarkar, 2014).

METHODOLOGY

Rationale: The dearth of a case study perspective in evaluating the role of prayer in the clinical continuum of faith healing is the rationale of the study.

Aim: The study aimed to explain the significance of prayer in the continuum of therapeutic faith healing.

Sample : A sample of one case was selected from Mehendipur Balaji temple, located in Dausa district in Rajasthan.

Procedure and Analysis: The participant was personally approached seeking, informed consent and data was collected via semi structured interview and present via the strategy of case study method.

Measures of Study: A semi structured questionnaire and socio demographic sheet was used to collect data from the particular sample selected.

RESULTS AND DISCUSSION

Ms. P, 24 years, Female, unmarried, graduate belonging from upper socio economic status came to visit Mehendipur Balaji healing tradition along with her brother. The chief complaints were a recurrent repetition of disturbing dreams at night, resulting in the state of fear and sadness. In January 2016, client experienced the first experience of a disturbing dream. It was ignored as a one time experience in the beginning stage. However, the subsequent years gave her the same experience where, the disturbance level increased over time. This created sleep disturbances such that the client felt extremely difficult to fall asleep for a period of six days. She consulted a local physician and couple of faith healing centers. She had difficulty consulting a psychiatrist, due to the perceived stigma associated with the condition. According to her, the disturbance level significantly varied every time she experienced the disturbing dream. This resulted in the condition of her days being moody and she even experienced headaches and constipation. Irrespective of suggestions from different sources, she hesitated to consult a family clinician. The condition continued for a period of two years where in August 2018, the client came to Mehendipur Balaji, seeking help.

Ms.P, was the first issue of non-consanguineous parents. Developmental Milestones were reported to be normal. She was average in studies. Father, 50 years is a bank manager and mother 45 years, is a homemaker. Elder brother is 35 years. Interpersonal relationship with the family has always been healthy.

On MSE, Speech was soft, audible, clear, goal directed. In content, there was "preoccupation with the health condition". The mood was subjectively "OK" and objectively "depressed". Cognitive functions were intact. Personal and Social Judgment was intact. Insight level was at level two.

With increasing distress, the patient visited the Balaji temple in 2017 in the month of June. She attended the prayers and rituals at the temple. After a period of one month, she started feeling much better as per her experience. She no more experienced distressing or fearful dreams, where, according to her; there was the protection of Lord Balaji. The meditative environment of the temple and the "Prasad" made her feel that, she is being protected by the blessings of Lord Balaji. She was able to sleep well without fear from the first day of her visit. The rituals made her mind calm and meditative practices gave a sense of positive feeling.

CONCLUSION

The disturbance created by the dream was addressed via the "psychotherapy" provided at Mehendipur Balaji healing tradition. The temple treated the condition via the mechanism of placebo, catharsis and unconditional positive regard. Therapy within the faith healing context holds the component of prayer and ritualistic healing. The narration of the particular case indicates the significance of prayer in

the therapeutic continuum of faith healing. Prayer in itself accompanied by meditation under the strong “faith”, that may or may not be the “placebo” indeed holds its significant share to accommodate the therapeutic chamber of “clinical psychotherapy” respectively. This psychological perspective to faith healing acknowledges the nature of “true accommodation” along with the ethical boundaries of mainstream psychotherapy.

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