

Just being there



A recent study of people attending a healing centre at a Hindu temple in South India¹ found that: (a) all the 'clients' were 'psychotic' in Western terms; (b) most showed a 'clinical improvement' that matched that achieved by many psychotropic agents; and (c) most of the people themselves, as well as their carers who accompanied them, were pleased at the outcome. The temple had been built about a century ago over a tomb of a man who had apparently exhibited healing powers during his lifetime, and the place itself then began to attract people with mental health problems.

This is the first such report in a Western medical journal, but it is well known that many people in South Asia with emotional distress go to Hindu, Muslim, Christian and other religious centres with a reputation for healing, and apparently benefit. They are always accompanied by carers, who support them and provide sustenance, although the centre itself usually provides some sort of shelter for users of the service – sometimes in a nearby village. What is remarkable is that usually no specific healing rituals or any form of 'therapy' is offered at these healing centres. People who use them seem to get better from just being there.

We must not idealise these healing centres. Although no inhumane practices were found at the healing centre reported in the study above, it is known that people may be tied to trees in temple grounds waiting for their healing to happen, and sometimes cages may be used to house the more disturbed individuals. But undoubtedly, the centres do seem to relieve, in some people, serious mental distress amounting to what we call 'psychosis'.

Although some non-governmental organisations, such as Nest,² provide innovative services, governments in low-income countries striving to improve mental health care generally turn to 'scientific' systems based on Western psychiatry. Just as the asylum system was copied from the West during colonial times, now day hospitals and general hospital units are being developed – and drugs promoted by Western pharmaceutical firms are often the main 'therapy' in all these settings.

The usual attitude towards healing centres – or, indeed, indigenous religious healing rituals – that is openly voiced or covertly implied by Western-trained psychiatrists and

foreign experts is that it is just as well if such 'superstition' dies out. But in the West, psychotherapy helps many people, although we do not know why it does so, and it is not dismissed as 'superstition'. I think the more sensible approach for low-income countries is to put resources into regulating and supporting places like healing centres, researching their effectiveness within their cultural setting and including them within a pluralistic mental health system.

The model that derives from healing centres may have something to teach us here. Giving no therapy but providing places where people with severe mental distress can be open to healing from within themselves, or some outside influence, can help. Of course, if one thinks about it, this is the approach followed in all societies where places of refuge were provided for people in trouble – and, indeed, one of the original reasons for providing European mental asylums (although another more powerful one was the removal from general society of people regarded as 'insane').

We know that people benefit – they say, 'spiritually' – from retreats in monasteries or similar institutions. I suggest that when the environment alone enables someone with mental health problems to 'get better' – when just being there helps – it is a result of the place being conducive to strengthening the person's spirituality. It would be right then to say that the place itself must have a spiritual feel for that person. Should we not have places that we can go to and just be there; places with a spiritual feel about them because of their history, tradition or 'religious ambience'? Of course, such places must be regulated and examined, but I cannot see why voluntary organisations and religious groups should not be commissioned to establish them. Shouldn't the idea of getting over distress without therapy be a model we too can follow?

1. R. Raguram, A. Venkateswaran, J. Ramakrishna, and M. G. Weiss (2002) 'Traditional community resources for mental health: A report of temple healing from India', *British Medical Journal* 325: 38–40.
2. S. Fernando (2002) 'Promoting happiness', *Openmind* 114: 18.