Integrating traditional healing and modern mental healthcare in India: Collaboration and challenges

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ABSTRACT

This paper explores the interplay between mental health discourse and traditional healing systems in India, highlighting the challenges and opportunities in integrating traditional and biomedical practices in mental healthcare. In India, traditional healing practices deeply rooted in cultural and religious traditions play a significant role in supporting individuals with mental illnesses and their caregivers. The perceived effectiveness and alignment of these practices with local cultural beliefs can either facilitate or impede the integration of formal mental health services into the community. Traditional healers, prominent in rural and tribal areas, are often the initial point of contact for families dealing with mental illness, owing to their easy accessibility, community proximity, and cost-effectiveness. However, the lack of regulation poses a significant challenge to effective collaboration between traditional and biomedical practitioners. Both groups express concerns about the absence of clear guidelines and oversight mechanisms, hindering their ability to work together cohesively. Bridging this regulatory gap is essential for creating a harmonious healthcare mechanism and system that can draws upon the strengths of both traditional and biomedical approaches to benefit patients and communities. By acknowledging and integrating traditional healers into the mental health discourse, a more comprehensive and accessible system can be established. Achieving a harmonized health system requires careful consideration of regulatory frameworks, cultural competence, and inclusivity, to maximize the benefits of traditional healing practices while ensuring safety, accessibility, and healthcare quality.

Keywords: Mental Health, Discourse, Traditional Healing, Healthcare

Mental Health Discourse and India's Traditional Healing Systems

Mental illnesses encompass alterations in thinking, emotion, or behaviour, often leading to distress and functional impairments in various aspects of life. In India, mental health models reveals the coexistence of two predominant paradigms: the medical model and the non-medical model. The former relies on objective and scientific analysis, while the latter, characterized by subjectivity, offers unique perspectives on the aetiology and healing practices associated with mental illnesses. The medical model approaches mental illness with a scientific lens,

Access the Article Online	
DOI:	Quick Response Code
10.29120/IJPSW.2023.v14.i1.198	
Website: www.pswjournal.org	

emphasizing objective analysis. Conversely, the non-medical model, prevalent in many societies, including India, intertwines subjective explanations with diagnoses and healing practices. Both models underscore the influential role of beliefs in shaping mental health perceptions. These beliefs encompass the causation of illness, treatment norms, and socially legitimized roles and power dynamics.[2]

Traditional Healing Systems and Supernatural Beliefs

In the Indian context, supernatural influences and beliefs are prevalent in rural and tribal areas

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How to Cite the Article: Ali A. Integrating traditional healing and modern mental healthcare in India: Collaboration and challenges. Indian J Psychiatr Soc Work 2023;14(1):42-6.

often revolve especially and around supernatural aetiologies of mental illness. These irrational beliefs include notions of spirit possession, witchcraft, religious taboos, divine retribution, and the capture of the soul by spirits.[3] Consequently, traditional healers emerge as the primary choice for consultation. with their seemingly explanatory power aligning with the non-medical model.[4]. Traditional healers hold a prominent position, being the initial point of contact for families dealing with mental illness, both in rural and urban settings. The nonmedical model's compelling explanatory nature reinforces the preference for traditional healing systems, shaping the healthcare journey for individuals grappling with mental health challenges.^[4]

In India, the viewpoint of mental healthcare is shaped by various factors, including the limited availability of mental health services and a notable incongruence between how mental health providers and individuals experiencing distress frame and perceive mental health issues. The complex interplay of socio-cultural dynamics, community interactions, and the availability of cultural explanations within local ecologies significantly influences how people seek help for mental health problems.^[2,5] In the dearth of mental health India. infrastructure. including mental health professionals and facilities, contributes to the challenges faced by individuals seeking support for mental health concerns. The discrepancy between how mental health providers understand distress and how individuals experiencing distress frame their own experiences can be a significant barrier to mental health outcomes. Cultural nuances, local belief systems, and traditional healing practices may not always align with the clinical frameworks employed by mental health professionals.^[6] Help-seeking behaviours are mediating factors for mental health treatment and outcomes, as it associated with how distressed an individual is within the socially constructed community. Stigmatization and societal perceptions surrounding mental health in the community can influence whether individuals openly express their struggles or opt to conceal them. Social networks, family dynamics, and community norms play pivotal roles in shaping perceptions of mental health and determining the willingness of individuals to seek help. Individuals seeking mental

healthcare often interact with a multitude of actors within their community, including family members, religious leaders, traditional healers, and community elders.^[7] These interactions shape the understanding of distress, influence decisions about seeking help, and contribute to the overall help-seeking trajectory.

Role of Traditional Healing Practices

Traditional healing practices, deeply rooted in cultural and religious traditions, often serve as significant sources of support for the person with mental illness and their caregivers. The perceived effectiveness and alignment of these practices with local cultural beliefs can either facilitate or impede the integration of formal mental health services into the community.^[.8-9] Understanding the complexities of helpseeking behaviours in India requires a holistic approach that considers the interplay of cultural, social, and environmental factors. Belief stands at the forefront of therapeutic endeavours, and in India, it intertwines deeply with spiritual practices.[10] Healing, defined as the practice and process of alleviating pain, preventing deterioration of human organs, and restoring health, is profoundly shaped by societal beliefs in the healthcare system^[2]. India possesses its unique set of beliefs governing illness causation, choice of healing, and socially legitimized roles and power relationships. India is a mosaic of cultures, with diverse healing methods, both traditional and modern, specifically tailored to cultural nuances. This cultural ascendancy influences the prevalence acceptance of healing practices, and particularly in the realm of mental health.^[4] Traditional healers exert considerable influence in the healing process, enjoying prominence in rural and tribal areas. Their popularity is attributed to factors such as easy accessibility, proximity to the community, and costeffectiveness. The dominance of traditional healers is further underscored by their pivotal role as the first line of defence for mental health issues, serving as evidence of their cultural significance.[8-9]

Navigating Collaboration: Regulatory Challenges in Integrating Traditional and Biomedical Practices in Healthcare

The collaboration between traditional and biomedical practitioners holds promise for a holistic approach to healthcare. However, both groups have identified a significant hurdle - the lack of regulation -hindering effective collaboration. The absence of regulation poses challenges and underscores the need for a distinct approach to investigate the perspectives of traditional and biomedical practitioners in providing care and services to people with mental health issues, highlighting how. Various studies consistently emphasise the regulatory vacuum as a substantial barrier to successful collaboration.[11-12] Traditional and biomedical practitioners alike express concerns about the absence of clear guidelines, standards, and oversight mechanisms, hampering their ability to work together cohesively. A notable aspect of the regulatory challenge lies in the perception of traditional medicine as lacking scientific validity, particularly from the biomedical perspective. The layer of complexity to the regulatory discourse, as it touches upon the divergence in epistemological frameworks between traditional and biomedical practices. Bridging this gap requires a careful examination of the scientific legitimacy of traditional medicine within the regulatory framework [13]. While traditional practitioners acknowledge the need for regulation, discussions also revolve around the nature of this regulation [14]. To enhance integration, there is a pressing need for comprehensive regulatory frameworks that acknowledge the legitimacy of traditional practices while upholding scientific standards [15]. Bridging this regulatory gap is essential for creating a harmonious healthcare landscape that draws upon the strengths of both traditional and biomedical approaches to the benefit of patients and communities. [13-14]

Bridging the Mental Health Divide: Embracing Local Perspectives and Collaborating with Traditional Healers in low-and middle-income countries (LMICs)

The global mental health scenario, particularly in low- and middle-income countries (LMICs), faces an intimidating challenge, as highlighted by the World Health Organisation (WHO), with nearly 90% of individuals with severe mental disorders lacking access to treatment. [15] This treatment gap is compounded by multifaceted barriers such as inadequate funding, a shortage of trained professionals, urban-centric service centralization, and a lack of prioritization in public health leadership. [15] Despite the undeniable economic burden and human suffering associated with psychiatric illnesses, traditional avenues for therapeutic support

remain under-resourced. [16] In response to these challenges, the WHO advocates a more inclusive strategy, emphasizing collaboration with 'informal' healthcare providers, including traditional healers, to broaden access to mental health care [16]. By recognizing the value of traditional healing practices, the adoption of a more holistic, community-centric approach and engaging traditional healers as key stakeholders can enhance the effectiveness of mental health interventions by aligning them with local belief systems and practices.

Empowering local communities involves fostering a collaborative environment where traditional healers work alongside modern healthcare professionals, each contributing unique perspectives and expertise. Addressing the mental health crisis in LMICs requires a departure from conventional strategies and a sincere commitment to inclusivity and cultural competence. By acknowledging and integrating traditional healers into the mental health discourse, we can pave the way for a more comprehensive and accessible system that respects and leverages the diversity of healing practices worldwide. It is time to think beyond the conventional box and embrace innovative, collaborative approaches that truly reflect the needs and beliefs of the communities we aim to serve. In the pursuit of comprehensive healthcare, the World Health Organization four distinctive (WHO) has outlined approaches for incorporating traditional healing practices into primary care [15]. Recognizing the importance of healing traditions worldwide, these approaches span a spectrum from tolerance to integration, reflecting varying degrees of collaboration between traditional and conventional healthcare systems. The efforts to safeguard traditional knowledge and prevent further exploitation of indigenous medical practices must be given top priority, recognizing the culturally diverse nature of traditional medicine. It is essential to develop detailed strategies on how to implement these principles, taking into account core public interest considerations such as safety, accessibility, and healthcare quality. Achieving a harmonized health system requires a careful balance, acknowledging the value of traditional healing practices while maximizing their benefits. Numerous studies have highlighted a growing interest in collaboration between traditional and Western healthcare practitioners

in managing mental illnesses. [15-19] This underscores the need to establish a collaborative model between these two groups to enhance the care provided to individuals with mental health conditions. [19-22]

CONCLUSION

By acknowledging and integrating traditional healers into the mental health discourse, we can pave the way for a more comprehensive and accessible system that respects and influences the diversity of healing practices worldwide. Embracing innovative, collaborative approaches is essential to creating a truly inclusive and effective mental health care system.

Financial support and sponsorship: Nil.

Conflicts of interest: None.

REFERENCE

- 1. American Psychiatric Association. What is mental illness? Psychiatr News [Internet]. Available from: www.psychiatryonline.org/doi/10.1176/appi.pn.2017.7b28.
- 2. Kleinman A. Patients and Healers in the Context of Culture: An Exploration of the Borderland between Anthropology, Medicine, and Psychiatry. London: University of California Press; 1980.
- 3. Dein S. ABC of mental health. Mental health in a multi-ethnic society. BMJ. 1997:315:473-6.
- 4. Campion J, Bhugra D. Experiences of religious healing in psychiatric patients in South India. Soc Psychiatry Psychiatr Epidemiol. 1997;32:215-21.
- Rawat M, Jadhav S, Bayetti C, Mathias K. A qualitative study to explore various meanings of mental distress and helpseeking in the Yamuna Valley, North India. Indian J Soc Psychiatry. 2021 Oct 1;37(4):394-406. doi: 10.4103/ijsp.ijsp 63 21
- Anjorin O, Hassan Wada Y. Impact of traditional healers in the provision of mental health services in Nigeria. Ann Med Surg (Lond). 2022 Sep 24;82:104755. doi: 10.1016/j.amsu.2022.104755.
- 7. Meghrajani VR, Marathe M, Sharma R, Potdukhe A, Wanjari MB, Taksande AB. A Comprehensive Analysis of Mental Health Problems in India and the Role of Mental Asylums. Cureus. 2023 Jul 27;15(7):e42559. doi: 10.7759/cureus.42559.

- 8. Rondilla NA, Rocha ICN, Roque SJ, Lu RM, Apolinar NLB, Solaiman-Balt AA, et al. Folk Medicine in the Philippines: A Phenomenological Study of Health-Seeking Individuals. Int J Med Stud. 2021;9(1):25-32. doi: 10.5195/ijms.2021.849.
- 9. Haque MI, Chowdhury ABMA, Shahjahan M, Harun MGD. Traditional healing practices in rural Bangladesh: a qualitative investigation. BMC Complement Altern Med. 2018 Feb 15;18(1):62. doi: 10.1186/s12906-018-2129-5.
- 10.Upadhyaya SK, Raval CM, Sharma DK. The sociocultural factors and patterns of help-seeking among patients with mental illness in the sub-Himalayan region. Ind Psychiatry J. 2018 Jul-Dec;27(2):279-84. doi: 10.4103/ipj.ipj 95 14
- 11.Jama NA, Nyembezi A, Lehmann U. Evidence of past and current collaborations between traditional health practitioners and biomedical health practitioners: a scoping review protocol. BMJ Open. 2021 Jan 12;11(1):e043452. doi: 10.1136/bmjopen-2020-043452.
- 12. Alderwick H, Hutchings A, Briggs A, et al. The impacts of collaboration between local health care and non-health care organizations and factors shaping how they work: a systematic review of reviews. BMC Public Health. 2021;21:753. doi: 10.1186/s12889-021-10630-1.
- 13.Ijaz N, Boon H. Statutory Regulation of Traditional Medicine Practitioners and Practices: The Need for Distinct Policy Making Guidelines. J Altern Complement Med. 2018 Apr;24(4):307-413. doi: 10.1089/acm.2017.0346.
- 14.Kokota D, Stewart RC, Abbo C, Bandawe C. Views and experiences of traditional and Western medicine practitioners on potential collaboration in the care of people living with mental illness in Malawi. Malawi Med J. 2022 Dec;34(4):231-8. doi: 10.4314/mmj.v34i4.2. PMID: 38125780.
- 15.WHO. Traditional Medicine: Modern Approach For Affordable Global Health. WHO [Internet]; 2011. [cited 2018 Sep 3]. Available from: www.who.int/intellectual property/studies/traditional medicine/en/
- 16.World Health Organization. WHO Comprehensive Mental Health Action Plan 2013–2020. Geneva: WHO; 2015. Available from:www.who.int/mental_health/action_plan_2013/en

- 17. Thara R, Islam A, Padmavati R. Beliefs about mental illness: a study of a rural South-Indian community. Int J Ment Health. 1998;27(3):70–85.
- 18.Kar N. Resort to faith-healing practices in the pathway to care for mental illness: a study on psychiatric inpatients in Orissa. Ment Health Relig Cult. 2008;11(7):720–40
- 19. Campbell RD, Long LA. Culture as a social determinant of mental and behavioral health: A look at culturally shaped beliefs and their impact on help-seeking behaviors and service use patterns of Black Americans with depression. Best Pract Ment Health. 2014 Oct 1;10(2):48-62.
- 20. Mbwambo ZH, Mahunnah RL, Kayombo EJ. Traditional health practitioner and the scientist: bridging the gap in contemporary health research in Tanzania. Tanzan J Health Res. 2007 Sep 7;9(2):115-20.

- 21. Saraceno B, van Ommeren M, Batniji R, Cohen A, Gureje O, Mahoney J, et al. Barriers to the improvement of mental health services in low-income and middle-income countries. Lancet. 2007 Sep 29;370(9593):1164-74.
- 22.Saha S, Chauhan A, Hamlai M, Saiyad V, Makwana S, Shah K, et al. Unique collaboration of modern medicine and traditional faith-healing for the treatment of mental illness: Best practice from Gujarat. J Family Med Prim Care. 2021 Jan;10(1):521-526. doi: 10.4103/jfmpc.jfmpc 979 19.

Submitted on: 28-09-2023

Revised on: 27-10-2023

Accepted on: 29-11-2023

Published on: 30-11-2023