Indigenous Healing Practices of Mental Illness in Southern Punjab

Shagufta Hamid Ali (iD)**[1]** **and Altaf Ghani Bhatti** (iD)**[2]**

ABSTRACT

Culture encompasses a person's lifestyle. Cultures vary greatly in their views on ideas, beliefs, customs, and practices. However, the cultural view of illness is a strong weapon that may be used to develop a belief about the etiology of any illness or disease. The study aimed to see the indigenous curing process of Mental Illness in Jalalpur Pirwala, Southern Punjab. The researcher chose to conduct her study in the developing region of Jalalpur Pirwala in Pakistan to see the cultural beliefs held by families in an area where people have a greater tendency to believe in saints and superstitions. From a personhood perspective, there is limited research on adulthood mental illness in Pakistan; this phenomenological study is a contribution to the anthropological inquiries being conducted in a specific subfield of anthropology known as Psychological Anthropology. People with mental illnesses who were between the ages of 18 and 60 were the focus of the study. Various techniques of data collecting were used, such as unstructured interviews with practitioners (spiritual bhoopa/healers), observation, and in-depth interviews with carers of mentally ill individuals. Caretakers and practitioners were selected through snowball sampling. Document and thematic analysis were used to enhance the reliability and validity of the qualitative research. According to the findings, cultural beliefs about mental illness are tied to the divine or supernatural in which preference of healing for mental illness is associated with bhoopa (Traditional practitioner) with indigenous rituals of healing. Carers of mentally ill persons prefer traditional, spiritual, or faith healing rather than westernized psychological treatments.

How to cite this paper?
Ali, S. H., & Bhatti, A. G. (2022). Indigenous Healing Practices of Mental Illness in Southern Punjab. *IUB Journal of Social Sciences*, *4*(2), 75–87. https://doi.org/https://doi.org/ 10.52461/ijoss.v4i2.1447

[1] M. Phil scholar, Institute of Social Sciences, Bahauddin Zakariya University, Multan, Pakistan.

✉ shaguftahamidali726@gmail.com (Corresponding Author)

[2] Assistant Professor, Institute of Social Sciences, Bahauddin Zakariya University, Multan, Pakistan.

✉ altafghani71@gmail.com

1 Introduction

There is a huge amount of diversity in the cultural beliefs, ideas, and customs that people have on certain issues from one area to another. However, the cultural view of illness is a strong weapon that may be used to develop a belief about the etiology of any illness or disease and the process to cure it. The perspectives held by families who are caring for mentally ill members of their family as well as members of the community regarding the nature, causes, effects, and potential treatments of mental disorders are critical not only to the therapeutic process but also to the social well-being of mentally ill individuals (Leatherman, Goodman, & Thomas, 1994; Marcia & Emily, 2012). The purpose of this study was to learn about the traditional treatments for mental illness that are used in the rural region of Southern Punjab known as Jalalpur Pirwala.

Mental illness is described as a physical disorder or a psychological condition that disrupts a person's emotions, thoughts, ability to deal with others, and everyday activities, hence lowering one's capability for coping with the usual challenges of life (National Alliance on mental illness (NAMI), 2021). Indigenous healing is a deeper and more deeply entrenched and complicated healthcare system than is typically recognized, and it is performed by indigenous people all over the globe (Cho, Singer, & Brenner, 2000; Winkelman, 2009). Although this system is complete and comprehensive, it is not well known. In the present research, the concept of mental illness was operationalized as a mental suffering that was induced by either supernatural abilities or deviant conduct, either of a mentally sick individual or an associated one. In addition, indigenous people first developed indigenous curing as a kind of healthcare practice to treat mental diseases via the performance of rituals.

Medical anthropologists recognized the necessity to investigate and analyze human health, the causes of sickness, and the medical systems in society from the perspective of how they are informed or impacted by cultural tradition, conventions, morality, and other such factors (Srivastava, 2005). The desire and realization that there was a need to investigate human health, sickness and disease in more depth gave rise to the field of medical anthropology. It is indisputable that culturally sensitive psychiatry is necessary for the cultural foundation of interventions that seek to encourage psychological health and reduce the likelihood of mental illness. This attention is being paid to the mental health sector in many parts of the world, including Pakistan, which is currently undergoing significant reform.

1.1 Statement of the Problem

The methodology of this research study was inspired by that of Arthur Kleinman, who proposed that sickness is not a thing but rather an explanation model (1978) (Murdock, 1980). In this manner, many diseases are portrayed in a variety of different ways according to various cultural views. In a similar vein, mental illness may be seen as an explanatory model when viewed from different cultural viewpoints. Where understandings and explanations of mental illness shift across time with the development of new societies. In this context, mental illness is considered from the standpoint of "embodied personhood." Where the emphasis was on the people who cared for those who were mentally ill. What are their thoughts on mental illness? What kinds of socioeconomic challenges do they have to deal with? And which kind of therapy do they choose for curing the mental disease of a member of their family who is afflicted with it?

Jalalpur Pirwala is a developing area of Pakistan where people mostly believe in *Hakeem* (traditional healer or physician) and *Bhoopa* (spiritual healers) for the treatment of diseases rather than the doctors or westernized medications (Abbas, 2009). This research study highlighted their perceptions and preferences of medications regarding mental illness. A single study on the cultural perception of mental illness through the lens of carers in Pakistan. This research study is making

a theoretical contribution to the study by trying to discuss the relationship between culture and mental illness. The study is an interdisciplinary effort to fulfill the needs of those who suffer from mental illness and the communities in which they live by developing culturally sensitive mental health policies and services. It brings attention to the challenge of universalism and particularism that anthropologists and psychiatrists who are participating in an interdisciplinary research encounter. Illustrating the connection between culture and mental illness won't involve repeating what's already been covered in great detail in the research literature; rather, it will need the use of particular cases.

1.2 Objectives of the Study

The primary objective of this study was to determine which methods of treatment are most preferred by families for their loved ones who suffer from mental illness. If one were to be aware of this fact, it would become obvious how deeply ingrained cultural ideas are in the concept of mental illness. Another main objective was to see how the indigenous method of treatment is carried out by the practitioners. Since some many different rituals and practices may be utilized to treat mental illness, the researcher wanted to find out what kind of curative practices are employed in areas of South Punjab.

2 Review of the Literature

Every civilization has its reasons as to why certain infants are born with mental illnesses, how these people are to be handled, and what obligations and tasks are expected of members of the family, those who assist, and other people who are a part of society.

Chikomo (2011) stated that it has been observed in the world, particularly in developing countries, confined knowledge and destructive views about mental illnesses remain a concern. Numerous studies have shown conclusively that a significant contributing factor to people's erroneous ideas on the origins of mental diseases is a fundamental lack of knowledge relating to these illnesses. There is a notion, held by certain individuals that mental disorders are not diseases but rather the result of an evil spirit's possession, witchcraft, or a curse.

Kabir, Iliyasu, Abubakar, and Aliyu (2004) examined the numerous research that portrays that causal beliefs about mental diseases may alter seeking assistance techniques, transcribing, and response to treatment. They found that these beliefs have been shown to have an effect. For example, a case study carried out in Nigeria demonstrated that the lack of public understanding of mental disorders is the root cause of the unfavorable attitudes that people have toward those who are mentally sick. The next part of the research explains how societal attitudes and views about mental disorders have a significant role in determining whether or not mentally ill people get the assistance they need.

According to Ndetei, Khasakhala, Mutiso, and Mbwayo (2011),an observation that was carried out in Kenya to determine the attitude, knowledge, practice, and beliefs of mental illnesses among staff in general medical facilities found that, despite the staff's knowledge on the recognition, diagnosing, and dealing with mental illnesses, they still maintained their cultural views of mental illnesses. This was discovered although the observation was carried out in Kenya. They held the belief that persons who struggle with mental illness are worthless, unclean, foolish, violent, and unpredictable. Behavior that makes a mentally ill person's condition even worse is influenced by the stigmatizing attitudes and unfavorable preconceptions that are prevalent in our culture towards those who are mentally ill (Cho et al., 2000).

Khan, Hassali, Tahir, and Khan (2011) have observed that in the Western world, it is often assumed that mental diseases are caused by psychosocial variables such as the experiences that a

person has throughout childhood or their social environment. However, even though biological elements are known to have a role in the development of mental diseases, researchers believe that environmental factors play a more significant role.

The interpretative method was developed as a result of the fundamental work done by Arthur Kleinman (Kleinman, 1980; Lamorey, 2002). This method examines sickness from an emic viewpoint, with the goal of better comprehending the relationship between health and disease in a certain culture. The interpretive approach focuses on the concept that disease and healing are symbolic and that they are performed as performances that have cultural significance (Leatherman et al., 1994). For instance, when a shaman sings a long narrative song to assist in a difficult birth, the song may provide a placebo effect (any effect that seems to be a result of administering a placebo; the person's faith in the treatment) by soothing and reassuring the woman. Another example would be when a shaman performs a ritual dance to assist in a difficult birth.

3   Materials and Methods

We investigate any phenomena (events, situations, or sensations), or we describe anything that occurs in any part of the world where we live when we use the phenomenological research design that is part of the qualitative method. The researcher looked at mental illness through the prism of what it means to be a human. Participants in this research ranged in age from 18 to 60 and had been diagnosed with a mental condition of some type. Age was also mentioned as an essential part of the growth of the mental disease. Those participants who were able to identify an age range within which the mentally ill fall stated that the condition develops "from 18 and above," "around 30 upward," or "maybe 20 and above," respectively. Therefore, the researchers picked people between the ages of 18 and 60 to interview. The assumption that the start of mental disease only occurs in adulthood, even while the reasons for the age distinction are less obvious without account of other results, is consistent with many of the explanation processes for the development of mental illness. It's possible that as one gets older, greed, envy, and theft become more significant problems that cause a bigger disturbance to the harmony or cohesiveness of a community. Additionally, the visibility of those who are mentally ill could become more obvious in maturity, when they are no longer under the control and confines of their family. This is the case when they are no longer considered children.

The city of Jalalpur Pirwala in the Multan district served as the study's setting. UC112 and UC113 are the two union councils that make up this organization. To collect reliable data, a rapport was developed with the primary caretakers of mentally ill individuals as well as practitioners and spiritual healers. The number of respondents in the sample was 27, with 23 people participating as caregivers and 4 people participating as practitioners (*Bhoopa*). To establish external validity, also known as a generalization, the researcher chose to interview solely residents of the city of Jalalpur. As a result, families of those individuals suffering from mental illness who were residents of the city of Jalalpur and ranged in age from eighteen to sixty years old were selected for the interviews.

After compiling the replies of the community members who participated in the Focus Group Discussion, it was found that 73 percent of them believed that mental disease is the consequence of the involvement of supernatural forces. The section on findings and conversations includes excerpts from some of the replies provided by members of the community. The validity and reliability of the qualitative study were significantly improved as a result of the application of document and topic analysis.

4 Results and Discussion

4.1 Hierarchy of Health Facilities

The city of Jalalpur Pirwala is home to 25 different private hospitals. However, there is not a single hospital in the area of Jalalpur Pirwala that offers psychiatric services to those who suffer from mental illness. Though, several of the families in Jalalpur Pirwala tried to get therapy for their mental health at private clinics when spiritual healing did not work for them. These facilities, however, were unable to help them in any way.

4.2 Education

Despite recent encouraging developments in the educational landscape, the literacy rate in Jalalpur Pirwala is just around forty percent on average. The residents of Jalalpur Pirwala are beginning to understand the significance of obtaining an education (Abbas, 2009). But people's understanding of mental illness hasn't altered much throughout the years. It was disheartening to find out that 23 of the 27 respondents were unfamiliar with the terms psychologist and psychiatrist (*nafsiyati doctor).* However, two of the respondents use the term "*dimag ka doctor,*" which translates to "brain doctor," and two of the respondents had a good understanding of both psychologists and psychiatrists.

Table 1
Distribution of respondents according to Education

Educational Qualification	Frequency			Percentages of Total
	Carers	**Spiritual Healers**	**Total**	
Illiterate	08	01	09	33.33
Primary	05	02	07	25.92
Middle	02	01	03	11.11
Metric	06		06	22.22
Intermediate	01		01	3.71
Graduate	01		01	3.71
Total			27	100

The table shows that 33.33 percent of the respondents were illiterate (a person who can read the Holy Quran but cannot write any language), whereas 25.92 percent had an elementary education and 11.11 percent had a middle school education. Metric was only used by 22.22 percent of the population, and just 3.71 percent of people had intermediate or graduate levels of education. It is clear from this that those who practice spiritual healing do not have a formal education. Only one spiritual healer, or *bhoopa*, has made it through the middle. Respondent's lack of familiarity with the medical and psychological underpinnings of mental illness is the cause of this gap in their knowledge. The importance of education in gaining an understanding of mental illness and the challenges faced by those who suffer from it cannot be overstated. However, the culture of a given region has a significant impact on the personality of the people who live there. It was noticed that the graduated carer was fully cognizant of mental illness; however, she used to take her sister to Uch Sharif, which is a historical town with a lot of tombs and mosques, for treatment because she

believed that mental illness meant that a person was mad, and she didn't want to label her sister as mad. As she said,

"kch to hai meri behn ko, lekin wo pagal nai hay, is bat ki doctor ko smjh nae ati, aur un pr dawai ka bhi koi asar nai hota, ye rohani masla hai aur rohani ilaj se hi hul hoga"

Translation: There is something odd with my sister, but she is not insane. The doctors have no idea what the issue is, and drugs are not having any positive influence on her condition. Spiritual healing is the only method that is capable of curing issues of this spiritual kind.

4.3   Family Structure

There is a considerable connection between the dynamics of a family and the experience of mental illness in individuals (Edwards, 2009). People with mental illnesses are often seen as weak, and especially women are often seen as a burden on their families when they have this condition. Because the majority of people in Jalalpur Pirwala live in an extended family structure, it is difficult for the earner to support the whole family as well as the expenses (such as medication and treatment) of a mentally ill individual.

Table 4
Distribution of respondents (Carers) according to family Structure

Family Structure	Frequency	Percent
Extended	14	60.8
Joint	07	30.5
Nuclear	02	8.7
Total	23	100

The following table illustrates the family configurations of the respondents. According to Uberoi (1993),the word "family" refers to more than simply a biological unit; it also refers to a social accord. This "myth" of biological links is often required for property matters but is of less significance in terms of families. However, on a biological level, one might be descended from a father and a mother or both. 8.7 percent of respondents reported living in single-parent or nuclear families. "A nuclear family is composed of a two-generation, a father and mother and their offspring or a single but live together," states Pollock (2000). There were coupled families comprising 30.5 percent of the population, while extended family systems accounted for 60.8 percent of the population. According to Edwards (2009), an extended family is defined as "a family in which grandparents or uncles or aunts play a key role in children's wide upbringing." This may or may not include additional relatives who are living with the children of the family in question. In addition to the child's parents, these other members of the family include: Only one of the four spiritual healers was part of a traditional nuclear family, while the other three all lived on their own. One of the spiritual healers gave the reason behind living alone and said,

"Assan insan naal rahwoun ay gal utlay logan ko keni bhampdi, asan di taqaat wi inhai nal hay, ay sadi madad keni kareinde agar asan biwi buchan kol ravoun."

Translation: Because humans are the source of our strength, supernatural creatures dislike it when we coexist with them. If we continue to live with our family, then they are unable to guide us in how we should treat other people.

Bhoolapan and *Bhoola/Bhooli*

Mental illness is stigmatized with certain terms indifferent cultures (Khan et al., 2011; WonPat-Borja, Yang, Link, & Phelan, 2012).The limited climax of what leads to mental disease is best described by the Saraiki phrase *Bhoolapan*, which translates to crazy in English. This term captures the essence of what leads to mental illness. In the same way that mental sickness contains everything of Jalalpur Pirwala culture's understandings and beliefs about mental disease and psychological discomfort, *boolapan* does the same thing for mental illness. Even while those who are designated as *Bhoola* or *Bhooli* are devalued in Jalalpur Pirwala society to a certain degree, the notion of confining people who are mentally ill is in and of itself a terrible concept. According to the prevalent beliefs, a person does not automatically develop the characteristics of a *Bhoola* or *Bhooli*; rather, being a *Bhoola* or *Bhooli* is said to be the result of being affected by witchcraft. *Bhoolapan* is the sole visible condition of psychological anguish, and it is recognized as such by those who believe in more medical and psychological conceptualizations of mental disease, although the majority of people think that the state results from bewitchment. In Jalalpur Pirwala community, the concept of insanity unmistakably refers to a culturally produced cluster of symptoms, also known as a syndrome. This condition is comprised of singular symptoms and is seen in a highly pejorative light.

The behavioral manifestations of symptoms were essential in the diagnosis of *bhoolapan*, much as one may determine whether or not a person is insane based on "the things the person does," which are actions that go beyond what would be considered normal behaviors. Individuals who behave in an "inappropriate way" are claimed to have symptoms such as hearing voices, seeing people who are not there, and moving swiftly from one location to another.

Witchdoctors, Frauds, and *Bhoopa*

"Seeing a traditional healer is the norm," and is an acceptable practice when it comes to the treatment of mental illness, according to many residents of Jalalpur Pirwala. "those mad people, they just send them to the traditional healer and they give them something," residents have been quoted as saying. However, traditional methods of healing are laden with a tremendous number of difficult dynamics to navigate. Traditional healers may be found in many different parts of Pakistani society, including those ethnic groupings that are distinct from the Jalalpur Pirwala. Many of them are promoted in the classified sections of newspapers, and they promise wealth and sexual prowess.

On the other hand, these so-called "new" healers disregard established practices in favor of commercial gain and the promise of unfulfilled potential. In Pakistani society, there is a wide variety of interpretations of what it means to be a traditional healer. People go to *Bhoopa* in Jalalpur Pirwala, who are also known as witch doctors, frauds, and traditional healers, for a variety of reasons. The only practitioners in this group who are governed by tradition and belief are the Bhoopa. The others, in some manner, feed off the wants of a village, town, or individual for their advantage, which creates considerable issues and misperceptions about the nature of traditional healing practices.

Illusionary physicians and witches: One member of the Jalalpur community named Pirwala scoffed at the idea that traditional healers are still practiced in the culture of Jalalpur today. He voiced his lack of faith in so-called "conventional healing" practices and stated:

"At this very moment, my good buddy, we find ourselves in the lost world. I am always making sure that everyone understands that there are no traditional healers. These individuals came in search of monetary gain.

In addition to this, *Bhoopa*, by differentiating witchdoctors from traditional healers, you were able to get an idea of what authentic healers perform in actual practice. Even though it is possible that the modern secrecy surrounding healing and the fact that I am an outsider to the community prevented some of the participants from disclosing this information, all of the participants in the general sample had admitted to seeking treatment from a traditional healer, also known as a *Bhoopa*. The participants are under the impression that one may get medical attention from a *Bhoopa*, and that person can instantly determine what is wrong with another individual, as one of the respondents explained it like

"Jadhan wi tusan unhaein kol wedny haive oo hr shay janrhden hein"

(those people know you, the moment you go there)

It is often believed that *bhoolapan* is caused by magical methods. It is claimed that a healer may begin to envision ways to remove a curse or cure *bhoolapan* once they have an understanding of what is wrong with the individual being treated.

Commitment to traditional beliefs is required to pursue a career as a traditional healer. That is to say, one cannot just proclaim themselves a traditional healer; rather, the abilities possessed by a *Bhoopa* are handed down via familial relationships, whether those links are direct during life or if they are indirect through the participation of ancestors. The traditional healer who was interviewed for this research described the moment when he first became aware of his abilities as a "moment of revelation" that occurred during a period of sickness. As a result of his illness, he traveled to Uch Shareef in search of a traditional healer who could treat her. When he sought out a traditional healer, the man told him that he did not see disease in him; rather, he heard ancestors communicating inside him and granting him the ability to become a traditional healer himself. When he finally located a healer, the man told him that he did not see illness in him. Following the discovery, he began to participate in the cultural practice and spent time studying from this guy, who "showed him how to utilize everything," to enhance the health of other people. His education focused mostly on familiarising him with the various rites, but it also placed a substantial amount of emphasis on his capacity to maintain a connection to his ancestors. Establishing a connection to the spirits of ancestors is what guides the methods by which traditional services are provided to people. One of the practitioners I spoke with said to me that "a person doesn't have to say anything for the ancestor or jinn to show the healer that this person would be suffering in this, this, and this manner."

Therefore, training in traditional healing is dependent on the assumption that the relationship between both the healer and ancestors is a genuine and useful connection, and that one learns how to heal via links to the voices of the ancestors.

4.4   Preferences of Families regarding Treatment
The traditional or spiritual treatment came out on top as the primary choice for curing mental illness with 20 of the 23 respondents. In many respects, the practices of traditional healing are beneficial since they are culturally recognized modes through which healing may take place. Many of the participants have shown a strong preference for traditional remedies for their families, and when they think about traditional healers and the need for some form of therapy, "they assume *Bhoopa* would assist." One of the respondents shared their viewpoint, stating, "If somebody in my family is insane, the hospital is the very last place that I would consider visiting." In keeping with custom, I would recommend seeing one of our traditional healers.

People may conceal the fact that they are seeking traditional remedies, and the reaction may no longer be as instinctive as it once was, but it is abundantly obvious that the Jalalpur Pirwala

community has a predilection for and a belief in traditional healing. According to the relatives of those who have been diagnosed with mental illness, insanity is a treatable disorder; as a result, it does not call for inpatient treatment or therapy. Many families do not feel that therapy or hospitalization are viable forms of treatment for mental illness; this is the case even though traditional healing is becoming less common as a result of fraudsters and witch doctors. A problem that can only be described by one tradition can only be treated by another tradition. One of the respondents said that.

"When you see someone acting irrationally, your first thought is that they've been cursed by a witch. When this occurs, the individual is not sent to the hospital. You are free to take them to the local herbalist for treatment.

Belief in indigenous healing continues to exist, in part, because old ideas about witchcraft are still utilized as explanations for the development of mental disease (Afaque, 2012). In the culture of Jalalpur Pirwala, there is a strong feeling of faith and dedication to the intangible (i.e., curses and witches), which most certainly plays a role in the level to which people have such a strong belief in traditional healing.

4.5   Rituals in Traditional Healing or Faith Healing
The traditional healers and the believers have a mutually beneficial connection. As part of this relationship, the faith healers direct the believers in the performance of certain rites, which are to be carried out without question. The believers have the obligation of ardently believing in the curing that traditional healers deliver, while the traditional healers' role is to steadfastly retain confidence in the medium through which they provide treatment. The common thread that ties them together is the conviction that they each have in the efficacy of the therapeutic intervention. It is conceivable that the religious beliefs and practices of one group are significantly different from those of another culture; yet, there is one characteristic in which all civilizations are comparable: traditional healers are considered to be religious experts. Their stature is determined not just by the knowledge they have, but also by their aptitude to establish a connection with the supernatural.

It is also possible to become a faith healer as a consequence of a miraculous encounter, specialized training, or all of these factors together (Evans-Pritchard, 1937). Faith healing is an essential component of the traditional medical practices used in Jalalpur Pirwala. This kind of healing is carried out with the assistance of a trained practitioner, who is often referred to as a *bhoopa* (traditional/faith healer) or *molwi sahib* (known as a cleric). A cleric can inherit his position, but more often than not, he earns it through his perseverance and the acquisition of theological and Quranic knowledge, as well as via the performance of certain rituals including meditation. In addition to this, the community-based local union council that he works for awards him a diploma that validates his expertise in the areas of directing the populace and carrying out rituals. Some of the traditional healers went into *chilla*, which is defined as "isolation for the sake of mystic communion," for forty days while a faith healer watched over them (*bhoopa*). In addition to that, they learned how to recite the Quran.

Dum/dua (the practice of blowing air after the recitation of Verses from the Holy Quran), *Taweez* (an amulet), thread (black) which is wound up around the neck after reciting verses on it, and *Niaz* are some of the healing methods that these healers practice (in which they sacrifice goat or hen). These healers explain their diagnostic approach by stating that they employ a precise formula of *haroof-e-abjad,* which is a specific sequence of Urdu alphabets, to determine the nature and origin of a patient's sickness (Mohyuddin & Ambreen, 2014). In this treatment approach, the healer has to obtain the patient's name as well as the name of the patient's mother before he can do

the necessary procedure. The following is an explanation of the healing procedures that are used by these various healers:

Taweez (Amulet): A *Taweez* (amulet) may be bestowed onto a person for either therapeutic or malevolent reasons. There are many different kinds of amulets, each of which is designed to carry out a specific task. A few examples include 1) Those that are drunk with water; 2) Those that are worn around the neck or arm; 3) Those that are thrown into a river or a running stream; 4) Those that are buried in the ground; and 5) Those that are folded in cotton and then burned (Mohyuddin & Ambreen, 2014). Even though the purposes served by magic and amulets are strikingly comparable, humans have continued to differentiate between the two. A performance of magic may comprise the recitation of spells, the manipulation of physical objects, or both of these elements. People in Jalalpur Pirwala believe that even though magic and amulets are both used to achieve the same goals, the difference between the two is that an amulet is nothing more than magical writing on paper, whereas magic requires a private item from the prey such as their hair, nail, or a piece of their clothing. Magic is not something that the indigenous respect. They saw it as the most terrible and potentially harmful item on the whole planet. The vast majority of respondents believed that a person who performed witchcraft on another person was not a Muslim. The majority of amulets fall into one of two categories:

Positive *Taweez*: Positive amulets are worn to dispel problems, enigmas, evil eyes, diseases, the effects of negative amulets, and demon possession. They are also worn to resolve social concerns such as disagreements in the family and other similar conflicts. It is also possible to counteract the effects of negative amulets by wearing positive amulets (Mohyuddin & Ambreen, 2014). One who goes by the moniker *Bhoopa* is the person who is known to be the city of Jalalpur Pirwala's resident specialist in protective amulets. Not only may the amulets be discovered in written form, but they can also take the form of any piece of stone, a *dum* on water, or any food item. Additionally, the amulets can take the form of a piece of food. Amulets of this sort are never put to use to cause damage to another person; rather, their usage is always met with blessing. People do not engage in the practice of using them covertly. Amulets of the good kind are also worn by parents to shield their newborn children from the malevolent influence of an evil eye. In most cases, it takes the shape of a little piece of paper that is either intended to be worn around the neck or consumed. The amulet most often used for ensuring the birth of a son is worn around the neck. Women are keen to get it. It has a good reputation for being efficient and helpful. Until delivery, it will be fastened around the woman's waist. The second widely used one is for delivering those who have been possessed by spirits. This amulet is first used to cleanse a bottle of water before the water itself is used. It is often believed that water has healing properties.

Negative *Taweez*: The casting of a negative amulet must always be done in complete secrecy on an opponent. Although it is recorded on a piece of paper, it nevertheless results in illness, financial loss, and discord within the family. A person will go to a faith healer in the area of Jalalpur Pirwala if he has the sudden occurrence of a problem with his family and the belief that someone is attempting to do him damage with a harmful amulet. This is because the individual believes that someone is trying to hurt him. The faith healer will search the victim's house for the amulet, and if he is unable to find it, he will then give the person a positive amulet and tell them the purpose of their opponent using his divine power. This is done if the faith healer is unable to discover the amulet (Mohyuddin & Ambreen, 2014). The majority of locals have faith in both beneficial and harmful amulets, and women in particular are known to consult them for a variety of issues, including those related to their health, their relationships, and their finances.

A procedure known as *dum* or *dua*, *dum* is most often used for therapeutic reasons and is very seldom employed to inflict damage on another person. The majority of the time, it is done for medical reasons. In this treatment method, the healer whispers a verse from the name of God or the Holy Quran and then blows his or her breath on the affected area of the body, the sick person, or any drinkable or edible substance such as almond oil, water, or honey. The patient is required to use these items for the amount of time that the healer specifies. In most cases, the healer will cast *dum* on the oil and then instruct the patient to massage the problematic area with the oil to alleviate external pain such as a bone ache. When casting *dum*, some spiritual healers make use of a thick thread of a dark color, which is then provided to the patient so that he or she may wrap it around their neck or wrist.

Niaz: The jinn, fairies, or spirits that inhabit people are the most common targets of this strategy. It is a treatment in which "the healer requests the patients, guardian, or family to give a sacrifice of any animal (often any hen or he-goat) on behalf of the patient," and then distribute the meat from the sacrifice to the people who live nearby as well as the less fortunate. This cut of beef is often portioned up into 3 or 7 servings. Additionally, some of the meat is brought to the healer, but this is not required of the patient. Within the Jalalpur Pirwala, there are also *Bhoopa* who engage in this technique.

The practice of interpreting palm lines as a kind of exorcism: Was related by one of the *Bhoopa*,

"Reading someone's palm lines is the only way to determine whether or not they are in possession of spirits. Those who are possessed by fairies or jinn will experience progressions in the lines that run down their fingers. When the jinn is cast out, the lines return to their usual, unaltered state as they were before."

This practice was also used to expel jinn or fairies from the person being exorcised by throwing water at them. One of the *Bhoopa* explained the procedure as follows:

"First of all, the patient used to have to fetch the water from seven separate *nalka* (hand pumps), and then he would take a swig of it. The healer will then discard the water that has been utilized, at which point the cause for the patient's suffering will become apparent to them via the water.

The following is a list of other rituals that are often conducted at shrines:

To cure mental diseases, patients get smacks with sticks and brooms from spiritual healers. People feel that engaging in such techniques might help them recover from their illnesses and experience less suffering.

The rolling of a stone on one's body is another well-known practice that takes place at the shrine Pir Qattal. People come to the shrine to cleanse themselves of mental disease and seek intercession from the stones that have been put in the temple's courtyards.

The pounding of drums is one of the most prominent features of the Sufi shrines, along with *Qwali*, which is a kind of devotional music common in South Asian Sufi shrines, and *Dhamal*, which refers to dancing moves and drumming rhythms. The pir hold these kinds of activities weekly on Fridays to draw in more of their followers. People suffering from mental illness also participate in this dance, dancing in the hopes of achieving pleasure and freeing themselves of spirit possession (jinn). Drummers pay their respects to the saint by facing the shrine, but as they do so, they are also required to keep an eye on the dancers for whom they are playing, and the dancers too are required to face the shrine. Therefore, drummers may occasionally position

themselves between the shrine and the dancer to attempt to give attention to both. It is very uncommon for *dhol* (drum) players to be able to participate in ecstatic activities personally. This is because the duty of such a position involves talent and focus, and the players run the risk of failing both as musicians and as ritual functionaries.

The *Bhoopa* held the belief that each technique for curing illness has its unique degree of efficacy. One of these approaches is the only one that can be used to treat some diseases, while others need the use of many approaches. They go on to state that the severity of any sickness is also what dictates the number of different approaches that are used to treat it.

5   Conclusion and Recommendations

The findings from both phases of this study are combined to gain a more comprehensive understanding of how mental illness is conceptualized and explained within the Jalalpur Pirwala culture, how mental illness is treated within the South Punjab region, and how individuals within the Jalalpur Pirwala culture cope with mental illness and look for treatment for it. Counselors must be culturally competent and use traditional healing methods. This may be accomplished by making use of knowledge that is rooted in culture and by having a grasp of the cultural dynamics that explain the origin of mental illness. Traditional ideas concerning the causes of mental illness continue to be held in Jalalpur Pirwala despite the rise of modern medicine. Individuals and their families form their own opinions about the forms of therapy they consider to be the most beneficial and, as a result, effective in terms of reducing the suffering brought on by symptoms. Through this research study psychiatrists and doctors can understand how mental illness can be treated by using the cultural lens. Furthermore, through this research one can gain insight into the perspective of fairies' possession in Pakistan.

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