Original Research Article

Psychotherapeutic Components in Chottanikara Healing:
A Qualitative Analysis

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ABSTRACT

When the contextual management of a psychiatric condition is considered, the role of faith healing is crucial. When modern medicine replaced the religious explanations to health and illness by the scientific virtue of experimentation, faith healing was somehow pushed away from the mainstream treatment. There is a lacuna in terms of exploring the Psychotherapeutic benefits or rather, a psychological analysis of faith healing apart from numerous head counting and socio demography-oriented studies. The present study is an attempt to fill in this gap of exploring faith healing traditions in terms of their working mechanism and generating a therapeutic explanation of the same. The study aimed to explore psycho-therapeutic components in faith healing in psychiatric cases. The study considered the faith healing temple *Chottanikara* healing tradition. The total sample consisted of 100 out of which, 50 were neurotic patients according to ICD -10 and remaining 50 were caregivers visiting the healing Centre. Data was analyzed using interpretive phenomenological inquiry. Results and discussion indicated the psycho-therapeutic components in these healing traditions within the phenomenological framework by generating a central theme and sub-themes. The study implied the necessity of faith healing traditions to be a part of mainstream psychiatric practice, indicating the importance and relevance of clinical accommodation.

Keywords: *temple healing, neurotic conditions, cultural context, clinical accommodation, qualitative accounts*

INTRODUCTION

Faith healing can be defined as a practice that focus on the cure of different physical and psychological conditions, through the strategy of prayer, rituals and similar methods based on the belief that the divine power addresses the ailments through the pathway of worship. Faith healing has been popular in the history from time immemorial addressing different forms of complaints through the collective strategies of divine intervention by the healer who belonged to a respective religious doctrine. Faith healing is an alternate form of therapy for many among the Indian population (Raguram, 2002). Faith healing may occur in a *Hindu* temple, a *Dargah* and allied. In fact, when it comes to the treatment of mental conditions, there is an alignment between and healers and the healed to approach deities of all the religious doctrines (Kakar, 2012). Temples and *Dargahs* may often work in collaboration with the mental health professionals even when the modality of treatment for them individually would be entirely different (De Looze, 2011). India has travelled, much beyond the lunacy act, with its dynamic reforms in the field of mental health. However, people still find their "cure" in diverse religious centres. The cost and quality of psychiatric and allied medical services and the specific stigma attached to the treatment of psychiatric conditions drain away psychiatric patients to their "religious therapies". Faith healing temples henceforth complicates the scenario of the mental health system in India (Siddiqui, Lacroix & Dhar, 2017). The social and economic factors further push the ordinary man towards the faith healer (Trivedi and Sethi, 1980). Physical and emotional problems, when become intense, project faith healing as a better option, such that the

supernatural forces come prominent in the picture. Religious sites and pilgrim centers are definitely "the landing points" for ordinary men who think their healer have a better say over negative spirits than their physician.

Chottanikara healing tradition, which is the subject matter of enquiry in the present study. *Chottanikara* temple is one of the traditional and renowned temples of Kerala. It is located in Ernakulum district. Previously, the location of the temple was a huge forest area and it used to be the habitat of the tribal people with indigenous knowledge of herbs and traditions. According to the mythology, there used to be a tribal king called *kannapan* who took care of his one and only daughter after the death of his better half. He safeguarded the tribal community as well. He worshipped goddess "*Durga"* and sacrificed a cow daily at her altar as a part of holy ritual that they believed to bring welfare to the community. These cows were stolen by their fellow men as instructed by their tribal Lord, who never felt it was a wrong deed because of the belief that it was all for the mother goddess he worshipped. One fine day, the tribal lord's daughter came to see a calf with the mother cow (brought to be slaughtered) and started to take care of it with utmost care. As years passed, the calf grew into a healthy cow who became the girl's trusted comrade. However, her father decided to slaughter the cow for the welfare of the community for some scarcity that occurred in the community. The daughter did not agree, which changed his mind. One day, the daughter passed away. He took care of the calf, just like his daughter. Following this, he saw a dream with "a sage" and a "sitting calf" made of stone.

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When he woke up, he saw the stone in place of the calf. There was an idol of the sage as well. The tribal lord started his worship. The sacred stone was named *Lakshminarayana* symbolically representing lord *mahavishnu.* The tribal community had to shift from this region and years passed away. Village women who came to their daily chores here, accidently excavated the old deity in the form of an idol. The presence of the goddess in her three forms of *Saraswathi, Durga* and *Lakshmi* was worshipped. Miracles began to occur, and the temple was constructed. The spiritual path was initiated by reputed priests in the temple, and it became a source of wish fulfilment and healing place for the believers. Tantric practices, Vedic chants, providing food for the needy all became additions to the prosperity of the temple healing practice. The goddess is perceived to be *Shakti* who is referred as the better half of Lord *Shiva* himself along with sub deities, understood as *Upadevathas* within the upper and lower temple shrines. The temple is known for its healing power for addressing "possession disorders" where the process involves regimen-bound agendas of dietary practices, chanting practices, and performing the ritual that has attracted followers from different parts of the world (Menon, Nathawat & Thangal, 2017).

Religion has got a major role in the implementation of psychotherapy services in India. The colonial period had a great deal of difficulty in establishing the foundations of modern medicine. Psychiatry was of course not special. The traditional modalities of treatment like the Ayurvedic practices, the siddha traditions and allied did not keep the gate open for the introduction of asylums, as they gave a different approach to the treatment of disorders, specifically, mental disorders. They were a threat to the existing social and familial systemic structure. The premier lunatic asylums were constructed in regions of Bombay, Calcutta and Madras (Somasundaram, 1984; Sébastia, 2009). The therapy implemented in these asylums made a superficial bonding between the Colonial and Indian population, such that, the mentally retarded, the criminals and the street wanderers were all kept together in the asylum. Hospitals functioned to discipline and not to create an environment, that is safe for the patient to be treated in alliance with the cultural environment. Psychotherapy was provided without knowing the caste, religion and allied, creating disturbances in the belief frameworks of existing healing traditions (Furnham, 1994; Sood, 2016; Sébastia, 2009). The British Lunacy act in no way addressed the integration of faith healing tradition in modern psychiatric practice.

There are often multiple requests to incorporate faith healing traditions to medical practice (Atkinson, Fleenor, Lerner, et al. 2018). Such requests are often put forward by the family of the patient. The application of ethical principles in the faith healing tradition varies from one culture to another. The clinician on the first hand could reject these requests. Those who are trained in evidence-based therapies may not find faith healing practices appealing due to their involvement with superstitions and mythical practices. Some practitioners have indeed found the request for a faith healing tradition to be a mockery of their clinical skill. The outright rejection of an interest in

faith healing tradition without justification would be against the acknowledgement of autonomy of the client another approach would be giving a midway answer which includes nor acceptance or rejection of the faith healing tradition. Since, medical professionals of a particular modality may not be familiar with the healing principles of another domain; the tendency to become judgmental may not be professional enough. However, a pinch of caution would still be acceptable. Some professionals may endorse the faith healing tradition. This would be applicable to clinicians who believe in the independent functioning of faith healing tradition. These clinicians take up the stand of a social avenger in endorsing faith healing tradition. The reason for endorsing a faith healing tradition could also be due to their assumption that, faith healing tradition works on "placebo effect" (Kent, 2019). The issue of non-maleficence comes when the clinician endorsing potentially harmful faith healing practices. Hence, it may be accepted if the tradition will indeed benefit the client. A very different perspective from all of this would be the inquiry of beliefs about faith healing tradition, which the patient and their relatives hold. This helps the clinician to explore the variety of promises and pitfalls held in such practices. Here the autonomy of the client and the clinician is maintained (Sarkar, 2014).

There is no right and wrong approach or stand to be taken by the clinician. It is indeed necessary to have knowledge on a variety of faith healing traditions. Many provide relief, many may be placebo, and many may be potentially dangerous. In whatsoever ever conditions, the health care provider should always remind the patient about the harmful effects of faith healing tradition, if at all any. Clinical decision making is indeed a task that requires a lot of caution. The accommodation of faith healing tradition would be hence context specific, unique to the socio-cultural milieu and pathology based. A worm's eye view will be necessary for the clinician to understand true rules of accommodation of faith healing tradition.

Research in faith healing traditions has been head counting in nature. The research inquiries in this regard were based on the number of people attending faith healing traditions and the reason for the same. The research by Kakkar (1972) and colleagues have pioneered the use of a theoretical model in explaining psychiatric cases that visited 14 faith healing centers in India from different modalities of belief. There are researchers who looked into the relevance of the faith healing environment (temple settings) as a cure of neurotic conditions. Another category of researchers explained the ill effects of faith healing traditions with respect to the ethical aspects involved. However, considering the diversity of the faith healing traditions, there was a lacuna in explaining the "technical know-how" of faith healing traditions or rather an exploration of psychotherapeutic components in the process of faith healing. Exploration of a psychotherapeutic perspective is needed to understand the process of faith healing from a scientific lens. There were research attempts that explored the necessity of accommodation of indigenous healing traditions in mainstream psychiatric practice as there is a significant population that opted faith healers over clinical psychologists and psychotherapists (Sharma, Gupta,

Saxena, et al. 2020). The modern medical science does not consider spiritual and faith healing traditional treatment as a science (Peprah, Gyasi, Adjei, et al. 2018). Therefore, the spiritual and faith healing practices day by day stop practicing in this modern era, it seems like as if completely abolished as the treatment part of mental illness (Dein, 2020). In this regard this study attempted to throw light regarding spirituality and faith healing practices by collecting samples from *Chottanikara* temple where spiritual and faith healing modalities are followed. Henceforth the present study was a research attempt to fill in the lacuna of a qualitative exploration to understand the process of respective healing modalities in terms of their psychotherapeutic components, so as the findings of the study can be implemented as part of the psychotherapeutic modules in the treatment of psychiatric patients keeping patient safety and ethical consideration.

On a summary on research till date, there has been multiple studies that reflected on the diversity of faith healing traditions in different communities. There have been studies with respect to the safety and ethical aspects of faith healing tradition and their authenticity. There are studies that indicated the scenario where, treatment gets delayed when individuals approach faith healers before approaching medical practices. Some studies have indeed reflected on the necessity for mainstream medical practices whether they are general health-related or psychiatry to collaborate with the indigenous healing traditions indicating the necessity of a community healing approach for different rural and suburban areas respectively. It is interesting to note that, some researchers have taken a selective theoretical perspective in understanding faith healing and clinical manifestation within difference centers of healing. It is to be noted that there have been isolated studies that addressed clinical symptoms expressed after natural calamities. Concerning Chottanikara healing tradition, there has been very limited research explorations. However, further explorations are needed within the qualitative and psycho-therapeutic domain to incorporate or think about incorporating faith healing to the mainstream clinical practice.

METHOD

Aim and Objectives

The study aimed to explore the psycho-therapeutic components in chottanikkara healing tradition in psychiatric patients. Objectives were to understand pattern and order of faith healing practices at faith healing places and to examine the psycho-therapeutic components in faith healing through qualitative strategies.

Participants

Sample number was 100 out of which, 50 patients according to the anxiety and depressive spectrum according to ICD - 10 and remaining 50 were caregivers visiting the renowned temple of chottanikkara. Patients within the age group of 18 -45 was selected. Male and female genders were included in the study. Patients who fall in the depressive and anxiety spectrum disorders according to the ICD 10 criteria Patients within the third gender were excluded from the study. Patients with chronic and acute psychotic conditions, comorbid medical conditions, who belonged in the third

gender and those who were on pharmacological intake also met the exclusion criteria. Caregivers who were close to the patients and who had significant and reliable information in both the genders met the inclusion criteria. Caregivers who had unstable psychiatric conditions, who took either psychotherapeutic or pharmacological assistance, and who belonged in the third gender were excluded from the study.

Research Design

The study design was chosen to be qualitative cross sectional and exploratory research in nature.

Procedure

Patients and caregivers were personally approached for the involvement in the study and informed consent were taken from the concerned patients, caregivers, and faith healing centers. They were clearly explained regarding confidentiality will be maintained, the findings shall be discussed with the supervisors only and also informed that at any time of research they can withdraw from study due to any kind of respective reasons.

Ethics clearance was availed from Amity university Rajasthan, Jaipur. Patients and caregivers were selected at random using computerized random sampling method who fulfilled inclusion criteria. Information was gathered about patients by using specially designed Socio-demographic data sheet, Motivational factor sheet, Hamilton Anxiety and Depression Scale to identify social-demographic details, anxiety, and depression of them.

Interview schedules were used for collecting data from patients and caregivers attending Chottanikara Healing Temple. Data collection was completed based on the visit, stay and facilities with the temple system and participant availability. After the completion of data collection, they were thanked and appreciated for the participation in the study.

Qualitative Analysis

Qualitative analysis included the methods of interpretive phenomenological inquiry. With respect to phenomenological inquiry, the subject under study was the experience of healing from the patient and caregiver perspective. The questions for experiential assessment were formed in a manner that were open ended in nature and that involved the ritualistic process of healing modalities. Transcripts in phenomenological inquiry were categorized on the basis of experiential similarities. These experiential similarities became the categories within the data. The categories were further split into sub thematic categories. The sub themes were arranged from higher to lower order themes in terms of their ritualistic significance. There was a common order that controlled these themes and that was categorized as the central theme.
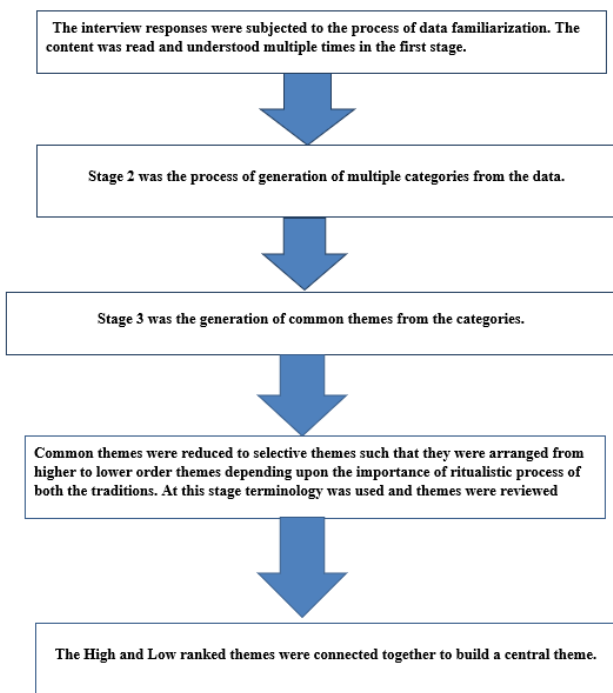
DISCUSSION

Phenomenological Account

The Phenomenological Conceptualization of Chottanikara Healing Tradition

From a phenomenological perspective, faith healing could be conceptualized as an experience. The experiential understanding of a phenomenon is defined by the element of subjectivity. Thus, the process of *Chottanikara* healing

tradition is subjectively assessed as an experience considering the patients and caregivers who undergo the process of healing. The backdrop of an experience becomes complete with the phenomenological presence of temple in itself. The process of *Chottanikara* modality was observed from the eyes of participants so as to derive an integrated phenomenological thematic framework. The temple environment, the way of life, vegetarianism, *bhajan*, exorcism, trance and conjuring become the integral components for answering the qualitative part of the research question. The experiential gestalt becomes incomplete without considering the research questions formulated which included the motivating factors towards faith healing, the know-how of healing and the outcome of healing. Rather than devising, preconceived yardsticks of psycho-therapeutic components in understanding faith healing, components were explored within the availed transcripts.

Flow Chart Explaining Interpretive Phenomenological Inquiry (Module adopted from Qualitative Research Methods in Psychology, Combining Core Approaches, Nollaig Frost)

The interview responses were subjected to the process of data familiarization. The content was read and understood multiple times in the first stage.

Stage 2 was the process of generation of multiple categories from the data.

Stage 3 was the generation of common themes from the categories.

Common themes were reduced to selective themes such that they were arranged from higher to lower order themes depending upon the importance of ritualistic process of both the traditions. At this stage terminology was used and themes were reviewed

The High and Low ranked themes were connected together to build a central theme.

The omnipotent researcher observed the *Chottanikara* healing tradition using a direct enquiry of healing experience, healing process, bhajan, ritualistic conduction, the underlying symbolisms and temple environment to generate transcripts that were verbal, observational, and pictorial in nature. The transcripts were divided into codes and further represented as meaningful units. The meaningful units gave a central theme and sub-themes of the experiential account of *Chottanikara* healing tradition.

The Process of Interpretive Phenomenological Inquiry

The process of analysis included the collection of transcripts using the strategy of semi structured interview, participant, and non-participant observation. The omnipotent researcher entered the *Chottanikara* temple healing tradition in a non-directive and open-ended manner.

The experience of attending the temple, the rituals performed, the prayers attended were narrated by the patients and the caregivers. Specific questions were asked to individual subjects regarding the healing process, the symptomatic manifestation and healing outcome. The process of interpretive phenomenological inquiry was conducted in three stages. First, the responses indicated were noted word by word with adequate descriptions in the initial stage. The second stage of the process progressed with the task of identifying themes that described the phenomenological experiences of the participants that got integrated into a core theme. In the third stage, the core theme or the cluster was explained with respect to sub-themes and vice versa which brought a thematic framework respectively.

The individual responses were analyzed primarily by reading again and again. At this stage, a wide range of unfocused thoughts and observations in response to texts were generated. There were images, pondering questions and association attempts that were generated. Notes at this stage were generated as the initial form of coding. Then these associations were put into labels that represented various sections of the text from the transcripts. The theme titles were reflections of the particular constructs that explained the essential nature of the experiential account. Terminology was introduced as a part of providing structure to the themes. Firstly, the interrelation to the themes and later on, their connection was formulated. The sub-themes were put into a hierarchical code and described in relation to the cluster or master theme.

The cluster theme and the sub-themes were restructured repeatedly by the researcher who went back and forth with the data. Table 2.1 elaborates the sub themes generated with quoted verbatim from the transcript. Themes that represented the transcript accurately were the ones that got incorporated into Table 2.1. The master theme and sub-themes were later represented by the diagram 2.2. The process of thematic selection was cyclical in nature and higher order themes were checked against the lower order themes. The omnipotent researcher made sure that the themes were grounded in the data in itself.

Narration of Sub-themes

This section explains the process of sub thematic generation. The transcripts, including interview verbatim, were analyzed. Labels were formed, codes were generated, and sub themes were created. The hierarchy of themes brought structure to the thematic generation. Lower order themes were generated in relation to higher order themes as demarcated from the transcripts.

To begin with the sub themes, "Religiosity" becomes the preliminary sub theme. "Religiosity" as a sub theme was manifested at different levels in the therapeutic continuum within the Chottanikara healing tradition. It is the extent by which the individual and the family get involved in the practice of Chottanikara healing tradition by their faith and adherence to the deity, "Chottanikara *amma*". Rather than a placebo effect, it is this religious adherence that indeed takes up the nature of a therapeutic adherence making a strict basis for belief and practice of *Pooja and Badha Thullal* respectively (Radhakrishnan, 2020). This becomes

an important motivating factor for patients to reach the center and follow the rules of the healing tradition, in order to lay the foundation in it, for the therapeutic healing process.

"Vegetarianism" was generated as the second sub theme. Vegetarianism is an important component in the Chottanikara healing tradition. It is not merely an abstinence from the consumption of non-vegetarian diet or purely the consumption of vegetarian diet alone. However, it indicated the strict practice of a lifestyle during the stay at the temple. Getting up at early morning, praying at significant intervals when the *Pooja* is conducted, consuming the sacred ghee, and getting enough sleep exerts an influence on the individual within the psycho-social paradigm. The mind and the body are actively involved in the curative process by the patient himself or herself.

"Healing Environment" was generated as the third sub-theme. The temple becomes an indigenous clinic for accommodating patients and their caretakers. The mere presence at the temple was experienced to be calm and relaxing and "thought free". The routine followed, the peaceful and calm atmosphere away from the city life became an important factor for patients to feel better. Being away from their life stress and staying at the shrine gave a break from the distress that they experienced.

"Unconditional Positive Regard" was generated as the fourth sub-theme. The deity at the temple was regarded as a source of love and support irrespective of the shortcomings within oneself or within the family. The mythological background of the temple support this "perceived image" that the deity holds. This kind of a view helps the individuals to open up towards the temple rituals and become active in following the temple healing tradition, devoid of any kind of scrutiny from self-blame and that of family and society.

"Integrative Approach" was generated as the fifth sub-theme. The *Chottanikara* healing modality has been composed of three parts that are connected to one another. The healing modality begins from the shrine of Lord *Ayyappa* who diagnose the nature of the problem or the *"Sankat"* (through the priest). Secondly, the affected is taken to the shrine of lord shiva or "*vidyanath*" (lord of healers) who initiates the healing process. Thirdly, the affected is presented at the higher and lower altars of the goddess completing the meditative chanting as well as the conjuring process respectively.

"Suggestion" was generated as the sixth sub-theme. The element of therapeutic suggestion is clearly seen in the conduction of *badhathullal.* This is a state of trance where the affected who are therapeutically suggestive get into the trance prior to the process of conjuring. Here the causative factors of disturbance are believed to be taken away by the goddess creating a platform of communication through the medium of trance.

"Catharsis" was generated as the seventh sub-theme. Beginning from the initial stage of assessment towards the conjuring state, the *Chottanikara* healing tradition provides the platform of catharsis in the therapeutic continuum. The affected and the family are provided with a chance to vend out emotions at the higher as well as at the lower altar during the process of *bhajan* and *Guruthi.* Anger, self-loath and different kind of negative emotions is expelled at different levels enhancing positivity.

"Therapeutic closure' was generated as the eighth sub-theme. *Chottanikara* healing tradition ends up with the process of giving a word to the goddess. After the conjuring process, the negative forces within the affected, whether defined by magico-religious beliefs or mental discomfort or symptomatic manifestation of any nature is transferred symbolically to the banyan tree creating the sense of closure or termination of the healing process creating a sense of relief and comfort respectively.

**Table 1.1 :** Indicating Sub-themes with Corresponding Verbatim (Chottanikara Temple)

Sl. No.	Sub Themes of the Phenomenological Account	Verbatim According from Sample Cases
1.	Religiosity	"There is no question of effectiveness, being a Hindu, I believe in Chottanikara amma and she will handle everything".
2.	Vegetarianism	"It was disturbing in the beginning, to get up this early and practice the diet and Pooja and not to sleep in the afternoon and chant, but now we all feel systematic and "fresh".
3.	Unconditional Positive Regard	"Mother goddess will forgive all our mistakes. She will not hate anyone. We are her children".
4.	Healing Environment	"The temple is away from noise, there is no one to bother and simply sitting here feels I am all better".
5.	Integrative Approach	"God ayyappa will not forget to find the problem, lord shiva is the greatest vaidya and goddess will not leave the "*Sankat*" away from the banyan tree. There are *devathas* around to protect".
6.	Suggestion	"I felt there is something that wanted to get out of the body. I was in possession of my faculties, still I feel, I am supposed to obey to the rhythm and start saying my problem aloud and turn around".
7.	Catharsis	"When I shouted loud and said my problems and cried in front of the goddess for *Guruthi Pooja*, I felt very relieved and liberated.
8.	Therapeutic closure	Here there is relief. Once the temple is reached, there is a solution to all the problems. The *Guruthi* is an end way to all the issues.

The Thematic Framework

The sub-themes were gathered and arranged in a hierarchical order, so as to create a connection with the master theme. The sub-themes generated the master theme of religious conviction. The sub-theme of "Religiosity" explained the perception and experience of *Chottanikara* healing tradition as a set of rules that govern the curative process. It catalyzes the process of healing in terms of believing and obeying the ritual. The sub-theme of religiosity progressed to the sub-theme of vegetarianism which created a systematic way of living, thinking, and behaving in terms consuming food, medicinal ghee and resting and chanting the name of goddess. The third sub-theme of unconditional positive regard creates a comfort channel of communication between the affected and the goddess without the fear of being judged or scrutinized. The sub-themes of religiosity, vegetarianism and unconditional positive regard becomes the lower order themes which generates the higher order themes of healing environment, integrative approach, suggestion, catharsis, and therapeutic closure. The healing environment of *Chottanikara* temple provides an integrative approach of assessment, cure initiation and healing creating an environment of suggestion, trance, catharsis, and emotional vending, ensuring therapeutic closure.

Looking at the escalation of lower order themes to higher order themes and their connective pattern, the central theme manifested would be religious conviction. Individuals who are coming to the Centre of Chottanikara healing tradition are guided by the sense of guilt and shame specifically depicted in the symptomatic manifestation within the neurotic spectrum of conditions along with the vulnerability towards a sense of prosecution by the authority. This explains their active involvement in the suggestive process of "*badhathullal*".

Figure 1.1: *Sub-themes and Master Theme*
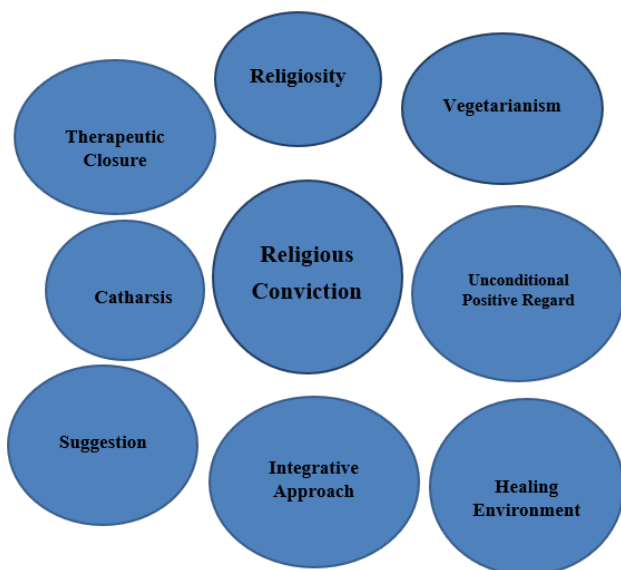
Summary and Conclusion

Faith healing can be defined as a practice that focus on the cure of different physical and psychological conditions, through the strategy of prayer, rituals and similar methods based on the belief that the divine power addresses the ailments through the pathway of worship. Faith healing for many is a form of alternate medicine, for some, it is a kind of supernatural healing and for the other, it is purely spirituality. Touching with the hands, visiting shrines, drinking the holy water blessed by religious chants and versus could be some of the versions of faith healing. Considering this, temple healing traditions is another specific type of faith healing modality that follows the individual temple healing cultural values, mythological explanations, and ritualistic activities.

The literature review indicated the presence of a qualitative lacuna in the faith healing research along with the absence of clinical trials those established the efficacy of selective faith healing traditions through experimental research. Unlike psychotherapy, faith healing tradition does not hold a common code of treatment that could be generalized across the population. Faith healings across the globe are henceforth different. The present study was an attempt to fill in the void of a theoretical perspective in explaining faith healing through a psycho-therapeutic lens. Reviewing the components in two diverse faith healing traditions, the studies aimed to bridge in the theoretical gap in explaining the know-how of *Chottanikara* healing tradition and give the qualitative findings through the strategy of phenomenological inquiry. The study aimed to explore the psycho-therapeutic components in faith healing in psychiatric cases. The total sample consisted of 100 out of which, 50 were patients within the anxiety and depressive spectrum according to ICD -10 and remaining 50 were caregivers visiting Chottanikara Healing Tradition. The study had employed a qualitative cross sectional and exploratory research design. The psychometric tools used were Socio- demographic sheet, interview schedule, motivational factor sheet, Hamilton anxiety scale and depression, ICD -10 classification system and Module for phenomenological inquiry was used. Data collection was completed based on the visit, stay and facilities with the temple system and participant availability. After the completion of data collection, they were thanked and appreciated for their cooperation in the study. Phenomenological Inquiry was used to analyze the data. Results indicated the psycho-therapeutic components that could be incorporated in mainstream mental health practice respectively.

Suggestion

- These findings being exponential in nature, the future studies could utilize each component for further research.

- The psycho-therapeutic factors that moderate and mediate healing process in these traditions can be studied in the future

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