THE ROLE OF SOUTH ASIAN TRADITIONAL HEALERS IN COUNSELLING

By

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A thesis submitted in conformity with the requirements for the degree of Master of Arts
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Abstract

The current study’s aim was to explore and document the role of South Asian traditional healers residing in Toronto as it has been observed that South Asians tend to approach these traditional healers for assistance with their physical, psychological and spiritual distresses. These healers were interviewed about their background, training, the South Asian traditional healing processes and their thoughts on collaboration with Western Mental Health practitioners. The data was analyzed using Grounded Theory. The results revealed that these traditional healers closely followed the South Asian traditional healing theories and cultural norms in their practices. The healing processes reflected the ideas of holism, planetary effects and religious healing. The traditional healers also expressed eagerness to associate with the Western Mental Health care services to benefit their clients. The findings suggest that South Asian traditional healers play a major role in the lives of South Asians.
Acknowledgements

An important aspect of this research is the involvement of the precious people who have generously contributed physically, mentally, spiritually and most important of all emotionally. I would first like to thank Dr. Roy Moodley, my supervisor at OISE, who has provided constructive guidance, indispensable suggestions and most of all valuable form of encouragement during these two years of my program. His welcoming approach to discussions and ‘anytime’ assistance cannot be forgotten. I would also like to extend my gratitude towards my second reader, Dr. Charles Chen for lending his valuable time to provide insight and valuable suggestions to this thesis project.

Next, I am humbly thankful to the traditional healers who participated in this research project and provided insight and priceless knowledge about the treasure chest of South Asian traditional healing. Their input provided this project with a solid framework and shape.

I would express my gratitude to the Divine Lord, who has led me and held me throughout my journey of life and because of whom I stand where I am. The people whom I put on a pedestal close to God are my parents and my brother, because of whom my thoughts, values and beliefs have taken shape. Their valuable teachings about life and living have helped me throughout my journey and will continue to guide me till the end.

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INTRODUCTION

South Asia has consistently been among the top 10 sources for immigration to Canada with the majority of immigrants coming from India, Pakistan, and Sri Lanka (Citizenship and Immigration Canada, 2006). This statistic is not merely intended to highlight the number of South Asians that contribute to Canadian diversity, but rather it is presented here to provide a preliminary insight into the implications that arise regarding the utilization of Canadian mental health services by South Asians. Specifically, statistical data and social science research reveals that South Asians residing in the West tend to underutilize mainstream mental health services as these practices are incongruent to their cultural beliefs (see Alexander, 1999; Atkinson & Matsushita, 1991; Commander, Cochrane, Sashidharan, Akilu & Wildsmith, 1999; Duran, 1990; Gill-Badesha, 2004; Herring, 1999; Sue & Sue, 1990). This difference in cultural values has lead to the preference of cultural forms of healing over Western medicine among South Asians residing in the West, as these forms of healing are in accordance with their beliefs (Moodley & West, 2005). For example, South Asian Traditional Healing methods are extensively utilized by South Asians in the West to cope with concerns and illnesses (see Chandarana & Pellizzari, 2001; Hilton et al.,

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1 Although South Asia includes territories on and in proximity to the Indian subcontinent such as Afghanistan, Bangladesh, Bhutan, India, Iran, Maldives, Nepal, Pakistan and Sri Lanka (United Nations Statistical Division, 2006), the current research is focused on traditional healing modalities common within the Indian and Pakistani communities residing in Canada.

2 For this study, I use the terms ‘West’ and ‘Western’ in both historical and geographical contexts. For historical context, I use the definition provided by Stuart Hall (2002), who describes the ‘West’ or the ‘Western’ as “a society that is developed, industrialized, capitalist, secular, and modern…such societies were the result of a specific set of historical processes-economic, political, social and cultural. Nowadays, any society, wherever it exists on a geographical map, which shares these characteristics, can be said to belong to the ‘West’. The meaning of this term is therefore virtually identical to that of the word ‘modern’” (p. 57). Additionally, when referring to the geographical meanings of ‘West’ and ‘Western’ I refer to the geographical regions of Western Europe, the United States, Canada, Australia and New Zealand.

3 Traditional healing has been defined as “helping beliefs and practices that originate over extended time within the culture, that are not transported from other regions, and that are designed for treating the inhabitants of the given group” (Sue, 1999, p. 143). These healing methods are often dispensed by a helper who is a respected elder member of the family or community (Sue, 1999).
The preference of traditional healing methods over mental health services has created a chasm between the South Asian health related beliefs and needs and the services offered by the Western systems of healing. Specifically, this gap has fostered a disregard of Western mental health services by many South Asians and has also led to feelings of suspicion towards the field of Western treatments and services (Gill-Badesha, 2004; Sharma, 1994; Sue, 2003). An important question that arises, is that of the means to bridge this gap between the fields of Western mental health services and South Asian mental health needs, beliefs and methods.

Although, various researchers have assessed the reasons that have maintained this gap between Western health services and South Asian needs and beliefs (See Crawford, 1989; Jaipal, 2004; Kakar, 1982; Kumar, Bhugra & Singh, 2005; Hilton et al. 2001; Laungani, 2005; Pankhania, 2005), a limited amount of research has explored the means to bring the two fields together (Laungani, 2004a; Moodley & West, 2005). Addressing this gap in research, I have undertaken this research to explore one way to bridge the gap between Western mental healthcare and the mental health related needs of South Asians. Specifically, I have assessed the role of South Asian traditional healers to comprehend the field of traditional healing as practiced in the West and the specific role played by the healers. The implications of conducting this research with South Asian traditional healers are described next.

**Implications of this Study**

Traditional healers have been considered the harbingers of the field of traditional healers, and the primary source from which information about the healing philosophy,
methodology and practice can be gained (Sue, 1999). This knowledge can become a vital resource for the field of Western healthcare due to the following reasons. First, it provides information about the belief system of South Asian populations including their beliefs regarding health and healing. Second, it provides information about the methods utilized by South Asian healers to bring about the healing process and the factors due to which it is congruent with the beliefs of South Asians. Lastly, it opens up a gateway into the world of traditional healing and therefore, encourages Western healthcare practitioners to connect with the healers and gain further knowledge from them. Eventually, it can allow the Western mental healthcare providers and South Asian traditional healers to create a network of healthcare and healing, where they can collaborate and refer their clients to one another when necessary. In this manner, the clients will receive assistance from practitioners from both the fields, without harboring the hesitation of approaching a Western healthcare provider who is completely unfamiliar and possibly estranged with the field of South Asian traditional healing. Therefore, a pathway that connects the fields of Western healthcare and South Asian forms of healing can address the gap that exists between the South Asian population and the Western mental health services.

**Objectives of the Current Study**

Acknowledging the need of bridging the gap between the Western mental health practices and the health related needs of South Asians, I intend to explore the role of South Asian traditional healers. This will allow us to gain an insight into the field of South Asian healing, its philosophy and the healing means employed by South Asians healers in their community. Furthermore, I also assess their views on collaboration between the Western
mental health field and health related needs of South Asian groups in the West. A detailed breakdown of the objectives of the current research is described below:

1. To document the background, training and the client groups of South Asian traditional healers in Toronto, Ontario.
2. To describe and critically examine the theory and processes followed by the South Asian traditional healers for consulting, assessing, diagnosing and treating clients.
3. To explore the perspectives of South Asian traditional healers regarding collaboration with Western healthcare practitioners.

In order to meet these objectives, the research has been designed and conducted in the following order.

Outline of the Current Study

Chapter 1: Introduction and Literature Review

This chapter presents the overview of the literature that contextualizes the aim of the current research. Specifically, I present the research pertaining to the gap between Western mental health services and South Asian mental health needs in the West, therefore setting the impetus for the current research.

Chapter 2: Methods

This chapter elaborates the methods used for the current study along with the rationale for using a qualitative approach to analyze the data.

Chapter 3: Results

This chapter describes in detail, the responses of the South Asian traditional healers as gleaned and analyzed by the researcher.
Chapter 4: Discussion

This chapter provides a critical examination and discussion of the results obtained from the current study and has been juxtaposed with the current literature.

Chapter 5: Conclusion and Implications

This chapter presents my perceptions of the implications that arise from the findings, followed by the study’s limitations and strengths. Lastly, I present recommendations for counsellors, based on the findings of the study.
CHAPTER 1: LITERATURE REVIEW

In order to comprehend the foundation of the current gap that exists between the Western mental health services and the South Asian mental health needs, I document the literature that relates to these two fields. I begin by describing the South Asian worldview that includes their belief systems, followed by an overview of Western mental health services and the areas where it falls short of meeting the needs of South Asians in the West. I then document the status of South Asian mental health needs in the West that are not met by Western mental health services, followed by a documentation of the alternative resources utilized by them. Here, I describe the primary objective of my study, which is to assess one such resource used by South Asians, that of traditional healers. I end by briefly suggesting the means by which this research can be used to lessen the gap between the Western counselling and South Asian needs.

1.1 Cultural World-View of South Asians

Culture not only influences but also defines a person’s beliefs and behaviors to a large extent. A person’s actions, decisions and values can be aptly contextualized by the dominant cultural norms. In fact, Laungani (2004a) states, “Our beliefs and behaviors do not arise in a social vacuum… [they are] to a large measure influenced by the dominant values prevalent in our culture… [and] in that sense we are all prisoners of our own culture, handcuffed to it” (p.56). The cultural background of a person can therefore hold implications for his/her actions and beliefs. For example, a person’s beliefs around health and well-being can be strongly influenced by his/her cultural norms and values. Moreover, these values also become translated into the resources they seek for their well-being. In fact, various
researchers have contended that cultural values influence a person’s choice of health-care related resources to a great extent (see, for example, Chandras, Eddy & Spaulding, 1999; Constantine & Sue, 2005; Laungani, 2004a; Moodley & West, 2005; Myers, Obasi, Jefferson, Anderson, Godfrey & Purnell, 2005; Sue, Bernier, Durran, Feinberg, Pedersen, Smith & Vasquez-Nuttall, 1982). As a result, an understanding of the cultural norms and beliefs of a group can facilitate the comprehension of the resources they use to cope with concerns relating to their health and well-being. The knowledge of the cultural norms can also ensure that the Western mental health service practitioners provide assistance and resources that are in accordance with the beliefs of the group they are assisting. Therefore, to comprehend and contextualize the mental health needs and utilization behaviors of South Asians, it is imperative to explore the role of their cultural world-view.

I present a brief overview of the common values and perceptions held by South Asians as explored by researchers such as Hodge (2004), Inayat (2005), Jacobson (1995), Laungani (2004a), Sharma (2000) and Weiss (1994). I describe these values and beliefs since they permeate into the mental health belief system of South Asians (Laungani, 2004a). A few of the values and beliefs that are shared by South Asian groups include principles of Dharma, Karma, Will of Allah, having a family support network and having a relational view of self.

*Dharma, Karma and Will of Allah*

The values of *Dharma, Karma* and the *Will of Allah* are vital characteristics of the South Asian societies belonging to India and Pakistan. *Dharma* is a Hindu concept that
arises from Hindu religious texts, the Vedas\(^5\). It has been defined as the “metaphysical moral order… [that serves the purpose of] ordering society and personal conduct to correspond with the design of the universe… [and to bring about] integrity, harmony, and a social and personal balance” (Hodge, 2004, p. 28). Hodge (2004) explains that Dharma forms an essential part of Hinduism in that it defines the moral codes, ritual conduct, family roles and structure of Indian society. When the principles of Dharma are not followed, it is believed that an imbalance between the person and his society ensues, leading to distress, ill-health and chaos. Therefore, the principle of Dharma often permeates the cultural values and functioning of the society on a general basis. In addition to Dharma, the Hindu belief in Karma also plays an important role in the lives of Hindus. Karma is labeled as a moral law to be followed by Hindus where a person’s actions determine consequences in his/her present and future lives in case of rebirth. According to Karmic philosophy, good actions lead to good consequences and bad actions lead to bad consequences (Hodge, 2004; Laungani, 2005). The concept of Karma is closely related to that of Dharma in that following the moral codes as outlined by one’s Dharma such as that of valuing and respecting elders in the society, expressing compassion, following mores of honesty and humbleness, leads to good Karma and therefore good consequences. Whereas, disrespects elders, engaging in violence, behaviors such as dishonesty and cheating lead to bad Karma and therefore bad consequences (Fenton et al., 1993; Weightman, 1998 as cited in Hodge, 2004). Good Karma then reflects physical, mental and social harmony in a person’s life, whereas bad Karma reflects illnesses, disorders and disharmony in a person’s life (Hodge, 2004). [For a detailed description of Dharma and Karma, see Flood, 1996.]

\(^5\) Vedas are ancient Hindu texts, which consist of scriptures, sacred hymns, teachings, poems and passages in Sanskrit. The Vedas include four collection of texts that describe the framework of Hinduism (Encyclopædia Britannica, “Vedic Religion”, 2008)
Where Dharma and Karma permeate the lives and functioning of Hindu populations, the concept of the ‘Will of Allah’ is a common belief shared by people who follow Islam (Alavi, 2008; Inayat, 2005; Laungani, 2004a). Laungani (2004a) and Weiss (1994) elaborate that Will of Allah means that Allah “is an all-powerful force…who has shown the world the right way to live as revealed through the Quran; then it is up to individual believers to choose how to live” (Weiss, 1994). This concept is commonly used to understand health and illness experiences. For example, Inayat (2005) describes that Muslims believe that ill-health occurs due to the Will of Allah and in order to overcome illness and distresses, a person is expected to become increasingly devoted to their faith and please Allah by following the tenets of Islam. Rituals such as regular prayer and worship become important means to achieve proximity to Allah and “harmonize mental, emotional and spiritual aspects of [oneself]” (Inayat, 2005, p. 163). [For a detailed description of the role of Islam in healing, see Alavi (2008), Inayat (2005) and Imam (2006)].

Therefore, the belief in Dharma, Karma and Will of Allah permeate the lives of South Asians and define their concepts of health and illness. These concepts hold high significance for South Asian groups as they aim to understand the changes within, and around them.

Interdependence within the Family Network

Interdependence and a close knit family environment is a trait common to most South Asian groups. This environment fosters the system of collaborative decision making within the family as the family acts as the primary form of support network (Laungani, 2004a). A family can consist of parents, children, grandparents, uncles and aunts, all of whom often reside in the same household (Sharma, 2000). Within the family, a hierarchical system is followed to ensure order and harmony. For example, in traditional families, the father holds
a position of authority and is considered the primary source of income for the family. On the other hand, the woman’s responsibilities remains in maintaining the internal functioning of the household such as cooking, child rearing and serving elders of the family (Jacobson, 1995; Sharma, 2000; Weiss, 1994). Notably, decision making and resolution of concerns of every family member is often taken up by the whole family and takes precedence over individual needs and decisions. For example, a person’s illness or distress is shared within the family environment, where most members aim to care for the individual and attempt to alleviate the stressor. Although concerns become a part of the family, this interdependence also places a responsibility on each member to uphold the ‘dignity’ and reputation of the family as a whole. This means that distresses and concerns of each individual is held within the boundaries of the family environment and is not disclosed to outsiders for the fear of shaming the entire family (Laungani, 2004a; Sharma, 2000; Jacobson, 1995; Roland, 1989; Weiss, 1994). Therefore, the family unit becomes the primary form of support system for South Asian groups, where family members seek each other’s support for decision making and various distressful situations (Gill-Badesha, 2004). An important consequence of a close-knit family structure is that familial interactions also become the cause of various distresses and concerns. Johnson and Nadirshaw (2002) state that family for South Asians often becomes the source of psychological distresses, thus necessitating an intervention. However, these disturbances within the family are concealed and efforts are made to resolve the matter within the family with least amount of external support. Therefore, family can be a source of distress but also the primary resource for resolution of concerns.
Relational View of Self

The South Asian concept of self or knowledge about one’s beliefs, values and characteristics is understood in terms of one’s relationships and is therefore labeled as a relational or ‘we-self’ (Sharma, 1994). Roland (1988) and Laungani (2004a) state that majority of South Asians view themselves in relation to their family and friends. In fact, friends and other relationships are also “modeled after personalized familiar relationships rather than impersonal contractual ones”. For example, at a workplace, it is not uncommon to hear a South Asian employee referring to his elderly colleague as an ‘uncle’ or an ‘aunt’. It follows that harmony between the various relationships holds significance for the person and his/her self. In case of disharmony between relationships, a South Asian person would often express the problem in context of his her relationships (Alladin, 1999; Laungani, 2004a). For example, a parent who is unable to care and provide for his or her children would label himself or herself as a “failed father or mother” and not a “failed individual”. Therefore, to maintain harmony within oneself, people would often strive to maintain harmony between relationships (Hodge, 2004). It is also important to note that along with relations with other people, relationship with one’s spiritual self, which is devoid of materialistic desires, is also considered vital for maintaining a balanced and harmonious self (Sharma, 1994). This can be achieved by striving for a self that unites with the higher being and loses all the materialistic desires (for further explanation about the view of spirituality in South Asians, see Roland, 1988; Kakar, 1991 & Laungani, 2004a). It can be concluded that many South Asian people follow collectivistic cultural norms where a person defines himself in relation to others such as his/her family. Therefore, harmony in the various relationships held by the person signifies well-being whereas disharmony reflects distress.
The beliefs in Dharma, *Karma*, *Will of Allah*, interdependence within the family and the relational view of self are important concepts permeating the health and well-being related beliefs of South Asians. In the next section, I will discuss the primary health and well-being related beliefs held by South Asians to gain insight into their concepts of health, coping and treatment.

1.2 Health Related Beliefs Held by South Asians

In this section, I provide a brief overview of the beliefs held by South Asian groups in relation to their concepts of health. A description of these beliefs along with the previous presentation of cultural world-view will set the premise for highlighting the areas where Western forms of counselling often fails to meet the needs of South Asians residing in the West.

Several scholars and researchers have contended that the South Asian health beliefs are primarily based on the principles of holism\(^6\) and harmony, religiosity and spirituality (Laungani, 2004a; 2004b; Kumar, Bhugra & Singh, 2005; Inayat, 2005; Pankhania, 2005). Beginning with the concept of holism, a concept commonly followed by South Asians, it refers to a unified model of health and healing, where the body, mind and spirit are addressed together instead of in isolation. For example, a person’s ill health is understood as a result of a disharmony between the person’s physical, mental, spiritual and social selves instead of solely focusing on a psychological or physical self. Therefore, a person is examined and treated in a manner that addresses all these aspects (Laungani, 2004a; Kumar, Bhugra & Singh, 2005). To exemplify the presence of this factor in healing I refer to certain traditional

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\(^6\) Holism or holistic healing incorporates a person’s mental, physical, emotional and spiritual being and each component’s interactions with the environment. Holistic healing is geared towards the complete health of a person and does not target specific problem areas or concerns. It is believed that functioning of each of the components of a person affect the other and that disruption in one entity’s functioning affects the others (Walter, 1999).
healing methods that are commonly practiced by South Asians. For example, Ayurveda and Unani (see Table 1) forms of healing emphasize that certain types of dietary practices produce certain types of physical and mental states, therefore linking one’s behavior and lifestyle to their body and mind (Kakar, 1982; Laungani, 2004a; 2004b). Specifically, Ayurvedic and Unani principles state that eating practices are important to monitor as the body’s digestive forces maintain the bodily humors and an imbalance in bodily humors leads to physical and psychological illnesses. In addition, environmental factors such as familial distress or a polluted environment also disrupt a person’s functioning and lead to a disharmony between his/her physical, psychological and social selves (Kakar, 1982; Laungani, 2004a; Sheehan & Hussain, 2002). Therefore, a harmony between the various aspects of a person, including the behavioral, psychological and social self plays an important role in assessing and treatment of the concern in the fields of Ayurveda and Unani.

Where Ayurveda and Unani emphasize a balance between one’s behavior, lifestyle, environment, and mind, Yoga (see Table 1) is a South Asian form of healing where a balance between a person’s body, mind and spirit are addressed. Yogic exercises and philosophy state that to achieve a balance between the body, mind and spirit, one should aim to achieve salvation (Mrinal, Mrinal & Mukherji, 1995). According to Hodge (2004), salvation is a concept where one’s existence is considered to be the cause of one’s suffering and to gain deliverance from this suffering, it is important to have control over bodily functions, mental and psychological states. This control can be achieved by following Yoga principles and steps of abstinence, yogic postures, breath control, retraction of senses, fixation of attention and devotion. (Hodge, 2004; Kumar, Bhugra & Singh, 2005; Mrinal, Mrinal & Mukherji, 1995; Pankhania, 2005). Therefore, by following the Yogic philosophy and way of life, one can achieve liberation from one’s suffering.
## Table 1: South Asian healing modalities

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<td><strong>Ayurveda</strong></td>
<td>Ayurveda refers to “an ancient Indian system of holistic medicine drawn from Vedic literature that seeks to balance individual imbalances through adjustments in diet, exercise, and sleep and involving herbs, aromas, meditation, and yoga to address health issues” (Webster's New Millennium Dictionary of English, “Ayurveda”, 2007).</td>
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<tr>
<td><strong>Unani</strong></td>
<td>“Unani system is a science which deals with the preventive and promotive aspects of human being and health problems occurred by the Ecological and Environmental factors, which may vitiate humours i.e. Blood, Phlegm, Yellow bile and Black bile, the fluids circulating in the body vessels. It teaches to maintain the health and treat if affected by disease by bringing back the balance in imbalance humours” (National Institute of Unani Medicine, 2007).</td>
</tr>
<tr>
<td><strong>Yoga</strong></td>
<td>Yoga refers to “1. A Hindu discipline aimed at training the consciousness for a state of perfect spiritual insight and tranquillity. and/or 2. A system of exercises practiced as part of this discipline to promote control of the body and mind” (The American Heritage Dictionary of the English Language, “Yoga”, 2007).</td>
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<tr>
<td><strong>Vedic Astrology</strong></td>
<td>Vedic Astrology or Jyotisha is the oldest form of astrology prevalent in India. It is based on the stellar constellations and emphasizes that life is an interplay of both fate and free will-fate being the reaction to our previous exercise of free will. It originates from the Vedas, the oldest scriptures from the sages of the Vedic culture in India (Dasa, 1993).</td>
</tr>
</tbody>
</table>
Along with Ayurveda, Unani and Yoga, Vedic Astrology/Jyotisha (see Table 1) is also a South Asian form of healing where a person’s concerns are not addressed in isolation to each other. Instead, in Vedic Astrology, the relation between one’s existence, Karma, destiny and the cosmos is the focus during assessment and treatment procedure (Laungani, 2004a). For example, a person’s physical, psychological and environmental distresses are explained in terms of sins, wrong deeds, God’s curse and fate of the person, which is based on the planetary positions at birth. It can be concluded that South Asian healing defines health and well-being as based on an interplay between a person’s physical, mental, spiritual and social selves.

Besides the presence of the holistic factor, South Asian approaches also often draw from religious verses and scriptures delineated in their religious texts such as that of the Bhagavad Gita (holy text of Hindus) and the Q’uran (holy text of Muslims). Specifically, the Hindus adopt the Law of Karma as described in their holy text, the Bhagavad Gita, according to which right actions produce good consequences and wrong actions produce bad consequences (Hodge, 2004; Laungani, 2005). To accumulate good Karma, Hindus follow the Dharmic principles, which include divine worship and practice of rituals as mentioned in the religious texts. Disobedience of Dharmic principles on the other hand, leads to bad Karma, which further leads to experiences of physical, psychological suffering and misfortune (Laungani, 2004a). Similarly, Muslims conceptualize mental illness as occurring by the Will of Allah as described earlier (Inayat, 2005). Although Muslims submit their fate to Allah, they are expected to follow the tenets of Islam such as ritualistic prayers, in order to appease Allah who is expected to assist in their physical, psychological and social distresses (Inayat, 2005; Weiss, 1994). For example, the verses of the Q’uran are often used by Muslim
healers to cure their patients who may be suffering from familial problems (Ali, Milstein & Marzuk, 2005; Inayat, 2005).

It is evident that South Asian forms of healing encompass various aspects of a person and do not address the concerns in isolation such as a division between the person’s physical, psychological, spiritual or social self. Moreover, religion and spirituality also play crucial roles in the healing beliefs held by South Asians. As a result, addressing these factors becomes imperative for any healthcare provider dealing with the South Asian community. In the next section, I assess the principles of Western forms of counselling to identify the areas where it is unable to meet the needs of South Asian groups and the factors that have lead to the criticism of their field when providing services to the South Asians in the West.

1.3 Shortcomings of Western Mental Health Services

Western mental health services have repeatedly faced the challenge of providing services to minority7 communities, specifically those services that are compatible with their beliefs. Various tenets of Western counselling have been considered inappropriate for communities that hold different beliefs regarding healing (see Alexander, 1999; Atkinson & Matsushita, 1991; Commander, Cochrane, Sashidharan, Akilu & Wildsmith, 1999; D’Ardenne & Mahtani, 1989; Gill-Badesha, 2004; Herring, 1999; Sue & Sue, 1990). In this section, I focus on the areas where Western forms of counselling falls short of providing services to South Asians living in the West. I highlight specific tenets of counselling that have often been challenged and considered discordant with the beliefs of this community.

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7 I use the term ‘minority community/group’ in this research, to refer to “A racial, religious, political, national, or other group thought to be different from the larger group of which it is part” (The American Heritage Dictionary of the English Language, “Minority”, 2008).
First, I begin with describing the perspectives of postcolonial\(^8\) theorists and social science researchers who contend that Western forms of counselling is inherently biased against minority communities due to its sociopolitical history. Second, I delineate the various factors inherent in Western counselling that lead to a cross-cultural mismatch between the Western mental health services and South Asian groups. These tenets of Western counselling include differentiation, emphasis on the individual self, client centered counselling, focus on cognition and belief in universalism of psychological theories.

1.3.1 Critique from a Postcolonial and Social Science Perspective

Postcolonial Perspective

One of the major critiques of Western counselling can be drawn from postcolonial discourse, which exposes the colonial elements of bias and oppression that are inherent in Western institutions, programs and policies. For example, Said (1978), an ardent literary theorist and activist states that the history of European colonial rule has distorted the writings, works and actions of the various knowledgeable Western scholars, policy makers and researchers. In other words, the beliefs, practices and values that arose during the time of colonization, have continued to infiltrate the modern-day Western texts, policies and programs. During the colonization period, colonized groups were oppressed and exploited by the colonizers. Moreover, these conditions gave rise to various beliefs, prejudices and stereotypes against the colonized groups that exist to this day in the form of policies, research

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\(^8\) Postcolonial/Postcolonialism is the label given to the time that ensued the period of colonization, where most of the “colonies of Western imperial powers had gained formal independence (Rattansi, 1997, p.481)”. In addition, Rattansi (1997) also emphasizes that postcolonialism is not an isolated period or event, but refers to the events and the transitions that occurred and continue to occur after the colonization ended. Therefore postcolonial theorists are the scholars, authors and researchers who have expressed their views regarding the changes that have occurred since colonization and the features of colonialism that have continued to exist in the postcolonial world.
and educational records. For example, the East\textsuperscript{9}, the region where most colonies existed, is often perceived as a weak, irrational and feminized entity that deserves to be dominated by the West (Said, 1978). Confirming Said’s perspective, Bhabha (1994), a postcolonial theorist also emphasizes that beliefs arising from the period of Western colonization have perpetuated in present-day institutions and professions such as that of education, medicine and research. For example, Western institutions, philosophy and literary sources hold the inherent belief that the Western belief systems, practices, languages, social models are universal and applicable to regions worldwide. As a result, the world is seen from an isolated perspective and attempts are made to fit the world within that perspective. Any variation from the expected norm is considered bizarre and questionable (Banks, 2004; Bhabha, 1994; Fanon, 1967; Said, 1978). This dissemination of the colonial history of Western culture including the biases, prejudices and stereotypes, into its present day institutions can hold vital implications for the institution of Western counselling as well. To understand how these biases play out in the fields of counselling, I refer to the social science literature. Social science researchers and scholars (see D’ Ardenne & Mahtani, 1999; Eidelson & Eidelson, 2003; Katz, 1985; Laungani, 2004a; Sue, 2004; Wrenn, 1962) have examined and related the fields of postcolonial deconstruction and that of Western counselling and have found that Western forms of counselling is replete with inherent biases that stem from the colonial period.

\textsuperscript{9} The term “East” refers to the “parts of Asia collectively lying east of Europe and including Asia Minor, Syria, Arabia, India, China, etc.; the Orient” (Dictionary.com Unabridged, “East”, 2007). It is crucial to note that the term “the East/Asian” has replaced the original label of “the Orient/the Oriental” term due to its negative connotations stemming from colonial era- European perceptions of the eastern countries as exotic, home to despotic empires and inscrutable customs. The term Orient in turn originates from the word Oriental, which refers to the “various cultures, social structures and philosophical systems of the countries that fall east of Europe, namely in Asia. (including China, India, Japan, Korea, Middle East and surrounding regions)” (The American Heritage Dictionary of the English Language, “Oriental”, 2007).
Social Science Perspective

Derald Wing Sue (2006) is a prominent scholar who has intensively researched and examined the field of Western counselling and found several factors that exemplify the presence of various biases against minority communities. For example, Sue and Sue (2003) have articulated the concept of “Ethnocentric Monoculturalism” to depict the fallacies of Western counselling. According to this concept, the dominant culture (i.e. the West) harbors the belief of superiority over the minority cultures. This belief of superiority has perpetuated through modern day institutions such as policies, practices and structures of society (see, for example, Sue, 2004; Laungani, 2004b; Alladin, 1999). Moreover, the West imposes these institutional structures over the minority groups in a pervasive manner, such that it becomes invisibly imbued in the Western worldview, eventually forming a universal assumption. Sue and Sue (2003) contend that the ethnocentric monoculturalism has arisen from the colonial history of power and control of the West over groups such as Aboriginals, East Asians and South Asians. It follows that these sociopolitical values and beliefs permeate healthcare delivery systems such as that of Western counselling, as acknowledged by Carter (1995), who states that “because any institution in a society is shaped by social and cultural forces, it is reasonable to assume that racist and biased notions have been incorporated in the mental health systems” (p.27). Therefore, existence of an inherent bias in counselling, based on the historical and current sociopolitical conditions, can be a primary factor that initiates feelings of mistrust and suspicion among the minority groups towards Western mental healthcare providers. For example, it has been observed that clients belonging to minority groups view themselves as belonging to an “oppressed category”, whereas the counsellor is viewed as the “oppressor” (Sue & Sue, 2003). The feelings of mistrust held by the ‘oppressed’ towards the ‘oppressor’ can consequently lead to non-acceptance of Western resources and therefore
underutilization of the same resources. It can be concluded that sociopolitical history can define Western counselling and its principles, thus, acting as a handmaiden to the status quo by fostering the power differentials between the majority and minority groups (Carter, 1995; Laungani, 2004a; 2004b; Moodley, 1999; Sue & Sue, 2003). Therefore, the postcolonial discourse and the counselling psychology field in social sciences highlight the biases prevalent in Western forms of counselling, in relation to services provided to minority groups.

1.3.2 Critique from a Cross-Cultural Perspective

In addition to existence of colonial beliefs in Western institutions arising from the sociopolitical history, there exists a cross-cultural void in the West as well. In particular, Western institution of counselling follows policies and means that do not recognize diversity and the cultural realities of minority groups as contended by cross-cultural researchers: “Whiteness…is a default key that perpetuates the belief of sameness and equality...it is a denial of differences” (Dryer, as cited in Sue, 2004). Therefore, knowledge of culture based discrepancies that hinder the South Asians from accessing mental health resources such as counselling becomes an imperative area of research. In this section, I describe the various tenets of Western counselling and the philosophies followed by Western counsellors that have contributed to the underutilization of Western mental health services.

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10 I use the term ‘cross-cultural’ in the context of Western mental health services such as counselling. According to Sue et al., (1982), “cross-cultural counselling/therapy may be defined as any counselling relationship in which two or more of the participants differ with respect to cultural background, values and lifestyle” (p.47).
Emphasis on Difference and Division of Selves in Western Counselling

Western forms of healing have often differentiated between the body, mind and spirit of a person (Pachuta, 1993). As a result, these aspects of a person are assessed and treated in different fields of Western healthcare. For example, Western counsellors often deal with clients who suffer from disturbance related to mind and emotions, but not the physical self (Moodley & West, 2005). On the other hand, traditional healing systems belonging to the South Asians cultures tend to encompass all the three aspects of a person, the mind, body and spirit in the healing process (Alladin, 1999, Laungani, 2004a; Kakar, 1982). In addition to the concept of holism, a related concept is that of the harmony between the various selves of a person. In South Asian philosophy of health and well-being, harmony between the complete, holistic self and the nature/environment reflects a stated of health and well-being, whereas a disharmony with the nature/environment signifies illness (Bojuwoye, 2001). On the other hand, the concept of harmony of the physical, mental and spiritual self with nature/environment is not a common occurrence in Western forms of therapy (West, 2005). Therefore, Western forms of healing including counselling is focused upon a specific aspect of a person in contrary to the South Asian perspective where a holistic approach is used.

Western Concepts of Self in Counselling

Western counselling follows the principle of “striving towards the development of a well functioning ego, [where] the inner experience of self should be clearly delineated from the outside” (Alladin, 1999, p. 92). This emphasis on the individual self may not be a familiar concept for people from diverse groups. For example, in Western forms of counselling, the clients are those in need of a counselling session and their discussion and reflections are valued and encouraged by the counsellor. In addition, the focus primarily lies
on the person and not on the family of the person (D’Ardenne & Mahtani, 1989; Sue & Sue, 1977). As a result, the clients often seek counselling to resolve the issues that primarily pertain to their own life. This concept differs from the belief systems of South Asians as described by Jacobson (1995) and Weiss (1994), who state that families in India and Pakistan are emotionally interdependent and the values such as that of “interpersonal empathy, closeness, loyalty and interdependence” are commonly shared among the family members. Therefore, a South Asian individual who reports being distressed would often refer to himself or herself in the context of the disruption in his relationships, especially their familial relationships. This idea of relational self also reflects the interdependent nature of relationships, where family members seek assistance from each other, often de-necessitating the act of seeking outside help for distresses (Gill-Badesha, 2004; Laungani, 2004a; Sharma, 1994). Furthermore, according to South Asian cultural values, disclosure of personal and familial distress to others, and especially to strangers, is considered taboo. Laungani (2004a) aptly captures the essence of this taboo in his statement: “Indians do not wash their dirty laundry in public” (p.74). According to Laungani (2004a; 2004b), breaking this taboo brings disgrace upon the individual and his or her family since the person has decided to break the cultural norm of resolving issues within the four walls of the household. Therefore, seeking mental health assistance is often rare and is labeled as a ‘strange’ concept among South Asian populations (Chandras, Eddy & Spaulding, 1999), in contrast to the conventional use of counselling services by the majority groups in the West. Therefore, the focus on the individual self in the counselling session and the taboo associated with the concept of counselling become problematic factors for a South Asian client whose cultural beliefs are distinct from those of the majority groups and Western mental healthcare.
Counsellor-Client Relationship in Western Counselling

According to one of the major principles of client centered counselling, the counsellor-client relationship is paramount for therapy, where the aim is to maintain a neutral relationship without any judgments or biases. However, Laungani (1999) and D’Ardenne and Mahtani (1989) have argued that this tenet of client centered counselling promotes the idea of individualism where the client is expected to “pursue their own clearly defined goals, take responsibility for their actions, cope with their problems, take credit for their successes and accept blame for any failure encountered on the way” (Laungani, 1999, p. 143). This factor is incongruous to the South Asian belief system, where relationships are based on hierarchies and people in positions of authorities, such as a doctor, elder and healer are respected and revered. Furthermore, these people are expected to be direct in their relationship and guide the client or the person (D’Ardenne & Mahtani, 1989; Laungani, 1999). As a result, the South Asian clients expect their counsellor to adopt a role of authority and guide the client with his or her expertise (Roland, 1988). This belief stands in contradiction to the Western belief in a neutral counsellor-client relationship, which is bound by ethical principles. For example, labeling a client as a daughter or labeling the counsellor as a mother is an uncommon occurrence in Western counselling and may be limited to concepts of transference or counter-transference, which are expected to be addressed in therapy as well. On the other hand, South Asian clients may intuitively view and respect a counsellor as an authority figure. Moreover, if the counsellor is seen as an elder to the client, they would perceive and address him or her as an older member of their family (Laungani, 2004a). Therefore, the non-directive manner of the counsellor and the difference in the meanings ascribed to the counsellor-client relationship by Western counsellors and South Asian clients holds the potential of creating a chasm in therapy, if left unattended.
Cognitivism in Western Counselling

According to Laungani (2004a), Western counselling follows principles of cognitivism, that includes values such as: rational thought processes, restricted expression of emotions, emphasis on work and activity and the belief that relationships outside family life are byproducts of work environments. On the other hand, South Asians tend to follow the philosophy of emotionalism that includes facets such as feelings and intuition, free expression of emotions, emphasis on relationships and the belief that work grows out of relationships (Laungani, 2004a). As a result, South Asian clients seek to form an emotional bond with their counsellors and tend to perceive the relationship at a familial level, where the counsellor can also be given the status of a family member such as a father, uncle, brother, sister, etc. (Roland, 1988; Laungani, 2004a). Again, this concept is in contradiction to the more formal process of therapy, which is bound by ethical principles and policies that hinder counsellors to hold a dual relationship with the client such as adopting the label, or the role, of a family member to the client (Koocher & Keith-Spiegel, 2008).

Universality of Psychological Theories and Concepts

The Western belief in the “universality of psychological theories and concepts” (Sue, Bernier, Durran, Feinberg, Pedersen, Smith & Vasquez-Nuttall, 1982, p. 47) does not allow an exploration of, and pay attention to, the belief systems of culturally diverse groups. As a result, the worldview of the majority groups gets imposed on that of the minority groups due to a lack of alternatives means, theories and beliefs (Bojuwoye, 2001; Laungani, 2004a; 2004b). For example, the Western meanings attached to mental health, illness and well-being are categorized into several groups based on the characteristics of a condition such as depression, anxiety, schizophrenia, etc. However, among South Asian groups, these various
categories do not exist, as South Asians tend to dichotomize people as either “normal” or “crazy” (Shon & Ja, as cited in Sharma, 1994, p. 31). Therefore, the potential label of being a “crazy person” harbors negative connotations for the individual, thus forcing him/her to abandon the idea of counselling altogether. Another example is that of the belief in the universal existence of a distinction between a person’s mental and physical selves in the Western mental health system (Sue & Sue, 1977). It is important to note that South Asian groups on the other hand, perceive the person as a whole, where the mental, physical and social selves are not divided into separate categories (Kakar, 1982). It is apparent that application of the psychological theories to groups such as South Asians can lead to disruptive and unproductive counselling sessions due to the existence of a dissimilarity of views and values (Atkinson, 1985; Laungani, 2005; Leong, 1986; Sharma, 1994; Sue, 1981; Sue et al., 1982; Vontress, 1971; 1996). Therefore, sensitivity to South Asian belief systems and cultural philosophy and foundation becomes a necessity for counsellors. Insensitivity on the other hand, fosters underutilization trends among South Asians.

It can be concluded that a minority group’s sociopolitical history plays an important role in defining its participation and belief in the host country’s institutions and policies. For example, historical experiences of racism, discrimination and oppression can create significant barriers in utilizing the resources provided by the host country such as that of mental health services (Sue, 1981). In addition, the basic tenets of Western forms of counselling such as that of differentiation between selves and cognitivism can pose as strange concepts to clients belonging to a South Asian background, thus leading to feelings of reluctance to seek mental health help in the West. Therefore, a host of factors have contributed to the underutilization of Western counselling trends among South Asians.
To assess the current status of South Asians residing in the West, in the next section, I address the actual mental health related needs as presented by South Asians in the West and the alternative resources used by them. This would assist in increasing the awareness among Western counsellors about the specific mental health concerns faced by South Asians. In addition, it would allow the fields of Western counselling to develop strategies and unique programs to assist South Asians, based on their beliefs, their specific needs and their healing systems.

1.4 Mental Health Needs of and Resources Used by the South Asians in the West

South Asians in the West present with certain mental health related needs have received limited attention in literature. As a result, several assumptions and stereotypes have become mystified topics in the literature (Laungani, 2004a; Sue, Sue, Sue & Takeuchi, 1995). For example, the label of model minority is sometimes used to classify Asians in the West. The model minority status implies that Asians do not suffer from psychological distresses and are well-equipped to assist themselves in distressful situations (Sakamoto & Yap, 2006). Similarly, certain researchers have also labeled Asian groups in the West as “repressed” and “resistant” based on their under-utilization of and curtailed participation in mental health resources (Sue & Sue, 1977, p. 422 & 424). This presence of stereotypes and lack of awareness has further maintained the underutilization trends and stunted the development of programs that can meet the needs of South Asians in the West. Therefore, below I present the mental health needs of South Asians and the resources used by them to

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11 In the field of psychology, model minority is a term given to those minority groups who seem to be well-adjusted in their host countries, with minimal mental health concerns, as gleaned from their rare and minimal utilization of mental health services. Over years, several groups have been grouped under this label including East Asians, Chinese and Japanese Americans and Southeast Asian groups (McGowan & Lindgren, 2006; Sue, Sue, Sue & Takeuchi, 1995).
exemplify the existence of psychological distresses and the various means utilized by them to overcome these distresses.

1.4.1 Mental Health Needs of South Asian Population

In this section, I will briefly describe the mental health concerns and needs of South Asian populations as it has been documented in the literature. Some researchers such as Bernal, Trimble, Burlew and Leong (2003), Chandras, Eddy and Spaulding (1999), Das and Kemp (1997) and Sharma (1994) have identified the major mental health concerns faced by South Asians immigrants in the West. These include acculturation stress; intergenerational conflicts; racism at work, school and the neighborhood; lack of social and familial support and changes in traditional gender roles, such as females working outside their homes. These have been labeled as the major factors that often result in psychological distresses among South Asians in the West. These studies reveal that South Asians residing in the West experience mental health difficulties and is therefore not a population devoid of such distresses. However, these studies neglect to address and identify the resources used by these populations for assistance with their mental distresses, while residing in the West (Laungani, 2004a; Webb-Johnson, 1995). Addressing this gap in the psychological literature, I will next present a comprehensive account of mental health resources used by South Asians to assist them with psychological difficulties.

1.4.2 Resources utilized in case of psychological disturbances

It is evident that South Asians residing in the West are faced with psychological difficulties. However, the resources used by South Asians for assistance with these difficulties have not been explored in depth. Therefore, below I present the two primary
resources utilized by South Asians for assistance for their difficulties, namely their families and traditional healers.

*Family*

Family members, friends and relatives are often the primary form of assistance used by South Asians (Gill-Badesha, 2004; Laungani, 2004a; 2004b). The traditional extended family in India may include several family members such as parents, children, grandparents, married sons and wives and grandchildren. In fact, the concept of family honor deters South Asians from seeking mental health resources, thus reinforcing the behavior of seeking family support (Laungani, 2004b). Therefore, the primary source of assistance often includes the family members themselves. Moreover, knowledge of family as the primary source of assistance is important, as South Asians identify with these values even after their immigration to the West (Sharma, 1994; Laungani, 2004a; Laungani, 2004b).

*Traditional Healers*

A second resource for South Asians suffering from psychological disturbances is that of traditional healers\(^\text{12}\) (Chandras, Eddy & Spaulding 1999; Kumar, Bhugra & Singh, 2005). I will provide information on the status of traditional healing utilization among South Asians to highlight its importance in their lives.

\(^{12}\) It is important to note that based on the South Asian belief in holism, South Asians seek assistance from traditional healers for their concerns that encompass physical, psychological and social issues. Although, in the current research study I focus on the psychological help sought by South Asians, it is vital to keep in mind that this help is only a part of the overall help sought and received by South Asians. Therefore, when mentioning, describing and comparing traditional healing with Western health services, I often interchange the words ‘Western forms of healing’ with terms such as ‘Western forms of counselling’ and ‘Western mental health services’.
One of the few studies that have documented the use of traditional healing methods in the West is that of Hilton et al. (2001). These researchers assessed the use of South Asian healing practices among the female South Asian immigrants in Canada. Their findings suggest that South Asian women value and frequently use South Asian healing practices in their daily lives but tend to hide their healing methods from the mainstream Western doctors due to repeated disregard and mislabeling of their methods as mere superstitions. This study reflects that traditional healing is probably considered to be a foreign and bizarre form of healing, a stance that deters South Asian clients from sharing their healing and coping methods with Western healthcare providers. This further limits the chances of increasing the awareness of the healthcare providers of these alternative resources that are used by South Asians. A similar study undertaken by Rao (2006) in the U.S.A. assessed the choice of medicines/healing methods between Western biomedicine and traditional methods among South Asian migrants. Data were collected using in-depth interviews and it was found that healing methods were greatly valued but depended on the following: people’s belief in the effectiveness of traditional healing, the severity of the illness, acculturation patterns, and accessibility of traditional healing versus biomedicine. Therefore, use of traditional healing is based on various factors and is not a simplistic concept where all South Asians use traditional healing methods. Although these studies confirm that traditional healing methods are utilized in the West, however they do not elaborate upon the healing methods utilized by South Asians in the West.

A few studies conducted in the United Kingdom reveal the prevalence and use of South Asian forms of healing for concerns pertaining to psychological or mental suffering (Cochrane & Sashidharan, 1996; Dein & Sembhi, 2001; Hussain & Cochrane, 2004; Greenwood, Hussain, Burns & Raphael, 2000). For example, Dein and Sembhi (2001)
conducted in-depth interviews with South Asian psychiatric patients in Britain to assess their use of traditional healing for their mental illnesses. All respondents reported using South Asian traditional healing methods concurrently with their psychiatric treatments. Therefore, certain groups believe in utilizing both traditional healing and Western healthcare methods for treatment and do not detest Western healthcare forms. This suggests that traditional healing is not the sole resource and is instead used in conjunction with Western healing methods. However, these studies do not describe the specific healing methods that are utilized by South Asians in the West.

Another study that shows the importance of traditional healing is that by Moodley (1999). Moodley describes a case study of his South Asian client in the U.K. who had resorted to traditional South Asian healing after a period of two years in therapy. In addition, according to the client, the traditional healing had successfully catered to his psychological needs. Based on this experience, Moodley (1999) highlighted the profound role of the intervention of the traditional healer for his client by stating that, “The acknowledgement and acceptance of nonwestern interpretations and techniques is paramount to the process of counselling ethnic minority clients” (Moodley, 1999, p. 149). Moodley (1999) further stressed that the lack of research in this field and acknowledgement along with complete comprehension of traditional healers is the greatest challenge to be faced by the field of counselling in the next decade. It can be concluded that traditional healing is being actively utilized by South Asians in the West. However, the practice of healing, its philosophy and methods remain unexplored. As a result, South Asian system of healing is a subject inaccessible to Western counsellors leading to its mystification and the consequent hesitation among clients while disclosing their beliefs.
1.5 Summary of the Literature Review

The literature review encompassing topics such as the South Asian worldview, the shortcomings of Western mental health services, the South Asian mental health needs and the resources utilized by them in the West reveals certain primary themes. It is evident that South Asian worldview plays an important role in defining the beliefs and values of South Asians. As a result, their health related beliefs closely follow the concepts of holism, religious and spiritual healing. Furthermore, these belief systems differ from that of the Western mental healthcare services leading to mistrust and low utilization rates of mental health services. Moreover, the Western mental health services harbour inherent biases against minority groups such as South Asians, adding to the increasing dismissal of these services. Although, South Asians have been found to terminate counselling sessions prematurely and for not utilizing the services at all, they do suffer from psychological difficulties while residing in the West. To cope with such difficulties, they tend to seek assistance of family members and traditional healers. In this research study, I focus on one of these resources, that of traditional healing. The literature review suggests that traditional healing is a commonly utilized method of healing used by South Asians in the West. However, the literature review also depicts the scarcity of studies and research that describes the healing philosophy and methods. In order to glean this information, I refer to South Asian traditional healers, the harbingers of South Asian traditional healing. Sue (1999) contends that traditional healers can describe their methods and philosophy based on their practical experiences and first hand knowledge. Moreover, the knowledge about the healers and their practices can create heightened awareness among western practitioners about the practitioners within the field of South Asian healing. It will also provide them with resources about the field of healing. Therefore, they can connect with the healers to gain more
knowledge and build a collaborative system. Eventually, this network can also decrease the mystery shrouding the field of traditional healing and allow the Western healthcare practitioners to welcome the ideas and beliefs when shared by their clients and not label them as strange.

1.6 A Final Caveat

This research study focuses on the field of South Asian traditional healing as mostly practiced by South Asians. There are a few important disclaimers that I want to mention before we embark on the journey of this research. First, it should be noted that when referring to South Asians, I do not refer to each and every individual belonging to South Asia, as South Asia consists of innumerable diversities and populations (Laungani, 2004a). Second, although the focus of my study is on the role of South Asian traditional healers in relation to their assistance with mental health, I use the terms ‘Western healthcare’ and ‘Western mental health’ interchangeably as according to South Asian worldview distinctions between physical, psychological and spiritual health are not made. As a result, they do not consult with traditional healers for mental health services only. Third and finally, I want to mention that this study is a descriptive documentation of the views, beliefs and practical experiences of certain South Asian traditional healers residing in Toronto and is not meant to be describe the field of South Asian traditional healing in its entirety. Nevertheless, it is aimed to explore their accounts in depth to provide a rich picture of their role and experience as South Asian traditional healers.
CHAPTER 2: METHODS

In this chapter, I delineate the methods that I have utilized to assess and document the role of South Asian traditional healers, their background, methods and perspectives. I have used a qualitative approach to conduct this research as this approach has been acknowledged as the hallmark method to conduct culturally informed research, an important criteria for documenting the perspectives of a cultural minority in the West (Choudhuri, 2005). I begin by elaborating the value of using a qualitative approach for this study followed by a description of the specific method of qualitative inquiry and its underlying paradigm, used for this research. Next, I elucidate the participant sample of this research including their demographics, background and the reasoning behind the size of the sample. I end by describing the research plan and the specific process involved to glean information about the South Asian traditional healers and their fields of healing.

2.1 Qualitative Approach and its Rationale

Qualitative research has been referred to as a naturalistic approach, where phenomenon is understood through the subjective experiences of the research participant in their natural settings. It is primarily focused on the meanings attached by the participant to their social experiences (Choudhuri, 2005; Denzin & Lincoln, 2000). For example, unstructured research method such as open ended interviews, video/tape recordings, observatory field notes, etc., all form a part of qualitative research. The current research adopts this approach to comprehend the subjective experiences of South Asian traditional healers and the meaning they attach to their healing processes. A few reasons why qualitative approach best suits this research are as follows.
2.1.1 Cultural Sensitivity of a Qualitative Approach

As noticed in the literature review, cultural values and belief systems play a major role in influencing a person’s beliefs about health and healing. As a result, knowledge about the cultural beliefs and values systems of South Asians pertaining to traditional healing becomes a crucial area of study. For this purpose, a comprehensive assessment and documentation of the South Asian traditional healing theories and processes becomes a principal step for conducting this research. Qualitative approaches emphasize this same philosophy of comprehensive assessment of culture and studies culture as a “process rather than an index…because meanings, practices and psychological processes constitute culture…[therefore] adopting a system view instead of an entity view of culture captures its dynamic nature” (Kitayama, 2002 as cited in Chang & Sue, 2005, p. 243). Therefore, an extensive understanding of the influence of culture on a phenomenon, practice and theory is achievable through qualitative approach.

2.1.2 Comprehensive Documentation of Phenomena

Qualitative research has often been referred to as an approach that allows a deeper understanding of a phenomenon, practice or theory since it focuses on “finding what a person thinks impressionistically and narratively” about an experience (Choudhuri, 2005, p. 243). Therefore, when the aim of a research is to gain a rich insight into a social phenomenon, qualitative approach provides comprehensive results and covers the multiple concepts surrounding the phenomenon. This characteristic is apt for the current research as a rich description and documentation of South Asian healers and their healing processes is the primary objective of this research.
It is evident that a research approach that is culturally sensitive and comprehensive is beneficial for the field of cross-cultural research and practice, as cultural awareness has become a necessity. Therefore, using a qualitative approach to comprehend and provide a rich resource on the beliefs and processes of South Asian traditional healers is a fitting method for this research.

2.2 Strategy of Inquiry and its Underlying Paradigm

Qualitative methodology includes various means to assess and comprehend phenomenon. For the current research, I used one of the qualitative methods, that of Grounded Theory (Glaser & Strauss, 1967) to assess the roles of South Asian healers. In this section, I describe this qualitative strategy and explain its underlying paradigm.

2.2.1 Strategy of Inquiry—Grounded Theory

Grounded theory is a method, which allows the researcher to formulate a theory from the collected qualitative data (Glaser & Strauss, 1967). This process includes an intensive analysis of data including techniques such as identifying themes, categorizing data into separate chunks and relating the various chunks of data to generate a theory. According to Glaser and Strauss (1967), grounded theory is based on an intense examination of data and is therefore, less likely to be refuted or replaced. This also indicates the theory’s strong foundation in the phenomenon it is describing.

This qualitative approach was deemed suitable for this research as it allowed me to generate themes from the meanings attributed to the healing process by the South Asian traditional healers. In addition, a comprehensive analysis ensured that the foundation of the generated themes was reliable and sound.
2.2.2 Underlying Paradigm

The paradigm that forms the basis of Grounded Theory is that of constructivism, according to which meaning is often hidden and can be brought to the surface via deep reflection (Schwandt, 1994; 2000). Additionally, the meanings and reality are based on the experience and perceptions of the participant in addition to being co-constructed between the participant and the researcher (Ponterotto, 2005). This paradigm forms the basis of this research query, where the meanings understood by the South Asian traditional healers will be interplayed with those held by the researcher and themes will be formulated from this interactive assessment of data.

2.4 Participant Sample

In this section, I describe the people who were a part of the research and contributed valuable information regarding the South Asian healing process. The following information was provided by the traditional healers at the time of the data collection process. Although none of the healers requested anonymity, they have been identified with pseudonyms chosen by myself. I include the demographics of the traditional healers followed by a description of each participant and his background.

2.4.1 Demographics

Country of Origin: All of the participants belonged to a South Asian background, where seven healers were from India, one healer was from Bangladesh and one healer was from Pakistan.
**Age:** The participants were adults with ages ranging from 29-60 years.

**Healing Modalities:** The South Asian traditional healers belonged to the traditions of Ayurveda, Vedic Astrology, Temple/Religious healing Unani and Yoga. These traditional healing modalities are commonly utilized by South Asians and were therefore selected for the purpose of this study. Based on the healing modality followed by the healers, four categories of healing were created, where two healers belonged to each of the modalities of Ayurveda, Vedic Astrology and Temple healing and three belonged to the eclectic healing group as they reported practicing in more than one healing modalities mentioned above.

**Healing Practice and Setting:** The South Asian healers currently practice in Toronto and Greater Toronto Areas. Their names have been changed to pseudonyms to maintain confidentiality. Two Ayurvedic healers MOD and BAL practice in a formal, institution type setting. Vedic Astrologers KOH and SAN practice from their home and travel to their client’s homes as well. Temple priests GUR and SHAS practice from the temple and visit their client’s homes. The eclectic healers, DIL, AHM and SUN all practice from their clinical settings.

**Language:** Eight out of the nine healers were fluent in English and chose to complete the data collection process in English. A temple priest, SHAS, was fluent in Hindi and therefore chose to complete the process in the same language. Although the eight healers were proficient in English, almost all of them used certain terms in Hindi and Urdu to explain concepts that they were unable to translate directly into English. Since Hindi and Urdu are
two among the proficient languages known to me, the data was collected without any difficulty.

Sample Size and its Rationale: Nine South Asian traditional healers were chosen for the study. I did not recruit more participants as the data received from these healers was rich in content and covered diverse set of beliefs. Also, Patton’s (1990) assertion that “validity, meaningfulness and insights generated from qualitative inquiry have more to do with the information-richness of the cases selected and the observational/analytical capabilities of the researcher than with the sample size” (p.185), directed the choice of the sample size.

Sampling Strategy: Qualitative studies typically focus on relatively small samples, which are selected purposefully (Patton, 2002). Purposeful sampling has been described as choosing participants that provide information rich data pertaining to the objectives of the research (Patton, 2002). In agreement with this definition, I included participants who provided rich and vivid accounts of traditional forms of South Asian healing. The participants were selected based on the criteria that they were adult South Asian traditional healers practicing in Toronto and the Greater Toronto Areas. Additionally, it was confirmed that they practiced South Asian forms of healing. Fulfillment of these criteria ensured that the participants and their expertise were related to the study’s focus of inquiry.

2.4.2 Description of Participants

The nine participants included in this study belonged to different healing modalities, but all shared the background of South Asian culture. In this section, I briefly describe each of the participants and their practices, providing context for the meanings attached by them, to
their healing processes as presented in the results chapter. I also include salient points from the discussions that I had with the healers before and after the data collection process and from my field notes. The healers emphasized that their healing processes were well grounded in their South Asian traditions and that they felt proud to share this knowledge with the wider community. As a result, they did not express a desire to keep their identifying information private or out of bounds from the research. Below, I present brief descriptions of each of the nine South Asian traditional healers whose names have been replaced with pseudonyms chosen by me.

*Ayurvedic Healers:*

**MOD**

MOD has been practicing as an Ayurvedic healer for the past 11 years and reported receiving his training in India. He has followed the tradition of Ayurvedic healing after his father and is currently practicing in Toronto. MOD described his experiences and the healing philosophy in detail. He took time to show his office area and the various tools used for healing. His primary beliefs were that Ayurvedic healing was extremely beneficial in the world today and that Ayurvedic way of living was the “simplest way of living…where we can incorporate remedies and precautions from natural resources”. He also emphasized that following the Ayurvedic way of life was as important for him as it was for his clients.

**BAL**

BAL has been practicing as an Ayurvedic practitioner since 19 years. She has also taught in India for a period of 13 years in the field of Ayurveda. She currently practices in the Greater Toronto Area. BAL stated that she was drawn to the field of healing due to her
own affection for natural herbs and that of the field of botany. She took the time to explain the theory behind Ayurveda and highlighted its value in today’s world. She believes that a person can be healed based on Ayurvedic principles and natural remedies. She also emphasized that the purpose of the field of medicine and healing is to serve humanity and therefore, collaboration between medicine and traditional healing will be the most beneficial for our society.

_Vedic Astrologers:_

**SAN**

SAN has been practicing in the field of Vedic Astrology for a period of 18 years. He attained his education and training from a university in India and attributed his passion for the field to his personal interest and desire to “produce a disease free society”. He reported that the theory of Vedic Astrology is highly accurate and that it is applicable to both living and non living beings. He currently practices from his home and travels to his client’s home when requested.

**KOH**

KOH is a new immigrant to Canada and has been practicing Vedic Astrology for a period of 1.5 years. He expressed that his curiosity about Hindu philosophy and healing drew him to this field and that he strives to dispel myths about Hindu religious healing among South Asians in Canada. He reported that Vedic astrology provides the resolution and relief when most efforts of a person to succeed in life have failed. KOH strongly believed that his own healing was crucial before he healed others and that counselling a client was as important as healing using Vedic Astrology.
Temple Priests:

SHAS

SHAS has been in the field of religious and spiritual healing for the past 26 years. Prior to the interview process, he elaborated on the history of Hinduism and explained the origin of Hindu philosophy. SHAS repeatedly emphasized that following one’s cultural and religious norms are crucial for the maintenance of health and well-being in today’s world, and that his purpose is to spread awareness about his culture and religion. He stressed that he strives to educate people about Hinduism and the various healing methods suggested in the Hindu religious texts to bring well-being and order to their lives.

GUR

GUR has been practicing as a temple priest for a period of 22 years. His ancestors have also been a part of this field. He gained his training in India and currently practices from a temple in the Greater Toronto Area. He stressed that following the principles outlined in religious texts and cultural norms were important in bringing about order in one’s life. He reported that his way of healing was not based on a strict system but on the knowledge that he had attained from his training in India.

Eclectic Healers:

AHM

AHM reported that he was drawn to the field of traditional healing based on his own interests in addition to being influenced by his grandfather’s profession as a Unani healer in Pakistan. AHM has been practicing for a period of 32 years and works from his office in the
Greater Toronto Area. He stressed that his methods of healing involve natural herbs that are suitable for people of various ages. He has attained training in Unani medicine and Acupuncture. He believes that communicating in Hindi and Punjabi with his clients plays a crucial role in rapport building and in maintaining strong relationships with his clients. He added that he strives to educate his clients about following a certain lifestyle in addition to healing them with his herbal products.

**DIL**

DIL has been practicing in the field of traditional healing for the past 21 years. He attained his training from Bangladesh and updated his knowledge and training with courses in Canada. He expressed that his desire to “alleviate suffering” was his primary motivating factor that drew him to the field of healing. He currently practices Yoga, Acupuncture, Homeopathy, Hydrotherapy and Nutritional therapy. He stressed that his methods have assisted people when all other treatment methods have failed. He reported that he strives to discuss the client’s concerns before embarking on his healing process to ensure that both him and his client achieved a deep understanding of the concern.

**SUN**

SUN has been practicing in the field of traditional healing for the past 16 years. He currently practices in the Greater Toronto Area and specializes in Ayurvedic healing and Alternative medicine. He emphasized that conversing and discussing with his client was an important part of healing, where he was able to glean the complete nature of the person’s concern.
It is evident that the participants belonged to diverse healing modalities and that their conversations reflected a passionate understanding of their modalities. All the healers provided elaborate information that was rich in content and covered the objectives of this study. Next, I describe the research plan and the various steps involved in this research.

2.5 Research Plan

This section covers the study design, which includes the steps taken to collect and analyze the data. These include the role of the researcher as an instrument, the process of recruitment of the participants, instruments used for collecting the data, the process of data collection and the process of data analysis.

2.4.1 Role of Researcher as an Instrument

Since constructivism theory states that the values, perceptions and experiences of researchers can influence the research, it is imperative to document the researcher’s biases that may exist during the research process (Ponterotto, 2005; Choudhuri, 2005). My South Asian ethnicity was taken into consideration, as it could predispose me to certain biases that may be otherwise be implicit and hidden in my approach and perspective. Therefore, the following steps were taken to ensure that my perspectives and ideas were duly recorded or cross-checked by others as described below:

First, I maintained a self-reflective journal to document my thought processes pertaining to the research. These emerging self-understandings were examined and either set aside or incorporated into the research and analysis as suggested by Morrow, (2005) and Patton (2002). Second, an additional strategy described by Patton (2002) that was adopted by me was that of Triangulation of Analysts. According to this strategy, multiple analysts
can be used to review the findings obtained from research. Using more than one analyst to review the findings in the research on South Asian healers, can help reduce bias that may result due to the data collection and interpretation by one researcher (Patton, 2002).

Therefore, I used the assistance of a researcher and a student, not belonging to a South Asian background, who provided additional perspectives to the research process. Third, in addition to the self-reflective journal and triangulation of analysts, another method that was employed was that of Expert Audit Review. According to Patton (2002), this method allows experts related to the field to evaluate the research process and findings and thus increasing its credibility. For expert audit review, I presented my research to a group of researchers (thesis review committee) at the University of Toronto, belonging to the field of psychological research. They analyzed the validity and feasibility of my study before it was conducted and its findings after its completion.

Although, using self-reflective journal, triangulation of analysts and expert audit review can significantly aid in raising the credibility of the research, it is also crucial to emphasize that the findings are highly contextual and that it may not be possible to generalize or extrapolate to other situations, times or people (Patton, 2002). Thus, the researcher’s role is to explicitly acknowledge and report all the contextual factors that play a role in the research process.

2.4.2 Recruitment of the Participants

To recruit South Asian traditional healers for the research, I connected with various agencies including local South Asian newspapers, places of worship (temples), South Asian community centers and South Asian media (radio and television channels). I contacted certain participants through phone and others by meeting them directly at their practice sites.
Upon connecting with them, I provided them with a description of the study and explained the value of this research (see Appendix 3). Also, upon meeting with the healers, I communicated in their native languages of Hindi and Urdu and clarified any questions or concerns they had about the research. Pertaining to compensation, they were informed that their participation was voluntary and that they would be invited free of charge, to participate in the ‘Multicultural and Traditional Healing Conference’ to be held by the Center for Diversity in Counseling and Psychotherapy (Toronto, Canada) in August 2009.

2.4.3 Instruments used for collecting the Data

Semi-Structured Interviews

Although qualitative research provides several tools to capture and assess phenomenological experiences, I chose to use semi-structured interview (60-90 minutes) to gather data from the participants. The questions were fully worded before the interview with certain questions followed by probes. The benefits of using a semi-structured interview is that the instrument can be replicated by different researchers and the variation can be minimized. In addition, the analysis process becomes straightforward, as the participant responses are categorized under the interview questions (Patton, 2002).

The questions that were asked in the interview covered the following topics and concepts:

I. Background of South Asian traditional healers including their training and skill development

II. The healing process including the theory, assessment, treatment process.

III. Healing guidelines followed by the healers.
IV. Perspectives of healers regarding collaboration with Western mental health practitioners.

*Derivation of interview questions*

Previous research and current research on interviewing of traditional healers (Bezanson, Foster & James, 2005; McCormick, 2005; Vontress, 1991; 1999; Sima & West, 2005; ) was referred for the development of the interview questions and probes. The interview questions were primarily influenced by the interview questions that are a part of a Traditional Healing project being undertaken at Ontario Institute for Studies in Education by the Center for Diversity in Counseling and Psychotherapy. It was ensured that the questions covered the above topics and aided in accomplishing the objectives of this research. The interview questions have been provided in the Appendix 1 for review.

*2.4.4 Process of Data Collection*

*Preparation*

Once the South Asian healers were identified, a preliminary visit to their practice was undertaken to explain the research process. I am proficient in three major South Asian languages: Hindi, Urdu and Punjabi and used these languages to converse with participants who were not fluent in English. South Asian language proficiency proved crucial for building rapport with the subjects and aided in alleviating any pressure or concerns experienced by the healers. Upon contacting the participants I requested their detailed demographic information for record keeping re-confirmed whether they fulfilled the criteria.
for the study or not. The demographic information sheet included questions regarding their gender, age, ethnicity and religious background (see Appendix 2).

Interviews

This stage involved conducting one interview with each participant. The interviews were conducted at their place of practice. The language of the interview for eight healers was English and Hindi for a Temple priest who was more comfortable conversing in his native tongue. Before conducting the interviews, the healers were familiarized with the purpose of the research and were asked to sign the consent form when they became clear about the interview process. In addition, I tape recorded the interview session with the healer’s approval and sought clarification with the healers to revise the data, seek comments and make any modifications after the completion of the interview. I ensured that the interview process was that of a discussion and not that of a mere question and answer session by allowing the healers to converse freely and ask questions regarding any vague terms or ideas.

2.4.5 Process of Data Analysis

At the last stage in the methodology of this research, the data was subjected to an intensive analysis using the Grounded Theory Procedure. Before the process of analysis began, the audio taped interviews were transcribed verbatim. The steps following the process of transcription are outlined below and are based on the procedure described by Glaser and Strauss (1967) and McLeod (2001).

I. Each interview transcript was analyzed following the interview, within the same week. This concurrent analysis serves to sensitize the researcher of themes or concepts that may be addressed in the next interview (McLeod, 2001). Consequently, the interview
probes were modified on an ongoing basis based on the themes and issues that arose in former interviews.

II. *Process of Open Coding*: Open coding is described as the method by which the transcribed corpus of data is broken down into concepts, labeled and categorized (Fassinger, 2005; Borgatti, 2007). I engaged in repeated reading of the transcripts to generate as many categories or units of meaning as possible within the text.

III. *Labeling of Categories*: Upon identification of concepts, and organization into categories, they were given labels to facilitate the next step of comparison of categories.

IV. *Axial Coding*: This process refers to the identification and assessment of a relation between the coded categories. Specifically, common factors between the categories are identified and used to group them under larger categories (Fassinger, 2005). For the method of axial coding, Glaser and Strauss (1967) have formulated the method of Constant Comparison. According to this method, the labels and contents of each category of phenomenon is compared to the previous label and the contents of the previous category. This allows the researcher to comprehend the various events belonging to the various categories that can be combined to generate a common theme based on the relationship between the events of the categories. Glaser and Strauss (1967) emphasize that this method ensures that each aspect of data is in “operation simultaneously… [providing] continuous development to its successive stage...until the analysis is terminated” (p. 105). Therefore, this method facilitated a comprehensive construction and analysis of meanings as constructed by the participants and the researcher.

V. *Data Saturation*: Data collection through interviews was ceased when it was observed that the constant comparison method was not revealing new themes and that the
categories had captured the essence of the experiences related by the South Asian
traditional healers (Fassinger, 2005).

VI. *Formulation of Theory:* Although, the primary and final purpose of Grounded Theory
methodology is the development of an all inclusive theory that can describe the various
themes observed (Glaser & Strauss, 1967; Fassinger, 2005), the current study ended at
stage five (data saturation). This is because the objective of the study is to delineate,
describe and document the experiences of South Asian traditional healers and not to
formulate a theory on South Asian healing. Furthermore, the common themes that will
be derived from the data will be used to make suggestions for creating a collaborative
system with counselling psychology. Therefore, the common themes that were
observed from the method of constant comparison were judged to be sufficient for the
current research and its objectives. Therefore, the analysis procedure was ended when
the data was observed to be a rich reflection of the experiences of the South Asian
traditional healers.

2.5 *Summary*

The methodology of the current research includes a qualitative approach, to gain an in-
depth view of South Asian traditional healers’ experiences. Nine South Asian healers were
selected for the study and shared their experiences. The healers belonged to diverse
backgrounds of training and backgrounds. I utilized the method of semi-structured
interviews to address the objectives of the study. The collected corpus of data was analyzed
using the Grounded Theory procedure and salient themes were formulated. In the next
section, I present these themes as shared by the traditional healers.
CHAPTER 3: RESULTS

The objective of the current study was to document and examine the field of South Asian traditional healing, as it exists in Toronto and the Greater Toronto Area, through the experiences and perspectives of South Asian traditional healers. Specifically, the study aimed to describe the training and skill development of South Asian traditional healers, their clients groups, role and healing processes, along with an inquiry into their perspectives on collaboration with Western counselling. The study included semi-structured interviews with nine healers practicing in the Toronto and Greater Toronto Area. The interview transcripts were analyzed using the qualitative method of Grounded theory described in Chapter 2: Methods. In summary, the data analysis included processes such as sorting, labeling and categorizing the interview transcripts. The categories were in turn brought together under salient themes. These themes have been documented and organized into this chapter’s three sections: a) South Asian Traditional healers’ background and client groups, b) South Asian traditional healing process, and c) South Asian traditional healers’ thoughts on collaboration. Throughout this chapter, I present the healers’ perspectives and statements using their pseudonyms followed by their healing modality.

I begin by providing a description of the healers’ background and their client groups to contextualize their healing modalities and perspectives. Next, I describe the traditional healing process that includes the healers’ theoretical orientations and the healing procedures used with their clients. I end by presenting their perspectives on collaboration with Western counsellors to gain an insight into their inclinations and ideas for establishing a referral and consultation system between the traditional healers and Western counsellors. The chapter has been organized under the themes outlined below, which follows the order of questions asked during the interview process (see Appendix 1):
3.2 Traditional Healer Background, Training and Client Groups

3.1.1 Types of Healers

3.1.2 Training of the Healers

3.1.3 Background of Clients and their Concerns

3.2 Traditional Healing Process

3.2.1 Theoretical Ideology

3.2.2 Assessment and Identification of the Client’s Concern

3.2.3 Treatment Process

3.2.4 Healing Guidelines

3.3 Perspectives on Collaboration with Western Health Practitioners

3.3.1 Relation with Western health practitioners

3.3.2 Thoughts on Collaboration
3.1 Traditional Healer Background, Training and Client Groups

The following section provides the descriptions of healers, their training and development and the people they see in therapy. The results are offered under the following headings: Types of Traditional Healers, Training of the Traditional Healers and the Background of their Clients and their Concerns.

3.1.1 Types of Traditional Healers

Nine healers were interviewed for this study. They are categorized into four major groups of traditional healing modality as identified by the healers, based on their major areas of expertise:

I. Ayurvedic practitioners

II. Vedic Astrologers

III. Temple priests

IV. Eclectic healers practicing Yoga, Unani, Ayurveda and other forms of traditional medicines

The following sections present the perspectives of these healers belonging to the four major groups mentioned above. For an explanation of their areas of expertise (Ayurveda, Vedic astrology, temple priests and Unani), refer to Chapter 1: Introduction, Table 1.

3.1.2. Training of the Traditional Healers

The nine South Asian healers interviewed for the study revealed their reasons for choosing traditional healing as their profession and described their training process in becoming a traditional healer. Pertaining to their motivation behind pursuing healing, six healers explained that one or more of their family members was also a healer in the same
field and was therefore the main source of inspiration for joining the specific healing modality. For example, one healer practicing as an Ayurvedic healer mentioned that:

My grandfather used to practice and he told me that his grandfather used to practice - so same kind of culture…then I think my father practicing it and getting …positive recognition and good fame and respect as a doctor…it is a pressure kind of feeling…but you feel it yourself that after my father who is gonna take over? Then I decided to go for it (MOD, Ayurvedic healer).

Similarly, other healers also labeled their family members as sources of inspiration for their choice of joining the field of traditional healing. A healer practicing as a priest in a temple revealed that being born in a Hindu family of a Brahmin\textsuperscript{13} status entrusted him with the cultural responsibility of guiding the society. He also stated that his father’s role as a priest placed an incumbent responsibility on his shoulders to pursue the same field of interest. Where, six healers reported following one or more of their family members, five healers purported their reason for joining the field as having an avid interest and quest for knowledge of healing:

I became a healer because of my interest in this particular science…as a normal Hindu you know I could not get the answer from my parents…so as a child I started going to

\textsuperscript{13} Brahmin - A member of the highest of the four major castes of traditional Indian society, responsible for officiating at religious rites and studying and teaching the Vedas. (The American Heritage Dictionary of the English Language, “Brahmin”, 2008)
the priests and you know be in the company of saintly people, from there I started learning this - the healing practices (KOH, Astrologer).

One healer reported that his major motivation to join the field of healing was due to his exposure to extreme conditions of suffering in his home country and the lack of treatment resources for the innumerable problems and diseases. He reported having chosen this profession in order to assist people in their sufferings, where other treatments had failed to do so:

I have seen so many people…suffering from different diseases, where there is no cure. They are dying from the problem [and]…from all the complication [s] of their diseases. I decided that I want to be a healer who can cure the disease that is not getting cured from anywhere else or any other source (DIL, Eclectic healer).

Besides explaining their motivation behind joining the field of healing, the healers were also asked about their training and length of practice in the field of healing. Seven healers stated that they acquired formal degrees from recognized universities and colleges in India and Pakistan, as well as certifications in Canada for their healing profession. Most often, their education involved both a theoretical aspect and a practical aspect where they were able to apply their theories. For example, one healer shared that “in Madras university [India]…was seven and a half years course called the BAMS- the Bachelor of Ayurvedic Medicine and Surgery… involves 7 years of study and 6 month internship” (BAL, Ayurvedic healer). Two healers who practiced as priests indicated that a major part of their education
was learning the language of Sanskrit\(^{14}\) and the various healing practices as described in the Indian religious texts:

> We go schooling, and received instructions from our head priest, like [senior] teacher. We have several subjects including Sanskrit grammar, Sanskrit poetry and Sanskrit scriptures. As a priest, they have a regular bachelor’s degree for 9 years…and master’s degree is 13 years. There is actually a physical training [component] too, like how soldiers train in the military…like that we have to wake up early morning 4’o clock without alarm clock (GUR, Temple priest).

Where most of the healers reported engaging in formal education, two healers reported self-education as their primary resource of information and healing. They stressed that they taught themselves through books and enhanced their knowledge by receiving training from specific teachers in the same field. However, they did not adopt the formal route of attaining a degree: “I am a self taught person. Self training is also [a form of] training. If you were to ask me in India, I used [to] spend considerable time in getting trained by my guru…I [also] claim to read a lot of books” (KOH, Astrologer).

In terms of number of years practicing in their specific fields of healing, four healers reported healing for a period of 20 or more years and four reported practicing for a period of 10-20 years. One healer reported practicing for a period of one and a half years. Lastly, eight healers reported that they began practicing in their home country and later continued in Canada.

\(^{14}\) Sanskrit - an Indo-European, Indic language, in use since c1200 BCE as the religious and classical literary language of India (Dictionary.com Unabridged, “Sanskrit”, 2008).
3.1.3 Background of Clients and their Concerns

The healers were asked about the description of their client groups. For example, information regarding their background, race, ethnicity, age, gender and issues. These client demographics are provided in order to attain an insight into their work and the populations they work with. This description varied with the healer’s area of expertise and has been documented in Table 2, shown below.

Table 2 delineates the background of clients seen by the healers. The characteristics of the clients varied with the healing modality and the commonalities that can be observed are: wide age ranges, mostly diverse clientele and presenting concerns including both physical and psychological concerns. Five healers catered to populations with an age range falling between birth and old age. The remaining four focused on youth to middle age. Furthermore, most healers were approached by mixed gendered populations with the exception of temple priests who were most often approached by women and one eclectic healer who was primarily approached by men as he specialized in sexual health of men. Pertaining to ethnic backgrounds, six healers reported being sought by diverse populations, whereas three healers including temple priests and one eclectic healer reported being primarily sought by South Asian populations. Lastly, almost all nine healers addressed both physical and psychological concerns presented by their clients.
Table 2: Description of clients groups based on healing modality

<table>
<thead>
<tr>
<th>Healing Modality</th>
<th>Age range</th>
<th>Gender</th>
<th>Ethnic Background</th>
<th>Presenting Concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ayurveda</strong> (2 healers)</td>
<td>0 – 80 yrs. and up</td>
<td>Males and females</td>
<td>Diverse: minority and majority groups</td>
<td>-Physical and Psychological</td>
</tr>
<tr>
<td><strong>Vedic Astrology</strong> (2 healers)</td>
<td>0 – 80 yrs. and up</td>
<td>Males and females</td>
<td>Diverse: minority and majority groups</td>
<td>-Primarily psychological and Physical</td>
</tr>
<tr>
<td><strong>Temple Priests</strong> (2 healers)</td>
<td>16 - 75 yrs.</td>
<td>70-80% females</td>
<td>Mostly South Asians</td>
<td>-Primarily psychological and Physical</td>
</tr>
<tr>
<td><strong>Eclectic</strong> (3 healers)</td>
<td>5 – 80 yrs. and up (2 healers)</td>
<td>-Males and females (2 healers)</td>
<td>-Diverse: minority and majority groups (2 healers)</td>
<td>-Primarily physical and Psychological</td>
</tr>
<tr>
<td></td>
<td>20-55 yrs. (1 healer)</td>
<td>-Primarily males (1 healer)</td>
<td>-Primarily South Asian (1 healer)</td>
<td></td>
</tr>
</tbody>
</table>
3.2 Traditional Healing Process

This section offers the results of the interviews in relation to the healing process. It includes the theoretical ideology behind the healing modality, the assessment and identification of a client’s concerns, the actual healing process and the guidelines followed by the healers.

3.2.1 Theoretical Ideology

The healing methods used by the healers were based on traditional theories/systems of healing and were often elaborated by the healers during the interview. The following section has been divided into four healing modalities, each of which summarizes the theoretical bases of the four healer groups: Ayurveda, Vedic astrology, temple priests and eclectic healers.

Ayurvedic healing

Two healers BAL and MOD, identified themselves as Ayurvedic healers, described the essence of Ayurvedic healing as a curative instead of a symptomatic form of treatment. Both the healers stressed that Ayurvedic healing was aimed at treating the root cause of problems with a holistic approach. For example, MOD, stated that in their healing process “we do not do symptomatical treatment - we begin at the root level and try to balance the entire body. We take into consideration you[r] lifestyle, work-style, food-style, your cultural background and many other things that have an impact on you”. Since the treatment meant changes to the complete lifestyle of a client, they claimed that the process was longer as a result. Describing the technical details behind the healing process, one of these healers elaborated that:
According to this science every human being, everything, every living thing that has this people or a herb or a table or chair is made up of 3 principles/doshas\(^\text{15}\) called vata, pita and kapha… but in a different proportion. This proportion is decided at the time of birth like a DNA, which will never change till the time of death. So that decides the characters and qualities and the lifestyle of the person. That is why some people like soft music, some people like fast music, some people are slow some people are very fast and hyper… whichever is more, that quality will be reflected on the person… balance between these 3 decides the health of the person (BAL, Ayurvedic healer)

The proportion of the three constituents is in turn affected by the environment, climate and physiology of a person in addition to their physical and psychological functioning. Therefore, the treatment is geared towards maintaining a balance between the three constituents. A crucial fact stressed by both Ayurvedic healers was that of following the Ayurvedic principles from an early age until old age for maximum benefits.

*Vedic Astrology*

Both the Vedic astrologers revealed that astrology was a science formulated by saints from the Vedic era of Hindu tradition. They emphasized that Vedic astrology was an accurate and scientific form of healing based on traditional methods. One healer elaborated the meaning of an astrologer as:

\(^{15}\) According to Ayurveda theory, five elements (air, water, fire, ether, earth) combine in pairs to form three dynamic forces that constitute living and non living beings. These dynamic forces are labeled as doshas and include: Vata (air and ether); Pitta (fire and water) and Kapha (water and earth). The proportion of these doshas reflects the character of the person (Mathew & Mathew, 2008).
The *jyotish* (Hindu astrologer) in Indian language means - *Jyoton ka ek swami* - A lord of light. So this is a guideline and light to your life… once you have knowledge about your self that will give you the light to progress, to achieve, to achieve that with less effort (SAN, Astrologer)

Therefore, the astrologer is considered to be a person who guides you through life. Pertaining to healing, both the astrologers emphasized the role of planets and their effects on a person’s life. They believed that planets can have both beneficial and adverse effects on a person and that it was the role of an astrologer to assess and direct the client to make use of the positive powers and to reduce the effect of negative powers. The following excerpts illustrate the value given to planetary effects:

By certain theory it is easy for me to understand what type of effect he will have or she will have, by unforeseen power [planetary effect]. So I’m telling the person that you are under certain unforeseen power… telling that these are the problems in your mind. And he can or she can tune with the nature to minimize the problem (SAN, Astrologer)

In our astrology, we have a way of understanding that what is that is causing that marital discord. Astrology… can actually tell you, which are the stars that are working
against your stars… astrology helps you and mantra16 therapy helps you to pacify and to neutralize the negative energies that are floating around (KOH, Astrologer)

Therefore, both the healers emphasized the role of planets in a person’s life and the means by which these planetary powers could be used to their benefit.

_Temple priests_

One of the healers from this category, SHAS, a temple priest elaborated on the history and the goals underlying his healing profession and revealed the importance of his role in the community. According to SHAS, a person’s culture and religion set certain norms and guidelines for people to follow. These norms in turn aid in binding the people to their roots and strengthen their foundation of living and functioning. Being severed from these roots, a person becomes prone to swaying with the various stressors of life. As SHAS stated:

Anyone who is connected to their religion, their history, they keep moving…there [India] we had boundaries and limitations set by religion and society here we don’t have any. You don’t respect me I don’t respect you, you are not related to me and I am not related to you. So once you are free of these limitations, sky seems vast and limitless. We fly like a bird that has been released from a cage and …we flew wherever we felt like and in doing so we started destroying our civilization. People who lost way from their civilization, they go though the same thing as that kite

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16 Mantras are energy-based sounds or invocations. They originate from the ancient Hindu religious texts-the Vedas. When they are combined with devotion and uttered in accordance with religious texts, they have the power of assisting us in our goals and raising us to higher levels of consciousness. In Vedic practices, most ancient techniques and classical Hinduism, mantra symbolizes as a necessity for spiritual advancement and high attainment (Rajhans, 2003).
[signifying being lost]. People who kept their ties are happy. But here 80% of people here are unhappy (SHAS, Temple priest)

As a result, the priest’s role is to bind the person to their culture and religion and provide scaffolding to reach out in times of distress. A priest’s role is further elaborated in the following excerpt: “I try to bind people to their culture, to demonstrate the sweetness in our culture. In other cultures it says ‘who cares’. It is not so in ours… In a day we lie so many times, do so many sins, some consciously some unconsciously, But how does one find the path of righteousness? That path will be shown by us” (SHAS, Temple priest).

GUR, the second temple priest shared that discipline and self control in life were the two most important means to maintain physical, mental and spiritual well-being. For example, he says that “self control, through the meditation…if the person has the self control, he can control everything. Yoga can control your body and control your physical self - your muscles and also control your mind…this becomes important when a person is suffering from psychological disturbances”. Therefore, a sense of discipline and control in one’s life was deemed as an important means to maintain health and well being. Pertaining to healing, both the priests emphasized the importance of chanting prayers in order to attain strength to face current and future ordeals. A strong belief in God and his healing dominated their description of meaning behind their healing methods.

Eclectic healers

Eclectic healers were those who were using more than one method of traditional healing to assist their clients. A dominant theme revealed by these healers was that of following a holistic model of treatment where a client’s mind, body and spirit were
interconnected. For example, one healer stressed upon a psychological basis for healing and elaborated by saying that:

You know you can get rid of a lot of complications and…I wouldn’t even call it a disease, you know just right here (points to head). If you think everything is right it is right if you think everything is wrong even if its not, it’s going to go wrong (SUN, Eclectic)

Another healer, DIL taught yogic healing for mental peace and at the same time prescribed Ayurvedic and Homeopathic medications. He also engaged in nutritional counselling. He shared that he used multiple methods and techniques to treat his clients and emphasized, “any patient who comes here for treatment…I try to make them understand that body, mind and spirit work together”. Similarly, AHM, another eclectic healer shared that he engaged in lifestyle and psychological counselling along with prescribing his clients with Unani and Ayurvedic medications. He stressed that lifestyle education was equally as important as treating them with his herbs.

In summary, the healers based their beliefs and techniques on one or more healing traditions to treat their patients. A common theme between these traditions was that of adopting a holistic view of the client, his/her concerns and treatment. For some healers, the body’s constituency was considered to be a basis for treatment, for others the planetary powers played a role, whereas for some the binding effect of religion and culture seemed to be a crucial form of healing for their clients.
3.2.2 Assessment and Identification of the Client’s Concern

Prior to the start of the healing process, the healers used various methods to assess and comprehend their client’s concerns and condition. This procedure was followed by an evaluation of the causative factors and the isolation of the primary factors responsible for their condition. The following section describes these two processes involved in the initial phase of contact with the healers: assessment and identification.

3.2.2.1 Assessment

The healers used several techniques to assess their client’s concerns which included a conversational style of assessment, a holistic form of assessment, a physical assessment and an assessment of a person’s birth details.

Conversational assessment

The assessment was conducted in a conversation style format, where a dialogue and discussion was held between the healer and the client. Five healers revealed the use of the conversational style of communication during their first meeting or consultation. Their primary purpose to maintain such a style of communication was aimed to educate the clients about the healing process and glean information from them in a friendly and casual manner. One healer commented that “It is a two way traffic - information give and take…generally we collect information from them then we try to explain what we can and how we can help them” (MOD, Ayurvedic healer). Healers using this style of communication reported that seeking information about the client’s concerns and problems is the aim of initial consultation and the most crucial aspect of treatment. For example, a healer stated that “when I give consultation I just teach them first…ask him lots of questions, that is why the
one hour consultation. They [healers like us] talk about everything from head to toe… Then give them treatment” (BAL, Ayurvedic healer). Three other healers similarly stated that talking to the client in the initial session revealed several more problems and issues compared to what they originally mentioned:

They come and we talk, we talk about you know how it happened, when it happened you know how long have they been going through this and what you know measures they have taken to control it like what other medical history they have (SUN, Eclectic healer)

Lot of people are not clear themselves what they want…so you have to make very normal conversations with them and then to get more and more involved in the conversations and then to probe where the problem lies...get to the intricacies that requires probing (KOH, Astrologer)

Sometimes I ask them what brings them here...if you are here I won’t know what you are here for unless you tell me…I talk to them…and get a guideline (SHAS, Temple priest)

Therefore, the healers considered having a simple conversation style of communication as a beneficial tool to assess and probe the client’s concerns in details.
Holistic assessment

Three healers reported conducting a holistic assessment of their client based on their physical, mental and emotional makeup and their overall lifestyle. The healers contended that a complete assessment of the client was an important source of information to assess the root causes of their concerns and problems. Excerpts presented below highlight the holistic approach to assessment used by these healers:

So that’s a total recipe of a person-the lifestyle, the feelings, their faith, their positiveness/negativeness… environment, work-style, food style, your cultural background -it’s a total thing you have to understand (MOD, Ayurvedic healer)

So everything, that’s what, it is not the person alone is counted, the atmosphere, the place you live, the job you do and the food you take-everything…They [healers in our field] talk about everything from head to toe…physical routine…and likes and dislikes…we put into consideration all these and decide (BAL, Ayurvedic healer)

There are 3 planes on which a person has problems, emotional…physical…mental…You have to understand what is their mental makeup…like what is the company, what is their daily activities that they are doing, stuff like that, that can help you in understanding what did they do, you know (KOH, Astrologer)

Approaching the assessment process holistically seemed to be an important part of the diagnosis procedure by certain healers.
Physical assessment

While certain healers conducted an extensive assessment, six healers relied on physical means to assess such as checking the pulse of a person, using certain objects to ascertain the cause behind the concern/behavior and using medical reports to aid in their own diagnosis. For example, one healer revealed, “We just check the pulse also. We don’t just decide on the words of the client...Whether liver is not working properly or pancreas or heart, everything can be read. Read through this pulse. You can understand the health of all the organs from the pulse examination” (BAL, Ayurvedic healer). Similarly, another healer reported,

First thing we like to deal with them is that just by checking the pulse -its called nadi parikhsa.\(^{17}\) We find what imbalance is causing the factors...with nadi parikhsa, we come to know...what is really happening with them-because the rhythm of the pulse gives a quiet a bit clear picture about internal problems where it cannot be detected by any modern machinery or treatments (MOD, Ayurvedic healer)

One healer considered checking the pulse as an important tool to assess and diagnose 90% of his female clients and believed that it was one of the most reliable sources of information for him. In addition to this tool, one healer reported using objects as a means to assess and identify the problems being faced by their clients. GUR, a temple priest stated that he asked his clients to hold objects such as a lemon or a religious symbol in their hands

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\(^{17}\) The nadi parikhsa also referred to as pulse examination, is a tool used by traditional healers to assess the health constituency of a person including the balance between mind, body and spirit. It can reveal the degree of imbalance in the person’s internal constituency and allows the healer or physician to ascertain the diagnosis and prognosis of a person’s health (Rhyner, 2003).
to direct the negative energy to one spot in their wrists. This practice allowed him to understand the client’s concerns.

Another common method of assessment at the first session shared by three healers was that of using medical reports such as x-rays, which were used as a form of confirmation of their diagnosis or investigation of a problem that they may not be able to identify. For example, two healers reported that in order to ascertain the actual problems faced by a client, using medical reports was a common procedure: “most of the patients I do diagnose myself but… sometime if I feel somebody is anemic or somebody has a some kind of problems, so instead of starting treatment, I will send that to their family doctors to bring the blood reports maybe for ultrasound or x-ray” (AHM, Eclectic healer). Therefore, certain healers engaged in primarily physical assessments of their clients where pulse checking, using objects and medical reports were most common techniques.

*Birth details assessment*

The two healers specializing in Vedic astrology and a temple priest considered that information about a person’s birth details as an important tool for assessing their concerns. They reported drawing out horoscope charts for their clients that illustrated the client’s birth stars and planetary positions, which were affecting the client’s life:

Name, the birth time, the date, the place of birth - that is very very important. Year of birth, that’s very important for me to be able to cast a small horoscope for the person
and to see where the problem lies, according to the Hindu mythology a person when he’s born under a particular nakshatra\textsuperscript{18} or a birth star (KOH, Astrologer)

I see how their planets are positioned. If their planets are positioned adversely then I can figure out what’s wrong and what problems they have and if they do certain prayers to pacify these planets they will be happy (SHAS, Temple priest)

Therefore, information about a client’s birth time, place and name reveal important information, which further illustrates the client’s current and future life and the effect of the planets on their lifestyles.

Assessment, an initial phase in healing often involved several processes. One of the process was that of communication on both fronts – that of the healer and the client. The healer informed the client of his/her process and aimed to glean information from the client regarding their concerns. In addition to holding a conversation, certain healers used a variety of tools and procedures to assess the client. These techniques and procedures were both holistic in nature and at times mainly physical means of assessment. Lastly, certain healers also enquired about the client’s birth details in order to conduct their assessments via the horoscope charts.

\textsuperscript{18} Nakshatras are star constellations which are described and understood according to the Vedic astrology system by the Vedic Strologers. Nakshatras along with the placement of other planets in a person’s horoscope, assist the astrologers in making predictions for the person’s life (Lochtefeld, 2002).
3.2.2.2 Identification

All nine traditional healers contended that in order to conduct a holistic form of healing, finding and labeling the root cause of the client’s concerns and problems was highly crucial. For example, DIL, an eclectic healer stated that “I try to make them [clients] understand that body, mind and spirit work together…for this purpose my focus is where root cause of the disease exists, I try to cure the area where the problem is generating…as each aspect affects the other aspect of a person”. As a result, their assessment was aimed at identifying the root cause of the client’s concerns/problems. According to the healers, this aim was based on the theory that their mode of healing was not symptomatic, i.e. targeted solely at the symptom, instead it was aimed to target the original site of the problem/concern. Therefore, finding and identifying the underlying cause of concern was vital to the healing process. For example, one healer emphasized that:

Ayurveda does not treat the symptom. If you come to me and ask…I am having a headache, give me something, I cannot give you Tylenol. I will make you sit and ask, find what is the reason for your headache and treat the cause of the problem, then you will not get the headache…that is why you find the root cause of the problem and treat. That is why it takes more time… its not suppressing the substance. It is digging out the symptom and throwing it out (BAL, Ayurvedic healer)

Similarly, another healer stated that “in a psychological problem-we first try to understand where it started/how it started… So now psychological disorder- you have to find out whether its work related/family related …is it just the lifestyle or a past accident” (MOD, Ayurvedic healer).
Therefore, root cause of a concern was often the factor receiving most attention from
the healers. The healers also shared the common root causes of a person’s illness and
concerns and identified them as follows: eating habits, overall lifestyle including physical
and psychological functioning, planetary effects and religious detachment. The following
section delineates these root causes of concerns as commonly assessed and targeted by
healers.

Eating habits

The most common root cause identified by healers was that of a client’s eating habits.
Four healers believed that food was a major factor in influencing a client’s body and mind.
The following excerpts illustrate this belief:

So your destiny is directly related with what your thoughts are…and all these thoughts
emanate from what kind of food you eat…That is what is written in our Gita also-
‘You are what you eat’…So I think it is a very very important reason for you to
understand that the kind of food you eat, your thoughts are also in accordance to that.
And your thoughts will make or break your destiny (KOH, Astrologer)

[mind related constituents/elements] are getting aggravated because of our hot and
spicy food, irregular food habit, junk food and working for long hours, awake - not
sleeping during night, throughout the night and eating junk food at the middle of the

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19 Bhagavad-Gita - A sacred Hindu text that is incorporated into the Mahabharata, an ancient religious epic
that takes the form of a philosophical dialogue in which Lord Krishna instructs his disciple, prince Arjuna in
ethical matters, self realization and the nature of God (The American Heritage Dictionary of the English
night. All those things, they will cause stress and result in anxiety (BAL, Ayurvedic healer)

Most important part decides on the diet... you have to follow a diet... you have to depend less on medications or the therapy... if you don’t follow your diet- what will happen is [physical disturbance] because you did not eat according to body type and according to climate (MOD, Ayurvedic healer)

Eating habits are therefore considered to be an important factor affecting a person’s functioning and is often targeted by healers.

*Overall lifestyle: Physical-psychological functioning and the environment*

In addition to eating habits, six healers commented that a person’s overall lifestyle including his/her physical and psychological functioning plays an important role in leading to their concerns. In other words, not only the eating habits, but factors such as interpersonal relations, work-style, personality, temperament, etc., all play a role in contributing to their concerns/problems. For example, one healer commented that “So everything, that’s what, it is not the person alone is counted, the atmosphere, the place you live, the job you do and the food you take- everything” (BAL, Ayurvedic healer). Similar to this claim of assessing the role of lifestyle to attain a rich picture of the person’s concerns, another healer stated that “as a healer I do not want to only know what the problems are but I also want to know what their mental makeup is. What their emotional traits are... Like what is the company, what is their daily activities that they are doing, stuff like that” (KOH, Astrologer). Therefore, these
healers contended that a holistic picture of the client becomes a potential target for healing and not simply the symptoms or consequences they may be facing in their lives.

*Planetary effects*

Where certain healers identified eating habits, physical and psychological functioning as potential targets for healing, two healers claimed that planetary effects can be causes for a person’s difficulties and distresses. These healers specialized in Vedic astrology and commented that planetary powers can create both harmonizing and disharmonizing effects in a person’s life. One healer revealed, “If the person is giving his 100%, despite of that he is not meeting with success, then you know that there are certain stars that are stopping him. That there are certain powers that are within or beyond that are controlling that person” (KOH, Astrologer). Another healer specializing in astrology commented that “Some people are having sleeplessness…Because his or her mind is constantly working - unwantedly, it is not constructive thinking. But he/she cannot control…because the unforeseen power [planetary power] is creating a problem” (SAN, Astrologer). Both SAN and KOH emphasized that a person can be successful in various area of life, however when certain experiences and failures are unexplainable, there are usually attributable to the planetary effects involved. For example, SAN stated:

The body may be big, healthy, strong, nice, handsome, male or female but they may not have courage. This is the drawback created by the unforeseen power [planets]. These people may not be able to face others or express their ideas in spite of having a strong physique…they may be doubting themselves and are afraid of approaching somebody without reason…this happens because of the unforeseen [planetary] powers
create doubts in your mind, resulting in weaknesses…and you do not progress well
(SAN, Vedic Astrologer)

Planetary powers were therefore considered to be one of the factors responsible for creating distress in a person’s life by the Vedic Astrologers.

**Detachment from religion and culture**

In addition to planetary effects, two healers who specialized in healing based on religion and spirituality stressed that most often a person’s distresses arose as a result of severed ties from their religious and cultural norms. This healer, based in the temple elaborated that “[Unhappiness] is happening because they are cut off from their branches. They are not tied to their branches. So I try to bind people to their culture” (SHAS, Temple priest). Another priest, GUR commented that by being devoted to one’s place of worship one can avoid many psychological distresses in their lives:

To remove a stress we do the healing, as soon as they [clients] get out of the stressful phase, they will come and ask, what we have to do? We suggest them to pray…You know most of them, they regularly come to temple and do prayers, and such people are not affected with these kinds of problems. So once they are effected - we just advice them regularly, to wake up in the mornings and do your prayers first and then eat. (GUR, Temple priest)

Religious rituals and cultural norms, such as prayers and worship were considered to be the primary factors responsible for a person’s health and well-being by the temple priests.
Therefore, healers often emphasized and stressed the importance of labeling the root cause of a person’s problem and distresses. Although, the labeling and identifications of the root causes differed between healers, based on their area of expertise, some of the common factors often targeted by healers in their assessments included eating habits, physical and psychological functioning, planetary effects and lack of religious and cultural devotion. Therefore, assessment of the underlying factors instead of symptomatic healing seemed to be a common theme among the healers.

3.2.3 Treatment Process

The following section elaborates on the overall treatment procedure adopted by the healers. The treatment process has been divided into three sections: customization of treatment, mental and physical preparation for treatment and treatment techniques and objects used by the healers.

3.2.3.1 Customization of treatment

Three healers emphasized that the healing process was uniquely designed for each client based on their individual lifestyle, physical-psychological functioning and needs. For example, the two Ayurvedic healers repeatedly emphasized that Ayurveda was not a standardized form of treatment and that the healing was designed according to the client’s mental, physical and emotional makeup. Excerpts illustrating this belief are as follows:

So after diagnosing we will come to the conclusion what is really required for the client and we choose among these and then give…some clients they don’t need any
herbs at all…its not necessary everybody has to be given some herbs or some medication for them to take back to their life (BAL, Ayurvedic healer)

There is not a perfect method to give medication. It is customization…I cannot give the same thing to others because there are 8 different types of headaches. Your headache will be different from his headache. So always, when you prescribe the herbs for anything-it’s the customization (MOD, Ayurvedic healer)

Standardization of treatment was not considered an approach by three healers and the emphasis on the individual nature and makeup of a client was highlighted to be an important aspect of their healing procedure.

3.2.3.2 Mental and physical preparation for treatment

According to the traditional healers, in order to attain successful results from their healing procedures, they often prepared their clients mentally and physically for healing. In terms of mental preparation, one healer commented that educating the client about the healing process and assuring them of their self-healing abilities was important before beginning healing: “you have to understand the reasons, and the first and foremost thing is that you have to be prepared to understand that, yes, your problem…is external, but your cure is internal” (KOH, Astrologer). Affirming similar mental preparation approaches, two other healers stated that the ‘placebo effect’ played an important role in preparing and treating their clients. For example, one healer stated that “the reason I spoke about the placebo effect is the fact that I know-if my prescription helps someone 50%, 60% or 70% I can get good 25-30% [remaining cure] from you know the placebo effect because its still going to come into
play” (SUN, eclectic healer). In addition to psychological preparation for healing, certain healers conducted physical detoxification procedures to prepare a client’s body for healing and in order to enhance the effect of treatment. One healer believed that physical detoxification using herbs served two purposes, that of the placebo effect of herbal treatment and that of increasing the body’s receptivity to healing herbs and herbal procedures.

3.2.3.3 Treatment techniques, objects and herbs

This section focuses on the treatment techniques, objects and herbs used by the healers. The treatment methods were diverse and have been divided broadly into: techniques and objects and herbs.

Techniques

The techniques used by healers varied based on their specific areas of expertise. Below, I describe the various techniques that are commonly used by most of the healers interviewed and techniques that are used by certain healers only.

Six out of the nine healers often advised their clients on making changes to their lifestyles. These changes included a change in their eating habits, having more discipline in their lives, performing good deeds for others and dressing according to the therapeutic colors suggested by the healer. A few excerpts elaborating these changes are presented below:

[We] will advice lifestyle for everybody… people prefer orange juice than apple juice. Which will increase the *pitta* - heat of the body. So heat of the body is increased - more anxiety…they become more hyper, if they are not given the proper food for that
energy, they become stressed out… So once you reduce the hot and spicy, sour food, you are going to be grounded, you calm down (BAL, Ayurvedic healer)

So five main factors by which one should eat–according to body type, according to climate zone, according to country zone and according to season - fresh. And sixth factor can be-vegetarianism (MOD, Ayurvedic healer)

So once they are effected we just advice them regularly, morning wakeup and shower first and do your prayers, then you eat something, something like that will give regular practice with them (GUR, Temple priest)

Sometimes I advice things like feeding the birds, good deeds, feeding living beings in the water. I tell these good deeds…when someone does that their soul is blessed by lord and gets power (SHAS, Temple priest)

Then I’m telling that you have to take this type of step. At night when you are sleeping, I am giving them colour therapy guidance (SAN, Astrologer)

In addition to advice for changes in lifestyle, the healers also engaged in prayers, chants and rituals for the clients and advised them to incorporate daily prayers and religious devotion in their lives. For example, a temple priest revealed that doing prayers for clients served various purposes such as that of creating general well-being, destroying fear, giving strength and in order to facilitate receipt of blessings from God to meet a suitable partner.
Another healer reported that engaging in religious rituals such as the *yajna/yagya*\textsuperscript{20} or the Vedic fire ritual, during which he often chanted *mantras*, brought about healing for the people and for their environments. A healer specializing in astrology, further revealed that he often engaged in prayers devoted to a client’s planets in order to appease planetary powers and lessen the adverse effects on the client. An excerpt from a healer based in the temple is presented below to highlight the importance of healing through prayers:

> Chants/prayers for physical ailments too…I give such prayers. For minor ailments I can perform the prayers myself…if its major I ask them to pray… to get blessings from multiple places and being closer to god….by doing this the person is healed (SHAS, Temple priest)

Besides lifestyle changes and praying rituals, meditation and yoga were two other forms of healing techniques often advised and taught for psychological distress and physical ailments. Three healers revealed that meditation techniques and yoga were specifically advised to gain increased levels of mental control and peace of mind. For example, one healer revealed, “like self control, first self control through the meditation and if the person has the self control, he can control everything…that’s what yoga is actually, when you do yoga, you can control your body and control your physique and control your muscles and also control your mind” (GUR, Temple priest). Two healers pointed out that yoga exercises were highly beneficial for physical ailments and described their perceptions as follows:

\textsuperscript{20}Yajna or Yagya is a Vedic fire ritual, which is performed to serve three purposes. These include pious worship, promoting peace and harmony, and for sharing one’s blessings and offering support to others. This ritual ensures “physical, mental and spiritual peace, purification of the self, spiritual progress and protection from sickness” (Bhalla, 2006, p.270).
I would cure that person with proper postures; I would cure that person with telling them the right exercise that give relief to those joints that are aching. I would cure the person with the right kind of breathing therapy to breathe correctly, to breath in a manner that can help the heart, that can stop the pulse from racing, and can help the person to becoming more relaxed and calm. And becoming more stress free (KOH, Astrologer)

I provide some yoga and breathing exercise, some yoga asanas (yoga postures) which work with the whole spine. And all the organs are linked with the spine so doing the yoga all organs get nourishment (DIL, eclectic healer)

Among the healing techniques, it seemed that counselling and communicating via simple conversations were also commonly used. Four out of the nine healers reported that counselling was highly effective for clients suffering from psychological distresses. One particular healer engaged in family counselling as well: “first of all I interview a person who is sick, then he or she you know-husband or wife, then together, then family and then starting to give them counseling” (AHM, Eclectic healer). Another healer believed that most often counselling aided in resolving client concerns without the need for further healing through chants or mantras: “I have seen that counseling has worked faster, there was no need for me to even do the mantras” (KOH, Astrologer).

Where the above techniques were often shared between more than one healer, there were certain techniques that were unique to one healer who was based in a temple. His techniques included hypnotism to convey electromagnetic powers through his eyes and
healing through touch. The healer revealed that hypnotism allowed him to control the client’s aggressive state. Furthermore, he also used touch to heal clients and described it as follows:

Sparism means just touch...when you do sparism you will know the feeling of the other person, how he is, what he wants to convey, it is through the sparism you can convey your message. So in that way when we touch the body, we will just pass the message, through our brain to them, to their brain...so that is healing (GUR, Temple priest)

Therefore, healers used various techniques that were based on their area of expertise and theoretical knowledge.

Objects and herbs

In addition to techniques, healers also used certain objects and herbs for their healing process. Five traditional healers reported using herbs and herbal treatments for physical and psychological healing. A few examples of an herbal treatment explained by one healer are as follows:

So we use the raw herbs, isn’t it. Like roots of the some plant...some plants we use the seeds only, some plants we use the leaf, some plants we use the whole plant, we know the manual preparation of each product...at what level we have to stop. Which plant is good in the powdered form, which is good in the form of liquid, kasha and tonic like that (BAL, Ayurvedic healer)
When they come and we just give [them the] object to grab in both hands... just like lemon, a Hindu symbol like let’s say Trishul... and sometimes we give, the solid turmeric to hold in both hands. When they grab the thing - their 3 veins will be very stiff and stretched out... their tension will be brought to that spot (GUR, Temple priest)

Medicines we give them in powder form, liquid form and capsule... they are all herbal medicines-made from the root of plants... we also give them some side products-example for a skin problem we give them soap. If they have mental disorder or head related issues-I have to substitute their shampoo with herbal shampoo (MOD, Ayurvedic healer).

Four of these five healers reported importing herbs from India and one of them reported that the herbs were prepared in Canada itself:

We don’t prepare medicines here but mix them here-they come mostly from India... because we cannot find room to manufacture them here-so most of meds come from India (MOD, Ayurvedic healer).

Canada imports the herbs, they sterilize them, they check their ingredients, everything is ok then they make capsules or tablets for me... Canada has granted me 18 licenses [for medications]... it means that my products are recognized by the ministry of health (AHM, Eclectic healer)
Two healers who practice Vedic astrology reported using gems and special stones to be adorned by clients for healing. For example, SHAS (Temple priest) reported that he advises his clients to engage in “prayers most of the time…but if planetary positions are very adverse then…we might prescribe gemstones. That has great effects too”.

In summary, healers revealed that their process often began with planning a customized treatment for each client followed by psychological and physical preparation for treatment. Furthermore, the variety of techniques and objects used by healers were based on their areas of expertise and were often specific to the client’s needs. The most common healing techniques include lifestyle management advice, counselling, prayers, meditation and yoga, in addition to specific treatments used by certain healers. Therefore, the treatment procedure emphasized the uniqueness of the client, prepared them for the treatment process and healed them using a variety of techniques and objects.

### 3.2.4 Healing Guidelines

In this section a quantification of the healers’ elaborations on the general heuristics and values on which they based their healing abilities and practice are described. Specifically, the following section illustrates the lifestyle adopted by the healers in relation to their healing, the beliefs that form a part of their overall goals for healing and the guidelines that they follow to strengthen and maintain a healing relationship. These factors fall under the guidelines followed by healers in their daily living and practice of healing.
Lifestyle adopted by healers

A prominent theme stressed by four of the healers was that of the importance of healing the self and one’s family before healing others. For example, a healer stated that “If it cannot benefit you, you cannot heal other people, it has to start, it has to begin from you, if you are healed, you are self cured then you can cure others, if you can’t cure yourself you can’t control or cure others” (KOH, Astrologer). Similarly, another healer believed that “It’s my education, my degree cannot be helpful to my own family member – how am I am going to help with other things” (MOD, Ayurvedic healer). Therefore, healing oneself and one’s family was an important criterion for the healers. In relation to self-healing, two healers believed in maintaining a disciplined traditional lifestyle in order to maintain the healing powers. For example, eating according to traditional cultural norms, engaging in daily prayers, regular meditation and marrying within one’s own traditional norms were identified as means to maintain and strengthen one’s healing abilities: “You should follow same thing that you tell others. If I am not going to follow the diet-how can I tell you? If I am not spiritual- you cannot expect another one to be…so that’s why we have to do proper pray, regular pray[ers]” (MOD, Ayurvedic healer). In addition to self healing, disciplinary lifestyle, four healers also believed in continually updating their knowledge and learning in order to assist clients in diverse ways relevant to current trends. As one healer says,

We have to go to research, we have to ask, we have to go to other experts and see what they are doing and always learn…It keeps changing…but still the old information comes in a new way. You have to put the information in a modernized way. Because 30 years ago blood pressure was different from today’s BP…30 years
ago, the mental disorder was different than today’s mental disorder (MOD, Ayurvedic healer).

Adopting a certain lifestyle such as self-healing, disciplinary practices and updating their knowledge was considered beneficial for their healing ability and for better assisting their clients.

Beliefs and values regarding importance of traditional healing

Most of the healers (5) emphasized that their main aim behind adopting and practicing traditional forms of healing was that of serving the humanity and promising an illness free society. The following excerpts from SHAS, the Temple priest and BAL, the Ayurvedic healer illustrate these aims:

You here signify the society. If society places us on such high altar, it expects something in return too. What does society expect of us? They want a guide, a religious guide, religiosity (SHAS, Temple priest)

Because we call our medicine as a noble profession. We don’t do it…only for survival. We want to serve the humanity that is the purpose of any medicine (BAL, Ayurvedic healing)

In accordance with the aim of serving humanity, two healers believed that time and money was secondary to healing in order to ensure happiness and peace among clients and considered these aims as their major responsibility to society:
I have not set any fees for my services. Some people are such that I don’t take even $5…I tell them if you have then you can give…otherwise its ok…you can come back when your problem is solved. Some people come back and give me lots once their problems are resolved…it’s the same thing…I end up getting more-$100 or $50….this they give happily by their own free will but fees if one gives with unhappiness - that is why I have not set any fees… Most priests do that to make money. I clear misunderstandings (SHAS, Temple priest)

It should be a totally unpaid service [Vedic Astrology], because I think that this is a service that we are giving to our community - to everybody who is in need of this service. There should be no money involved (KOH, Vedic Astrologer)

Besides, the aim of serving humanity, a healer specializing in Vedic astrology, commented that by predicting a client’s future allowed them the ability to caution their clients of upcoming struggles. This technique of foretelling allowed the clients to prepare adequately to face their struggles. Therefore, serving humanity and aiming to bring about peace and happiness in a client’s life were believed to be higher goals and responsibilities held by healers without placing great emphasis on making money and billing the client’s for their time.

*Therapeutic relationship*

All of the healers described the aspect of building relationships with their clients to be a crucial part of the healing process. Certain healers believed in friendly communication,
others reported the importance of cultural knowledge and language and yet others commented on the ability to detect and identify problems before client’s revelation, as factors that aided in building strong therapeutic relationships. These beliefs are described below:

One of the means to establish a strong therapeutic relation was that of a friendly conversation style form of communication, where the healers were able to probe, discuss and have a dialogue with their clients. They claimed that these extended conversations often strengthened a therapeutic relationship and encouraged clients to place their faith in the healer. For example, one healer revealed that:

They know that there is a problem in their life but they don’t know what it is. I make normal conversations with them…like they would like to do with their friend, as they would like to do it with somebody who they can entrust, who they can put all their problems in front of (KOH, Astrologer)

Another means to establish a relationship described by AHM, an Eclectic healer was that of conversing in the client’s language. AHM believed that this form of conversation increased the client’s trust in his healing process manifold: “I will say the person who understand their language, who understand their customs, who understand their living, way of living and culture who can treat them better than, who doesn’t know about their culture or customs” (AHM, Eclectic healer). Two healers also stated that the ability to diagnose and identify a client’s concerns without having the client revealing their problems at first, immediately increased their level of trust and confidence in their healer. These healers cheked pulses and used astrological predictions specifically to identify the client’s problems. In addition to the identification of concerns, two other healers commented that knowledge of
a client’s culture and providing treatment in accordance to their cultural lifestyle was highly beneficial in establishing and maintaining a rapport with their clients. For example, one healer commented that: “you try to educate them with their cultural background-so unless something I don’t know about my culture- I cannot understand someone else’s culture” (MOD, Ayurvedic healer). Similarly, another healer also asserted that knowledge of a client’s language, culture and cultural norms allows them to build a bond with which the healing process becomes easier.

In conclusion, according to the healers, following certain lifestyles which included self-healing, adopting traditional methods of eating, living and marriage, following a disciplinary lifestyle including daily prayers and practicing what they advised their clients along with frequently updating their knowledge were common practices in order to maintain their healing abilities. In addition, healers held certain beliefs and values with which they healed others. Values such as serving humanity and devaluing time and money were important beliefs held by the healers. Lastly, healers often aimed to build therapeutic relationships with their clients via friendly conversations, by being culturally sensitive in their knowledge and methods and by identifying their concerns before client’s own revelations.

3.3 Perspectives on Collaboration with Western Health Practitioners

Towards the end of the interview, the healers were questioned about their perspectives on collaboration with Western health practitioners. The following section illustrates their responses, which have been divided into two sections:
3.3.1 Relation with Western health practitioners

3.3.2 Thoughts on Collaboration

3.3.1 Relation with Western Health Practitioners

In order to assess whether the traditional healer is connected with mainstream health practitioners, they were asked about the frequency of referrals to and from the health practitioners.

Six healers reported making general referrals to other health practitioners for purposes of further investigation of a client’s concern, attaining a second opinion and during times when they believed that their own attempts at healing were not benefiting the client. For example, one healer stated that “I am giving them that you go to a homeopathic doctor, you go to Ayurveda doctor, you go to Unani-Muslim theory, you go to acupuncture, you go to acupressure, you go to doctor, allopathic doctor. I am giving them this advice and they are going” (SAN, Astrologer). Similarly, another healer stated that

We say go to astrologer, go to yoga practitioner, go to your doctor, get checkup your blood, get x-ray because sometime they say that I fall but I don’t think its fracture but if it’s a hair line fracture and they don’t take care of it at that particular point they will be live with that problem… Because more investigation is always good. (MOD, Ayurvedic healer)

Therefore, healers tend to refer to mainstream practitioners and other healers based on the client’s beliefs and concerns.
Pertaining to receiving referrals from mainstream practitioners, four healers reported that they received very few and rare number of referrals. For example, MOD and Ayurvedic healer stated “Yea we have actually mainstream doctors, they are honestly telling their patients now days that go and look for fellow who is practicing natural medicine”. The remaining five healers denied receiving any referrals from mainstream health practitioners.

3.3.2 Thoughts on Collaboration

When questioned about their perspectives regarding a collaborative system between healers and mainstream Western health practitioners, eight healers expressed approval and eagerness in establishing this joint relationship, whereas one healer expressed disinterest in such a system. Although eight out of the nine healers interviewed expressed interest, they were also skeptical and expressed feeling pessimistic at the existence of such a system. Presented below are the details of the healers’ perspectives on collaboration.

Five healers eagerly elaborated on their motives behind supporting this from of collaboration. Two of such healers who had also expressed interest in such a system, revealed that the primary purpose to establish such a system would be that of creating more means to serve humanity:

So if they work hand in hand like in the same clinic, so have a western doctor and ayurvedic doctor. They can discover a client’s condition and they can do things…intergratedly. It’s going to be very helpful for the client…We want to serve the humanity—that is the purpose of any medicine (BAL Ayurvedic healer)
The three other healers stressed that a major benefit from collaboration would be lessening of the burden on Canadian healthcare system. This was expressed by one healer in the following way:

We say that we can help you with the conjugative approach of western and eastern together at the official level, shorten the length of the waiting period as well as [lessen] the burden on the system… If tomorrow, OHIP is going to go out then what are they going to do? So what we are doing right now to fill up that gap?…right now if we don’t accept any natural medicine to hospital level-any thing…after 4 years entire budget of Canada will only spend on the healthcare (MOD, Ayurvedic healer)

Therefore, the primary motivations for supporting the establishment of this system were identified as better being able to help clients and reducing the stress on the Canadian healthcare system.

Seven healers elaborated on the means by which such a system could be established. Five out of the seven healers stressed that by raising awareness of the South Asian forms of traditional healing, conducting research in these fields and via opportunities to delineate their roles and healing methods would facilitate an understanding of their healing systems. For example, a healer commented on encouraging awareness stated, “I am thinking I will have a proper platform then I can deliver lecture, I can try to convince my thinking, I can try to give them knowledge and if they want they will have… I want to spread this knowledge-I want to give lectures in the seminar” (SAN, Astrologer). The remaining two healers stated that one of the steps in promoting collaboration is by accepting one’s shortcomings as a healer and as a mainstream practitioner. They revealed that this attitude will aid in opening up to other
forms of healing where one’s own methods fail: “I should be bold enough to accept that this is not curable by me. Please take this, you can do that…. Because we should have a open mind, because we are not for our selves alone. We have to help some client” (BAL, Ayurvedic healer).

Besides describing the means that promote a collaborative system, three healers also described the current and future obstacles that would prevent this system from aiding clients. For example, a primary concern mentioned by healers was the presence of feelings of distrust among mainstream practitioners towards healing and healers:

But there are lots of hurdles… because the back of every business peoples mind they think that they would loose the control. Like pharmaceuticals, their idea is to only make money, keep people sick. If they started accepting or collaborating with Ayurveda, their half of the company will go bankrupt. And if everybody go healthy then 80% of world corporations will be bankrupt (MOD, Ayurvedic healer)

Similarly, other healers stressed that such feelings of mistrust diminished the faith in traditional forms of healing. The healers hailing from temple believed that the label of “superstitious system of beliefs” given to religion and religious healing was itself a huge hurdle for such a collaborative system to exist. Additionally, two healers elaborated that a shift towards collaboration seems slow and arduous due to a longstanding and entrenched system of medicine where traditional forms of healing are considered orthodox and backward:
The improvement has been done, the modernization has been done at the educational level but still...for 40 years we haven’t changed... we are just preparing white collar slaves today. Where they are, just formula/calculator based that they just do 1+2 = 3. Where if you’re give them two and half plus half they wont know how to do it, they will need a calculator. So that is the where the problem (MOD, Ayurvedic healer)

Collaboration? Ah no...I don not think its going to happen soon...as its all regimented and its you know the healthcare system is out there to promote western healing processes and you know its going to stay that way.... its like the Old boys club and you know the [Western] healthcare would only promote like [Western treatments]...you refer it to me I refer it to you...and we are all friends and buddies and we all make money [regarding mainstream doctors and physicians] (SUN, Eclectic healer)

Where both perspectives for and against the collaborative system were mentioned, six healers were also quick to reveal that current trends seemed hopeful. Specifically, they commented that a shift towards natural forms of healing has begun where people are increasingly seeking and using alternative forms of healing. The following excerpts illustrate their sense of optimism:

The natural treatments are growing. In long run, because nowadays not many people believe in this treatment but as its getting popular and as the people getting better, is spreading slowly. So that’s how my believe is in long run, this medicine system will work with the mainstream (DIL, Eclectic healer)
The more awareness is growing now in western countries. Because of people like Deepak Chopra, Vasanth Lad like that….So people are now realizing the effects of natural medicine so they are going, coming towards natural medicine. So I think a very, I see a very good future for natural medicine (BAL, Ayurvedic healer)

There has been a shift in the general public without any you know public awareness campaigns or anything from chemicals towards naturopathy right? Whether it’s Indian, whether it’s GNC [nutritional store] whatever but there is a certain shift (SUN, Eclectic healer)

Actually mainstream doctors, they are honestly telling their patients now days that go and look for fellow who is practicing natural medicine (MOD, Ayurvedic healer)

Optimism among healers regarding their traditional forms of healing is evident from their statements regarding current and future trends being observed in people.

Therefore, the healers’ perceptions on collaboration with mainstream practitioners revealed that general referrals to other practitioners are commonly given to clients. However, few healers received referrals from mainstream practitioners. In terms of collaboration, most of the healers expressed interest and eagerness for such a system to exist and elaborated on various ways in which such collaboration could take place. Some of the ways mentioned were that of increasing the awareness of traditional healing and adopting the attitude of admitting the shortcomings of a healing system and consequently being open to other systems of healing. Certain healers also revealed the various obstacles en route to
establishment of such a system. These obstacles included: mistrust held by mainstream practitioners and labels of “orthodox/superstitious” treatment to traditional healing modalities. Nevertheless, most healers expressed hope in current trends in the shift towards natural and alternative forms of treatment, which according to the traditional healers, could be insinuated to the future of traditional forms of healing.
CHAPTER 4: DISCUSSION

This research was conducted to address the imminent challenge faced by Counselling Psychology in meeting the treatment needs of South Asians. As discussed earlier, the research on existing literature revealed that an important factor that limits the use of Western forms of counselling by South Asians is that of their belief in traditional healing methods (Gill-Badesha, 2004; Sharma, 1994; Sue, 2003). The current research was garnered to assess the role of traditional healers, their healing processes and methods in addition to assessing areas where collaboration between the fields of traditional healing and mental health\(^{21}\) can be fostered. Interviews with healers revealed explicit themes that can provide a useful resource for embarking upon a collaborative system. In this chapter, I discuss the themes that emerged from the data in conjunction with my perspectives on traditional healing. These ideas are interconnected with previous research findings. The following outline is used to structure the discussion:

\section{4.2 Background of South Asian Traditional Healers}

\subsection{4.2.1 Motivation behind Joining the Healing Modality}

\subsection{4.2.2 Training and Development}

\section{4.3 Foundation of South Asian Traditional Healing}

\subsection{4.3.1 Theory behind Healing}

\subsection{4.3.2 Healing Principles}

\(^{21}\) It is important to note that the healers were not specifically asked about collaboration with Western counsellors, but about collaboration with the overall field of Western healthcare, that encompassed the field of counselling. Therefore, the terms – ‘Western healthcare’ and ‘mainstream’ practitioners are used interchangeably with ‘Western mental health/counselling’ and ‘Western counsellors’ in this chapter.
4.4 South Asian Traditional Healing Process

4.4.1 Assessment Process

4.4.2 Treatment Process

4.5 South Asian Healers’ Perspectives on Collaboration with Western Healthcare

Practitioners

4.5.1 Perspectives on Collaboration

4.5.2 Hindrances and Means on the Path to Collaboration
4.1 Background of South Asian Traditional Healers

The background of South Asian traditional healers is presented to contextualize the healing roles and practice of the traditional healers. The nine traditional healers interviewed for this study were classified into four categories: Ayurvedic healers, Vedic astrologers, temple priests and eclectic healers. In this section, I discuss the healers’ motivation for joining the field of traditional healing, followed by their training and development.

4.1.1 Motivation behind Joining the Healing Modality

The healers were asked about the factors that contributed to them joining the field of healing. Two prominent motivating factors revealed by the healers were: presence of a family member in the healing modality and the need to assist others in suffering. These factors are discussed later in this section.

Four healers including MOD an Ayurvedic healer; SHAS a temple priest; SUN and AHM, eclectic healers, stated that their family members were the primary source of inspiration for joining the field of traditional healing. They elaborated that the healing profession held respect in their culture and therefore joining the field was often encouraged. For example, SUN, the eclectic healer stated, “I also had some family background—not my father but my grandfather was in this [healing] business and Ayurvedic remedies…so it was in the family”. On the other hand, MOD, the Ayurvedic healer shared that the presence of a family member not only inspired him to join the field of Ayurvedic healing but also placed an incumbent responsibility on him to carry forward the torch of healing after his father. Furthermore, SHAS, the temple priest added that being born in a Brahmin family automatically predisposed him to the field of healing based on religion and spirituality. The family’s role, therefore, has a crucial impact on the healers and their choice of professions.
Laungani (1999; 2004a) and Jacobson (1995) state that paying heed to elderly figures and following the traditions they set is a common characteristic of an Indian society. Furthermore, the influence of the family members in a person’s decision to choose a career path was a common characteristic of Indian families (Laungani, 1999; 2004a). This occurs, as India is inherently a hierarchical society where people are ranked according to characteristics such as age, education, wealth and gender. For example, elders rank above juniors, highly educated people rank above the less educated ones, wealthy people rank above poor and males rank above the females (Jacobson, 1995, Laungani, 1999; 2004a; Roland, 1988). Members with higher statuses and ranks are often followed and respected in Indian society. Similar trends have also been observed in traditional healers in Africa where inheritance of healing profession from family members was the norm (Gessler, Msuya, Nkunya, Schar, Heinrich and Tanner, 1995; Vontress, 1999). Following a family tradition while choosing a profession is an example of the existence of hierarchical relationships within South Asian families, where authority of elders and other authority figures is duly respected and followed (Laungani, 2004a).

Besides familial inspiration, another factor that motivated the two Vedic astrologers (SAN and KOH) and an eclectic healer (DIL) was the need to assist others in their suffering. These healers stated that in order to alleviate the suffering of people, they chose to join the field of healing. For example, DIL, an eclectic healer commented that his upbringing in a disease prone society nurtured his feelings to assist others. Similarly, SAN, a Vedic astrologer stated, “my desire is to how to remove the disease…to remove the weaknesses of the human beings”. For certain healers then, personal experiences and desires were also identified as their motivating factors. When compared to the field of Western counselling, Barnett (2007) states that counsellors often report past experiences of loss and suffering and
their own narcissistic needs of working through their issues as the two primary factors responsible for them to join the field of counselling. However, she warns that although the importance of past experiences can be beneficial, counsellors who have successfully resolved or worked on their concerns before beginning psychotherapy are the ones that can be effective with clients. It is important to note, that Western counsellors do not mention role of their families or the impact of external suffering as the factors that motivated them to join the counselling profession. Instead, they label their own suffering and needs as the factors that motivated them to join the field of healing (Barnett, 2007). This difference exemplifies the inherent difference that lies within the cultural backgrounds of Western counsellors and South Asian healers. One cannot attest the value that lies in the motivating factors of healers and counsellors without stressing the role of culture and belief systems that lie beneath the field of counselling and healing. Elaborating on the South Asian belief system, the value of assisting others is a crucial aspect of the Hindu belief in *Karma*. However, only three healers contended this value while explaining their motivation behind joining the field of healing. It is possible that specific questions aimed at enquiring about their motivations may have revealed further value based information from the other healers as well.

Lastly, a Vedic astrologer (KOH) and an eclectic healer (AHM) also labelled self-interest and passion to join the field of healing. It seems that the motivating factors were varied, but mostly based on Indian belief in social interdependence and *Karma*. These values guide and pervade Indian social life interactions and decisions, and are therefore considered valuable (Jacobson, 1995). It is evident that Indian values form the underlying basis of the healers’ reasons to join the field of traditional healing.
4.1.2 Training and Development

All the South Asian healers stated that their training was undertaken in their home countries of India, Pakistan and Bangladesh. For example, AHM, an eclectic healer reported that he was trained at the Tibbia College in Pakistan. Others reported similar training histories. Out of the nine healers, seven healers (MOD, BAL, Ayurvedic healers; DIL, AHM, SUN, Eclectic healers; KOH, SAN, Vedic astrologers) stated that they had continued their training process and updated it in Canada as well. For example, DIL, an eclectic healer, revealed that in order to gain recognition in Toronto, he undertook certified courses in Yoga that were offered in Toronto. BAL and MOD, Ayurvedic healers revealed that they frequently connected with other healers and educational institutions to expand their knowledge. Therefore, with an exception of the two temple priests, all healers continued their learning of healing through reading, connecting with other professionals and undertaking courses in Toronto. Whether the primary training received in their home countries can be transferred to diverse populations in Toronto and GTA or not was also addressed by these healers. Seven healers, with the exception of the temple priests revealed that their client groups consisted of South Asians and people belonging to other ethnic backgrounds. They stated that their healing procedures were not solely oriented towards South Asian populations, but in fact were applicable to the majority groups as well. SAN, a Vedic astrologer repeatedly emphasized that his knowledge and expertise was meant for people belonging to diverse backgrounds regardless of their gender or age. In fact, his theory is also pertinent to non-living things. Similarly, the other six healers also contended that their healing systems were applicable to various ethnic groups. This suggests that although South Asian traditional healing is deeply rooted in traditions, its principles are not limited to people from a South Asian background only.
Researchers state that traditional healing, although deep rooted in traditions and cultural norms, has been useful for groups not belonging to the same tradition or culture (Vontress, 2000; Bezanson, Foster & James, 2005). A caveat of this point is that healing can only be considered effective if the client places his/her belief in the system and is open to the healing practice. Therefore, concluding that healing is transferable to other cultural groups is not a strong factor to judge its efficacy. Efficacy can depend on the client’s views, the healer’s efficiency and the healer’s training source (Waldram, 2000). Next, I discuss the training source of the healers’ as it was addressed in the interviews with the healers. Moreover, their training resources can allow us to further examine their healing roles and expertise with a diverse clientele.

While elaborating on their training backgrounds, the healers revealed that they often underwent strict training that included both theory and practical components. For example, BAL, an Ayurvedic healer revealed, “the university was seven and a half years course called the BAMS the Bachelor of Ayurvedic Medicine and Surgery… involves seven years of study and six month internship”. Similarly, AHM, an eclectic healer also stated that he undertook his training at a renowned university in Pakistan and that he had to learn both theory and practical aspects of Unani medicine. In fact, almost all the healers revealed that they received their training at formalized institutions where they took exams to attain their degrees. Bodeker (2001) states that there exist over 100 colleges in India offering traditional healing training and are formally recognized and regulated by the Indian Systems of Medicine. Similarly, in Pakistan, there are around 30 formalized institutions, which are regulated under a Unani, Ayurvedic and Homeopathic Practitioners Act 1965 (National Council for Tibb, 2007). Therefore, the training received by the healers at institutions in their home countries that are formally recognized can reflect reliable means of healing.
healer, KOH, the Vedic astrologer, claimed to be a self-taught healer and stated that his learning was acquired from both religious texts and under the supervision of another traditional healer. It is also common for traditional healers to attain training from recognized elders and healers in society (see Gessler et al., 1995; Vontress, 1999). Therefore, the healers’ training varied from formalized institutions to other healers present in society.

Although the healers were questioned about their training and development, their training can be put to test by researchers who are interested in examining the applicability and efficacy of healing methods in the West (Eisenberg & Kleinman, 1981; Rhodes, 1996). However, Waldram (2000) argues that determining the efficacy of traditional healing using a biomedical lens that includes means such as experimentation, evaluating credentials and searching for evidence, is a method steeped with flaws. Analyzing the efficacy of healers with various groups cannot be judged through scientific means. Traditional healing purports its own theories and practices that can be understood in their cultural terms and context. In order to explicate these cultural terms and theories, the healers were asked about the theoretical underpinnings of their practice, which is discussed in the next section.

4.2 Foundation of South Asian Traditional Healing

The South Asian healers explained the theories that informed their practices and healing principles. In this section, I discuss these theories and healing guidelines in the context of the South Asian traditional healing norms and beliefs.

4.2.1 Theory behind Healing

The theories underlying the healing modalities are discussed below. The healers belonging to the four modalities shared their unique theoretical orientations to explain their
healing processes. The salient themes revealed by the healers are that of holism (emphasized by both Ayurvedic and eclectic healers), planetary affects (stated by the Vedic astrologers) and religious healing (highlighted by the temple priests).

The Ayurvedic and eclectic healers shared that their treatment was based on a holistic model. Their healing process was targeted at a person’s physical, psychological, emotional and social aspects. The assessment and treatment incorporated all the above aspects. For example, BAL an Ayurvedic healer, stated that when the clients came to her for a diagnosis, they asked several questions such as, “What is the physical routine? how is their sleep habits, bowel habits…likes and dislikes…the kind of food they like…the mental temperament…also about their job…Everything-total person [is assessed]”. Similarly, AHM, an eclectic healer revealed that he used herbs to facilitate a person’s physical healing, counselling for psychological healing and lifestyle advice for social healing. This approach ensured that the client was healed “completely” (MOD, Ayurvedic healer). The healers emphasized that such forms of holistic healing have been beneficial in treating the root cause of a problem (BAL, MOD, Ayurvedic healers and AHM, DIL, SUN, eclectic healers). The healers elaborated that targeting the root cause of the problem was considered the most vital aspect of the healing process. Kakar (1982) states that in Indian healing philosophy, “the separation between the psyche and soma or between soma and natura is much weaker…this is a monistic view… [where] a person is seen as a microcosm; all that is part of the cosmos has its homologue within the person” (p.229). Similarly, Crawford (1989) corroborates Kakar’s view and states that Ayurvedic healing is targeted at the whole person and not at isolated aspects of a person. This holistic factor inherent in Ayurvedic healing raises two important implications.
First, a comprehensive approach to treatment can mean a longer and lengthier form of assessment and treatment. MOD, an Ayurvedic healer stated that although Ayurvedic treatment was longer and intensive, it often meant that a client did not have a relapse with his/her concern as the root cause was treated. In his words, “they don’t understand here - that we do not do symptomatic treatment-we try to balance the entire body….even if you have any other problem beside it, it will disappear”. Crawford (1989) also emphasizes that a complete resolution of a person’s concern held more value than the time spent on the treatment as it reduced the recurrence of the problem.

Second implication of the holistic approach to treatment is that it separates South Asian form of healing from Western Healthcare approach, where the focus is on the processes existing ‘within the fortress of the individual body” (Kakar, 1982, p. 235). The South Asian view of healing then poses a concern for Western healthcare providers, who may not access and treat the various aspects of a person (see Hollow, 1999; Sue, 1999; Constantine, Myers, Kindaichi & Moore, 2004; Fernando, 1990). It is possible then, as Balodhi (as cited in Jaipal, 2004, p.298) and Yeh, Hunter, Madan-Bahel, Chiang and Arora (2004) suggest that Western forms of healing are incomplete due to its failure to incorporate the mind, body and spiritual aspects of a person during treatment. In fact, Western Healthcare system does seem incomplete when it falls short of the expectations and needs of clients belonging to diverse backgrounds (see, for example, Alexander, 1999; Atkinson & Matsushita, 1991; Commander, Cochrane, Sashidharan, Akilu & Wildsmith, 1999; Duran, 1990; Gill-Badesha, 2004; Herring, 1999; Sue & Sue, 1990). As stated earlier in the Literature Review (Chapter 1), these researchers claim that the under-utilization rates of counselling among South Asian clients is due to the difference in healing beliefs, one of which is that of holistic healing. For example, Gill-Badesha (2004) states that an important
factor that hinders South Asian clients from utilizing Western mental health services is that of a cultural mismatch between the clients and the therapists. Specifically, the clients seek traditional healing methods based on a holistic philosophy over Western forms of treatment based on an isolated approach to treatment. Therefore, a difference between the traditional healing or holistic approach and that of Western healthcare or isolated approach to treatment can pose a major obstacle for utilization of their services. A vivid analysis of the practice of healing in comparison to Western healthcare is conducted in the section on traditional healing processes. It is important to acknowledge that the processes utilized by Ayurvedic and eclectic healers are rooted in a holistic philosophy. A discussion of the theoretical bases of Vedic astrology and religious healing by temple priests would further portray the significant themes prevalent in South Asian forms of healing.

Next, I discuss the theoretical basis of healing as described by the Vedic astrologers SAN and KOH who talked about the role of planetary effects on a person’s life. Although the history and theory of Vedic astrology is complex, they briefly described the main ideas. They indicated that planetary configurations at birth play an important role in people’s lives. These configurations are mapped onto a person’s horoscope and a person’s past and future is determined through this process (Charak, 2001). According to the astrologers who were interviewed, Vedic astrology is an ancient science based on the Hindu religious texts, the Vedas. This science has been translated and passed down by Indian sages (for a detailed description of Vedic astrology and its history, see Charak, (2001) and Krishnamurti (1971). In terms of the application of Vedic astrology, the astrologers revealed that a person’s horoscope can reveal his/her future afflictions and ailments. As a result, the person can take adequate precautionary measures to cope with, or reduce the possibility of the onset of the ailment. For example, SAN revealed that he had asked one of his clients to take adequate
precautions to avoid a spinal injury in the future. To another, he had recommended that the patient conduct certain prayers to appease the planetary powers so that it would work in his favour. Both KOH and SAN, revealed that the planetary configurations were a way to determine the consequences of a person’s past actions, i.e., a way to shed light on one’s Karma. Charak (2001) and Krishnamurti (1971) state that in addition to identifying the consequences of one’s Karma, an astrologer also reveals the means by which certain ill-effects can be overcome or minimized and beneficial effects can be maximized. However, these suggestions are made within the limitations of one’s karmic fate. Charak’s (2001) statement that “A Karma done, is like a missile fired; it may or may not be neutralized by a counter-missile, depending on the relative strength of the two” (p. 7) reflects the flexibility and limitations surrounding a person’s Karma and astrological predictions. Therefore, a Vedic astrologer is someone who sheds light on a person’s destiny as defined by his/her Karma (Charak, 2001; Krishnamurti, 1971; Laungani, 2005; Pugh, 1983).

The above mentioned notion of Karma and planetary influences can seem to be a foreign concept for the field of Western healthcare system. In fact, Kakar (1982) states that “affects of the natural world on the human body and psyche, for example, effects of planetary constellations, earths, magnetic fields…precious stones and metals-are summarily consigned to the realm of fantasy, where they are of interest solely to a ‘lunatic fringe’ of Western society” (p.236). The labelling of Karma and planetary effects as pseudo-science raises concerns for populations who hold these beliefs and seek assistance from Western forms of healthcare (Kakar, 1982; Laungani, 2005). Specifically, as Laungani (2005) states that a client who firmly believes in and holds his Karma responsible for his psychological distress, greatly limits his chances of receiving assistance from a Western counsellor, who has been trained in psychology that deals with explanations limited to the individual self. Although
this difference portrays a dim picture of counselling with South Asian clients. Awareness of such belief systems can also direct Western counsellors towards resources where they can gain further knowledge and formulate ways to treat their clients who hold such beliefs. In fact, the field of multicultural counselling is one such area of development where these issues are researched and documented. Moreover, I will also discuss the implications of existence of such belief systems among South Asian populations in the West, in Chapter 5 of this thesis.

Next, I discuss the theoretical basis of religious healing as used by the Indian temple priests. The temple priests, SHAS and GUR shared that imparting religious knowledge and cultural norms to people, was aimed to provide the much needed scaffold and support in their chaotic lives. For example, SHAS stated:

I give the example of a kite connected with its thread and the thread is in the person’s hand…once the kite become entangled-it breaks, falls and loses its significance…Similarly, once people are cut off from the boundaries and limitations set by religion and society, they go though the same thing as that kite. People who kept their ties are happy…So I try to bind people to their culture.

Therefore, upon being cut off from one’s cultural roots, a person is left directionless and vulnerable during times of distress. It was therefore considered important to impart knowledge about religious and cultural norms to provide a sense of order and continuation. In terms of healing, the priests revealed that by adopting a lifestyle incorporating prayers and inculcating values such as respecting elders ensured that a person reaped the benefits of good actions that were in accordance with their *Dharma*. According to Sharma (2000), religious
devotion is an important means to integrate one’s personality with the nature and the divine. This unison leads to the creation of a harmonious mind, which in turn prepares a person to cope with a distressing situation. In addition, religious prayers and rituals also act as defense mechanisms similar to that of denial and projection, used in order to cope with stressors (Jaipal, 2004).

The role of religious devotion and rituals can be further assessed by researching the perspectives of people who use these methods to cope with distress. Chiu, Ganesan, Clark and Morrow (2005) have conducted a research study in British Columbia, assessing the value of spiritual beliefs and practices in the lives of South Asian women suffering from psychological disorders. Women from the study emphasized that rituals such as praying and visiting the temple helped them in staying mentally healthy and content with their lives. The study supports the idea that devotion and religious rituals play an important role in healing. However, the value and meaning attached to religious form of healing by these women were not explored in detail. The temple priests from the current study elaborated that religious healing provided their clients with strength and courage to deal with their concerns. For example, GUR stated that prayers aided in building one’s strength and coping mechanisms to face life’s obstacles. Therefore, religious healing was identified as an important means to create harmony within oneself and with one’s environment, thus preparing them to efficiently cope with distresses.

A common theme observed in the healing theories of the Ayurvedic, eclectic, Vedic astrology and religious healing systems was that of cultural beliefs. Beliefs of holism, planetary effects, *Karma* and devotion, all form crucial aspects of the South Asian culture. As a result, these lead to “culture-bound orientations” to health and healing (Gill-Badesha, 2004, p.12). Although these methods of healing seem conducive to the health related needs
of South Asian populations, researchers can question whether these forms of healing can be applicable to groups other than South Asians. Seven healers from the current study, not including the temple priests, claimed that their client groups consisted of people from diverse backgrounds. Whether this means that, the healing procedures were modified to suit other groups or whether the client groups were amenable to adopting different forms of healing, can only be ascertained through future research projects that address these queries. However, it is important to consider that South Asian healers actively heal groups other than South Asians, and claim to have completed successful treatments with diverse populations in the past. In order to understand the processes used by these healers with their client groups, it is also important to document the basic healing principles followed by the healers. The healing principles will give an insight into the application of healing theories into the daily lives and practices of the healers.

4.2.2 Healing Principles

The healers stated that there were certain principles that they considered as the healing codes of conduct for their practice. These codes of conduct arose from the healing theories and were defined by the religious texts. These texts outlined the roles of the healer and a healer’s characteristics. Two common themes evident in the healing principles were becoming a good role model for their clients, and valuing the needs of their clients to the best of their abilities.

MOD and BAL, the Ayurvedic healers, DIL, the eclectic healer, GUR the temple priest and KOH, the Vedic astrologer, stated that they followed lifestyles in accordance with the healing philosophies. The importance of following traditional healing norms in their lifestyle was to present oneself as a good role model for their clients. The healers believed
that healing oneself and one’s family was important for encouraging the clients to emulate the healers and for building their faith in the healing process and the healer. For example, KOH, the Vedic astrologer commented that “If it [healing] cannot benefit you, you cannot heal other people, it has to start…from you. If you are healed…self cured - then you can cure others, if you can’t cure yourself you can’t cure others”. Similarly, DIL, an eclectic healer stated that he ensured that his family followed the healing principles including adoption of specific dietary practices and practicing yoga exercises. The healers felt that if they were unable to project their beliefs through their lifestyles, they were being unfair in expecting their clients to adopt certain lifestyles. In fact, MOD, the Ayurvedic healer believed that adoption of the mores of humbleness, honesty and use of herbal remedies in his life allowed him to expect similar practices from his clients.

Two important ideas are reflected from this approach of healers aiming to be role models for their clients. First, it seems that South Asian healers adopt a relational approach to healing, where they value their position as that of a helper, a person ‘looked up to’ by the client. Kakar (1982) states that such a relational approach, where a person’s behavior is understood in relation to others is common in Indian philosophy of healing. Moreover, learning from a healer who is a respected member of the society, exemplifies the hierarchical tradition of Indian society. Kakar (1982) specifically states that “in identifying with the guru [healer], the patient incorporates idealized images of the guru…looking at himself and his problems through the eyes of the guru, the problems no longer seem intractable…this is an ideal form of learning and transformation…[as the student/patient] becomes proud to be even a poor copy of the preceptor” (p. 277). Therefore, the value held in the healers’ belief in encouraging the clients to imbibe their behaviors seems to be a crucial element in the healing process.
A second idea that is reflected from the healer’s goals and principles followed in their practices and daily life is that of *Dharma*. The values of honesty, humbleness, in addition to the inculcation of the healing modality in their own lives, all form a crucial aspect of *Dharma*. *Dharma*, as mentioned before refers to the codes of conduct that are to be followed based on the Vedas (Hodge, 2004). Therefore, these healers are not only promoting learning through identification but also promoting traditional norms according to the religious texts. Preparing oneself as a role model therefore reflects the value of interrelationships, hierarchy and traditional cultural norms that form a part of the Indian society.

Another principle followed by three healers: BAL, Ayurvedic healer, SHAS, temple priest and KOH, Vedic astrologer was that of valuing the needs of the clients before their own. These healers adopted a selfless stance with their clients by minimizing the importance of healer’s fees and the time spent with their clients. For example, KOH, the Vedic astrologer, revealed that “It’s not that I have only one hour and in one hour please tell me your problems otherwise my meter is running. As a healer, I think if I really mean…to cure a person, I do not have to keep time on my side. I have to let go [of] the time…to be fully involved in the person to be able to understand that person”. The attitude of minimizing the value of time spent with the client meant that the healer’s primary concern lay with the client’s concern, which was not bound or dependent on a fixed schedule of appointment. The healer’s motive was to heal the client regardless of the time spent with him or her. This was intended to portray a selfless stance, where the healer’s time and schedule was unimportant when compared to the client’s concern. Similar, to KOH’s belief in adopting a selfless stance by devaluing time, SHAS, the temple priest also adopted a stance of humbleness and selflessness by devaluing the importance of fees in return for assisting the clients. SHAS stated that he preferred his clients to be content and happy in their lives, a
feeling that was not based upon a return for his services. It was the client’s own sense of satisfaction and gratitude that made him or her give an offering to the priest as SHAS, himself had not set a definite fee for his services and stressed that a client’s happiness was of greater importance to him.

Two themes that arise from the principle of valuing the clients are that of minimizing material possessions and devaluing time in the healing process. The idea of devaluing material returns when serving and assisting others falls under the category of *Karma*, according to which good, selfless deeds lead to good actions (Sivananda, 1997). A belief in *Karma* is inherent in the principles adopted by these healers. Similarly, devaluing time suggests that establishment of boundaries may not be a necessity during the healing process. Laungani (2004a) states that the subjective notion of time greatly differentiates the Indian society from that of the West, where “private and social life is organized around time…and not completing one’s goals on time is seen as one of the greatest stressors” (p. 73). The difference between Indian perception of fees and time from the conception of fees and time in the Western forms of counselling is an important distinction that results in implications for some South Asian clients seeking therapy (Laungani, 1999; 2004a). For example, certain South Asian clients may not be able to comprehend the importance of a set amount of fees charged by the counsellors and the set amount of time that is assigned to the healing process. However, an awareness of existence of such beliefs can possibly allow a Western mental health worker to address these beliefs with their clients in advance. The detailed implications are discussed in Chapter 5 in this thesis.

It is important to note that the principles of healing followed by these South Asian healers arise form the theoretical foundations of healing and religious texts. Therefore, an
understanding of these principles can further assist Western mental healthcare providers in contextualizing South Asian healing processes, which are discussed next.

4.3 South Asian Traditional Healing Process

The traditional healing processes as described by the South Asian healers were based on the healing theories and principles such as that of holism, religious healing, self healing and valuing the needs of the clients. In this section, I explore and elaborate on the means by which the South Asian healers put the theories and principles into practice. The healing process involves two processes, that of assessment and treatment. These processes are discussed in detail below.

4.3.1 Assessment Process

Most often, the first step in healing was that of conducting an assessment of the client’s presenting issues. The assessment was conducted in order to determine the course of treatment. The healers identified these procedures as that of engaging in a conversation with the client; assessing clients based on their physical, psychological, emotional and social components and collecting birth details to chart their client’s horoscopes.

Engaging in a conversation with the client

First, I discuss the assessment procedure of conversation as used by six healers: MOD and BAL, Ayurvedic healers; DIL and SUN, eclectic healers; KOH, Vedic astrologer and SHAS, temple priest. These healers revealed that they held simple conversations with their clients in order to glean information about their concerns. A conversation had two benefits in that it allowed the clients to reach a level of comfort with the healer and allowed the healers
to assess the client in his most comfortable state. For example, KOH, the Vedic astrologer stated, “I make normal conversations with them…as they would like to do with their friend…somebody who they can entrust. Besides the knowledge of the problems, I also want to know what their mental makeup is…what their emotional traits are…without talking to them on a one to one basis you cannot find out that”. On a similar note, MOD, an Ayurvedic healer states that conversations during the first few sessions allowed the clients to express themselves and allowed the healers to explain the healing process. BAL, an Ayurvedic healer also stated that she began assessing the client’s personality from his or her conversation style itself. It seems that all the healers believed that conversations provided them with in-depth information, which was not possible from a paper-pen questionnaire. Therefore, holding a conversation and discussion was one of the steps taken by the healers to gain access to the client’s concerns and increase their client’s level of comfort.

Assessing clients based on their physical, psychological, emotional and social components

Another means of conducting an assessment was to ask the client about his/her physical, psychological, emotional and social selves. This was termed as a holistic assessment and was used by both, the Ayurvedic and eclectic healers. The purpose behind this form of an assessment was to treat the client holistically, in accordance with their healing theories. Kakar (1982) and Crawford (1989) state that an intensive assessment is conducted in order to treat at a deeper level for long term results. It is interesting to note that regardless of the person’s concern or cause of the concern, the holistic assessment was considered mandatory. Vontress (2001) states that traditional healers tend to regard “an individual as a total system with psychological, physiological, social, and spiritual components that function as a dynamic unit” (p.91). Therefore, healing is often multidimensional, where the various
aspects of a person are considered interdependent. On the other hand, the Western approach to assessment and treatment is often directed to a unitary dimension of a person and demarcated between physical, psychological, social and spiritual aspects of a person (see Holdstock, 2000; Hollow, 1999; Sue & Sue, 2003; Moodley & West, 2005; Yeh, Hunter, Madan-Bahel, Chiang & Arora, 2004). It is evident that the holistic philosophy of healing, inherent in the South Asian healing theory is also carried out in the practices of the healing by the healers.

Collecting birth details to chart their client’s horoscopes

Lastly, the Vedic astrologers queried their clients about their birth details for charting out horoscopes. The healers believed that the knowledge about the future, attained from a client’s birth chart would allow the client to take appropriate precautionary actions for upcoming distressful events. The healers added that formulating birth charts was a way of assessing a client’s concerns, their history and future, a process which was labeled as an ‘in-depth’ form of assessment. The healers suggested that this form of assessment and information can prove to be an additional source for determining the causes of a client’s concern. This resource in turn can be used by other treatment providers to enrich their diagnosis and identification of a client’s concern. For example, SAN the Vedic astrologer stated that having the knowledge of a client’s character and traits before conducting an intake session can provide the much needed insight into the client’s personality, which can be used by a psychiatrist: “it’s as if the information is hidden in their birth chart – a history check will become simply unwarranted” (SAN, Vedic astrologer). It is evident that the healer’s birth chart assessment can provide greater details about a client to a mental health practitioner, which may not be evident from the client’s history alone. Therefore, querying about the
birth details of a person, held crucial knowledge for the Vedic astrologers in making predictions and in directing the clients.

It is evident that the primary means of assessment used by South Asian healers were that of holding a conversation, holistic assessment and querying about birth details. These assessment procedures reflect the healing theories and principles followed by the healers in their practices and describe the initial steps undertaken by the healers before the commencement of treatment. Next, I discuss the treatment techniques as employed by the South Asian healers.

4.3.2 Treatment Process

Upon completion of an assessment of the client’s concerns, the healers discussed and elaborated their treatment procedures and techniques. The primary treatment procedures and techniques as employed by the healers were that of counselling, advice giving, teaching and performing rituals and the use of touch. In addition to these techniques, almost all the healers used objects and herbs in their treatment. The techniques, followed by a description of the objects and herbs used by them are discussed below.

Counselling

KOH, the Vedic astrologer, AHM, the eclectic healer and SHAS, the temple priest stated that they often counselled their clients. They stated that often talk therapy proved highly successful with their clients, such that further treatment was deemed unnecessary. SHAS, the temple priest revealed that he often counselled women who were distressed in their marital lives. He often explored their concerns and advised ritualistic behaviors such as praying to God. KOH, the Vedic astrologer, on the other hand, first befriended his clients
and eventually encouraged them to engage in a cathartic experience. He also conducted fire rituals to bring about harmony to the client’s life, family and environment. AHM, the eclectic healer stated that he conducted individual and familial counselling. All these healers contended that they engaged in counselling when the client’s primary concern was of a psychological nature. Research mentioned in Chapter 1, Literature Review also reveals that South Asians residing in the West often approach traditional healers for mental distresses (see Chandras, Eddy & Spaulding, 1997; Cochrane & Sashidharan, 1996; Dein & Sembhi, 2001; Greenwood, Hussain & Burns, 2000; Hilton et al., 2005; Hussain & Cochrane, 2004; Kumar, Bhugra & Singh, 2005; Rao, 2006). For example, Kumar, Bhugra and Singh (2005) supported that South Asian groups approach traditional healers for psychological distresses as the healers are considered learned members of the society and are found to be easily approachable unlike Western counsellors. The primary reason given by various researchers regarding the low rates of utilization of Western counselling services by South Asians, is that of the discrepancy between the client’s and therapist’s cultural beliefs (Gill-Badhesha, 2004; Laungani, 1999; 2004a; 2004b; 2005; Sharma 1994). Therefore, South Asian healers in Toronto corroborate the earlier research findings that South Asian groups tend to seek traditional healers for psychological distresses. It is also important to note that South Asian clients were not interviewed for this study, therefore it is very different to conclude that South Asian clients did not approach Western counsellors for therapy.

Advice giving

Besides counselling, another technique used by the traditional healers was that of advice giving to their clients. The healers shared that advice often included changes to their lifestyles, incorporation of religious rituals, employing healing principles and rituals and
incorporating meditation in their daily lives. Ayurvedic healers, MOD and BAL often advised their clients to eat according to factors such as their body type, season and according to their environment. Temple priests, SHAS and GUR, on the other hand, recommended the incorporation of prayers and devotion to the divine being. Vedic astrologers KOH and SAN, asked their clients to take precautionary measures such as adorning precious gem-stones to prevent distressful situations and ailments in their lives. The eclectic healers DIL, AHM and SUN, directed their clients to modify their eating habits and include yogic exercises in their daily lives. These healers contended that by giving advice, opinions and recommendations, they were directing the clients to become synchronized to their natural being and environment. The healers stated that these advices were often literally followed by their motivated clients. This reflects the hierarchical nature of the healer-client relationship, where the healer posits as an authority figure who is able to direct the clients. Jacobson (1995), Kakar (1982) and Laungani (1997) state that hierarchical relationships in Indian society, often label and consider the healer as a guru and the client as a chela (disciple), where the client’s learning and transformation occurs through identification with the healer. This form of relationship differs from that of a counselling relationship where egalitarian relationships between the therapists and clients are encouraged and therapists are trained against advice giving (see Atkinson, 1983; D’Ardenne & Mahtani, 1989; Dryden & Mytton, 1999; Kagan & Tindall, 2003; Laungani, 2004a; Yalom, 2002; Yeh, Hunter, Madan-Bahel, Chiang & Arora, 2004). Laungani (2004b) efficiently portrays an implication of this difference in South Asian and Western forms of healing in his story of a South Asian client who approaches a Western counsellor and seeks advice. In this story, a client approaches a Western counsellor in hopes to receive respite from his suffering. He directly questions the counsellor about the reason behind his suffering and the lack of assistance from Allah. The counsellor, attempting to
understand the deeper meaning behind the client’s concern ignores the reference to *Allah* and also the question asked by the client. Eventually, the client holds the *Will of Allah* as responsible for his suffering and contends that it’s only *Allah* who would be able to assist him in his suffering and not the counsellor (Laungani, 2004a). It is apparent that South Asian clients often seek advice from people in a healing role and elders in general as the hierarchical structure inherent in their society places a responsibility on recognized elders, to spread wisdom and provide direction to others (Laungani 2004a). It is crucial to note that this difference between healer -client relationship from that of a therapist - client relationship holds crucial significance for the field of multicultural counselling where it can be used to provide treatment in accordance with the world-view of South Asian clients.

*Teaching and performing rituals*

The temple priests SHAS and GUR often imparted the knowledge of religious healing to their clients as a form of treatment. They taught prayers and advised daily rituals to be implemented in their lives. In addition, they recommended the clients to engage in “good deeds” such as donating alms, feeding animals and giving charity to poor. For example, SHAS shared that “I advice things like feeding the birds, good deeds, feeding living beings in the water. When someone does these deeds, their soul is blessed by the Lord and [they] get stronger to deal with stressful situations”. He explained that prayers and charitable deeds were advised in order to seek blessings from the divine. The blessings in turn aided in strengthening a person’s coping mechanisms. In addition, implementing a ritualistic lifestyle such as waking up early in the day and offering prayers to the ‘Lord’ brought about discipline in an otherwise chaotic lifestyle (GUR, Temple priest). As mentioned earlier, rituals are thought to bring about a sense of continuation in one’s life (Jaipal, 2004). In addition to
prayer rituals, KOH, the Vedic astrologer also conducted fire rituals at people’s homes to bring about harmony to the household and to alleviate various stressors. Therefore, rituals hold a significant place in the healing procedure and are believed to bring about harmony within an individual and between the family members. The rituals of offering charity and conducting fire rituals for the harmony of the household corroborate Kakar’s (1982) claim that Indian healing philosophy is inter-relational where, healing is aimed at the person and his or her environment, which includes the family members and other living beings. Also, this emphasis on interconnectedness and balance differs from that of the Western emphasis on “intrapsychic dependence, where mental well-being takes precedence over other dimensions of human experience” (Yeh, Hunter, Madan-Bahel, Chiang & Arora, 2004, p. 414). However, it is crucial to consider that awareness of this alternative belief system can prove to be a valuable resource for service providers dealing with South Asian populations.

Use of touch

Use of touch was a technique employed by GUR, the temple priest. He stated, “sparism means just touch...So when you do sparism you will know the feeling of the other person, how he is, what he wants to convey…And it is through the sparism you can convey your message. So in that way when we touch the body, we will just pass the message, through our brain to them…that is healing”. He added that the physical touch was comparable to a medical doctor’s treatment procedure and claimed that he had treated several clients by this method. Campion and Bhugra (1997) confirm that traditional healers in India use touch as a common means of healing psychiatric populations. However, the priest only claimed to have treated South Asian clients and therefore, it will be interesting to evaluate whether this technique could be used with groups other than South Asians.
Use of herbs and objects

Besides healing techniques of counselling, advice giving and touch, almost all healers used herbs and objects with their clients. For example, Ayurvedic healers reported using herbs for treatment of both physical and psychological disorders. Langford (1995), Crawford (1989) and Kakar (1982) confirm that herbal remedies are commonly used by Ayurvedic healers in India. It is important to note that use of herbs was often considered as an addendum to treatment procedure by these healers. Instead, the primary emphasis was on the planning of, and advising changes in a person’s lifestyle based on their holistic assessment. Interestingly, MOD, an Ayurvedic healer and SUN, an eclectic healer commented that the physical remedies such as herbs played the role of a placebo, where the client’s belief in the herb’s healing power had a greater effect in the treatment procedure. SUN stated that “I refer to the placebo effect [because of] the fact that I know - if my prescription helps someone 50%, 60% or 70% I can get good 25 - 30% from you know the placebo effect because its…going to come into play anyways”. This placebo effect in healing has been questioned by scholars and researchers and has often been deemed ineffective and baseless due to its “unexplainable and unreal healing phenomena” (Sullivan, 1993 as cited in Waldram, 2000, p.617). However, Waldram (2000) states that the placebo effect is an important example of healing efficacy and should not be disregarded by the Western field of healthcare. In fact, Waldram (2000) contends that placebo affects are important tools for healers in generating results and are intentionally disregarded by the Western healthcare system. It seems that the herbs and their placebo effects play an important role in South Asian forms of healing.

Another eclectic healer commented that in addition to herbs, he believed that bringing about changes in one’s lifestyle were of greater importance in the client’s healing process. For example, AHM, an eclectic healer stated that although he gave herbs to his clients to
control their cholesterol levels, he first emphasized the importance of removing clarified butter and unhealthy desserts from their diet. Besides herbs and dietary changes, adornment of gem stones for healing was often recommended by Vedic astrologers. Mrinal, Mrinal and Mukherji (1995) state that gem stones are used to access beneficial planetary powers and reduce the ill-effects of the planets. Use of such objects and natural herbs is uncommon in Western systems of healthcare (Hollow, 1999). However, Western systems of healthcare use pharmaceutical medicines for curing ailments, instead of herbs. Whereas in Western counselling, neither objects nor medicines are used by therapists. This difference reveals an important means of treatment used by healers and counsellors.

Therefore, South Asian healers used various techniques for assessment that included conversation, holistic assessment and birth details queries. The assessment was followed by their unique treatment procedures that included counselling, advice giving, ritual incorporation, use of touch, in addition to objects and herbs. The assessment and treatment processes were found to be based on the specific healing theories and South Asian cultural beliefs. It is evident that South Asian culture plays a significant role in the working of a traditional healer. Also, most of the healers, except the priests have been able to use their techniques with diverse groups suggesting that they are able to translate and or modify the techniques to suit diverse clients. A question that arises is that whether Western forms of counselling can also take similar steps in order to cater to the needs of South Asian clients. It can be possible to increase awareness among the two healing systems and encourage ideas to bring about a collaborative system. Therefore, it becomes important to understand the views on expanding the South Asian healing systems to reach out to Western forms of healing as an initial step in the collaborative process. In other words, the traditional healers’ perspectives
on Western forms of healthcare and on collaborating with this system would suggest means by which people from South Asian backgrounds can utilize both forms of healing.

4.4 South Asian Healers’ Perspectives on Collaboration with Western Healthcare Practitioners

In order to propose a direction for future research and implementations, the healers were asked to share their perspectives on collaborating with Western healthcare practitioners including counsellors. First, the healers described their perspectives on collaboration with the mainstream practitioners. Second, they stated the various factors that motivated them to connect with the mainstream practitioners. Third, they elaborated upon the hindrances on their path to collaboration and the means by which a collaborative system can come into place despite the obstacles.

4.4.1 Perspectives on Collaboration

Most healers revealed that they referred their clients to mainstream practitioners on a frequent basis. One of the primary purposes for referrals was to further investigate a client’s concerns and to reach upon an accurate diagnosis. Secondly, the healers made referrals when they believed that they were unable to heal a client, or that the client’s concern lay outside their area of expertise. For example, MOD, an Ayurvedic healer shared that in case of a hairline fracture he would need the assistance of an x-ray, which he would not be able to conduct, as he did not possess the technological machinery. Similarly, SAN, a Vedic astrologer stated that “I am not a doctor…so I am telling them to see someone accordingly as I cannot treat them”. Although healers sought assistance of medical reports and made
referrals, they did not receive similar feedback and referrals from the mainstream practitioners.

Gessler et al. (1995) states that it is commonly observed that traditional healers in Africa also refer to mainstream practitioners, but do not receive any referrals back. It seems that the traditional healers were more receptive to connecting with mainstream practitioners instead of the vice versa phenomenon. Similarly, research carried out by Sima and West (2005) in Tanzania with traditional healers, suggested that they were also receptive to the idea of consultation and referrals from Western healthcare practitioners. It is also possible that the research exploring the field of mainstream practitioners who connect with traditional healers may be scarce and therefore concrete conclusions are difficult to make. However, an important question that can be raised is whether mainstream practitioners hold apprehensions towards the traditional healing field that can help explain their current stance of not connecting with traditional healers. Addressing this question, healers from the study conducted by Sima and West (2005) suggest that interrelationships between traditional healers and mainstream practitioners can be cultivated when healers from both the fields gain awareness about each other’s practice. Therefore, gaining knowledge about each other’s theory and practice can become an important way to promote collaboration between the two fields. The healers’ thoughts on the factors that would motivate them to connect with the mainstream practitioners to gain such awareness is presented next.

4.4.2 Motivation to Collaborate with Western Healthcare Practitioners

While explaining their relationship with the mainstream health practitioners, the healers shared their current and future motivations in relation to connecting with the Western healthcare. They revealed that connecting with Western healthcare practices would be
beneficial for the client as he or she would be receiving the “best of both worlds” (BAL, Ayurvedic healer). In addition, the healers believed that by providing traditional healing in conjunction with Western forms of treatment would lessen the burden on Canadian healthcare system. These perspectives are discussed next.

The healers stated that ultimately, it was the client’s well-being that was their primary concern. As a result, when more than one form of treatment will be available to him or her, the client would be able to utilize several methods to his/her benefit. For example, BAL, an Ayurvedic healer states that “we need to accept our shortcomings…when we are unable to treat a client we send them to other sources so that the client gets help at the end…it would be great if it happened the other way as well”. It seems that the most of the South Asian healers were primarily concerned about the client’s well-being and felt that their well-being was importance regardless of the treatment source.

In addition to benefiting the client, the healers state that another motivating factor that would encourage them to connect with the mental health practitioners is the awareness of the burden on Canadian healthcare system. The healers asserted that currently, the Canadian healthcare system was replete in regards to patients, but deplete in their resources such as doctors, medicines and hospitals. The healers believed that by providing traditional healing, as an additional treatment modality next to mainstream healthcare, would serve the purpose of lessening the increasing burden on healthcare. One healer commented that “[Healthcare services say] that this hospital [had] 50 beds two years ago and now it has 150 beds. It means, the doctors have not removed or not cured the human beings [of dieases] and they are taking [pride in it]…This is hurting me” (SAN, Vedic astrologer). In fact, Statistics Canada reports that in 2001, 11% of the Canadian population experienced difficulty in receiving routine healthcare due to lengthy waiting times and unavailability of appointment times.
(Sanmartin, Houle, Berthelot & White, 2001). Of course, the reasons were very complex for this situation, but it is evident that traditional healing can assist in decreasing the stress on Canadian Healthcare system. The healers shared the various hindrances and means to achieve a collaborative system. These beliefs are discussed next.

4.5.3 Hindrances and Means on the Path to Collaboration

Sharing the various obstacles faced by traditional healers while aiming to connect with mainstream practitioners, the healers emphasized the role of suspicion held by mainstream practitioners towards traditional healers. Almost all the healers stated that elements of suspicion towards traditional healing held by mainstream practitioners was the primary obstacle to collaboration. For example, SHAS, a temple priest, stated that religious healing is looked down upon and is disregarded as superstitious. He commented, “Religion, culture and healthcare, [if] these work in harmony - [it] is better. Then there would be no superstitions regarding religion or doctors. Most of the doctors feel this is a superstitious [field]... This is not a superstition, it’s the only visionary faith, and rest is all superstition”. In fact, Rao (2006) confirms that Indian immigrant patients residing in the USA hide the fact that they visit traditional healers, from their doctors to avoid being ridiculed. Another healer stated that the mainstream practitioners held the belief that traditional healers were out to replace them and “steal” their clients (MOD, Ayurvedic practitioner). Although these feelings were shared by most healers, it is not known whether healers also hold negative opinions about mainstream practitioners. Queener and Martin (2001) also state that research with African American church healers shows that suspicion acts as a strong barrier to collaboration. Similarly, the study by Sima and West (2005) with traditional healers in Tanzania also supports the idea that suspicion held by the mainstream practitioners hinders
them to connect with traditional healers. However, Gessler et al. (1995) raise an interesting idea that attitudes of suspicion and mistrust towards mainstream practitioners can exist among the traditional healers as well. The traditional healers from the current study did not express feelings of suspicion towards the Western health practitioners. In fact, they stated that they were open to connecting with the practitioners and often sought help from them in order to conduct a precise diagnosis for their clients. Additionally, they referred their clients to various other practitioners to access other sources for the betterment of their health. These findings suggest that South Asian traditional healers from the current study were amenable to collaborative procedures; however, in-depth research specifically pertaining to their perspectives of Western healthcare is yet to be conducted in Canada.

Where the healers shared the obstacles in approaching the mainstream practitioners, they also described the means by which these obstacles could be overcome. One of the primary means explained by the healers was that of accepting the shortcomings of each field of treatment. The healers shared that adopting the belief that “no treatment method was ideal and no one method was superior to the other” (BAL, Ayurvedic practitioner) would allow healers and practitioners to interact with and support each other’s modalities. This belief can have important consequences for the field of Western counselling, where practitioners can be expected to be aware of their shortcomings as discussed in Chapter 1: Literature Review. Another way of establishing a connection was that of creating more awareness about the South Asian forms of healing through seminars and research. The healers believed that greater awareness would encourage practitioners of both fields to formulate ideas and means to collaborate. In fact, the American Psychological Association has stated that psychologists are encouraged to seek assistance and consultation from healers and recognized community leaders when interacting with clients who hold traditional healing beliefs (American
Psychological Association, 2003). Awareness via collaborative meetings of practitioners from both groups and workshops can provide the much needed insight into the theories and practices of both the fields (Sue & Sue, 1999).

Although, traditional healers expressed both their perspectives of optimism and pessimism, regarding collaboration, they all expressed feelings of sanguinity regarding the future of traditional healing. Their contentions were based on the recent trends towards naturalistic and holistic forms of healing, where the boundaries between body, mind, heart and spirit have become enmeshed as reported by Poulin and West (2005). These trends are also evident from the research on contemporary and alternative medicine conducted in United States, United Kingdom and Canada (see, for example, Eisenberg et al., 1998; Goldbeck-Wood et al., 1996; McFarland, Bigelow, Zani, Newsom & Kaplan, 2002; Paramore 1997; Park, 2005). The South Asian traditional healers from this study expressed their motivation behind supporting a collaborative system along with suggesting possible means to achieve that system and highlighted the various obstacles they face when attempting to connect with the mainstream Western practitioners. Importantly, their optimism regarding the future of traditional healing can act as a seed to be nurtured by practitioners of both fields.

**Summary and Conclusion**

An account and examination of the field of South Asian traditional healing as practiced by the healers revealed various key theories, procedures and perspectives. The healers’ training was often formalized and applicable to various cultural groups in the Toronto and the GTA. Their theories revealed several commonalities and differences from the Western field of counselling. These highlighted the areas that could be focused upon in
future research. Furthermore, lifestyles and practice guidelines closely followed the Hindu belief in *Karma* and *Dharma*. Following the practice guidelines, the healing techniques encompassed various dimensions in assessment and treatment such as physical, psychological, lifestyle and environment. Also, the healing was not targeted at a particular aspect of a person. In terms of their perspectives on collaboration, the general theme evident was that the healers were open to such a system, but felt that suspicion and lack of respect could pose as hurdles. At the end, however they shared optimistic ideas for collaboration based on the current trends towards alternative healing methods.

This research reveals an important theme that arose in the discussion of the healing theories, the principles of healing and the treatment procedures - that of culture based healing. It was noticed that the healing incorporated both, the theories from ancient religious texts, and the current cultural norms prevalent in the Indian society. For example, the healers’ aims to serve others were often based on the philosophy of *Karma*, the essential aspect of Indian philosophy. Similarly, the aim of bringing about harmony within the person and between the person and his/her surroundings reflected the inter-relational aspect of Indian culture. These aspects of Indian philosophy, and culture were intricately woven together in the fabric of healing. In other words, they defined and bound the healing process into a comprehensive field (see Figure 1).
Knowledge of this extensive field of healing can be utilized by Western healers when interacting with South Asian clients. Moreover, it provides an opportunity for both fields to formulate ways to collaborate with each other and benefit their clients (see Figure 2).
The rich accounts of the South Asian healers and their practices, thus serve to fill an important gap that exists between the Western health service providers and their diverse group of clients. However, it is also important to consider that certain limitations of the current study may suggest the need for further research and assessment of this field.
next chapter, I state the limitations of the current study and suggest possible future directions for research.
CHAPTER 5: CONCLUSION AND IMPLICATIONS

In this final chapter, I present a summary of the major themes observed from the interview data, followed by the implications of these themes in the context of Western healthcare, research and education. Next, I discuss the limitations and strengths of the research along with suggesting future directions for research and practice.

5.1 Summary of the Themes Observed

In this research, nine South Asian traditional healers were interviewed and were asked about their background and training, their theories of healing, the healing process and their thoughts on collaborating with Western healthcare system. Most of the healers were trained in the home countries of India, Pakistan and Bangladesh, which prepared them to work with a range of diverse client groups. In addition, it was noted that their healing practices, principles and techniques were grounded in the healing theories that were based on South Asian religious texts and cultural norms. The traditional theories, which were duly followed, were reflected in their practice. Due to the strong influence of tradition and culture, the healing practices were often seen to be different when compared to Western healing practices, especially, in the field of counselling. Moreover, according to the literature these differences in the approaches to treatment are some of the primary factors that hinder South Asians from utilizing Western mental healthcare (see Alexander, 1999; Atkinson & Matsushita, 1991; Commander, Cochrane, Sashidharan, Akilu & Wildsmith, 1999; Duran, 1990; Gill-Badesha, 2004; Herring, 1999; Sue & Sue, 1990). Additionally, it was confirmed that South Asians tended to approach traditional healers for mental health concerns as well (see Chandrana & Pellizzari, 2001; Hilton et al., 2001; Lee & Armstrong,
Therefore, in order to bridge this gap in the services offered by Western mental health practitioners and the utilization by South Asian populations, the healers were asked about their perspectives on collaborating with the Western health practitioners. Expressing their views on the idea of collaboration, the healers expressed an eager willingness to connect and work along with the Western healthcare practitioners. Since South Asian forms of healing holds a valuable place among the South Asian populations, it is incumbent upon the Western systems of healthcare such as counselling, to understand and appreciate this alternative worldview of and therefore assist in offering services that accept and encourage these practices. It is evident that these findings give rise to several implications, not only for Western mental healthcare, but also for research and education in this discipline. These are discussed below.

5.2 Implications of this Research

This study provides an in-depth account of South Asian healers and their practices in the Toronto and the Greater Toronto Areas. South Asian healing modality currently stands as a small but significant traditional form of treatment in Toronto and the GTA. Therefore, exploration of this alternative field can hold significance for healthcare system, healthcare research and healthcare education in the West. In this section, I discuss the implications of this research, specifically for the field of counselling psychology theory and practices. The research also has implications for research that focuses on healthcare practices for diverse populations and the subsequent education programs that are developed for counsellors who intend to practice in a multicultural field.
5.2.1 Implications for Western Counselling for Multicultural Populations

Before we embark on understanding the implications of this study for the Western mental health professionals in the multicultural realm, it is important to note that this study does not provide the means to incorporate South Asian traditional forms of healing into Western counselling. Instead, it is meant as a resource for western practitioners to utilize, when they are faced with clients from a South Asian background who believe in, and utilize traditional healing methods. In other words, it is meant to familiarize Western counsellors with the field of South Asian traditional healing and its theories. Myers et al. (2005) also support this statement by stating that “although mental health professional may ponder the possibility of administering indigenous interventions, they should be reminded that the practice of indigenous healing requires a compatible worldview and years of training and study” (p.123). Therefore, this research is meant to provide a resource providing insight into the field of South Asian forms of healing. Next, I discuss the specific implications of this research for Western counselling and the various ways in which this research can be beneficial to this field.

According to the APA multicultural guidelines (2003), mental health practitioners should adopt a culture-centered approach to therapy, by acknowledging and appreciating alternative forms of healing. In accordance with these guidelines, understanding the importance of culture in the healing expectations of diverse populations requires an awareness of the various healing practices as used by them. Researchers such as Myers et al. (2005) also emphasize that in order to achieve “openness and appreciation of the contribution of each individual and group, the practitioners should aim to overcome their biases and ignorance of alternative worldviews” (p.117). Having western healthcare providers
cognizant of and appreciative of alternative view of healing, can allow the clients to achieve a level of trust and comfort with their providers, especially those clients who do not disclose their worldviews and health related expectations in fear of being ridiculed or ignored (Rao, 2006). Therefore, acceptance of South Asian worldviews in therapy sessions can provide a comfortable and safe environment for South Asian clients to discuss their needs and concerns.

In addition to knowledge about South worldview on health and well-being, Western counsellors can also attempt to connect with South Asian healers and gain further knowledge about traditional healing methods. This would be of assistance when South Asian clients express belief in traditional healing methods and may seek Western counsellors as resources to obtain referrals to traditional healers. As Myers et al. (2005) suggest: “should the client present with a different worldview…the psychotherapists must be humble enough to recognize when their expertise had been surpassed and [they should become] knowledgeable of specific referral sources” (p.120). I propose that when such periods in therapy arise, where a psychotherapist does not feel competent to assist the client presenting with culture-specific needs, he or she can refer the client to South Asian traditional healers and ensure that the client’s culture-specific needs are met.

Building a relationship with traditional healers is a concept that has been corroborated by Sue (1999), when he says that “[alliance with healers provides] knowledge and insights into cultural populations, which would prove to value the delivery of counselling services…[and] enhance the cultural credibility of counsellors” (p.148). In fact, most of the South Asian traditional healers from this study reported that they referred their clients to Western healthcare providers and expressed eagerness to establish a collaborative system with the Western healthcare system. Therefore, in addition to being able to validate a South Asian
client’s worldviews this research can also aid the counsellor in suggesting the assistance of a traditional healer to the client. It can be concluded that the South Asian healing practices can inform the field of Western counselling and add value to their services offered to South Asian populations.

### 5.2.2 Implications for Researchers in the Field of Multicultural Healthcare Services

Besides, affecting the Western healthcare providers, counsellors, and clients, this research holds significance for researchers in the field of multicultural health and treatment. The ways in which the field of research can be affected from this study include advancement of traditional healing research in the West and shift from a mono-cultural perspective to a diverse perspective in psychological research and theories. These are discussed below.

Since research on South Asian traditional healers has not been conducted in the Toronto and GTA areas, this study can fuel further research in the field of healing modalities of other cultural groups. This will allow greater exposure to traditional healing methods. In other words, this study can be considered a form of advocacy for traditional healing systems, such that other forms of traditional healing systems prevalent in Toronto and the GTA can also be explored and utilized by Western forms of counselling. Therefore, research into the field of traditional healing is imperative to educate and inform Western counsellors of the alternative worldview and theories that prevail in Toronto and the GTA.

As the literature review in Chapter 1 of this thesis had revealed, the current research and theories in the field of Western psychology and counselling is replete with biases and stereotypes against the minority communities. Therefore, research in the field of traditional forms of healing can depict the diverse perspectives on health and healing that prevail in the West. Specifically, research on similar “underrepresented or overlooked populations”
(Chang & Sue, 2005, p. 244) such as that of South Asians, can foster “dramatic paradigm changes and offer psychologists and other mental health workers an opportunity to address the [APA] Multicultural guidelines” (Choudhuri, 2005, p.279). Therefore, by means of further extensive research, the field of counselling psychology can be informed of alternative worldviews, healing methods and theories as opposed to the presence of dominant society perspectives.

5.2.3 Implications for Education Programs for Training of Multicultural Counsellors

In addition to implications for Western healthcare providers, South Asian clients and Western researchers, this study also holds significance for educational institutions. Specifically, this research can inform students learning and training in the fields of multicultural counselling and treatment, about the traditional healing practices of South Asian populations. This would allow them to be exposed to this area, early in their academic endeavors and can therefore be applied in their careers as mental healthcare providers. For example, the study can form a part of the curriculum for Counselling Psychology program students and can create awareness of the existence of such alternative healing modalities, thus preparing them to accept and appreciate the clients who present with such worldviews and expectations from therapy.

Therefore, research on South Asian forms of healing can inform Western healthcare providers, including mental healthcare workers, client populations who believe in these healing principles, researchers in the field of multicultural forms of healing and educational institutions preparing practitioners for multicultural counselling. It is evident that the study

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22 The APA multicultural guidelines emphasize that a counsellor is aware of and respect able to the values and cultural beliefs of diverse clients (Sue et al., 1982).
can initiate changes not only at the micro levels (practitioners and clients), but also at the macro levels (research fields and educational institutions).

5.3 **Limitations**

It is apparent that this research provides an in-depth account of South Asian healers and healing and purports as a valuable resource for fields of healthcare, research and education. However, its limitations also need to be addressed in order to facilitate future research projects that can address these limitations. For example, the current study was limited in its number of participants, the representation of South Asian healing modalities and the presence of an eclectic group of healers. These limitations are discussed below.

The research incorporated nine South Asian traditional healers, which can be argued to be a small sample for research, in addition to the findings not being generalizable to large populations (Sandelowski, 1995). However, it is important to note that the current research was aimed at providing rich accounts of South Asian forms of healing as practiced by South Asian healers and was not aimed at formulating themes that could be generalized and extrapolated to South Asian healing modalities or South Asian healers in their entirety. Moreover, it has been contended that studies documenting experience-based accounts from people as direct sources, allow for a “deeper understanding of an issue in terms of its context and complexity” (Choudhuri, 2005, p.271). Similarly, the nine accounts from the healers provide subjective data and information that is based on their actual practices and beliefs. These accounts are limited to the healers’ specific experience within their healing modalities and training backgrounds. Therefore, these accounts are not aimed to be viewed as universal themes common among South Asian healers practicing in Toronto and the GTA. Instead,
they provide in-depth insight into the South Asian field of healing based on their unique experiences and training backgrounds.

Initially, I had aimed to include healers who had originated from South Asian countries of India and Pakistan. However, during the course of research, I was able to interview seven healers from India, one from Pakistan and one from Bangladesh. Although these healers met the criteria of South Asian ethnicity, I was unable to connect with a large number of healers from Pakistan or Bangladesh. An important factor responsible for the overrepresentation of Indian healers as opposed to Pakistani or Bangladeshi healers was that of my unfamiliarity with the Pakistani and Bangladeshi native languages. The knowledge of the languages was crucial for interviewing traditional healers who only conversed in their native languages. For example, my inability to converse fluently in Urdu was a drawback in case of approaching Pakistani healers at a mosque who primarily spoke Urdu. Additionally, my unfamiliarity with the cultural norms and beliefs of Pakistani and Bangladeshi communities may not have allowed me to establish a strong rapport with the healers. As a result, the research mostly reflects the traditional healing worldview of Indian healers.

The South Asian healers were divided into four groups, namely Ayurvedic practitioners, Vedic astrologers, temple priests and eclectic healers. The eclectic healers claimed competence in more than one healing modalities such as Yoga, homeopathy, Unani and Ayurveda. Therefore, they were classified as eclectic healers. Their views may not be comparable to the healers who primarily practiced in one healing modality. However, it was ensured that the primary healing modality practiced by the eclectic healers belonged to the South Asian tradition. Therefore, their views and comments were given same value as the value given to the other healers in the research.
The limitations of the current study are presented in order to encourage researchers to address these in their research projects with South Asian healers. These limitations can be used to develop new research projects and therefore enrich the literature on South Asian healing. Besides documenting the limitations, it is also important to highlight the strengths of the current study, as discussed below.

5.4 Strengths

Two primary strengths of this research study are that of the inclusion of several South Asian healing modalities and the investigator’s familiarity with the Indian philosophy and culture. These factors give the most value to the study as they reflect the diversity among South Asian healers and the importance of having a South Asian investigator.

The primary strength of the study was the inclusion of a diverse set of healers belonging to different South Asian modalities. These healers claimed to be competent in five different South Asian healing modalities, namely, Ayurveda (BAL and MOD), Vedic Astrology (SAN and KOH), religious healing (temple priests-SHAS and GUR) and Unani (AHM, Eclectic healer). In addition, they hailed from different geographic locations in India, Pakistan and Bangladesh. Their experience with distinct healing systems gives a broad and rich account of the theories and practices belonging to the South Asian healing system. Their varied training experiences were also reflected in their practices. For example, SHAS, a temple priest belonging to North India, emphasized praying to deities common to North Indians. Whereas GUR, a South Indian temple priest emphasized healing through touch, a practice common to South Indians. Similarly, other healers also practiced techniques that were reflective of their training location and practice in their home countries. Overall, they
presented a rich picture of South Asian healing system that was not limited to a single modality, geographical location, or training background within South Asia.

Another important factor in the current research is that of the South Asian investigator. An Indian upbringing, knowledge of culture and language allowed me to rapidly build a rapport with the healers. In fact, seven healers ascertained that being able to converse with someone who was familiar with the Indian culture and values, allowed them to freely express their thoughts and opinions. For example, AHM, an eclectic healer used a few words in Urdu and Hindi during the interview process. He later signaled me to translate the terms into English as appropriate, as he stated that he was able to best express his views in his native language only. Similarly, SHAS, a temple priest frequently used metaphors in Hindi and entrusted me to translate them into English for my records. Also, my interactions with the healers followed the cultural norm of respecting members belonging to a higher status in the relationship hierarchies, where the healers belonged to higher rank than me due to their higher level of traditional wisdom and education. For example, the healers often expected me to adopt the role of a student, where they adopted the role of a teacher dispersing valuable information about the field of traditional healing. Therefore, the knowledge of cultural norms and language were important tools that allowed me to build rapport with the traditional healers.

It is evident that the rich accounts from nine healers and the investigator’s familiarity with the South Asian culture were highly beneficial to the research.
5.5 Future Directions and Recommendations

Recognizing the implications, limitations and strengths of the study, I propose directions for future research endeavors and present recommendations to bring about a collaborative system between South Asian traditional healers and Western mental health treatment providers.

Future Directions for Research

This research exemplified the presence and use of traditional healing methods in Toronto and GTA. Although this research sheds light on the South Asian forms of healing, there exist various other communities that also follow their unique healing traditions in the West (see Donald & Hlongwane, 1989; Gielen, Fish & Draguns, 2004; Lee & Armstrong, 1995; Lemchuk-Favel, & Jock, 2004; Marks, 2006; Moodley & West, 2005). Consequently, similar research involving other underrepresented and minority communities can provide information on various healing traditions that are prevalent in Toronto and GTA. In turn, this corpus of data can be utilized by practitioners to become culturally sensitive to the diverse populations of Toronto and GTA. This can be accomplished by using this form of research as a tool to educate mental health practitioners practicing in the field of multicultural counselling.

Furthermore, recognizing the limitations of the study, the sample size and limited South Asian reflection in the sample can be addressed in future research as well. For example, researchers can incorporate a large number of healers and ensure that they reflect most of the South Asian healing diversity and healing methods. This form of research will ensure that an extensive insight into the field of traditional healing is attained, which is representative of a greater number of South Asians residing in the West.
Lastly, research pertaining to the attitudes of Western mental health practitioners towards traditional healers can also be explored. The perspectives of Western health practitioners can act as resource for the awareness for traditional healers. Moreover, knowledge about the perspectives of practitioners’ from both fields can initiate the process of collaboration between the two fields, thus benefiting the clients who hold traditional healing beliefs in conjunction with beliefs in Western healthcare. I propose certain suggestions to bridge the gap between South Asian traditional healing and Western counselling in the next section.

Recommendations to build a collaborative system

In order to address the gap between the worldview of South Asian population and their forms of healing and that of the Western forms of treatment, I propose that a collaborative system be created. A collaborative system can allow the practitioners of both fields to interact and support each other in order to assist their clients. I present the following suggestions that can be utilized to bring about such a system.

The primary step that needs to be taken in order to initiate an alliance between the practitioners of the two fields is the creation of awareness about each other’s fields and practices. Specifically, practitioners from both fields need to be provided with resources informing them about the theories and philosophies of the other field. To bring about this awareness, it is important for the practitioners to become appreciative of alternative worldviews. Importantly, as almost all the healers from this study mentioned that the label of healing practices being ‘scientifically invalid’ and the ignorance of their practices as ‘mere superstitions’, needs to be addressed and eliminated from the minds of Western healthcare practitioners. For example, Myers et al. (2005) suggest “[practitioners need to become]
ready to listen, to prepared to grow, and equipped to make change…by understanding and appreciating one’s own thinking and juxtaposing it against an alternative worldview” (p.119). Therefore, accepting one’s shortcomings with clients can initiate practitioners to look elsewhere for resources for clients. One example of connecting with resources is by bringing the practitioners of the two fields together.

A few ways in which practitioners of the two fields can be brought together are that of holding joint seminars, workshops and conferences, where they are asked to share their views and ideas about healing and treatment. This would allow them to become aware of the services offered by each other and the theories that their services are based on. Moreover, it can allow them to connect and form alliances and create a referral system, where Western mental healthcare practitioners can refer their clients to healers and vice versa. This can become an important way to establish a joint mission to heal clients with various means, in accordance with the client’s needs and beliefs.

Future directions for research and the recommendations to build a collaborative system presented here are some ways of bridging the gap between the South Asian clients’ under-utilization of Western mental health services due to a difference in worldviews. These suggestions are by no means exhaustive, but just seeds of change that can be nurtured to bring about paradigmatic changes in the field of healthcare and counselling.

**Final Thoughts**

Bringing the research to an end, I would like to emphasize the urgency of conducting research in minority communities in order to establish means to assist these communities in the West. Research that informs the Western institutions of the varied beliefs and worldviews can encourage the process of acceptance and deliverance of belief - specific
services. However, to glean knowledge about alternative worldviews and beliefs, it becomes imperative to broaden one’s mind, heart and spirit. I end with the following quote that efficiently captures the essence of this research.

“If the profession of psychology and society in general - truly value diversity and multiculturalism, and if this is to be a nation that achieves the democratic ideals it professes, then the very difficult process of deconstructing Whiteness and ethnocentric monoculturalism must begin. To do so, however it requires us to realize that our reality is only one of many others... A psychology that does not recognize and practice diversity, is a psychology that is truly bankrupt in understanding the totality of the human condition” (Sue, 2004, p. 767)
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Appendix 1

Interview Questions

Research Study

The Role of South Asian Traditional Healers in Counselling

1. Reasons for Becoming a Healer
   (a) How did you become a healer?
   (b) How long have you been practicing this kind of healing?

2. Healer’s Client /Patient Groups
   (a) Can you describe your clients/patients?
   (b) Who are they, how old, gender, racial, ethnic and religious background…?
   (c) What types of problems and illnesses do they come to you with?
   (d) Do they pay for your services?
   (e) If so, how much?
   (f) If not, how are you compensated?

3. Process of Healing
   (a) Where do you practice healing?
   (b) How do you know what’s wrong with the people who come to see you, do they have to tell you?
   (c) What are the specific things that you do to know what the problem is?
   (d) Can you describe what you do while you are working with a client?
   (e) What kinds of things do you use, for example, medicines, herbs, objects?
(f) How do you use them, for what purpose and how do you prepare them?

(g) Can you describe how you would treat someone presenting with (an issue from section 2:c, for example, a psychological problem)?

(h) Can you now describe how you would treat (a physical problem from 2:c)?

4. Healer’s Practice

(a) Was there training involved in becoming a healer?

(b) If so, who were your teachers? What sources did you use in learning to heal?

(c) What kinds of things did you have to learn?

(d) Is there any particular behaviour that you follow in order to maintain your healing ability?

6. Relationship to Practitioners of Western Approaches to Health Care

(a) Do you make referrals to other health care professionals, for example, doctors, psychiatrists, psychologists and counsellors?

(b) Do you receive referrals from other health care providers?

(c) What are your thoughts on working with other health care professionals in this (collaborative) manner?

(d) Is this something you see happening in the West in the near future?

(e) If so, how? If not, why?

(e) Is there anything you’d like to add before we end this interview?
Appendix 2

(ON DEPARTMENTAL LETTERHEAD)

DEMOGRAPHIC INFORMATION

Research Study

The Role of South Asian Traditional Healers in Counselling

1. Participant's name(s): ..................................................

2. Participant's pseudonym(s): ...........................................

3. Gender: Male  Female

4. Religious affiliation: (if any) ..........................................................

5. Ethnicity: How would you best describe your race, ethnic and cultural background:

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Appendix 3

(INFORMATION LETTER AND CONSENT FORM)

Research Study

The Role of South Asian Traditional Healers in Counselling

My name is Aanchal Rai, I am a post-graduate student in the Counselling Psychology program at the Ontario Institute for Studies in Education of the University of Toronto. I would like to invite you to participate in a research study conducted by me.

WHAT IS THIS STUDY ABOUT?

As part of the developments in multicultural counselling, I am conducting a study to understand the role of Traditional Healers in Counselling. In other words, I want to find out what traditional healers actually do, the kinds of 'illnesses' people bring to them, the types of illness they cure, the types of illnesses they do not cure, how is the cure achieved, the kinds of training they have undertaken to become a healer, the kinds of support structures that are in place for their practices. I want to compare our findings with other research that is being done in this field and then produce some ideas and theories to provide to counsellors so that they can be better informed of the role of traditional healers, feel secure to refer their clients to traditional healers and also to work closely with healers. Through semi-structured interviews, the research hopes to gather information on the role of the healers in contemporary metropolitan cities, such as Toronto.
We are looking for adult individuals who:

- Are traditional healers
- Are of South Asian origin
- Practice in Toronto or Greater Toronto Area
- Practice one of the following traditional healing system:
  - Ayurveda, Unani, Astrology, Priests (from temples and mosques) that practice healing.

WHAT WILL I BE ASKED TO DO?

You will be asked to participate in one interview that will last for 1 hour (+ 15 minutes to ask questions about the interview process you have just been through). In the interview you will be asked to talk about your practice of healing, the kinds of illnesses you cure, the types of medicines you use, the training you received, and the kind of support structures you have in place. The interview will be conducted by me. While the interviews will be mainly conducted in English, you also have the option to be interviewed in your native language. South Asian languages that I am fluent in are: Hindi, Urdu and Punjabi.

Should you wish to participate in this research, contact me I will arrange a suitable time and space for us to meet with you to discuss the research and answer any questions you may have concerning the research. At this meeting, I would also arrange a time for the actual interview, if you wish to participate.

DO I HAVE TO PARTICIPATE?

Your participation in this research is completely voluntary. You may decline to answer any question, and even withdraw during the course of the interview without any negative consequences. The information you provide will remain confidential and no one will know
that you participated in this study, as you will be invited to provide a pseudonym by which you will be identified. In addition, your gender and all other personal details, which may even remotely identify you, will not be used either verbally in discussions and seminars, or in any written form that the research may take.

ARE THERE ANY RISKS AND BENEFITS TO PARTICIPATING?

There are no foreseeable risks involved in your participation in this research. Furthermore, your participation has the following benefits:

- Sharing your knowledge of healing practices may facilitate traditional healer’s recognition and integration in the mainstream biomedicine and counselling fields
- The knowledge and understanding of healing practices can inform the national health systems of the practices and cures that may be absent in the mainstream system
- You will be invited to the multicultural conference to be taking place in 2009 at the University of Toronto to present your skills and modalities. This will allow you to network with mainstream practitioners for referral sources and share knowledge about each other’s practices.

WHAT WILL HAPPEN TO THE INFORMATION AFTER I HAVE PARTICIPATED IN THE STUDY?

All of the information collected as a result of your participation in this study will remain strictly confidential. The data collected in the course of this research may be used for publication in journals or books, and/or for public presentations, but your identity (as mentioned earlier) will absolutely not be revealed. The data will be retained for a period of three years by the principal researcher, Aanchal Rai, and will be kept in a secure location, a
locked filing cabinet at OISE/UT, Room 7-222. It will be accessible only to the principal investigator and her supervisor, Dr. Roy Moodley. The tape recordings will be erased within a month of the transcripts being done.

If you would like a copy of the results of this research when it is available, I would be very happy to offer it to you. If so, please fill in your name and mailing or email address under the section “Request to Receive Summary of Results”.

1. **Volunteer’s Declaration of Informed Consent**

   YES I understand that I am free to answer some questions and not others.

   YES I have been assured that all information collected in the study, will be held in confidence and if presented (in a conference, journal, and clinical meetings) my personal details will be removed.

   YES I agree that I will take part in this study.

   Name: ___________________________________________ Date: _______________

   Signature: __________________________________________________________________________

2. **Declaration of Receipt of Informed Consent Form**

   I have received a copy of this Consent Form. □

3. **Request to Receive Summary of Results**

   If you would like to receive a summary of the results of the study, please fill out the information below.
Yes, I would like to receive a summary of the results of the study.

Please send me the summary by: □ E-mail □ Canada Post

Name: ________________________________________________________________

Address: ________________________________________________________________

City: ____________________________________________ Province: ____________

Postal Code: ____________________________________________________________

E-mail: ________________________________________________________________

If you have any questions about your rights as a participant, you may contact the Research Ethics Review Office by e-mail (ethics.review@utoronto.ca) or phone (416-946-3273), or contact Bridgette Murphy at 416-946-5606.

If you have any questions about the study please feel free to contact me. Thank you for considering to participate in this research.

Aanchal Rai, M.A. Student
OISE, University of Toronto
Counselling Psychology
252 Bloor Street West
Toronto, ON, M5S 1V6
(416) 923 6641

Email: arai@oise.utoronto.ca
RESEARCHER RESPONSIBLE FOR CONDUCTING THE INFORMED CONSENT PROCESS:

I confirm that I have explained the nature of the research and supplied the volunteer with an information letter explaining the nature of this study and volunteer’s participation in terms that in my judgement are suited to their understanding.

Name: _______________________ Signature: ________________ Date: ________________