



# A Study of Perceptions and Experiences of Pilgrims Approaching Spiritual Masters in a Religious Mass Gathering "Sinhastha" in Ujjain, MP, India to Explore Relationship of Spirituality and Health

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## ABSTRACT

**Introduction:** Spirituality and health have been integral parts of all the religions. Religious and Spiritual (R/S) beliefs, influence lifestyle, attitudes and feelings about life, pain and death. The study conducted to study perceptions and experiences of pilgrims seeking health care from spiritual masters in "sinhastha".

**Methodology:** Pilgrims approaching spiritual masters (SM) to seek health care were interviewed using structured questionnaire.

**Results:** Almost all perform religious/spiritual (R/S) activities like prayers and rituals during illness. Health care was sought more for physical than mental health problems. Along with R/S remedies majority pilgrims were taking medical treatment simultaneously. The interventions suggested by SM were drugs, prayers, meditation, rituals, fasting, charity work and magical items. The perceived benefits of approaching SM were affection, tolerance, solutions for their problems and feeling close to god. Very few perceive harm from SM.

**Conclusion:** R/S beliefs and practices are important for people with regard to their health. Health professionals need to incorporate R/S background of patients while planning management of health problems as R/S beliefs and practices may be helpful or harmful or may interfere with treatment.

**Key words:** Religion, Spirituality, Spiritual masters, mass gathering, Health problems.

## INTRODUCTION

Religious mass gatherings include huge number of pilgrims, religious leaders, spiritual masters and their followers from different backgrounds. As a part of Hindu tradition the largest religious mass gathering throughout the world organized in India is well known as "Kumbh Mela". This event is specifically named "Sinhastha" when it occurs in Ujjain.

The city of Ujjain has hosted its last "sinhastha" in the year 2016; millions of people attended the event. Such a huge religious mass gathering was seen as an opportunity to explore various human behaviors, especially relationship of spirituality and health. As the spiritual dimension of health is an

acknowledged dimension of health besides physical, mental and social dimensions, it is a potential area for research.

Since the beginning of human civilization caring for sick people has been an important matter of concern. Spirituality and health have been integral parts of all the religions. Religious and Spiritual (R/S) beliefs, influence lifestyle, attitudes and feelings about life, pain and death. Religions specify practice about diet, birth control, illness and medical care<sup>1</sup>.

Evidences strongly suggest that, to many patients, R/S are resources that help them to cope up with the stresses in life, including those of their illness<sup>2</sup>, but some religious conflicts and frustrations may be

contributory to the present problems like abuse by religious workers, traumatic events which turned the patient away from religious beliefs and activities.<sup>2,3</sup> At times some religious beliefs can disagree with the scientific explanations of disease etiology and treatment. A study exploring relationship between spirituality and health has examined physician's religious characteristics and reported that patients are likely to encounter quite different opinions, depending on the religious characteristics of their physicians.<sup>4</sup> It is debatable whether and how R/S influences health.

The present study aims to explore the perceptions and experiences of pilgrims approaching spiritual masters in the "Sinhastha" especially for seeking health care and to explore relationship of spirituality and health in a setting of religious mass gathering.

### METHODOLOGY

The present study was conducted during the event of "Sinhastha" from 22<sup>nd</sup> April 2016 to 21<sup>st</sup> May 2016. There were zones with various settlements of pilgrims and spiritual masters (SM) spreaded within and few kilometres around the Ujjain city. The settlements of spiritual masters were popularly known as 'Akhada'. These akhadas have many Spiritual Masters (SM) popularly known as "sadhoo", "baba ji", "guru" or "swami ji" having varied experiences and specialties. Akhadas are religious organizations of different streams of Hindu religion.

Representation of Adult pilgrims, visiting SM of these akhadas and other settlements was planned. A sample size of 1024 was estimated applying the formula  $4PQ/L^2$  with an expected population proportion of 60% and 5% of relative precision at 95% confidence level. 10% of sample size was added to the estimated sample size to adjust the non response and finally rounded off to a final sample size of 1130. Out of total 13 akhadas 7 were "shiv" akhadas, 3 were "vaishnav" akhadas and 3 were "udaseen" akhada. 610 pilgrims included from "shiv" akhadas, 260 from "vaishnav" and 260 from "udaseen" akhadas so as to achieve equal representation from all akhadas. All the pilgrims were contacted by the surveyors and were informed about the study. Those who were available and gave consent were included in the study.

#### Data collection technique and tools:

Trained research assistants and field assistants surveyed the sinhastha area and collected the data in the allotted area. The eligible study participants were interviewed face to face by them, with the

help of a structured questionnaire including questions about following:

Background characteristics of the study participants such as name, address, age, gender, occupation, education, socio economic status, marital status were asked.

Information about purpose of visiting spiritual master, existing health problems, choice of the provider, choice of therapies, reason for choosing spiritual masters, experiences about treatment, cost of treatment, relief in the condition and satisfaction or dissatisfaction and spiritual practices during illness. Perceptions about spiritual masters, benefits and potential hazards, source of information about spiritual masters.

**Analysis:** Data screened for missing values, incomplete information and final data set was analyzed by comparing proportions, calculating mean and standard deviation and applying chi square test of significance for qualitative variables.

**Ethical considerations:** Eligible participants were explained the purpose of the study and written informed consent was taken. Confidentiality of the participant information was maintained. Ethical approval was obtained from Institutional Ethics Committee of R.D. Gardi Medical college, Ujjain.

### RESULTS

Out of total 1130 pilgrims who participated in the study 870 (77%) were men and 260 (23%) were women with mean age 45 years  $\pm 14.7$ . Majority 855 (75.7%) were rural residents, educated less than 10<sup>th</sup> standard 730(64.6%), agricultural labor 732 (64.8%) and had per capita monthly income less than Rs. 2000 with one fourth pilgrims Below Poverty Line (BPL).

**Table 1: Health care seeking by pilgrims according to their background characteristics**

Characteristic (n=1130)	Physical problems (%)	Mental problems (%)	P value
Gender			
Male (870)	612 (70.3)	258 (29.7)	0.007'
Female (260)	205 (78.8)	55 (21.2)	
Age			
<40years (489)	351 (71.8)	138 (28.2)	0.738
>40years (641)	466 (72.7)	175 (27.3)	
BPL			
Yes (426)	325 (76.3)	101 (23.7)	0.02*
No (704)	492 (69.9)	212 (30.1)	
Education			
<10 <sup>th</sup> class (464)	329 (70.9)	135 (29.1)	0.381
>10 <sup>th</sup> class (666)	488 (73.3)	178 (26.7)	
Total (1130)	817 (72.3)	313 (27.7)	

\*statistically significant (p<0.05)

**Table 2 - Seeking help from baba ji for other problems by pilgrims 981/1130**

Characteristics	Financial Problems	Family disputes	Court case	No social support	Future of children
Sex					
Male (759)	254 (33.5)	279 (36.8)	54 (7.1)	77 (10.1)	122 (16.1)
Female (222)	80 (36.0)	82 (36.9)	15 (6.8)	18 (8.1)	38 (17.1)
P value	0.263	0.511	0.496	0.222	0.39
Age					
18 - 40 yrs (432)	146 (33.8)	164 (38.0)	27 (6.2)	42 (9.7)	43 (10.0)
> 40 yrs (549)	188 (34.2)	197 (35.9)	42 (7.7)	53 (9.7)	117 (21.3)
P value	0.469	0.273	0.235	0.528	*0.000
BPL					
yes (334)	140 (37.8)	140 (37.8)	20 (5.4)	27 (7.3)	59 (15.9)
No (647)	194 (31.8)	221 (36.2)	49 (8.0)	68 (11.1)	101 (16.5)
P value	*0.03	0.324	0.76	*0.03	0.442
Education					
< 10 <sup>th</sup> (400)	137 (34.2)	153 (38.2)	22 (5.5)	34 (8.5)	65 (16.2)
>10 <sup>th</sup> (581)	197 (33.9)	208 (35.8)	47 (8.1)	61 (10.5)	95 (16.4)
P value	0.482	0.237	0.075	0.176	0.52

Figure in bracket indicate percentage; \*Statistically significant - p value<0.05

**Table 3: Findings of visit of pilgrims to spiritual master (SM)**

Findings (N=1130)	Number (%)
Perform spiritual activity during illness (prayers/rituals)	1063 (94.1)
Follow particular SM	520 (46)
Criteria for selection of SM	
Fame	210 (18.6)
Personality (appearance and speech)	553 (48.9)
Family tradition	126 (11.2)
Magical powers	96 (8.5)
other	145 (12.8)
Health care sought for Physical problems	817 (72.3)
Health care sought for Mental problems	313 (27.7)
Problems in life other than health for which help sought@	981 (86.8)
First choice of treatment SM	750 (66.4)
Taking other treatment simultaneously#	842 (74.5)
Reasons to seek health care from SM*	
Low cost or free	691 (61.15)
Convenience	634 (56.1)
No side effects	517 (45.7)
No other treatment available	94 (8.3)
Free treatment given to pilgrims	271 (23.98)
Mode of payment by pilgrims (n= 859)	
Cash donation	182 (21.2)
Offering services or gifts	677 (78.8)

@Problems like financial, family disputes, future of children, court cases, no social support & other;

#Treatment like allopathic, ayurvedic & homeopathic);

\* Multiple responses

Table 1 shows that out of 1130, 817 (72.3%) sought health care for physical problems and 313 (27.7%) for mental problems. Physical problems were significantly more prevalent among women as compared to men (78.8% vs 70.3%, p=0.007) and among those below poverty line (76.3% vs 69.9%, p=0.02). Physical problems included mainly pain (backache, headache, joint pain and abdominal pain), asthma, skin problems, piles, infertility, jaundice, renal stones. Symptoms indicating mental problems in-

cluded mental tension, restlessness, ghost problem, epileptic attacks (Mirgi), bad dreams, unknown fear and disturbed sleep.

Participants were asked about problems other than health problems for which they sought care from SM. Table 2 shows that 981/1130 (86.8%) had several other problems such as financial problems (unemployment/ loan/property issues) 334 (34%), family disputes 361(36.8%), court cases 69(7%), worries about future of children 160 (16.3%) and no social support 95 (9.7%). Financial problems were reported slightly more by females (36% vs 33.5%) and significantly higher among BPL persons (37.8% vs 31.8%, p<0.05). family disputes were reported more by age group 18-40 years (38% vs 35.9%), BPL persons (37.8% vs 36.2%) and in less educated (38.2% vs 35.8%). Court cases as problem, was reported slightly more by males (7.1% vs 6.8%), higher age group (7.7% vs 6.2%), not BPL (8% vs 5.4%) and with higher education (8.1% vs 5.5%). Persons reported no social support were more among males (10.1% vs 8.1%) and not BPL (11.1% vs 7.3%, P<0.05). More females (17.1% vs 16.1%), persons above 40 years (21.3% vs 10%, p<0.000) and not BPL were worried about future of their children.

Apart from seeking care other reasons to visit SM were blessings, satsang (staying with saints), and peace. Table 3 shows information about visits of pilgrims. Almost all (94.1%) perform some spiritual activities during illness such as prayers, rituals like pooja of gods and goddesses, chanting mantra, name of "guru", "Hanuman chalisa", "Sunder kand", "Ramayan path" and fasting. About half (46%) follow a particular SM and personality of SM (48.9%) was the most important criteria to follow. Other criteria were fame of SM (18.6%), family tradition (11.2%) and magical power (8.5%).

**Table 4: Perceived benefits and harms from SM (multiple responses)**

Findings	Pilgrim (%)
Perceived benefits	
Blessings & affection	920 (81.4)
Earn punya	751 (66.5)
Knowledge of religion	728 (64.4)
Keeps healthy	559 (49.5)
Improves tolerance	491 (43.5)
Learn to forgive	399 (35.3)
Closeness to god	361 (31.9)
Know self	266 (23.5)
Solve problems	238 (21.1)
Perceived harms	
None	978 (86.5)
Hypnotize	68 (6)
Emotional exploitation	61 (5.4)
Financial exploitation	53 (4.7)
Wrong treatment	42 (3.7)
Drug addiction	40 (3.5)
Sexual abuse	31 (2.7)
Kidnapping	19 (1.7)
Experience - good	854 (75.6)
Experience - average	276 (24.4)

SM was the first choice as health care provider for 750 (66.4%) of participants. When asked about reasons to select SM for treatment multiple reasons were given like free or less expensive treatment by 691 (61%), easy and convenient treatment by 634 (56%), no side effects by 517 (45.8%) and no other treatment available by 94 (8.3%) participants.

842 participants (74.5%) were taking other treatment along with treatment by SM. Out of these 517 (61.4%) were taking allopathic medicines, 291 (34.6%) were taking ayurvedic treatment and 34 (4%) were taking homeopathic treatment.

Participants informed about various types of remedies advised by SM like, drugs, prayers, "Bhabuti" (which is ash generated during holy rituals called "yagya"), chanting mantra, magical articles like bracelets (kada), lockets (taveez), yoga, gem stones, speech and other rituals including charity work. The charity work suggested by SM included donations, distribution of food or clothes to poor, girl child (kanya bhoj) and animals. Cost of treatment by baba ji ranged from free to Rs. 7000/-. They receive this in the mode of cash donations (21.2%), gifts and services (78.8%).

Participants were also asked about benefit and harms of approaching SM (Table 4). Getting blessings & affection (81.4%), knowledge of religion (64.4%), earn "punya" (66.5%), improves tolerance (43.5%), learn to forgive (35.3%), feel close to god (31.9%), help to solve problems (21%), helps to keep healthy (49.5%) and helps to know oneself (23.4%). Majority 978 (86.6%) perceive no harm by approaching SM. Only 152 (13.5%) think that SM may

cause any harm such as hypnotizing, emotional and financial exploitation, may give wrong treatment, kidnapping, sexual abuse and promoting drug addiction. Sources of information about baba ji were roadside hoardings (35%), news papers (28%), personal communication 25 % and electronic media. The overall reported experience with SM was good (79%) or average (21%). None reported bad experience.

## DISCUSSION

Religion, spirituality (R/S) and health have always been closely associated but have a complex interplay. Evidences have suggested that people with health problems practice various R/S interventions, such as prayers, seeking spiritual support to cope up with their sufferings.<sup>1, 5, 6</sup> The present study confirms this as almost all the participants (91.4%) perform R/S activities like prayers, rituals and fasting during their illness. Seeking medical care and using prayer are not mutually exclusive activities.<sup>1, 7</sup> Majority (75%) participants seeking health care from SM were also taking treatment from officially recognized systems of medical care such as allopathy, ayurveda and homeopathy. This may be interpreted as their understanding of the facts that R/S activities are not the treatment of their conditions but either have a supporting role or they are the options for treatment when no treatment is available. Since majority of pilgrims were poor and less educated they possibly don't have access to treatment or cannot afford the treatment. Research studies have shown that R/S influences lifestyle, attitudes and feelings about life, death and pain. It helps people accept reality and plan for future. By providing meaning of life and death, can supply the individual, the family and health professionals with a sense of strength, security and faith during a time of need.<sup>1, 8</sup>

Participants sought health care from SM more for physical problems (72.3%) than for mental problems (27.7%) in this study. A strong relationship is expected between R/S and mental health but R/S influence physical health through psychological, social and behavioral pathways. Psychological disturbance has adverse physiological consequences that worsen physical health, increase susceptibility to diseases and worsen outcomes. R/S involvement of a person is associated with greater social support). Social support is crucial for, health promotion, disease prevention, seeking health care and patient care during treatment especially in Indian context. Certain health behaviors like diet, physical activity and addictions influence physical health directly). A review of literature suggests that wide range of physical illnesses have been found to be inversely associated with R/S including coronary

heart diseases, hypertension, infections and cancers.<sup>9</sup>

In the present study 27.7% participants sought care from SM for mental problems (anxiety, depression, ghosts, epilepsy, and sleep disturbances). Since R/S improves wellbeing, hope, self esteem, sense of control and understanding meaning and purpose of life it protects from mental problems. Mental health problems like depression, anxiety, suicide, substance abuse have been found to have inverse association with R/S<sup>9</sup>.

Participants sought care for other problems from SM which confirms their faith in SM. These problems included financial matters, family disputes, court cases, lack of social support and worries about future of their children. It is well known that health problems and other socio economic problems are closely associated. Participants reported that SM offered treatment/ solution for their problems which included drugs (unknown), magical items, rituals, fasting, prayer, meditation and charity work. Spiritual interventions, like prayer, meditation have been found to be helpful in improving health conditions. In a study of quality of life in patients with heart failure participants reported prayer is one of the important things to improve the quality of life.<sup>10</sup> A study reported that parents who were involved in religious activities were more likely to have marital harmony and better parenting skills.<sup>11</sup> Another study has suggested that spiritual meditation is effective in reducing pain.<sup>12</sup>

A study of medically ill, elderly, hospitalized patients showed that positive methods of religious coping (eg. seeking spiritual support) were associated with improvements in health and negative methods of religious coping (eg. Punishing God re-appraisal) were predictive of decline in health<sup>13</sup>. Similarly R/S interventions practiced by participants in our study may be beneficial or may be harmful. Researchers have found that some types of R/S coping are positive and some are negative. Positive coping includes collaborative problem solving with god, helping others and seeking spiritual support from society or higher power. Negative coping includes, differing all responsibility to god, feeling abandoned by god and blaming god for difficulties. Some religious beliefs can be in conflict with the proposed treatment, some religious groups are against any type of treatment some of them may have wrong ideas about causes of diseases which can interfere with the medical treatment of the diseases.<sup>2, 3, 9</sup> Participants in the present study were asked about the perceived benefits and harms of seeking care from SM. Perceived benefits included getting affection, blessings, improving tolerance, learning to forgive, knowing the religion, knowing self, feeling close to god and finding solu-

tions for their problems. Very few (13.5%) think that seeking care from SM may be harmful and the perceived harms include hypnotize, emotional or financial exploitation, drug addiction, sexual abuse, kidnapping and wrong treatment. Majority pilgrims reported their experience with SM as good (75%) and none reported bad experience with SM. In a study of the influence of R/S on health most physicians believed that R/S often helps patients to cope, gives them a positive state of mind and provides emotional and practical support via the religious community.<sup>4</sup>

The available literature on relationship of R/S and health suggest that patients perform R/S activities like prayer, meditation, seeking support from spiritual masters. R/S matters a lot for patients and may influence health status and outcomes positively or negatively hence it is suggested that their R/S beliefs and practices should be the part of patient evaluation and should be incorporated in their management plan.<sup>1,2,9</sup>

The present study findings shows that participants seek health care from SM for physical, mental, social, financial and other problems in their life. Majority of the participants take medical treatment simultaneously with R/S practices. The mass religious gatherings provide good opportunity to explore relationship of R/S and health but this also needs to be explored in other settings. Since India is a country with diverse religious and spiritual groups and their followers there is lots of scope for research in this area. Following are the suggested areas:

1. Studying patient's R/S backgrounds, their R/S beliefs/practices favorable or unfavorable for their health and treatment outcomes for specific physical and mental health conditions.
2. Understanding of Health professional's views about concept of incorporating R/S in patient evaluation protocol. Their felt need, experiences with patients with regard to R/S.
3. Research on specific R/S interventions and their effectiveness in prevention, coping, tolerance, well-being and treatment of health problems.
4. Research in to different ways to incorporate R/S in patient evaluation and deciding management plan.
5. Studies to assess knowledge, attitude and practices by spiritual masters about various health conditions, their agreements and disagreements about medical treatment.

**Limitations:** As this study was conducted in a religious mass gathering so all the participants had religious inclination and thus representativeness is a

limitation. Only exit interviews of participants did not inform about treatment outcome.

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