# **FACTORS FOR VISITING FAITH HEALERS**

(A Case Study of Salfi House, Rawalpindi)



submitted by

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A Thesis Submitted to Department of Anthropology Quaid-i-Azam
University Islamabad for the Partial Fulfillment of M.Sc degree in
Anthropology

DEPARTMENT OF ANTHROPOLOGY QUAID-E-AZAM UNIVERSITY ISLAMABAD, PAKISTAN 2010

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# Acknowledgement

This humble fruit of my quest for knowledge has only been made possible by the blessings of Allah Almighty, who provided me with support of competent teachers, seniors and friends that enabled me to fulfill this journey on newer paths of research. I would like to express my gratitude to all those who helped me to complete this thesis.

I am thankful to the Department of Anthropology of the Quaid-e-Azam University, Islamabad for giving me permission to commence this thesis, to do the necessary research work and to use departmental resources.

I am highly obliged to the Head of Department of Anthropology Dr. Hafeez-ur-Rehman, his enthusiasm, his inspiration, and his great efforts to explain things clearly and simply, made this study possible.

I am deeply grateful to my supervisor Madam Aneela, whose guidance, stimulating suggestions and encouragement helped me in research and writing of this thesis. Her vast knowledge and logical thinking have been of great value to me. Her understanding, encouraging and personal guidance has provided a good basis for the present thesis. Her feedback at every stage helped me a lot while working on my research topic and her feedbacks shaped the final output.

I owe deep appreciation and gratitude to all my teachers Dr. Waheed Chaudhry, Mr. Muhammad Bilal, Madam Zarina Qureshi, Mr. Aashiq Hussain, Dr. Imtiaz Zafar Mr. Tariq Mahmood, and Dr. Anwar Shaheen, for their guidance and great support during my studies.

I am thankful to Mr. Iqbal Salfi for granting me permission to visit Salfi house and extending fullest cooperation. Without his help it would have been impossible for me to do my field work. My key informants Aunty Parveen, Raheela baji and Ayesha baji also deserve to be appreciated for their cooperation and providing me relevant data for my research.

It is difficult to overstate my gratitude to those few but really good friends which Quaid-e-Azam University gave me for providing a stimulating and fun environment in which to learn and grow. and I wish to thank them for helping me get through the difficult times, who had confidence in me when I doubted myself and brought out the good ideas in me and for all emotional support, entertainment and care they provided. Thanks for the laughter and fun experiences we have shared and for making my university life fun, enjoyable and unforgettable.

Last but not the least I want to thank my family who raised me, supported me, loved me and allowed me to visit an unfamiliar place in such bad security conditions. Their support and love have always given me the strength and confidence. Thanks for providing me with the opportunity to be where I am. And special thanks to my father who have been the greatest mentor throughout my life.

Hamna Naru

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### CHAPTER NO. 1

#### 1. INTRODUCTION

The study is focused on the type of treatment known as faith healing. The topic of faith healing falls under the domain of medical anthropology. As it is a very important part of the present society and was more important in primitive societies when there were no doctors. Primitive people used to visit the faith healers for their well-being

"Faith Healing" includes FAITH, which is defined as "assurance, complete trust or confidence and strong belief in a religion<sup>1</sup>"; whereas HEALING means "to revitalize, to make it better and to cure<sup>2</sup>". FAITH HEALING refers to "the healing achieved by religious faith and prayers<sup>3</sup>". Faith healing as related to religion has a sacred and holy meaning for human beings based on belief which makes man understand his life, his problems and the world around him.

Faith makes the person realize the blessings of God which exists around him so that he/she feel affection. Faith healing revolves around 'belief' as it is a systematic way of curing through making the belief system stronger and that belief is the basic ingredient of 'religion'. Therefore, we can say that they all are inter-related and inter-dependent. Everybody needs healing to their problems, they try to find ways through faith healing which for most of them becomes the last and only resort of solution. Healing through faith is also referred as "Spiritual Healing". Spiritual healing is defined as "the general conditions of healing and the experience of becoming open to spiritual power and of directing this power to the subject through concentration or suggestion, as well as the physiological process accompanying the mental change to cure and heal".

Spiritual healing is practiced worldwide and almost in every culture and religion it is present with different connotations like in Christianity, the idea of spiritual healing is based on miraculous cures brought by Jesus during his ministry. Most Christian

Oxford Paperback Dictionary Thesaurus and Wordpower Guide, 2001; 320

<sup>&</sup>lt;sup>2</sup> Oxford Paperback Dictionary Thesaurus and Wordpower Guide, 2001; 414

<sup>&</sup>lt;sup>3</sup> Oxford Paperback Dictionary Thesaurus and Wordpower Guide, 2001; 320

ministers who practice healing understand clearly that God, through the power of the Holy Spirit, is the operative force in healing. Similar is the case with Hindus, they seek cure from various diseases and social or psychological problems through performing pooja or by approaching some pundits to advice some remedy. In every religion this type of healing is practiced and is given a lot of importance

Islam, one of the most prominent religions of the universe, revolves around the belief in "oneness of God". For Muslims asking for protection from God and prayer are form of medicine because in Islam it is believed that Muslims should seek cure from their diseases and problems according to the teachings and practice of Prophet (P.BU.H). In Islam the tradition of spiritual healing was basically derived from the Quran and from Sunnah. Quran is referred as the complete guide for healing. It consists of many verses which in some way or other try to provide some remedy of the problems. However the primary focus is on the moral and ethical diseases which are the part of our day to day life. In Pakistan people do strongly recommend healing through reciting Quranic verses. For the sake of spiritual healing Muslims visit various aalims, pirs, and shrines, recite Quran and offer prayers.

Faith healing acts as one of the means which deals with different aspects of life, for instance biological and psychological, in the light of the religion of the particular society. The concept of faith healing exists in every society. In Pakistan the faith healers and faith healing occupies a special place among its people as Islam is considered to be the right path way to follow for the well-being of the person. The directing star for this path is Quranic teachings and practices of Prophet (P.B.U.H).

In Pakistan the majority of healers are males as here females face most of the problems while interacting with others. But this can be the same problem when a female visitor has to interact with a male healer. Islam is the religion of equality, there is no difference between male and female. So for being a healer the requirement is not to be a male rather it is to accumulate certain knowledge regarding religion and the problems with their cure. Therefore for my research work is focused on female visitors of the locale. I will try to know the types of issues for which majority of visitors are coming to the Salfi House.

Among the twin cities of Islamabad and Rawalpindi, the trend of faith healing is more common in Rawalpindi as compared to Islamabad. There the boards of spiritual healers can be seen at many places. But mostly among them are the pirs or aalims who provide some taveez or they practice some exercises in order to provide the other person relief from his/her problem. The number of schools teaching English medium curricula in combination with Hifz-e-Quran is on increase and some of these are using faith healing outlets to spread their message. One such setup is in Rawalpindi and is exclusive for female-folk, which makes it a very interesting phenomenon for anthropological investigation.

### 1.1 Statement of problem:

This research is to explore the social, economic and religious background of people who opt to seek faith healing for solution of their problems. Their ethnicity, healing seeking behavior and sources of information are also being assessed. An attempt is undertaken to understand how faith healing helps in resolving the diseases and other problems of the people and the motivating factors among female clients due to which they approach these healers. The process by which this healing is perceived to take place and to explore the perception of females, who visit faith healers, is also explored.

The main purpose of this study is to know about faith healing as a whole, as in anthropology, when we study any aspect of the society and culture we study it as a whole. One of the main objectives was to study relationship between the socioeconomic statuses of people and type of treatment.

# 1.2 Specific Objectives:

The objectives of study have been to closely assess the *Salfi House* practices. The central objective of the research is to collect a comprehensive data about traditional treatment through faith healing, socio-economic statuses of visitors, and to observe the stimuli which lead them to visit this place.

The focus of study at Salfi House, Rawalpindi was on these objectives:

- 1. To document the entire procedure and different forms of faith healing.
- 2. To understand the economic factors which motivate the visitors
- 3. To know the belief factors which motivate the visitors
- To explore the belief system regarding faith healing among the female visitors.
- To explore different types of problems treated by Salfi sahab.

# 1.3 Significance of the Study:

The present study on "Faith healing" in Salfi house, Rawalpindi will be a modest contribution to our department and anthropological literature as this study will enhance general understanding about different types of health seeking behaviors among females and children.

It will help in understanding reasons behind the health seeking decision making of the users of Islamic faith healing in our local setting. Some people choose this method for economic reasons, some due to social pressure and some due to lack of knowledge. This study is going to highlight these various issues.

Study will improve our appreciation of religious and local belief systems about health and healing, thus helping the policy makers in communicating with communities in their language according to their beliefs and practices.

This research work can be used to generate basic framework for undertaking multi-facility larger studies and even some comparative future studies.

# 1.4 Research Methodology:

"The word method itself has at least three meanings. At the most general level, it means the study of how we know things. At a still pretty general-level, it's about strategic choices like whether to do participant observation, field work, a library discussion, or an experiment. At the specific level, it's about what kind of sample you select, whether you do face-to-face interviews or use the telephone, whether you use

and interpreter or learns the local language well enough to do your own interviewing and so on."4

Anthropology is open to both qualitative and quantitative research methodology in order to study the specific research topic in detail. Anthropologist must be having a number of tools through which he/she could collect as much data as possible. As in anthropology triangulation makes the work much reliable and verifiable therefore by using different means of data collection one gets a strong base for analysis.

In my field work I have used following research methods to facilitate my study and to help me in collecting the in-depth information regarding my field of inquiry.

- 1.4.1 Informal discussion
- 1.4.2 Rapport Building
- 1.4.3 Key Informant
- 1.4.4 Non-participant Observation
- 1.4.5 Sampling
- 1.4.6 Socio-economic Census
- 1.4.7 Interviews
- 1.4.8 Case study
- 1.4.9 Non-verbal Techniques
- 1.4.9.1 Field Jottings
- 1.4.9.2 Field Notes
- 1.4.9.3 Photographs
- 1.4.9.4 Daily Diary
- 1.4.10 Secondary Data Collection
- 1.4.10.1 Written Record
- 1.4.10.2 Compact Discs

#### 1.4.1 Informal Discussion:

Informal discussion helped in getting useful information in an informal way. It also helped me in developing good relationships with visitors, because in such discussions matter related to different aspects of life were discussed in an informally, by having

<sup>&</sup>lt;sup>4</sup> Research Methodology in Anthropology, H. Russell Bernard, 1994, p: 1

chitchat with people. I used this technique as one of the major tool of research. Informal discussion helped me to explore many hidden facts related to the research issues. I have discussed faith healing, the process of healing and other related issues with 77 visitors and with some of the staff members like Ayesha Baji, Raheela baji and Aunty Parveen.

## 1.4.2 Rapport Building:

For starting field work the first step in anthropology is to establish a good rapport among those people with whom you will be spending your time. As I entered Salfi house without any personal contact or previous experience of visiting that place, I had to work hard to establish a good rapport among the members of Salfi house. I tried to behave in a good way before them and wear a veil as it was the requirement of that place. I talked humbly with the staff members of Salfi House. When I used to visit them, daily, before starting my work I used to sit down with the staff members and talk to them in a way that they do not feel threatened to me and my work. They accepted me in wholeheartedly after some weeks and co-operated with me as much as they were able to do so.

### 1.4.3 Key Informant:

"Key informant interviewing is an integral part of ethnographic research. Good informants are people who you can talk to easily, who understand the information you need, and who are glad to give it to you or get it for you<sup>5n</sup>. In order to get accommodated in the centre I had to make a friendly relation with one of its staff members. Ayesha Baji, who works with Salfi sahab favored me a lot when I started my field work. She used to give me their record files and allowed me to sit with her for observation. She was the one who introduced me with others. Other than Ayesha Baji, Raheela baji; the one who sits on reception counter for giving tokens and Aunty Parveen; the one who manages stall, helped me and provided me the required information. The male staff members were not comfortable while talking to me but Salfi sahab, he guided me at different stages.

<sup>&</sup>lt;sup>5</sup> Research Methodology in Anthropology, H. Russell Bernard, 1994, p: 166

### 1.4.4 Non-Participant Observation:

"Non-Participant Observation is when you, as a researcher, do not get involved in the activities of the group but remains there as a passive observer, watching and listening to its activities and drawing conclusions from this<sup>6</sup>". For getting a clear picture regarding the activities going on there I was supposed to spend my time in my locale so that I could observe the things going on there in detail. This helped me in knowing other important issues which needed to be studied and it also helped in understanding the tradition of faith healing easily.

### 1.4.5 Sampling:

I have used purposive sampling in my research work. "The primary consideration in purposive sampling is the judgement of the researcher as to who can provide the best information to achieve the objectives of the study. The researcher only goes to those people who in his/her opinion are likely to have the required information and be willing to share it7". "In purposive sampling, you decide the purpose you want an informant (or a community) to serve and you go out to find one8". I interviewed those visitors who were present their and waiting for their turn or were coming out after treatment. As the number of visitors requiring healing varied per day it was difficult for me to choose other method for sampling. My sample consists of 77 visitors of Salfi house.

#### 1.4.6 Socio-Economic Census:

The census forms were filled by me of those respondents who were giving me interviews. These forms helped me to know about the various factors like their sect, occupation, education, monthly income and information about household. This all information is used to determine their socio-economic status which is one of my objectives.

Research Methodology 2<sup>nd</sup> edition, Ranjit Kumar 2005, p: 120
 Research Methodology 2<sup>nd</sup> edition, Ranjit Kumar 2005, p: 179

<sup>&</sup>lt;sup>8</sup> Research Methodology in Anthropology, H. Russell Bernard, 1994, p. 95

#### 1.4.7 Interviews:

To collect more data from my locale I adopted the method of taking interview from people to get reliable data from them. Interview is defined as "any person-toperson interaction between two or more individuals with a specific purpose in mind is called an interview9". I have conducted unstructured interviews by asking my interviewee simple questions and probing them informally without forcing them and creating some tense environment. "The strength of unstructured interviews is the almost complete freedom they provide in terms of contents and structure. You are free to order these in whatever sequence you wish10.1. I have conducted in-depth interviews in my field. "According to Taylor and Bogdan, in-depth interviewing is, 'repeated face-to-face encounters between the researcher and informants directed towards understanding informant's perspectives on their lives, experiences, or situations as expressed in their own words11".

I interviewed the visitors through informal conversation. The interview schedule helped me to direct my interview and to probe information from my respondents. Interview guide helped me to ask questions from people in such a way that they didn't felt any fatigue or boredom and gave me the required information.

I took interviews of 70 visitors and among them some had brought more than one relative / friend requiring healing. Therefore, I could collect information and case histories of 77 different people.

# 1.4.8 Case-Study:

Case study is defined as "a detailed record of the experience of an individual or a series of events occurring within a given framework 12". For observing the effectiveness of faith healing among those who come to seek help I have used the method of case study. This helped me in analyzing the clear picture of this tradition among the real lives of the people. Other than effectiveness this method also let me know the different types of visitors and the different types of treatments which they were having. The case

Research Methodology 2<sup>nd</sup> edition, Ranjit Kumar 2005, p: 123
 Research Methodology 2<sup>nd</sup> edition, Ranjit Kumar 2005, p: 123
 Research Methodology 2<sup>nd</sup> edition, Ranjit Kumar 2005, p: 124
 Macmillan Dictionary of Anthropology, Charlotte Seymour-Smith, 1956, p: 32

studies of 77 people who visited my locale helped me in providing information regarding various issues and this facilitated me in analyzing almost my all objectives.

### 1.4.9 Non-Verbal Techniques:

Following non-verbal aids were used by me in field

### 1.4.9.1 Field Jottings:

Russell Bernard described the way to note jotting is to "keep a note pad with you at all times and that make jottings on the spot<sup>13</sup>". Field jottings were made by me to note down all the important points so no information is missed by me. I noted down about the interviews, incidents going on, and personal observation.

#### 1.4.9.2 Field Notes:

After visiting my locale I used to make up the field notes which were to write down in detail the experience of the day. My field jottings helped me doing so. These field notes helped me in arranging the data collected which will help me in future.

## 1.4.9.3 Photographs:

Photographs are an effective means of communication and capturing the moments forever. By taking snaps, different events were recorded keeping in mind their minute details. In my field work I have used photography to note down about locale and the setup of that centre. I was unable to take many pictures as there majority of females were strictly practice pardah.

# 1.4.9.4 Daily Diary:

Daily diary is the there to write about your personal feelings, emotions and to express the inner thoughts on papers. This is the best way to feel as if there is someone to talk with and share your personal experiences as during rest of the work a researcher has to forget about himself and just concentrate on his research. In order to record day-to-day events during the fieldwork, the technique of daily diary was used, which helped

<sup>&</sup>lt;sup>13</sup> Research Methodology in Anthropology, H. Russell Bernard, 1994, p: 181

me to remember all the activities during fieldwork. I wrote down my daily diary as a part of my routine and had fun in writing all what happened during my field work.

## 1.4.10 Secondary Data Collection:

Other than the data which I was collecting on the spot, more information was provided to me through the data which was already present. This helped me in making my data much stronger and reliable. The secondary means of data collection available to me were as following:

#### 1.4.10.1 Written Record:

In Salfi House they have maintained a record file in which they have noted down some of the successful visitors which were treated by them. They co-operated with me and gave that file to me which helped me in noting down some case studies.

#### 1.5.10.2 CDs:

Salfi Sahab, gave 3 cds to me who also helped me to know about their set of beliefs and their point of view regarding different issues.

### CHAPTER NO. 2

#### 2. REVIEW OF LITERATURE

The human evolution at individual and societal level has been attributed to its ability to think, imagine and rationally analyze. The cumulative knowledge has not only changed the ways in which we manage our lives but have also lead to diverse beliefs and faith systems. Almost all faith systems have come to agree on spiritual basis of our physical beings. This belief system was used by spiritual healers in ancient times through sacrifices, dances, spells and prayers. Faith healing is a concept that religious belief ("faith") can bring about healing—either through prayers or rituals that, according to adherents, evoke a divine presence and power toward correcting disease and disability in particular indicated individuals. Miraculous recoveries, popularly labeled as "faith healing" have been attributed to prayer, divine intervention, or the ministrations of an individual healer throughout history. Belief in divine intervention in illness or healing is related to religious belief in general (Claire B. H. 2007: 91-99).

The spiritual and/or faith-based healing has been there from ages. In fourth and fifth centuries, Christians opened some "hospices" i.e., those places in which people come to attain comfort for dying, as there was no process of curing of subjects except prayers. With advent of science and modern medicine, the civilization witnessed undeclared clash between physicians and faith healers. Physicians and scientists were looking for their answers that why people are moving backward and are visiting healers again, as they used to visit them in the past time. Clarfield (2002) has aptly summarized the phenomenon:

"Despite the high-sounding claims that issued from both sides of the prayer debate, this conflict was not simply a battle between the forces of Light and Dark. Rather, scientists and physicians were seeking to attract the prestige, recognition and, above all, the power that had until then been enjoyed almost exclusively by the clergy. What can we make of our return to this old debate? Is the pendulum beginning to swing back? Perhaps the increased interest, especially among patients, in alternative methods of healing (of which prayer is only one) offers a glimpse of a new cultural battle looming on the horizon."

(Clarfield A, M.; 2002: 67)

Social sciences, including anthropology, underwent a sharp journey from inception to a complete discipline and these have progressed from mere descriptions of cultures and societal relationships to understanding relationships of human beings with their surrounding forces assuming that they both influence each other. Same is the case with the spirituality and health. Previously people viewed their relationship in a linear manner i.e., one is the cause and other is effected due to it. But now after a lot of research work has been done on this issue it is believed that they both have a circular relation between them. They both are in a continuous process of interaction and are affecting each other at a time (Thomas A.M., Peter J.C., VanKatwyk 2005:205).

"Health practices and social ties are important pathways by which religion can affect health. Other potential pathways include the provision of systems of meaning and feelings of strength to cope with stress and adversity."

(Williams D.R. & Sternthal M. J.; 2007: S47)

Religion has a very strong influence on the health practices and the social ties as religion teaches the exact path way to follow in the life. religion as also some affect on other dimensions of life like the strength to deal with different matters and stress in the life.

Number of anthropologists and social scientists has been engaged in studying the relationship between health and religion. For the deep study of this topic it is required to get knowledge about what religion is.

"Religion is a set of beliefs concerning the nature, cause, and purpose of the universe, especially when considered as the creation of a superhuman agency. It usually involves devotional and ritual observances and often a moral code for the conduct of human affairs. A specific fundamental set of beliefs and practices generally agreed upon by a number of persons or sects".

(http://dictionary.reference.com/browse/religion: downloaded on 12-3-10)

This definition describes religion as a source which teaches how to view the world around you. It teaches certain keys of how to live a proper and an adequate life. A religion is basically a system of rituals and practices which are there to obey and to worship some supernatural powers. Religion is a very broad term which includes all those sentiments and actions which a person intentionally or unintentionally perform to make the super-natural powers happy. This is defined by Parsons T.:

(Parsons T; 1979: 63)

Religion is a holistic system which holds many secrets that could help a person to live a healthy and happy life both physically and socially. Therefore religion can also be used as a proper source to cure oneself and to be out of sickness.

Human body is made up of various elements and every element in interconnected with the surroundings. There are different factors which influence the human body, like, social and cultural factors as they both are the key factors which determine our lifestyles and are a influencing every tit and bit of ourselves. Religion is also one of those numerous factors which play a very vital role in determining various human factors.

"Religion provides things that are good for health and wellbeing, including social support, existential meaning, a sense of purpose, a coherent belief system and a clear moral code"

(Eckersley R. M.; 2007:S56).

Another important term of study is "faith". Faith is a strong belief on something(s) and powers which are not visible but it exist in life and play a very important part in everyone's life. As William A. White, M.D., wrote in his article:

"Now faith is the substance of things hoped for, the evidence of things not seen."

(White W. A.; 1914:214)

Faith is the most important factor in prayer. Without faith any prayer is useless. Unless the person wholeheartedly accepts that authority rests in the hands of supernatural being any prayer would be of no use. Prayers cannot replace medical treatments but the strong faith of the patient can provide him a way to heal him and to cope up with illness. How religion, faith and belief system works on healing of individuals is a huge debate. Majority of people do believe that when a person completely follows the religious patterns of life, than his or her life really changes positively. This is clearly explained by Susan Sered,

"Religious beliefs, acts, and practices generate actual, observable effects. Those who participate in healing rituals certainly expect that their ritual actions will produce real, palpable results and more".

(Sered S.; 2004:1)

Another reason behind recovery is the habit of good deeds which every religion encourages and teaches its followers to perform them. Every religion and religious teachings focus on the good deeds of the man. In each religion many things and actions are prohibited which are not good for the mankind and society as well. As Martin Daulby and Carbine Mathison wrote in their book,

"Good actions will therefore be rewarded by good fortune, and wrong actions will eventually have bad consequences on the original perpetrator".

(Daulby M. & Mathison C.; 1996:156)

Healing is the recovery from one bad state to a good or better and a healthy state no matter its physical or mental health. Faith healing is the type of recovery which is done through the strong faith and belief system. In faith healing people try to get into the contact with some supernatural power like God, angels, etc. By reaching them they believe that they'll get some help from those Divine powers. According to Susan Sered,

"Most religious healing events also involve reaching out to some sort of spiritual power, sensibility, or entity such as ancestors, angels, saints, spirits, and God".

(Sered S.; 2004:2)

The religious or faith healing is different from other types of healings. The faith healing comprise of some different sets of beliefs. As William C. Cockerham documented in his book that:

"... two basic beliefs are prevalent in religious healing. One form of belief supports the idea that healing occurs primarily through psychological processes and is effective only with psychological disorders. The other belief is that healing is accomplished through intervention on God and constitutes a present-day miracle."

(Cockerham William. C.; 1989:141)

He further elaborates the healing process by stating that:

"Healing consists of prayers meant to convey to individuals a deeper understanding of their spiritual being. This understanding is held to be the crucial factor in eliminating the mental attitudes from which all diseases are thought to originate."

(Cockerham William. C.; 1989:143)

Faith healing occurs basically either due to the changes in psychological phenomenon or it is in real due to the blessings of God after performing religious duties i.e. one belief say that this type of healing occurs through some psychological process and is applied for the psychological disorders only and according to the other set of belief faith healing or healing through God could be one of the miracles by God. William C. Cockerham further explained his point to relate the healing process with psychological problems, that healing with faith is based on the prayers which lead the understanding of the world which is physically present around and also the supernatural phenomenon. The understanding of these world and other supernatural phenomena basically lead to change the mental activities and it causes transitions on that part of brain which lead to the mental or psychological disorders.

Healing is basically achieved by the strong connection between the individual and God. The stronger the bond, the faster would be the healing. William G. Braud insisted in his article,

"The healing power of faith resides in the patient's state of mind, not in the validity of its object".

(Braud William G.; 1994:64)

Therefore, healing power resides in the person himself not in some objects which are just basically a mean to heal, because it's the individual who has to be strong and motivated enough to heal and recover. If a person is not motivated then he won't be able to cope up with the problems.

Healing through faith, prayer and recitation of verses is always under debate. Basically, prayer and recitation of Holy verses are the means to communicate with the God and to seek His help for the betterment of the person. The same thing is said by MacKinlay and Trevitt:

"If God is central in meaning, then worship, prayer, reading of sacred scriptures or meditation may be person's means of response".

(MacKinlay E. B. & Trevitt C., 2007:S75)

William C. Cockerham decribed the faith healers and their characteristics by writing in his book that;

"Faith healers are people who use the power of suggestion, prayer, and faith in God to promote healing".

(Cockerham William. C.; 1989:141)

Faith healers are therefore, those people who perform religious duties regularly, who have lots of knowledge about religion and human relationship with religion. A person can heal someone with the help of religion if he has the idea of using the power which he gained through religion and firm faith, in a positive manner and he should be able to teach others the way through which they can achieve religious goals and live a happy and healthy life by praying and having faith on God.

Faith healers claim that the psychological, physiological and spiritual problems are faced by majority of those people who are involved in wrong actions in one way or the other. As whatever they do directly influence their body and social and spiritual life. If they are using their energies in bad deeds then they would be facing problems as a reaction to it, as emphasized by Braud W. G.,

"Various forms of meditation and of contemplative prayer, developed in the contexts of Western and Eastern meditative,

mystical, and spiritual traditions, may beneficially influence the health and well-being of those who practice such disciplines".

(Braud William G.; 1994:62)

This shows that religion and religious teachings are a great source for living a good and healthy and happy life. According to Murray S. A. et al:

"---- a strong religious belief system has a positive effect on physical and mental health and quality of life".

(Murray S. A. et al; 2004:39)

Another dimension of faith healing is discussed by Post S. G, Puchalski C. M. and Larson D. B. (2000):

"In times of severe disabling illness, hope may be mediated through ritual, meditation, music, prayer, traditional sacred narratives, or other inspirational readings".

(Post S. G. Puchalski C. M. and Larson D. B., 2000:579)

So, it can be rightly understood by this that it is not only about the powers, miracles or getting into the spiritual world rather healing, in this world of severe illness, might also be caused through some sought of hope which is generated to man by getting involved in religious practices like meditation, rituals and prayer.

William. C. Cockerham, in his book wrote the five major categories of faith healing given by Denton. According to him the first category is the one in which an individual performs prayers and does his/her self-treatment without the involvement of any other, like in Islam people recite *Wazeefe<sup>14</sup>*. The second category includes those who go to some religious person for the sake of their healing. That religious person is thought to be able for communicating with God or Supreme powers. The third category is of those who go to the church leaders who perform healing but are not centralized for healing only, for them healing is just one of the other categories. The fourth category consists of those who seek healing from a person who is not linked with some religious organization but practices healing full time. Last category includes those members who obtain healing from such practitioners who are linked to some religious organizations. These categories are written as follows;

<sup>&</sup>lt;sup>14</sup> Wazeefe: The Quranic verses prescribed for treatment as a prayer,

"Denton offers five general categories of faith healing: (1) self-treatment through prayer; (2) treatment by a layperson thought to be able to communicate with God; (3) treatment by an official church leader, for whom healing is only one of many tasks; (4) healing obtained from a person or group of persons who practice healing full time without an affiliation with a major religious organization; and (5) healing obtained from religious healers who practice full time and are affiliated with a major religious group."

(Cockerham William. C.; 1989:141)

Prayer, ritual etc are just the source for providing hope to the patient so that he or she gets hopeful and motivated to fight against the disease or any problem. Hope is generated by making a strong bond between patient and the ultimate power and that connection makes them hopeful.

"The keys to emotional coping with serious illness and disability are frequently found within the matrix of patient's spirituality".

(Post S. G, Puchalski C. M. and Larson D. B., 2000:578)

This brings a new term having almost same meaning i.e. "spirituality". Spirituality is important part of study as Clare Wilding said,

"Spirituality might play in recovery from illness".

(Wilding C., 2007:S68)

Spirituality is defined by Carlton F. Brown in a chapter called Old Religion, New Spirituality, and Health Care in a book named Spirituality and Health,

"Spirituality is defined as sensitivity or attachment to religious values, or to things of the spirit as opposed to material or worldly interests".

(Brown C. F.; 2005:205)

Spirituality refers to the link of the body with the supernatural forces. Just like our body is continuously in link to our surroundings and all the worldly things in the same manner the link is created between the spirit and those powers which are beyond this world. That link and relation is defined as spirituality. Spirituality is also defined as attunement with God, the According to MacKinlay E. B and Corinne Trevitt C.,

"Spirituality is that which lies at the core of each person's being, an essential dimension which brings meaning to life. Constituted not only by religious practices, but understood more broadly, as relationship with God, however God or ultimate meaning is perceived by the person, and in relationship with other people".

(MacKinlay E. B. & Trevitt C., 2007:S74)

From this definition it can be derived that spirituality is the link with God, the spirit of Truth, or the Divine Intelligence that governs or harmonizes the universe. This definition is also pointing spirituality as a link between two different worlds and a source of attaining a position of balance between both the worlds.

Spirituality is also defined by Puchalski M. C. in the following way,

"Spirituality is recognized as a factor that contributes to health in many persons. The concept of spirituality is found in all cultures and societies. It is expressed in an individual's search for ultimate meaning through participation in religion and/or belief in God, family, naturalism, rationalism, humanism, and the arts".

(Puchalski M. C., 2001:356)

Spirituality can be therefore called as a search of an individual's reality of existence and it's not only relation with super powers rather it is also known for relation or connection between social world and individual. As that connection is also based on the inner site of the person, plus every such social phenomenon is created by God to examine human kind in every possible way.

Spirituality is also defined by Wilding C. as,

"Spirituality is a journey that occurs throughout each participant's life and a phenomenon that provides meaning to life".

(Wilding C., 2007: S67)

Spirituality is a way to cope up with the difficulties of life. As if a person creates strong connection with God through prayers and following religious way of life, God provide that person enough strength to face all difficulties of present and manage his/her future properly. Due to that strong bond the individual starts believing in those super powers which can change the life of him/her. This is exactly what MacKinlay E. B. & Trevitt C. stated;

"Spiritual reminiscences helps people find meaning in life in the present and develop strategies to accept changes of later life,

including losses of significant relationships and increasing disability".

(MacKinlay E. B. & Trevitt C., 2007:S76)

Religion and spirituality are two different concepts as religion is a predefined system and set of beliefs which one has to follow but spirituality is different in a sense that it is different for each individual. It's the personal inner connection with God and His creatures. The same concept is emphasized by Winslow and Winslow,

"The concept of religion is generally associated with the teachings and rituals of various faith traditions. Spirituality, on the other hand, is more often viewed as a nearly universal human trait that arises from the human need for hope and meaning".

(Winslow G. R. and Winslow B. J., 2007: S63)

Patients who approach the faith or spiritual healers are mainly concerned about their sufferings and they want to make their life after death better, if they are facing some critical situation. The problems might be medical, social or religious in nature. According to Post S. G, Puchalski C. M. and Larson D.B.,

"Patients are especially concerned with spirituality in the contexts of suffering, debilitation, and dying. For some patients, these concerns may be taken up entirely within the context of human relations, values, and purpose".

(Post S. G. Puchalski C. M. and Larson D. B., 2000:578)

The same topic with respect to importance of spirituality for patient is further elaborated by Winslow G. R. and Winslow B. J.,

"More recently, the mounting evidence that spirituality can be significant in patient's recovery from illness and the evidence that most patients want to have attention to their spirituality included in their health care has begin to change the cultural environment for health professionals in United State".

(Winslow G. R. and Winslow B. J., 2007: S63)

People in United State are moving towards faith healing rather than any other method of healing for getting cure from their diseases and this change in people's behavior towards health and religion is causing lots of cultural change in the society as it is affecting the religious and health institutions of their society.

Faith healing or spiritual healing is to help those patients who need help for their healing process via faith, belief and spirituality as they are facing some challenging situations in their lives. According to Murray S. A. et al,

"Spiritual care is about helping people whose sense of meaning, purpose and worth is challenged by illness".

(Murray S. A. et al; 2004:40)

Spiritual care and its effectiveness is further described by Scott A. Murray, Marilyn Kendall, Kirsty Boyd, Allison Worth and T Fred Benton as they say,

"Spiritual care recognizes the relationship between illness and the spiritual domain, and acknowledges the possibility of a search for meaning in the big questions of life and death".

(Murray S. A. et al; 2004:43)

That is, spiritual or faith healers basically deal with that relationship which exists among the patient's illness and the spiritual world and they show the exact path from where the illness could be dealt. Functions which spirituality perform, in order to heal a patient, are described by Clare Wilding in article,

"Spirituality can provide hope, provide a reason to live, and support a person in his or her life... For these reasons spirituality can directly affect a person's health".

(Wilding C., 2007:S69)

Up till now faith and spiritual healing were brought equally in discussion but there is a school of thought among some spiritual healers who believe that spiritual healing is separate from faith healing as in faith healing the belief system for that particular religion is involved whereas the spiritual healing even works on those who do not belong to any faith group. This issue is discussed by Martin Daulby and Caroline Mathison,

"Spiritual healers reject the term faith healing because, apart from suggesting a required religious belief, it implies that the patient must at least have faith in the healer's capacity to heal in order for the treatment to have any effect".

(Daulby M. and Mathison C., 1996, 109)

But both types of healing can be considered same as they both require prayers, connection with super powers and provide motivation, hope and strength to patients.

Now talking about faith healers, they are those people who try to find some solutions to the patient's problems but all those solutions are restricted to the religious teachings, prayers and religious ideologies. According to Martin Daulby and Caroline Mathison,

"The faith healers invoke the will of God to heal".

(Daulby M. and Mathison C., 1996, 111)

There is a huge class disparity among the faith healers and the patients also. No class is restricted to fall in the category of healers or patients rather it is every one's personal choice and personal will to follow such a religious path for their lives. Martin Daulby and Caroline Mathison wrote about exactly the same issue,

"Faith healers and the people that heal come from any and every class".

(Daulby M. and Mathison C., 1996, 201)

Talking about economic differences another important issue is the gender issue. It is mostly observed that the majority of patients who approach the faith healers are females. No matter, if their problem is social, medical or spiritual. There have been different assumptions regarding this issue, like it is said that the females tend to visit spiritual healers in great numbers as compared to the males due to the reason that the females have lack of control over their nerves, as Martin Daulby and Caroline Mathison said,

"Modern healers tend to have a disproportionately high number of female patients.. A possible explanation for this is that women tend their to have far less control over their lives than men and are therefore more inclined to believe in an external force over which they have no control, be it healing, horoscope or magic crystals".

(Daulby M. and Mathison C., 1996, 205)

The third important issue considered with class and gender, is the religious backgrounds i.e. whether it is required for a patient to be a strong follower of religious teachings before approaching a healer or not. Mostly, patients who have no such backgrounds also do visit such places as they are concerned about their problem and want to solve them in a proper way. This is rightly addressed by Winslow G. R. and Winslow B. J. (2007):

"When a patient is faced with a health crisis, he or she may seek spiritual sustenance, even if this has not been a typical part of the person's day-to-day life".

(Winslow G. R. and Winslow B. J., 2007: S63)

There is a proper criterion made which is used for the spiritual assessment of any patient. It includes respecting patient's privacy, involve other members from multiple disciplines on their own wills, do proper documentation, prepare a framework, make a strategy and provide a proper place and time for healing a patient spiritually.

"Spiritual assessment must be a process, not a merely an event, as it needs to take account of emergent insights and accommodate the patient's exploration of particular issues if he or she so chooses".

(Rumbold B.D.; 2007:S60)

The process should begin from a deep screening of the patient and studying the case in detail (Williams D.R. & Sternthal M. J. (2007:47–50). This should be done by taking information regarding that patient from different sources like from family, friends and members of the team. on the basis of those information a proper strategy should be planned and all team members should be assigned with different duties. Then with the passage of time by having the help of faith, spirituality, and the belief system the process of healing starts and gradually the patient is cured.

"Often, spiritual care was called pastoral care... divided into pastoral care into four types: guiding, sustaining, healing, and reconciling"

(O'Connor T. SJ & Meakes E., 2005:14).

One of the oldest terms used for this type of sure was pastoral cure. The cure of souls can be done in 4 ways. Through guiding and showing a right path could make other person aware of what is right and what is wrong which could help him/her to be preventative from the deviant path. Sustaining or by supporting a person could provide him/her the courage to live a life in a better way. The healing of soul is what through which the ill part of soul is cured through the power of faith and belief. Lastly cure of souls through reconciling means the way in which the right path to choose is shown which could provide a balance between a good life and a healthy soul.

In chapter "Islamic Spiritual Care in a Health Care Setting" written for book Spirituality and Health: Multidisciplinary Explorations, Isgandarova N. writes:

"The spirit is not an electrical power, but rather a conscious, powerful thing that learns and thinks, senses and reasons....each individual is unique".

(Isgandarova N., 2005:87).

Spirits are not just a power which is there to keep the human body alive rather it is a living support system. it is continuously functioning. With the passage of time as the human body gets developed the spirit of the body also gets developed. It is basically the soul of the people which holds the body, provides him identity and make his nature. Therefore the general structure of every human body is same but every individual is different from other due to his sense of identity and his own nature. In next paragraph the relation of body and soul is further elaborated which says that "The spirit needs our body". The spirit exists in a non-solid form therefore to interact in this world it needs a solid human body and human body on other hand is unable to interact in the world beyond this material world therefore the human body is also in need of the soul. The spirit works in this world through the body organs, cells and nerves of human and if that organ is disconnected from the body or is no more than it is no longer run by the soul, it is totally useless and if this is the case with whole body than the spirit loses its connection with body and that person is considered dead because spirit or soul is the major element which gives life to a person. Without spirit no human body can exist. That's why a very strong bond exists between a body and a soul. The National Center for Complementary and Alternative Medicine (NCCAM) in United States has defined prayer as,

"An active process of communicating with and appealing to a higher spiritual power".

(Jantos M. & Kiat H. (2007:S51).

In every society there is a common practice of communicating with the divine forces and this is done through proper religious system of prayer and ritual. Every society has its own type of prayer and it varies with the kind of situation like in Christian tradition there are 4 types of prayers i.e. conversational; in which a person engages in

conversation with God, meditative; a person derives relation with Divine forces, ritual; prayers on specific occasions and intercessory prayers; done on behalf of others for their health and betterment. This is to say that prayers are there for every walk of life. Different types of prayers holding different sort of meanings but they have one thing in common that is that they are done to ask for the betterment of human from respective God.

"Every religion, including Islam, deals with the ultimate issue of the Holy Spirit, the Supreme Being. In Islam the term spirituality means "ruhaniyyah". In Islam the concept of Roh or spirit is mentioned at many places. The Muslims believe that; "the body is healthy if the spirit is healthy, and the spirit is healthy if it is not in conflict with Divine" "Islamic spirituality is based on three key terms all of which mean to be safe, integral, and sound". The concept of spirituality in Islam revolves around three concepts i.e, "iman"; to be safe from the danger of other religious systems and false gods and evil forces, "integral"; to be united as one nation of one God, "taqwa"; believing on one God and considering Him supreme. ——In Islam "shifa" means spiritual healing and "mualija" means treatment."

(Isgandarova N., 2005:86-87)

Faith healing is part of every religion among Christians Bibal is considered to be a source of healing. The process of healing among the Christians is described by William C. Cockerham in the following words;

"Accepting the Bible as the literal truth, the Assemblies of God officially support the idea of Divine healing based upon Biblical passages indicating that 910 some people have the power to transmit the healing forces of the Holy Spirit or to exorcise demons, and (2) healing can be obtained through faith the same way as salvation from sin. The healing procedure was described in this manner:

Prayer for healing in the Assembly of God occurs at the end of normal services when those who need healing or help and advice, are asked "to come out to the front." There the pastor and the elders perform the laying on of hands and sprinkling with holy oil and pray simultaneously: "Oh Lord, heal this woman! Yes, Lord. We know you can heal her." The occasional case of demon possession is dealt with in a similar way when the pastor or evangelist

addresses the demon along these lines: "Get out, foul demon! In the name of Jesus, Leave her!" "

(Cockerham William. C.; 1989:142)

Accoring to Bibal some people in this world have the power to transmit the healing and relaxation to the body of others through some religious processes and they can help in exorcism. The healing procedure is same as that of the salvation. After finishing the normal prayers in the church, it is announced that those who want healing should come forward and then they are asked to lay down and the priest than pray for healing of that person.

In Islam Quran is considered to be a Holy Book which has the solutions for every problem. In Quran there are many references found regarding the healing power of Allah Almighty. Following are some of the relevant references found from Quran:

وَأُوحَىٰ رَبُكَ إِلَى ٱلنَّحْلِ أَن ٱتَّخِذِى مِنَ ٱلْحِبَالِ بُيُوتًا وَمِنَ ٱلشَّجَرِ وَمِمَّا 

آيَخْرُ جُ ثُمَّ كُلِى مِن كُلِّ ٱلثَّمَرَ أَتِ فَٱستُكِى سُبُلَ رَبِّكِ دُللاً (٦٨) يَعْرَشُونَ 

إنَّ فِي دَالِكَ لَأَيَةَ لَقُومٍ لِهِ شَفَاءٌ لِلنَّاسُ فِي مِن بُطُونِهَا شَرَابٌ مُّخْتَلِفٌ ٱلْتُوائُهُ 

إنَّ فِي دَالِكَ لَأَيَةَ لَقُومٍ لِهِ شَفَاءٌ لِلنَّاسُ فِي مِن بُطُونِهَا شَرَابٌ مُّخْتَلِفٌ ٱلْتُوائُهُ 

(١٩) يَتَفَكَّرُونَ

"And thy Lord inspired the bee, saying: Choose thou habitations in the hills and in the trees and in that which they thatch; (68) Then eat of all fruits, and follow the ways of thy Lord, made smooth (for thee). There cometh forth from their bellies a drink divers of hues, wherein is healing for mankind. Lo! herein is indeed a portent for people who reflect. (69)"

(An-Nahl, 68-69)

( · ٨) نو إذا مرضت فهو يشقي

"And when I sicken, then He healeth me"

(AL-Shuara, 80)

وَلَا يَزِيدُ ٱلطُّلِمِينَ إِلَا خَسَارًا وَلْنَزِّلُ مِنَ ٱلْقُرْءَانِ مَا هُوَ شَفَاءٌ ورَحْمَةٌ لَلمُؤْمِنِينَ
 (٨٢)

"And We reveal of the Qur'an that which is a healing and a mercy for believers though it increase the evil-doers in naught save ruin. (82)"

(Al-Isra, 82)

" وَ ٱلذِينَ لَا يُؤثِّمِنُونَ فِي ءَاذَانِهِمْ وَقُرْ وَهُوَ عَلَيْهِمْ قُلْ هُوَ لِلَّذِينَ ءَامَنُوا هُدًى وَشَفَّاءٌ • (٤٤) وَالنَّبِكَ يُنَادَونَ مِن مَّكَانٍ بَعِيدٍ أَعَمًى

"Say unto them (O Muhammad): For those who believe it is guidance and a healing; and as for those who disbelieve, there is deafness in their ears, and it is blindness for them. Such are called to from afar. (44)

(Surrah Fussilat, 44)

### CHAPTER NO. 3

#### 3. AREA PROFILE

#### Introduction:

This chapter includes the description of the locale, it includes a brief description of the district where the locale of my study was located and then the latter half of the chapter consists of the details about the locale and its surroundings.

### 3.1 Locale of Study

The study was conducted in District Rawalpindi. The locale selected for research was Salfi House, Kashmiri bazaar, Rawalpindi.

#### 3.1.1 District Profile:

The district takes its name from its headquarters town Rawalpindi. In Tuzk-e-Jahangiri (Historical book on the time on 4<sup>th</sup> Moghal emperor Jahangir 1605-1627), it has been recorded that the name Rawalpindi consists of 2 parts viz., Rawal and Pindi: The Rawals, a jogi tribe, founded a village Rawal at the site where we have the Rawal Dam today. When Jhanda Khan, a Gakkhar chief founded a new town at the site of an old town known as Fatehpur Baori, he named it Rawalpindi. Rawalpindi carries the essence and flavour of an old city, with narrow winding lanes, old bustling bazaars and several historical sites.

The district lies between 33-80 to 34-10 north latitudes and 72-53 to 73-36 east longitudes. It is bounded in north by Abbottabad and Haripur, Tehsils of Hazara District, in the east by the river Jhelum, Tehsils of Jhelum District, in the west by Campbellpur and Fatehjang Tehsils of Campbellpur District. <u>Due</u> to transfer of 368 square miles of area from Fatehjang Tehsil to Rawalpindi District to Federal capital of Islamabad, the total area of the district now stands at 2.04 square miles.

A rail road junction and an important industrial and commercial center, the city has an old refinery, gasworks, an iron foundry, rail road yards, a brewery, sawmills, and factories making tents, textiles, hosiery, pottery, and leather goods. Sikhs settled the area in 1765 and invited nearby traders to live in Rawalpindi. After the British occupied

the Punjab (1849), it became a major British military outpost. The city, strategically located astride the road between the Punjab and Kashmir, is Pakistan's army headquarters. From 1959 to 1970, it was the interim capital of Pakistan.

### 3.1.2 Topography:

Rawalpindi district is divided into three district portions according to general configuration. The first portion consists of Murree and Kotli Sattian Tehsil and northern portion of Kahuta Tehsil. The 2<sup>nd</sup> portion is Rawalpindi Tehsil and extending through Kahutta upto west bank of the Jhelum and down into Gujar Khan Tehsil except a small corner on the east transverse by the hills on the bank of Jhelum and south-east portion of Kahuta Tehsil.

Physical features of the district exhibit a rich variety with continental in dimensions there are mountains, forests, plateaus, valleys, ravines, torrents, streams, plains and all possible species of the topography which the physical processes produced during the course of ages.

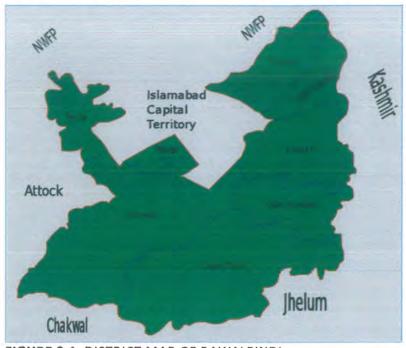


FIGURE 3.1 DISTRICT MAP OF RAWALPINDI

## 3.1.3 Population:

According to the census report of 1998, population of Rawalpindi is 1,406,214persons. Residents of Rawalpindi belong to different ethnic groups. The important races and tribes inhabiting the district are Rajput, amongst whom the important sub-divisions are Bhatti, Rawal, Janjua and Chohan, Gujjar, Awan, Mughal, Qureshi, Syed, Dhunds and Sattis (who inhabit Murree Hills) and Gakkars. Some of the other minor tribes of the district are the Jat, Malyar and Pathan. There are a few scattered Kashmiri who are distinguished by their fair complexion and good looks.

#### 3.1.4 Climate:

The climate is noted for its salubrious climate. The climate is cold in winter and hot in summer in the plains but cool in the hills. The coldest month is January and the highest temperature is reached in June when mercury rises to 115 F. The maximum and minimum mean temperature in summer is 97.6 F and 74.4 F and 44.6 F respectively. The rainfall is regular and sufficient throughout the district.

#### 3.1.5 Flora and Fauna:

The district is rich in the variety of its flora differing in the character at different elevations. In the upper reaches of the Murree Hills the main trees are Deodar, Biar, Paludar, Barangi, etc. The chill covers the lower hills from 3,000 up to 6,000 feet. In the lower hills common trees are the Kao, Phulai, Tun, Drek, Sinetta, etc. A conspicuous species of grass is Dab. Some of the wild products of the plains include flower buds of Kachenar, wild pomegranate seeds, Blackberries, Raspberries, Cranberries and wild pears. Jackals, foxes, wild bars, hares and grey partridges are quite common. Chikors are found on the hills and Quail come in great numbers in the spring and autumn.

## 3.1.6 Economy:

Agriculture and labour are 2 important things in the economy of Rawalpindi. But being a martial race, people prefer to serve in aimed forces and police. With the setting up of industries and greater urbanization, more and more people are now working in mills, factories, trade and commerce and Government service. Women work side by

side with men in different fields of life. The agricultural section of the population is employed in some form or other in farm operations all the year round.

# 3.1.7 Agriculture:

It is a district of small holdings. About 31% of holdings are less than one acre and 43% are one to five acres. There are generally two crops in the year, except in the hilly areas. Wheat, bajra, maize, and pulses are the main crops. Ground nuts are also grown.

## 3.1.8 Industry:

There are 132 registered units of various industries in the district which constitute 47% of the total number of registered factories in the Punjab. Attock Oil Company, Associated Cement Factory, Wah and Heavy Mechanical Complex Taxila are the biggest industries in the district.

#### 3.1.9 Food:

Wheat and maize are the staple food grains, while bajra is also used to a lesser extent. Meat and vegetables are mainly eaten in town by well-to-do people. Tea is universally popular. The bread (roti) is generally baked in a tandoor (oven).

#### 3.1.10 Dress:

A long shirt and shalwar of cotton is the general dress for the men. The women wear colored shalwrs and long shirts and a doppatta (head cover). The common material of the women's dress is cotton while silken clothes are also worn on festive occasions and amongst the well-to-do classes. The usual ornaments like earrings, bangles and necklaces are worn by the women on festive occasions.

#### 3.1.11 Administration:

The district is under the executive charge of the Deputy Commissioner with over all supervision of the Commissioner, Rawalpindi Division. Deputy Commissioner also combines the functions of District Magistrate and Collector. He is responsible for the coordination of the functions of all national building departments in the district. On the judicial side an Additional District Magistrate and several Magistrates assist him, while

on the revenue side he is assisted by Additional Deputy Commissioner (Revenue) with a Tehsildar and Naib Tehsildar, in each Tehsil. For revenue administration, the district is divided into six Tehsils, one of which i.e., Murree is sub division under a sub-divisonal magistrate. The other Tehsils are Rawalpindi, Kahuta, Kotli, Sattian, Gujar Khan and Taxilla.

The Police Administration is vested in the senior Superintendent of police and Deputy Superintendent of police. For police administration the district is divided into many police stations. The judicial administration of the district is under the charge of a District and sessions judge, who is assisted by the Additional Session Judges, an administrative Civil Judge and other civil judges of class 1, 2 and 3.

The four tier system of local government is functioning in the district. On the urban side the district has a Municipal Corporation at Rawalpindi, a Municipal committee each at Murree, Gujar Khan, Kotli, Sattian and Taxilla Town Committees each at Daultala and Kahuta and Cantonments Board functioning at Rawalpindi, Waah, Taxilla and Murree. On the rural side there are 7 Union councils and a Zila District Council. The inter-mediatory rural development markaz coordinates the efforts of zila council and Union Councils and blends the working of the national buildings departments with the rural councils.

#### 3.2 Salfi House's Profile:

The locale which I chose for my study is a unit established For Faith Healing in Rawalpindi, known as "SALFI HOUSE". It is situated in a narrow street of Kashmiri Bazaar, near saddar. The street is open from both ends. One end opens in to bazaar and other end opens from the side of Jamiya Masjid. In that street if we enter from the second end than at second house on the left comes Salfi House. The main gate is of off-white color. On one side of the gate "Salfi House" is written and on the other side they have mentioned information about the visiting hours which says that for male visitors they have limited time from 8 am to 10 pm and for female visitors from 10:00 am to 3:00 pm and Friday is their off day.



FIGURE 3.2 SALFI HOUSE - THE MAIN DOOR

Immediately after entering gate there are stairs. On the right side of stairs "Allah O Akbar" was written and on the left side "Subhan Allah" was written on wall, the first one to be read by those who are going up stairs and the later for those who are coming down. On the left side then there comes a door. On that door all visitors take off their shoes.



FIGURE 3.3: SALFI HOUSE - THE RIGHT WALL OF THE STAIRS



FIGURE 3.4: SALFI HOUSE - THE LEFT WALL OF THE STAIRS

After that Salfi house is divided in 3 rooms separated by partitioning of one big hall. The ceiling of this hall is very high. In Salfi House continuously Quranic recitation or

Islamic audio cassettes are played for the visitors. The partition between first and second room is done through a curtain. In this room there are 4 benches and one mattress. Those visitors who either come before time or those males who come with females, wait behind this curtain for them or vice versa.

On the other side of curtain in second waiting room there is a shoe rack for females and a water cooler in the beginning. This room is fully carpeted, furnished and for ventilation there are 2 windows plus there is a door in this room which opens in terrace and there is a washroom and a basin for performing ablution (wuzo). On its walls there are different quotations written. There are 8 chairs and 2 sofas and some cushions placed over there. On one corner of this Aunty Parveen manages the small stall. Here different Islamic books, cassettes, cds, snacks, deep freezer filled with cold drinks and water, pure honey, toffees, biscuit and misvak are available. On the other side there is a counter which is run by Raheela baji. From here visitors receive their token number and a slip of 100rs. Raheela baji manages the visits and note down their details in a register which is submitted to Salfi sahib with money afterwards. There is a door in this room which opens in terrace and there is a washroom and a basin for performing ablution (wuzo). This room is fully carpeted and the visitors and female staff members offer their prayers.



FIGURE 3.5: SALFI HOUSE - THE SECOND ROOM FOR WAITING, WITH THE MINI-STALL



FIGURE 3.6: SALFI HOUSE - A FEMALE VISITOR OFFERING NAMAZ IN THE SECOND WAITING ROOM

The third room is the treatment room. It is separated through paneling and in between they have a curtain. In this room there are cushions arranged in one side of the room and on the other side there was a mattress. There is a table of Salfi Sahab on his table there are some stamps arranged of those Quranic verses which are given to visitors for treatment and behind him in wall a computer is arranged which is continuously playing recitation of Quran in playlist which are heard by visitors through headphones. There are 12 different headphones placed in the room. On one side of Salfi Sahab, sits the Bare Shiekh Sahab and with him is another boy who is having all those stamps and other important papers. Opposite to Salfi Sahab there is another counter which is there for Ayesha baji, Salfi Sahab send some visitors to Ayesha baji for treatment. Behind Ayesha baji there is another partition behind which there is a place created for visitors to lay down. This is mostly used by those having some evil spirit in them. From this room also there is a door which opens in terrace.



FIGURE 3.7: SALFI HOUSE - THE COUNTER OF SALFI SAHAB IN TREATMENT ROOM



**FIGURE 3.8**: SALFI HOUSE – AN ASSISTANT TREATING A FEMALE AND VISITORS LISTENING TO THE HEADPHONE

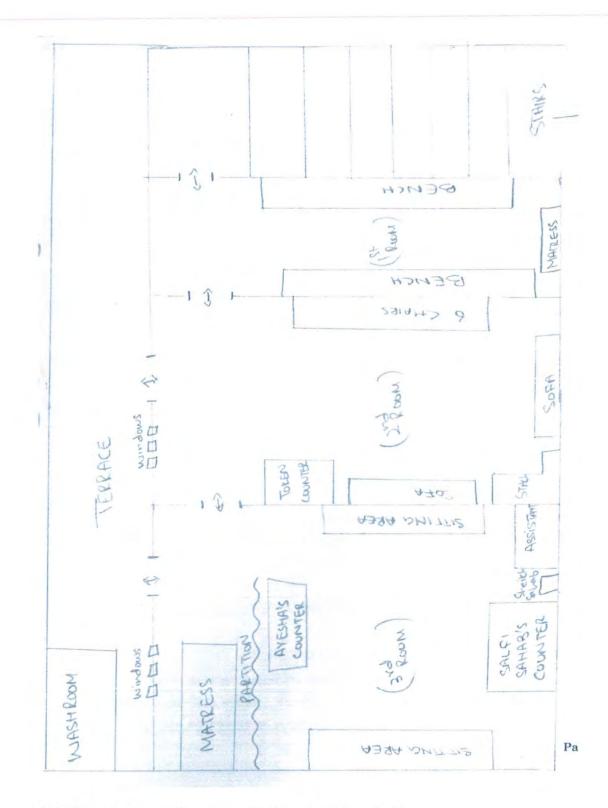


FIGURE 3.9: HAND DRAWN OUTLINE OF SALFI HOUSE

#### 3.2 Staff Members

The regular staff members of Salfi house are:

TABLE 3.1:

#### HUMAN RESOURCES WORKING AT SALFI HOUSE RAWALPINDI

S. No.	Staff Members	Responsibility		
01	Salfi Sahab	Head of the centre		
02	Ayesha Baji	Assist Salfi Sahab		
03	Sheikh Sahab	Assist Salfi Sahab		
04	Aunty Parveen	Manages stall		
05 Raheela baji		Organize token numbers and slips		
06	2 male helpers	Manages stamps and male side		

#### 3.2.1 Dress Pattern

#### Dress code for females:

The female staff members and most of the visitors wear black veil which covers their body and face properly. Some visitors used to wear fashionable veil and some visit in shawls. For female visitors Salfi Sahab prefer them to be in proper veil.

For doing my research work I also used to wear black veil in order to create a good rapport.

#### Dress code for males:

The male staff members and the attendants mostly wear white shalwar and kameez. The visitors do change colors of suit accordingly but the staff members are always seen in white suit.

### 3.2.2 Electricity

The electric supply was there and the complete center is properly lightened. Fans are continuously on. In treatment room there is a cooler and computer available. For compensating with load shedding they have generator.

## 3.2.4 Important Places around Salfi House:

Salfi house is located in the main Kashmiri bazaar. Other than that near to it is a cinema, DHQ hospital, police station, Jamia masjid, Dialysis center, utility store, AIMS school, Saddar bazaar, Moti bazaar, Baara market, Ganj mandi, and Raja bazaar. The exact location where Salfi house is situated is under no specific dhok but there are different dhok which are linked to this place like Dhok Ratta, Dhok Assu. There is no graveyard near Salfi house. It is in the residential area of Kashmiri bazaar.

#### 3.2.5 Refreshment facilities at Salfi House:

As mentioned above there is a small stall established in the waiting room for the visitors. There different snacks and cold drinks are available. Other than that they provide religious books, blessed honey, *maswaak*, cds, and audio cassettes. There is also a water cooler in the waiting room for visitors.

#### 3.2.6 Residential facilities at Salfi House:

They don't have any special kind of residential facility for those visitors who need to stay in Rawalpindi to visit Salfi house for their treatments as their houses are far away from Rawalpindi. Salfi Sahab told me, "those visitors who are unable to stay at any other place they are allowed to stay in Salfi house for their treatments but they have

to arrange their food and drink items on their own, we don't provide".

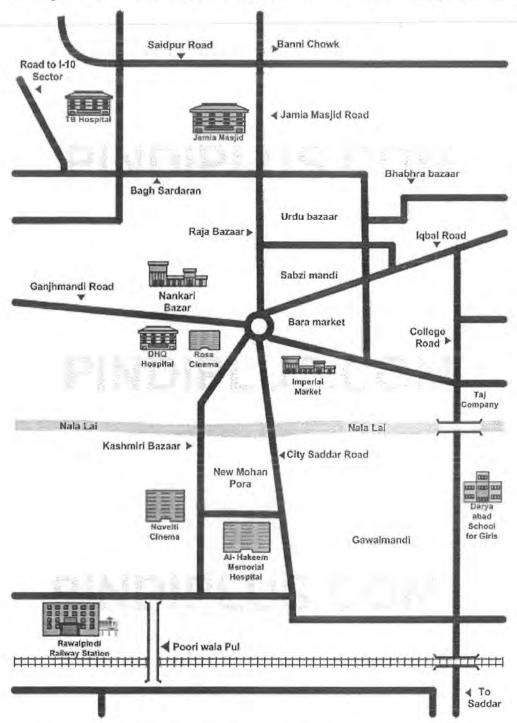


FIGURE 3.10: MAP OF FAWARA CHOWK, RAWALPINDI



FIGURE 3.11: LOCATION OF SALFI HOUSE

### CHAPTER No. 4

## TYPES OF PROBLEMS TREATED BY FAITH HEALERS

#### Introduction:

This chapter includes the data regarding the general description of the visitors of Salfi house, which includes their religion, age, sex, marital status, income of the head of household, number of vehicles, type of house and type of family system etc. This chapter also covers the different types of social, medical, economic and spiritual problems being treated in Salfi house and further data is about the duration of the problems i.e. the classification of treatment and type of problem by keeping in mind the duration of those problems.

Faith healing practiced by Muslims is over-shadowed by strict compliance to religious norms of *Pardah*<sup>15</sup>. Consequently the Investigator, being a female, could only interview and observe the female clientele of Salfi House Rawalpindi. Being a project of formative research, purposive sampling was undertaken, and interviews were undertaken based on willingness, ability and readiness to share some information regarding visitors.

# 4.1 Analysis of Visitors:

Interviews for census information were carried out with the visitors, if they were found willing and able to respond; whereas in case of children and non-responsive ones, interviews of attendants were undertaken. The sample size achieved for the study components is 77 visitors.

<sup>15</sup> Pardah: To hide one self from the sight of opposite sex

### 4.1.1 General Description:

The general description or the profile of the visitors is important to make analysis because it highlights various factors. Following is the general description of the visitors of Salfi house with whom the interviews were conducted.

# 4.1.1.1 Religion-wise distribution of visitors:

At Salfi House, Rawalpindi the process of healing is entirely based of Quranic verses and Hadith. The division of visitors according to their religion is shown as under:

TABLE 4.1:
RELIGION-WISE DISTRIBUTION OF RESPONDENTS

MUSLIMS	NON-MUSLIM	
76	1	

Owing to the Quranic basis of healing and being a Muslim majority area, almost all vistors were found to be Muslims except one Christian lady who was there with her mother.

### TEXT BOX 1: CASE STUDY OF THE CHRISTAIN RESPONDENT

Margaret, thirty five years old Christian female, from rural Rawalpindi, was there in treatment room. She shared that

"She is affected by some "Hawa". From two months she is not behaving normally. She used to scream a lot and do not eat or drink properly.

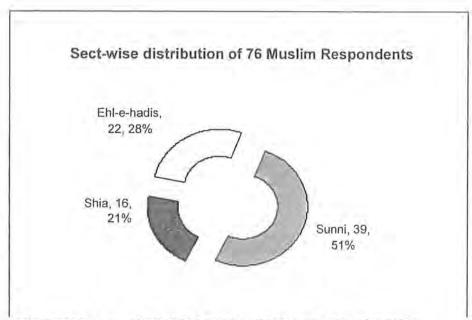
We took Margaret to some doctors and treated her from our Christian community's faith healers but nothing worked out. We even went to different Muslim places for her dum, some of them asked to bring different things like meat, etc and some of them were charging a lot.

We also worship a god and Muslims also do the same no matter the names and conditions are changed. So by taking help of anyone we can seek help from god no matter that our way is similar to Muslims or not.

We will do whatever they say because after this i guess there won't be any other place where we could go. Salfi sahib by himself gave her dum and up till now he hasn't prescribed any task for home."

# 4.1.1.2 Sect-wise distribution of Muslim visitors:

Almost half of the respondents belonged to Sunni sect followed by Shias and Ehl-e-Hadis, as summarized in given figure:



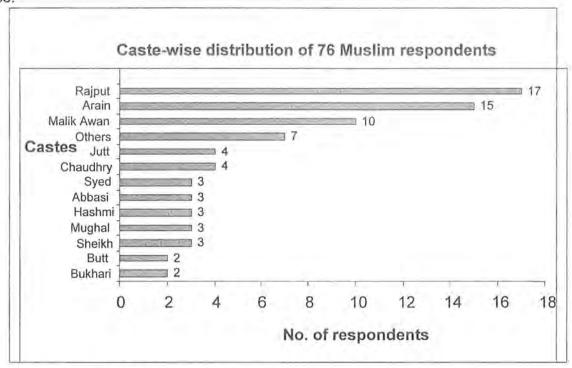
PICTOGRAM 4.1: SECT-WISE DISTRIBUTION OF RESPONDENTS

Although Salfi house is a run Ehl-e-Hadis but the visitors of that place were found of different sects. The majority was that of the sunni people (39.51%). The remaining visitors were those who belonged to shia (16.21%) or ehle-hadis (21.28%) sects. Therefore it was seen that there was no restriction according to the sects of visitors. Everyone was welcomed at that place equally. But the ehl-e-hadis were having more strong belief on faith healing by Salfi sahab. According to my respondent, Mrs. Nasir, "we visit this place because we are Ehl-e-Hadis and Salfi sahab is also Ehl-e-Hadis, we have full trust on his treatment".

#### 4.1.1.3 Caste-wise distribution of Muslim visitors:

There was no as such stratification on the basis of caste divisions. People from various castes used to visit the Salfi house. Nearly half of the respondents belonged to Rajput (22.4%), Arain (19.7%) ands Malik Awan (13.2%) castes. There were 4 Jutts and Chaudhries, whereas Mughals, Hasmis, Abbasis and Syeds were represented by 3 respondents each.

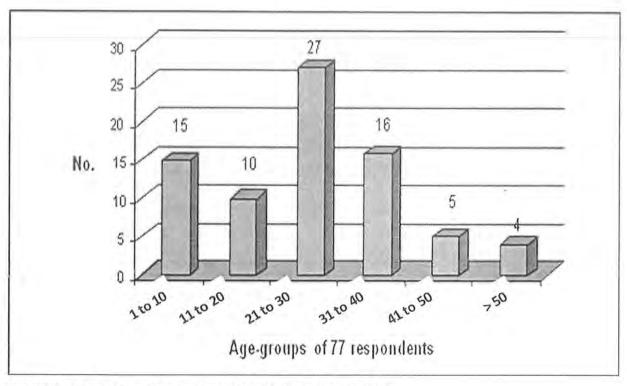
The following table shows the division of my respondents according to their castes.



PICTOGRAM 4.2: CASTE-WISE DISTRIBUTION OF RESPONDENTS

# 4.1.1.4 Age distribution of visitors:

The visitors were of different age groups. Some were there for their children and some were there for their mothers. Majority of the visitors belonged to the age group of 21-30 years (27, 35.1%), followed by 31-40 years (16, 20.7%) and 1-10 years (15, 19.5%). The rest of them included some youngsters aging 11-20 years and some adults between 41-80 years. This show that the treatment of faith healing is not confined to any age group. Those children who are very young and are unable to follow the instructions of Salfi sahab are are not able to recite Quran or those respondents who are extremely sick and due to health reasons they are able to follow instructions were there with attendants and their attendants were supposed to do help them in their treatment and recite Quran for them.



PICTOGRAM 4.3: AGE-WISE DISTRIBUTION OF RESPONDENTS

### 4.1.1.5 Level of Education of Visitors:

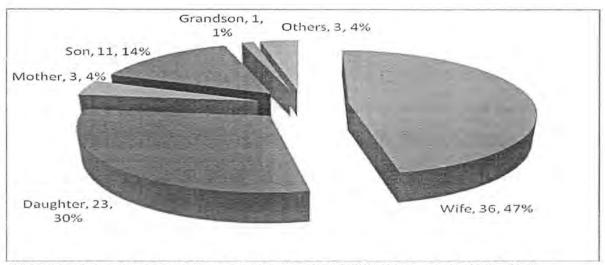
There were only 4 infants and 6 illiterate visitors found in the Salfi House during the study. Vast majority was literate with around 57% (43) visitors having 12 grade or higher education. Out of remaining 24, almost 18% (14) had done their primary and 9 visitors had up to 10 years of formal education. Therefore we can say that most commonly used assumption that majority of illiterate people visit the faith healers was is not reflective of reality.

TABLE 4.2: EDUCATIONAL ATTAINMENT OF RESPONDENTS

Education in years	Frequency	Percent
Infants	4	5.2
Nil	6	7.8
Primary	14	18.2
Middle	1	1.3
Matriculation	9	11.7
Intermediate	15	19.5
Bachelors	15	19.5
Higher	13	16.9
Total	77	100

# 4.1.1.6 Relationship with the Head of Household:

From my respondents their relationship with the head of their house-hold was also asked and out of them the majority of female visitors were wives (36.47%) or daughters (23.30%) of the head of household, constituting more than 3/4<sup>th</sup> of the 77 visitors. The rest 3.4% were mother of the head of house-hold, 11.14% were son and they were brought to Salfi house with their mother, as male children up to 9-10 years were allowed to be it Salfi house with their mothers. The rest minority was having different relationships with the head of house-hold.



PICTOGRAM 4.4: RELATIONSHIP OF RESPONDENTS WITH HEAD OF HOUSEHOLDS

# 4.1.1.7 Residential distribution of respondents:

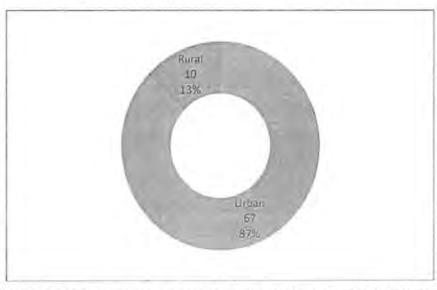
Salfi house is located in Rawalpindi but this place is not only those who belong to Rawalpndi rather the visitors from different parts of the country were there. About 61% i.e. 47 respondents were those who belong to the twin cities of Rawalpindi and Islamabad. 25 respondents came to Salfi house from different parts of Punjab which includes central Punjab, Upper Punjab (Wah, Taxila and Jhelum) and lower Punjab (Mansehra and Peshawar), this together makes up to 32.5%. The rest were from Kashmir and lower NWFP.

TABLE 4.3:
GEOGRAPHIC DISTRIBUTION OF RESPONDENTS

GEOGRAPHIC DISTRIBUTION	FREQUENCY	PERCENT	
Rawalpindi / Islamabad	47	61.0	
Central Punjab	16	20.8	
Upper Punjab	5	6.5	
Lower Punjab	4	5.2	
AJK	3	3.9	
Lower NWFP	2	2.6	
Total	77	100.0	

The data regarding the residential placement of respondent helped to analyze this data in another manner also .i.e. according to the rural and urban residential. It was revealed by the data collected that out of my respondents only 13% were those who

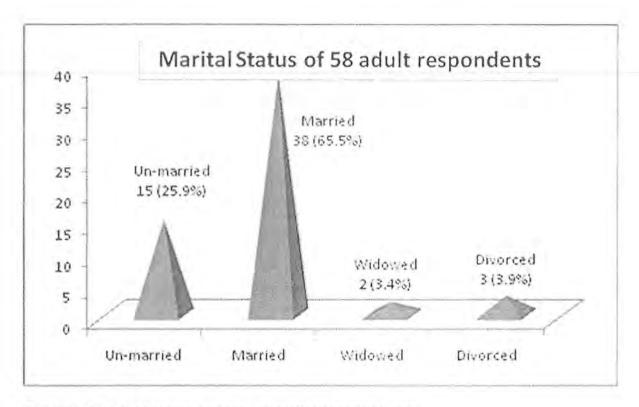
were living in rural areas
whereas the rest 87%
were those who used to
live in urban setting. It
can be analyzed that
faith healing is not just a
way of traditional healing
which is common among
the rural community
rather it is also used by
urban dwellers.



PICTOGRAM 4.5: URBAN-RURAL DISTRIBUTION OF RESPONDENTS

### 4.1.1.8 Marital status of visitors:

Married women in strict patriarchal societies like ours can be expected to have more social and personal problems, which is exactly the case as around 51% of visitors at Salfi House were of married women with only 2 visitors found to be divorcees and 3 were widows.

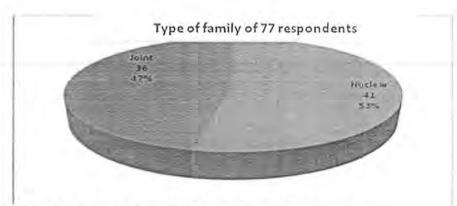


PICTOGRAM 4.6: MARITAL STATUS OF ADULT RESPONDENTS

# 4.1.1.9 Type of family:

The visitors were obviously having different styles of living. The question regarding their family set up was also asked to have a more deep study and to understand each one according to their backgrounds and lifestyles. The family set up has been divided into 2 types i.e. nuclear and joint. It was found that most of the visitors were living in nuclear families (41.53%), whereas the share of joint families was found lesser (36.47%).

The division among respondents with respect to their family set ups can be seen easily by following diagram:



PICTOGRAM 4.7: FAMILY TYPES AMONGST RESPONDENTS

# 4.1.2 Economic Description:

The economic description regarding the economic conditions of the visitors and their family was gathered by asking different questions and probing information out of it. Following is the data gathered by respondents:

## 4.1.2.1 Occupation of head of house-hold:

Majority of visitors reported that their respective heads of house-hold were government employees, skilled workers (including tailors, drivers, mechanics, etc.), businessman and private employees. Only 2 visitors were those whose husbands were unemployed at that time but they were looking up for a new job. Therefore it was observed that majority visitors were those who belong to some stable family, no matter of which grade and how much successful their head of house-hold is, their job status at least help them to some how fulfill their needs.

TABLE 4.5: OCCUPATION OF HEAD OF HOUSEHOLDS OF RESPONDENTS

S. No.	Occupation of Head of household	Number of Visitors	Col %
1.	Government Employee	18	23.4
2.	Skilled Worker	17	22.1
3.	Businessman	12	15.6
4.	Private Employee	11	14.3
5.	Armed forces Employee	7	9.1
6.	Teacher	4	5.2
7.	Banker	3	3.9
8.	Laborer	2	2.6
9.	Unemployed	2	2.6
10.	Lawyer	1	1,3
	Total	77	100.0

#### 4.1.2.2 Household income:

Almost 29% respondents reported their average monthly household income to be between Rs. 31,000-40,000, 21% believed this to be between Rs. 21,000-30,000, and third most common category according was in the range of Rs. 11,000-20,000. There were only 2 respondents whose household monthly income was above Rs. 50,000 and 2 had no earning hand in their household.

TABLE 4.6: CATEGORIES OF MONTHLY HOUSE HOLD INCOME

S.No.	Monthly Income of Head of house-hold (in PKR)	Number of Respondents	Col %	
1.	Nil	2	2.6	
2.	5,000 to 10,000	16	20.8	
3.	11,000 to 20,000	8	10.4 19.5 28.6	
4.	21,000 to 30,000	15		
5.	31,000 to 40,000	22		
6. 41,000 to 50,000 7. Above 50,000		9	11.7	
		5	6.5	
8.	Total	77	100.0	

# 4.1.2.3 Vehicles owned by households:

For the estimation of the economic conditions, the means of transportation of respondents and their family was also one of the good factors. Along with that some data regarding the type of house and number of rooms were also asked. Out of 77 respondents almost 66% visitors had cars in their homes, whereas only 3 had motorcycles and 3 had bicycles at home. Reportedly 37 (48%) respondents had 1 car owned by their household, 11 (14%) had 2 and 3 (4%) even had 3 cars. Those who were living in pukka houses were having almost 6 rooms, average income 37,340 Rs, 1 car, majority were having no motorcycle and bicycle. Those visitors out of 77 who used to live in katcha house were having average 2 rooms, income of 10,000 Rs, no car and were having either bicycle or motorcycle. Those visitors who have semi pukka house have average 5 rooms, income of 17,600Rs and some were having car or motorcycle and less number of people were those who use to travel through bicycle.

TABLE 4.7: SUMMARY OF ECONOMIC INFORMATION OF RESPONDENTS

Type of House	Statistics	No. of Rooms	Average Monthly HH Income (PKR)	No. of HH Cars	No. of M/Cycles	No. of Bicycles
Pukka	Mean	6	37,340	1.11	0.42	0.09
	Std. Dev.	2	14,369	0.79	0.53	0.40
Katcha	Mean	2	10,000	0.00	0.71	0.29
	Std. Dev.	1	0	0.00	0.49	0.49
Semipukka	Mean	5	17,600	0.47	0.27	0.13
	Std. Dev.	4	991	0.52	0.46	0.35
Total	Mean	6	30,840	0.88	0,42	0.12
	Std. Dev.	3	16,457	0.79	0.52	0.40

# 4.1.2.4 Socio-Economic Status of Visitors:

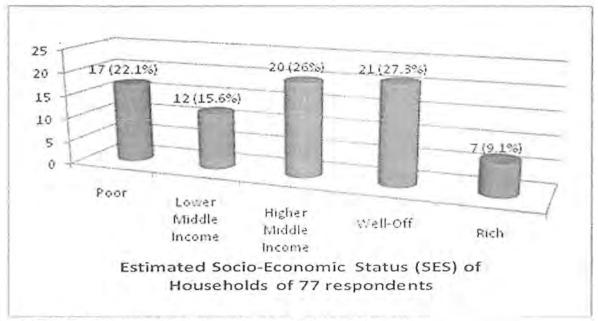
Based on indirect information gathered from various variables, following is the estimate the socio-economic status of 77 visitors, calculated on the basis of weighted averages of type of house, number of rooms, average monthly income and vehicles owned by the household. Following criteria were used and any visitor fulfilling two out of four laid down criteria was purposively placed in the respective class, for the purpose of this study:

TABLE 4.8:
SOCIO-ECONOMIC CLASS ESTIMATION ABOUT RESPONDENTS

SOCIO-ECONOMIC	C FACTORS USED FOR ESTIMATION					
CLASS	Type of House	No. of Rooms	Average HH Income (PKR)	No. of HH Cars		
Poor	Katcha	1	< 10,000	0		
Lower Middle income	Semi & Pukka	2-3	10,000 to 20,000	1		
Higher Middle income	Pukka	4-5	21,000 to 30,000	2		
Well-Off	Pukka	6-7	31,000 to 40,000	3		
Rich	Pukka	> 7	> 40,000	> 3		

Those respondents who were having katcha house, I room, monthly income less than 10,000 Rs and having no car are labelled as poor in this study. Those respondents are categorized as lower middle, who have semi or katcha house, 2-3 rooms, monthly income of house-hold is between 10,000 to 20,000 Rs and have 1 car along with them. The higher middle consists of those visitors who live in pukka house, number of rooms is 4-5, the monthly house hold income is between 21,000 to 30,000 Rs and 2 cars. Those visitors who have pukka house consisting 6-7 rooms, monthly house hold income lies between 31,000 and 40,000 Rs and 3 cars fall in the category of well-off and lastly, rich people are assumed to be, those who live in pukka house consisting of more than 7 rooms, their monthly income of house hold is more than 40,000 Rs and they have more than 3 cars.

With the help of the above table, the estimate of the socio-economic statuses was derived in the following way:



PICTOGRAM 4.8: SOCIO-ECONOMIC PROFILE OF RESPONDENTS

Only 22.1% (17 respondents) belonged to poor class and 9% (7 visitors) could be classified as rich. Most of the visitors belonged to stable families as 27.3% (21 visitors) were well-off and 26% (20 respondents) belonged to higher middle income classes.

Therefore, its stated that Salfi house is not popular only among one or two classes rather people from every class visit him and seek his help for the treatment.

# 4.2 Religious Practices of Visitors:

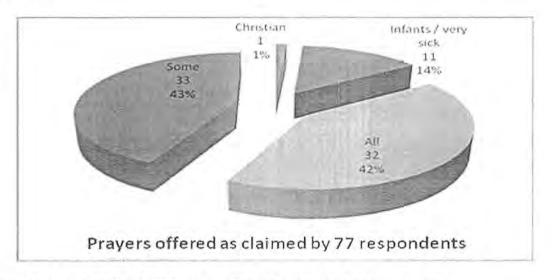
As the people offering faith healing at Salfi House, took keen interest in religious practices of Muslims visiting their center, it also became an important domain to be explored during survey of visitors.

## 4.2.1 Prayer offering practices:

In Salfi house the basic requirement for healing is that the visitor must offer prayers 5 times a day. Those who do not offer prayers Salfi sahab do not treat them. According to Raheela baji, "Salfi sahab always advice his visitors to first start offering prayers regularly than start this treatment, without namaz, he cannot help anyone."

One of my respondents, Fazeela told me, "Salfi sahab said to me that be regular in your prayers Inshallah you will be cured soon but without Namaz donot expect any help from me".

Out of my respondents the majority 65 females (85%) offer all or most prayers regularly; whereas 11 (14%) were either very young children or very sick, and 1 was a non-Muslim.

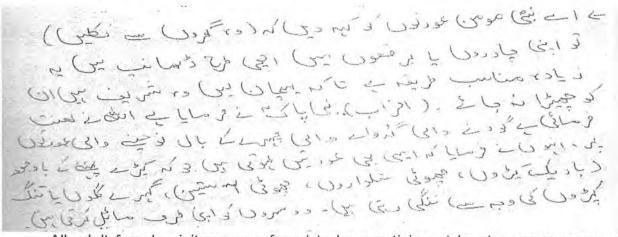


PICTOGRAM 4.9: PRAYER OFFERING PRACTICES AMONGST RESPONDENTS

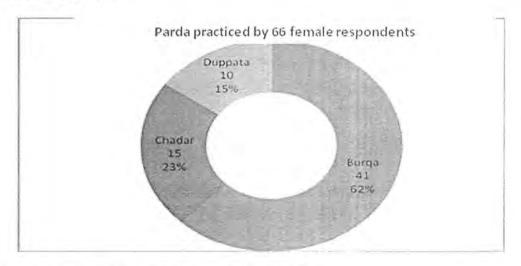
#### 4.2.2 Pardah practices:

Another factor to determine the religious practices was based on the observation of the outlook of the visitors and specially my respondents. The very first day it was seen that majority of female were wearing *burqa*<sup>16</sup>. Some visitors told me that, "Salfi sahab donot treat those females who are not properly covered".

On the walls of the second room it is quoted that,



All adult female visitors were found to be practicing at least some measure of pardah. Out of 66 adult female visitors, 62% respondents were in full burqa. 23% visitors were covering themselves with chadar and only 15% were those females who were having duppata.



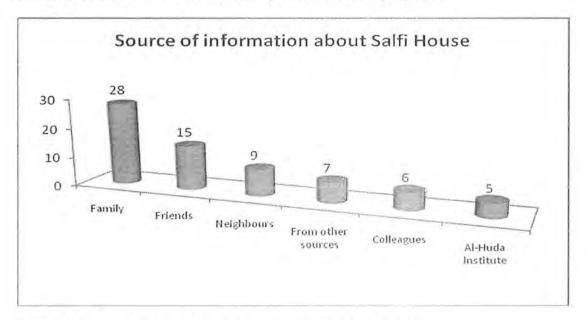
PICTOGRAM 4.10: PARDA PRACTICES OF RESPONDENT

<sup>&</sup>lt;sup>16</sup> Burqa: females wear a gown to cover their body with scarf to hide their head and face

# 4.3 Perspective of Visitors:

#### 4.3.1. Source of information about Salfi House:

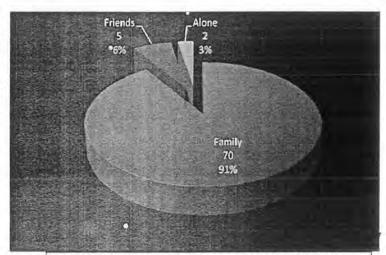
Most of the 70 respondents attributed the information and advice to visit Salfi House their families (40%), friends (21%) and neighbours (13%). others who have been to the Salfi house and benefitted. About 7% were sent there by another religious institution namely Al-Huda and the healers at Salfi House used to play audio cassettes of Farhat Hashmi (leading female of Al-Huda). These both centers seems to be having similar ideas and share commonality of beliefs and purpose.



PICTOGRAM 4.11: SOURCE OF INFORMATION OF SALFI HOUSE

## 4.3.2 People accompanying the respondents:

The visitors were mostly accompanied by their family members (91%); whereas 5 had their friends with them and only 2 adult visitors came to Salfi House alone by themselves.



PICTOGRAM 4.12: PEOPLE ACCOMPANYING THE RESPONDENTS

# 4.4 Problems Treated by Faith healing:

The study found that most of the poor (77%) were visiting the Salfi House for help in dealing with a spiritual issue including  $Dum^{17}$ ,  $Jin^{18}$  or magic. Contrastingly the issues that convinced the richer groups to visit the Salfi House were mostly social, medical and economical ones (83% amongst lower middle income, 55% in higher middle income, 67% in well-off and 86% in rich classes of respondents)

TABLE 4.9:
NATURE OF PROBLEMS BY SOCIO-ECONOMIC STATUS

Nature of problem				Soci	o-Eco	nomic S	Status	of 77 vi	sitors			
	Poor		Lower Middle		Higher Middle		Well-Off		Rich		Total	
	No.	Col%	No.	Col%	No.	Col%	No.	Col%	No.	Col%	No.	Col%
Social	0	0	3	25	3	15	5	24	3	43	14	18
Medical	3	18	7	58	7	35	8	38	3	43	28	36
Economic	1	6	0	0	1	5	1	5	0	0	3	4
Magic	4	24	1	8	5	25	2	10	0	0	12	16
Jin	4	24	1	8	1	5	1	5	0	0	7	9
Dum	5	29	0	0	3	15	4	19	1	14	13	17
Total	17	100	12	100	20	100	21	100	7	100	77	100

#### 4.4.1Social Problems:

The most common social problems which are treated at Salfi house included problems among family members and due to some family tensions. Problems regarding their marriages were also very frequent including failure in getting suitable proposals or inability to decide about their marriages and also females facing pressure to get married to someone whom they don't like.

<sup>&</sup>lt;sup>17</sup> Dum: the religious person blows over the person after reciting some invocations

#### TEXT BOX 2: CASE STUDY OF SOCIAL PROBLEM ATTENDED AT SALFI HOUSE

Samina, a fifty eight year old woman, attendant of her daughter Rubina, a thirty year old female, coming from Rawalpindi, who was in treatment room, told me about her (Rubina's) history:

"This is our second visit. We came here three months back but due to illness of Rubina's father we were unable to visit again for her treatment. My daughter got married 10 years back. Her in-laws shifted to England after two months of marriage and took my daughter with them. There she was not permitted to contact us.

Now after 10 years she is back but she is not normal. She is looking too old and her eye balls are suddenly stretched. Her husband was of third gender and used to abuse her. Her inlaws used to give her drugs. Here we took her to hospitals, doctors diagnosed that this all is due to her addiction to drugs and psychological damages. Salfi sahib gave her Dum, put some drops in mouth and eyes, asked her to listen to recitation on headphone, and gave some Quranic verses, Bairy 19 leaves, saffron and water bottles.

She is now feeling better and I am satisfied to see her improvement."

Out of 77 visitors 14 visitors were there for the treatment of some social problem. Their social problems are further categorized as following:

<sup>&</sup>lt;sup>19</sup> Bairy leaves: jujube leaves

TABLE 4.10: TYPES OF SOCIAL PROBLEMS REPORTING AT SALFI HOUSE

S#	TYPES OF SOCIAL PROBLEMS	NO. OF RESPONDENTS	%
1	Problems among family members	8	57
2	Problems regarding marriages	5	36
3	Visa problem	1	7
	Total	14	100

### 4.4.2 Medical Problems:

There were a great number of respondents who were there to resolve their complaint regarding some medical issue. The total number of such visitors who were having medical complaints is 28 out of 77.

#### TEXT BOX 3: CASE STUDY OF MEDICAL PROBLEM BEING ATTENDED AT SALFI HOUSE

Mariyum, thirty seven years old female, visiting Salfi house third time from Sialkot for treatment of Diabetes.

#### She shared that

"I am suffering from Diabetes from two years. I have gone to many places from treatment like i went to local baba for faith healing, doctor, hakeem and two homeopaths.

First two days they sprayed water on me, laid me down for 10 minutes and, asked me to listen to Quraanic recitation on headphone and they gave me jujube leaves, saffron, water bottles and methi seeds.

They prescribed me to put half part of saffron in one bottle and put it in fridge and have to swallow 21 seeds first day before with a glass of water from the same bottle in which there is saffron and recite full Surrat Fatiha on every seed and have to urinate after 10 minutes.

Then day by day I have to reduce the number of seeds one by one and repeat the cycle and have to take bath with boiled water of jujube leaves in day time and not to use towel after that; with all these things they advised me to quit medicines and just continue their treatment. From two days I am feeling a slight change in sugar level."

Talking about medical problems, Salfi sahab told me that, "cancer occurs only due to presence of jin in human body. We cure cancer before it starts."

The majority of the visitors visiting Salfi House for medical problems were complaining body pains specially headache and muscle pains, followed by 4 visitors who were having some psychological problems and those having some problems related to pregnancy and reproductive system. 3 visitors were going through some stomach problem and 3 from diabetes. 2 heart patients and 3 patients with kidney stones, ear problems and epilepsy were also interviewed. The following table explains the data about the medical problems faced by respondents.

TABLE 4.11: FREQUENCY OF VARIOUS MEDICAL PROBLEMS

S#	TYPES OF MEDICAL PROBLEMS	NO. OF RESPONDENTS	%
1	Body Pains	9	32
2	Psychological problems	4	14
3	Diabetes	3	11
4	Problems regarding pregnancy	4	14
5	Stomach problem	3	11
6	Heart problem	2	7
7	Kidney stones	1	4
8	Ear problem	1	4
9	Epilepsy	1	4
	Total	28	100

## 4.4.3 Spiritual Problems:

It is a common assumption that faith healers mostly treat spiritual problems like that of black magic, *jin* and for *dum*. There were a number of visitors who were there for spiritual problems.

#### TEXT BOX 4: CASE STUDY OF SPIRITUAL PROBLEM OF JIN

Gulshan Arshad, thirty seven years old lady, settled in Maskat, belong to Lahore, visiting Salfi house for the very first time. She shared that

"My relation with my husband was never smooth we used to fight a lot from the second day of my marriage. My husband was always doubtful that his mother has caused some spell or black magic upon us. When we went to Maskat this problem took higher intensity and I used to abuse my husband and children. Sometimes that voice used to come from my children. One of my sons died as he jumped from roof while getting hyper and doing some mysterious actions.

In Maskat I took spiritual treatment from some Baba and at that time that "Jin" spoke to my husband that his mother ordered that he'll leave me if my husband give my divorce than that Baba jee<sup>20</sup> told us that "jin" is no more. After I came back to Pakistan same problems are taking place. Even yesterday I started speaking in different voices and hurt myself and my husband"

<sup>&</sup>lt;sup>20</sup> Baba jee: local person who is thought to be a religious person and practice faith healing

#### TEXT BOX 5: CASE STUDY OF SPIRITUAL PROBLEM OF JADU

Salma, a twenty year old girl, educated to 10th Grade, belonging to Rawalpindi was lying down in the treatment room and listening to the headphone. She shared that

"I am visiting Salfi house from many years. I used to have a lot of pain in my back doctors prescribed me x-ray test but when reports came they thought that I am doing some fraud with them. Then my conditions started getting worse my eyeballs used to turn around, I was completely blind and was unable to even walk or move. Our relatives told us about this place. After getting treatment from Salfi Sahab, I am able to see from my right eye and left eye is also getting better. According to Salfi sahib there is some spell in our house and if I'll get well then automatically rest of my family members will be cured. In every visit I am required to have Dum and recite Quranic verses every time. They also gave me jujube leaves, Saffron, water and tayyaba oil. They prescribed me to put half part of saffron in one bottle and put it in fridge and I have to take bath with boiled water of jujube leaves in day time and not to use towel after taking bath. For oil, they told me to apply it on nails, eyes, nose and hands."

Among the respondents who were there for some spiritual reasons the majority was of those who were there for some *dum* either for themselves or for their children and most of those were poor by our SES estimation. As 41% were there for *dum*, 38% for black magic and 22% for *jin*.

TABLE 4.12: FREQUENCY OF VARIOUS SPIRITUAL PROBLEMS

S#	Types of social problems	No. of respondents	%
1	Black Magic	12	38
2	Dum	13	41
3	Jin	7	22
	Total	32	100

## 4.4.4Economic problems:

There were only 3 such visitors who were there for seeking help regarding some financial problem 2 were there because they were tense regarding loss in their husband's business and 1 was there to make conditions better but her conditions got worse than before.

TEXT BOX 6: CASE STUDY OF ECONOMIC PROBLEM ATTENDED AT SALFI HOUSE

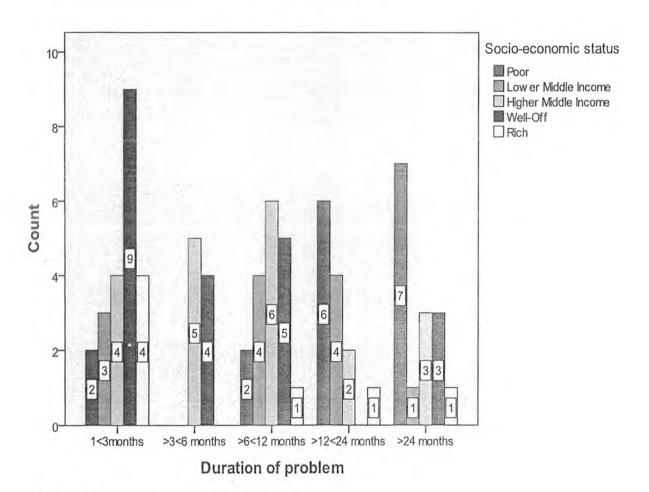
Attiya, a fifty years old woman, educated upto 10<sup>th</sup> grade, resident of Haripur, was visiting Salfi House for second time with her daughter. She shared that

"My first visit was 10 days ago; I came here for treatment of economic and social problem going on in my home. Salfi sahib told me to recite Quranic verses and gave me Jujube leaves, Saffron and 2 bottles of water. They prescribed me to put half part of saffron in one bottle and put it in fridge and I have to take bath with boiled water of jujube leaves in day time and not to use towel after taking bath. I have started implementing on their treatment but from that day things have started getting worse than before. My sons always fight, everyone remains tense and we do not get any idea about where our income is spent, we are completely financially destroyed. Our family friend told us about this place. I am here to take advice whether I should continue the treatment or quit it."

# 4.5 Duration of problems:

Every respondent, having her own history, was obviously having different duration of their problems. That also affects the extent of the problem and the seriousness towards the problem. The poor had longest duration of problems(longer than a year) being either spiritual or medical in nature. However, most of the better offs had shorter durations of problems.

#### **Bar Chart**



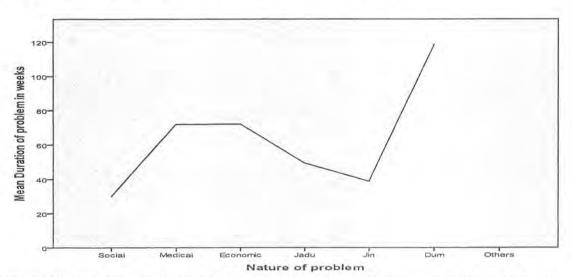
**PICTOGRAM 4.1: DURATION OF PROBLEMS** 

The above chart makes it easy to understand the relationship between the socio-economic statuses and the duration of problems. In the time span of 1-3 months the majority is that of well-off respondents. While in greater than 3-12 months the majority is of higher middle income holders. On the other hand the maximum poor respondents are seen to be facing the problems from the duration of more than 12 to 24 months.

TABLE 4.13:
DURATION OF PROBLEMS AMONG RESPONDENTS OF DIFFERENT SOCIO-ECONOMIC STATUS

SOCIO-ECONOMIC STATUS	DURATION OF PROBLEM IN WEEKS										
	N	Mean	Std. Deviation								
Poor	17	123.76	88.718								
Lower Middle Income	12	60.17	44.790								
Higher Middle Income	20	57.20	70.321								
Well-Off	21	37.19	46.811								
Rich	7	42.86	51.210								
Total	77	65.60	70.838								

The above table elaborates the details about the mean duration of problems in week and the statuses of people facing them. It is observed that the poor people were having problems from the longer period than other classes.



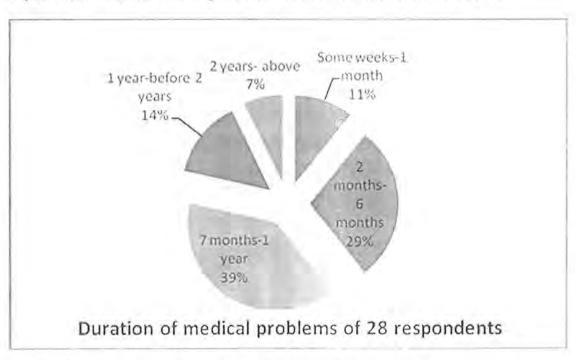
PICTOGRAM 4.2: THE MEAN DURATION OF PROBLEMS AND THE NATURE OF PROBLEM

As most of the poor were coming for spiritual problems, the duration was high among those visitors who were there for *Dum*, medical, economic and black magic problems. The duration was less among respondents having problems regarding some social aspect, and *Jin*.

#### 4.5.1 Duration of Medical Problems:

28 out of 77 respondents were going through some medical problems. They were having different physiological issues going on. Every respondent was having different durations; the majority of medical patients were those who were suffering from their problems from 7 months to 1 year. 8 patients were those who were having problems since 2 months to 6 months.

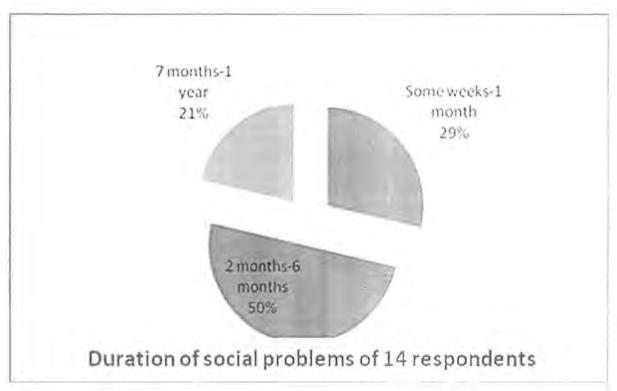
The following chart shows the durations of medical problems among 28 respondents. Majority 39% of respondents were having physiological complaint from 7 months-1 year. The second majority i.e. 29% were dealing with medical issue from 2-6 months. 14% were having problems from 1 year to 2 years. 11% respondents were living with medical sickness from some weeks to 1 month. In last, in minority, 7% were those respondents who were having medical issues from 2 years and above.



PICTOGRAM 4.15: DURATION OF MEDICAL PROBLEMS OF RESPONDENTS

#### 4.5.2 Duration of Social Problems:

There were 14 visitors who were having some social problem. Out of those 7 were those who were facing their problem from 2 months to 6 months and 4 visitors were those who have been living with that problem since some weeks to I month. The duration of social problem was standing between 7 months to 1 year for 3 visitors.



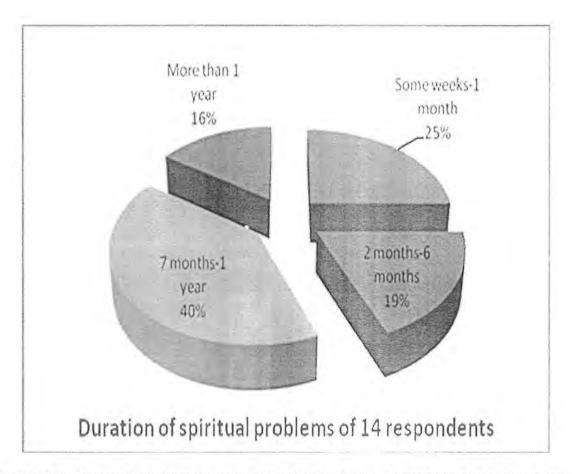
PICTOGRAM 4.16: DURATION OF SOCIAL PROBLEMS OF RESPONDENTS

#### 4.5.3 Duration of Spiritual Problems:

Whenever the topic of faith healing is discussed it is assumed that it's purely the treatment for spiritual problems. But it is seen that in Salfi house there were visitors who were having problems of different natures. Among 77 respondents total 32 were suffering from some spiritual problems. They were visiting the Salfi house for longest periods to receive *dua*, *dum* or exorcism.

The following chart describes that 40% were having spiritual complaints from 7months- 1 year. 25% were having spiritual problems from the duration between some

weeks to 1 month. 19% were having it from 2 months to 6 months and 16% of respondents were facing spiritual problems from more than 1 year.



PICTOGRAM 4.17: DISTRIBUTION OF DURATION OF SPIRITUAL PROBLEMS AT SALFI HOUSE

# 4.6 The motivating factors:

Every patient who is visiting the place is having different stories and different reasons for approaching Salfi Sahab. They were struggling in their lives for one reason or the other. Each and every individual performs some action due to some motive or in other words an individual performs some action in order to satisfy some need/urge. the motivating factors

TABLE 4.14: SUMMARY OF MOTIVATING FACTORS FOR RESPONDENTS TO VISIT SALFI HOUSE

S. No	Motivating Factors	Number of Respondents
01	Strong belief on faith healing	30
02	Just trying	15
03	Hopeless from other treatments	22
04	Poor financial conditions	10

Different people were having different such factors in their lives which made them feel positive about this type of healing. The 77 respondents were asked about that motivating factor which made them think that faith healing at Salfi House is a reliable source of healing. The majority of the visitors were visiting Salfi house due to their strong belief on faith healing. They believe that faith healing can heal each and every problem and they can rely on this type of healing. 22 out of the 77 visitors were of the opinion that we should visit faith healers after trying our treatments from some other more reliable places like one of my respondent, Farzana, said that "specially for medical purposes we should first go to doctor, than we should try hakeem and homeopathic medicine if allopathic treatment is not working and for suppose they all are not giving positive result than we should go to faith healers". 15 respondents said that we should just try it with other treatments. It is not harmful rather it is a good way to get indulge in religious activities. 10 such females who didn't came from some high class were sharing the opinion that in Pakistan now a days going for treatments to some doctors, hakeem or homeopaths is not possible for every person due to their high cost of treatment. Therefore it is better to visit some proper faith healer who can heal at a lower cost.

#### CHAPTER No. 5

## SOCIO-ECONOMIC STATUS OF VISITORS AND TREATMENTS SOUGHT AT SALFI HOUSE

#### Introduction

This chapter includes the data about the amount chased by the visitors for faith healing and different types of treatments for social, medical, spiritual and economic problems. The reasons of visiting Salfi house, socio-economic profile of the visitors and its relationship with the problems faced by people are also addressed in this chapter.

## 5.1 Cost of Faith Healing at Salfi House:

Although Mr. Salfi refused to share any such specific information and also disallowed interviews of their staff members, but on the condition of anonymity, interviews with visitors and through non-obtrusive observations, following information was gathered:

TABLE 5.1: SUMMARY OF COSTS OF TREATMENT AT SALFI HOUSE BY ITEMS

S. NO.	ITEMS OF TREATMENT	USED FOR	COST IN PKR		
A.	Registration and Token	All	100		
В.	Spray and Oil Eye Drops	Spiritual ills	500		
C.	Herbs				
1.	Jujube Leaves	For all purposes	50		
2.	Saffron	For all purposes	180		
3.	Taiyaba Oil (blessed mustard oil)	Given to all visitors for blocking the entering paths of diseases	30		
4.	Black Pepper	For stomach	10		
5.	Olive oil for drinking	For stomach	110		
6.	Methi Seeds	For sugar	0		
7.	Olive oil for massaging	For body pains	100		
8.	Dill seeds + Black pepper	For pregnancy	60+10=70		
9.	Hermal, Luban and Coal	For fumigation	100		
	Average cost of herbs per vsitor		100-500		
	Average cost per visitor per v	200-1000			



FIGURE 5.1: A SLIP GIVEN TO VISITORS TO TEACH THEM HOW TO USE SAFFRON



FIGURE 5.2: A SLIP TO SHOW HOW TO USE JUJUBE LEAVES

#### 5.2 Procedure of Treatment in Salfi House:

The Salfi House is managing all its visitors through pre-set processes. The information from visitors and non-obtrusive observations of the treatments offered for comprehending the procedures.

The female visitors are allowed to enter the Salfi House from 10 am to 3 pm. The visitors reaching the centre before time have to wait till 10 o'clock behind a curtain in the first room.

Each person has to first go to the Reception Counter and receive a token number accordingly, after paying Rs. 100 in cash. The people visiting this place for the first time, are given a slip of medium size, asking information about their name, their number of children and name of husband or father, place of residence, recited Quran before or not and are you wearing  $taveez^{21}$  or not. Those visitors who are visiting the centre second or more than second time, are given a small slip having the same information except that of Quran and taveez. Each slip is valid for 3 days but the token number changes accordingly. The vistors wearing taveez are not allowed to get the treatment. The cost is same for both, old and new visitors.

There are 12 headphones in treatment room. The visitors suffering from some serious problem related to black magic, some evil spirit or night mares, are asked to go in the treatment room and listen to recitation of Quranic Verses, which are arranged in playlist of a computer. They keep on listening to headphone for an hour or more, unless their turn for consultation with Mr. Iqbal Salfi.

When Mr. Salfi starts checking up the vistors in treatment room, Raheela baji (an employee sitting in waiting room, to issue token numbers and noting down the names of visitors in her register) announces the first 2 numbers and names. The visitors whose name and numbers are announced then go in the treatment room and meet Mr. Salfi and tell him about their problem. Salfi Sahab either spray water or send the person to Ayesha baji (his assistant) after stamping some Quranic verses for that person to recite as a part of treatment. These stamps are kept on the table of Salfi sahib and some are kept on the other table which is managed by a young man having long black beard and

<sup>&</sup>lt;sup>21</sup> Taveez: the amulets having verses from the Holy Quran

works with Mr. Salfi. Another old scholarly person Mr. Shiekh sits inside this treatment room and blows over vistors after incantation. The people, who visit this place only for "dum", are treated by either Mr. Shiekh or Mr. Salfi.

When the visitors are sent to Ayesha baji, she sprays water on their mouth from spray bottle and asks them to close your eyes and ask if they could see anything. She than, treats the visitors according to the nature of problem. They are then asked to recite Ayat-ul-Kursi and while reciting, some of these people used to cry a lot. Then she again puts drops in nose and mouth and let the visitor lay down for 10 minutes, in the treatment room. If Mr. Salfi is not present then they lay down in treatment room otherwise they go out in the waiting room and lay on sofa or carpet in the waiting room. This process costs Rs. 500 per visitor. After completing 10 minutes of rest than they go back to Raheela baji and show her the slip. With that slip Mr. Salfi's stamped verses are also attached, which also includes schedule for next visit and names of herbs which should be provided to that visitor. Raheela baji than accordingly dispenses those herbs to the visitors and charges varying rates for different herbs.

Other than this the visitors are given 2 bottles of water. After collecting the required stuff they are allowed to go back and visit the center on the scheduled day told by Mr. Iqbal Salfi. And until that time they have to recite those Verses properly and use those herbs as prescribed. Jujube leaves, Taiyaba oil, 2 water bottles, saffronis mostly given to all visitors and rests are decided by Salfi sahab on the basis of nature and extent of problem.

Those visitors who are unable to recite them due to age factor or disease or some other problem their some close relative live mother, daughter, sister can do so. And if mothers visit Salfi House for the incarnation of their children of small age than they (mothers) have to go through all these stages.

The next visit of the person is also prescribed by Salfi sahab, some are asked to visit continuously 3 days, some are asked to revisit after 10 days and some are asked to come back after 13 days etc.

Some special visitors like that of those people who used to see nightmares are supposed to write about those nightmares on paper and then on their turn they have to

show those to Mr. Salfi. The visitors who are unable to afford the expenses of the treatment they also write about their disease and about their financial conditions and then Mr. Salfi decide about financial exemption. The non-muslims are treated in a normal way but are not given Quranic Verses.

#### 5.2.1 Treatment for Medical Problems:

The treatment starts in the same way but the difference comes when the visitor goes to Ayesha Baji there Ayesha baji treats accordingly as there was observed that three females, who were suffering from some problem related to uterus, told her that they can see a green circle then Ayesha baji tried to make them visualize that it is their uterus wall and then make them visualize the whole track and asked them to step back and recite Darood Sharif and Ayat-ul-Kursi. While reciting, some of these females used to cry a lot. Other differences come when Salfi sahab prescribe different herbs and verses of Quran to different people according to the disease.

Shareefa Bibi, 75 years old, from Faisalabad was having middle ear problem. She was a diabetic and also suffered from high blood pressure. Recentlt she had developed ringing in ears and was given treatment by ENT surgeons in Faisalabad and Islamabad but despite regular medication the problem was aggrevating.

She had sought advice for her illness and was informed that she can be helped but she had to visit the Salfi House personally. She underwent the whole procedure of water spraying and recitations. However, due to her eye surgery she was given the oil drops orally. After receiving a session with Salfi sahab she was given advice about some Arabic prayers and herbal medicines. I was able to get a snap shot of those which are posted on next pages.



FIGURE 5.3: PRESCRIPTION'S FIRST PAGE

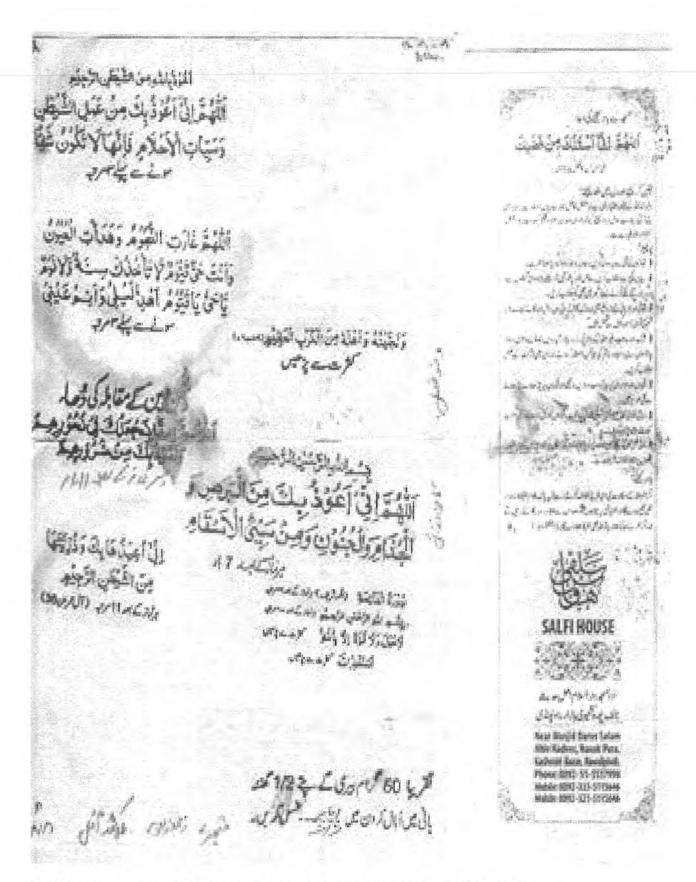


FIGURE 5.4: SECOND PAGE OF PRESCRIPTION SHOWING THE STAMPED VERSES

#### 5.2.2 Treatment of Spiritual Problems:

The treatment of the spiritual problems is different from the treatment of medical problem. As in the treatment of spiritual problem the person is required to listen to headphone for a longer time. Those females having issue of Jin are thought to be unable to tolerate the Quranic verses. It was observed that individual having the issue of Jin, does reacts to Quran. She got extremely hyper after listening to Quran, than Ayesha baji and Aunty Parveen held her tight from her throat and asked to recite Ayat-ul-Kursi. The female was then allowed to lie down and is again asked to listen Quranic verses through headphone.

On the other hand, those people who visit the place for only casual Dum they are not given any herbs. Sheikh sahab or Salfi sahab blow over them after incantation and Salfi sahab advice them to recite some of the Quranic verses.



FIGURE 5.5: SALFI SAHAB TREATING A MALE VISITOR



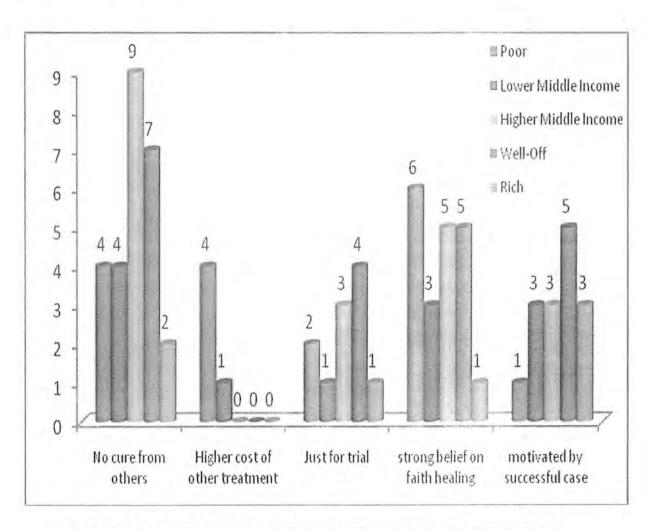
FIGURE 5.6: SALFI SAHAB TAKING OUT JIN FROM A MALE

#### 5.2.3 Treatment of Social and Economic Problems:

A lot of visitors visit the place for their treatment of social or economic problems. It was observed that the social and economic problems also have almost same procedure of treatment. But the difference is that the people visiting Salfi house for the treatment of some social and economic problems are not asked to listen to the headphone. They are just required to meet Salfi sahab and Ayesha baji and follow all the instructions which are given by Salfi sahab like to recite particular Quraanic verses and are prescribed the required herbs.

# 5.3 Reasons for visiting Salfi House:

There were different reasons found among the respondents to visit Salfi house for treatment like there were some visitors who were visiting for giving faith healing a trial and were simply taking a chance by adopting this method of treatment, some were having a very strong belief system on faith ealing at salfi house. There were many vistors who were visiting Salfi House as they were not getting any positive result from other means. They had tired going to doctors, hakeems, homeopaths, pirs etc. Among these people there were also such vistors who could not afford consulting a doctor or any going to any other place.

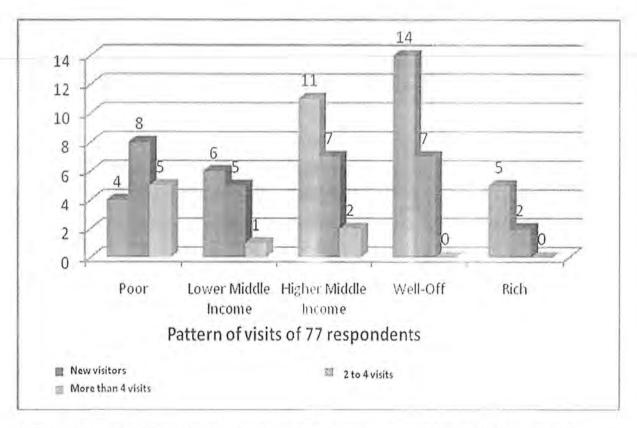


PICTOGRAM 5.1: BAR GRAPH OF REASONS FOR VISITING BY SOCIAL STATUS

With the help of above chart it is easy to understand that the higher middle class and well-off people were visiting the place as they were unable to get cure from other places. Poor were visiting Salfi house as they were unable to get their proper treatment from any other place because they were unable to afford it. 20 out of 77 were those visitors who were having strong belief on faith healing, especially those coming for "dum" or visitors who believed that dum will save them from all sorts of problems and those problems which exists will be recovered by dum as they occur due to some evil spirit, black magic or some spell. 6 out of such strong believers were poor. They believe that Salfi sahib has some supernatural powers due to which he can help them, by asking Allah to bless them and help them to solve their problems. As Kalsoom, a respondent told that, "Salfi Sahab ke hathon main shifa hai. Ye Allah se humari madad ki dua kerien ge aur hum theek ho jaien ge. Another visitor, Shaista said that, "I am here as I cam to know that Salfi sahib treats through Quranic Ayaat and nothing else and Quran has the power to heal". Data revealed that there was another category which contained that group of people who were visiting Salfi house because they were motivated by some successful case which was dealt here by Salfi house

# 5.4 Visiting pattern by Socio-Economic Statuses:

Differences among people, their opinions, nature of the problem they are going through, duration of the problem and many more things are observed to be having a very close relation with socio- economic status. Same is the case with the visiting pattern, which was different among different classes. The data revealed that more than half of visitors were fresh new ones and only 10% had visited for more than 4 times. The pattern was more prominent in richer groups whereas in case of poor 13 out of 17 had visited more than once, mostly for their spiritual problems.



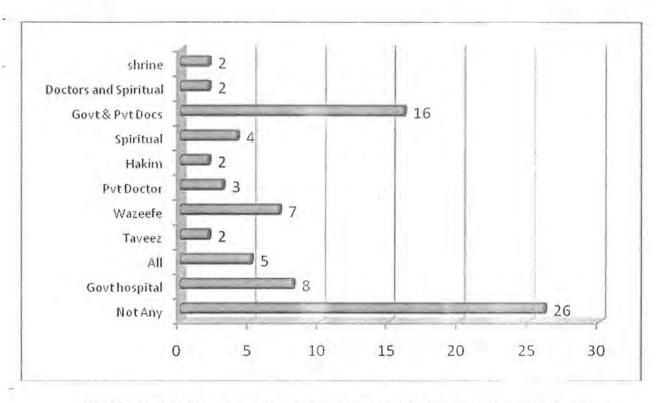
PICTOGRAM 5.2: BAR GRAPH OF FREQUENCY OF VISITS BY SOCIO-ECONOMIC STATUS

In richer groups some visitors who were facing problems in their families and house environment. They were seeking help to resolve problems like fighting, back biting, non-tolerance and even some other social issues like marriage and difficulties in visa issues. One poor female was here for the financial problem faced by her family as they were impoverished by failure in business. Other very common problems faced by visitors were that of evil spirit, magic and saya / jin. These visitors were linking all their physical, social, economic and psychological problems with these evil sources. There were also such a group of people who very regularly visit Salfi House for "dum" either for children or for home.

# 5.5 History of earlier treatment elsewhere:

About 34% of respondents visited directly to Salfi House and had not sought any other type of healing for their problem. Bio-medical sector seem to be preferred as first option by most as 10% had attended a government hospital, 21% go to govt. & private

clinics of doctors, 4% visit private doctors alone and 3% visit both doctors and spiritual healers.



PICTOGRAM 5.3: BAR GRAPH OF HISTORY OF PREVIOUS TREATMENTS UNDERTAKEN BY RESPONDENTS

# 5.5.1 Earlier Treatments Undertaken by Poor:

The treatment preferences are also affected by the socio-economic statuses of people. The bio-medical approach as first choice is not seen amongst the poor, as this option is availed by only 18% of the 17 visitors of this SES class. Only 3 respondents used to visit private or medical doctors. 2 respondents visited some hakeem, baba jee for spiritual treatment and recited some *wazeefa* for the sake of treatment. Only 1 of the respondent used to get treatment from both doctors and spiritual people or go to some shrine.

The above information about earlier treatment patterns among poor is described in the following table.

TABLE 5.2: FREQUENCY OF EARLIER TREATMENTS BY POOR

EARLIER TREATMENTS UNDERTAKEN BY POOR	NO.	%
Not Any	6	35
Wazeefa	2	12
Hakim	2	12
Spiritual	2	12
Government & Private Doctors	2	12
Doctors and Spiritual	1	6
Shrine	1	6
Government hospital	1	6
Total	17	100

## 5.5.2 Earlier Treatments Undertaken by Lower-Middle Income:

The earlier treatment pattern was observed to be opposite among the lower-middle-class. There were 12 respondents who were labelled as belonging to lower-middle income group. 9 out of 12 members of Lower Middle Income class, who have undertaken some other earlier treatment for the problem, had utilized a bio-medical option. 3 visitors were those who have never went to any other place for their treatment. Only 2 females were those who were getting treatment from some spiritual person. There was also division among those who went to doctors' i.e. those who went to private doctors, those who went to government hospitals, those who went to both private and government and in last those who had opt for both doctors and spiritual.

TABLE 5.3: FREQUENCY OF EARLIER TREATMENTS BY LOWER MIDDLE INCOME GROUP OF RESPONDENTS

EARLIER TREATMENTS UNDERTAKEN BY LOWER MID-INCOME	NO.	%
Not Any	3	25
Government hospital	2	17
All	1	8
Private Doctor	2	17
Spiritual	1	8
Government & Private Doctors	2	17
Doctors and Spiritual	1	8
Total	12	100

## 5.5.3 Earlier Treatments Undertaken by Higher-Middle Income:

20 respondents belong to the category of higher-middle income. 7 (35%) out of 20 respondents of Higher Middle Income Class have adopted a biomedical help prior to visit to Salfi House. Only 6 respondents were those who didn't went to any place for their treatment. Only 1 respondent among the higher-middle income were those who were went to some spiritual person for treatment. 2 respondents used *wazeefa* and *taveez* for their sake of treatment. And only 1 respondent used to visit some shrine to pray for the solution of their problems.

TABLE 5.4: FREQUENCY OF EARLIER TREATMENTS BY HIGHER MIDDLE INCOME GROUP
OF RESPONDENTS

OF RESPONDEN	1.5	
EARLIER TREATMENTS UNDERTAKEN BY HIGHER MID-INCOME	NO.	%
Not Any	6	30
Government hospital	2	10
All	1	5
Taveez	1	5
Wazeefa	3	15
Spiritual	1	5
Government & Private Doctors	5	25
Shrine	1	5
Total	20	100

# 5.5.4 Earlier Treatments Undertaken by Well-off Class:

21 out of the 77 respondents belong to the well-off class. About 38% respondents included in Well-Off class had come to Salfi House directly as they didn't went to other places for their treatment, and other 39% had opted to seek care from a medical practitioner before visiting the Salfi House. There was no one who used to go to some shrine for treatment or went for both medical and spiritual treatment for their problem.

TABLE 5.5: FREQUENCY OF EARLIER TREATMENTS BY WELL-OFF GROUP OF RESPONDENTS

EARLIER TREATMENTS UNDERTAKEN BY WELL-OFF CLASS	NO.	%
Not Any	8	38
Government hospital	2	10
All	2	10
Taveez	1	5
Wazeefa	2	10
Private Doctor	1	5
Government & Private Doctors	5	24
Total	21	100

#### 5.5.5 Earlier Treatments Undertaken by Rich Class:

The interesting finding is that among the rich class there was not any 1 respondent who went to some spiritual person, shrine, and opt for *taveez* or *wazeefa*. All 4 out of 7 members of Rich class, who have undertaken some other earlier treatment for the problem, had utilized a bio-medical option. 3 respondents of rich class were those who didn't received treatment from any other places. The given data can be explained by the given table:

TABLE 5.6: FREQUENCY OF EARLIER TREATMENTS BY RICH GROUP OF RESPONDENTS

NO.	%
3	43
1	14
1	14
2	29
7	100
	NO.  3 1 1 2 7

# 5.5 Things which they Advice to do During Healing Process:

Salfi sahab and his staff members advice the visitors to do following things:

- To offer prayers regulary
- To visit them 3,7,9,11 or more times depending on condition

#### To recite Quran regularly

# 5.6 Things which they Advice to Avoid During Healing Process:

Salfi sahab advice the following things to avoid during the process of faith healing:

- Not to have any other medicine except pain killers
- To avoid major sins
- Not to wear taveez
- Do not go to other places for spiritual healing

#### 5.7 Belief system of visitors, regarding faith healing:

As the name "Faith Healing" implies that faith healing is totally based on one's faith or the belief system. Therefore the healing process is concerned purely on how strong a person has faith in this type of healing and what he/she feels about this treatment. Mr. Iqbal Salfi is of the view that this treatment is eligible only for those vistors who have full belief on such healing as it is purely based on their own practice and their own way of life in which we try to include some religious practices through which they could ask for Allah's help and become a good Muslim so that He could save that subject from all evils which cause such pain to that person.

The vistors who were visiting Salfi House told me that they are visiting this place as they heard from others that here the treatment is done through Quranic Ayaat and Mr. Salfi tries to save his subjects from idolatry activities. Allah has blessed him with this power of curing the visitors.

Majority of the visitors believe that faith healing is possible for non-medical purposes like problems which are related to domestic conditions, evil eye, black magic, and jin. But there were also such people according to whom this treatment can also be used for medical purposes also but before trying this method one should consult doctors or homeopaths and if from them he/she is not getting fully cured than he/she should start their treatment through this technique.

There were many visitors who were visiting such a place for the first time but they believed that this type of treatment does work. There were on the same time such visitors who used to visit this place regularly for "dum". This group of people was those who strongly believed on such treatment. They say that Salfi Sahab is not a fraud. He just guides his subjects to seek help from Allah and stop doing bad deeds that is why they come to him regularly for every problem.

## Chapter No. 6

#### SUMMARY AND CONCLUSION

The human society has evolved from individuals to groups to societies over a span of many millennia and their interactions with each other and beyond have been governed by their belief systems. It is no coincidence that our "irrational" beliefs correspond to our fears of the unknown, the unknowable and the unstoppable — of disease, death and natural disaster. This paved the way to dominance for those who could convince them of their healing and absolving powers including shamans, witch doctors, saints etc. Even prophets of modern religions had to exhibit their miracles of healing to gain followership like Jesus' healing of lepers, disabled and even dead. Thus the notion that prayer, divine intervention or the ministrations of an individual faith healer can solve problems and cure illness has been popular throughout history. Faith healers of one sort or another have always existed, but perhaps they have never flourished to the extent which they do at the present day, in spite of the fact that we are given to flattering ourselves upon our rapid advances in the knowledge of natural phenomena, and in particular our rapid advances in the medical sciences.

In the first place, we may feel sure that the growth of these various sects of healers has taken place in response to a demand upon the part of the people. They have come into existence because of a need which a large number of people have, and they are, so to speak, the answer to that need. That need, of course, expressed simply is the need for better health, greater happiness, and greater peace of mind. Some people get comfort out of religion; some people get comfort out of associating themselves with various charitable or reform movements; fads of all varieties and in every sphere of life grow up, and among them come these sects of healers who point out to the dissatisfied-the unhappy-that their trouble is due to this or that, that it is dependent upon some physical disorder, perhaps of the kidneys or some other organ of the body, or that it is mental in origin, and, therefore, needs some kind of psychotherapeutic treatment.

"Faith Healing" refers to the healing achieved by religious faith and prayers. Everybody needs healing to their problems, they try to find ways through faith healing which for most of them becomes the last and only resort of solution. Healing through faith is also referred as "Spiritual Healing". Most Christian ministers who practice healing understand clearly that God, through the power of the Holy Spirit, is the operative force in healing. In every religion this type of healing is practiced and is given a lot of importance

In Islam, the tradition of spiritual healing was basically derived from the Quran and from Sunnah. Quran is referred as the complete guide for healing. In Pakistan people do strongly recommend healing through reciting Quranic verses. For the sake of spiritual healing Muslims visit various aalims, pirs, and shrines, recite Quran and offer prayers. The concept of faith healing exists in every society.

Faith healing is a concept that religious belief ("faith") can bring about healing—either through prayers or rituals that, according to adherents, evoke a divine presence and power toward correcting disease and disability in particular indicated individuals. Belief in divine intervention in illness or healing is related to religious belief in general (Claire B. H. 2007: 91-99).

The spiritual and/or faith-based healing has been there from ages. Same is the case with the spirituality and health. "Health practices and social ties are important pathways by which religion can affect health. Faith is the most important factor in prayer. Without faith any prayer is useless. How religion, faith and belief system works on healing of individuals is a huge debate. "Religious beliefs, acts, and practices generate actual, observable effects. (Daulby M. & Mathison C.; 1996:156)

Faith healing is the type of recovery which is done through the strong faith and belief system. "Most religious healing events also involve reaching out to some sort of spiritual power, sensibility, or entity such as ancestors, angels, saints, spirits, and God". Healing is basically achieved by the strong connection between the individual and God. "The healing power of faith resides in the patient's state of mind, not in the validity of its object". Healing through faith, prayer and recitation of verses is always under debate. As whatever they do directly influence their body and social and spiritual life. "—— a

strong religious belief system has a positive effect on physical and mental health and quality of life". "Spirituality might play in recovery from illness". Spirituality is defined by Carlton F. Brown as the link of the body with the supernatural forces and as a journey that occurs throughout each participant's life and a phenomenon that provides meaning to life.

Spirituality is a way to cope up with the difficulties of life. Patients are especially concerned with spirituality in the contexts of suffering, debilitation, and dying. The faith healers are basically those who are there to help the patients to seek help for their healing process via faith, belief and spirituality. Up till now faith and spiritual healing were brought equally in discussion but there is a school of thought among some spiritual healers who believe that spiritual healing is separate from faith healing as in faith healing the belief system for that particular religion is involved whereas the spiritual healing even works on those who do not belong to any faith group. "Spiritual healers reject the term faith healing because, apart from suggesting a required religious belief, it implies that the patient must at least have faith in the healer's capacity to heal in order for the treatment to have any effect. The faith healers invoke the will of God to heal. There is a huge class disparity among the faith healers and the patients also. Faith healers and the people that heal come from any and every class.

It is mostly observed that the majority of patients who approach the faith healers are females. No matter, if their problem is social, medical or spiritual. Then with the passage of time by having the help of faith, spirituality, and the belief system the process of healing starts and gradually the patient is cured. Often, spiritual care was called pastoral care... divided into pastoral care into four types: guiding, sustaining, healing, and reconciling.

The healing of soul is what through which the ill part of soul is cured through the power of faith and belief. With the passage of time as the human body gets developed the spirit of the body also gets developed. Without spirit no human body can exist. In Islam the term spirituality means "ruhaniyyah". ----In Islam "shifa" means spiritual healing and "mualija" means treatment.

This research explored the social, economic and religious background of people who opt to seek faith healing for solution of their problems. The process by which this healing is perceived to take place and to explore the perception of females, who visit faith healers, is also explored. The objectives of study have been to closely assess the Salfi House practices, to understand traditional treatment through faith healing, socioeconomic statuses of visitors, and to observe the stimuli which lead them to visit this place.

The present study on "Faith healing" in Salfi house, Rawalpindi was a modest contribution to our department and anthropological literature as this study will enhance general understanding about different types of health seeking behaviors among females and children. It will help in understanding reasons behind the health seeking decision making of the users of Islamic faith healing in our local setting. Some people choose this method for economic reasons, some due to social pressure and some due to lack of knowledge. This study is going to highlight these various issues. Study will improve our appreciation of religious and local belief systems about health and healing, thus helping the policy makers in communicating with communities in their language according to their beliefs and practices. This research work can be used to generate basic framework for undertaking multi-facility larger studies and even some comparative future studies

Anthropology is open to both qualitative and quantitative research methodology in order to study the specific research topic in detail. Anthropologist must be having a number of tools through which he/she could collect as much data as possible. As in anthropology triangulation makes the work much reliable and verifiable therefore by using different means of data collection one gets a strong base for analysis. In my field work I've used time-tested anthropological research methods to facilitate my study and to help me in collecting the in-depth information regarding my field of inquiry including Rapport Building, Key Informant, Non-participant Observation, Case Study, Informal discussion, Interview Guide, and Socio-economic Census.

The study was conducted in District Rawalpindi. The locale selected for research was Salfi House, Kashmiri bazaar, Rawalpindi. The district takes its name from its headquarters town Rawalpindi. It is bounded in north by Abbottabad and Haripur,

Tehsils of Hazara District, in the east by the river Jhelum, Tehsils of Jhelum District, in the west by Campbellpur and Fatehjang Tehsils of Campbellpur District. Women work side by side with men in different fields of life. It is a district of small holdings.

Salfi house is located in the main Kashmiri bazaar. Other than that near to it are cinema, DHQ hospital, police station, Jamia masjid, Dialysis center, utility store, AIMS school, Saddar bazaar, Moti bazaar, Baara market, Ganj mandi, and Raja bazaar. The exact location where Salfi house is situated is under no specific dhok but there are different dhok which are linked to this place like Dhok Ratta, Dhok Assu. There is no graveyard near Salfi house. It is in the residential area of Kashmiri bazaar.

In Salfi House continuously Quranic recitation or Islamic audio cassettes are played for the visitors. The third room is the treatment room. Opposite to Salfi Sahab there is another counter which is there for Ayesha baji, Salfi Sahab send some visitors to Ayesha baji for treatment. The female staff members and most of the visitors wear black veil which covers their body and face properly. Some visitors used to wear fashionable veil and some visit in shawls. For female visitors Salfi Sahab prefer them to be in proper veil. For doing my research work I also used to wear black veil in order to create a good rapport. The male staff members and the attendants mostly wear white shalwar and kameez. The visitors do change colors of suit accordingly but the staff members are always seen in white suit.

The electric supply was there and the complete center is properly lightened. Fans are continuously on. In treatment room there is a cooler and computer available. For compensating with load shedding they have generator. As mentioned above there is a small stall established in the waiting room for the visitors. There different snacks and cold drinks are available. Other than that they provide religious books, blessed honey, maswaak, cds, and audio cassettes. There is also a water cooler in the waiting room for visitors. They don't have any special kind of residential facility for those visitors who need to stay in Rawalpindi to visit Salfi house for their treatments as their houses are far away from Rawalpindi. Salfi Sahab told me, "those visitors who are unable to stay at any other place they are allowed to stay in Salfi house for their treatment

I've used purposive sampling in my research work. I interviewed those visitors who were present their and waiting for their turn or were coming out after treatment. As the number of visitors requiring healing varied per day it was difficult for me to choose other method for sampling. My sample consists of 77 visitors of Salfi house.

At Salfi House, Rawalpindi the process of healing is entirely based of Quranic verses and Hadith. Although Salfi house is a run Ehl-e-Hadis but the visitors of that place were found of different sects. The majority was that of the sunni people (39.51%). The remaining visitors were those who belonged to shia (16.21%) or ehle-hadis (21.28%) sects. According to my respondent, Mrs. Nasir, "we visit this place because we are Ehl-e-Hadis and Salfi sahab is also Ehl-e-Hadis, we have full trust on his treatment".

Salfi house is located in Rawalpindi but this place is not only visited by those who belong to Rawalpindi rather the visitors from different parts of the country also come there. Married women in strict patriarchal societies like ours can be expected to have more social and personal problems, which is exactly the case as around 51% of visitors at Salfi House were of married women with only 2 visitors found to be divorcees and 3 were widows.

People from various castes used to visit the Salfi house. The visitors were of different age groups. Majority of the visitors belonged to the age group of 21-30 years (27, 35.1%), followed by 31-40 years (16, 20.7%) and 1-10 years (15, 19.5%). This show that the treatment of faith healing is not confined to any age group.

There were only 4 infants and 6 illiterate visitors found in the Salfi House during the study. Vast majority was literate with around 57% (43) visitors having 12 grade or higher education. From my respondents their relationship with the head of their household was also asked and out of them the majority of female visitors were wives (36.47%) or daughters (23.30%) of the head of household, constituting more than 3/4th of the 77 visitors.

Majority of visitors reported that their respective heads of house-hold were government employees, skilled workers (including tailors, drivers, mechanics, etc.), businessman and private employees. Out of 77 respondents almost 66% visitors had

cars in their homes, whereas only 3 had motorcycles and 3 had bicycles at home. Reportedly 37 (48%) respondents had 1 car owned by their household, 11 (14%) had 2 and 3 (4%) even had 3 cars.

Those respondents are categorized as lower middle, which have semi or katcha house, 2-3 rooms, monthly income of house-hold is between 10,000 to 20,000 Rs and have 1 car along with them. The higher middle consists of those visitors who live in pukka house, number of rooms is 4-5, the monthly house hold income is between 21,000 to 30,000 Rs and 2 cars. Those visitors who have pukka house consisting 6-7 rooms, monthly house hold income lies between 31,000 and 40,000 Rs and 3 cars fall in the category of well-off and lastly, rich people are assumed to be, those who live in pukka house consisting of more than 7 rooms, their monthly income of house hold is more than 40,000 Rs and they have more than 3 cars.

Only 22.1% (17 respondents) belonged to poor class and 9% (7 visitors) could be classified as rich. Most of the visitors belonged to stable families as 27.3% (21 visitors) were well-off and 26% (20 respondents) belonged to higher middle income classes. Therefore, it's stated that Salfi house is not popular only among one or two classes rather people from every class visit him and seek his help for the treatment.

As the people offering faith healing at Salfi House, took keen interest in religious practices of Muslims visiting their center, it also became an important domain to be explored during survey of visitors. In Salfi house the basic requirement for healing is that the visitor must offer prayers 5 times a day. Those muslims who do not offer prayers Salfi sahab do not treat them. All adult female visitors were found to be practicing at least some measure of pardah. Out of 66 adult female visitors, 62% respondents were in full burqa. Most of the 70 respondents attributed the information and advice to visit Salfi House to their families (40%), friends (21%) and neighbours (13%). The visitors were mostly accompanied by their family members (91%); whereas 5 had their friends with them and only 2 adult visitors came alone.

The study found that most of the poor (77%) were visiting the Salfi House for help in dealing with a spiritual issue including Dum, Jin or magic. Contrastingly the issues that convinced the richer groups to visit the Salfi House were mostly social,

medical and economical ones (83% amongst lower middle income, 55% in higher middle income, 67% in well-off and 86% in rich classes of respondents). The most common social problems which are treated at Salfi house included problems among family members and due to some family tensions. Out of 77 visitors 14 visitors were there for the treatment of some social problem.

There were a great number of respondents who were there to resolve their complaint regarding some medical issue. The total number of such visitors who were having medical complaints is 28 out of 77. The majority of the visitors visiting Salfi House for medical problems were complaining body pains specially headache and muscle pains, followed by 4 visitors who were having some psychological problems and those having some problems related to pregnancy and reproductive system. 3 visitors were going through some stomach problem and 3 from diabetes.

It is a common assumption that faith healers mostly treat spiritual problems like that of black magic, jin and for dum. There were a number of visitors who were there for spiritual problems. Every respondent, having her own history, was obviously having different duration of their problems. That also affects the extent of the problem and the seriousness towards the problem. The poor had longest duration of problems (longer than a year) being either spiritual or medical in nature. In the category of treatment time span of 1-3 months, the majority is that of well-off respondents. It is observed that the poor people were having problems for longer period than other classes. As most of the poor were coming for spiritual problems, the duration was high among those visitors who were there for Dum, medical, economic and black magic problems. The duration was less among respondents having problems regarding some social aspect, and Jin.

28 out of 77 respondents were going through some medical problems. Every respondent was having different durations; the majority of medical patients were those who were suffering from their problems from 7 months to 1 year. Majority 39% of respondents were having physiological complaint from 7 months-1 year. 14% were having problems from 1 year to 2 years. 11% respondents were living with medical sickness from some weeks to 1 month. There were 14 visitors who were having some

social problem. The duration of social problem was standing between 7 months to 1 year for 3 visitors.

Whenever the topic of faith healing is discussed it is assumed that it's purely the treatment for spiritual problems. But it is seen that in Salfi house there were visitors who were having problems of different natures. Among 77 respondents total 32 were suffering from some spiritual problems. They were visiting the Salfi house for longest periods to receive dua, dum or exorcism. 19% were having it from 2 months to 6 months and 16% of respondents were facing spiritual problems from more than 1 year.

The Salfi House is managing all its visitors through pre-set processes. The information from visitors and non-obtrusive observations of the treatments offered for comprehending the procedures. The female visitors are allowed to enter the Salfi House from 10 am to 3 pm. The vistors wearing taveez are not allowed to get the treatment. The cost is same for both, old and new visitors.

There are 12 headphones in, treatment room, When Mr. Salfi starts checking up the visitors in treatment room, a female receptionist announces the first 2 numbers and names. The visitors whose name and numbers are announced then go in the treatment room and meet Mr. Salfi and tell him about their visit. Salfi Sahab either spray water or send the person to Ayesha baji (his assistant) after stamping some Quranic verses for that person to recite as a part of treatment. The people, who visit this place only for "dum", are treated by either Mr. Shiekh or Mr. Salfi. This process costs about Rs. 500 per visitor. The female receptionist then dispenses the prescribed herbs to the visitors and charges varying rates for different herbs. Almost all visitors are given 2 bottles of water, Jujube leaves and Taiyaba oil and rests are decided by Salfi sahab on the basis of nature and extent of problem.

Those visitors who are unable to recite the verses, due to age factor or disease or some other problem, their some close relative live mother, daughter, sister are asked to do so. And if mothers visit Salfi House for the incarnation of their children of small age than they (mothers) have to go through all these stages.

The treatment of the spiritual problems is different from the treatment of medical problem. As in the treatment of spiritual problem the person is required to listen to

headphone for a longer time. Sheikh sahab or Salfi sahab blow over them after incantation and Salfi sahab advice them to recite some of the Quranic verses. A lot of visitors visit the place for their treatment of social or economic problems. It was observed that the social and economic problems also have almost same procedure of treatment. But the difference is that the people visiting Salfi house for the treatment of some social and economic problems are not asked to listen to the headphone. They are just required to meet Salfi sahab and Ayesha baji and follow all the instructions which are given by Salfi sahab like to recite particular Quraanic verses and are prescribed the required herbs.

There were different reasons found among the respondents to visit Salfi house for treatment. The majority of 70 respondents regarding 77 had very strong belief on faith healing, especially those coming for "dum" or visitors who believed that dum will save them from all sorts of problems and those problems which exists will be recovered by dum as they occur due to some evil spirit, black magic or some spell. Majority of poor respondents gave the reason for visiting Salfi house that they are visiting the place as they have strong belief on faith healing. More than half of visitors were fresh new ones and only 10% had visited for more than 4 times. In richer groups some visitors who were facing problems in their families and house environment. One poor female was here for the financial problem faced by her family as they were impoverished by failure in business. Other very common problems faced by visitors were that of evil spirit, magic and saya / jin. These visitors were linking all their physical, social, economic and psychological problems with these evil sources. There were also such a group of people who very regularly visit Salfi House for "dum" either for children or for home.

About 34% of respondents visited directly to Salfi House and had not sought any other type of healing for their problem. Bio-medical sector seem to be preferred as first option by most as 10% had attended a government hospital, 21% go to govt. & private clinics of doctors, 4% visit private doctors alone and 3% visit both doctors and spiritual healers.

The treatment preferences are also affected by the socio-economic statuses of people. Only 3 respondents used to visit private or medical doctors. 2 respondents

visited some hakeem, baba jee for spiritual treatment and recited some wazeefa for the sake of treatment. Only 1 of the respondent used to get treatment from both doctors and spiritual people or go to some shrine. 16 visited government and private hospitals both.

The earlier treatment pattern was observed to be opposite among the lower-middle-class. There were 12 respondents who were labeled as belonging to lower-middle income group. 9 out of 12 members of Lower Middle Income class, who have undertaken some other earlier treatment for the problem, had utilized a bio-medical option. 3 visitors were those who have never went to any other place for their treatment. Only 2 females were those who were getting treatment from some spiritual person. 20 respondents belong to the category of higher-middle income. 7 (35%) out of 20 respondents of Higher Middle Income Class have adopted a biomedical help prior to visit to Salfi House. Only 6 respondents were those who didn't went to any place for their treatment. Only 1 respondent among the higher-middle income were those who were went to some spiritual person for treatment. 2 respondents used wazeefa and taveez for their sake of treatment.

21 out of the 77 respondents belonged to the well-off class. About 38% respondents included in Well-Off class had come to Salfi House directly as they didn't went to other places for their treatment, and other 39% had opted to seek care from a medical practitioner before visiting the Salfi House. There was no one who used to go to some shrine for treatment or went for both medical and spiritual treatment for their problem. 3 respondents of rich class were those who didn't received treatment from any other places.

The visitors who were visiting Salfi House told me that they are visiting this place as they heard from others that here the treatment is done through Quranic Ayaat and Mr. Salfi tries to save his subjects from idolatry activities. Allah has blessed him with this power of curing the visitors. Majority of the visitors believe that faith healing is possible for non-medical purposes like problems which are related to domestic conditions, evil eye, black magic, and jin. There were many visitors who were visiting such a place for the first time but they believed that this type of treatment does work. There were on the same time such visitors who used to visit this place regularly for "dum".

It seems that like all modern and evolving societies, the option of faith healing is being more openly used by well-off socio-economic groups, which is in contrast with previously held views that faith healing is used more often by the poorest and less literate. Since long, social scientists believe that with growing modernization, urbanization and capital-based relationships, the basic structure of cultural norms and practices is changing. Scientific deductions have moved mankind away from divinity behind many issues otherwise related to faith. Availability of means to secure more logically explainable and fast acting remedies has lured the resourceful to bio-scientific methods. Poor and illiterate have been compelled to remain outside this paradigm and have still to follow options like faith based healings. I have been able to observe that middle income groups are using these services more and even some visitors of rich class visited there. At least at Salfi House, the faith healing is more of a choice and is not a compulsion for poor only.

Another important finding was that people who visit there for only Dum or other spiritual illnesses belong mostly to the poorer socio-economical class, whereas better-offs were approaching there for medical and social problems. Almost all visitors had very firm belief in the holiness of Salfi Sahab and had benefited from his blessings / prayers in past. All were using spiritual healing in combination with allopathic methods and even at Salfi House Herbal remedies were being given.

Continuous recitations, etiquettes observed, pardah and prayers had a very strong effect on the visitors even before their sessions with the spiritual team of Salfi House. People were discussing their experiences with each other and were getting more convinced that they will get relief from there.

The staff and healers at Salfi House were very open in allowing observation of all processes and they themselves were firm believers in healing powers of Holy Quran, Prayers and spiritualism of Salfi Sahab.

The anthropological inquiry undertaken was fully successful in achieving its objectives and paves ways for our better understanding of the practices, clients and social role of Spiritual healing in Pakistan. However, a larger multi-center future study will be required, for which this can be used as first milestone.

# References

- Bernard Russell. H. (1994): "Research methods in anthropology": Qualitative and quantitative approach (2<sup>nd</sup> Edition), Sage publication, Inc. pp-1, 166, 95,181.
- Braud W.G. (1994): "Empirical Explorations of Prayer, Distant Healing, and Remote Mental Influence", Journal of Religion and Psychical Research, USA; Volume 17, Number 2, April, 1994, pp. 62-73.
- Brown C. F. (2005): "Old Religion, New Spirituality, and Health Care", Spirituality and Health: Multidisciplinary Explorations, Wilfrid Laurier University Press Waterloo, Ontario, Canada, pp-191-209
- Claire B. H. (2007); "Prescribing Faith: Medicine, Media, and Religion in American Culture" Baylor University Press, Waco, Texas, pp 91-99
- Clarfield A. M. (2002); "An Old Prayer for Modern Medicine" Canadian Medical Association Journal, Vol. 167 (12), pp 1364-67)
- Cockerham. William. C. (1989): "Alternative Healers in Modern Society", Medical Sociology (4<sup>th</sup> Edition), PRENTICE HALL, Englewood Cliffs, New Jersy, 07632
- Daulby M. & Mathison C.; (1996): "Spiritual Healing: Eastern Healing Philosophies", Geddes and Grosset, Children's Leisure Products, UK, 155-176.
- Daulby M. & Mathison C.; (1996): "Spiritual Healing: Roles of the Healer", Geddes and Grosset, Children's Leisure Products, UK, pp. 194-210.
- Daulby M. & Mathison C.; (1996): "Spiritual Healing: Spiritual Healing Therapies", Geddes and Grosset, Children's Leisure Products, UK, pp. 109-131.
- Eckersley R. M. (2007): "Culture, spirituality, religion and health: looking at the big picture" MJA 2007; 186: pp:54–S56
- Isgandarova N. (2005): "Islamic Spiritual Care in a Health Care Setting", Spirituality and Health: Multidisciplinary Explorations"; Wilfrid Laurier University Press Waterloo, Ontario, Canada, pp-85-101
- Jantos M. & Kiat H. (2007): "Prayer as medicine: how much have we learned?"
   MJA Volume 186 Number 10, May 2007, Spirituality and Health; 186: S51–S53
- Kumar Ranjit (2005): "Research methodology" (2<sup>nd</sup> Edition), Pearson Education Australia; pp-120, 179, 123, 124, 181.
- Mackinlay E. B. amd Trevitt. C. (2007): "Spirituality and health: Spiritual care and ageing in a secular society" Medical Journal of Australia, Volume 186 Number 10, 21 May 2007, S 74-S 76
- Murray S. A., Kendall M., Boyd K., Worth A. & Benton T. F. (2004): "Exploring the spiritual needs of people dying of lung cancer or heart failure: a prospective

- qualitative interview study of patients and their careers" Palliative Medicine downloaded from http://pmj.sagepub.com on July 8, 2009:39-45
- O'Connor T. SJ & Meakes E. (2005): "Towards a Joint Paradigm Reconciling Faith and research", Spirituality and Health: Multidisciplinary Explorations"; Wilfrid Laurier University Press Waterloo, Ontario, Canada, pp-11-21.
- Oxford Paperback Dictionary Thesaurus and Wordpower Guide. (2001): Oxford university press; pp- 320, 414,
- Parsons T. (1979); "Religious Perspectives in Sociology and Social Psychology", Reader in Comparative Religion: An anthropological approach (4<sup>th</sup> Edition), Harper & Row publishers; pp-62-66
- Post S. G, Puchalski C. M. and Larson D. B. (2000): "Perspective" Physicians and patient spirituality, professional boundaries, competency, and ethics" Annals of Internal Medicine (U.S.A), Volume 132Number 7, pp578-583
- Puchalski C. M. (2001): "The Role of Spirituality in Health Care", BUMC Proceedings, Volume 14 Number 4, October 2001; pp-352-357
- Rumbold B.D. (2007): "A review of Spiritual Assessment in Health Care Practices", MJA; 2007:60-62
- Sered S. (2004): "Religious Healing in Boston: Body, Spirit, Community: Introduction" Harvard Divinity School, Harvard University, USA, May 15, 2003, and May 18, 2004, 1-5
- Thomas A.M., Peter J.C., VanKatwyk (2005): "Spirituality and Health: Multidisciplinary Explorations"; Wilfrid Laurier University Press Waterloo, Ontario, Canada, pp-205
- White W. A. (1914): "The Meaning of Faith Cures and other Extra-Professional Cures in the Search for Mental Health", The American Journal of Public Health (N Y). 1914 March; 4(3): 208–216.
- Wilding C. (2007) "Spirituality and Health: Spirituality as Sustenance for Mental Health and Meaningful doing; A case Illustration" Medical Journal of Australia, Volume 186 Number 10, 21 May 2007, S67-69
- Williams D. R. & Sternthal M. J. (2007): "Spirituality, religion and health: evidence and research directions" Medical Journal of Australia, Volume 186 Number 10, 21 May 2007, S47-50
- Winslow G. R. and Winslow B. J. W. (2007): "Spirituality and Health: Ethical Boundaries of Spiritual Care" Medical Journal of Australia, Volume 186 Number 10, 21 May 2007, S63-66

# Glossary

S. NO.	WORD	MEANINGS
ì.	Ahadis	Traditions of the Holy Prophet (P.B.UH)
2.	Ayaat	Quranic verses
3.	Baba jee	Local pirs
4.	Bairy leaves	Jujube leaves, leaves given for the treatment of spiritual problems
5.	Burqa	Females wear a gown and a scarf to cover their body and face
6.	Dua	To pray for the betterment
7.	Dum	Sake blowing over someone after incantation
8.	Exorcism	To drive away an evil spirit
9.	Faith	Complete trust, belief
10.	Healing	To make it better or cure
11.	Ibadat	Prayer
12.	Illness	Health problem, being in trouble, disease, complaint
13.	Incantation	Words said or recite as spell
14.	Invocation	To appeal to some power
15.	Jadu	Magic, charm
16.	Jin	Supernatural, spirit, genius
17.	Maswaak	Type of traditional way to brush teeth
18.	Methi daane	Fenugreek, given for the treatment of diabetes
19.	Namaz	Prayer
20.	Purdah	Being veiled, not to be exposed
21.	Shalwar Kameez	Pakistani dress
22.	Shirk	Polytheism, to worship someone with God
23.	Tauheed	Oneness of God
24.	Taveez	Amulet, wear a charm or talisman
25.	Wazeefa	Incantation or recital, the Quranic verses prescribed for treatment as a prayer.
26.	Wazo	Ablution, to be cleaned before praying
27.	Zaffran	Saffron

# **Annexures**

# CENSUS FORM

# DATE OF INTERVIEW:

Form-I

S#	Name of Respondent	Sex	Age	Status Pt/Att.	Age/Sex/	Relig	gion	Caste	Relation	I	Educ	ation	Resid	ent of	Place of Birth
		(M/ F)	In yrs		Relation of Patient (if Att)	Basic	Sect		to Head of H/hold	Lit		If yes (yrs)	Village / City	Name of town	
1.			-		(II Att)	8				Y	N				
2.										Y	N				
						*									
3.										Y	N			84	
4.										Y	N				
5.										Y	N				
										Y	N				
6.										Y	IN				
7.										Y	N				
		W T								1	1,				
8.			-							Y	N	-			
9.										Y	N				
10.										Y	N		1		
														u otgas Li	

Form-II

S#	Age at Marriage (in	Occupation of spouse	(in	es of year	s) (el	ncirc	le th	en ose		Family System		Type of House (1=Kutcha,	No. of Rooms in	Average monthly income	No.	of vehi ed	cles	No. of Cattles			
	years)		A	В	C	D	É	F	G	Nuclear	Joint	2=Semi, 3=Pukka)	house	of HH	Car	M/C	Сус	Cow	Goat	Hens	
1.																					
2.																					
3.																					
4.																					
5.																					
6.																					
7.																					
8.																					
9.																					
10.																				P - 1	

Form-III

S#	Visit	of cent	er	Fre	quency Visits	y of	Nature of Problem							Prayers	offered		Preferred Medical Treatment				
	With Family	With Friend	Alo ne	Wee kly	Mon thly	Yea rly	Soc	Med	Econ	Jadu	Jin	Dum	All	Some	Jumma	Eid	Govt Hosp	Pvt Doc	Hakim	Homeo	Spiritual
1.																					
2.																		75			
3.																	10 E				
4.																				1.1654	
5.																					
6.																					
7.											7										
8.																					
9.																					
10.	1314-15																				

# رہنما برائے تحقیق۔۔۔۔دوردوم

آج آب یمال کی مسلے یا شکایت کے حل کے گئے تشریف لا کی ہیں۔ نظه نمبر ا آب كب السطل على الشكاية كاشكار بين-نقط نمبر كياس سے قبل آپ نے اس شكايت سے نجات عاصل كرنے كے لئے كى اور جگہ سے مدد حاصل كرنے كى ستى كى تقى۔ نقل نمبر اگرمان ، توباری باری ایس شرم دوشون کے بارے شن خاکی اور دید تین خاکی که بعد آب شدمان جاد کیول چھوڈ دیا۔ فقله نمبرا آب کوسلفی ہاؤس کے بارے میں پہلی مرتبہ کمال سے معلوم ہوا۔ نقط نمبر ۵ آپ نے یمال آنے کا فیصلہ کیوں کر اور کس کے کہنے پر کیا۔ نقط نمبر ٢ . كياآج بيآك كايمال كايملا تجربه ب- اگر نهيں، توآب بھلى مرتبه بمال كب اور كيول آئے تھے۔ نظ نمبر ٤ اگريملے بھي آ يك سے تودوباره آنے كافيصله كى بنيادير كيا-نظ نمبر۸ كيآل كع عزيزآپ كے يمال آنے كے بارے من جانتے ہيں ؟ اگر ہال، توكيادہ بھى اس طريقے مفق ہيں۔ نتظ نمبر ٩ كياآج يمال كمى في آپ كے متلے يرآب تفصل بات كى ؟اگر ہال تؤكياآپ كے خيال ميں آپ كامتلہ ان كى سمجھ ميں آگيا۔ نظ نمبرا. اس کے بعد آپ کن مر حلول ہے گزریں۔ ذراتفصیل ہے بتائیں۔ نقطه نمبراا كياآب ايخ آج كے تجربه و مشاہدات سے مطمئن بيں ؟ اگر نہيں تو كيول ـ نقطه نمبرا كياآب كوايخ مئله كي شدت ميں يجھ فرق محسوس ہوا ؟اگر ہاں، تووضاحت كريں۔ نظه نمبرا كياآب كو گھرير عمل كرنے كے لئے بچھ مدايات دى كئيں ؟ اگر بال، تؤوضاحت كريں۔ نظه نمبراس این ترقعات کے مطابق آیاج کتے مطمئن ہیں۔ نقط نمبراه كياآب مستقبل عي يمال دوبارهآنے كاكوئي اراده ركھتے ہيں ؟ وجوبات كے سانت واضح كريں۔ نقط نمبرا٢ كياآب اين عزيزول اور دوستول كو بھي إن سائل كے حل كے لئے يمال آنے كامشور وديں كے۔ نتظ نمبرا آیآ ئندہ کن ماکل کے لئے کی ڈاکٹر کے پاس جانا پند کریں گا۔ نقط نمبرا٨ آی آئندہ کن ماکل کے لئے کسی ہو میو پیھک کے پاس جانا پند کریں گا۔ نظ نمبرا ٩ آیآ کندہ کن ماکل کے لئے کی تھیم کے پاس جانالپند کریں گا۔ نظر نمبر ۲، آیآ ئندہ کن سائل کے لئے کی پیر کے پاس جاکے تعویز کرانا پند کریں گ۔ نقط نمبر ١٢ آیآ تنده کن سائل کے لئے کی مزاریر منت مانگنے کے لئے جانا پند کریں گ۔ نظ نمبر ۲۲ آپ کے خیال میں آج مہیہ کیا جانے والاعلاج کن سائل کے حل کے بہترین ہے۔ نظ نمبر٢٢

شكريم!