

Exploring how Culture Influences Religious and Spiritual Beliefs in the Indian Health Care Setting

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Figure 1: The Non-Resident India (N.R.I) Academy of the Sciences. This is a view of the N.R.I. General Hospital with the temple Hindu temple connected to it.

Abstract

Using ethnographic techniques, I studied the religious and spiritual aspects of health care at the N.R.I. Academy of the Sciences in Chinakakani, Andhra Pradesh, India, to gain perspectives on how culture influences people's beliefs about health. It became apparent that "cultural customs" accounted for people's similar beliefs concerning recovery from disease and injury, irrespective of their diverse religious orientations. With this understanding of culturally-influenced beliefs, perhaps culturally competent health care can be provided both in South India and the U.S.

Introduction

When beginning to examine holistic health care that is, caring for the mind, body and spirit—in the Indian health care setting, one must not look for the obvious signs of holistic care that might be recognized in a westernized health care setting, but rather observe with a forcedly forgotten palate of ideas. One should discard expectations of seeing a chaplain searching each hospital room for those in need of spiritual support or a social worker determining mental well-being and the strength of family support systems, as these are western-based images of holistic care. Understanding the western origin of these images

allows one to be open to all forms of holistic care that may be present in a foreign environment.

In search of new holistic care ideas, I carried out 6 weeks of participant observation and interviewing in the hospital wards at the N.R.I. Academy of the Sciences, Chinakakani, Andhra Pradesh, India. At N.R.I., I began to see the different ways in which holistic care was and was not expressed through different social interactions. Most of these interactions stem from what one of my main interlocutors termed the “cultural customs” that make up life in India (at least southern India) today. Thinking about these beliefs and customs, which may subtly emerge during the health care process, one can observe a hospital with an awareness to expressions of holistic health care, while not being fully bound to the constructs of Westernized medicine.

With my background in both anthropology and nursing, I originally proposed to study a subset of holistic health care, specifically the religious and spiritual aspects. I wanted to see if health care providers treated patients under the influence of a spiritually or religiously based worldview. My intentions were to compare Indian methods of treatment to those of the West, with an eye toward finding new ways of caring to apply in our American health care setting. Over time, however, my plans changed.

My original proposition gradually became an exploration of how culture influences people’s religious and spiritual beliefs in the health care setting. Some of the questions I explored were: what influences a person’s health from a holistic perspective, in terms of mind and spirit? Does religion play a large part in each person’s beliefs about recovery? And, do people of different religions share the same beliefs about recovery from disease and injury?

These were the grounding questions of my research. Beginning with literature to support my main ideas, this was primarily an ethnographical study that began with incorporating one person’s ideas and ended with data to substantiate them. Before reading this, please note that I am not an anthropologist or a nursing researcher. The reason I call this study an “exploration” is that I went at it like a surgeon operating with a kitchen knife—this was an unrefined first attempt at research. I began with limited experience in and knowledge of actual fieldwork.

“Cultural Customs”

To establish (to the reader) the “cultural customs” as I witnessed and learned them from Indian friends and contacts, I would like to talk about the idea that Hinduism is both a culture and a religion. This may seem obvious to many people, especially if they have lived in or visited India. However, the concept needs emphasis since Hinduism forms a basis of a person’s way of life, irrespective of his or her religion. Dr. A, a Brahmin, stated that, “Hindu cultural issues are imbedded in each individual. It doesn’t have to do with religion; it has to do with cultural

custom. Hinduism is synonymous with secularism here in India.” The final portion of his statement initially felt rather extreme. I saw his view of Hinduism being synonymous with secularism merely as an exaggeration to help me understand the concept marking Hinduism as a religion and a way of life. As my research progressed, however, I came to see that there is truth in it—Hinduism is a cultural way of living. Part of the reason Indians of all religions share this Hindu-based worldview comes from the mode of teaching.

After conversations with this doctor I began to think about his belief that most Indian traditions are passed on orally through the generations. This idea stems from the assumption that most people do not read the Indian epic tales or, as some people consider them, the Hindu scriptures. Dr. A continued, “Muslims and Christians have written rules like the Koran and the Bible. In India, there is no such dictation; everything gets transferred from generation to generation informally.” In this light, he infers that the religious-based ideas are passed on informally to form a backbone of Indians’ cultural worldviews in a secular sense. He later added, “Ninety percent of the people don’t know religious [Hindu] issues. Instead, it is custom that continues to travel through the generations based on previously established values.” The important idea to grasp is that these values, in theory, are transmitted to every person irrespective of his or her religion.

While searching journal articles for writings that would support Dr. A’s idea, I came across Singer’s work from the mid-1950s. He wrote:

It is seldom that I came across an Indian who read these stories [the Ramayana, the Mahabharata and the Bhagavata Purana] as I did, simply in a book. This is not how they learn them and it is not how they think of them. There is a sense of intimate familiarity with the characters and incidents in the references made to Hariscandra, Rama and Sita, Krsna, Arjuna, Prahlada, as if the world of the stories were also the every day world. Many children are told these stories from an early age by parents and grandparents, but this is by no means the only way in which they learn them. The very tissue of the culture is made from puranic themes....¹

The way in which Singer writes about these stories, stating that people frame them in an applicable context to the everyday world, supports the idea that the stories have a secular side and use. He shows that the stories set the example of how to live properly in Indian society. Singer states that this way of passing on values is found among people at all levels of socio-economic-status, and in the village and urban areas alike.¹ Again, these values and ideas are passed on to Indians of all religions since these “puranic themes” form the “tissue of the culture.” I do not know the degree to which this idea still holds true, but Dr. A talked about it on several occasions.

Yet, reading Singer and other writers, I still found no trace of Hinduism-based “cultural customs” being

expressed by Indians of different religions. For instance, never did I read about a Christian seeing God in everything and everyone around him, as is discussed in the Bhagavad-Gita. But in my entry point into this culture, the N.R.I. Academy of the Sciences, I did find some beliefs that may be relevant for understanding Indian culture and, more specifically, beliefs about disease and injury.

Before explaining how the beliefs that interest me fit into the health care setting, it is important to note how Indians understand these ideas in everyday life. Let us take one basic Hindu belief that Dr. A described, the idea that God is in everything and everyone. As we talked about it, Dr. A explained the concept with a story. Smiling and making deep eye contact, he spoke like a teacher. I could not help but feel like a student as I rigorously scribbled down his words and ideas; they sounded like the secrets of life at the time. He began enthusiastically:

A man was taught by his guru that God is in everyone and to listen to God. As he walked through the street, a mob of people came running by him yelling that an elephant was coming and trampling people. The man didn't listen to the people as they warned him remembering that God is in everyone, even the elephant. He stood there, but he was trampled by the elephant and ended up in the hospital. When his guru talked to him, the man said, "I don't believe in God. If God was in the elephant, it wouldn't have trampled me." The guru replied, "Were there any other people running away?" The man said, "Yes they were screaming to run from the elephant." "Well," the guru said, "Did you listen to them?" The man replied, "No." "Well you should have listened to them because God was in them too. His grace was speaking through them and you didn't listen.

As I considered the story, I began to understand that in Indian culture stemming from Hinduism, God acts through the material world. In this quote, the man did not listen to the people's warning which was really God speaking through them.



Figure 2: Casualty Ward (Emergency Department). The nurses work with the doctors and the incoming patients in the casualty ward of the hospital.

This belief can also be detected in the health care setting. Dr. A continued by telling me another story that recounts how God acted through a doctor:

My dad was on his deathbed and he was in a horrible condition. I was far away, and the doctor, my friend, called me to let me know. Right away, I left to reach him. I was about six hours away. I prayed to God that he would be alive at least enough for me to see him. As the doctors worked on him, one doctor decided to give him an emergency drug that is rarely used. It worked and my father is still alive. This is an example of how God worked through the material world and the doctor. Through God's grace, the doctor chose to try the emergency drug and it worked. The God was also in the medicine helping it to heal my father.

Dr. A's personal anecdote presents the belief that God acts through the physical world, the doctor, in the health care setting. God heals patients working, in a way, with the doctor's knowledge of physical medicine.

When interviewing patients and nursing students, I explored whether this idea is held by the general population—if it is in fact a “cultural custom.” I found that many people did believe that God works through health care providers and medicine to heal. I first asked the patients if God plays a part in their recovery from disease and injury. All eighteen patients that I asked stated that they believed God would play a part in their current recovery.

Narrowing my question, I asked, with the help of a nursing student, “Do you believe that God is in the doctors and medicines?” Of the thirteen people that answered this question, six were Christian, six were Hindu and one was Muslim. Only one, a Hindu, said “no, God is not in doctors or Medicines.” The other twelve answered in the affirmative.

Not only did the Hindus believe God to be in material and corporeal items like people and medicines, but the Christians and the Muslim did, too. The similar belief between people of different religions shows that Hinduism-based “cultural customs” must be playing into their beliefs. This shared belief most likely emerged from the founding Hindu idea that God is in everything living and non-living.

Even though each patient answered somewhat differently, I grouped the similar responses together into the belief that God is in health care providers and medicines. To give readers a better understanding of what people believed, I will present some of the statements that patients made in response to this question. One answered, “I see God in the form of medicines and sisters [nurses].” Another patient was more specific, saying, “God won’t directly help me, but in the form of doctors, nurses and medicines, God will help me.” A few others responded similarly, with responses like these: “Yes. The doctor is equal to God. You can see visible Gods in doctors unlike the invisible God, Jesus Christ”; or “doctors are like Gods for healing my son.”

Within this idea that God works through physical medicine and doctors, I wanted to see which of the factors people believed would play a larger part in their recovery. I asked both nursing students and patients a variation of this question. When I surveyed the nursing students, I asked them to rate their disagreement or agreement on a scale of 1 to 5, with the following statement (1 being complete disagreement and 5 being complete agreement): “I believe that praying and believing in God(s) or a higher power when combined with physical medicine will help me recover from a diseased state—but God(s) or a higher power will have a greater healing effect than physical medicine.” A majority of the students, fourteen, rated their agreement at a “5,” one at a “4,” and three students at a “3.” Some eighty-three percent believed that God would play a larger part in their recovery than physical medicine. Among the fifteen students that either fully agreed or rated their level of agreement at a “4,” eight were Christians and seven were Hindu (there were ten Christians and eight Hindus in the survey sample). Among the Christians, eight were from the Southern state of Kerala and two were from Guntur, Andhra Pradesh, the hospital’s neighboring city. Among the Hindus, one was from the state of Kerala, one was from the state of Tamil Nadu, and the rest were from the Guntur area. This suggests that not only do similar beliefs span the line of individuals’ religious orientations, but similar beliefs are found across the larger geographical area.

In a similar vein, I asked all of the patients that I in

terviewed, “What do you think will have a greater effect on your healing process, God or physical medicine?” Out of seventeen that answered the question, nine said God would have a greater healing effect; five said God would have an equal healing effect; and three said God would have less of a healing effect when compared to physical medicine. Fourteen out of seventeen, or 82 percent, believed God would account for at least 50 percent of their recovery. Of the fourteen patients, nine were Christian and five were Hindu.

Comparing the nursing students and the patients, we can see a similar belief pattern—a majority in both groups believed God plays a larger part in recovery from disease or injury than physical medicine. Both groups included similar numbers of Hindus and Christians in the majority group. This leads me to believe that shared “cultural customs,” not diverse religious beliefs, are most important in these people’s beliefs about recovery. However, it remains unclear if this belief—that God plays a larger part in a person’s recovery from a diseased or injured state—stems from a traditional Hindu-based “cultural custom,” as did the first belief I discussed above.

What is clear to me, however, is that “cultural customs” influence an individual’s recovery from disease and injury in this part of India. I think that the shared spiritual and religious beliefs among people of different religions originated from uniform Hinduism-based “cultural customs” of the past and present, but I cannot fully conclude this without a more detailed case study. Most of my detailed data on the view, that cultural practices in India are mostly passed down through stories and cultural events, comes from just one elder’s beliefs. But what I did learn can serve as a primer for longer-term, in-depth research into cultural beliefs about disease and illness in southern India.

Reflection

Back in America, considering my original purpose was to learn from the different cultural ways in the Indian health care setting, how can ideas from this study help fuel future discussions and projects in America’s health care setting? One way to utilize the concepts I talked about is to look at the roles “cultural customs” play in influencing people’s beliefs. For instance, have Americans’ beliefs throughout history been influenced by the popular religion of the time? More specifically, do traditional Christian beliefs of the past influence Americans’ beliefs about medicine and death and dying today? When asking and attempting to answer questions like these, the value of cross-cultural studies in the Indian and other health care settings should be evident; further research is warranted.

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Reference

1. M. Singer, *The Far Eastern Quarterly*. **15**, 23 (1955).