

Traditional Healing Systems In Addressing Psychosocial Problems In Jaffna: A Community-Based Study

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ABSTRACT

Introduction Jaffna District mainly comprises of Tamil speaking communities, and the Siddha system of Medicine is closely associated with their tradition and culture. Traditional healer is one of the resources available in the community where psychosocial support is provided within their belief systems, culture, and way of life. Clients referred to in this study are those who seek the help of Traditional healers for their problems. Those fearing social stigma attached to mental health problems and belief in traditional systems, sorcery, demons, and Gods motivate seeking such help. This study reviews, analyses, and describes Traditional Systems in Dealing with Psychosocial Problems in Jaffna.

Methodology The study was done in the Jaffna district situated in the Northern Province of Sri Lanka, about 410 km from Colombo, the capital of this Island. It is a pilot study. It includes personal details, information about clients seeking the help of traditional healers for a host of psychosocial problems. It analyses somatic manifestations of psychosocial problems and the degree of relief for the client through traditional healing.

Results According to the report, almost equal numbers of clients were male and female, with the majority (56.7%) being between the ages of 25 and 49. The majority of participants (84.7%) were Hindu and had completed secondary or higher education. Among the most significant psychosocial repercussions were family separation (46%), economic difficulty (50.7%), property loss (88.7%), and displacement (92%). Traditional healers treated typical behavior (aggression, withdrawal, sleep difficulties) and emotional (sadness, worry, terror) problems. 99.3% of clients believed in the efficacy of traditional treatment, and over 90% felt moderate to great alleviation. The majority needed six to ten visits to get better, although 30.7% also looked for other sources of support.

Conclusion Traditional healers offer essential psychological care in Jaffna, augmenting modern mental health services.

KEYWORDS: Jaffna, psychosocial problems, clients, traditional healing system, relief, traditional healers.

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INTRODUCTION

Jaffna District mainly comprises of Tamil speaking communities, and the Siddha system of Medicine is closely associated with their tradition and culture. The last three decades have seen political upheavals, armed conflict, high-tech warfare, and displacement many times over. The collapse of strong binding structures like their homes and sources that provided livelihood through generations disrupted family cohesion. [1] Witnessing the horrifying death of loved ones, seeing mutilated bodies, and the fear of death at any moment has brutalized the personality. Long term consequences of such experiences may result in personality disorders like poor impulse control, leading to aggression and antisocial behavior. Hence, the population is suffering from mental health and socioeconomic tribulations, thus leading to a high incidence of psychosocial problems. Traditional systems of healthcare include the well-documented classical systems of China, India, Sri Lanka, and Tibet, the less studied systems in Africa and Latin America, and folk systems that are passed on orally. [2],[3]

Traditional medicine is the sum of knowledge, skills, and practices based on the theories, beliefs, and experiences indigenous to different cultures that are used to maintain health, as well as to prevent, diagnose, improve, or treat physical and mental illnesses. [4] Sri Lanka is a country of rich heritage, one of which is its indigenous system of medicine, which has been practiced by the people since time immemorial. Historically purely indigenous system of medicine has been alive, including mental health, as seen in picture 1 – a ruined psychiatric hospital at Inuvil. However, it has been influenced by systems of Ayurveda, Siddha, and Unani from India and Arabia. [5],[6]



Figure 1. Ruins of an ancient traditional psychiatric hospital (Inuvil, Jaffna)

Traditionally, the village has its own configuration for providing help. In some places, there are exceptionally good traditional healers. Among the more mature, most do not claim that they can cure all serious psychiatric illnesses but believe that they can ameliorate most of the psychosocial problems. [7] Those seeking help from traditional healers receive more peace, satisfaction, community, family support, and attention. They can construct meaning about what has happened to them and about their lives. People are treated with more respect and understanding in these places than the hospitals. People within the context of the community are accounted when talking about psychosocial problems and mental health.[8],[9] Communities are made up of people, and people behave according to the rules of the community. Individual people, families and communities are interlinked. The total wellbeing depends on the connectedness between individuals, family, and community.

People manage their problems individually, in their families, and within their communities. There are many mechanisms in the community providing solutions to problems. Traditional healer is one of the resources available in the community where psychosocial support is provided within their belief systems, culture, and way of life. Clients referred to in this study are those who seek the help of Traditional healers for their problems. Those fearing social stigma attached to mental health problems and belief in traditional systems, sorcery, demons, and Gods motivate seeking such help. This study reviews, analyses, and describes Traditional Systems in Dealing with Psychosocial Problems in Jaffna.

METHODOLOGY

Study design

It is a pilot study. It includes personal details, information about clients seeking the help of traditional healers for a host of psychosocial problems. It analyses somatic manifestations of psychosocial problems and the degree of relief for the client through traditional healing. The objective of the study includes knowing the mindset of clients who seek relief through traditional healers, identifying the clients with psychosocial problems who seek the help of traditional healers, to ascertain the degree of relief from psychosocial problems after visiting the traditional healer, to evaluate the negative effects of seeking the help of traditional healers. This study was conducted in a clinical manner. A sample of individuals suffering with Psychosocial Problems who were healed from their clinical conditions was taken for this study.

Study area

The study was done in the Jaffna district situated in the Northern Province of Sri Lanka, about 410 km from Colombo, the capital of this Island. In the Jaffna District, the health services are provided chiefly through two systems of Medicine, they are Allopathic and Indigenous Medicine. The health services in indigenous medical systems are carried out through the Siddha Teaching Hospital, Kaithady, District Ayurvedic Hospital Jaffna, Rural Ayurvedic Hospitals (02), Central Ayurvedic Dispensaries (08), and Free Ayurvedic Dispensaries (30).

Procedure

The instruments used in this study are an interviewer (researcher) administered questionnaire to the clients. The questionnaire for the clients was classified into two main compartments. The first comprised of personnel details (age, gender, civil status, religion, level of education, usual recreational activities and occupation) and the second related to the psychosocial background (war related, family and social problems), problems to be resolved, and degree of relief (reasons for visiting the healer, physical complaints, emotional / psychological complaints, behavioral complaints) faith (belief in resolving problems with the help of healers, decrease in complaints after visiting the healer, help sought elsewhere for the same problem, frequency of visits to the

healer, reasons for visiting the healer, problems faced in visiting a healer). A minimum of three hours was spent with one client

Civil status	Married		Unmarried		Divorced / Separated		Widowed		Total		Grant total
Gender	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Age →											
< 25	--	01 0.7%	07 4.7%	07 4.7%	--	--	--	--	07 (04.7%)	08 (5.3%)	15 (10.0%)
25-49	23 15.3%	16 10.7%	15 10%	18 12%	01 0.7%	05 3.3%	01 0.7%	06 4%	40 (26.7%)	45 (30.0%)	85 (56.7%)
50-60	11 7.3%	03 2%	--	--	02 1.3%	--	02 1.3%	05 3.3%	15 (10.0%)	08 (5.3%)	23 (15.3%)
> 60	08 5.3%	04 2.7%	01 0.7%	01 0.7%	01 0.7%	--	07 4.7%	05 3.3%	17 (11.3%)	10 (6.7%)	27 (18.0%)
Total	42 28%	24 16%	23 15.3%	26 17.3%	04 2.7%	05 3.3%	10 6.6%	16 10.7%	79 (52.7%)	71 (47.3%)	150(100.0%)

completing data collection. Hence, a maximum of three clients could be interviewed per day. An average number of 100 clients per week were identified, and fifteen (15) among them were selected. Ten clients were selected at random. The ten clients for the pilot study were reached after obtaining permission from the clients themselves and from the respective healers. The questionnaire for the study was modeled based on the information gathered from the interview with the particular clients.

Data collection

Collection of data commenced in September 2008 and continued till the end of April 2009. Clients were interviewed in the 14 D.S/ A.G.A Division in the Jaffna District based on a structured Questionnaire. This questionnaire consists of closed-ended, open-ended questions. Data collection was based on the questionnaire. The questionnaire for the clients was directly administered and filled out with their consent in their presence on the premises of the respective healers before or after a healing session. Some clients were hesitant to be interviewed; hence, they were excluded from the study.

RESULTS

One hundred and fifty (150) clients in the Jaffna district were sampled for the research study. These clients were those who visited the 15 selected healers.

Demographic details

➤ Age/Gender/Civil status

The mean age of the clients was 43.01, and the standard deviation was 14.68. Of them, 85 (56.7%), the highest were 25 to 49, followed by those above 60; 27 (18.0%), while the least were below 25; 15 (10.0%). Of these clients, 79 (52.7%) were males and 71 (47.3%) were females. 66 (44%) were married and 49 (32.7%) unmarried. 09 (6.0%) were divorced / separated from their spouses, and 26 (17.3%) were widowed. Married males 23 (15.3%) were the highest in the ages ranging from 25 to 49, followed by 18 (12.0%) unmarried females in the age ranging 25 to 49.

Table 1. Demographic details

➤ Religion, educational Qualification, Occupation

Hindus were the highest among the clients 127 (84.7%), followed by Roman Catholics 22 (14.6%), and the least were Non-Roman Catholics 1 (0.7%). There were no Islamic and Buddhist clients in this study. Secondary education (Grade 6 to O/L) was 51 (34.0%) the highest, followed by Higher (A/L) or technical education 47 (31.4%), and the least were non-schoolers in number 08 (5.3%). The highest number of clients were those with no fixed monthly income, self-employed / Labour workers 60 (40.0%), followed by those unemployed 44 (29.3%). the least were employed in private institutions/ NGO13 (8.7%).

Parameter	Frequency	Valid Percent
RELIGION		
Hindu	127	84.7
Roman Catholic	22	14.6
Non-Roman Catholic	01	0.7

EDUCATIONAL QUALIFICATION		
Non-Schooler	08	5.3
Primary education (Grade 1-5)	27	18.0
Secondary education (Grade 6 – O/L)	51	34.0
Higher (A/L) or technical education	47	31.4
University education	17	11.3
OCCUPATION		
Unemployed	44	29.3
Self-employment / Labor work	60	40.0
Government job	33	22.0
Employed in private institution/ NGO	13	8.7
Total	150	100.0

Table 2. Religion, educational Qualification, Occupation

➤ **Psychosocial consequences of war**

Psychosocial consequence of importance, the highest were those displaced 138 (92.0%) followed by (*in the descending order*) loss of property 133 (88.7%), economic constraints 76 (50.7%), separated from close relation 69 (46.0%), loss of life 68 (45.3%), threat 46 (30.7%) and the least was sexual abuse/ rape 2 (1.3%).

No.	Psychosocial consequences of war	Yes	Valid percent
01.	Displacement	138	92.0
02.	Loss of property	133	88.7
03.	Economic constraints	76	50.7
04.	Separated from close relations	69	46.0
05.	Loss of Life	68	45.3
06.	Threaten	46	30.7
07.	Missing	16	10.7
08.	Detention	11	7.3
09.	Injuries (small / large)	11	7.3
10.	Torture	10	6.7
11.	Disable	06	4.0
12.	Sexual abuse / Rape	02	1.3

Table 3. Psychosocial consequence of war

➤ **Disruption to family & social life**

Alcohol & substance abuse' 56 (37.3%) was the highest course of disruption of family and social life (*The questionnaire for clients had a ranking from 1 to 5. For purposes of the table ranks 1 and 2 was classified 'to some degree', 4 and 5 were taken together and classified as 'severe', while 'moderate' remained the same,* and the highest number fell within the category 'moderate' 41 (73.2%). This was followed by 'high family responsibilities & work load' 30 (20.0%) scored by most as 'severe' 16 (53.3%), 'frequent fights & quarrels within the family' 27 (18%) scored by most as 'moderate' 17(63.0%) and the least was 'refugee camp life' 02 (01.3%) scored by most as 'severe' 02 (100%).

No.	Disruption to family & social life	Frequency & Percentage	Magnitude of disruption		
			To some degree	Moderate	Severe
01.	Alcohol & substance abuse	56 (37.3%)	08 (14.3%)	41 (73.2%)	07 (12.5%)

02.	High family responsibilities & workload	30 (20.0%)	--	14 (46.7%)	16 (53.3%)
03.	Frequent fights & quarrels within the family	27 (18.0%)	01 (03.7%)	17 (63.0%)	09 (33.3%)
04.	Poverty	25 (16.7%)	02 (08.0%)	09 (36.0%)	14 (56.0%)
05.	Unmarried family members	24 (16.0%)	--	11 (45.8%)	13 (54.2%)
06.	Extramarital sexual relationships	24 (16.0%)	--	06 (25.0%)	18 (75.0%)
07.	No children	21 (14.0%)	--	02 (09.5%)	19 (90.5%)
08.	Family members having chronic diseases	18 (12.0%)	--	03 (16.7%)	15 (83.3%)
09.	Suspicious within the family	15 (10.0%)	01 (06.7%)	03 (20.0%)	11 (73.3%)
10.	Children's education	14 (09.3%)	--	10 (71.4%)	04 (28.6%)
11.	Lack of employment	13 (08.7%)	01 (07.7%)	07 (53.8%)	05 (38.5%)
12.	Living separated	11 (07.3%)	--	01 (09.1%)	10 (90.9%)
13.	Many members in the family	08 (05.3%)	01 (12.5%)	06 (75.0%)	01 (12.5%)
14.	Life in a refugee camp	02 (01.3%)	--	--	02 (100%)

Table 4. Disruption to family & social life**➤ Psychological/ emotional complaints**

In computing 'psychological/ emotional complaints', identical complaints totaling more than 75 (50.0%) were taken for analysis. The highest among them was 'feeling sad' 148 (98.7%). The highest number fell within the category 'severe' 73 (49.4%), followed by 'state of having lost something' 129 (86.0%), scored by most as 'moderate' 65 (50.4%). Fear, 122 (81.3%) scored by most as 'moderate' 79 (64.8%), and the lowest was 'death & suicidal thoughts' 81 (54.0%), scored by most as 'moderate' 79 (64.8%). Problems for which the help of healers was sought were reduced / relieved by more than 88%. Those complaining of 'death & suicidal thoughts' (81), 'generally not interested in life' (110), and 'anxiety' (103) were relieved 100%. The Scores were 'high' 71 (87.7%), 'moderate' 59 (53.7%), and 'moderate' 68 (66.0%), respectively. Least was 'state of having lost something' 114 (88.4%), score was 'moderate' 59 (51.8%).

No.	Psychological / emotional complaints	Frequency & Percentage	Magnitude of disruption			Relief Frequency & Percentage	Degree of relief		
			To some degree	Moderate	Severe		To some degree	Moderate	High
01.	Feeling sad	148 (98.7%)	07 (4.7%)	68 (45.9%)	73 (49.4%)	147 (99.3%)	20 (13.6%)	104 (70.8%)	23 (15.6%)
02.	State of having lost something	129 (86.0%)	--	65 (50.4%)	64 (49.6%)	114 (88.4%)	41 (36.0%)	59 (51.8%)	14 (12.2%)
03.	Fear	122 (81.3%)	04 (3.3%)	79 (64.8%)	39 (31.9%)	121 (99.2%)	12 (9.9%)	69 (57%)	40 (33.1%)
04.	Gets irritated easily	110 (73.3%)	03 (2.7%)	72 (65.5%)	35 (31.8%)	109 (99.1%)	04 (3.7%)	45 (41.3%)	60 (55.0%)
05.	Generally, not interested in life	110 (73.3%)	03 (2.7%)	77 (70.0%)	30 (27.3%)	110 (100%)	16 (14.5%)	59 (53.7%)	35 (31.8%)
06.	Disgusted with life	107 (71.3%)	--	74 (69.2%)	33 (30.8%)	105 (98.1%)	30 (28.6%)	62 (59.0%)	13 (12.4%)
07.	Guilt feeling	106 (70.7%)	02 (1.9%)	64 (60.4%)	40 (37.7%)	104 (98.1%)	27 (26.0%)	51 (49.0%)	26 (25.0%)
08.	Failing in most aspects of life	104 (69.3%)	01 (1.0%)	75 (72.1%)	28 (26.9%)	96 (92.3%)	32 (33.3%)	50 (52.1%)	14 (14.6%)
09.	Anxiety	103 (68.7%)	05 (4.9%)	73 (70.9%)	25 (24.2%)	103 (100%)	16 (15.5%)	68 (66.0%)	19 (18.5%)
10.	Feeling of being punished or may get punished	99 (66.0%)	04 (4.0%)	68 (68.7%)	27 (27.3%)	98 (99.0%)	02 (2.0%)	56 (57.1%)	40 (40.9%)
11.	Inability to face others	94 (62.7%)	03 (3.2%)	69 (73.4%)	22 (23.4%)	93 (98.9%)	09 (9.7%)	57 (61.3%)	27 (29.0%)

12.	Lack of self confidence	85 (56.7%)	03 (3.5%)	66 (77.7%)	16 (18.8%)	81 (95.3%)	13 (16.0%)	46 (56.8%)	22 (27.2%)
13.	Anger	82 (54.7%)	02 (2.4%)	66 (80.5%)	14 (17.1%)	80 (97.6%)	05 (6.2%)	39 (48.8%)	36 (45%)
14.	Not content with any aspect of life	82 (54.7%)	04 (4.9%)	65 (79.3%)	13 (15.8%)	77 (93.9%)	09 (11.7%)	53 (68.8%)	15 (19.5%)
15.	Death & suicidal thoughts	81 (54.0%)	12 (14.8%)	31 (38.3%)	38 (46.9%)	81 (100%)	03 (3.3%)	07 (8.6%)	71 (87.7%)

Table 5. Psychological/ emotional complaints

➤ Behavioural Problems

In computing 'behavioural problems', identical complaints totaling more than 75 (50.0%) were taken for analysis. Highest among them were 'drop in efficiency' and 'exited over small issues' 125 (83.3%). Both frequencies were the same. The highest number fell within the category 'moderate' 79 (63.2%) and 84 (67.2%) respectively. Followed by 'often awaked and startled from sleep' 123 (82.0%), scored by most as 'moderate' 95 (77.2%). The lowest were 'overwhelming fear' and 'shortness in breath, palpitation & sweating on awakening' 94 (62.7%). Both frequencies were the same and scored by most as 'moderate' 68 (72.3%) and 80 (85.1%) respectively. Problems for which the help of healers was sought were reduced / relieved by more than 95%. Those complaining of 'shortness in breath, palpitation & sweating on awakening' (94), 'overwhelming fear' (94) and 'poor self-care' (100) were relieved 100% (*The questionnaire for clients had a ranking from 1 to 5. For purposes of the table ranks 1 and 2, were classified as 'to some degree', 4 and 5 were taken together and classified as 'high', while 'moderate' remained the same.* The Scores were 'moderate' 86 (71.7%), moderate' 70 (74.5%), and 'moderate' 62 (62.0%), respectively. Least was 'loss & disturbed sleep' 107 (95.5%) score being 'moderate' 62 (58.0%).

No.	Behavioural Problems	Frequency & Percentage	Magnitude of disruption			Relief Frequency & Percentage	Degree of relief		
			To some degree	Moderate	Severe		To some degree	Moderate	High
01.	Exited over small issues	125 (83.3%)	03 (2.4%)	84 (67.2%)	38 (30.4%)	124 (99.2%)	07 (5.6%)	59 (47.6%)	58 (46.8%)
02.	Drop in efficiency	125 (83.3%)	08 (6.4%)	79 (63.2%)	38 (38.4%)	124 (99.2%)	12 (9.7%)	60 (48.4%)	52 (41.9%)
03.	Often awoken and startled from sleep	123 (82.0%)	02 (1.6%)	95 (77.2%)	26 (21.2%)	120 (97.6%)	09 (7.5%)	86 (71.7%)	25 (20.8%)
04.	Loss & disturbed sleep	112 (74.7%)	01 (0.9%)	96 (85.7%)	15 (13.4%)	107 (95.5%)	12 (11.2%)	62 (58.0%)	33 (30.8%)
05.	Withdrawn & seeking loneliness	102 (68.0%)	10 (9.8%)	73 (71.6%)	19 (18.6%)	101 (99.0%)	08 (7.9%)	56 (55.5%)	37 (36.6%)
06.	Nightmares	101 (67.3%)	04 (4.0%)	73 (72.3%)	24 (23.7%)	97 (96.0%)	10 (10.3%)	57 (58.8%)	30 (30.9%)
07.	Poor self care	100 (66.7%)	15 (15.0%)	64 (64.0%)	21 (21.0%)	100 (100.0%)	05 (5.0%)	62 (62.0%)	33 (33.0%)
08.	Crying frequently	100 (66.7%)	22 (22.0%)	28 (28.0%)	50 (50.0%)	99 (99.0%)	10 (10.1%)	43 (43.4%)	46 (46.5%)
09.	Shortness in breath, palpitation & sweating on awakening	94 (62.7%)	03 (3.2%)	80 (85.1%)	11 (11.7%)	94 (100%)	10 (10.6%)	70 (74.5%)	14 (14.9%)
10.	Overwhelming fear	94 (62.7%)	08 (8.5%)	68 (72.3%)	18 (19.2%)	94 (100%)	12 (12.8%)	47 (50.0%)	35 (37.2%)

Table 6. Behavioural Problems

➤ Belief in resolving problems with the help of healers

Belief in resolving problems with the help of healers. Out of 150 clients, 149 (99.3%) believed that relief could be obtained with the help of healers for their psychosocial problems. One (0.7%) did not have any degree of relief but had faith at the time of the interview. The degrees of relief were 'high' 92 (61.75%), 'moderate' 53 (35.6%), and 'to some degree' 04 (2.7%).

No.	Belief in resolving problems with the help of healers	Frequency & Percentage	Degree of relief		
			To some degree	Moderate	High
01.	Relieved	149 (99.3%)	04 (2.7%)	53 (35.6%)	92 (61.7%)
02.	Not relieved	01(0.7%)			
Total		150 (100%)			

Table 7. Belief in resolving problems with the help of healers

➤ **Help sought elsewhere for the same problem**

Out of 150 clients interviewed, 104 (69.3%) did not seek the help of others, other than the healer. 46 (30.7%) in addition had sought the help of other sources.

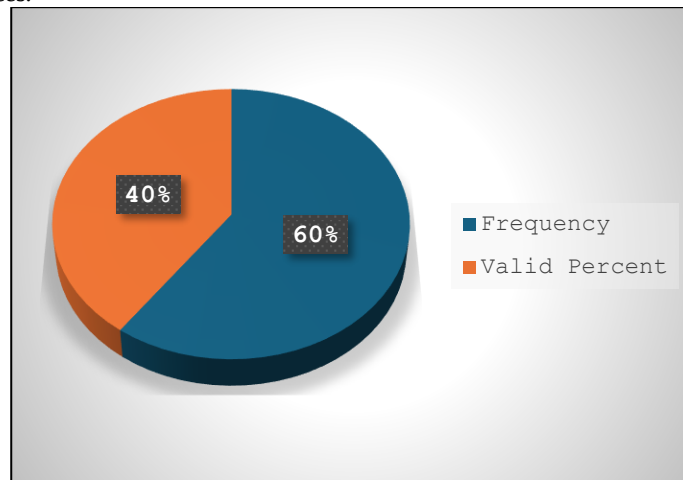


Figure 2. Help sought elsewhere for the same problem

➤ **Frequency of visits to the healer**

Frequency of visits to the healer presents Mean times of visit were 6.10, and the standard deviation was 2.08. 88 (58.67%) of the clients in the study had visited the healer 6 to 10 times, 56 (37.33%) visited less than 05 times, while 06 (04%) visited more than 10 times.

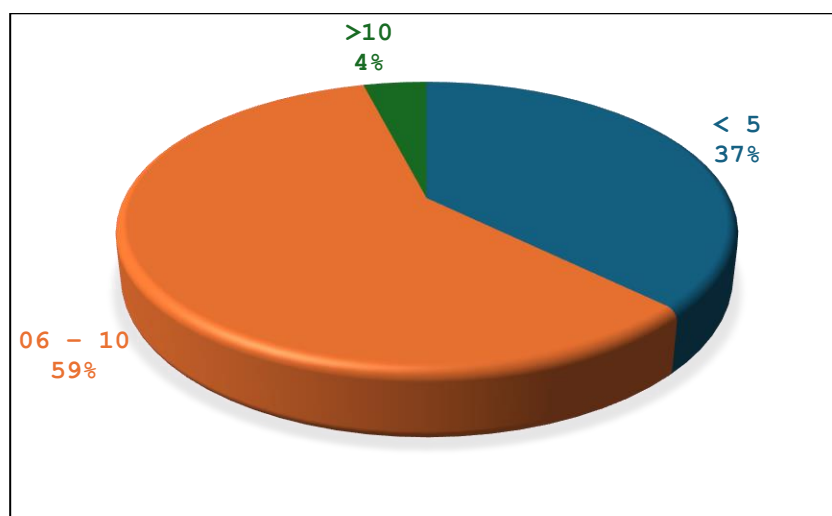


Figure 3. Frequency of visits to the healer

➤ **Problem faced in visiting a healer**

Out of 150 (100%) clients said that their problem had not increased, their religious faith was not hurt, and they did not feel cheated, while 06 (04%) mentioned that they felt trapped in visiting the healer.

Problem faced in visiting a healer

Problem faced in visiting a healer	Frequency	Valid Percent
Feel trapped	06 (4.0%)	144 (96.0%)
Get additional problems	04 (2.7%)	146 (97.3%)
Dismayed by coming here	03 (2.0%)	147 (98.0%)
Compelled to do against the client's wishes	02 (1.3%)	148 (98.7%)
Ridicule by others	02 (1.3%)	148 (98.7%)
Physical & mental Pain	01 (0.7%)	149 (99.3%)
Hurt religious faith	--	150 (100%)
Feel cheated	--	150 (100%)
Problems increased	--	150 (100%)

Table 8. Problem faced in visiting a healer**DISCUSSION**

The survey revealed that most individuals who sought help from traditional healers were between the ages of 25 and 49, with a nearly equal proportion of men and women. The majority of these individuals were married and carried the weight of war-related stress and family responsibilities. Due to ethnic and political turmoil, Buddhism and Islam were not present, while Hinduism and some Christian practices were prevalent.

Interestingly, clients with secondary and higher education sought out healers more frequently than those with lower levels of education, which contradicted initial assumptions. While television played a minimal role in their lives, social visits, reading, and listening to the radio were common activities. Outdoor activities were limited due to security concerns, which negatively impacted psychological well-being.

Government employees expressed less anxiety due to job security, whereas self-employed and unemployed individuals were the most frequent visitors to healers, likely due to time constraints and financial difficulties. Collective trauma, dependency, and mistrust were amplified by the impacts of war, manifesting through widespread displacement, loss, economic struggles, kidnappings, and family separations.

As drug and alcohol use increased, it strained social and familial relationships, prompting authorities to establish an addiction treatment facility. Many reported significant relief following visits to healers, drawn to traditional beliefs in sorcery, oracles, and spirits. Common physical issues, including headaches, nausea, weakness, and anxiety, correlated with psychosocial distress.

More than 90% of respondents indicated they experienced moderate to high relief from emotional and behavioral problems such as depression, anxiety, agitation, sleep disturbances, and withdrawal. Among mental health patients in Jaffna, neurosis and stress-related conditions ranked third. An impressive 99.3% of participants reported noticeable improvement, often requiring between 6 to 10 visits for alleviation. However, 69.3% of them sought additional help from hospitals or other healers, which may raise concerns regarding the validity of the study.

While there were few negative experiences during healer visits, some clients felt pressured or constrained (10), (11). Traditional healers employed ceremonial techniques that could either inspire confidence or evoke fear, distinguishing them from mental health clinics. In addition to Siddha and Ayurvedic treatments, these healers provide mental health support that is presently lacking in Jaffna's indigenous system. Traditional healing practices such as chanting, yoga, and meditation merit further investigation.

The importance of traditional healers in alleviating psychosocial stress is underscored by this study, highlighting the need for more research on their effectiveness.

CONCLUSION

Traditional healers play a vital role in alleviating psychological distress in Jaffna, offering culturally accepted support for mental

health issues. Many individuals reported significant relief from their symptoms; however, a considerable number sought additional interventions, indicating a need for a complementary approach. The lack of established protocols and integration with formal healthcare systems remains a barrier. Future initiatives should focus on combining traditional and modern mental healthcare to provide comprehensive support for affected populations

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