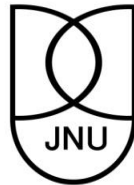


WELL BEING, HEALTH AND HEALING: A SOCIOLOGICAL STUDY

*Dissertation submitted to Jawaharlal Nehru University in partial
fulfilment of the requirements for the award of the degree of*
MASTER OF PHILOSOPHY

SMRITI TANDON

under the supervision of
Dr Nilika Mehrotra



**Centre for the Study of Social Systems
School of Social Sciences
Jawaharlal Nehru University
New Delhi – 110067
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जवाहरलाल नेहरू विश्वविद्यालय
JAWAHARLAL NEHRU UNIVERSITY
NEW DELHI - 110 067

Centre for the Study of Social Systems
School of Social Sciences

Tel.: 26704408
Fax.: +91-11-26742539

Date: 24/07/2012

DECLARATION

I declare that the dissertation titled "Well being, Health and Healing: A Sociological Study", submitted by me in partial fulfilment of the requirements for the award of the degree of MASTER OF PHILOSOPHY is an original piece of work and no part of this has been earlier submitted to any other University/ Institute for the award of any other degree or diploma.

SMRITI TANDON

We recommend this dissertation to be placed before the examiners for the evaluation.

Professor Surinder S. Jodhka

(Chairperson)
Chairperson
CSSS/SSS
Jawaharlal Nehru University
New Delhi - 110067

Dr. Nilika Mehrotra

Associate Professor
(Supervisor)
Centre for the Study
of Social Systems
School of Social Sciences
Jawaharlal Nehru University
New Delhi

To my Ma and Papa

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The errors and limitations that remain in this work, however, stand as my own.

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Chapter - 1

Introduction

In the present times happiness seems to be the term in vogue. Everyone wishes to be happy and tries to work towards achieving one's personal happiness. Happiness seems to be spurted everywhere. From book stores, music stores to luxury spas and fine dining experiences, it is all about finding happiness for oneself. As Ashis Nandy (2012: 45) puts it, 'the idea of happiness has changed. It has emerged as a measurable, autonomous, manageable, psychological variable in the global middle class culture. The self-conscious, determined search for happiness has gradually transformed the idea of happiness from a mental state to an objectified quality of life that can be attained the way an athlete after training under specialists and going through a strict regimen of exercises and diet wins a medal in a track meet'. The recent trend is observed through guides to happiness which are extremely popular, written by such space-age sages like Deepak Chopra and the intrepid author of the Chicken Soup series, Jack Canfield or by their less ambitious siblings in the form of agony aunts and quick-fix, week-end advisers in newspapers and tabloids.

The internet too is now flushed with surveys on happiness. They use different measures and arrive at different results, but I have not come across serious efforts to examine what these differences mean socially and culturally. There is material available looking at the 'pursuit of happiness', the 'history of happiness', the 'science of happiness' and many more. Some of it is extremely informative, based on evidences from the researches by psychologists and economists and other experts (for example, Gilbert, 2007; Layard, 2005; McMohan, 2006), but more or less share a common misunderstanding as they assume that there exists a single pursuit of happiness. As Mathews and Izquierdo (2009: 2) argue, 'inquiries into happiness may for some evoke thoughts of a good meal, for others a nice car, for others a good marriage and for others a good relationship with God. The different forms of happiness are not the same thing despite being covered by a common term... Well being, on the other hand has an objective as well as a subjective component. Happiness is a distinctive part of well being, the most essential part; but well being is certainly more than that...'

Conceptualising Well being: Ideas, Theories and Debates

Well being is a difficult term to conceptualise because it means different things to different people. At its heart, however, is the sense of having what you need for life to be good. Well being needs to be viewed as composed of different interconnected domains, including people's sense of themselves, their social relationships, and their material standard of living. The question here is that then how exactly should we understand well being? Commonsensical definition of the term can be the starting place to begin with: "the state of being healthy, happy or prosperous". The term "or" suggests that well being may refer to any of these attributes but the placing of these three terms together implies their interconnections. These three attributes refer to the positive states in different realms that may be or may not be necessarily related. This definition connotes being well physically, psychologically, socioeconomically and culturally. It is all these terms working together. The beauty of the term well being is that it can combine the objective and the subjective realities of life (Mathews and Izquierdo, 2009: 3).

Well being is used interchangeably with a number of different terms. 'Well being' and 'quality of life' seem almost synonymous in their usage in a range of disciplines as medicine, rehabilitation, economics and philosophy (Nassubaum and Sen, 1993). Well being is also sometimes used synonymously with 'wellness' and 'health' (Bryant et al. 2001). Well being is used in a way that seems synonymous with 'life satisfaction' (Diener and Suh 2000). For anthropology usage of well being focuses primarily on the physical well being as well as people's own internal state of mind which is the necessary part of well being.

Well being is not just a common term as 'happiness' but it too has exploded in its usage over the past two decades, becoming an important term for social sciences such as economics, public health and psychology though not for anthropology or sociology. The term has been widely used for various reasons. One of the reasons is that the economists have realised that merely measuring the income or the standard of living is not sufficient to understand the living conditions of people. Similarly, the public health professionals also realized that mere use of technology to keep the people alive is futile. The psychologists too have sought to study mental health and not just mental illness. So all have moved from a study of 'ill being' to the study of

‘well being’ and how such a state can be attained and sustained. Well being studies thus came into prominence for an array of disparate reasons in different fields but is now being consciously pursued and analysed (Mathews and Izquierdo, 2009: 3).

The concept of well being presents difficulties for researchers in all the disciplines since it can be broadly defined resulting in the use of unclear methodologies and definitions making it extremely difficult to be compared cross culturally. Carolina Izquierdo (2009: 67) in her work on Matsigenka of the Peruvian Amazon notes that ‘one of the fundamental dilemmas we face when trying to define and study well being among different groups is that even if we can agree that it is human nature to strive for well being in terms of general fulfilment, there is still a problem in determining which ideals people are using to evaluate their well being’.

Well being may be considered as an individual venture or conceived of as existing in realms beyond the self, and may involve the projection of the values of the past, or of the values of the emergent future. Studies have equated well being with individuals’ judgements about life satisfaction as a ‘global assessment for a person’s quality of life according to his own chosen criteria’ (Diener and Diener, 1996). The very notion of assessing a person’s well being assumes that well being is not taken for granted, that its fluctuations can be measured and that these measurements have meaning. Furthermore, if well being is assessed and measured it can also be improved upon (Adelson, 2000). Some sense of the production of well being is implied in societies that stress individual agency optimising personal life satisfaction, however, that may be measured.

Veenhoven (2004), to cite a contemporary sociological authority, has discussed the various ways in which well being is conceptualised. He characterises sociologists and economists as conceiving of well being as ‘living in a good environment’, while psychologists as well as health care professionals tend to conceive of it as being well equipped ‘to cope with the problems of life’. Veenhoven writes that well being is ‘a typical catch-all term without a precise meaning’ (*ibid*: 5-6). This seems true and the broadest of the formulations of the term do attempt to combine the external and the internal, the objective and the subjective modes that Veenhoven describes.

‘Well being is a positive state of affairs, brought about by the simultaneous satisfaction of personal, relational and collective needs of the individuals and

communities' (Prilleltensky, 2005). 'Well being incorporates a variety of objective factors such as being healthy, being safe (from crime or violence), being financially secure, having access to resources, including education, culture, roads and transport. Well being also however incorporates more subjective factors such as being happy... feeling connected to one's community and having the capacity to cope with adverse life events' (Ogilvie, 2002).

Mathews and Izquierdo (2009: 5) also offer a broad definition of well being. 'Well being is an optimal state for an individual, community, society and the world as a whole. It is conceived of, expressed, and experienced in different ways by different individuals and within the cultural context of different societies: different societies may have distinctly different culturally shaped visions of well being. None the less well being bears a degree of commonality due to our common humanity and interrelatedness over space and time. Well being is experienced by individuals- it's essential locus lies within individual subjectivity- but it may be considered and compared inter personally and inter culturally, since all individuals lie within particular worlds of others, and all societies live in a common world at large'.

The New Economics Foundation (NEF) defines well being as 'the concept of well being comprises two main elements: feeling good and functioning well. Feelings of happiness, contentment, enjoyment, curiosity and engagement are characteristic of someone who has a positive experience of their life. Equally important for well being is our functioning in the world. Experiencing positive relationships, having some control over one's life and having a sense of purpose are all important attributes of well being' (Aked et al, 2008: 1-2). NEF explicitly reject identifying wellbeing with people simply getting what they want (what economists call 'preference satisfaction'). Instead, they propose seeing well being as a dynamic process which combines elements from a number of other definitions. In producing 'national accounts of wellbeing', nef further distinguishes the personal from the social. 'Personal well being describes people's experiences of their positive and negative emotions, satisfaction, vitality, resilience, self-esteem and sense of purpose and meaning. Social well being is made up of two main components: supportive relationships, and trust and belonging both of which are critical elements of overall well being.' NEF see a combination of objective and subjective factors as important to well being, they place the emphasis of their advocacy on the subjective side. This sets them a little apart from approaches to

wellbeing within international development, which tend to emphasise access to resources as a significant component in assessing well being.

Oxfam Hong Kong (OHK) defines well being as ‘a sense of personal and collective fulfilment, balance and integration’. Here well being is seen to have four critical dimensions: ‘self-sustenance’ – sustainable livelihoods with dignity in labour, some material comfort and leisure; ‘self-esteem’ – a sense of self-worth and respect from others, ability to appreciate and live out positive values; ‘self-determination’ – the ability to make individual and collective choices and enjoy individual and collective freedoms; and ‘responsibility’ – social and personal solidarity and responsibility, peace and security, and a capacity for empathy and caring (PLA, 2008).

The Psychosocial Assessment of Development and Humanitarian Interventions (PADHI) group in Sri Lanka takes a rather different approach to viewing well being. They talk of psychosocial well being, ‘moral qualities of love and compassion; the moral abilities of being perceptive and able to influence others positively; being able to fulfil duties to family; and to exert influence over community and country’ (PADHI, 2009). Being able to contribute to the community is also a form of participation that is socially valued, and people tended to see participation in this light, rather than as an exercise of individual rights. This suggests that, in Sri Lanka at least, behaving responsibly towards others is built into local ideologies of what it is to live well, and that people accordingly experience themselves positively when they feel they are making a contribution to others’ well being. These were a few definitions which have been used by the development professionals while delineating well being.

The Development Countries Research Group’s (WeD) approach to well being integrates material, relational and subjective dimensions. The material refers to the ‘stuff’ of well being, such as food, bodies, shelter and the physical environment. In practical application this typically refers most immediately to economic assets and income, but it should not be restricted to this. The relational concerns social interactions, the rules and practices that govern who get what and why. It involves power and identity, the connections between people and also the making of difference between them. It is the arena of action, which brings the material and subjective to life. The subjective concerns cultural values, ideologies and beliefs and also people’s own perceptions of their situation. Challenging the individualism of Western

ideologies, WeD states that ‘people become who and what they are in and through their relatedness to others’ (White, 2009). This places relationship also at the heart of well being. Well being is therefore seen as something that does not belong to individuals at all, but something that happens in relationship. This strongly reinforces an understanding of *well being as a process*, with outward and inward flows: ‘Well being then becomes something that happens in relationship – between the collective and the individual; the local and the global; the people and the state. Relationship is thus at the centre of well being analysis and politics’ (*ibid*).

A number of other approaches have emphasised on individual psychology and physical health, conceptualising the individual as an embodied self with an individualised physical and mental state. Efforts have been made to quantify these studies and to work out reliable instruments for assessing positive and negative indicators for which Diener (1997) has provided extensive reviews. Diener and Suh (2000) also address the study of subjective well being in a comparative, cross-cultural sense. Emphasising the need to be able to assess sets of values that characterise a society according to its internal cultural standards, they assign a democratic component to subjective well being by referring to ‘the idea that how each person thinks and feels about his or her life is important. It is not just the opinion of a power elite, or an intellectual class, or psychologists who are experts on mental health but through the standards and values chosen by the person herself that societies are evaluated’ (Diener and Suh, 2000). However, while this statement highlights the differences in each individual, from an anthropological perspective, it is apparent that Diener and Suh nevertheless present these subjective understandings of well being as constant over time referring to them as personality traits.

Finally another approach to well being has been formulated by the World Health Organisation (WHO), in linking the notions of health and well being. This WHO statement situates health within the broader, apparently more cultural sensitive and appropriate contexts. It refers to health ‘not merely the absence of disease [or infirmity], but a state of complete physical, mental, spiritual and social well being’ (1948). This statement is of value as it broadens the spectrum of health by referring to well being. It is a departure from the medical model of health as it is a definition of positive health. This view of health is more inclusive of the well being component and non-body centred.

Though these conceptions differ in their definitions yet are important as from them emerge certain points of consensus. First, well being needs to be assessed across a number of different domains, rather than through a single indicator. It has both subjective (thinking/feeling) and objective (having/doing) dimensions. It involves issues of agency, capability, and power – critically involving how people relate to one another. Second, well being has a moral quality – it concerns what people value and hold to be good. Also, different kinds of people will define well being in different ways (e.g. older people will prioritise different things to younger people; men to women; parents to non-parents; and so on by class, ethnicity, (dis)ability, as well as personal outlook and religious or political commitments etc). Third, well being is not a state but a process. It is an interaction between: person and environment; individual and collective; psychology and social environment; subjective and objective. It also means that how well being is defined and experienced changes over time. Fourth, health and well being are viewed as natural domain for enhancing physical and psychological wellness of the people. Finally the domain that needs to be added (though added in the WHO definition but lacking in all the others) and researched is the spiritual and religious domain and its links to the cultural conceptions of health and well being. In the West, ‘well being’ is often thought about in terms of harmony between mind and body where as religious/ spiritual references are very common in the way people talk about well being in the South Asian context.

Well-being is a complex construct that concerns optimal experience and functioning. Current research on well-being has been derived from two general perspectives: the *hedonic* approach, which focuses on happiness and defines well-being in terms of pleasure attainment and pain avoidance; and the *eudaimonic* approach, which focuses on meaning and self-realization and defines well-being in terms of the degree to which a person is fully functioning. Here well-being consists of more than just happiness. It lies instead in the actualization of human potentials conveying the belief that well being consists of fulfilling or realizing one’s true nature (Waterman, 1993). These two views have given rise to different research foci and a body of knowledge that is in some areas divergent and in others complementary. New methodological developments concerning multilevel modelling and construct comparisons are also allowing researchers to formulate new questions for the field (Ryan and Deci, 2001: 143).

Well being research seems especially prominent in current empirical psychology. In part this reflects the increasing awareness that, just as positive affect is not the opposite of negative affect (Cacioppo & Berntson, 1999), well-being is not the absence of mental illness. For much of the last century, psychology's focus on the amelioration of psychopathology overshadowed the promotion of well being and personal growth. But beginning in the 1960s with a shift in focus toward prevention, and continuing to the present, a few researchers have been studying growth (Deci, 1975), well-being (Diener, 1984), and the promotion of wellness (Cowen, 1991). Cowen (1991) suggested that wellness should be defined not simply as the absence of psychopathology, but instead as an array of positive aspects of functioning that are promoted by attainment of strong attachment relationships, acquisition of age appropriate cognitive, interpersonal, and coping skills, and exposure to environments that empower the person.

At the outset of this review I have explained the definition of well-being is controversial and unresolved. The meaning of well being and the factors that facilitate it are particularly at issue in cross-cultural studies in which a principal quest is the search for systematic variants versus invariants in well being dynamics across widely discrepant social arrangements. Christopher (1999) instructively argued that definitions of well-being are inherently culturally rooted and further, that there can be no such thing as a value-free assessment of well being. According to Christopher, all understandings of well being are essentially moral visions, based on individuals' judgments about what it means to be well.

Diener and colleagues have reported a number of cross-cultural factors associated with subjective well being (SWB). Their analyses have included both mean level differences between nations on SWB and differential correlates of well-being across nations. For example, Diener & Diener (1996) found that across nations, self-esteem was associated with well-being, but that relation was stronger in countries characterized by individualism. The strength of association of SWB to satisfaction with wealth, friends, and family also varied across nation. Suh et al (1998) studied the relations of emotions and norms (social approval) to life satisfaction in 61 nations. They found that whereas emotions were a stronger predictor of life satisfaction in nations classified as individualist, norms and emotions were equally predictive within collectivist nations. They found that in poorer nations satisfaction with wealth was a

stronger predictor of life satisfaction, whereas satisfaction with home life was more predictive in wealthier nations, suggesting to them a hierarchy of needs. They also found evidence that satisfaction with freedom was less predictive of SWB in collectivistic nations than in individualistic ones.

Sen (1999), a Nobel laureate in economics, has gone so far as to argue that freedom is a more rational goal for national development than is gross national product *per se*. His analysis shows that in cultures where relative freedoms have been expanded, both quality of life and economic growth are enhanced. Similarly, Frey & Stutzer (1999) showed on a large sample of Swiss citizens that, whereas economic wealth was poorly predictive of well being, citizens who were active in their democratic participation experienced higher well being.

The economist Amartya Sen introduced the concept of capabilities in 1980s as a way of thinking about well being that departed from the narrow utilitarian approach which had come to dominate modern economics. The concept has now developed into what is termed as capability approach; a framework which accommodates social, economic and political analysis which holds that the well being of a person ought to be assessed in space of capabilities. The capability approach has become increasingly influential in how we understand and evaluate the social and economic development and the ways how it impacts the human beings across the world. But Sen's 'capability' fails to take into account the social construction of meaning. It is these meanings which give us the basis from which we judge how valued and satisfied we feel about what we are able to achieve. From this view point a person's state of well being or ill being is socially and psychologically co-constituted in specific social and cultural context (Deneulin and McGregor, 2009).

The concept of well being is now of interest to many disciplines; as a consequence, it presents an increasingly complex and contested territory. While economists, public health specialists, psychologists and development professionals as well as other social scientists have been talking about well being it is rather strange that the anthropologists and sociologists have been entirely silent. Anthropologists specialize in understanding, through extended fieldwork, the complex, cultural meanings that exist within a given society. They may be especially well situated to understand a given society's particular linguistic formulations of well being and to reveal through

close ethnographic descriptions, how these play out in people's daily lives, words and worlds. Although the term well being has been little used among the anthropologists until recently, yet many anthropologists have engaged in the study of well being without actually using the term. To name a few, Schieffelin's (1976) discussion of Kaluli existential perceptions of life as expressed in ceremony, Bourgois' (1995) account of life in a New York City, Plath's (1980) account of the meaning of maturity in modern Japan and Whyte's (1997) explication of how misfortune is made sense of in Uganda are all extremely complex discussions on well being and what it means in the different social milieu, despite the fact that these books hardly use the term (Mathews and Izquierdo, 2009).

Anthropologists have not examined 'well being' in the same terms as the term is used by social scientists rather than by the people themselves in describing their own lives and thus fails to qualify for the ethnographic portrayals. Anthropologists have argued that the values and meanings of the socio-cultural systems should be seen in their own contexts and thus have not pursued cultural comparisons and evaluations regarding well being. Economists, public health specialists, psychologists and development professionals engage in cross cultural comparison of well being, however flawed their mode of comparison may be. The complex local knowledge of anthropologists could make such comparisons more nuanced and valid (*ibid*).

Underlying this evasion is the belief in cultural relativism, that societies should not be evaluated in terms of trans-cultural scale of evaluation but taken on their own unique terms. As noted earlier, most of these anthropologists do not use concepts and experiences as being universal but make use of the concepts and terms used by their informants drawing generalisations of limited value. Many societies have no concept of well being at all. There may be a different native term having the same reverberation. This affects the anthropological analysis of well being. Evan Hatch, in his *Culture and Morality* (1981) writes: "Human well being is not a culture bound idea... Starvation and violence are phenomena that are recognised in most diverse cultural traditions". He argues for a humanistic principle that transcends cultural relativism.

There have been sub disciplines of anthropology that have specifically dealt with issues relating to well being: these include psychological anthropology and medical

anthropology. In the 1930s, 40s, 50s, the Culture and Personality movement came under fire, for it sought to characterize entire cultures and nations according to personality types they exhibited, sometimes in effect pathologising other cultures despite the cultural relativist framework in which they wrote (Benedict, 1934). Shweder (1991) notes that ‘there is no reason to expect that the ways individuals differ from one another within any or all cultures have anything to do with the ways cultures differ from one another’ – differences between cultures are far more complex than these simple labels allow. More comparative projects subsequently emerged dealing with topics such as child abuse, birthing practices and mental retardation which had extensive implication for the study of well being. But interest of cross cultural research lost many of its followers and psychological anthropologists turned to topics like shamanism, emotion, cognition as well as mental illness and pathology (Kleinman, 1980).

Another more recent approach within medical anthropology has begun to question the ‘ideological assumptions of health’; addressing topics related to the cultural constructions of health that in turn set parameters for the ideas about well being. Just like well being, health too is culturally dependent. For defining health usually the objective measures are viewed and the subjective perceptions about people’s life circumstances are usually not taken into account. The anthropologists working with concepts like well being believe that well being can be ethnographically examined in a particular society as well as compared across societies not through “hard comparison”, the statistical data of psychologists, economists, development professionals and others, but through “soft comparison¹” by way of ethnography.

The goal [of ethnography]... is, briefly, to grasp the native’s point of view, his relation to life, to realise his vision of his world... what concerns him most intimately, that is, the hold which life has on him, In each culture the values are slightly different; people aspire after different aims, follow different impulses, yearn after different forms of happiness. To study the institutions, customs, and codes or to study the behaviour and mentality without the subjective desire of feeling by what these people live, of realising the substance of their happiness ... is ... to miss the greatest reward which we can hope to obtain from the study of man (Malinowski, 1978 [1922] : 25).

¹ Terms “hard comparison” and “soft comparison” have been borrowed from Mathews and Izquierdo 2009.

In his foundational text, Malinowski urged the anthropologists to explore the diverse views on happiness and meaning of life. Anthropologists and sociologists have made no special efforts to employ the notion of well being and happiness. Exceptions about ordinariness of happiness have been confined to the ‘lost Eden’ myths that tell us how happy or affluent people were until modernity started spoiling everything. Famous examples of naive romanticism and anti developmentalism include Levi-Strauss’ claim in *Tristes Tropiques* that it “would have been better for our well being” if mankind had stayed in the Neolithic stage of evolution (1973 [1955]: 446). Laura Marshall’s book *The Harmless People* (1959), which portrayed the Kung as happy and peace loving people, overlooking the appalling rates of Kung violence and murder; Sahlins’ “*Original Affluent Society*” essay, claiming the hunter gathers are like Zen monks who attain well being by choosing simplicity (1968); Michelle Rosaldo’s expression of sadness at the advent of development that had robbed the Ilongot men of their head hunting fun (1980); and Norberg-Hodge’s (1991) assertion that Ladakhi people had little experience of ill being and poverty until development came along. Such texts lack any plausible theory of comparative well being.

It is surprising that the anthropologists refer to the goodness of life in the title of their books, but only on condition that the main text is talking about the badness of life. As Thin’s (2009: 25) has argued that one can write about the *Anthropology of Welfare* that is entirely about ill fare (Edgar and Russell, 1998), or a book about *Mental Health* that is entirely about mental illness (Desjarlais et al. 1995), or a book about *Human Rights* that is entirely about human wrongs (Wilson, 1997). Tolstoy had in his brash opening of *Anna Karenina* implied, “happy families are all alike; every unhappy family is unhappy in its own way”. One can chose to be an honest Tolstoyan, deciding that all extreme forms of ill being and suffering are more interesting than well being and write about those without pausing to discuss what normative well being might look like (Scheper-Hughes, 1979, 1992; Kleinmann and Good, 1985; Kleinmann et al. 1997). As Thin’s puts it, there has been ‘the cold shouldering of the topic of research like well being by the anthropologists; It is a bizarre feature of the culture of academic anthropology, one that begs to be analysed’ (2009: 26).

Well being research throughout the twentieth century has largely been dominated by philosophers, theologians, moral crusaders, self improvement gurus, and more recently by psychologists and economists. Even writings on cross cultural perspectives on happiness are authored entirely by psychologists (Diener and Suh, 2000). Reference books and introductory texts have no entries on happiness and well being. Rapport and Overing's (2000) collection of sixty essays on "key concepts" in anthropology includes none on well being, happiness, human flourishing, emotion or quality of life. Unsurprisingly, therefore, Veenhoven's introduction to the *World Database of Happiness* (1997), which heralds as a breakthrough in social science research on happiness as complement to non empirical philosophizing, and which argues in principle for cross cultural comparative studies of happiness, recommends no anthropological readings on happiness (Thin, 2009: 27)

In the seventeenth to the nineteenth century, the philosophers whose work eventually made modern social science possible wrote extensively about 'happiness' and related concepts like 'welfare' and 'utility'. Locke, Hobbes, Montesquieu, Condorcet, Marx, Comte, Spencer, Durkheim were all explicitly interested in promoting better understanding of social order, collective consciousness and happiness, and also in its relevance to social analysis and social policy. Adam Smith and Malthus both affirmed that happiness is the ultimate human goal although the replacement of happiness with wealth soon earned the discipline economics the title of 'dismal science' (*ibid*).

At one stage, Protestant ethics, sired by Puritanism and widely seen as the engine of industrial capitalism, sought to purge happiness as a major goal of life. Puritanism tended to equate the search for happiness with hedonism. Max Weber emphasised the first part of the story, Karl Marx the second. Marx called political economy a "science of wealth" and "a science of marvelous industry" that was 'simultaneously the science of denial, of want, of thrift, of saving... the science of asceticism. The discipline's true ideal is the ascetic but extortionate miser and the ascetic but productive slave' (Nandy, 2012: 45-46).

The later part of the 20th century, perhaps as a consequence of the spectacular death dance in the form of the two world wars, saw the collapse of that ideal. The determined pursuit of happiness is now seen as a response to a disease called unhappiness. In the second post-world war period, unhappiness in some parts of the

world has been systematically medicalised. It is now the domain of professionals, where the laity by itself cannot do much except cooperate with the experts. To acquire normal happiness, one now requires therapy, counselling or expert guidance – from a psychiatrist, psychoanalyst or professional counsellor or, alternatively, from a personal philosopher, wise man or woman, or a guru. Both the disease called unhappiness and its adjunct, the determined search for happiness, seem to afflict more the developed, prosperous, modern societies. Certainly these societies do not usually come off very well in many happiness surveys – ‘one is tempted to guess that only after one’s basic needs have been met, following the likes of Abraham Maslow, one can afford to have the luxury of worrying about vague, subjective states like happiness and unhappiness’ (*ibid*).

Alternatively, following Ivan Illich, one can hazard the guess that only those who have lost their moorings in conviviality and the normal algorithm of community life can hope to learn to be happy from professionals. This conscious pursuit of happiness as determinant of well being, though it came into its own in the 20th century, is mostly a contribution of the Enlightenment. The belief that one can scientifically fashion a happy life, despite hostile environmental factors and what we call ‘random interventions of probability or chance – our ill-educated forefathers called them conspiracies of fate – requires confidence in human agency, rationality and individual will’. Indeed, the search for happiness consolidated itself as a legitimate yearning only in the late 18th century, by when the Enlightenment values had made inroads into the European middle class (*ibid*).

‘It was in these modern times that once the idea of cultivable and learnt or achieved happiness entered the scene, many authoritarian regimes in our times, unlike earlier despotisms, began to claim that they were pushing their subjects into the best of all possible worlds and began to demand that their subjects be happy. In such regimes, if anyone claimed to be unhappy, it became a confession of delinquency and his or her normal place remained, officially, outside society. Happiness, like school uniforms, became compulsory’ and tailor made (*ibid*).

‘*Panchatantra*, the ancient Indian collection of folk tales claims the way to happiness. It is finding one or two good friends. Such modest prescriptions for happiness – a version of the small happiness that cultural anthropologist Tamotsu Aoki (1994)

commends – are possible only in societies where grander versions of happiness are usually seen as mostly outside the reach of human volition and individual effort. In such societies people are socialised to be happy with odd bits of happiness that come their way’ (*ibid*: 47).

The relative merit of the cultures is their capacity to withstand deprivation. The difference perhaps indicates that, in some cultures, happiness – or, at least, reduction of unhappiness – is less a matter of personal attainments or gains and more a state of mind associated with community affiliations and social behaviour. ‘Most individuals in these cultures tend to believe that happiness cannot come to one when one functions only as an individual competing aggressively with everyone else and, hence, it is probably pointless to ignore the codes of social conduct to run for individual gains only. One must learn to wait for such gains. Which is probably another way of saying that happiness comes mostly from within a form of inter subjectivity that has something to do with, what Illich calls conviviality in addition to accumulating, possessing or becoming’ (*ibid*: 48).

Aoki (1994) pleads that we give up the grand idea of happiness and opt for small ideas of happiness, the kinds that one finds strewn around in everyday life. The smallness, itself ensures that the ideas of large, dramatic, organised, expert-guided happiness get a lesser run in our lives and are not allowed to overwhelm entire societies by democratic consent, manufactured or otherwise. Such small forms of happiness can even serve as oases within overwhelming unhappiness. The presently dominant idea of well being, being subject to individual volition and effort, ensures that the search for happiness has a linear trajectory. In that idea, there is always a hope for perfection. ‘Perfect happiness comes when one eliminates, one by one, all unhappiness. This is not an easy task. You cannot, for instance, eliminate death, old age and many forms of illness and chances of catastrophes. But at least you can live a happy life, the presumption goes, by forgetting them or by denying their existence. Most societies institutionalise an element of death denial. Only in modern societies does that denial take the form of a panicky repudiation of the idea of death itself. Not only because, in the mythos of modernity, there is no genuine place for the idea of a life after death but also because in that mythos there is no admission of a natural limit to individual consumption through death.’ Death denial and a debilitating fear of pain are the obverse of the modern idea of happiness and well being (*ibid*).

‘The changing culture of modern medicine and the contemporary idea of healing have begun to faithfully reflect this connection. As a result, the formulations of Ivan Illich, Manu Kothari and Lopa Mehta are at long last showing signs of seeping into professional consciousness within the discipline.’ Surveying recent literature on the subject, Toby Miller and Pal Ahluwalia draw attention to the way the British Medical Journal derides modern medicine for fighting “...an unwinnable battle against death, pain and sickness” at the price of adequate education, culture, food, and travel, in a world where the more you pay for health, the sicker you feel, and “social construction of illness is being replaced by the corporate construction of disease” (*ibid*).

Health happens to be one of those few domains which illustrate the unity of mind-body as the basis of academic discourse. Health is no longer seen as a static condition but acknowledged now in terms of the new holistic paradigm of thinking emerging from the body-mind research leading to comprehensive understanding of healthy behavioural response (Dalal and Misra, 2012). Even in the West, as seen through the WHO definition of health, health is being viewed as a multidimensional concept. The notion that human being is not merely a physical body but is also located in the social and moral space and includes spiritual living as a genuine part of the existence, has made health more inclusive and non-body centred. Health is like a dynamic field in which different elements operate in communion and harmony. Analysing the discourse on health, Nandy (2000) calls for attending to the plurality of the notion of health and emphasizes on the need to bring to our psychological inquiry ‘something of the sagacity, insights and cumulative wisdom of the people whom we live’.

As is well documented in medical anthropological literature, health is not just a biomedical reality but a socio-cultural reality as well. The notion of health carries different meanings for different social groups in the society. In large, well being and ill being are socially produced (Freund, 2003). Each and every society is inherited with multiple layers of shared ideas and practices regarding the bodies. Thus what is normal and what is pathological differ from one society to another. A number of sociologists have used different perspectives while attempting to answer the question ‘what is illness’? These studies have examined the lay perceptions and interpretations of illness. It has emerged from the literature that responses to illness are not simply determined by the nature of the biophysical symptoms or individual motivations, but rather shaped by and imbued with the social, cultural and ideological context of a

person's biography. Thus illness is at once a very personal and very public phenomenon and demands interpretations that go beyond the individual body and medical diagnosis (Nettleton 1995). How people conceptualise health and illness varies with their position in the society, so that this discourse itself is informed by their interest in other spheres of life. Hence 'what is illness' should be comprehended within a specific social context. Auge and Herzlich (1995) have noted that the role of illness as social signifier is a veritable mirror, which reflects the social reality of the interpersonal relations.

The meaning of both 'health' and 'well being' are contested concepts (Gallie, 1956). The World Health Organization (WHO, 1946) defined health as absence of disease plus physical, mental and social well being. However, they did not define well being. Their definition of health excludes those in the diseased state. When developing their quality of life scales in 1995, they conducted a variety of focus groups within different cultures (WHOQOL, 1995) and found that different areas and aspects were important to each culture. As a result they also added three further dimensions to their scale: level of independence, environmental and spiritual/ religious. In the last 20 years, sociologists, anthropologists and psychologists have shown the importance of understanding lay perceptions of health and well being (Kleinman, 1988; Stainton Rogers, 1991; Beattie et al. 1993; Helman, 1994) to the design of healthcare and health promotion (Milburn, 1996), and for meeting people's needs. Lay people see health as a far wider concept than the biomedical model (Curren & Stacey, 1986; Kleinman, 1988) and they want to participate, be involved and have their experiences of health and illness listened to. Indeed, the process of participation, involvement and control may itself be important in health and well being outcomes (Fylkesnes & Forde, 1991; Idler & Benyamini, 1997). Here there is emphasis on social responsibility during any illness. Herein individual body is open to social body. A person's social location in socio economic stratification influences how much power the individual has to manage his or her body and external environment (Liyanage, 2010: 273).

Within the South Asian context, illness cannot be understood by a Western notion on authority. As Dwyer (2003: 111) points out, in India as in the other non-western societies, the individual is not an autonomous independent agent in the sense that these terms apply to modern man, for while in the West, the human subject is held to

be singular, unique and bounded having become both a basic fact of low and conscious moral being who is free and responsible. The heuristic evidences of various studies imply that illness is a collective pain on representation with its own physical and social boundaries. In order to realise the meaning of illness it should be interpreted within its own cultural and social context. People's conceptions of their health are sustainably formed in relationships to their social environment, their associations with others and sense of social and psychological well being. People unlike the physicians see their health in terms of their capacity to function in social roles and preferred social activities and one's psychological and social well being is quite central to these tasks. Social and psychological well being, of course, is substantially linked to psychosocial stressors, coping responses and the quality of social networks and intimacy. These are all defined in terms of and prevailing values and norms. Perceptions of stressful events, the definition of appropriate coping responses, and implications for personal associations and self esteem are all social constructions highly dependent on local culture (Mechanic, 1997: 92-93).

Robert Edgerton (1992: 188) suggests there are times when it is appropriate to generalize from the individual condition to include the entire community. He suggests that the levels of health and happiness are core domains from which to evaluate a society's overall well being or social fitness. He argues that whenever the people across all age cohorts are depressed, malcontent, alienated, fearful and sick or unable or disinterested in reproducing themselves, the culture can be labelled as a 'sick society'. For Lane (2000), happiness is derived from close bonds of affiliation, which he believes is lacking in the modern world.

Well being, as Jankowaik (2009: 147) observes, 'is a notion that embodies numerous elements ranging from good health to emotional stability to integrated goals for a meaningful life. Life satisfaction is organised around a person's life orientation or thoughts about the future as they pertain to a person's accomplishments as compared to his or her aspirations. Conversely, life dissatisfaction arises whenever an individual's achievements significantly do not match his or her level of aspirations. Given the importance of cultural values in structuring a person's life orientation or future aspirations, analysis of cultural notions of well being needs to explore the interplay between a culture's social organisation, its value system, its psychological orientations and the material opportunities available as they impact a person's life

orientation, and thus the level of aspirations encouraged socially for seeking life satisfaction’.

Objectives of the Study

First objective of the study is to locate well being within the anthropological and sociological literature, trying to place it as an area of interest and research within sociology and anthropology using the indological concepts.

The broader objective of the study is to explore the pursuit of well being among the Hindu society of North India through the ethnographic works and writings. Here the study will look at the everyday life of the Hindus and explore how they make sense of their well being by observing a healthy way of living, the practice of Ayurveda, the attainment of *purushartha* or the secular goals of life, the notions of suffering, the ideology of *karma* and the various healing traditions as practiced by the ‘upper caste’ Hindus. The dissertation puts health as the axis of the study. By health I do not mean merely being bereft of physical ailment but rather as Hindus would put it, cultivation of spiritual health and observance of healthy social relationships which are all part of well being paradigm. Maintenance of well being thus becomes a strategic way of life for the smooth running of the social order through cosmological interventions.

The last objective of this study is to view the rise of global religious organisations in the modern times and to understand their claims for restoring well being through faith, spiritual and ethnomedical healing among the new middle class and their engagement with it.

Methodology

The methodology for this study is broadly focused on approximating the various objectives by taking into deliberation a variety of secondary sources. The study has heavily relied upon the ethnographic writings and works and has carved itself out through the use of phenomenology as a method. The arguments have been built by undertaking the reading of books, articles, sections in newspapers, biographies, magazines, journals and websites. For the study, articles and books from diverse disciplines such as sociology, public health, psychology, anthropology, philosophy with an inclination towards thick description have been accessed and used. Use of

indological literature has been made consciously to coherently connect the ideas on well being.

The research has mainly focused on the ‘upper caste’ Hindus of North India. This is to enable a more focused group for the purpose of study on well being. Also the availability of literature on the Hindu community in North India as well as on Ayurveda, being the predominant view of life and medical system for the Hindus, has been taken into consideration. The choice of literature in delineating well being is thus deliberate.

Limitation of Study

The study being devoid of any primary data collection can be put as the first constraint. In the absence of fieldwork, which we are not allowed to undertake at the M.Phil level, there has been a heavy reliance on the secondary sources of data.

Another limitation may be viewed as the study avoids premising itself on any single framework. The nature of the study is such that it makes use of a combination of concepts from wide ranging philosophical, anthropological, sociological and psychological frameworks which have been employed to approximate the issue. It may also be seen as the strength of the study though not necessarily as a limitation.

Lastly it needs mention that when I am referring to Hindu society I mean the ‘upper caste’ Hindus who have access to the basic amenities of life and follow a similar kind of lifestyle. This is due to the readily available literature on them. This study does not refer to the health and well being of the ‘lower caste’ Hindus as it would constitute a separate study altogether. Due to this constraint I have not taken the caste question squarely for this research.

Organisation of the Study

The dissertation is titled ‘Well being, Health and Healing: A Sociological Study’. It locates well being and health through a sociological lens within the North Indian Hindu society. This dissertation aims to lay ground for discussion on well being through people’s perspectives by exploring what they consider as ‘well’, ‘good’ and ‘meaningful’ for the sustenance and maintenance of a purposeful life.

Apart from the introduction, the study is divided into three core chapters followed by a conclusion. Each of the three core chapters are further divided into two sections respectively, enabling a more lucid development of the ideas.

Chapter one lays focus on the Hindu notions of well being. It discusses living a healthy life through practicing Ayurveda as the aim of everyday living. It places health (*swastha*) and its achievement as the desired goal of Hindu well being within the indigenous perspective from the stand point of Ayurveda. The next section of this chapter elaborates on the theoretical Hindu conception of self and the 'Hindu world image'. It looks into how Ayurveda, the chief architect of person and body in the Hindu society, fits in with the secular goals of life which have metaphysical origins.

In chapter two the first section deals with suffering of the individuals and how the explanations of suffering are drawn in the Hindu context which is much more than mere biomedical causal ontology. The chapter draws on the cultural coexistence of the three ethics of autonomy, community and divinity which reflects on personal well being as well as the idea of collective social responsibility. While elucidating on the concept of suffering, the chapter looks into the various explanations of suffering. The second section of this chapter outlines how suffering begets healing. It explains the domain of healing not just through the lens of biomedicine but through many other healing systems. It elaborates how healing in the Hindu context is not just bodily healing but also ameliorates the social and psychological state of the sufferer. The last part of the chapter focuses exclusively on the folk healing systems, the healers, ritual as healing and draws a link between religion and health presuming that in India one partakes the other.

In chapter three, the first section explores the ethnographic material available to enumerate how the Hindu people in North India derive meaningful and purposeful life through their social actions and within social relationships. The second section of this chapter views the rise of the various religious organisations in the back drop of modernity, which hold promises of reproducing well being for the people.

The chapters are followed by a concluding chapter which raises new questions for further research

Chapter – 2

Understanding Well being through Ayurveda and the

Hindu notion of Self

In the Hindu² society, especially the North Indian ‘upper caste’ Hindus, one gets a sense of how the notion of health/ healthy living is a way of daily parlance. Living a healthy life is the aim of everyday living and has been an inseparable part of the Hindu lives from time immemorial. The notions like inner peace, karma, rebirth, dharma, purity and pollution reinforce this idea of a healthy mind, body and soul (*atman*). They cannot be done away within the Indian cultural context and constitute what is termed as the notions of Hindu well being. These notions comprise of not only subjective or inner well being among the individuals but also guide the well being between the individuals. That is to say how well being is experienced within the relationships. The construction of Hindu identity is reflected more in terms of family and community rather than individual self. Any deviation from the prescribed normative structure is believed to result in ill being leading to suffering (Liyange, 2010).

This chapter is divided into two sections. The first section will attempt to explore the pursuit of well being paradigm within the Hindu society textually exploring Ayurveda which refers to the Indian notion of a healthy person (*swastha*) as the desired well being, rendering it as both personal and social. It is opposed to the biomedical model

² It has often been noted how difficult it is to speak of a religion called Hinduism. The term Hindu is derived from Sanskrit *sindhu* and refers to the people who live near the great river Indus. *Al-Hind* is an early Arabic term used by Muslims who settled in this region. Hindu is thus a term used by outsiders to speak about this region and its population. . It was European Orientalism of the eighteenth century that gradually systematized knowledge about the people of India and their various beliefs and practices into an integrated, coherent religion called Hinduism. This was part of a larger, empirical enterprise to map India and its inhabitants, an enterprise framed in metropolitan theoretical concerns. It is often asserted that Hinduism, as such, does not exist, but that there is instead a great variety of heterogeneous practices of a devotional and ritual nature as well as of metaphysical schools that were lumped together under the foreign term Hinduism in the early nineteenth century. Such an assertion contains some truth, but it is exaggerated because these practices and doctrines do belong together as a tradition, although they are not unified by a central authority (Lorenzen, 1999; Dube 1998). Moreover, in this regard, Hinduism is not an exception but is similar to other religions in South Asia, such as Islam, Sikhism, and Buddhism (Asad, 1993; Oberoi, 1994; Gombrich & Obeyesekere, 1988).

which views all the cultural traditions (faith and spiritual) of managing health problems as well as the indigenous systems of medicines with scepticism. To place health as the desired goal of Hindu well being within the indigenous perspective from the stand point of Ayurveda is one of the themes of this chapter. It needs to be clarified that I am not trying to valorise Ayurveda as Brahmanic or Hindu Ayurveda rather looking into the textual influence of Ayurveda on everyday life of the North Indian ‘upper caste’ Hindus. The practice of Ayurveda in the daily lives of the people is not restricted to the rural society but is equally prevalent in the urban ‘upper caste’ Hindu elites as well. I argue that attainment of good health, in order to achieve higher goals of life, is synonymous to Hindu well being. I also wish to make it clear that I am not viewing Ayurveda merely as a medical system opposed to biomedicine rather for this dissertation Ayurveda is a way of life for the people and a discourse that anchors the lives of the Hindu people, enabling them to make sense of their well being. I do not wish to deal with the goals of Hindu well being merely through a philosophical lens but also from a sociological perspective showing how they are embedded in the consciousness of the people rendering them as the existential goals.

The second section of this chapter will elaborate on the theoretical Hindu conception of self and the ‘Hindu world image’ as Kakar would argue. It will look into how Ayurveda, the chief architect of person and body in the Hindu society, fits in with the secular goals of life which have metaphysical origins.

Health Culture: Biomedicine and the Indigenous³ Systems of Medicine (ISM)

While examining the relationship between health, culture and medicine in post-colonial India, the dominant perspective in sociological and anthropological literature conceptualises medicine and culture as autonomous domains and views the relationship between the two in oppositional terms where culture (lay persons’ beliefs and practices) is seen largely as impeding the progress of biomedicine (allopathy,

³ The usage of the term indigenous by colonial administrators and writers was popular and undifferentiated. It was employed with reference to Ayurveda and Yunani systems of medicine, to distinguish them from western medicine. This usage no doubt reflected the political ideologies and institutional structures that were associated with this distinction. However, the term and concepts *indigenous* or *desi/swadeshi* were redeployed and also increasingly used by the ayurvedic practitioners in projecting their learning and practice. They spoke in the context of a growing sphere of resistance and an emerging sense of authority, of an indigenous modernity drawn from a selective use of ideas and traditions that was often itself ambiguous, contradictory and dynamic in nature (Sivaramakrishnan, 2006: 1).

modern medicine). In this conceptual schema, all medical knowledge other than biomedicine is denied any valid medical status, clubbed as culture devoid of any cognitive content, and is seen coterminous with religion and superstition. Other related assumptions are that cultural influences on healthcare are prominent in rural settings and less so among the educated in modernising societies. This perspective largely ignores the ground reality of the spread of indigenous medical systems and practices, their cognitive relevance, the complex reasons for people's healthcare choices and the contribution of indigenous medicine to people's health (Abraham, 2009: 68).

However, there are a few studies that show the cultural influence of indigenous systems such as Ayurveda in terms of providing people with a broad conceptual framework to not only understand health and illness, but also address epistemological and ontological concerns, regardless of the medical system they use (Kakar, 1982; Obeyesekere, 1976).

Multiple medical systems such as biomedicine, ayurveda, unani, siddha, homeopathy, naturopathy, yoga and the practitioners of a variety of folk traditions, all contribute to providing healthcare in present times. Of these, unani medicine came from west Asia 800 years ago, while homeopathy, naturopathy and biomedicine entered about 200 years ago from Europe to become part of the medical traditions in this region. The emergence and arrival of different medical systems, their acculturation into various communities as well as the syncreticism and contestations with the indigenous are quite unique to Indian medical and cultural history. Though this region has been home to several systems of medicine, state-sponsored healthcare in India since 20th century has been based on biomedicine. The model is one in which "other" systems of medicine, namely, ayurveda, yoga, unani, siddha and homeopathy (AYUSH)⁴ systems that have popular support in terms of usage, cultural consonance and larger number of

⁴ A Department of Indian Systems of Medicine and Homeopathy (ISM&H) was created in March 1995 and renamed as Department of AYUSH in 2003. It is interesting to note that homeopathy and naturopathy, that were also entrants during the colonial rule, have found considerable voluntary support among people and have been formally grouped together with the ISMs in the current acronym of the government department (AYUSH). Homeopathy in India today has the second largest number of practitioners after ayurveda, and naturopathy, which was consonant with Gandhi's philosophy of life, is aligned with yoga to offer a coherent model for healthy lifestyle in contemporary India.

practitioners have been cast against biomedicine which is the official system of state medicine. The term “medical pluralism” was introduced by the social sciences in the mid-1970s to characterise the situation in the third world, in which people resorted to multiple options for health care outside the government healthcare system that was based on biomedicine. The demand for cure and care for a growing range of health conditions which elude any particular system of medicine has made pluralism in therapeutic options a way of (post)modern life (Sujatha and Abraham, 2009: 35).

‘The siddha medicine was an offshoot of the siddha yogi’s experiments in yoga and alchemy towards the achievement of an uninterrupted lifespan and an imputrescible body in this world. Siddha medicine is found only in south India and the texts are largely in Tamil and Telugu. The siddhars were not a cult of a particular historical period, but heretics who challenged the religious orthodoxy in the Tamil region for several centuries till about 17th century AD. Most of the siddhars belonged to non-brahmin communities and were vociferous critiques of brahmanical Hinduism, the scriptures, idol worship and ritualism. The siddhars rejected both, the imbalance of the “unpurified emotionalism” of bhakti (Ganapathy, 2004: xvi) as much as the scriptural philosophies of brahmanical Hinduism.’ A notable feature of siddha philosophy is the absence of any deity or personal god; but they were neither atheists nor agnostics. The siddhars were devoted to the attainment of the state of perfection or siddhi. They rejected the authority of the scriptures because mystical experiences being formless cannot be confined to any structure or convention. The difference between ayurveda and siddha may be discerned in terms of philosophical orientation, history, spatial spread and language of expression. But their conceptual framework for medicine is the same: the theory of *panchabhuta* and *tridoshas* form the basic edifice of siddha and ayurveda. The pharmacological preparations in ayurveda and siddha follow similar principles as applied to plant, animal and mineral ingredients, but siddha medicines have greater mineral and metal ingredients in their preparations. Though the siddha corpus was laid down by siddha yogis, all the siddha practitioners were not yogis. As a system of medicine it was also carried forward by *vaidyas* trained in the *gurukula* system like ayurveda (Sujatha, 2009: 78).

Kavita Sivaramakrishnan (2006) has argued that the ayurvedic tradition was emphasised as being sacred, that is derived from Hindu Vedic Gods and scriptures. Its advances and originality were rooted in the golden age of the ancient Hindu science

and culture. The ancient intellectual past and its sacred and scientific tradition of Ayurveda as Hindu science, therefore, offered the possibility in its revival, of addressing the claims of Hindu identity. She further elucidates that there has emerged a discourse on the Hindu Ayurveda in opposition to the foreign Islamic Yunani tradition of medicine. Most histories of ayurvedic learning made a reference to political cultural marginalisation of Ayurveda on the arrival of the Islamic- Yunani medicine in the medieval period supported by the Muslim rulers. This period saw the promotion of the Muslim Hakims whose practice and status witnessed a meteoric rise (2006:143).

Today the ubiquitous and recurring influence of ayurveda in people's modern lives has been described as a form of "cultural praxis" (Zarrilli, 1998), or ayurveda is seen as providing a "cultural template" or a "root metaphor" in people's everyday lives (Trawick, 1995).

Recent sociological studies point to the epistemic basis of indigenous medical knowledge that goes into the making of the health culture of a region (Sujatha, 2007). Concepts and practices pertaining to diet, work, daily routine and life cycle are more coherent than generally viewed and constitute the health culture of a region derived from indigenous medical traditions. This health culture conditions therapeutic choices made by the people.

Ayurvedic Tradition in South and North India

There exist several strands within ayurveda across regions and even within a region (Meulenbeld, 1992) and can be traced through the historical and cultural roots. In south, the Kerala ayurveda shows that it embodies certain unique features developed and sustained over a long period by the regional socio-political culture. Various textual sources and contemporary practices indicate that the Kerala region had well developed medical traditions prior to the arrival of the Sanskritic, textual tradition of ayurveda during the 6th and 7th centuries AD (Varier, 2005).

Not only does there exist therapeutic differences, the preferred ayurvedic text is also different in Kerala. The *Samhitas* of *Caraka* and *Sushruta*, and the *Ashtangsamgraha* of *Vagbhata*, together constitute the theoretical and therapeutic corpus of ayurveda. While the former two *Samhitas* are the preferred texts elsewhere

in India, an abridged form of the third known as *Ashtangahrudayam*, also attributed to *Vagbhata*, is the most widely known and used ayurvedic text in Kerala. Families of traditional vaidyans possessed several “copies” or versions of palm leaf manuscripts of *Ashtangahrudayam* (Abraham, 2009: 69).

The Ayurveda in the North of India, which I will be focusing on, has witnessed various patterns of patronage which have influenced its development. Sharma (2012) in her writings has outlined the rich history of medical knowledge and its prominence in traditions of Ayurveda. The father of the ‘Indian medical science’ ‘Dhanvantri’, the ‘physician of the Gods’, is said to have imparted his skills and knowledge to *Sushruta* at this (Banaras) site. Various classical works on Ayurveda such as the *Sushruta Samhita*, the *Chikitsa Kaumudi*, and the *Chikitsa Darshan* were written in Banaras. Sharma has pointed out that Banaras also evolved as a centre for the Yunani as well as the western biomedicine. She states, ‘Plurality in healing practices is one of the characteristic features of *Banarsi* with Ayurveda, Yunani, Allopathy, on offer along with homeopathy, folk medicine and witchcraft’ (2012: 16).

Ayurveda: An Indigenous Model of Health and Well being

The classical Sanskrit theory of the Indian medicine known as Ayurveda (Science of long life) has dominated the medical traditions of all the South Asia, and to a lesser extent Southeast Asia. Its concepts of illness and formulation of body functioning are coded into the thinking and formulation of experience of Asian people. Ideas derived from the classical medical tradition are extended into the realm of ritual and religion, a metamedical extension of medical concepts (Obeyesekere, 1976). Concepts and ideas regarding the healthy individual – both physical and psychological health - are largely derived from Ayurveda. ‘Without some awareness of the theory of Ayurvedic medicine it is not possible for us to understand much of what goes on in the minds of people in the South Asian world. Western-trained physicians and psychiatrists who are generally contemptuous of this tradition do so at the risk of failure to grasp popular ideas of bodily (physical) and mental well-being and illness in South Asian cultures’ (Obeyesekere, 1977: 155).

Ayurveda as a social institution is linked to specific circumstances of the religion, philosophy, history, and socio-political realities of Indian society. Joshi (1998) suggests that it is necessary to realise that Ayurveda is not only a medical

approach to health but also a fundamental philosophy of life. Cassileth (1998) points out that it encompasses religion and philosophy as well as medicine and science, and Bivins (1997) adds to the list, theology.

Ayurveda refers to the wholeness of life's harmony and balance, addressing the dimensions of an individual's physical, emotional, and spiritual balance. Ayurvedic holistic character is, in fact, the one characteristic that allows for analysis of this system as a phenomenon involving from the outset the social, cultural and political forces that influence illness (Leguizamon, 2005: 3305). As Kakar (1982: 229) notes, 'the person in Ayurveda, then, is conceived of as simultaneously living in and partaking of different orders of being -physical, psychological, social, and one must add, metaphysical'.

Ayurveda is linked with Brahmanic traditions. Further, it is considered the world's oldest system of health, with one of the most complete sets of knowledge of how to live daily life in harmony with cosmic life (Leguizamon, 2005: 3307). Even though it is not cross culturally recognised as a medical system, Ayurveda is scientific medicine, according to Obeyesekere (1992), which possesses a highly abstract meta-theoretical framework for explaining diseases. In fact, it is similar in form to theories in the social sciences and psychoanalysis. Like biomedicine, it is grounded in validation and experimentation. Ayurveda also tries to give meaning to the meaningless experience of the sufferer. Trawick (1992), following Levi Strauss, recalls that the meaning of these experiences is never directly approached or completely solved, but rather given patterned expression through symbolic articulation. Its principles derive from universal laws of nature, which are both true and whose changes may be very slow and imperceptible. In Ayurveda the functioning of the body cannot be separated from the greater whole of the other parts of ourselves, nor from the world around with its socio-cultural arenas. As Joshi (1998: 8) says, human life is part and parcel of nature and, therefore, what happens there happens inside the body. As such, the fundamental principles guiding nature's functioning in creation work within us as well, as in the case of the '*mahabhuttas*' or the cosmic elements. They are the underlying intelligences that give rise to the five elements commonly known as space, air, fire, water, and earth. These elements are the basic building blocks of nature, which are responsible for all physical existence. The coordinated interaction of these elements controls all the function of creation.

Ayurveda is a holistic system because it observes that all aspects of creation are interrelated and interdependent in a wondrous synchrony.

The *Taittiriya Upnishad*⁵ has elaborated that happiness, joy and well being are the moments where there is an unobstructed manifestation of *ananda* (bliss), which is our true nature. It is the opaqueness of our mental and bodily faculties that obstruct the manifestation and experience of *ananda*. The principle responsible for this darkness and opaqueness is called *tamas* while that responsible for brightness and illumination is called *sattva* (Kumar, 2002). The traditional Indian perspective offers an ideal state of human functioning and constitutes health and well being as a state of body and mind which is *nirogya* (free from ailment), serene, and free from desires.

The Indian notion of a healthy person is of an auto locus person (*swastha*) who flourishes on the recognition of the life force derived from the material reality (*mahabhutas*) and, therefore, offers remedies for being healthy by opening a dialogue with its environment and recognition of order (*dharma*) in the entire life world (*sristi*). The nutrition (*ahar*), world of leisure (*vihar*) and thoughts (*vichar*) need to be synchronised in proper order. Health and well being are both personal as well as social. The desire for well being of everyone (*kamaye duhkhtaptanam praninamartinshanam*) has been a core Indian concern that has pan human relevance (Sharma and Misra, 2010). Undoubtedly, such a conceptualisation of well being through the notions of health is significant to the Hindu society.

Three Doshas

Ayurveda, the ancient medical system of India, offers a different perspective on life and health in which wholeness, integration, freedom, connectivity, creativity and enjoyment figure out as central concerns. The etymology of the word ‘Ayurveda’ summarises its primary objective- A Science of Longevity (*ayus* meaning ‘life’, ‘vitality’, ‘health’ and ‘longevity’ and *veda* meaning ‘science’ or ‘knowledge’). The authorship of the most basic text of Ayurveda is attributed to *Charaka*, who essentially compiled the proceeding of a conference, known as *Charaka Samhita*.

⁵ The *Taittiriya Upanishad* is a Sanskrit text. It is one of the older, primary *Upnishads* commented upon by Shankara. It is associated with the *Taittiriya* school of the *Yajurveda*. It describes the various degrees of happiness enjoyed by the different beings in creation.

Consistent with its thesis of the identity of body and mind, Ayurveda puts forward that any disturbance, physical or mental, manifests itself both in the somatic and in the psychic spheres, through the intermediary process of the vitiation of the 'humors'. The word '*dosha*' according to Trawick (1992: 136) means fault, illness, or suffering. In this sense, 'the body, the protean substance of *Prakrit*, though producing both pleasure and pain, seems primarily a locus of pain'. She explains the constitution of the Ayurvedic body (*Prakrit*) as formed by the combination of three *doshas*. This theory explains how the five elements which make up physical creation dynamically combine to control all processes within human physiology. The three functional capacities are called: '*vata*', the principle governing all motion or movement; '*pitta*', which controls all transforming processes; and '*kapha*', which is responsible for cohesion, growth and liquefaction. Without any of these processes there would be no human life (*ibid*, 1992: 9). Ayurvedic therapy thus aims at correcting the '*doshas*' or imbalances and derangements of the bodily humours (namely *vata* or bodily air, *pitta* or bile and *kapha* or phlegm) and restoring equilibrium (Obeyesekere 1976).

Ayurveda holds that each human being from his or her birth is a unique combination derived of the three *doshas*. Furthermore, it is the balance of these three elements that is responsible for an individual's mental, emotional and physical health. Thus, illness is considered to be primarily an imbalance of any or all *doshas*. One explanation of an imbalance in the *doshas* is the weather, because an individual's relationship with his or her environment is a basic element of the whole system. In other words, any change (of season, diet, environment, and so on) may cause illness (Leguizamon, 2005: 3308).

Health- Illness Dichotomy in Ayurveda

The health-illness dichotomy in Ayurveda refers to two inter-related aspects of a phenomenon: the maintenance of the balance and harmony between environment, body, mind, and soul. Health is always defined as the permanent contest for preserving such a state of balance and wholeness and, ultimately, is its reflection in a high state of consciousness. Illness, on the contrary, beheld primarily as the loss of such balance and harmony, may be caused not only by identifiable diseases in the physical sense of its meaning, but also by mental, emotional or environmental

factors. The basic idea of Ayurvedic physiology is to keep all processes flowing through the body's channels. When a channel gets blocked, illness is produced. Illness in one of its conceptualisations, appears as an abnormal process in which the 'flux' is interrupted in a channel. Of course, if a substance stops flowing through its own channel, this creates problems in another channel, contributing to illness. The relationship between health-illness in Ayurveda comes through the notion of prevention. This is a basic concept for this medical system since it underlines the maintenance of health rather than the treatment of disease. As a naturalistic system that emphasises the rightness of material life processes (Leguizamon, 2005: 3308).

In Ayurveda, as contrasted with biomedicine, people are not considered passive victims of pathogenic forces but active agents of their quality of life through the choices and interpretations that they make of their bodies and souls.

Ayurvedic therapy for all diseases cannot be other than a blend of the psychological or the physiological. In practice, the psychological part of the treatment rarely goes beyond suggestion, exhortation, consolation and recommendation of meditative procedures. Even for disease of primarily mental origins with predominantly mental symptoms, it is overwhelmingly a psychological therapy for the psyche. There are three therapies with regard to their location of action: 'scientific' therapy, which uses proper diet, activities and remedies according to season and climate at the level of physical body; 'conquest of the mind', involving restraint of the mind from the desire for unwholesome objects; and 'divine' therapy including all sorts of spiritual rituals and penance. Medical intervention at the physical level is of four types: diet, activity, purification and palliation (Svoboda, 1992).

Ayurveda is the principal architect of the Indian concepts of person and body (Kakar 1982). As a paradigm, it shows how body mind and spirit interactions can be predicted, balanced and improved upon to enable people to live gracefully and harmoniously. For Ayurveda, spirit and matter, soul and body, although different are not alien, insofar that they can be brought together in a healthy relationship with consequences that are mutually beneficial. Its prime concern is not with 'healing' in the narrow sense of curing but in the broader sense of promoting well being through good health and a prolonging life. We need to keep in mind that the goal of this

enhanced vitality is the achievement of all the *values* that life has to offer, both secular and religious (Dalal and Misra, 2012).

In Ayurveda as in the Hindu society, how healthy a person is depends on one's level of consciousness. Every thought changes one's physiology; one becomes precisely what one believes oneself to be. Healthy thoughts create health; dark hopeless thoughts make one's body lose hope and surrender to disease. Medicine and religion differ only in their field of activity; if the mind and spirit are at peace the body will too be in the same state, but if one's field of consciousness is polluted by conflict, frustration and distress, one's physiology will descend into disease. The principal word for health in Sanskrit is *swastha*, means 'established in oneself' or 'self abiding'. It means the establishment of one's own nature (*ibid*).

Ayurveda, as a pragmatic science, sets down the ways to establish people in themselves. Ayurveda is persistent in insisting that medicine should always be centred on the whole person rather than on the disease. The Ayurvedic approach may thus be understood as being 'holistic' in nature. The fundamental principle of this holistic philosophy is that illness results when emotional, psychological or spiritual stresses become overwhelming and cause weakening of the body. The body reflects or manifests the deeper struggles of the person's inner life. The holistic paradigm suggests that the 'energy' level of human being, meaning the inner emotional and spiritual world, precedes, in fact determines all that is determined at the physical level (*ibid*).

***Svasthanvrtta* (personal hygiene) and *Dinacharya* (daily routine)**

While delineating health, Ayurveda emphasises one's relationship with the environment, seasons and events within which one is situated. This reflects on the social origins of this science of longevity. Ayurveda also includes non-susceptibility as an important determinant of health. It means resistance to disease or immunity from disease. The classical texts that enumerate what one should and should not do in order to avoid falling ill are so minutely specific that diseases pertaining to the 'derangement of sense organs' can be attributed, cumulatively, to such seemingly mundane and banal things as riding in a defective vehicle, sitting on a hard seat that is knee-high, sleeping without a pillow, going outside without first touching gems, or laughing too loudly (Alter, 1999: 49).

I have argued earlier that Ayurveda is a way of life for the Hindus. The textual views of Ayurveda are full of prescriptions and suggestions for such everyday activities which if followed religiously will ensure good health and longevity there by enabling the individual to achieve the higher *karmic* goals.

A discussion on *svasthavrtta* (personal hygiene) and *dinacharya* (daily routine) as oriented in the Ayurvedic texts thus becomes necessary. Ayurvedic texts are full of prescriptions for everyday activities such as sleep, evacuation of the bowels, taking care of oral, ocular, and aural hygiene, hair care, and above all diet (Majumdar, 1971:243). The regulated management of almost everything is carefully delineated. When, where, why, and how often are the questions that ayurvedic texts seek to answer. What increases the strength of hairs, skull, sense organs and voice? What kind of ointment is to be used daily in order to make eyesight keen and colour-vision perfect? How many times does one need to oil one's ears in order to improve audition? Which is the kind of twig to be used for brushing one's teeth in order to make them strong and bright? Other questions pertaining to the everyday are the right kind of metal tongue scraper to use and how to use it; the ideal temperature for bath water and the appropriate temperatures for different parts of the body; and the efficacious use of mirrors, umbrellas, and walking-sticks. There are prescriptions in the text regarding what kind of wood to use in building a bed, what kind of cloth to use for making a shirt, and what sort of flowers to use in decorating a room, are amazingly comprehensive and worthy of careful attention given their location in texts. *Svasthavrtta* and *dinacharya* are all about a well-regulated daily routine that promotes well being of the person. Ayurvedic texts talk about the benefits of proper sleep. It causes happiness, nourishment, strength, virility and longevity. Sleep at the right time makes for the balance of body constituents (*dhatu*), alertness, good vision, good complexion, and fine digestive powers. An example of common *dinacharya* prescription is whereby water is to be cooled overnight in a copper vessel and drunk at dawn (*ushah-pana*). The example of a *svasthavrtta* routine is a two- stage process that requires a sesame-oil body massage and hot water bath. This bath-as-body-building is referred to as *abhyanga* and is said to have the following effect (*Madana-palanighantu*). It prevents ageing, equalizes the body constituents (*dhatu*), pacifies *vata*, cures intractable headaches, invigorates the sense organs, improves eye-sight, physical strength and mental cheer, makes the skin bright, soft and free from dirt,

removes fatigue, facilitates sleep, acts like a hair-tonic (preventing hair from falling or greying, and making the hair roots firm) and refreshes the individual. Clearly a person, who ‘takes an *abhyanga*’ emerges not just clean, relaxed, and refreshed but, ‘humorally speaking- a real heap’ (Alter, 1999: 45-53).

There are Ayurvedic prescriptions regarding diet, food, and the regimen of eating. Food is integral to the *materia medica* of Ayurvedic medicine (Khare, 1976; Khare and Rao 1986; Nichter, 1986). In fact, all food is medicine to the extent that it can cure and/or cause disease in specific, predictable manifestations. As Zimmermann (1987: 203) points out, ‘Food and the rules of conduct are associated together as *aharacarau*, a compound in the dual, to define the conditions of a healthy system of life. The idea of remedy and that of nourishment are thus both parallel and complementary. When food is prepared for consumption its constituent properties are brought into play; the act of eating then sets in motion a series of ‘cooking’ or ‘digestion’ whereby the ‘nutritive juices of foods’ (*annarasa*) are transformed, first into chyle (*rasadhātu*) and then, sequentially, into blood (*rakta*), flesh (*mamsa*), fat (*medas*), bone (*asthi*), marrow (*majja*), and semen (*sukra*). Food of all kinds is the cornerstone of health. It is the basis of all action, including the four goals of life: desire, prosperity, right action, and release. In a sense cooking and right eating are the penultimate forms of self-sacrifice and are used to convey a sense of Ayurveda’s purely cosmic ethics. ‘Certainly, the term ‘Ayurveda’ may be translated not just as the science of life or the science of saving life or the knowledge of long life but also as knowledge for prolonging life’ (Zimmermann, 1987: 2).

Ayurveda is not just a system of medicine but a science of health promotion designed to increase our well-being and happiness in all aspects. It shows us not only how to treat disease but how to live in such a way as to arrive at optimum health and the maximum utilization of our faculties, which according to Ayurveda are almost unlimited (Ranade, 1996: 57). Majumdar (1971:213) also points out, referring to the corpus as a whole, ‘Ayurveda is concerned mainly with prolongation of healthy life and prevention of disease and senility, and only secondarily with curing disease’.

The next section of this chapter explores the Hindu construction of self, the various systems of Hindu philosophy as well as the secular goals of life as propounded in the Hindu classical texts. It will look into how Ayurveda, the chief architect of person and

body in the Hindu society, fits in with the secular goals of life which have metaphysical origins.

Hindu world image

Hinduism is a religion, a way of life, a philosophy, as well as a social system and all these three are intrinsically connected. It thus becomes extremely tedious in the Indian context to delineate Hindu religion, philosophy, psychology or the social system. Bharati (1985) in his work points out that the Hindu systems of thought have been centrally concerned with the issues of the 'self', a quest for enlightenment, for the perfection of human person, has all been viewed as the 'essence' of Hinduism. But importantly the self in the Hindu context is essentially a religious or metaphysical concept and writers in the Hindu tradition have little interest in the Hindu self.

Bharati writes, "All Hindu traditions talk about self either in order to reject its ontological status (as in Advaita Vedanta and in Buddhism), or to assimilate it to a theological and metaphysical construct which is a self with a capital S. When any of the Hindu traditions speak about what might look like the individual, like an empirical self, it is not to analyse it but to denigrate it... the self as the basis of such important human achievements as scholarship, artistic skill, technological invention etc is totally ignored in the Indian philosophical texts." (1985:89)

It becomes clear that in the Indian context, metaphysical concepts drawn from the Brahmanic tradition penetrate far beyond into the wider culture. Concepts such as *moksha*, *dharma*, *karma* constitute what Sudhir Kakar has called the '*Hindu world image*' a consistent cultural template or world view that permeates the everyday life of ordinary people, giving it structure and meaning. Whether consciously acknowledged or codified in rituals, the 'world image' has deeply influenced the way the Hindus think and act. Kakar states that it is so much in the Hindu bones, that a person may not be aware of its influence.

An exploration of the Hindu inner world must begin with the cluster of ideas, historically derived, selected and refined through which the Hindu culture has traditionally structured the beliefs and behaviour of its members. At the heart of this cluster of governing ideas is a coherent, consistent world image in which the goal of human existence, the ways to reach this goal, the errors to be avoided and the

obstacles to be expressed along the way are all dramatically conveyed (Kakar, 1978). Here one is not talking in terms of Hindu philosophy, nor in terms of abstract intellectual concepts but of beliefs and values which seep into the everyday life of ordinary people and give it form and meaning. This enables individuals to make sense of their own lives. Kakar suggests that ‘shared by most of the Hindus and enduring with remarkable continuity down through the ages, the Hindu world image, whether consciously acknowledged and codified in elaborate rituals or silently pervading the ‘community unconscious’, has decisively influenced the Indian language as well as the ways of thinking, perceiving and categorizing experiences’.

Earlier in this chapter, I have suggested that Ayurveda is the principal architect of the Indian view of the person and the body. But the question that demands exploration, as Kakar puts it, ‘how this part of the edifice, deriving from medical science, which by its very nature is more earthy and practical, fits into with other building blocks of the Hindu world view, especially with the meta physical cluster of ideas around the theory of liberation, that is, the moksha-dharma-kama complex’?

Debiprasad Chattopadhyaya (1976) in his scholarly study of the *Caraka Samhita* points out that the sometimes peculiar and confusing appearance of the existing text of the *Samhita* derives from the fact that the metaphysical and religious views introduced into it- including those of karma and *adrishta* (unseen causes)- are on the whole loosely superimposed on its genuinely scientific content. Good health, the goal of the profession, is the only means to fulfil the scripturally posited four ‘ends’ (*purushartha*) of life, namely virtue (*dharma*); material goods (*artha*); sensual pleasure (*kama*); self-realization (*moksha*). Thus Ayurveda is most sacred of all the Vedas since it does good to mankind not only in the life beyond but also in the present life.

Chattopadhyaya further explains that the desire and enthusiasm for virtue (*dharma*) and liberation/ self-realization (*moksha*) seems to be muted in contrast with the exuberant affirmation of this worldly ends of gathering wealth and enjoyment of sensual pleasures. In the chapter on three basic desires of life, he mentions, “A person of normal mental faculty, intelligence and energy, desirous of his well being pertaining to this world and the world beyond has to seek three basic desires, viz., desire to live, desire to earn and desire to perform virtuous acts.” He goes on to assert

that out of all these desires one needs to give preference to the desire for longevity as with the end of life there is end to everything. The desire to satisfy passion has been omitted by him. He opines that it is the natural instinct of mankind and as such too axiomatic to be discussed. He believes that one must have a desire for wealth because there is nothing as miserable as a long life without wealth, so one must tap on the various sources of wealth. As for the third desire, the living of the life in virtue to attain happiness in future life, his text says, "This desire is shrouded with some doubts. There is doubt, whether one will have a life (rebirth) at all after death". Chattopadhyaya touches the problem which has been investigated by Obeyesekere in the form of "rebirth eschatologies" and "karmic eschatologies". Thus Hindu metaphysics and Ayurveda have mutually coexisted in the Indian society from time immemorial.

Systems of Indian philosophy

Brian Morris (1994) explains that one needs to be aware that although the Brahmanic concepts drawn from the Vedanta literature are pervasive in the Indian culture, yet it is misleading to equate Hindu thought with mystical idealism. To understand the Hindu notion of self it becomes necessary to have some knowledge about the six orthodox systems of Indian philosophy and these are traditionally divided into three groups of two, namely *Nyasa-Vaisesika*, *Samkhya-Yoga* and *Vedanta-Mimamsa*. These schools of philosophy (*Darshans*) are generally associated with six sages, respectively, *Gautama*, *Kanada*, *Kapila*, *Patanjali*, *Badarayana* and *Jaimini*, whose aphoristic writings (*Sutras*) appeared somewhere between the seventh and the second century BC.

Nyasa was a form of analytical philosophy largely concerned with logic and inference, while the *Vaisesika* system was more interested in cosmology. It accepted the notion of God, not as a creator- spirit but as an agency giving order to the universe.

Samkhya is a dualistic philosophy, since it recognises two basic categories in the universe- the *Purusa* and the *Prakriti*. Although often seen as secondary to the Vedanta system by many scholars like Radhakrishnan, in many ways *Samkhya* forms the underlying basis of human culture.

Stephen Tyler suggests: ‘When we look for the underlying cognitive categories of the Indian culture we will find that it is the *Samkhya* system that comprises the fundamental structure of Indian thought. It certainly forms the basis of Ayurvedic medicine’(1973:73).

As M.N. Roy (1940) has argued, *Samkhya* system is an atheistic and materialistic philosophy which developed a rational and naturalistic system of metaphysics. It is one of the earliest of the six schools of philosophy and is reputed to have been found by sage Kapila. The term *Samkhya* means number, calculation or reason, but it is an appropriate one, for *Samkhya* is a rational philosophy. Knowledge, it believes, is derived from three sources only: sense perception; inference through the faculty of reason and valid testimony. Thus Kapila came to reject the notion of the Supreme Being and equally opposed the Vedic scriptures and rituals. Through reason we gain knowledge of the primordial matter (*Prakriti*) which is eternal, unproduced and conceived as containing the potentials of everything in the universe. Through its three modes- *Sattva* (sentience, goodness), *Rajas* (passion, energy) and *Tamas* (inertia, enveloping) nature acts and develops itself. From nature (*Prakriti*) thus emerges intellect (*Buddhi*), from intellect ego consciousness (*Ahamkara*) and from these evolves the mind (*Manas*), the five sense organs, the active senses (speech, holding, walking, evacuation and procreation), the five subtle elements (sound, touch, colour, taste and smell), and the gross elements *Mahabhuta-Akasa* (ether), *Vayu* (wind), *Agni* (fire), *Jala* (water) and *Prithvi* (earth). It makes a total of twenty four categories, a scheme that is adopted by *Charaka* in his treatise on medicine (Morris, 1994: 73). It becomes clear that Kapila viewed nature as having ontological primacy and that *Samkhya* system views the body in all forms of consciousness in material terms. But as a philosophy, *Samkhya* is often called *Dvaita*, or dualism, because Kapila also postulated the existence of a twenty-fifth category, the *purusa* or soul. It is this *purusa* that we are here concerned with.

Yoga Sutra was compiled by Patanjali around 200 BC. It can be seen as an extension of the *Samkhya* system, a method of disciplining the body and the mind leading to a higher form of contemplation (*Samadhi*). Morris (1994: 74) argues that Patanjali simply grafted the theistic notion of God on the atheistic *Samkhya* system.

Both *Samkhya* and *Yoga* affirm that there are many *purusas* (spirit, soul, self, however it is translated into Western concepts). *Prakriti* is as real and as eternal as the *purusa*; but unlike the soul it is dynamic and creative. The individual person (*Jiva*) consists of both *prakriti* and *purusa*, and the soul is seen as trapped, held in bondage by the material world. *Purusa* the self is pure, eternal and free when detached from the world. This knowledge is quite different from the normal intellectual activity. But more importantly the world is real for *Samkhya* and *Yoga*, not illusory as it is in the *Vedanta* philosophy (*ibid*).

The *Mimamsa* system, whose primary source is the *Sutra of Jaimini* (circa 300 BC) is the most orthodox of the systems of philosophy. It takes the Vedas to be infallible and authoritative, and it is not so much a school of salvation as an exposition and interpretation of the sacred texts.

Vedanta is essentially concerned with developing some of the religious and philosophical speculations of *Upanishads* and the *Brahma Sutra*, together with *Bhagvad-Gita*, form the foundation texts of the system. Classical *Vedanta* is intrinsically associated with the South Indian philosopher *Sankara*⁶, and it was largely due to his writings that *Hinduism* in its modern form arose (*ibid*: 75).

Bharati (1985) suggests that *Sankara's* basic ideas are intellectually quite simple, for he suggests a form of absolute idealism known as *Advaita* (non-dualistic) *Vedanta*. *Sankara* thus postulates that there is only one being in existence – the absolute (*Brahmana*), an impersonal ‘spirit’ or ‘soul’ that is fundamentally the only reality, the individual soul (*Atman*) being simply an individual aspect of reality. *Brahman* and *Atman* are in essence identical. *Brahman* is without form and everything within nature has its existence in and through *Brahman*.

⁶ Adi Shankara (788 CE - 820 CE), also known as *Sankara Bhagavatpadacarya* and *Adi Sankaracarya* was an Indian sage from Kalady in present day Kerala who consolidated the doctrine of *advaita vedanta*. His teachings are based on the unity of the *atman* and *brahman*— non-dual *brahman*, in which *brahman* is viewed as *nirguna brahman*, *brahman* without attributes. Shankara travelled across the Indian subcontinent to propagate his philosophy through discourses and debates with other thinkers. He is reputed to have founded four *mathas* ("monasteries"), which helped in the historical development, revival and spread of *Advaita Vedanta* of which he is known as the greatest revivalist.

A *Vedanta* scholar has referred that God has not created the world out of nothing. He has projected it out of Himself. He is both the efficient and the material cause of the universe. The ‘ground’ of the universe, the only reality is thus the spirit and the individual soul (*Atman*) is identical with it. This reality is often described in Sanskrit *Saccidanand* – meaning absolute being (*Sat*), absolute consciousness (*Cit*) and absolute bliss (*Ananda*) (Nirvedananda, 1944: 142).

Salvation is achieved in *Vedanta* through the practical realisation of the identity, the oneness, of the self (*Atman*) with the absolute (*Brahman*). *Samkhya* accepted the reality of both the phenomenal world and of the spirit (*Purusa*), but nonetheless suggested detachment of the soul from the empirical world.

Sankara, following *Samkhya*, viewed the self on several levels. It is related to the physical body, and to the internal organ (*Antah- karan*), the material, thinking, perceiving mind. It is also relate to the inner consciousness and ego. And finally it is related to what Menon calls the ‘inner self’ or soul (*Jiva*⁷) although this self is not a separate entity, not an individual soul, for the self is at one with the *Brahman*. But identifying one’s true self with spirit (*Brahman*) implied a dualism similar to that of *Samkhya* system⁸, a dualism not between body and mind but between spirit and phenomenological world. *Vedanta* is non dualistic only in the sense of identifying *Brahman* with *Atman*, and in denying the reality of the world as *Maya*.

In Hindu thought the realisation of the ‘true self’ – whether or not identified with spirit – essentially implies a detachment from the phenomenal world of becoming, not only from desires and material attachments, but from the flux of psychic life itself.

Secular Goals of Life

In the Hindu tradition, there are three secular goals of life as regarded as legitimate – *Kama*, *Artha* and *Dharma*. The first goal *Kama* means desire or pleasure particularly

⁷ *Jiva* is that state of *Purusa* in which *Purusa* lies bonded to *Prakriti* through the glue of desire, and end of this bondage is *Moksha*. *Samkhya* does not describe what happens after *Moksha* and does not mention anything about *Ishwara* or God, because after liberation there is no essential distinction of individual and universal *Purusa*.

⁸ There are differences between *Samkhya* and Western forms of dualism. In the West, the fundamental distinction is between mind and body which are both inanimate in *Samkhya*. In *Samkhya*, however, the dualism is between the real self (as *Purusa*) and matter (*Prakriti*).

in aesthetics and heterosexual love. In the Hindu culture this hedonistic aspect of life is seen as important. The erotic preoccupations of ancient India are evident in both art and literature. But the pursuit of pleasure as a legitimate goal is justified for the sake of procreation.

The second goal, *Artha* refers essentially to the wealth and possessions one gains through honest means. It designates the instruments for success in the worldly life and includes the pursuit of social and political goals as well as the material things. *Artha* also includes the pursuit for prosperity, security, political power and social well being.

The third of life's goals in Hinduism is the quest for *Dharma*, living one's life according to the sacred and moral law. It refers to various things like duty, sacred order, the essential nature of the thing, the right conduct. It can be said to be the 'social cement', 'the principle of social restraint' that keeps a check on the unbridled pursuit of pleasure and power. It is intrinsically connected with the concept of *Karma* and the vision of an organic society in which each person has a specific role and clearly defined set of duties, obligations and privileges (Morris, 1994). The Hindu ethics teach that the 'right action' for every individual depends on *desa*, the culture in which he is born; on *kala*, the period of historical time in which he lives; on *srama*, the effort required of him at different stages of life; and on *gunas*, the innate psychobiological traits which are the heritage of an individual's previous lives. The individual acts in the world according to his *svadharma*. 'He earns a living, satisfies his worldly interest of accomplishment, power and status, the householder's desire to create and care for a family and the broader social goals towards the welfare of his community'. Kakar (1978) believes that 'accompanying this outward worldly activity is a preconscious, culturally generated belief that the real purpose of activity is within the individual'. That is not only what it helps him to achieve and maintain in the outside world but also but also how far does it help him in the maintenance of his *svadharma*. It means how far can it prepare him from 'inside' and bring him near to the feeling of inner calm which is dawning of wisdom and prerequisite for *moksha*.

As posited by the Hindu culture, the ultimate aim of existence, the chief *purushartha* (man's meaning), is *moksha* or *mukti*. The term *moksha* has been taken to mean self realisation, transcendence, salvation, a release from the worldly involvement, from coming and going. It is also described as a state in which all the differences and

distinctions between the subject and the object have been transcended, a direct experience of the fundamental unity of the human being with the infinite. It is the entry into *Brahman*, a merging with the *Brahman*; it is the unity of the self and the world (*ibid*).

Theoretically, a Hindu person's life is divided into four stages. The schema clearly applied only to males belonging to the twice born castes. The first stage after the person has been invested with the sacred thread is that of *Bramhacharya*, the individual taking on the life of a student. He lives the life of a celibate, learns rituals and Vedas and the various forms of knowledge under the guidance of a guru. The second stage of that of a householder or *Grhastha*, begins after marriage and lasts till the middle age. Having provided for a family and attained worldly success, the man is expected to withdraw from the world and become a forest dweller or a *Vanaprastha*. Finally a man enters the final stage of his life that is of a *Sanyasi* and renounces the worldly things completely and devotes the rest of his life to religious penance and meditation and enters the world beyond dharma. As a wandering ascetic he is only concerned with the liberation or *moksha* from the cycle of rebirths and concentrates only on the achieving the unity with *Brahman* (Wood, 2008). A man's life is, therefore, said to ideally comprise of two stages, one devoted to the things of this world (*Pravrtti*), the goals of *kama*, *artha* and *dharma*; and the other devoted to the release from the things of this world (*Nivrtti*) (Morris, 1994: 82).

The Hindu Self

Dumont (1980) in his study *Homo Hierarchicus* suggests that there are fundamentally two kinds of society, modern capitalist society, and pre-capitalist or 'traditional' society, each characterised by specific conception of the human subject. Through this he also distinguishes between the two conceptions of the individual:

- (1) The empirical agent, present in every society, in virtue of which he is the main raw material for any sociology.
- (2) The rational being and normative subject of institutions: this is peculiar to us (modern society) as is shown by the values of equality and liberty. As opposed to modern society, traditional societies which know nothing of equality and liberty, as values have basically a collective idea of man (1980:9).

Dumont's analysis is specific to India but he generalises his conception of holism to all pre-capitalist societies. The collective idea of man which Dumont describes as characteristic of Indian culture, refers not to 'society' (a concept bound up with the 'abstract individual') but to a *dharma* like order. It is precisely this point which is stressed by Khare (1975) when he challenges Dumont of ignoring the implications of certain key religious concepts that imply a spiritual totality.

Dumont thus goes on to suggest that to be an individual in India is to be a 'world renouncer'. Individual identity is achieved by repudiating all ties which bind a person to the caste system and the world. According to Dumont (1960) a person can realise his individuality by paradoxically renouncing it. For Dumont, the Hindu self is a 'metaphysical self'. Louis Dumont (1980, 1960), studies were based mostly on analyses of Hindu texts, not on real people's life experiences and statements (Lamb, 1997).

In the everyday contexts, the Indian person tends to see his or her self identity largely in terms of kinship ties and caste membership. Bharati says that the 'empirical ego' comes last in the formulation of identity. Outside the ritual context, the interpersonal identity seems to be social rather than metaphysical (1985:211). Yet in the Hindu context, the self is defined not with the body, nor with the social, but with the spiritual. For Hindus the 'I' is neither an empirical self, nor an inner agency of the psyche, but rather a 'pure consciousness'. Kakar points out that the very term for health in Hindi, *Svastha*, has its inception from 'Sva' (I) and 'Astha' (stable), implying something which is stable in the 'I'; not in the body, nor in the mind but something underlying in the '*Atman*'. Bharti concludes that the empirical self, is marginalised in Hinduism, unlike in the Judaeo-Christian traditions, so as to exalt the true, non empirical self, often identified with the cosmic absolute pure and simple (1984:226).

Sudhir Kakar (1978), like Dumont, stresses the importance of the religious ideology and caste hierarchy in Hindu conceptions of the subject. He elucidates that personal identity and individual autonomy are subordinated to the caste and family interests, and personhood is generally conceptualised within a 'Hindu world image' which gives the Vedic concepts like *dharma*, *karma* and *moksha* primacy. He states that personal identity is fused with group affiliation and at a higher level affiliation with

the Brahman. Family, caste and spirit are all thus seen by Kakar as all-encompassing definition of self-giving little room for individuation and personal autonomy. The maintenance of ego boundaries, which form the very essence of Western thought, is down played in Hinduism (*ibid*).

A different conception of person is outlined by McKim Marriott (1976). Though he too like Dumont and Kakar points to the absence of 'individualism' in the Hindu culture, yet his approach is transactional and transformational stressing another indigenous logic rather than holistic. He writes:

“Persons – simple actors- are not thought in South Asia to be ‘individual’, that is, invisible, bounded units, as they are in the Western social and psychological theory as well as in common sense. Instead it appears that persons are generally thought by South Asians to be ‘dividual’ or ‘divisible’. To exist, dividual persons absorb heterogeneous material influences” (*ibid*: 111). The person is thought to be a composite of material substances, essences, residues and other active influences, these together form the ‘dividual’ self.

India has contributed to an overly dichotomized view of East and West, where the East represents "relational" persons and the West "individuals." Marriott (1976, 1990), for instance, contrasts the Indian "dividual" (open, unbound person, partly divisible in nature) with what he views to be the dominant Euro-American notion of persons as relatively bounded and self-contained individuals. Shweder and Bourne (1984) distinguish the "socio-centric" conceptualization of the person in India from the "ego-centric" one in the West, arguing that while Indians view themselves as inextricably part of the social contexts within which they exist, Westerners see themselves largely as autonomous, bounded individuals. Dumont (1980) takes the position that the particular "individual" has no independent conceptual reality in India, as it does in the West, arguing that in India each human actor is encompassed within the holistic collectivities of family, caste, village, and society.

Henrietta Moore observes: "Indigenous concepts of the person and self are presented, most often, as gender neutral, but on closer examination it is clear that the implicit model for the person in much ethnographic writing is, in fact, an adult male" (1994:28). This gives the (misleading) impression that 'person' and 'self' are ontologically prior to and separate from gender identity. Lamb (1997) critiques this

tendency and argues that conceptions of personhood cannot be understood in isolation from conceptions about gendered selves.

The Person in Ayurveda

Ayurveda is steadfast in insisting that medicine should always be centred on the person rather than on the illness. It believes that the twin goal of maintaining good health and deliverance from ill health can be attained if the person is viewed in his complete wholeness. Mind, soul and body- these are like a tripod; the world is sustained by their combination and they constitute the substratum for everything. This combination is the *Purusa* (as discussed earlier); this is sentient and this is the subject matter of this veda (Ayurveda). The person in Ayurveda is conceived of as simultaneously living in and partaking of different orders of being- physical, psychological, social and one must add metaphysical. The boundaries between these orders are fluid. The monistic Indian world view of the person is seen as a microcosm; all that is part of the cosmos has its homologue within the person. This equivalence of man and creation leads to a fundamental postulate of Ayurveda, namely the identity of the physical part of the person- the body- with the physical part of the cosmos- nature (Kakar, 1982: 229).

The *Charaka-Samhita* explicates that persons who are *twaksara* [having the constitutional essence of skin], the skin is unctuous, smooth, soft, clear with fine, sparse, deep rooted and delicate hair and is lustrous, are usually marked by happiness, good fortune, power, enjoyment, intelligence, learning, health, cheerfulness and longevity [8.103]. The persons with essence of *mamsa* [fat] have their temples, forehead, nape, eyes, cheek, jaws, neck, shoulders, abdomen, chest, hands, feet, and joints equipped with firm, heavy, and good-looking muscles. This essence indicates forbearance, restraint, lack of greed, wealth, learning, happiness simplicity, health, strength and longevity [8.105]. Those with *asthisara* [essence of bone] have prominent heels, ankles, knees, elbows, collar bones chin, head, joints and also bones, nails and teeth. Such persons are enthusiastic, active, enduring, having strong and firm body as well as longevity [8.107]. This suggests is that each person can refine himself/herself and work towards an ideal of well-being by influencing the ebb and flow of the various constituents that affect their unique manifestation of contingent health (Alter, 1999: 49).

Ayurveda reflects on *Sthitaprajna*⁹. An ideal human being is *Sthitaprajna*. *Prajna* is mind, intellect, wisdom. *Sthita* means stable. *Sthitaprajna* is a person whose mind has stabilized. Whether he has faith in the divine is immaterial, as long as he is in a state of equilibrium while facing the ups and downs of life.

A person's body is considered to be an instrument in achieving higher goals and Ayurveda emphasises that a person must look after his body for the sake of these goals. The terms *sharira* and *deha* used for the body indicate that it breaks and is a container or envelope, respectively (Kumar, 2002). It has many connotations in various traditions. Ayurveda thus views person's body as the ground of well being at material as well as spiritual levels.

Discussing about Ayurveda, Rao (1985) points out that it is theory that determined the practice and not the other way round. This is extremely relevant especially when one delves into the everyday lives of the North Indian 'upper caste' Hindus. For them, Ayurveda consciously or sub consciously, is an integrated part of their day to day lives.

Zimmermann sets the right tone when he writes, 'Whereas what we today call physiology is the science of organic functions, we find in Ayurveda the opposite, namely a medicine of properties or virtues, a medicine of metamorphoses' (1987: 167).

Ayurveda remains a way of life for the members of the Hindu society. As Svoboda (1992) puts it, "It is the universal art of healing which will always exist and pervade human consciousness". Ayurveda's contribution to shaping of the Hindu consciousness derives from its overwhelming monopoly of the theory and practice of healing for scores of centuries till it was recently challenged by the western biomedicine. Its importance springs from the claims that Ayurveda has no beginning and no origin since it partakes and reflects the law of nature inherent in life and living beings and thus mirrors their unchanging essence (Kakar, 1982).

⁹ Source is an article written by M. L. Varadpande in the Speaking Tree section of Times of India.

The understanding of well being for the Hindu society through the stand point of Ayurveda thus denotes a happy and contented life without being perturbed by physical, mental and social misfortunes or sufferings. Well being thus comes to be defined in terms of being healthy, *nirogya*, not being affected by illness, hardship, trials and tribulations. Well being becomes an outcome of collective perception of wellness, as mentioned earlier, that is, the desire for well being of everyone (*kamaye duhkhtaptanam praninamartinshanam*). This idea of well being is further extended in form of interplay between achievement of ‘higher goals’ and the cosmological understanding of well being which I have explored in the second section of the chapter.

There in, I have tried to theoretically explore the concept of ‘self’ and ‘personhood’ which is extremely crucial especially in an Indian Hindu society where persons are also believed to be constituted via networks of substantial-emotional ties. The discourse on autonomy and individualism, as observed in the West, is shunned to the backdrop in the Hindu society. The discourses of community and divinity are made central, salient and institutionalised. That does not mean that no personal experience of autonomy and individuality exists in the Hindu society but rather these themes are absorbed in the discourses of community and divinity. Hinduism as mentioned earlier is a way of life. People live their lives consciously or subconsciously following and practicing the textual views which have been passed on through the oral traditions and the everyday rituals. It is the maintenance of these in their own ‘life world’¹⁰ which ensure well being for the people.

It makes little sense to look only textually at how their life worlds are formed, we also need to consider what constitutes their life world and how people negotiate their lives through these, keeping the interest of the ‘collective’ in mind. We also need to think about how the ties and bonds are loosened and broken apart in order to give a better understanding of what constitutes ill being (suffering) in the same society. The

¹⁰ Edmund Husserl introduced the concept of the life world in his *Crisis of European Sciences* (1936). The concept was further developed by students of Husserl such as Maurice Merleau Ponty, Jan Patočka, and Alfred Schutz. The life world can be thought of as the horizon of all our experiences, in the sense that it is that background on which all things appear as themselves and meaningful. The life world cannot, however, be understood in a purely static manner; it isn't an unchangeable background, but rather a dynamic horizon in which we *live*, and which "lives with us" in the sense that nothing can appear in our lifeworld except as lived.

next chapter will explore the notions of ill being and suffering and how they operate in the Hindu society. It will also explore the various healing mechanisms operational in the society to ensure that well-being is reinstigated.

Chapter - 3

The Elusiveness of Suffering and Healing Traditions

The cardinal truth of life across cultures, continents and time remains that ‘people suffer and heal’. Suffering and healing are the two processes that define human existence giving meaning and momentum to our lives. These two states are not opposites, nor are they in a continuum; rather they coexist face to face as the reality. History has witnessed endless examples of the struggle of mankind against the vagaries of nature and the trivial mindedness of human existence. Natural calamities such as earthquakes, floods, droughts and epidemics have caused untold miseries throughout human histories. Man made calamities such as wars, genocide, poverty and recently terrorism have subjected mankind to new kinds of tyranny and tortures. Personal tragedies, death, accidents, life threatening illnesses, breaking down of close relationships, and depression cause personal miseries that the people all around the world suffer from.

Suffering can also be explained as a very personal experience and depends largely on the idiosyncratic understanding and interpretation of one’s life events. Social scientists have been striving to explore when and how people suffer and what heals them. As Cassell (1991) has argued, medical and social sciences have basically dealt with pain and stress – the closest they have come to the subject of suffering. Though discoveries of life saving drugs and advances in surgery have led to increased longevity and pain control, medical science has not dealt directly with human suffering. Since suffering is an experience that cannot be quantified, it has escaped the realms of medicine. Social sciences have only recently acknowledged the role of inner realms and spirituality in achieving the goals of health and healing (Kier and Davenport, 2004).

People’s conceptions of their health are substantially formed in relationship to their social environment, their associations with others and their sense of social and psychological well-being. People view their health in terms of their capacity to function in social roles and preferred social activities and one’s psychological and social well being is quite central to these tasks (Wells et. al., 1989).

As Kleinman argues, any disease is admitted to have social consequences but it is regarded as preventable by technological interventions. The social origins of disease and human context of illness experiences are largely left out of the biomedical discourse. Biological and personal mediators are often overlooked or at least deemphasized; coping with suffering and quest for treatment are discounted, often with a tinge of moral superiority; they are even regarded as mystification. The gross division between the individual and social seriously distorts the condition of health. It restricts the possibilities for understanding the processes that transform illness. In this chapter, I try to look at a third perspective, borrowing it from Kleinman, one that draws interpersonal processes that connect the body-self with collective meanings and social institutions (Ware and Kleinman, 1992). This approach dissolves the distorting polarity between the subjective and the objective worlds and replaces them with emphasis on human interconnections. Interpersonal relations are the appropriate domain for exploring the relationship between health, morality and well being (Csordas and Kleinman, 1990).

The present chapter is divided into two sections. The first section deals with suffering of the individuals and how the explanations of suffering are drawn in the Hindu context which is much more than mere biomedical causal ontology. The chapter draws on the cultural coexistence of the three ethics of autonomy, community and divinity which ensures not only personal well being but also collective social responsibility. While elucidating on the concept of suffering, the chapter looks into the concepts of merit and sin, evil and star constellations as explanations of suffering.

The second section of this chapter outlines how suffering begets healing. It explains the domain of healing not just through the lens of biomedicine but through many other healing systems. It elaborates how healing in the Hindu context is not just bodily healing but also improves upon of the social and psychological state of the sufferer. The last part of the chapter focuses exclusively on the folk healing systems, the healers, ritual as healing and draws a link between religion and health presuming that in India one partakes the other.

In this chapter, I focus on the local worlds of the people where everyday living is transacted and there is maintenance of the social order through communication, engagement, transactions and negotiations. These interpersonal processes create the

flow of social experiences (Kleinman and Kleinman, 1991). Social experience can thus be defined as a medium through which the moral commitments and negotiations join the corporeal with the collective (Csordas, 1990). So joined, the rhythms, routines and rituals of everyday social life mediate existential human conditions. Life cycle changes, like aging, loss, bereavement, health, illness, death and dying, all exist in the stream of social experience. This medium of “socosomatic” processes can also transform human conditions, so that healing and transcendence are realized well in this middle space between the personal and social (Kleinman and Kleinman, 1997).

The Conceptual understanding of Suffering

As mentioned earlier, there is no particular way to suffer as suffering is a universal phenomenon. Suffering as being a subjective experience is thus conceptualised in diverse ways by researchers. D.E. Boeyink (1974: 86) defines suffering as ‘an anguish which we experience, not only as a pressure to change, but as a threat to our composure, our integrity and the fulfilment of our intentions’. Eric Cassell (1991) perceives suffering as ‘the distress brought about by the actual or perceived impending threat to the integrity or continued existence of the whole person’.

According to Bolger (1999), suffering refers to ‘a loss and vulnerability in the face of major crisis in life. It is akin to an experience of losing a part of oneself. It includes in its gamut a feeling of brokenness and loss of control’. Bolger considers suffering as the natural consequence of living in this world which gets complicated as a result of the tendency to avoid or deny painful feelings. E. Taylor (1997) has called attention to a profound sense of isolation, meaninglessness, hopelessness and despair as the major accompaniments of suffering. According to him ‘suffering tends to isolate a person from the flow of contemporary events. One may often be ridden with the feeling of being abandoned and being left alone’. Bakan (1968) has focused on the intimate relationships and considers suffering as ‘a loss of the familial world, which evokes fear of annihilation. This feeling occurs as a result of a traumatic event that suddenly shatters the external covers that represent identity and facilitate connection with others’. Thus suffering may be understood to occur when the intactness of the person is threatened and remains until the threat is gone or the intactness is restored (Cassell, 1991).

The key to understanding suffering is the realisation when the person is diminished by an experience. Suffering may occur when people experience a sense of loss in relation to the world of objects, events and relationships. Such suffering occurs because one's intactness as a person, one's coherence and integrity, come not only from the intactness of the body, but from the wholeness of the web of relationships with one's self and others. Suffering by its nature is inherently isolating (Anand, 2011).

The Mother (of Sri Aurobindo Ashram, Pondicherry) (2004: 21) explicates the redeeming feature of suffering, saying 'Suffering is not something inevitable or even desirable, but when it comes to us, how helpful can it be! Each time we feel that our heart is breaking, a deeper door opens within us, revealing new horizons, even richer in treasures, whose golden influx brings once more a new and intense life to the organism on the brink of destruction'.

Jung (1986) has understood suffering in terms of the '*shadow*'. The shadow is conceived as the sum total of all those rejected aspects of reality that people either cannot or will not see within themselves, and of which they are, therefore, unconscious. The shadow is our greatest threat because it is always there even if we do not know it or recognize it. The shadow contains everything that our world most needs for its salvation and healing. The shadow makes us ill-'unwell'- because it is the very thing that is lacking for our well being.

Thus we can assume that the experience of suffering arises in a person's inner world. It is a kind of disharmony between a person's conscious and non conscious minds where the flow between the two states gets disrupted. Suffering becomes a natural state of human existence. To understand suffering, we have to examine the complex web of physical and social worlds of the sufferer and also have access to the personal-spiritual domain wherein one finds the meaning of one's existence.

'Causal Ontology'¹¹/ Explanations of Suffering

Studies in the anthropology of affliction have been concerned with the ways in which cultural forms can be used to both represent and express suffering, and possibly also to transcend or ameliorate it (e.g., Csordas, 1990; Kleinman and Good, 1985; Levi-

¹¹ I borrow the term from Shweder's essay 'The "Big Three" of Morality (Autonomy, Community, Divinity) and the "Big Three" Explanations of Suffering.

Strauss, 1967; Spiro, 1978). Shweder (1997), believes that the humans wish to make their suffering 'intelligible'. 'To suffer is to experience a disvalued and unwanted state of body, mind and spirit. The experience might be an acute disease, a recurrent nightmare, an obsessive thought, an incapacitating sadness, a skin rash or a miscarriage. It might be the experience of chronic fatigue or pain or prolonged decline in physical integrity and personal autonomy.' In order to make the experience of suffering evocative, it is essential to trace the commencement to some 'order of reality' and hold it responsible or as the 'causal ontology' to refer to the people's ideas about the cause of suffering (1997: 121).

The explanation of suffering with special reference to illness has been distinguished widely among the anthropologists across the cultures. In sub-Saharan Africa, Murdock (1968) discerns a preference for explanations by reference to moral transgression (for example violation of sexual taboos). In East Asia, the folk seem inclined to the view that suffering is due to ancestral spirit attack and other interpersonal causes. In the circum-Mediterranean region (Europe and North Africa), it is witchcraft that is favoured in accounts of the causes of misery and death. Explanations by reference to organ pathology, hormone imbalance or physiological impairment were among the societies never surveyed by Murdock, never preferred. According to Murdock's and Park's (1992) study, it seems reasonable to imagine that particular afflictions (for example, a miscarriage, a rash, sterility) of particular parts of the body (say, the womb, genitals, the mouth, the visible part of the skin) incline the mind in the direction of particular causal ontologies and not others. Witchcraft explanations seemed to be associated with issues of generativity and fecundity (crop failure, miscarriage, infertility) Murdock himself suggested that the agent-blaming moralistic explanations crop up when suffering is preceded by violations of sexual or food taboos or by acts of disrespect to figures in authority (parents or Gods) (Shweder, 1997:126).

When things begin to go bad in one's life (illness/ misfortune), there are prior dreadful transgressions that come to the fore as suspiciously ill-begotten causes. On the basis of Park's reading of ethnographic reports from 68 cultures, involving 752 illness episodes, it appears that on a world wide scale, interpersonal, moral and biomedical ontologies constitute something like the "big three" explanations of suffering. These explanations offer alternative accounts of the causes of misery (Shweder, 1997:127).

In the interpersonal tradition, the causal ontology of this tradition is notable for its references to sorcery, bewitchment, evil eye, black magic, spirit attack, and to potions and poisons used to control others. This tradition of explanation is associated with the idea that one can be made sick by the envy or ill-will of relatives, neighbours, schoolmates, and colleagues, who want the victim to die, suffer, fail, or fall under their influence. Interpersonal explanation of suffering externalizes blame: others are held responsible for one's misery. The therapeutic practices of this medical tradition focus on protective devices such as talismans, strategies for aggressive counterattack such as counter sorcery and, crucially and, perhaps most importantly, on the repair of 'normal' interpersonal relationships.

The causal ontology of the moral causal explanation of suffering is notable for its references to transgressions of obligation, omissions of duty, and ethical failures of all kinds. The basic idea behind this moralistic approach to medicine is that suffering is the result of one's own actions and intentions, that outcomes (e.g., venereal disease) are proportionate to actions (e.g., sexual promiscuity), and that a loss of moral character is a prelude to misfortune and disaster. The back ground assumption is that one reaps what one sows. This mode of explanation is agent blaming: agents bear the primary responsibility for their own miseries.

There is a biomedical causal ontology. This causal ontology is official within the Western medicine. It is used for a variety of explanatory references to the genetic defects, physiological impairments, hormonal imbalances and organ pathologies. It is notable in non western or on official western varieties (for example, Ayurvedic medicine) for its explanatory reference to humors, precious bodily fluids, and juices (semen, blood, ascorbic acid) and felicitous ecological transactions that enhance feelings of strength and well being. Biomedical therapy focuses on the ingestion of special substances, herbs and roots, vitamins, vegetable compounds and chemical compounds and on the direct and indirect mechanical repair (for example, through surgery, massage and emetics) of damaged fibres or organs. According to this biomedical mode of causal explanation, suffering is a by product of events and circumstances that take place strictly outside the realm of human action. For biomedical explanation, suffering is a material event, needs to be understood in material terms and also controlled through material interventions. Pure biomedical

understanding and alleviation of illness are morally neutral and indifferent to the moral ways of the sufferer or of others (Shweder, 1997, 2008).

It is true, especially in the Indian context, that the biomedical explanations are not always practiced in their pure form. The sufferer seeks for moral as well as interpersonal explanations for suffering and misfortunes. Even the biomedical model in India seeks a more ecological and interactive approach to medicine, lifestyle and environment.

Ethics of Autonomy, Community and Divinity

It is advantageous to have more than one discourse for interpreting a situation or for solving a problem. There exist varying vicissitudes of human ethical experiences and more than one discourse adds to multiple interpretation of the several ‘order of reality’ or ‘order of experience’ in solving complex problems. In his analysis of the rationales of the Oriya informants, Shweder (1997), outlines three domains of moral discourse in the Indian context, namely, ethics of autonomy, ethics of community and ethics of divinity. Drawing upon these three I look into the metaphors of everyday living which add meaning to each of these domains and will help me to elaborate on the meaning of well being in the Hindu context.

As discussed in the previous chapter, the theme of personal autonomy and individualism is absorbed in the discourses of community and divinity in the Hindu society. In this society, the social order is often viewed in terms of moral order and I argue that it is this restoration of socio- moral order that ensures well being among the people of the community. Any puncture or cracks in the maintenance of this order, or as Durkheim (1964 [1895]) would argue ‘deviance’ from the normative behaviour, would result in ensuing ill being or suffering on the individual.

I have explained the concept of soul in the previous chapter so here I only reiterate that in the Hindu society, the idea of individual is related to the idea of soul and its particular *dharma*. The identity of the person’s soul with God is what necessitates respect for all living creatures, humans, non humans, that is, animals and plants. The humans and non humans are essentially regarded to have the same soul and thus the same rights to protection from capricious harm. This calls for the idea of transmigration in which the soul is passed from one body to another through different

births. Thus animal and plant souls are not seen different from human souls. The following narrative will draw my point home.

There is a dog that always slept on the door step of the house of a certain Brahman. [Since dogs are polluted and polluting animals, this was problematic for the Brahman, who might have to bathe before entering the temple or his own house after accidental contact with the dog.] One day the Brahman threw cold water on the dog in order to drive it away. The dog went to God and complained. It said, “I am a dog. It is my nature to sleep on the road or on the doorsteps. When the Brahman threw water on me, I shivered [that is, I suffered]. Let him take my sins and suffer as I suffer and let me take his merit.” And God agreed. The Brahman became a dog (Shweder, Mahapatra and Miller, 1987: 144).

The implication here is that every soul is seen to have an individual *dharma* designed for it either by God or by the precision of one’s own *karma* (the fruits of one’s own deeds). It gives impetus to the belief that there exists interconnections to all the things and that one can only experience well being if one’s actions do not harm others. Indian ways of worshipping the plants and trees (*tulsi*, *banyan*, *peepal*) reflects a cosmology that holds the person and nature as inseparable (Shiva, 1989: 40).

Elaborating on the ethics of a community, the identity of the person is defined in terms of community statuses. Personal identity is more closely associated with its statuses and relationships than with its individuality and distinctness. Persons rely on those to whom they are bound in institutionalized relationships to satisfy their needs. The person in the hierarchical position is obliged to protect and satisfy the needs of the subordinate persons in specified ways. The subordinate person is also obliged to look after the interests and well being of the superordinate person. This is what Shweder (1997) refers to as the idea of ‘feudal ethics’.

In this system there is interconnectedness as well as interdependence. The powerful persons take care of their ‘subjects’ who may comprise of family members, employees, fellow community members and the less powerful in return respond with gratitude and loyalty. The ideology of the well being of the ‘*Kutumbh*’ is the cardinal principle. It actually means ‘to take care of one’s own’. Kabir’s couplet will explain the idea of well being implicit in the ideology of *Kutumbh*.

*Sayeen Itna Deejiye, Ja Mein Kutumb Samaye
Main Bhi Bhookha Na Rahun, Sadhu Na Bhookha Jaye*

Here saint Kabir is requesting God to grant him prosperity in abundance so that he can feed not only himself but also his community and any *Sadhu* (holy man/ sage) who visits him does not have to go hungry.

Likewise in the Hindu society the '*bada loga*' or the 'prosperous man' (king, lord, father, husband) knew that his well being is closely intertwined with the satisfaction of his dependents. For the maintenance of well being there existed a system of allegiance, reciprocity, noblesse oblige and ecological interdependence. Well being was preserved through elaborate relations between castes. The Bhakti movement, by challenging the Brahmanical notions of well being, gave a new dimension to it in the Hindu society.

The next is the ethics of divinity. It expresses the belief that sacred order prevails within the world. That is to say, as Shweder (1997) puts it, 'godliness permeates the human social order as well as the natural world and interacts with both and that there is important communicative exchange going on between the persons and the realm of divinity'. The basic idea is that social hierarchies, the *ragas* and the *mantras* are infused with the spirit of the divine. It is related to the idea that the Hindu dharma is the manifestation of the divine design. Thus even family life is a sacramental event in the Hindu society, and any breach in the everyday, mundane events or domestic process can be rationally regarded as sacrilege or profanity.

Sacred order, tradition, sanctity, natural law, all can be viewed and clubbed as the associated themes of the ethics of divinity. This clubbing or grouping represents the idea that the sacred law and natural law are the same thing. Both can be called '*dharma*'. There exists the belief that every entity in nature enjoys its right to existence. It has its proper place in the order of things. This brings us to the idea about the 'dignity of the individual'. There is the belief that the divine himself takes us through the tests and trials of discrimination and genuine devotion towards all his creation. There are many myths and stories prevalent in the Hindu society which elaborates this idea.

One kicks a dog. The dog turns out to be the Goddess in disguise and one is punished. One feeds a dog and the dog turns out to be a Goddess and one is rewarded. A leper at one's door step turns out to be Lord Shiva in disguise...so on and so forth. [Shweder, Mahapatra and Miller, 1987: 148]

This enables us to elaborate the idea of sanctity. This concept of sanctity is the basis of the traditional social rank in the Hindu society. It relates to one's ability to approach and communicate with the divinity, which in turn relates to social rank and personal fulfilment in the traditional social order. Individual dignity is also represented as the obligation to uphold the practices of way of life (tradition) felt to originate in the design of a divine order. It is further represented in the possibilities for heroic expression of 'godlike personhood' through concern with the ultimate aims of human existence and the disengagement from the temptations and sufferings of life.

Spero (1992) argues that the experience of divinity may or may not be theistic. It may or may not involve a personified God or Goddess. Mystical-aesthetic experiences of a more diffused kind are also communications with divinity. So the ethics of divinity lead us to appeal to a moral metaphor 'sacred world' metaphor, the idea that persons communicate with the divine and divine communicates with persons through actions in the world, whether special rituals, work or ordinary domestic activities (Shweder, 1997).

The cultural coexistence of the three ethics of autonomy, community and divinity represent an expanded inventory of discourse for considering social, psychological and behavioural context of health and well being maintenance because they are all related to the kinds of responsibilities persons have to take care of themselves and others and to treat their environment, the ecological matrix of personal life with respect. Such a discourse not only ensures personal well being but also social responsibility.

Eschatology of *Karma*: Laws of Moral Responsibility

Karma is derived from the verbal root *kar-* 'to do, to make', is first of all purposeful action, including mental acts such as desire, faith and compassion (Wadley and Derr, 1990). *Karma* refers to the idea that actions have inherent consequences (O'Flaherty, 1980; Kakar 1978, 1982; Keyes and Daniel, 1983; Shweder, 1991; Obeyesekere, 1980; Shweder and Miller, 1985, 1991). The South Asian theory of *karma* exists

indigenously as a complex and technical subject matter. The metaphysical ontology includes the idea of transmigrating souls, a mental self that goes on from one birth to another taking with it its past deeds and the latent results of its actions. As several ethnographers have observed (Shweder, 1991; Shweder and Miller, 1985; Wadley and Derr, 1990) *karma* has an operational quality of transference. That is a person's *karma* affects not only the person's self but also others who have relationships and transactions with that person. The closer the relationship, the closer the transaction, the greater is the degree of 'participation' in the sin and merit, the stronger the effect of one person's *karma* upon the other. Some ethnographers (Babb, 1983; Keyes, 1983; Wadley and Derr, 1990) have noted that not all Indian conceptions of *karma* depend upon the theory of transmigration. They argue that people believe that karmic results come within the life span only. For those who argue that *karma* operates across lives, also believe that it operates within lives as well. The theory of *karma* operates closely with the idea of *dharma*. As observed by Wadley and Derr (1990), this connection denotes simultaneously the natural law as well as the divine and scared order of things. Babb (1983) argues that the karmic theory has a powerful potential to generate prescriptions for agency and control. A more accurate interpretation of the idea of *karma* creates a feeling of inevitability that one's actions will have proportionate consequences for the self which lends a motivational force to felt obligatoriness of the many demanding practices in the Hindu domestic, social, ritual life.

At the level of social thought *karma* is a theory of responsibility (Mahapatra, Much and Shweder, 1991). *Karma* means action or work and along with this *karma* implies natural result or 'fruition' of action. This means that the 'fruits' (*phala*) of actions are proportionate to the action in quality or magnitude. The *karma* disseminates through local narratives and folklores. Principles of *karma* are thus narrated through proverbial tales.

Paap and Punya as explanations of Suffering

Karma or actions are a continuous process in one's life but are categorised by either *paap* (sin) or *punya* (merit). Wadley and Derr (1990) in their narratives cite the concept of *paap* to explain the bad *karma* as the reason for the fire in Karimpur village.

Since the fire had swept through several Brahman factions, fights over reparation immediately became factional fights. Karimpur Brahmans are divided into two major factions, each descended from one of the sons of the village founder. The fire destroyed the houses of both the factions. No one would help someone belonging to the other faction... Moreover, the leaders of the two factions whose houses were burnt were seen as particularly degenerate – one group because they were blatantly involved in women, drink and robbery, and the other because its leader had recently been a corrupt and self serving headman... Meanwhile a consensus developed about the cause of the fire, a consensus that attributed blame to the Brahman community generally and to its corrupt leadership more specifically. A year later a visiting friend of ours asked two non Brahman men from the village about the fire, while deploring the losses. ‘But they sinned’, was their vehement response (1990: 138).

If one does *paap* one reaps the *phala* of that action. Sins are most widely defined as causing sorrow to others (*kisi ko dukh dena to paap hai*). A person can sin because of an overt intention or even because it is fated- in one’s *bhagya*. Thus the sins, leading to bad fruits come from one’s activities (*paap apne kaam se aata hai*- sins come because of one’s own deeds) and then adheres or pervades one’s body – ‘he sinned previously now sin adheres to him’ (*vah paap kiya pahle to us ko paap lag gaya*). To complete the circle, ‘sins adhere to him, therefore, he must find its punishment’ (*us ko paap lag gaya isliye us ko saja mili*). Wadley and Derr argue through these beliefs of the people of Karimpur that the sins of individuals living in the town have adhered to them and have caused the fire. Since the house and village share the transactory relationship with each other they too got burned in the process.

Wadley and Derr also talk of *karma* in the following way. They say, “Those who suffer from their own (or others’) have eaten the fruits of those sins”. They narrate:

One farmer told of a Brahman landlord and money lender who died several years ago. This man so terrorised the poor that when he came near people were frightened... this landlord liked it, they say, when someone’s bullocks died, for he could benefit by giving loans. But the landlord died a horrible death with maggots eating away his body. All his friends too died painfully one of cancer and one of worms. Thus these people who have initially gained from eating the earnings of sin (*paap ki kamai khata hai*) that is, enjoying the profits of immorally acquired wealth, now suffers from it (1990: 139).

Another link to the theory of karma is by linking *karma*, *paap*, *punya* and *dharma* together. *Dharma* too is a kind of work- to dig a well, to feed the poor, to build a

dharamsala. It is also *punya*, merit. To steal, to look at another woman or to refuse to feed a beggar is *adharma* or *paap*, sin (Keyes, 1983).

Illness and disability is also supposed to be a punishment for the sins (*paap*) of the previous birth. Belief in the theory of *karma* has often led to a ready acceptance of disability. Cultural beliefs seem to provide important explanations in form of *karma* for sufferings both through disease and disability (Mehrotra, 2004). Dalal (2002) argues that the belief in *karma* keeps the faith in a just world alive, even under adverse conditions. It reinforces hopes that good deeds will ultimately lead to a good outcome. This system of *karma* is hope generating.

As argued before, this understanding of *karma* and *paap* does not depend upon the theory of transmigration. Whether one's karmic fruits are the result of the actions in this life or the previous one is not ascertained. So it makes more sense to presume that whatever work one does or whatever action one performs, good or bad, well or ill, one has to reap its fruits. The entire doctrine of karma has come down to first the theory of transmigration and second as the acceptance of moral responsibility.

Evil and Suffering

Hinduism has different ways of classifying suffering and evil. One well known way is that of the Sāmkhya philosophers, who identify three kinds of suffering (*Dukkha*) according to whether the origin is 'internal, external, or spiritual'. *Dukkha* in Hinduism or Buddhism is translated as 'suffering, pain, sorrow, or disease' as opposed to the word *sukkha* meaning 'happiness, comfort, or ease' (Rahula, 1959). *Dukkha* represents the notion of ill being whereas *sukkha* represents well being for the individual. In his explanation of suffering, R. S. Misra (1971), referring to a Sāmkhya text, well-known all over India, writes: first, 'suffering pertains to body and mind. Bodily suffering is caused by various diseases like fever, etc., and mental suffering is due to desire, anger, greed, delusion, envy, etc'. Then, 'suffering is caused by other beings like men, beasts, birds, reptiles, and inanimate objects'. And finally, 'suffering is due to supernatural or superhuman factors like the evil influence of planets, *yaksha*, etc'. This also relates to another logical distinction, 'the distinction between moral evil (evil that we human beings originate: cruel, unjust, vicious, and perverse thoughts and deeds) and natural evil (the evil that originates independently of human actions: in disease bacilli,

earthquakes, storm, droughts, tornadoes, etc.)' (O'Flaherty, 1980:6). Suffering can thus be considered as a 'felt disvalued state', different from the 'felt valued states such as well being, happiness and pleasure'.

For all Hindus, however, it is clear that suffering and evil can be considered both conceptually and existentially. Many authors operate with a basic distinction of *sukkha* (agreeable) and *dukkha* (painful) or *hita* (wholesome) and *ahita* (unwholesome), which may be considered a rule of thumb for moral decisions in concrete situations (Klostermaier, 1989: 165). The juxtaposing pair *dharma* and *adharma* is in a certain way the measure by which good and evil are recognized.

Gachter (1998) in his work argues that evil and suffering can be found in everybody. There are three types of individuals and three groups of people that can be identified in Hinduism, who are simply and basically evil and are associated with evil: *people with magical powers*; *witches*; and *people with an evil eye*. Those who have magical powers are especially those men who have access to special mantras (*mantravadin*). When these are recited they can bring harm to other people. In this way, by reciting these incantations, they can cause illness. By the same token, they can also cure people. By manipulating rituals and mantras they control both gods and demons as well as people and have the ability to call down harm, evil and suffering on someone and to remove these as well. One gets these people to help when someone is possessed or they are called to protect one from an enemy or to harm an enemy.

Witches also possess magical powers. People say that during the day one cannot tell the difference between witches and ordinary women. At night, however, they have superhuman power. 'Dancing around naked, they roam the places where corpses are cremated. People think they do their harm by damaging the liver or removing blood.' To prove to these women who cause suffering their witchcraft is not easy. Usually widows and barren women are stereotypical labelled as being a witch. The notions associated with that of a witch are aggressiveness, rage, maliciousness and vindictive jealousy just as the evil spirits are supposed to be (*ibid*).

The 'evil eye' in the north this is called *nazar* and in the south *drsti* - is generally attributed to those who are known for their jealousy, envy, and their

skills at slandering others. Envy is so widespread that everybody stands to be accused of the evil eye, so much so that the 'evil eye' has become a metaphor for envy (Fuller, 1992: 238). Those who are especially liable to have an evil eye turned upon them are those who flaunt their wealth, their prosperity, their health, and their success. If the evil eye falls on grown-ups, there is anger and trouble. Any number of problems and illnesses, which make life burdensome, can be attributed to the evil eye. It is even thought that children, who are still weak and especially at risk, can be killed by the evil eye. Mothers take special precautions that not just anybody stares at their child. One must be especially careful of old, sterile women and of women who had a miscarriage. Babies are hidden from such people especially when they nurse. When a child is frequently ill, it is usual in the Hindu society to attribute the illness to the influence of the evil eye or the 'evil tongue'. The one who has an evil eye is not always aware that his or her glance possesses this dangerous power. People believe that even a mother's loving gaze can harm her sleeping child (Gachter, 1998: 397; Stork, 1991: 101; Travick, 1990).

Planets and Star Constellations as a Source of Evil

Any discussion on evil and suffering with reference to Hinduism will remain incomplete without a discussion about the influence of the planetary constellations. 'The planets give information about the physical and psychic condition of humans, about the individual and social design and condition of their life. Good constellations point to a positive development, bad constellations and conjunctions to difficulties, while the worst mean destruction' (Gachter, 1998: 398). Destructive forces are released by the movement of the stars. The times of eclipses are especially negative. The ways stars are aligned are particularly important for starting something new, be that to start a ritual, to open a business, even to begin a meal. These natural occurrences, so Hindus believe, disturb the human and the divine order.

Gachter (1998: 397) in his writings states, "When the great solar eclipse occurred on February 16, 1980 - which I experienced in Hyderabad where I was staying - all of the temples in the State of Andhra Pradesh were closed from 12:00 p.m. to 6:30 p.m. Of course, all of the schools and businesses were closed as well. In the

capital city Hyderabad hardly a person could be seen on the streets, especially during the total eclipse from 3:30 p.m. to 4:30 p.m. When the eclipse ended, special purification rituals were performed”.

People in the Hindu society try to protect themselves from unfavourable star constellations, for they can afflict people with harm and suffering. There are a total of 21 major bad arrangements of the heavenly bodies (*ekavimsati mahādosas*), which are, of course, not totally evil (Raman, 1979: 31). One can always find some benefit in these star arrangements if one waits for the right moment. When the Sun and the Moon are equidistant from the equator and on the same side of it, then one speaks of *Vyatipāta*, or an excess of evil. This time is unfavourable for starting any good work (*ibid*: 38). Two other bad constellations, *Kūjasthāma* and *Bhrgusataka* are “definitely harmful for marriage while the others are equally evil in respect of other elections” (*ibid*: 182).

“When Saturn is in a person's own house, as determined by the time of birth, he or she can anticipate two-and-a-half years of misery or even seven-and-a-half (*saddhe satti*), if the preceding and succeeding houses are counted in as well” (Fuller, 1992: 241). The danger of misfortune is always great when Saturn moves the house of planets. Wadley and Derr (1990: 132) also find this explanation given by the people of Karimpur to explain the cause of fire. “The villagers say that Sanicar is the God who brings 12 years of bad times upon people, the fire occurred on *sanicar* (Saturday) and it has certainly brought 12 years of bad luck on those families affected.” The suffering or ill being caused by planets (*grahadosa*) is always available and readily accepted as an explanation for misfortune and for the bad fate which haunts an individual.

Healing

Healing follows the experience of suffering as day follows night. Suffering sets the stage for healing to begin. After outlining the explanations for suffering, the quest for healing for the maintenance and restoration of well being begins. This section will reflect on healing as a pursuit for well being and peace inherent in human race. Suffering and healing are apparently diametrically opposite, yet together they enwrap within their fold the entire expanse and the spread of human experience. Suffering begets healing and the cyclical process continues.

Healing comes naturally to all living species, be it humans, animals, insects or plants. It may be understood as being instinctual, a part of our most basic need for survival. Norman Cousins (1990) recognised the human healing system as being intrinsic and a ‘grand orchestration’ of all the forces that move a person from sickness to health. For without that no living thing can survive the constant insults from the environment. Whatever be the mechanism of healing, it is evident that the self healing mechanisms may be as complex as the people to whom they belong. The body’s own healing system comprises of a self repair system hidden within the body’s myriad systems such that no two people’s healing system are identical. There is mounting evidence that healing can be best understood within the totality of a unique individual life (Hirshberg and Barasch, 1995).

The word ‘healing’ comes from the Anglo-Saxon word ‘*healan*’, which connotes both physical and spiritual element of the human being as things to be healed. *Chambers Dictionary* defines healing as ‘becoming whole and healthy’. The *Oxford English Dictionary* defines it as ‘to save, purify, cleanse, repair, and mend’. In medical parlance, healing is usually associated with the cure of any affliction through treatment using drugs or surgery.

There are various meanings and connotations attached to the word healing, not in terms of conceptual and theoretical formulations but in terms of specific healing techniques. In the recent decade there has been an explosion of healing techniques, all of which claim to improve a person’s well being and quality of life.

The Domain of Healing

The domain of healing subsumes within its fold of treatment, coping, recovery, sound physical and mental health, restoration and well being. While healing is more generic and encompasses both modern and traditional practices, therapy is more Western in orientation and pertains to a technique centred approach. But more often especially in the Indian context, healing and therapy are used interchangeably by both practitioner and laymen. Apart from biomedicine, there are many other healing systems in vogue. These include Ayurveda, homeopathy, thought healing, spiritual healing, magnetic healing, meditation techniques, healing through vibrations, pranic healing, *reiki*, dance therapy, gem therapy, aromatic therapy, acupressure, mud therapy, colour

therapy, mantra therapy, regression, hypnotherapy and the so many more (Anand, 2011).

Anand (2011) further argues that healing is as old as human history. Apparently, humanity today is at a point in the evolution of its consciousness where it has begun to realize the power of human mind; psychology is responding to this aspect with growing interest. The process through which the mind engages in coping with and curing and eliminating disease is a matter of curiosity for the scientists, practitioners as well as the ailing. In psychological literature, the terms closer to suffering and healing are stress and coping. These terms are basically rooted in the Western scientific culture. As has been discussed in the previous chapter, in the South Asian cultures, there is no distinct boundary between the self and the environment. The goal of the person is to live in harmony with nature. Without incorporating the discourse on culture, any study on stress and coping would be meaningless (McName and Glegen, 1992). Thus the medical model has been criticised for its ontological problems of ignoring cultural relativity (Illich, 1976; Stacy, 1988) and for creating an ever increasing demand for control over nature (Mitcham, 1996).

As Kleinman (1988) rightly points out there is a difference between healing and curing. Healing is the natural process within the power of everyone. Curing, which is what doctors are called upon to do, usually consist of external treatment, medication or surgery. According to Siegel (1991), 'healed' represents a condition of one's life, whereas 'cured' relates strictly to one's physical condition. Physical illness or injury may be a source of suffering, but psychological healing is not reliant on recovery from these afflictions. This means that, however, life threatening a disease may be, healing is always possible. Treatment may facilitate healing which originates from within (Weil, 1996).

The belief in the Indian healing system stems from the better known principles of mind-body medicine that our healing system lays within us. This means that our body has its own natural ability to heal. It is the interplay between the physical, mental, emotional and spiritual that strengthens the healing process.

Neimark (2000) believes that healing is that which makes us 'whole', that which helps us to 'reach our fullness of expression and purpose in life'. Healing is a 'quality of the soul that allows us to come to terms with the limitations of our body' and find some

sense of emotional and spiritual peace, wholeness and meaning, even in the face of our real pain and discomfort.

Challoner and Krieger (1972: 25) state, 'Man's goal has always been wholeness of being, whether he has recognised it or not, for in all religions, the goal is taught to be the will of our creator. Wholeness among other qualities and powers includes "perfect health". But until body, emotions, mind and soul – that is to say, desire, intellect and wisdom – dwell together in harmony, the ultimate goal of humanity cannot be attained'. These can be regarded as the core constituents of achieving well being within ourselves.

It has been proved time and again that the human body has the potential powers of self repair, those which can dissolve a tumour or regenerate an organ system. But how this healing mechanism works has been explored in the Indian tradition through its system of medicine Ayurveda. As argued in the previous chapter, the Ayurveda paradigm, posits illness as a result of emotional, mental and spiritual crisis, which causes the body to reflect on these deeper struggles of a person's inner life. This Ayurvedic reasoning has influenced all the subsequent major Indian medical systems (Khare, 1996). Thus in the Indian context, healing becomes a process of self discovery, a discovery towards the meaning and purpose of life.

What needs to be healed?

Scheper-Hughes and Lock (1986) emphasize the use of body as a canvas on which social codes of conduct are inscribed and through which the social conditions are subjectivized as bodily experiences. Ill being can be perceived in disruption, disintegration, separation, ambivalence of categories and roles, suspension of norms, exclusion, and imputation of familial and community ties. To understand as what needs to be healed, one needs to analyse in detail the nature of illness, explanation of aetiology, line(s) of treatment, attribution of efficacy, social standing of the sick, kind of social support garnered, and the types of responses coming from other members of the community. We need to understand what kind of alienation has been affecting the health and well being of the people. It thus becomes clear by now that the notion of well being has to be viewed through the lens of community belongingness and ill health is only a manifestation of any alienation so experienced.

For the Hindus, village community, caste membership as well as family home is considered a space guarded by family and village deities and is the dwelling space of ancestors and spirits. There exists a continuous fear of displeasing these deities, ancestors and spirits resulting in illness because of eating forbidden food, committing sins, crossing the path of spirits, or stepping on their dwelling areas and many more as have been highlighted through the discussion about suffering. 'Health, therefore, implies harmony and orderliness in the surrounding *teen pur* (three worlds) that include natural, social, and supernatural components of the living space. By contrast, illness is attributed to disruption, disorderliness, disharmony, and imbalance in relationship with the "three worlds" that are played out on the body' (Gaur and Patnaik, 2011: 91).

There is an inescapable circularity between the order of the body and the social order. Social experience is most conspicuously elaborated and communicated through the body. Medical anthropologists, along with reflective practitioners of medicine, are uniquely positioned to explore the significance of embodiment. Sickness places the body in the foreground. As Kleinman (1988) movingly illustrates, the problem of sickness raises two fundamental questions for the sufferer: "Why me?" (the problem of bafflement) and "What can be done?" (the problem of order and control). Sickness challenges cultural cliches and facile explanations. How can meaning and value be sustained when consciousness is constricted, degraded, and defiled by pain and suffering?

Scheper-Hughes and Lock (1986) describe three realms of the body: the 'individual body' – self of lived experience, approached by phenomenology, but known most directly in the wrenching immediacy of pain (Scarry, 1985); the 'social body' of symbolic representation (Douglas, 1970); and the 'body-politic of power', domination, and control (Turner, 1984). In any real event, the three bodies form a single system, which may be simultaneously driven by conflict and unified by self-regulatory processes.

Borrowing from the discussion in the previous chapter, I reiterate that that persons in Indian society are ideologically collective being and lack individual autonomy (a cardinal value in the West), as Dumont (1980) and others (Mauss, 1985) have shown. The Cartesian conceptions of body and mind, as well as emotion, are characteristic of

Western rather than Indian thought. In India body and mind are not considered to be separable in strict dualistic terms, and the emotions are also widely held to be intrinsically connected to them, having their seat in the heart or the mind (*manas*), which is part of the subtle body, the locus of identity for the mind as well as the gross body.

Thus healing in the Indian context pertains not only to the bodily healing but is also about ameliorating the social as well as psychological state of the person or sufferer. That is to say that it is not only the body that needs to be healed rather the entire paraphernalia encompassed in the 'social' ties of the person that need to be addressed. As argued earlier, the bodily distress is only a manifestation of the ill or the loss of harmony in the surroundings of the person.

The Folk Healing System

There are different healing systems¹² in India for different kinds of sufferings or illness. But here for the purpose of discussion I wish to focus on the folk healing systems prevalent among the Hindus of North India. A folk healing system is a set of beliefs that has a shared social dimension. It is what people do when they are ill, as compared with what they should do as determined by a set of social standards (O'Connor, 1995; Wing, 1996). Leininger (1991) theorised that all cultures in the world have had a lay health care system, whether it be described as folk, indigenous, or generic. Yet, many of these systems are still used to 'ameliorate or improve a human health condition (or well being), disability, life ways, or to face death' (Leininger, 1991: 38).

Folk healing methods are often confused with contemporary, alternative, or New Age health practices. Although they share much in common, such as an emphasis on herbal and spiritual remedies, the key consideration that defines folk systems is their history of tradition. Many folk healing systems have endured over time and space and are rooted in a body of knowledge that is customarily passed on orally. Probably, the most significant aspect of folk healing systems is that they pass

¹² Apart from biomedicine, there are many other healing systems in vogue. These include Ayurveda, homeopathy, thought healing, spiritual healing, magnetic healing, meditation techniques, healing through vibrations, pranic healing, reiki, dance therapy, gem therapy, aromatic therapy, acupressure, mud therapy, colour therapy, mantra therapy, regression, hypnotherapy and the so many more (Anand, 2011)

the test of explanatory competence. That is, they are self-reinforcing and resistant to change from external forces, whereas their own internal models 'provide acceptable explanations that account for observation and events' (O'Connor, 1995: 23).

Regardless of geography, cultural origins, or religious beliefs, there are certain healing concepts that traditional folk healing systems share. In addition to providing an understanding about healing, these concepts reflect the cultural worldviews, especially their beliefs about human relationships with each other and with a supreme being. Within the folk healing systems, healing and spirituality are one. They include origin of illness, harmony and balance, motion, colours, symbols and family and community involvement (Wing, 1996).

Healers

Given the situation, the folk healers have been playing multiple roles, from that of a treatment provider and diagnostician, to 'social advisor' and modern counsellor. In the Hindu context in North India, it has been observed that the idea of 'purity and pollution' are not stringently reinforced when it comes to the case of 'upper caste' persons who willingly consult the other caste/ religion (untouchable) healers. Among the folk practitioners too neither the dominant caste values of the Hindu religion nor inter religious matters are cared for. For instance, a practising healer in a *Dargah* is most sought after by the touchable Hindu castes. This case indicates a pragmatic approach of the sick and the existing possibility to merge social spaces. For the patient who wants to first and foremost get cured, the choice of the healer is made according to their perceived ability to heal his patients and not according to the social or religious background (Prasad, 2007).

Dargahs retain a distant relationship with formal Islam and a close relationship with the function of healing. *Dargahs* are local healing sites with ritual healing practices dating back to five or more centuries (Bihari, 1962). A *Pir's* journey from west Asia seeking the subcontinent, carrying on the teachings of Prophet Mohammed or his descendants, are a part of the healing myth and origin of a *dargah*. Some pirs are associated with the world famous patron saint of Ajmer, Khwaja Garib Nawaaz Moinuddin Chisthi. There is usually a local legend attached to these *dargahs*.

The “sacred” plays a crucial role in the healing process (Kakar, 1982). Healing is a central theme of Sufi life. ‘Mirawali Baba settled down in Ahmednagar and soon his healing powers started attracting scores of sufferers to this area. Large numbers of people come here to get cured of mental illness. Sadal Baba received his healing powers in Ajmer. Kabir Baba at Khwaja Kabir was said to have performed healing miracles. Shamna Mira of Miraj grew up aspiring to serve people just like his parents did. Sailani Baba is believed to have come with a mission to heal and protect devotees from evil influences and injustice. Many a *dargah* served as shelter for wandering, homeless and destitute people.’ In western medicine, wandering is considered a psychotic symptom, but wandering sufferers and healers are well accepted in the local healing centres (Davar and Lohokare, 2009).

Similarly there also exists temple healing where the priests and magico-religious curers help to relieve a person when illness or misfortune strikes. The best example of this is *Mehndipur Balaji* shrine in North India (Dwyer, 2003). Here the priests and healers play distinctive though overlapping roles. It is argued that these religious specialists are complementary in two important interrelated ways: (1) in the sense that each of them offers different, non-competitive services to pilgrims – services seen by many pilgrims and practitioners as mutually beneficial to those who are afflicted by spirits or other malevolent super naturals; and (2) in a hierarchical sense. Dwyer argues ‘Parry (1994) who, synthesising the work of Dumont and Pocock (1957, 1959) with the work of Marriott (1955) and Srinivas (1965), emphasises that the relationship between Hindu priests and healers is a fundamentally asymmetrical one. Like Parry, whose observations of priests and exorcists in Banaras partly resemble my own observations of these practitioners in Mehndipur, I contend that the priest is pre-eminent, that his practices are ritually superior to those of the healer – a relationship of asymmetry that is rooted in common sense understandings at the pilgrimage centre and one that shapes the logic of ritual practice itself’ (*ibid*: 113).

Likewise, Kakar (1982) has discussed about the shamans, path of the saints, tantric healing traditions, and the cult of Mataji as many other healing options available to the sufferer. Kakar talks of *tantric* healing as an experience to various inner states of consciousness through identification with the different Gods and Goddesses. He also refers to the *Radha Soami Satsang* which expresses the experience of different psychic states- which it calls the ‘mansions of the soul’- as a major goal of its

meditative practices. In the folk and local healing traditions, the dissociating states are neither alien nor frightening for the Indian patients.

Prasad (2007) discusses the terms like *bhuva* and *bhuva bhagat* are used for the healers. He discusses that a bhagat can be roughly correlated to a herbalist, bhuva to a faith healer and bhuva- bhagat to a faith healer cum herbalist. Dwyer (2003) discusses the 'duts' as inferior in the case of the healer and the superior in the case of the priest in Balaji. These faith healers chant mantras, use feathery brush and other ritual objects. They specify days for treating clients. These healers incorporate some features of the Brahaminic rituals but the herbalist healers are detached from the tradition. The faith healers incorporate Sanskritic elements and Hindu rituals in their practice. These healers give a lot of importance to fasts, food taboos, etc every month on specific days as they believe these enhance healing powers. The therapeutic practices of this medical tradition focus on protective devices such as talismans, protective amulets (*tabiz*), strategies for aggressive counterattack such as counter-sorcery and, crucially and, perhaps most importantly, on the repair of 'normal' interpersonal relationships. It also focuses on purification, confession, reparation, moral education, the adoption and continual maintenance of right practices, and the removal of accumulated spiritual debts by means of austere denials (e.g., fasting) and even self-mortification. There is a strong belief among these healers that no one can be cured without the divine intervention. The concept of *divyashakti* is a powerful tool in the healing process both in physical as well as psychological sense.

The treatment by these healer is either free of cost or they may charge minimally. The modern day healers do recognize the value of modern biomedicine and may ask the patients to consult a doctor if need be, but it is not so vice versa. The issues for which the people consult the healers include childlessness, wife bashing, threats of abandonment from husband, female discharge or even menstrual problems for women. While the men consult for problems like spermatorrhea, appendicitis and erectile dysfunction. Both men and women may consult these healers in case of evil effect (*nazar, asar, muth, baharni, sankat*), jaundice, snake and scorpion bites, fever, hernia, epilepsy, bone setting, kidney stones, lunacy/ hysteria, body aches and many more. Healers are also consulted for issues like applying for visa to foreign countries, joblessness, crop failure, economic hardships and so on (Prasad, 2007: 20). The idea of collective healing is represented through the *toran puja* in June (*jeth mahina*) each

year to appease the local deities in order to ensure prevention from epidemics and disease in the village.

It becomes evident that it is not only the health but also the social dilemmas that are treated by these healers. There are uncertainties in life which get manifested as the illness. Identification, treatment and perception of 'recovery' for restoring normalcy are identified by these healers and hold great importance for ensuring well being of the individual seeking help.

Ritual as Healing

The purpose of the ritual is to create an ordered realm and to establish proper relations with the gods and ancestors (Vickers, 1991: 103). One reason the metaphor of 'performance' has been popular in the analysis of ritual is the concern that textual approaches insufficiently appreciate the importance of a ritual's occasion. Metaphors of text tend to construe ritual as an almost automatic acting out of rules based on an underlying cultural logic. This turns ritual action into symbolic action, and analysis becomes the disclosing of the meaning embedded in the symbols. Textual metaphors, with their emphasis on meaning, displace the doing, the performative dimension of the action. Ritual action, however, works not only on the level of meaning but also emotionally and socially, the events of any particular occasion being conditioned by many factors other than the prescribed rules (Tambiah, 1990).

The ritual continues to be popular, as it satisfies a demand for community based healing over and above the more individualistic forms of healing provided by biomedicine. Hardiman (2007) argued that biomedicine focuses on the individual in isolation from a social context, and thus fails to satisfy a continuing desire for community involvement in healing.

Davar and Lohokare (2007) have suggested that healing is a process that takes place via an individual's world of experience and the meaning that they attach to it. Glik (1988), in a comparative study, demonstrates how locally contextual symbols pervade all facets of healing – in the mythologies of the healing ideologies, the persona of the healer, family-like nature of the group of sufferers and the rituals themselves. Since in any healing context, empowerment of the sufferer constitutes a crucial milestone in the healing process, language assumes unprecedented importance (McGuire, 1983:

234). Dyadic categories, light and darkness, higher and lower worlds, purity and impurity, wellness and illness, good/evil, death/rebirth, *devi/pischach* (deity/demon) are integral to the language, providing people with surrogates to express their emotions and feelings. The rhetoric used in the sessions creates a predisposition in the person to be healed, akin to placebo, a process central to mental healing (Davar and Lohokare, 2007).

In this way, the ritual language not only creates in the person an awareness of a “larger” purpose for her healing, but also assures her of the help given by transcendental as well as social factors.

Csordas’ (1983) account of a healing ritual within the Pentecostal church describes the healer as directing the person in prayer to positive aspects of every stage in the afflicted persons’ life, while distracting the person’s attention from traumatic events through visualisation of Jesus Christ. It gives the power back to the person and her relatives to do something about it.

Dwyer (2003), Davar and Lohokare (2007) observe psychosocially relevant practices in the temples and *dargahs* play upon various ritual dimensions of the embodied and psychological, both at the individual level and at the level of social groups. The healing at the temples and *dargahs* involve spiritual practice of intense personal and group expression of *bhakti* (ecstatic worship) and union with god through song, drumming, playing of *shankh*, *manjira*, music and chanting of mantras and verses. “Expression of intense emotion, crying, ecstasy and altered states of perceptions which in normal life may be seen as violent mood swings, mania, or symptoms of other mental illnesses, has a very high value in the shrine. Union (with god or spirit) bringing about ecstasy or separation causing agony, is freely expressed. A person may cry for hours or maintain a blissful emotional state for hours, preoccupied with his or her own emotions” (Davar and Lohokare, 2007: 63).

Linking Religion and Health

The healing propensity of the local healing traditions is attributed to several factors like arousal of faith, complete emotional commitment of the sufferer, affirmation of shared beliefs, the symbolism entailed in healing rituals and their dramatic quality having effects akin to therapeutic techniques like placebo, catharsis and suggestion

(Kleinman and Sung, 1979; Kleinman, 1980; Jadhav, 1995; Helman, 2001). The healing process has also been seen as symbolically representing values, emotions, social relationships and normative codes, which are a part of the participants' phenomenological world as well as their external social environment (Glik, 1988; Csordas, 1983; McGuire, 1983).

Davar and Lohokare (2007: 66) state "In our interview of users of indigenous healing, people reported benefits. Various dimensions of well-being that were reported are feeling peaceful, contented, gaining in confidence, hope returning, getting more will power, wanting to get on in life, body healed, reduction of conflict, improvement in domestic and financial situations, social status. The afflicted, who visited the centres, have been doing so for long periods of time, sometimes even after the problem is resolved. Many had been visiting for five years and more, long enough to warrant the label of "chronic" patients within the modern medical system. However, such sufferers are not so labelled in the centres, and often become local anchors for the centres, taking responsibilities in the upkeep of the centres. 'We interpret this as a different experience of well-being with respect to time and self history: the "early intervention" and treatment schedule of modern medicine, makes health and sickness a determinate temporal event.' There is also acceptance, and surrender, that not everything needs to be intervened with. People reported that they visited the shrine to "stay well".

Lee and Newberg (2005), exploring the link between religion and health, state that 'being religious offers positive health and mental health benefits in the areas of disease incidence and prevalence, disease and surgical outcomes, promoting general well-being. Some people with psychosocial disabilities have found that a connection with the sacred within oneself showed the path towards self-recovery and its maintenance. This path way also gave the necessary strengths and capacities required to lead others into their own recovery' (Stastny and Lehmann, 2007).

The healing at the temples and *dargahs* suggests that rather than any structured system of religion, theology or the primacy of (any kind of) word or scripture, a chaotic and spontaneous approach to an intensely personal embodied and multi-sensory experience of transcendence, including shamanic and primal practices and

experiences, may bring psycho-spiritual relief in everyday life to a vast number of people.

In this chapter I have discussed how suffering is construed in the Hindu way of life. That is how the Hindus understand suffering and turn suffering to advantage by blaming themselves for illness, disaster and distress. I have explored how the ethics of community and the ethics of divinity flourish together. The connection between action (*karma*) and outcome (well being/ill being or good health/ ill health) has been emphasised and explored through the various folk healing traditions. I have tried to initiate a discourse where the person considers one's health as a 'life goal', a 'personal duty' and 'good' to be achieved by satisfying his network of relationships through a moral way of life. The chapter seems to fulfil its aim of exploring some alternative discourse possible for considering the questions of suffering, healing and well being on one hand and the questions of personal obligation and responsibility on the other.

Chapter - 4

Well Being in Social Relationships and the Business of Wellness

In sociology and social anthropology, sufficient attention has been paid to the cultural dimensions of social reality. Any interpretation of data has to be done keeping in mind the ideas, beliefs and the context of observable behaviour in everyday life. The meanings, purposiveness of the institutions enable people to make choices in respect of the human pursuits and *dharma* and also within the general well being of the community. Social relations may thus be seen as animate, made of flesh and blood, whether sustained or altered by such ideas that embody norms and values, stating what is axiomatic and cannot be questioned. 'While ideas provide the framework for the interpretation of behaviour, behavior – that which actually happens – provides what Dumont (1977:27) calls 'control', preventing the misunderstanding that an overweening emphasis on ideas might generate. Thus I am insisting that we recognize – along with Louis Dumont, Clifford Geertz, Alfred Schutz, Max Weber and others – that social action is suffused with meaning and that intentionality is central to it' (Madan, 1982: 224). Thus for the first section of this chapter, I will focus on how the individuals derive meanings through the specific social actions and how it signifies well being for them as well as their community. For this I will explore the ethnographic material available in the day to day North Indian context and search for the intentionality and purposiveness of the people's actions in ensuring well being. The second section of this chapter will look at the rise of the various religious organisations in the back drop of modernity and the entire 'business of wellness' and its dissemination which holds promises of reproducing well being for the people.

For the interpretation of any ethnographic writings it becomes extremely vital, as Dumont puts it, that 'one must seek the view from within (ideas, meanings) and the view from without (behaviour, rules). Any understanding is born of the tension of the encounter of these two perspectives' (1966: 23). So for this section I try to explore through various ethnographic accounts how the people in north India construe well being and how their actions are oriented towards its maintenance. The ethnographic accounts will illustrate the potential of ethnography for understanding how people conceptualise well being and what sacrifices people are prepared to make in its

pursuit. As people's meanings are often deeply buried-Bourdieu describes how "what is essential goes without saying because it comes without saying" (1977: 167).

***Bhattil* – A Total View of Life**

Madan in his celebrated essay 'The ideology of the Householder' declares that the majority of the *Pandits* whom he interviewed averred that *gyan* (knowledge) is beyond the comprehension of the common man as he is enmeshed in 'the veil of illusion' (*maya-jal*). The inward looking emphasis on selfhood is not the common man's problem: his concern is the proper performance of the social roles (*duniya dari*) in consonance with *dharma*. Madan elucidates that most *Pandits* earn their livelihood from land, service of various types (including domestic and government service) and trade. Such *Pandits* are called *Karkun* (those who work for profit). A small minority carved out their living as priests or *Gor*. The *Karkun* and the *Gor* do not inter marry. It is the Kashmiri Muslims who perform the tasks associated with the artisans or service castes. There are no commensal relations, no marriage between them and physical relations are restricted. Explicating about the *Pandit* community, Madan brings into discussion the notion of *zat* (*bija* or one seed). 'The notion of *zat* is subtler than that of kith and kin and the common customary behaviour. The *Pandits* are what they are and do what they do because of their essential and inborn nature. The soils, plants, animals, human beings, Gods – all have their *zat* or essence. Among human beings it is considered to be a product of physical and moral elements. One's *zat* may become refined through appropriate effort – what Marriott (1976) calls the process of maturation – or it may become corrupted through the neglect of moral conduct.' As an informant once put it to him, 'A *Pandit* is not the fruit of the pursuit of pleasure (*kama*) but of moral duty (*dharma*). The reference is to the paramount duty of the householder to beget children – particularly sons- so that the lineage (*kula*) is continued and the manes are assured offerings of the water (*tarpan*) and food (*pinda*) and their perdition is averted.' In the process the *Pandit* community also survives (Madan, 1982: 229).

The *Pandits*' conception of socio-cultural identity is given explicit expression in their notion of '*bhattil*'. The *Pandits* consider *bhattil* as the best, the morally superior way of life. It is constituted of a range of fundamental purpose of life- the *purusartha* or *abhipraya*- largely centred in domestic life, and of appropriate procedures for their

fulfilment. Madan decodes this powerful word symbol on the basis of its context and manner of its use. He further explains that the ‘pursuit of *dharma* is not a call to an exercise in abstraction: it is the everyday life of economic pursuits (*artha*) and bodily appetites (*kama*) that the *dharma* has to remain ascendant. This is what *bhattil* is all about’. Excerpts from the essay will enable us to get a better understanding of how *bhattil* is synonymous with well being for a *Pandit*.

The *Pandits* strive for health, wealth and progeny, and pray for divine blessings in the fulfilment of their wishes. When a man kneels with folded hands before a priest to have his forehead marked with the red paste of *tyok*, the latter pronounces a blessing

(in Sanskrit):

‘May you be long lived, may you be blessed with sons, may you be wealthy, may you be renowned, may you be wise, may you be greatly prosperous, may you be possessed with full faith in mercy and charity, may you be glorious, may you be one who lowers the pride of his enemies, may you be ingenious in trade, may you always be devoted to worshipping the feet of God, may you be doing good to all!’

Similarly, a married woman receives her blessing:

‘May you be blessed with money and sons, may you be devoted and faithful to your husband, may you always be dearly loved by your husband, may you be insightful, may you have correct understanding, may you live a hundred years!’
(*ibid*: 237)

These blessings are indicative of the cultural notions of a good life and good conduct prevalent not only in the *Pandit* society but also among the Hindu society in North India. The notion of well being here, thus becomes an experiential one. Well being for the Hindus refers to a purposeful life. Well being is not only inter-twined with the theory of good karma but also of divine grace. Another excerpt from the essay will illuminate my point.

The purposes in life are, then, well established in the tradition. The emphasis is upon the dharmic striving for worldly goals. ‘Woman (*stri*) and wealth (*dhana*)’, said an informant, ‘are the means by which the householder is able to perform virtuous actions (*dharma-kaj*); but a man’s undoing also are women as *kamini*, that is an object of lust, the greed for gold (*kancan*). It is indeed, like walking on the razor’s edge of which the *rsis* (sages) have spoken.’ Plentitude has to be rejoiced in but only within the bounds defined in *bhattil* (*ibid*).

This notion of well being aiming towards a purposeful life resounds through the WeD (2007: 1) group definition of well being. It characterizes well being as ‘a state of being with others, where human needs are met, where one can act meaningfully to pursue one’s goals, and where one enjoys a satisfactory quality of life’. Here the people’s emotions, hedonic experiences, all come to the fore as one identifies well being as the quality of people’s experience of their lives.

In the Hindu context, the most comprehensive concept of social action is that of ordered conduct. It consists of general notions as customs and conventions (*riti*), procedures (*vidhi*) and daily routine (*niyam* or *nityakarma*), then there are the specialised technical acts (*kriyas*) that help one to awaken one’s dormant power (*shakti*) but it is only for the adepts. A very important component of such ordered conduct is the cycle of rituals (*samskara*) - the so called *rites de passage*- which must be performed in respect of each individual, in a prescribed sequence, beginning before birth and ending only after death. The proper locus for all these actions is the home where ‘the three fires of domestic life’ burn: these are the fire in the hearth, the fire lit periodically to perform rituals, and the fire that is ever alight (or should be in one’s own body (*deha*) - the fire of righteous actions (Madan, 1982: 237).

Some of the important life cycle rituals include the *kaha nethar* (performed on the eleventh day after the child birth), *annaprasana* (the feeding of the first solid meal), *zarakasai* (the first tonsure for boys only), *kanchedan* (piercing of earlobes now for girls only), the investiture of the boys with the holy girdle (*mekhala*), the holy neck chord (*yagnopavita*).¹³ Marriage (*nethar*, that which cannot be undone) is the principal *samskara* of adult life. The ultimate rite is that of cremation (*dahasamskara*) which is followed by post mortuary rites. The general purpose of these rituals is to invest the person with the ritual status of a *Brahman* to enlarge the repertoire of the roles that men or women may perform while alive and to ensure their well being as manes after their death. The everyday rituals are called the *nityakarma*. These are the routine chores and rites of the everyday life. They include prayers, offerings to the *ishtadeva* and *ishtadevi*, reading and reciting of the sacred texts, eating proper food,

¹³ What is called ‘*upanayana*’ ceremony elsewhere in north India is called ‘*mekhala*’ or ‘*yagnopavita*’ among the Pandits and great importance is attached to it both as a ritual and as a social event.

observance of the food taboos, discharge of social obligations etc. As in the case of samskara, the concern in *nityakarma* is with the concern with one's personal, moral and physical well being and the establishment and maintenance of the right kind of relationships between kith and kin, the living and the dead and the human beings and the deities. The heavier the load of sins the more pronounced is the suffering (*ibid*: 238).

It becomes so clear that the *Pandit* view of well being is moralistic. Whatever be the immediate agency that brings about good fortunes and misfortunes, ultimately it is the inexorable law of karma that is believed to govern the human life. The *Pandits* seek meritorious fulfilment in life through the affirmation of family and wider kinship obligations and through the willing acceptance of the social bonds which result in the pursuit of the generally accepted worldly goals. *Bhattil* is thus perceived as a total view of life which excludes nothing. It includes both the everyday purpose of life and the ultimate existence. He is always mindful that there exists divine grace in addition to good karma. For him, the path of *shakti* (power) and *virakti* (renunciation) are not the only paths leading to well being of the individual but rather, as Madan (1982: 247) puts it, 'the life of the man in the world – epitomised in the role of the householder – though arduous, is the moral and good life. It is a life worth living.'

***Vrats* – Transformers of Destiny**

Having discussed about the *bhattil* tradition and the rituals in the *Pandit* households, I further wish to enumerate well being through the practice of *vrata* tradition in north India. In the north Indian society, rituals are not merely the context through which the communication with the sacred takes place but are also perceived as powerful transformers of one's life paths. Some of the most potent life transforming rituals are *vrats*. *Vrats* as understood today are closely allied to the *bhakti* devotional practice and constitutes a crucial element in the devotional practice. Moreover, *vrats* are performed to gain some end, to transform one's life path. Often they are performed to alleviate one's misfortunes. *Vrats* aim at bettering one's life, this betterment requires the eradication of the prior sins. Hence it is believed that the performance of *vrata* will alter one's destiny. The traditional concept of *karma* is accepted, additions and transformations are made so that *karma* continues to be a major motivator in the present times (Wadley, 2005: 36).

Vrat is most commonly translated as ‘religious vows’ or ‘fast’. The origins of the word are in dispute but Kane derives it from the root *vr*, ‘to choose or to will’. *Vrat* in Sanskrit means what is ‘willed’ or ‘will’ (Kane 1974: 5). The range of meanings of *vrata* is from command or law to any vow, with modern emphasis on vows associated with particular pattern of worship. Our *Puranas* (especially *Bhavisya Purana*¹⁴) provide the promise of heaven and other worldly as well as spiritual rewards to those who perform *vrats*, *upavasa* and *niyamas*. Moreover, the fasts were open to both the sexes and all *varnas* (*ibid*: 43).

The primary difference between *vrats* and *upavasa* (fasts) is that in *vrata*, food or fruits can be taken. But in fasting one must remain without any food. Some abstinence from food is not the sole requirement of most *vrats*. Usually a *puja* is also enjoined, the devotee is told to read the *katha* associated with the *vrata*. There are rules of food, dress, behaviour (*aacharan*), related to specific *vrata* and also for the *puja* and *katha* that is the primary exegesis of a given *vrata* (Wadley, 2005: 38).

A variety of texts about *vrats* are found in north India. The most popular is the *Sri Satyanarayana Vrat Katha*. The priest is usually involved in reading and reciting of this *vrata katha* to the client as well as in the ritual performance associated with it. Another is the *Sukravar Vrat Katha*. It is performed in honour of *Santoshi Ma*, the contented Mother Goddess. The rules and the *katha* are read by the worshipper herself or may be read out to her by some literate female. ‘In Karimpur the priests are not involved in the worship of *Santoshi Ma*. Moreover, in north India, the worship of *Santoshi Ma* is exclusively a female practice’. There also exist manuals for *Saptvar vrata katha*. These contain the rules and *kathas* for the *vrats* of the seven days of the week. *Barah mahine ke vrata aur tyauhar* are larger manuals which contain stories, rules, dates all relating to the *vrats*. These are printed and read in the colloquial Hindi. A few may also be read in Sanskrit with explanations in Hindi (*ibid*: 40).

¹⁴ The *Bhavisya Purana* is one of the eighteen major Hindu *Puranas*. It is written in Sanskrit and attributed to Rishi Vyasa, the compiler of the Vedas. The title *Bhavisya Purana* signifies a work that contains prophecies regarding the future (*bhavisya*). Despite being labelled a *Purana*, *purana* meaning "tales of ancient times", the work relates only a few legends. It is one of several *Puranas* in which a list of royal dynasties of the “past” is followed by lists of kings predicted to rule in the future.

Kathas associated with *vrats* set up a scheme of the world in which ritual behaviour is both right and necessary for human well being. The contemporary practice of *vrat* among the Hindus has adopted new meanings. There is a wide spread belief that by observing *vrats* one will be able to please the Gods and Goddesses and will achieve their desired wish (*manokamna*). The *vrats* are now performed for conceiving children (*Sai nav Guruwar Vrat, Saptami Vrat*), for marriage- getting married, early marriage, sustaining a happy married life- (*Shivratri Vrat, Somvar Vrat, Sola Somvar Vrat, Gauri puja*), longevity of husband (*Karwachauth vrat*) and sons (*Ahoi Astami Vrat*), for acquiring wealth, money (*Shri Vaibhav Laxmi Vrat*) and career (*Sri Satyanarayana Vrat*). In the Hindu society, *vrats* are associated with the notion of *karma* as *vrats* destroy the past sins and have the potential to change the course of one's life. Thus *vrats* are seen essential for the general maintenance of well being and harmony in one's life. What is fascinating is that the observance of *vrat* by the mothers or wives is only for the male longevity and well being. The *vrat* literature is silent on the question of women. No *vrats* are performed for the well being of a girl or a woman, though few *pujas*¹⁵ have been observed in this context.

Vrats are a common form of ensuring well-being amongst different religions. Hindus pray explicitly for fulfilment of specific wishes and make various pacts with deities. In order for it to be fulfilled they undertake pilgrimages, shave their heads or keep *vrats*. There is a gendered aspect to this and most often it is women who undertake them for the well-being of the family, husband or children (Nayar, 2012). Some of the efforts to ensure well-being are described below through the accounts borrowed from Nayar's¹⁶ work.

Shama Devi is 35 year old woman with four children. I met her at a time when she was struggling to ensure admission for her daughter. As a result of her struggles with different institutions (school authorities, courts and so on) she described feeling tired and stressed.

I have high BP, my head aches and my body aches. I feel stressed and feel something is going to happen to me but what to do? I also have to fast- I keep *chhat* (festival usually celebrated in Bihar) fast because when my daughter was born I kept it for her wellbeing. I made a big mistake when my son was in my

¹⁵ *Kanya puja, Kanjak Khilana* during the *Navratras*.

¹⁶ Mahima Nayar, "Belief Systems: Forgotten component in well being". Paper presented in the Conference on Arts and Aesthetics in Globalising World at Jawaharlal Nehru University, New Delhi. April 3-6, 2012.

stomach, forgot to keep it and things went wrong. I was very ill and I could have lost him. Then I promised *chhat devi* to keep the fast always. I go and stand in the *jheel* (lake) for almost an hour with all the women till the sun sets completely, we are immersed in water till the shoulder until sun sets completely; I get very tired but it has to be done now, you have to take bath all the time, first before you go for puja and then since the water is dirty so after the puja also. Some women change there but I come back wet and take a bath here (*ibid*).

Although the process described by Shama Devi does not seem easy but she believes that she needs to keep the fast so that it ensures the well-being of her children and family. Her beliefs were reinforced as her health suffered when she forgot to keep the fast during the time when she was pregnant with her son. Gachter (1998) relates the larger concept well-being with health and healing amongst the Hindus. Well-being is dependent on a harmonious relationship between the earth, the planets, the stars, appropriate balance between various elements within the body, family and society and a good relationship with the natural world, ancestors and deities (*ibid*: 399). Praying and fasting are two ways through which harmony amongst the various elements can be maintained thereby ensuring well-being. Religious beliefs serve as purpose in the everyday lives of people. Devine and Deneulin (2011) describe how in their study conducted in Punjab and Orissa they found that for those respondents who affirmed that religion played a positive role in their well-being, the vast majority illustrated this by pointing to some practical life experience in which they either face a challenge or hold an aspiration or identify a need. Religion, therefore, is seen primarily in very pragmatic (and usually positive) terms and is intimately linked to daily life concerns and needs. Two of the main things described by their respondents include protection from harm and praying for good fortune. Two of the main things described by their respondents include protection from harm and praying for good fortune. This very belief that following a set of religious practices could bring certain positivity in life and itself creates a reason for well-being.

The responsibility for a family's well being is usually placed on the woman. This can sometimes be detrimental to her health. Whether a woman experiences a sense of well being depends on factors including a woman's educational level, the sex and number of children to whom she has given birth, relations with members of the extended family, economic deprivation and its physical and social consequences, and other social and cultural factors. Well-being thus depends not only on a woman's

sense of herself as an individual, but also on her relationship with others in her extended family and community (Nayar, 2012). Another narrative from Nayar's work will elucidate my point.

I met Manu at a dispensary where she had come for her regular check-up as she was seven months pregnant... Manu had an early marriage (at the age of 16) and it had been a love marriage so her relationship with her mother-in-law was strained till the birth of her son who was now three years old. Manu was constantly scolded by the nurse for not looking after herself even though it was the seventh month of her pregnancy; she had a low blood count and poor health. The nurse blamed multiple abortions for Manu's poor health. At this time, Manu and the nurse started talking about Karva Chauth (a day when women have to fast usually from morning till night when the moon comes out; the women are supposed to eat before sunrise. Many of them do not have water as well; this fast is kept for the long life of the husband). The fast was in a few days and Manu said that she had to keep the fast. I have been keeping it for the last few years so it's bad to break it – inauspicious. I am not able to get up in the morning to make food so will have to go hungry then.

When I asked the nurse why she did not advise Manu against keeping the fast; she responded vehemently that Manu had to keep the fast because to live in a certain society we have to follow the rules, the child would not be harmed – it will take what it requires from the mother, only mother would feel weak because she would not eat anything and child will take whatever he/she wants. Even though the fasting would harm Manu; the belief that not keeping it will lead to trouble was strong enough to ensure that she kept it. Therefore for her peace of mind, fasting was necessary for her even though it was not good for her physical well-being (*ibid*).

The explanations given by Manu and the nurse at the dispensary are suggestive of how the social norms operate in our society. They are internalised by the individuals and are exhibited through their choices and actions. By not fulfilling her social role as a 'good' wife, keeping the *Vrat* for the husband's longevity, Manu might have suffered more by the loss of social capital.

It thus becomes extremely evident that the health of the person is affected not just by the physical conditions but also depends on the individual's access to various forms of capital. Bourdieu echoed Marx's insight that economy is about the relations between people and not about resources *per se* (Marx, 1976 [1867]:138–139). As I have argued in the previous chapter, health is not only about well-being or absence of

diseases in the individual's physical body, but is ingrained in the relations between people, with insistence on moral implications.

Food and Well being

Continuing the discussion on well being by locating it through social relationships, after the *vrats* I turn to the food and well being. Appadurai (1981: 494) argues that 'when human beings convert some part of their environment into food, they create a peculiarly powerful semiotic device. In its tangible and material forms, food presupposes and reifies technological arrangements, relations of production and exchange, conditions of field and market, and realities of plenty and want. It is, therefore, a highly condensed social fact. It is also, at least in many human societies, a marvelously plastic kind of collective representation'. Even the simplest human cuisines, as Levi-Strauss (1966) has suggested, encode subtle cosmological propositions. With the elaboration of cuisine and its socio-economic context, the capacity of food to bear social messages is increased. As many anthropologists have shown, food, in its varied guises, contexts, and functions, can signal rank and rivalry, solidarity and community, identity or exclusion, and intimacy or distance (Firth 1973; Geertz 1960; Ortner 1978; Strathern 1973; Young 1971)

This semiotic virtuosity has two general sources. One is the fact that, unlike houses, pots, masks, or clothing, food is a constant need but a perishable good. The daily pressure to cook food (combined with the never-ending pressure to produce or acquire it) makes it well suited to bear the load of everyday social discourse. The second fundamental fact about food, although this is much less well understood, is its capacity to mobilize strong emotions. This property, no doubt, has roots in the powerful association, in the human life cycle, between the positive memory of nurture and the equally powerful negative experiences (such as weaning) of early human life (Angyal 1941). It is these facts that account for the important affective role played in systems of food classification by foods that are abhorred, avoided, or feared (Appadurai, 1981: 495).

Hence sociologist and anthropologists, seek to locate the role of food in social organization (Malinowski, 1967), or seek to understand food as a cultural system (Levi-Strauss, 1966), a system of symbols, categories, and meanings.

Mathews (2009:39) observes, ‘When I first visited India, I was struck by two kinds of greetings uttered in Indian English. People would often ask me: “Have you taken your meals?” or “Your parents, they are there?” Both enquire about my well being, but quite differently from the “How are you?” question I had been brought up with. The “meals” question shows a strong cultural emphasis on food as an idiom of social relations. If someone is hungry, it is a potential constraint on the relationship you may have with them: either you must be polite and feed them, or avoid them... The question about the “thereness” of my parents is rather more complex, seeking assurance of my basic social connectedness but perhaps also revealing a deeper social concern with existential dimension of well being.’

In contemporary South Asian society, even a casual visitor can only be impressed by the importance of food in daily life and daily discourse. Foods are regarded as important media of contact between human beings; in a society that rests on the regulation of such contact, food is a focus of much taxonomic and moral thought. Feasting and fasting have powerful associations with generosity and asceticism. Food avoidances, for different persons in different contexts, are developed to a remarkably high degree and can signal caste or sect affiliation, life-cycle stages, gender distinctions, and aspirations toward higher status. Finally, the linguistic usages surrounding food themselves encode some of these distinctions (Ramanujan, 1968).

Classical Hindu thought, which as Khare has outlined in his study of *Kanya-Kubja* Brahmin of north India, contains a series of important assumptions about food and its place in the cosmos. ‘In a very real sense, in Hindu thought, food, in its physical and moral forms, is the cosmos. It is thought to be the fundamental link between men and gods. Men and gods are co-producers of food, the one by his technology and labour (the necessary conditions) and the other by providing rainfall and an auspicious ecological situation (the sufficient conditions). Men assure this cooperation by feeding the gods and eating their leftovers (*prasadam*). Thus, at the most abstract level, the production and consumption of food are part of a single cycle of transactions with the gods. Under this large rubric fall a host of specific ideas about kinds of food (“raw” and “cooked”); their appropriateness for a variety of contexts (such as death and marriage); the transactional logic of giving and receiving in establishing a hierarchy among sentient beings; the ranking of various

kinds of foods according to the relationship between the food and its user or eater or cook; and the inherent thrust of food towards distribution-hence the concern with the regulation of food transfer, exchange, transaction, and circulation. The moral ordering of food includes the whole spectrum of activities from the growing of grain to the disposal of food wastes.’ Khare describes the following constituent parts of a food cycle as being minimal and critical to its meaning and purpose: food area, cook, utensils, cooking techniques, and ingredients-all of which determine the resulting food type and its cultural meaning (Khare,1976:120).

The behaviour of a person is believed to depend largely on the kind of food the body receives. Milk and curd are known to quieten the disturbances of the mind. They are important constituents of the daily diet. Non vegetarian food and preparations with onion and garlic stimulate anger. It is also believed that the emotion of women while cooking and serving food enters the preparation. Food cooked or served in anger needs to be avoided (Mathur, 2002: 154).

This suggests the elaborateness of the indigenous symbolic schematization of food as a bearer of moral properties, cosmic meanings, and social consequences and there by determining how people construe their well being through food.

In South Asia, important ideas concerning sharing, redistribution, and power are expressed in the idioms of food. Some cultural idioms such as, ‘*Jethani ka beta hamesha mota hota hai*’ (the son of the sister-in-law is always fat), ‘*Dudho nahao, puto phalo*’ (may you always be blessed with prosperity and sons), ‘*khaya nahaya alag se dikhayi deta hai*’ (one who is contented, has a full stomach, outshines), refer to the notions of people as to what they consider as ‘well’ and how intimacy and rank are positively correlated to the quantity of food and its sharing.

The particular cultural form that sharing, redistribution, and power take in South Asia can best be seen in the *jajmani* system. Until recent changes in the economy (having to do with the increasing absorption of rural areas into urban markets, increased monetization, and more occupational alternatives outside the rural sector), this system was the principal mode by which the moral distinctions of caste were articulated with the division of labour in the political economy of rural South Asia. In this arrangement, a series of ritual transactions bound agricultural clients and specialists to their wealthy clients in a relatively closed, non-monetary, reciprocal

economic system. 'The dominant symbol of this system was the "grain heap," fixed shares in it being the metonymic and metaphorical indices of a variety of relationships of patron with agricultural client. In this agrarian system, shares in the agrarian product (food-grain especially) were the dominant vehicle for indicating simultaneously the relationship of subordination and domination between patrons and clients, as well as the bonds of cooperation and solidarity between them' (Appadurai, 1981: 495).

Rights to give, obligations to receive: *Dan* and Well being in Pahansu¹⁷

The next line of argument is located in the work of Gloria Raheja where she argues that there are several contextually shifting ideologies of inter-caste relationships apparent in the everyday social life of the people. Meaning and values are foregrounded differently from context to context, and they implicate varying configurations of castes. There is a ritual centrality of the dominant caste (*Gujars*) which is observed through the relationships between the Gujar *jajmans* of Pahansu and the Brahmins as well as the service caste *kamins*. The entire meaning of well being is located within the context of giving and receiving (*len-den*) of *jajmani* relationships.

Dan is always given in the context of ritual actions that are said to promote 'well being (achieved through) gift giving' (*khair-khairat*) and auspiciousness (*subh*) of the donor and the village, through the transferral of evil (*paap*), afflictions (*kast*), faults (*dosh*) and inauspiciousness (*nasubh*) from donor to recipient. Villagers say that *dan* is always given to move away the inauspicious (*nasubh hatane ke liye*); through the giving of *dan* in the proper ritual context, these negative substances 'come out' (*utarna*) of the donor, and may then have their effect on the recipient in form of disease (*rog*), a diminishing of his power (*shakti*) or his fiery energy (*tej*), or in the form of general decline of his family and lineage. The recipient must, as people of Pahansu put it, digest (*pachana*) the evil and inauspiciousness contained in the gift. The dangers of the acceptance of the *dan* have been noted by Heesterman (1959) and Parry (1994) (Raheja, 1990:82).

¹⁷ Pahansu is a relatively large village located in Saharanpur district of western Uttar Pradesh which has been studied by Raheja.

The ethnographic report on the ritual context of the disbursement harvest give scope for the anthropological discussion of well being within the *jajmani* system.

In Pahansu, the portion of the harvest given to the Brahmin is distinguished from the portions given to the other castes by being called *savri* ('of the grain pile') or *dan*. The threshing floor disbursements made to other castes are not called *dan*, but *phaslana* (from *phasal*, 'harvest'). *Savri* is given to the cultivator's Brahmin not as a payment for services rendered in course of the year, but rather as a course of a sequence of the ritual actions performed at the threshing floor for the increase (*barkat*) of the grain. The Brahmin removes the hindrances (*badha*) that might otherwise diminish the grain or cause some other misfortune.

After threshing and winnowing his grain, the cultivator *jajman* gathers it into piles. He places the winnowing basket in the south of the pile of grain. Facing north, he picks up the basket with his right hand and turns it on its side, and takes it around the bottom of the circular pile first in clockwise direction and then in counter-clockwise around the middle of the pile and finally around the top of the pile in a clockwise direction. As he makes these circumambulations of the pile of grain, he makes small indentations in the grain pile with the winnowing basket... The basket of grain remains in that position until all the grain in that pile has been weighed, and then it is given as *dan* to the hereditary family priest, *purohit*. The iconicity of the winnowing basket in the ritual is obvious: it removes the inauspicious 'chaff', as it were, from the auspicious grain that will be used by the *jajman* (*ibid*: 83-84).

The Brahmin is not the only recipient in Pahansu of presentations that ensure *barkat* of the harvested grain. The family barber also goes to the field to receive his *mutthi* or handful of the grain from the harvest. The *mutthi* is given to the sweeper as well as to other *kamins* of the cultivator. It is believed that by giving *dan* to the *kamins*, the grain increases. Cooked grain is also offered by the cultivator's wife to the *purohit* of the ancestral shrine to remove any malevolent presence.

In Pahansu, many recipients are perceived as necessary to ensure the auspiciousness and well being of the village and to take upon themselves the much inauspiciousness and evil that threaten this well being. This promotion of prosperity, well being and auspiciousness seems to be the prerequisite of the Pahansu social rubric.

Vatuk (1972: 188) through her writings adds a new dimension to the concept of *dan*. She elaborates that there exists selectivity in the composition of *len-den* networks which derives from the concept of reciprocity or *adal badal* characterizing gift

exchange in which a return is expected in the same form and in roughly equivalent amount. She continues that taking-giving is clearly reciprocal, but not all gift giving is. Gifts given in reciprocal exchanges are sharply distinguished from 'pure gifts' or *dan*: gifts for which no equivalent material return is accepted. For *dan*, the only return is a gift in the other form- either a spiritual merit (*punya*), the granting of the desire through supernatural intervention, or as worldly prestige (*izzat*), or possibly a personal service or devotion from those who accept *dan* and are in no position to return it materially. The ideal *dan* is given without the thought of spiritual return, for such gifts the spiritual merit acquired is vastly greater. *Kanya dan* (the gift of a virgin), *gau dan* (giving of a cow), are the examples of *dan*.

Well being, in this section, has been rooted socially in the relationships. All the writings elucidated here present before us a coherent view of social relations operating as ritual relations, especially in the North Indian 'upper caste' Hindus, mobilised for their well being and prosperity of these individuals as well as groups.

Business of Wellness

The second section of the chapter will look at the various global religious organisations of Indian origin and their claims of ensuring personal well being of its followers through specialised programmes (meditation, *satsang*, yoga, ayurvedic lifestyle approaches) and products (herbal and natural) in keeping with the idea of modernity. This section will also explore the rootedness of their clientele base in the urban Indian middle class. The section will in general explore the idea how well being has been transformed from a socially rooted concept (as observed in section one of this chapter) to a more individualised notion, through institutional means, that is saleable. It will juxtapose the section one and section two of this chapter delineating how well being that was part of the everyday ritual activity has now assumed a packaged and customised new avatar or embodiment. I call this idea, the 'business of wellness'¹⁸.

'Modernity', as it is understood in the social sciences today, is a highly complex phenomenon. There had been the increasing recognition that 'modernity', when it spreads beyond its Western frontiers, is never simply assimilated in its entirety by

¹⁸ I borrow the phrase from the essay 'Lifestyle Correctness and the New Secular Morality' by Howard M. Leichter in the book *Morality and Health* by Brandt and Rozin (1997).

societies across the world (Comaroff and Comaroff, 1993). Bruce Knaft (2002), for instance, rightly points out that while the images and institutions of Western modernity are extremely powerful forces today that inform public imagination across the world, they are not received in identical ways the world over. Individuals and groups engage with the images and institutions of Western modernity differently in different contexts, through processes of selective appropriation, opposition and redefinition. They thereby construct new and 'alternative' models of modernity (Knaft, 2002: 18). There is an increasing focus on how people in different parts of the world perceive modernity and respond to it.

'Modernity belongs to that small family of theories that both declares and desires universal applicability for itself. What is new about modernity (or about the idea that its newness is a new kind of newness) follows from this duality. Whatever else the project of Enlightenment may have created, it aspired to create persons who would, after the fact, have wished to have become modern. This self-fulfilling and self-justifying idea has provoked criticisms and much resistance, in both theory and everyday life' (Appadurai, 1996: 1).

Appadurai criticises that one of the most problematic legacies of grand western social science (Comte, Marx, Weber, Durkheim) is that it has 'steadily reinforced the sense of some single moment – call it the modern moment – that by its appearance creates a dramatic and unprecedented break between past and present. Reincarnated as the break between tradition and modernity and typologised by difference between ostensibly traditional and modern societies, this view has shown repeatedly to distort the meanings of change and politics of pastness. 'Yet the world in which we now live – in which the modernity is decisively at large, irregularly self conscious and unevenly experienced – surely does involve a general break with all sorts of past (*ibid*: 3).

Like modernity, views on lifestyle are also part of the discussion on modernity. Weber's understanding of lifestyle puts the term into perspective. Weber's notion of lifestyle appears in his discussion of status groups in his classical work *Economy and Society* (1978), originally published in 1922. Weber primarily focused on the difference between class and status in his analysis. He pointed out that while class was an objective dimension of social life signified by money and property owned by a

person, status is subjective in that it consists of the amount of esteem a person is accorded by others. It is his occupation and education level that are basis of such esteem. A particular lifestyle is what distinguishes one status group from another. Weber also made pertinent observation that lifestyle is not based on what one produces but what one consumes. Thus for Weber, the difference between status groups does not lie in their relationship to means of production as suggested by Marx but in their relationship to the means of consumption. When we argue about health lifestyle, like here in this chapter, we mean that a person is attempting to produce good health according to his motivation, effort and capabilities. People enhance their health in order to attain a purpose. It may be a longer life, work, sexual attractiveness, or for the enjoyment of physical being or attainment of spiritual being (Cockerham, 1995).

Emergence of a New Middle Class

The 'communities of birth' have been replaced by a new middle class in contemporary modern India. The category of the 'middle class' is very slippery in India (Deshpande, 2003). Jaffrelot and Veer (2008: 58) view middle class basically as an ideological construct that has become a primary category of social identity for a significant section of the Indian population in the contemporary times. 'We need to acknowledge that communities of birth are generally, if not invariably, divided by class. In India, the policies for education or for employment have benefited the middle classes far more than other social classes. The educated and salaried middle class was a very small fraction of the Indian population when the country became independent 60 years ago. Nevertheless, it had a very great influence in creating and sustaining the open and secular institutions which carried forward the modernisation of India. The middle class was not only small in size, it was also socially exclusive. Hindus belonging to a handful of upper castes predominated in it and the backward castes and religious minorities were disproportionately few in number, particularly in superior professional, managerial and administrative positions. In the modern times, the educated middle class has grown substantially in size, first through the steady expansion of the public sector in the early decades of independence and, more recently, through the expansion of the private sector. It is now no longer a tiny section of the population but numbers in hundreds of millions, depending on how we define it.' It has not only grown in

size but has also become socially more diverse, suave and urban. Its expansion and diversification has been the outcome of various economic, social and political forces (Beteille, 2007: 952). This has led to the surfacing of an urban social class which observes great economic disparity with not only classes within the community of birth but also between classes of different communities. There are large and sometimes increasing economic inequalities between individuals, between households and between communities when juxtaposed with the new urban middle class (*ibid*: 951). What makes this class stand apart and as modern is that it believes in scientific, rational and secular living and also propagates these very ideas.

Ills of Modernity

There has been an explosion in consumption, especially the consumer and luxury goods that have become a very visible phenomenon in urban India over the last two decades, due to the rising incomes of the middle class, local business opportunities, new entrepreneurial groups and the easier availability of the commodities through the mall culture. Scholars such as Mazzarella (2003) have provided insightful analyses of the growth and contours of the new public culture in India. These working classes may assert their independent alternate identities in the social scene based on their high salaries and new found confidence (Jaffrelot and Veer, 2008). Apart from this global corporate culture, there is also the 'call centre culture' in India that has assumed a distinctive sub urban look (Huws, 2003). The patterns of consumption which are now rooted in the global culture, have led to what we may term as the 'ills of modernity'. Lifestyle disorders, stress, obesity, high blood pressure, hyper tension, the ailments common in the West are now increasingly becoming specific to the middle class in India which is in the race for competitive emulation out doing one another.

Uberoi (2001: 340) has pointed out that 'as India globalises and the imagined economy can no longer convincingly iconize the nation... the family remains... the sole institution which can signify the unity, uniqueness and the moral superiority of the Indian culture in a time of change, uncertainty and crisis'. The change, as Goode (1963: 240) discusses, has also changed the universal family structure. He has observed a general move towards what he calls a 'conjugal pattern' of the family, whose most important feature is the exclusion of 'a wide range of affinal kin and blood relatives from the everyday affairs and no great extension of the kin networks'.

Jaffrelot and Veer (2008: 77) argue that it is striking that yet the ideology of the family as an icon of Indian-ness continues to hold sway among the transnational, upper middle class and even cosmopolitan subjects, whose actual practice and family situations are far removed from the ideal. Their own lifestyle often precludes the values and relationships which had always been so cherished and ingrained in the social fabric of the country.

It can be argued that though the fruits of modernity and globalisation have resulted in wealth and growth and concern with personal happiness and well being for oneself, it has been successful in uprooting the idea of collective from social. As Carol Upadhyia (2008) would call it, 'new sociality' substitutes this idea of collective and social. The middle class seems to be in the grip of an epidemic of anxiety and a sense of being personally unfulfilled and burnt out.

While facing dilemmas about one's survival and existence, this new urban middle class, faces personal problems and situations of crisis such as failing health, disenchantment with biomedicine, marital discord and many more. Medical and legal establishments are the first channels of help, being systems of expertise, intrinsic to the modern society. But these systems, while they do offer professional and standardised means of assistance, are, however, unable to provide the personalised support that most individuals crave for. The help of the counsellors, psychiatrists and psychologists though sought by the urban middle class, seems to elude personal touch. In the absence of kinship networks, close friends, due to the modern way of living, there occurs a feeling of emptiness and futility about one's life. This alienation from the roots results in the quest for well being and purposeful life. The global religious organisations offer the promises for not only restoring well being but also of its maintenance through a healthy lifestyle rooted in the traditional indigenous knowledge of catharsis, *seva*, *yoga* and *ayurveda*.

The Rise of the Global Religious Organisations

One of the most dramatic and important developments in present-day society is the growth of popular and high-profile devotionalist organizations led by charismatic

Indian *gurus*¹⁹. The more successful of the gurus head vast institutional empires, financed by generous donations from hundreds of thousands of affluent devotees both in India and abroad. Many guru organizations today have a transnational reach, with branches and centres not only in India's towns and cities but also in the affluent countries of the West. They make extensive use of modern means of communication and the mass media in order to keep in touch with devotees scattered across the globe. Most necessitate a high volume of traffic between India and the rest of the world. Foreign devotees through the *ashramas* of Indian *gurus* in the quest of spiritual enlightenment, and leading Indian gurus and/or their disciples go on tours abroad to spread their message of spirituality (Warrier, 2003: 31). I attempt here is to examine the claims of the global religious organisations of Indian origin to ensure well being of their devotees with particular emphasis on Mata Amritanandamayi Mission and some reference to Art of Living and the Patanjali Yogpeeth.

The Mata Amritanandamayi Mission is today a vast and rapidly expanding Hindu devotionalist organisation with its headquarters (and origins) in Kerala, in South India. It has branches and centres in towns and cities across India, as well as abroad in the US, UK, France, Italy, Germany, Spain, the Netherlands, Sweden, Finland, Singapore, Japan, Mauritius, the Reunion Islands and Australia. Following its inception in 1981, the Mission became prominent in the 1980s and 1990s, drawing hundreds of thousands of new devotees into its fold every year, both in India and abroad. Mata Amritanandamayi, popularly known as *Amma* or *Ammachi* (mother), was born in 1953 in a tiny fishing village called Parayakadavu (now renamed Amritapuri after her) in Kerala. It is believed that she attained mystic union, at the age of twenty-one, first with the Hindu deity *Krishna* and subsequently with *Devi*, the goddess, before going on to realise her identity with *Brahman*, the supreme cosmic spirit.

Founded in 1981 by Sri Sri Ravi Shankar, The Art of Living Foundation is a not-for-profit, educational and humanitarian NGO (Non-Governmental Organisation) engaged in stress-management and service initiatives. The organisation operates globally in 152 countries.

¹⁹ Guru means one who dispels darkness.

Patanjali Yogpeeth in Haridwar, Uttarakhand is one of the largest Yoga institutes in India. It is named after the Ancient *Yoga Guru Patañjali*. The institute is Baba Ramdev's flagship project & has been set up for treatment, research & development in Yoga and Ayurveda, as well as the manufacturing of ayurvedic medicines. It is also the home of the University of Patanjali.

These religious organisations are urban based organisations working among the disenchanted individuals, offering alternative ways of living while accepting the modern values with certain changes in lifestyle. They provide what we term as healing services, holistic living, and art of living or well being in this era of globalization through globality²⁰. It is interesting to note that these organisations proclaim to be secular, encouraging scientific temper and rational outlook, yet their philosophies are rooted in the traditional Hindu belief system.

Mata Amritanandamayi's self-definition is that of an avatar with a specific worldly mission, set in the context of 'modernity'. In the Mata's scheme of things, the modern world is a place of suffering. The Mata's self-professed mission is to alleviate humankind's suffering in modern times. Why is the modern world suffering? The Mata's answer to this question has two dimensions, deriving from traditional Hindu understandings of karma and rebirth, and a modern dimension, with a particular relevance to the contemporary world. The aim of the spiritual seeker is to burn up all previous karmic residues through rigorous austerities or sincere devotion to a guru or god. One must refrain from accumulating fresh karmic burden. Through this striving, the aspirant secures freedom from karmic bondage and attains *moksha*, or liberation, from the cycle of rebirth. Hindu devotees of the Mata believe that selfless devotion to the guru can lead to the burning up of karmic burden. Some go as far as to believe that the Mata's blessings and her embrace can instantly eliminate one's karmic residues carried over from past lives (Warrier, 2006: 181).

She identifies certain negative tendencies (*vasanas*) that she takes to be distinctive of modernity and that lead to the accumulation of karmic burden and to suffering. The first of these tendencies is 'consumerism'. Man's insatiable desire for material goods

²⁰ Globality refers to the value of increasingly becoming part of the global society in the sense that the notion of closed spaces has become illusory...nothing that happens on the planet is only a limited local event (Giddens, 1990).

in the modern world, the Mata argues, leads to karmic accumulation and leaves persons discontented. The solution, and one of the Mata's self-proclaimed goals as an avatar, is to awaken people 'spiritually' and to launch them on a quest for spiritual achievement. The spiritual quest is a journey away from the attraction of the external world and towards the realisation of one's 'inner wealth'. The realisation of this inner wealth, according to this guru, leads to everlasting happiness.

The second of the modern world's negative tendencies, that the Mata identifies, is its 'excessive preoccupation with the intellect and reason'. This attention to matters of the 'mind' as rather than of the 'heart' leaves the modern world cold, depleted of all emotion. An excessive preoccupation with the intellect leads to egotism and in turn results in sorrow and karmic accumulation. In such a world there is no room for faith, for love or for feelings. Science and technology, Mata argues, cannot alleviate suffering, but love and faith can. The second of her many goals as avatar is therefore to rekindle love and the emotions in modern hearts.

The third problem with modern society, according to Mata, is the 'individualism and egocentrism of modern individuals'. Self-centredness, she claims, make for an unhappy life, whereas true happiness lies in rendering selfless service to others. The Mata herself appears as the embodiment of selflessness, infinite compassion and love for all (*ibid*: 182).

Similarly The Art of Living programs are guided by Sri Sri's philosophy of peace: 'Unless we have a stress-free mind and a violence-free society, we cannot achieve world Peace.' The Art of Living has been engaged in promoting human values, fostering interfaith harmony, building communal unity, encouraging social responsibility and spearheading humanitarian causes.

The organisation has developed and designed special courses which teach effective and practical techniques for emotional and physical wellbeing. It has rekindled the traditions of yoga and meditation and offered its devotees in a form that is relevant to the 21st century to help individuals get rid of stress and experience inner peace. Beyond reviving ancient wisdom, Sri Sri Ravi Shankar has also created new techniques for personal and social transformation. These include the *Sudarshan Kriya* which has helped millions of people to find relief from stress and discover inner

reservoirs of energy and peace in daily life. His focus is always on fostering human values and building communal unity through his philosophy and ideal of a one world family (Gautier, 2007). One of the techniques followed by the Art of Living is 'LSD: Laugh, Sing and Dance, a dig at those who prefer the artificial joys of chemical drugs. A greater part of all the courses are devoted to fun: laughing sessions, dancing to music, entertainment techniques' (*ibid*: 107).

Likewise, the Patanjali Yogpeeth pledges to make a disease free world through a scientific approach to *Yoga* and *Ayurveda*. It aims to establish with a scientific approach, *Pran* as medicine for the treatment of all curable and incurable diseases by research on Pranayam / Yoga. It also wishes to propagate Pranayam as a "free" medicine for the treatment of diseases round the globe, through in-depth research in accordance with the parameters of modern medical science, so that the rich and poor may avail its benefits in order to attain sound health. Baba Ramdev envisions realisation of dream of healthy, strong, prosperous and advanced India, far from caste, creed, class, religion, region, corruption and violence through Yoga. Ramdev professes, 'Man is unhappy and distanced from peace because he has forgotten the ideals of well being amid the pull of material culture. Yoga is the best vehicle to discover and realize one's self, pure consciousness and internal brightness' (Raj, 2006).

The philosophical ideas of these organisations, assume that the modern world is a place of sorrow and suffering because of the imbalanced nature of the modern individual's engagement with the self and the world. Imbalances in lifestyles and attitudes are a damaging feature of 'modernity'. Modern individuals are excessively materialistic, rational and egocentric, to the detriment of spirituality, affectivity and compassion. This leads to the loss of well being among the modern urban individuals.

The Mata, while advocating a restoring of 'balances' in the modern world, does not attack the objective conditions of 'modernity' nor do the other two gurus. For them, science and technology, modern modes of production, and the spread of mass communication systems do not in themselves present a problem. What does is humanity's lopsided engagement with these advances. In a world dominated by rationality, materialism and ambition, people tend to lose sight of spirituality and

faith. They all, therefore, advocate the restoration of balance through peace, spirituality, *yoga* and *ayurveda*.

Modern Followers amongst Urban Middle Class

Talking about the middle class profile of the Indian followers, Warrier argues that not all individuals in India are equally well-endowed to sample the spiritual wares of diverse religious organisations or to travel freely across the high-profile spiritual landscape which *gurus* populate. Those at an advantage in this respect are mostly wealthy and educated urbanites. Several studies of high-profile religious organizations have noted the urban middle-class profile of their Indian followers (Babb, 1986; Fuller, 1992; Juergensmeyer, 1991; Kakar, 1982). They are mostly urbanites in white-collar employment, many in the newer and more prestigious occupations involving high-tech skills and comparatively high earnings. They include government officials, lawyers, doctors, teachers, college lecturers, journalists, managers in multinational corporations or in smaller private sector concerns, computer software personnel, engineers, and scientists. These individuals place a high premium on a good education, seeing it as a vital investment towards ensuring their economic mobility and their ability to access global opportunities. Educational qualifications, obtained preferably in the more prestigious schools and universities where English is the medium of communication, are, therefore, an important status marker for these persons. The same is true of their consumption patterns, with certain "positional goods" (Pinches 1999: 32) such as expensive cars, posh residences, mobile phones, clothes with designer labels, costly holiday packages, and recreational programs, separating the "elites" from the less advantaged. Many of these persons command transnational connections. There is a world of accelerated flows of capital, technology, and information across countries. Many travel abroad for educational, professional, or recreational purposes and have friends and family members living abroad. India's economic liberalization of the 1990s, which brought an influx of foreign consumer goods as well as access to foreign television through satellite transmission, exposed the country as never before to global economic and cultural influences.

The result is a composite package of consumption patterns among middle-class Indian urbanites. On the one hand, brand products such as Barbie dolls and Nike

sportswear, television soaps like Santa Barbara and NYPD Blue, and fast food centres like Pizza Hut and Burger King are all part of their everyday world and reflect their 'globalized' consumption standards. On the other hand, they keenly nurture local cultural sensibilities, frequenting 'ethnic' eating-places and chic Indian boutiques and viewing popular Indian language television serials and commercial films. The transnational links of these middle classes are reflected in the religious and spiritual organizations to which many attach themselves. Most such organizations command an international presence, and connect devotees worldwide not only through institutional networks but also through modern means of communication such as electronic mail and the internet. Through their participation in a range of high-profile spiritual activities and organizations ranging from Reiki classes to 'Art of Living' programs, these individuals derive the benefit of perceived spiritual growth and healing and keep up with their peers in matters not just of material but also spiritual wealth. 'Spirituality' comprises an important element in drawing room conversations in most urban middle-class households. Long, involved discussions on the latest spiritual wares available or animated comparisons between different gurus and between diverse meditation and healing techniques are all commonplace in the everyday interactions of these individuals. Scholars attempting to explain the particular appeal of modern gurus to India's urban educated middle classes often perceive a supposed gap in their lives that these persons apparently seek to fill by attaching themselves to a guru. This 'gap' is described in terms of their inability to cope with modern India's fast paced and rapidly changing urban environment, their lack of anchoring in a closely knit community, and their sense of losing touch with their Hindu religious traditions as has been discussed earlier in this chapter. While the resulting sense of 'rootlessness', 'alienation', and 'anomie', as these scholars describe it, may be true for some middle-class urbanites in contemporary India, it is certainly not a characteristic feature of them all (Warrier, 2003: 36-37).

It is the charisma of a guru, the promise of relief and reassurance that attracts these urbanites towards these organisations making them the modern followers. Attachment to a guru, surrender to his/ her divine agency, inextricably bound up with the hope that he or she will work miracles in their lives and ease personal suffering, avert situations of crises, and smooth out their life's journeys by offering them divine

protection. Most devotees believe that *spiritual well being* may lead to material rewards. The choice of the organisation among the modern urban followers is based on the choice of the guru. To quote from Warriar's essay, she elaborates the experience of choosing a guru by the devotees. "When you are spiritually ripe enough for the guru," devotees explained, "the guru will herself appear before you and take you in hand." Some devotees attribute one's recognition of one's guru to an intuitive knowledge that cannot readily be explained. "You can't describe it," he said. "It is only when she comes before you that you know she is right..." He asserted, this knowledge is based not on reason or logic but on such factors beyond the pale of reason as faith and instinct. Some devotees described this knowledge in terms of certain "vibrations" that one senses in the presence of the right guru. Others described it in terms of a matching of chemistries between guru and disciple. "Not every guru's chemistry matches with yours", they explained to me, "and you are lucky if you happen to find the one who resonates with your inner being and personality". This same 'intuitive' knowledge, according to devotees, enables one to discriminate between a genuine guru and a fake one. Followers see the evidence of their gurus' commitment to 'social service', their altruism and philanthropy, which constitutes for them an important basis for the guru's legitimacy and 'genuineness' (*ibid*: 40-41).

New Mantras for Well being

Vatuk (1972: 149) in her study on Kinship and Urbanisation in north India has emphasised on the role of *mohalla* or neighbourhood which are not just geographically located but also in certain context are egocentrically defined space. A *mohalla* may be commonly referred to as a moral community, a group agreed as to right and wrong. Here in the study she refers to the occasions which provide formal associations of members amidst planned socio- religious gatherings. Of these comprise devotional singing, hymn singing or *kirtan* or *bhajan sandhyas* where women of the *mohalla* gather together and sing devotional songs. Reading of Ramayana and Bhagvat also provide similar occasions (*ibid*: 178). These social gatherings ensure not only collectivity but also rootedness to the Hindu tradition. These were modes of ensuring well being through participation among the people of the *mohalla*.

With the advent of modernity these traditional ways of ensuring well being, both for collective and individual have undergone a transformation. The new mantras for ensuring well being are rooted in the membership of the global religious organisations lead by the gurus. The traditional ways of collective participation have been replaced by the paid, saleable membership of these organisations which claim to foster well being and to teach one the art of living in the modern times.

As Warriar (2006: 187) points out that the Mata prescribes a limited number of simple and systematic practices for the well being and spiritual growth of her devotees. In her ritual prescriptions she emphasises the practitioner's emotional attitude to these observances rather than the details of them. She encourages her devotees to perform the rituals and other practices in an attitude of complete surrender, profound love for the deity (usually *Krishna*), and extreme humility. She urges them to achieve an emotional state of helplessness, where they cry out for the deity in utter longing and despair, and plaintively seek divine help to see them through the travails of this life. Devotees usually play up this emotional aspect of the ritual. They shed copious tears. They beseech the deity for release from their worldly burden. Crying allegedly awakens the emotional sensibilities lying dormant within each individual and thus works to revive the domain of the heart and of faith. Part of the Mata's self-proclaimed mission is to reinfuse the world with love and to counter the 'dryness' of modern minds. Weeping is believed to dissolve egotism, eliminate *vasanas* and prevent the further accumulation of karmic burden. *Seva* is considered particularly effective as a counter to the selfishness, egotism and acquisitiveness of modern consumerism. The devotees of Mata offer *seva* in the form of taking care of patients in charitable hospitals run by the organisation, in looking into the accounts, in disbursing the material for the mission in form of pamphlets etc. These little gestures of *seva* ensure the well being of the devotees and they feel more connected to the Mata.

In the organisation, many devotees who have till now been defined in terms of consumption patterns, educational background and career achievements, found revelating about the Mata's spirituality is that 'even though she defines the spiritual journey as leading away from the material world, she neither openly challenges their lifestyles nor demands drastic alterations in their habits and dispositions. Instead, as a

guru whose mission is to lessen worldly suffering by effecting a spiritual transformation in her devotees, she absolves them of all responsibility in this regard. When devotees notice the desired changes taking place in their personalities and lifestyles, they know that their guru attachment is proving to be effective' (*ibid*).

The concern of the religious gurus with the health of their devotees especially the office goers or the working professionals has assumed importance. Achieving good health through *yoga* to combat ailments has been revived. "*Yoga bhavata dukkha*" or Yoga can free individual from all internal and external pains has been proclaimed by the Patanjali Yogpeeth. They argue that the principles of *yoga* believe that the psychosomatic disorders stem from the inability to control the mind and the way to do that was the practice of *yoga* which can lead to transformation of the mind. They further emphasise that the benefits of breathing (*Pranayam*), yogic postures (*Asanas*) and meditation (*Dhyana*) increase the coordination between the mind and the body which will result in holistic well being (Raj, 2010). Energising a collective way of life is one of the most productive elements of Ramdev's doctrine. According to the seer, reaching a state of Yoga consciousness is not enough, it is necessary to direct it towards energising collective consciousness. He propounds that yoga is not for one's own salvation only, but for others salvation as well. He believes that it facilitates leading a collective and not an individual way of life. It is internal consciousness, which transforms us internally and externally. Its realisation with focussed energy and sense of compassion towards all living beings is the key to one's happiness. But mere compassion is not sufficient. It is through the contemplation and manifestation of compassion in real action that we live a fruitful life (*ibid*: 102).

Meera Nanda (2010) in her work brings out how Swami Ramdev, India's most popular tele-yogi, calls for a "spiritually-awakened-and-manifested socialism" in India. She has argued that Ramdev's brand of Divya yoga and Ayurveda combines a potent anti-globalization, anti-superstition agenda with triumphalist notions of Hindu superiority over the "materialist West". Ramdev deploys yoga and Ayurveda as tools for "national reconstruction" along spiritual-socialist lines. The extensive corpus of Ramdev's discourses on television, booklets and other media, his popular yoga camps reflect on Swami's use of the authority of modern science to legitimize his own

teachings, while condemning mainstream medicine and other applications of modern science.

Ramdev's doctrine is a powerful rendering on spiritually, emancipated man living in complete happiness and bliss, dedicating his new found enlightenment in the service of society, obtaining contentment through the service of others and happiness and complete satisfaction through devotion (Raj, 2010: 178).

Bhattacharya (2010) in her research work has established a relationship between alienation, yoga and the religious discourse as practiced and preached by these charismatic *gurus*. She has argued that *yoga* has become a panacea in contemporary urban India. It is the new mantra for well being.

To explain the concept of well being, Sointu (2006) says that health has come to imply a sense of personal fulfilment and contentment rather than just a body that functions well and that is what is being well. Importantly, it is not just the person but their soul what assesses what counts as a meaningful and healthy life. The person specific 'inner peace' and 'harmony' emphasised in complementary health practices relates to a more complex understanding about the self. Robinson (2001), Urban (2003) and Warriar (2006) all point to a definite connection between the global middle class alienation and the popularity of these new religious organisations. This further strengthens my point that the discourses on yoga and the ways to cope with one's lives (Art of Living), rooted in the Indian-ness through these religious organisations, offer individuals alternatives to fall back on during crisis and to seek for ground to ensure well being of the individual.

Ravi Shankar, suave, English speaking, anti dogmatic new age 'management guru' (Gautier, 2007: 117) does not see anything wrong in the importance of western materialism and use of technology in our lives. His idea of harmonious life is outlined by the constant use of the term 'art of living' and his constant emphasis on the notion of well being. The imparting of certain soft skills, music, *satsang*, meditation and *yoga* are the ways through which one may achieve well being and learn the art of living a more purposeful life.

It is indeed worth noticing that while Indians are following the western global lifestyles they are also seeking indigenous therapies of yoga and ayurveda (as discussed in the first chapter) not only to root themselves in the tradition but also to ensure holistic well being, something that biomedicine can never promise to deliver. These indigenous offerings are not new to Indian society as these organisations may sometimes claim but are grounded in the traditions of the past. It is only a kind of revival of these embracing them under the umbrella term well being. It is what Kavita Sivaramakrishnan (2006) would call ‘old potions, new bottles’.

Development of New Selfhood and Faith

In striving to realise salvation, in their everyday lives the followers revert to the language of experience. Every event or development in their lives, however insignificant, comes to be seen as the result of the guru’s divine agency and thus as a miraculous ‘experience’ of divine powers. Warriar (2006: 187) describes the devotees’ ‘miraculous experiences’ which include such mundane incidents as getting train reservations during rush season or discovering a petrol station close at hand after being stranded with an empty tank in an unfamiliar part of the city. She suggests that it appears from devotees’ narratives that there is no room for ‘luck’ in their lives. Nor is there any scope for personal agency. Every fortuitous event comes to be interpreted as a miracle worked by the guru and as a sign of her grace. Equally, every little mishap or setback they suffer comes to be seen as an instance of the Mata’s testing the tenacity of their faith.

Devotees’ miracle experiences extend also to perceived changes in their personality, changes that are interpreted as signs that they are acquiring the ‘balance’ necessary to negotiate modernity in optimal ways. The spiritual change that the Mata effects in them, devotees claim, is not sudden and dramatic but follows a slow and steady course. The changes are effected ‘subtly’, and devotees subject themselves to close scrutiny to see where and how they might have changed. There are certain crucial indices by which devotees measure their own and others’ spiritual progress. The most important of these, predictably, is a growing disenchantment with consumerism. Devotees are always keen to detect in themselves a move away from a consumerist lifestyle for example, a growing lack of interest in new fashions and brand models. Other perceived changes include increased levels of patience and a gradual of cooling

of otherwise volatile tempers; a greater sense of compassion for others; indifference, to TV soaps and dramas; a shift away from the consumption of non-vegetarian food, alcohol and cigarettes; and a tempering of career ambitions, professional rivalries and competition. Devotees attribute these shifts not to any conscious decision-making on their part but to miraculous processes of change that unfold once they begin to feel the Mata's influence in their lives (*ibid*).

The followers demonstrate the ideal that faith, love and selflessness can have a crucial presence even in the modern world. By following the example set by the Mata, they are expected to develop into 'spiritually mature' individuals, capable of negotiating the objective conditions of modernity in a 'balanced' way (*ibid*: 188).

For most lay followers and ascetic disciples it is an emotional upheaval when they first experience the Mata's embrace, gets transformed, they claim, 'into a state of peace' as they undergo gradual spiritual transformation. One devotee, describing the sense of peace and equanimity he had attained after entering the Mata's fold, said, 'Now I am just like a calm river flowing into the ocean'. Another devotee used a particularly evocative analogy, one that reflected his keen product awareness as a modern consumer, to describe the transformation he had undergone after entering the Mata's fold. He described himself as having 'learnt to absorb things' much like a good motorcar on rough roads:

A good vehicle, you know, is one that does not bounce too much when it is travelling on the road. That is why there is so much difference between an Ambassador car and a Mercedes Benz. You can easily drink a cup of coffee in a Benz but you can't do that in an Ambassador. The Benz's absorbing capacity is much better. In a similar way, with Amma's love guiding you along life's difficult and rough patches, your journey becomes cushioned and you are able to absorb all things (*ibid*).

The emergence of a new selfhood, to quote Baba Ramdev, is 'to become free from sorrow and the causes of sorrow such as disease, fear, sadness, birth and death in salvation. That with which man crosses the ocean of sorrow is called pilgrimage. You will not die, fear not. He who does not fear does not die. Thus just as a sculptor makes stone idols, we too sculpt our own destinies' (Raj, 2010: 98). He further states, 'An individual's personality and stature is as big as the universe, but along with that it

should also be like cold water, huge like sky, tolerant like the earth and speedy like the wind. A man faces different types of obstacles, challenges, defeat, defame in his life, which should be face with tolerance, courage, bravery and valour. Lust kills the love within us. Therefore, a person should avoid it and practice pure love. Love, service, respect, dedication, equality, politeness, duty, respect and faith are the basis of happiness. Passion, ignorance, desires, unhappiness and other negative thoughts are removed and the soul gets the ultimate happiness, brightness and a peaceful abode'. For him, any person can achieve emancipation if he makes use of his inner valour and the conviction to seek the truth. He urges the followers to have faith in their own intellect and understanding, and become self-dependant seekers autonomous in the domain of reason and reality and completely qualified with a vision that has been built on the evidence and experience of yoga (*ibid*: 99).

The devotees or followers of these gurus routinely engage with a world of science and rationality which they see as an indispensable part of their lives. They represent what Lawrence Babb describes as a 'living an extremely influential subculture' of urban India in which the scientific outlook is 'well understood and held in high esteem' (Babb, 1986: 177). This outlook challenges the religious ease with which these individuals might assert their faith in the guru's supernatural powers. Their belief in divine omnipotence requires 'a leap across incredulity' that is burdensome though desirable for most devotees, and demands of them a justification for their faith (*ibid*).

Scholars of Indian society have in the past puzzled over the ease with which modern professional Indians shift between apparently antithetical modes of thinking: scientific rationality and faith in the supernatural. Some see this shifting as the peculiarly Indian way of accommodating cultural borrowings from the 'West' within the traditional system. Milton Singer, for instance, observes how, when Indians learn modern science, business or technology, these new ways of thought and behaviour live alongside older 'religious' ways – this, for him, represents what he calls 'compartmentalisation' by Indians of their different interests (Singer, 1972: 320).

In contrast to the ideas of Singer, the Mata and her devotees see the relationship between scientific rationality and faith not as a 'compartmentalization' of mutually exclusive opposites but as a 'balancing' of complementary categories in a comprehensive whole. Stanley Tambiah's discussion of the 'multiple orderings of

reality' provides some illuminating insights into this perception of complementarities between apparently conflicting realms (Tambiah, 1990). Tambiah uses the categories of 'participation' and 'causality' to explain his theory. These categories correspond closely to the Mata's categories of 'faith' and 'rationality' Tambiah stresses the complementarities of cognitive and affective interests, both of which are simultaneously available to human beings as modes of ordering the world. In this sense, he concludes, 'we are [wo]men for all seasons, and engage in many ways of world making. And although societies and cultures do differ in the variety of discourses they permit and encourage, certainly no society hitherto known is an impoverished practitioner of only a single orientation' (Tambiah, 1990: 108-109).

The Mata and her followers are what we, following Tambiah, may refer to as 'pluralists'. The pluralist, Tambiah points out, far from being anti-scientific, accepts the sciences at full value. The real opponent of the Mata and her followers is not scientific rationality itself but rather the modernist outlook that sees scientific rationality as the only legitimate way of perceiving and ordering the world.

Warrier elucidates that the pluralistic view was demonstrated by a long-time devotee of the Mata who described himself as a senior scientist at the Bhabha Atomic Research Centre in Mumbai (Bombay). He explained how the perception of a conflict between the scientific approach and the attitude of faith is 'the biggest myth'. 'Without faith, he said, nothing works, not even science.' Every act in our daily lives, he insisted, is an act of faith:

When you embark on a flight, you don't go to the pilot's cabin and ask to see his licence. How do you know he is a qualified pilot? You simply take your seat in the aircraft without worrying about the pilot's credentials. Is that not an act of faith, your faith in the pilot and his abilities? And when you lie down on an operation table, what does that show? That you have placed your faith in the surgeon who is about to operate upon you... Nothing proceeds without faith, and that goes for science as well. Science is nothing but the pursuit of truth. Without faith, we can't pursue the truth. A scientist must have faith in himself, in his approach, his method (Warrier, 2006: 190).

Talking about faith, Sri Sri suggests that 'faith is your wealth'. 'Faith gives you strength instantly. It is faith alone that can bring you stability, centeredness, calmness and love. Faith is your blessing. If you lack faith, you will have to pray for it. But to

pray, you need faith. This is a paradox... All the faith is connected. Once you begin to doubt, you doubt everything. Faith makes you full – faithful’ (Gautier, 2007: 219-220).’

The above discussion on the development of new selfhood and faith leads me to argue that these organisations have infused within its followers a new kind of philosophy of life. This has led to a belief among them that they are doing things, leading their lives in a more secular and modern way. They presume that they are not being bounded by religion and exercise a personal agency which enables them to be rational and spiritual at the same time. This new kind of ‘self’ is seeking stability and ground which these religious organisations offer to them. These have replaced the role of kinship networks and ties which earlier provided the rootedness to the individuals. They prescribe the cultivation of spirituality, emotionalism and faith which are essential for sustaining the well being of the individual. They have propounded the idea of the holistic living for its followers, usually the new urban middle class.

This chapter, analyses conceptualisations of well being and suggests that ideas of well being capture and reproduce important social norms through social relationships. This section has explored the increasing popularity of the idea of well being through experiences of individual agency and responsibility.

I have also explored the ideology preached by the global religious organisations of Indian origin having tried to locate the argument in modernity as these organisations address themselves while also keeping themselves rooted in the Indian tradition. Through this rootedness they claim, there exists a panacea for all the modern day problems of health, alienation and imbalances of modernity and lifestyle disorders. They make the ideology of well being marketable and are able to amass followers not only within India but also globally thereby pursuing a ‘business of wellness’.

So this chapter has explored the trajectory from ethnographic accounts completely anchored in social relationships to accounts and philosophical ideas of these organisations rooted in the individual one to one approach. It has resulted in the formation of new sociality, through these organisations, as the modern individual is breaking away from the larger institutions of family, village and community. This alienation from one’s roots results in the search for locating new grounds and new forces to anchor one’s life in. People construe their well being through these

organisations and within the folds of it. It gives their life more purpose and meaning. Well being thus comes to be recognised as locating oneself in sociality which may have new connotations.

Chapter – 5

Conclusion

This work has aimed at bringing together ideas on well being giving them a structure by using frameworks from various disciplines. It began by trying to locate the concept of well being within the anthropological and sociological literature, trying to place it as an area of interest and research using the indological sources. It was cumbersome to place the concept of well being within sociology because of the dearth of secondary literature available on well being *per se* in the Indian context. As the work proceeded and took its present form I realised that the sociologists and anthropologists have written and spoken about the people through their ethnographies without really using the term well being. I also realised that well being was a common area of research for the psychologists as well as the development professionals and not so much ventured into by the sociologists in India. I tried to rest my arguments on the rich indological vocabulary that forms a part of the sociological literature in India. It was also necessary due to the lack of proper equivalents for the Indian terms in western literature.

This is a modest attempt to lay ground for discussion on well being through people's perspectives by exploring what they consider as 'well', 'good' and 'meaningful' for the sustenance and maintenance of a purposeful life. Since health has been placed as the axis of the study, it has delineated health not merely as being bereft of physical ailments but rather cultivation of spiritual health and observance of healthy social relationships which all become part of well being paradigm. Attempt has been made to explore how maintenance of well being becomes a strategic way of life for the smooth running of the social order in the 'upper caste' Hindus of north India.

The textual views on Ayurveda have been explored throughout the dissertation. It has presented well being within the purview of *swastha* or health as a way of life and not just a medical system. Not juxtaposing binaries amongst the systems of health, biomedicine and folk systems, present in the society, utilisation of the various systems as part and parcel of everyday living of the Hindus has been explored. Ayurvedic methods stand at the fore due to their wide spread popularity and rootedness as a dominant system amongst the Hindus.

The question of caste comes through the discussion on 'upper caste' Hindus. For the maintenance of their lifestyle, the services of the 'lower castes' are shown to be of utmost requirement as presented in the case of the well being in Pahansu village. This system of caste unravels the engagement of the 'lower castes' to sustain the well being of the 'upper castes'. The *vaid*s also utilise the services of the 'lower caste' women in the collection of the herbs, grinding, making paste and so on. Even the *dais* (midwives) were usually women from the 'lower castes'.

Initially the practice of Ayurveda was restricted to the Brahmins and 'upper castes' or 'twice born' only. It was considered impurity for a Brahmin to even touch a 'lower caste'. But down south, the Kerala *vaid*s, the *ashtavaidyans*, denied this tradition and practiced *salya tantra* (surgery techniques) on people from all castes. Thus *ashtavaidyans* got their place in their community lowered. Other Brahmins that did *pujas* at temples did not recognize practitioners of *vaidya* (*vaidyans*). Thus, marital alliances between Brahmins practicing *vaidya* and Brahmins that remained pure from touching people of 'lower castes' ceased. Ayurveda was a special kind of knowledge and this was certainly denied to the 'lower caste' people.

For the continuance of well being within the society, moral causal explanation of suffering is notable for its references to transgressions of obligation, omissions of duty, and ethical failures of all kinds. The basic idea behind this moralistic approach to medicine is that suffering is the result of one's own actions and intentions, that outcomes and a loss of moral character is a prelude to misfortune and disaster. Nowhere this has been explained this in opposition to biomedicine but have maintained that such a moralistic explanation co-exists along with the use of biomedicine. Such an idea is extremely necessary when defining well being and health in context of the Hindu society where the biomedical explanations are not always practiced in their 'pure' form. The sufferer seeks for moral as well as interpersonal explanations for suffering and misfortunes.

In the Indian context, healing becomes a process of self discovery, a discovery towards the meaning and purpose of life. Ayurveda paradigm, posits illness as a result of emotional, mental and spiritual crisis, which causes the body to reflect on these deeper struggles of a person's inner life. This Ayurvedic reasoning has influenced all

the subsequent major Indian medical systems. The notion of well being has to be viewed through the lens of community belongingness and ill health is only a manifestation of any alienation so experienced.

It exists in the south Asian discourse that well being of persons who live and work together or share other life projects is interdependent. For the Hindus too, the village community, caste membership as well as family home is considered a space guarded by family and village deities and is the dwelling space of ancestors and spirits. There is an inescapable circularity between the order of the body and the social order. Social experience is most conspicuously elaborated and communicated through the body. Healing in the Hindu context thus pertains not only to the bodily healing but is also about bettering the social as well as psychological state of the person or sufferer. That is to say that it is not only the body that needs to be healed rather the entire paraphernalia encompassed in the 'social' ties of the person that need to be addressed.

In highlighting the cultural domain of health and well being, the simple principle of 'take care of one's own' has far reaching consequences when taken seriously as an ethical obligation. This has a direct bearing upon the many social and psychological problems of the 'postmodern' age, including community health problems such as isolation and alienation, problems of the young and elderly without family members to take care of them in times of ill health, the problems arising from the national health insurance question and related issues of what employers owe to their employees in the way of health benefits and health protective working conditions. These are new emerging problems that have potential for future research.

The communities of ascription have been replaced by a new middle class in the modern times. Modernity and globalisation have succeeded in uprooting the idea of collective, close kinship networks, friendships, and neighbourhood ties from the social fabric. In the absence of such networks there is continuous need for developing new networks and sociality which may substitute the kinship ties and the idea of collective. This has led to seeking membership of the global religious organisations led by the gurus. New kinds of communities based on associational activities are coming up. The traditional ways of collective participation have been replaced by the

paid, saleable membership of these organisations which claim to foster well being and teach one the art of living in modern times.

It needs mention that these organisations have brought in a new trend of what I call 'living with abandon' following the hedonistic philosophy. 'Restraint' was an 'upper caste' value but no more as these organisations preach abandonment, letting oneself loose, setting the spirit free through dance and music, through *satsangs* followed by rock bands. Does music, dance and abandonment prove to be therapeutic? This still needs to be researched.

The idea of being secular and unchained has engulfed the minds of the people. The 'upper caste' sedentary lifestyle seems to have been replaced by the shift in the nature of work with the coming up of white collar professions and emergence of the middle class. The new global religious organisations uphold *Yoga* as an antidote to all these malfunctioning, of body (lifestyle disorder) as well as society and social relationships. Ayurveda, as a lifestyle approach was basically an 'upper caste' elitist approach. But these organisations have brought Ayurveda to the masses. *Yoga* and ayurveda have been repackaged from the West and have been rediscovered in India as a panacea to the ills of modernity.

This should not lead into believing that I have argued in favour of the global religious organisations. I have only elaborated how these organisations work and offer packaged solutions to happiness and well being in the present scenario. They work like entrepreneurial groups offering solutions within traditional boundaries, something that attracts the middle class clientele, rootedness to their culture where they have grown up. These organisations project a secular and rational ideology allowing space for scientific temper. But it still remains far alluding secondary literature, whether these organisations really provide that space or is it only a fad of the modern times. This question opens a new dimension that may be taken up for research.

Another new movement that has much scope for research is that of emerging market trends such as Ayurvedic tourism and the sale of proprietary Ayurvedic medications worldwide. Ayurveda and Yoga were reinvented for global audiences not just as a transnational medical system but as a transnational cultural form or 'ideoscape', an ethno medical cure for disease as well as modernity, healing the West not just through medical efficacy but through cultural differences. There is a considerable role that is

played not by the market but by the state in the production of Ayurvedic heritage. There is prominence of Ayurvedic knowledge in national and global heritage schemes reflecting historical shifts in postcolonial revivalist strategies among healers within India. Professionalizing Ayurvedic advocates have moved from nationalist preoccupations with therapeutic practice to now waging global contests over knowledge itself, which is the pharmacopeia, texts, the source, origins, taxonomy, and epistemology. The traditional medical knowledge has enormous global reach in the commercial health arena, with its therapeutic potential for natural drug manufacturing industries. These issues raise completely different and new questions offering immense potential for research. I can say that in the Indian context, tradition and modernity have coexisted. Modernity has always been reinvented according to the need of the times.

The quest for well being encompasses the concern with morality and health, what it means to be good, to live a good life and to organize social processes and institutions that facilitate or inhibit the virtue of well-being. Happiness forms a central part of discussions on morality and human flourishing. In diverse contexts, it is conceived, valued, pursued, and deployed in moral discourse and in the evaluation of experience, action and identity.

Rather than seeing personal goals belonging simply to individuals the approach has been to see them as belonging to the normative frameworks and ideologies, understanding of the sacred, the moral order, and what it means to live a meaningful life within these parameters. Sometimes these take an extremely explicit religious or political form as they are part of the collective unconsciousness, the cultural hegemony in which societies are grounded. I wish to add that the question on Hindutva may form another dimension of this discourse which has been avoided as is beyond the scope of this work

This is not to claim this study to be a conclusive study on well being rather it has aimed at problematising well being from a sociological perspective. I would submit my study as only a humble beginning and engagement with well being and related ideas which are firmly rooted within the culture.

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