

Constructing a Hindu Healing Practice: The Case of a Kali-possessed Woman

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Introduction

In Kathmandu lives a woman who belongs to the Parbatya group, those who class themselves as twice-born. She is married and has four children. On Tuesdays and Saturdays the woman generally attends to her profession - treating the sick. People say of her that at that time the great goddess Kali enters her. When referring to this woman as a professional, most of those concerned do not use any diagnostic occupational term like *shamin (dhami)* as they do for another category of healer, but simply as "Devi", or just "Kali". This paper focuses on that woman's healing practice.

As far as I know there has been no account of this kind of healing practice in the ethnographic literature of the Parbatya. Hence one purpose will be served by offering such a description. There are also additional concerns bearing on the wider literature on the topic of healing.

In the literature on the practices of shamins, Tantrics, divinely possessed practitioners and others of cognate ilk, one question appears and reappears - it is the matter of the healer's efficacy. While addressing this issue has led to some interesting speculations, I'm not certain that these are more than speculations.

Let's turn to Levi-Strauss's account (1963) which constitutes one seminal approach from which some subsequent writers take reference, modify bits and

expand others. Focusing on shamanist procedures he depicts the curative efficacy as deriving from emotional responses and identifies these as comparable to the techniques of psycho-analysis. In Levi-Strauss's view it is the important process of the patients "abreaction" to the myths elaborated by the healer and which parallel patient's problems that constitutes the therapeutic moment. Yet, as Atkinson (1987) details, this kind of explanation, if it is tenable, has limited applicability. It could not account for occasions of healing where the patient is absent or asleep. Nor could it account for instances of healing where such symbolic sequences are absent in the particular proceedings.

With a shift in focus from mythic/psychic content to ritual practice, other interpretations have been proffered. But here again the question of cure also figures, though the paradigm for analysing the traditional mode for treating the sick is now presented as 'theatre' while the psychic process is rendered as being realized through emotional discharge, catharsis, (Atkinson)¹ Taking Atkinson's (1987) discussion by way of illustration, she suggests that the therapeutic potential involves the entire community and within that the patients. So cure is presented as being achieved by "subtle and indirect" means (1987: 342, 353). In short, the shaman's therapeutic effect is still of concern except that in this rendition it is located with a grouping beyond the sick but presumably including the sick and is achieved not where one might expect but through "subtle and indirect" means which provoke "catharsis". Therefore as I read Atkinson's article, it is not denying the potential for cure but seeks to identify the precise shamanistic procedure by which it is effected. And if so underlying the argument is the assumption that healing pertains somewhere in these so called "healing rituals".

Levi-Strauss's influence, as is well known, goes beyond the confines of the anthropological discipline and has also been utilized by psycho-analysts like Kakar (1982:111-16). Although Kakar expands and modifies Levi Strauss's suggestions and attempts to indicate how the indigenous "talking cure" is efficacious, specifically by attending to "the individual elements of the patients sickness" (ibid:115),

¹Atkinson elaborates further suggesting that catharsis provoked by the Shamans performance also applies to "some members of the audience". It is to be understood as "part of a multifaceted appeal" and not as a primary end (1987:353). It is an important point since the practitioners apparently do not set out to provide a cathartic type cure.

he too does not deny that cure of the ailment is effected through shamanistic techniques likening them to those of psycho-analysis.

If one had to give a brief statement of the general thesis, it could be formulated in this way: a cure for sickness is possible through employing such traditional modes: and is effected by the specialist's operating on the sufferer's emotional and psychic states.

What is of significance for our purposes are the two underlying assumptions in this approach. Firstly there is the presumption that body ailments are curable by the techniques deployed (whether directly or indirectly) in the traditional mode, that it is the specialist's actual procedure that leads to the sufferer's recovery and that the cure when it does occur is realized through measures working on the psyche.

However one must ask what is the evidence for claiming that the indigenous modes of treating the sick are actually efficacious, that these procedures do make such bodies well. All that is known with any certainty is that some "patients" recover after the specialist's treatment and some don't. But this is hardly evidence that recovery, when it occurs, was actually due to the specialist's treatment. Nor is the fact that some sufferers recover (even though some do not) evidence for the mode's curative potential since other factors may have been involved in the recovery. One cannot be certain that success actually resulted from the shaman's mythic excursion into the patient's psychic states or from procedures generating "catharsis". Such recoveries from illness might or might not have been due to what we in the west regard as the self-recuperating properties of the body or as the authors say due to transformations on the psyche.² Or something like diet. Or anything else that as yet hasn't been proposed. We just don't know.

²That notion moreover, at least to my mind, is difficult since the problem is recast as the answer: what exactly is involved in the body's power to heal itself and is supposedly anchored in the "immune system"?

The question of exactly how an ailing body recuperates seems to remain a mystery, even though subject to much theoretical speculation. What we do know is that western medical theories are constantly changing. Previously it was the nervous system that "was the fashionable area in medical circles", "much as the immune system is now" (Croft 1988:40). Therefore "knowledge", in this sense is "extremely plastic" (ibid:54) (Also see Foucault 1972:3-17; 1977:142).

Yet it is this matter of curative efficacy that persists in being of central concern in the investigations of the traditional modes of treating the sick and with this the propensity to claim that such procedures entail the specialist's working on the psyche in some way or other. But if we cannot be sure that recovery has resulted from undergoing such treatment, then to my mind, this kind of interpretation amounts to speculation. Therefore it seems sensible to leave the vexing question of curative efficacy aside.

Therefore I would also endorse Kapferer's assessment of how to approach these so-called healing rituals. His insistence that it is imperative that one focuses on the *indigenous* perceptions of the procedure considering "the methods whereby rites achieve their project(s)" (see postscript in 1984 reprint: 192)

It is important to be clear about what is involved in addressing this issue. There are at least three possibilities. As far as the analyst goes, there is a concern to identify:

- (a) the means by which the indigenous people can come to feel, sense, experience, believe that cures have been effected i.e. what has prompted them to *feel* cured?
- (b) the means by which the indigenous, people do in fact get cured?
- (c) or to identify what the indigenous people *think* are the means whereby the sick are cured.

Atkinson (1987: 353) seems to be interpreting Kapferer's objective in terms of the second proposition (b). And at the same time she also recognises that the indigenous conception about healing measures are different, pointing out that the people she is concerned with in her study have "cultural notions" about the source of efficacy - that it lies in "the shamin's secret knowledge and personal association with spirit familiars" (ibid: 344) (proposition type c).

Obviously propositions (a) and c) are different. Let us consider another example of (c), the exorcist's explanation which posits that it is the cosmic utterance which cools the demon. In this kind of statement the practitioner is attributing to cosmic utterances a capacity to affect demonic beings. It belongs to the order of what for want of a better term used to be called magic and now would be referred to as cultural construction about efficacy.

But if one were to elaborate on the statement and argue that certain types of cosmic utterances have cathartic properties, in the Aristotelean sense, through releasing pent-up emotions and hence generate a sense of relief so that as a result the afflicted person may come to feel that recovery has occurred (irrespective of whether it has occurred or not) one would be looking at a different problem again. Here the researcher is addressing the problem of isolating the measures by which the sick do come to feel, believe that they have been cured, where the researcher's answer locates the sensing of recovery as emotional spillage from the cathartic process (type a).

This would differ from the proposition of the (b) type though related to it. In the latter case (b) the cure is depicted as having occurred. Cure is explained by reference to techniques invoking aesthetic responses and provoking the cathartic release of tension. Atkinson however argues that in her study when this occurred the cathartic healing was more an unintended consequence of the procedure. As noted before she says that the cathartic release, the "therapeutic effectiveness" was indirect, applicable to others present and not the "primary objective" of the proceedings (ibid 352-3). Therefore her investigation here appears to be addressing a sub-category of the proposition (b). In this case it is an identification of the means by which "a drama leaves the observers immune to their own pain", where observers would also include the patients (ibid: 352).

If I have understood her argument she is suggesting that the treatment of the afflicted can be efficacious through the procedures which indirectly work on the patient's emotions. While I am not necessarily querying Atkinson's formulations about the emotional effects arising from these procedures I'm not sure that such release of tension does actually heal the sicknesses in question, if that is Atkinson's analytic objective.

What I think can be said is that the procedures can promote a feeling in the patient of well-being, an experiencing of the removal of the ailment. But if a sensing of recovery is different from the body's recovery, and if the cause of a sensing of recovery is different from the cause of the body's recovery, then one cannot unequivocally attribute to the shamanistic method, the power to heal the body's ailments. Though of course one may explore the proceedings, unpack the various components of the treatment and attempt to identify the complexities involved as well as their repercussions, tasks which Atkinson handles with impres-

sive perceptiveness. As for the matter of identifying the means of cure, this is as I said before a difficult, if not impossible, endeavour that will not be addressed in this paper.

If we start with certain givens, we can say that In Kathmandu there is a type of professional who in handling the sick offers a specific set of actual procedures, presents them as components of an authentic therapeutic practice. Such procedures would constitute the makings of a healing practice³ My concern then is to investigate what's involved in the construction of a healer's practice (also see Kapferer 1984:195).

While the making of a healing reality is I think relevant let me make it clear that I am not suggesting that this is merely applicable to the Hindu modes. Though one might be tempted to toy with the possibility that it is to be understood as a

³Dougherty records comparable features of the procedural format in her study of the treatment offered by a Newari "woman-healer" (1986). Her major concern is to delineate the indigenous perspective.

What to my mind mars her account is a reluctance to problematize healing, handling it as if in every case of treatment the professional "healer" is successful. Dougherty does not bother to distinguish between the motions of doing a healing treatment as against the effecting of an actual cure (ibid:33), but rather, writes as if every treatment performed is successful, resulting in recovery (e.g. removing alcoholism). In so doing Dougherty blurs the complexity of the people's actual experiences. These need not be one of a piece.

The second but cognate difficulty lies with Dougherty's reluctance to recognise the possibility that the indigenous view of "possession" need not be uniform, that the "emic" universe may hold a number of disparate orientations. When Dougherty insists that belief, faith, inner-conviction are all irrelevant she is ignoring this possibility. What Dougherty is specifically concerned to argue is that people think they get cured because they follow the instructions, worship and submit to the goddess manifested in the "woman-healer" (ibid:26-27). But while this might well apply to some Nepalis, it doesn't hold for all of them. It seems that therefore closure on the possibility of variability in approach and of the relevance of "belief, etc." arise because some people are definitely not convinced that women who claim to be possessed are actually possessed by the goddess, as Dougherty herself records in another part of her discussion (ibid:25). If that is so belief would also be relevant for the patients' orientation, entering not at their understanding of the reasons for recovery but at their understanding of the nature of the "woman-healer" (as a real manifestation of Devi).

contrast to the western type of treating the sick, a matter of "secular" versus "religious", where one invariably employs "empirical" methods and the "imaginary", nevertheless to adopt such a position would be biased, foreclosing a consideration of what indeed are the many uncertainties, the unknowns, the hypotheticals of western medicine. What exactly has happened inside or on the surfaces of the body in a sense remain invisible and ultimately mysterious. But it is because of these unseens that we find healing rites (as well as other kinds of rituals), and not say the construction of water pots as worthy of analytic attention⁴ Be that as it may, what is of relevance to the healing issue is I think the importance of recognising that within each context (western medical or customary Hindu) certain professional claims are made. Generally it is specified that it is the professional's particular treatment which is responsible for the sick person's subsequent recovery, in cases where it did occur. If in each kind of milieu (western and traditional) the events entailed in treating the sick can be analytically understood as a construction of a particular kind of reality (an authentic practice where it is projected that healing is possible) then in either context it would be necessary to delineate how this "reality of a healing treatment" is unfolded. And given that the reality contains claims about the professionals' capability to render transformations on the body (healing it) then it is the matter of how this reality is constructed which poses at least some interesting questions.

I want to argue, amongst other things, that the particular nature of the mode utilized by the specialist is of a kind which can appear as appropriate and therefore can confirm, recapitulate or promote in others, the trust, belief, feeling, expectation that the practitioner is authentic and quite capable of effecting cures even if not in every case.⁵

But it would be premature to assume that the constructed reality would invariably be grasped in an identical fashion by all of those who operate within the socio-cultural milieu. One cannot presume the existence of a total universe of uniform orientations to any customary practice, let alone for this one, especially since it is merely one available mode in a variety of others, from which a person may

⁴Unless some social problematic is otherwise entailed.

⁵ People's commitment to the idea of the possibility of recovery doesn't mean that they expect this will invariably follow treatment.

choose. Moreover, given that it is that kind of procedure where the results of treatment are neither immediate nor directly discernible it is possible that some will be skeptical of the specialists' claims about their ability to be successful in healing the sick.⁶ Consequently it becomes methodologically imperative to try to detail some of the divergent orientations to the techniques and some of the reasons people give for disputing the professional's claims and proceed to at least briefly note some of the theoretical implications that arise.

Nor can it be assumed that the so-called healing rituals are straightforward matters, but like most, if not all human endeavours, they are subject to contingencies that may arise in any particular doing. To present ritual, as Bourdieu seems to be doing in his comments on the nature of this kind of activity (1977:15), as an enactment with a predictable unfolding of stereotyped sequences which merely articulate the "habitus" in operation, a particular instance of cultural reproduction, is to treat rituals as somehow being out of history (ibid: 109-158). Rituals like the exchanges he devotes so much attention to, or any other social practice are surely also open to "uncertainty".⁷ If this is not analytically recognised, ritual practice is merely being presented as reproductions of cultural paradigms rather than as constituting them (Connell, 1987: 44,94). Another task then is to detail what can happen in response to the unusual and attempt to identify the significance of the consequent repercussions. It therefore becomes necessary to heed the historical actualities even of a mundane nature and not treat such a ritual as "perfectly predictable", "rigorously stereotyped" enterprises since doing so takes practice out of the structure.

To bring these points together: These approaches are especially concerned about gleaning some kind of understanding of how the patient comes to feel cured or to be cured. In cases where the cause of trouble is demonic, the treatment resorts to protracted and diverse kinds of engagements with the demon. The shamin's various activities constitute the ground for the audience's involvement,

⁶This consideration would apply in any context, western medical or the traditional modes.

⁷It is a possibility that Hindus acknowledge. It is expressed, for example, in the custom of worshipping Ganesh in the initial sequence of a ritual when he is asked to prevent obstructions from spoiling the proceedings.

exciting their sensibilities and emotions. Given that these are exciting, wild, gripping and notable, with their rhythmic drummings, dances, their sequences of humorous tauntings and ridicule leveling, there is a massive emotive and stirring impact on those present. In this way the - ritual's aesthetics has its effects on the psyche, constituting a real experience of this particular curing route. The whole exciting elaborated and diverse procedure effectuates feelings that the cure has been realized.

From the analytic point of view then the cure rests on procedures that excite the psyche and the sensitivities. (For a rigorous delineation of the complex details which make the affair come to life and an argument that shows how the experience of cure could be produced, see Kapferer 1983.)

My concern is somewhat different. It is directed more at the problem of how it is that people may come to recognise that the person who undertakes healing is what she claims to be. It's about the question of authenticity. Reference to the specific procedures utilized by the problems is of course necessary though these are discussed in terms of the problematic I want to address. There are several reasons for taking this question of authenticity as the problematic. Apart from those already referred to, and one reason why I do not do so on the question of the therapeutic value of aesthetic and emotive excitations in promoting release of tension (and so forth) is that in the case I'm considering the activities are not quite of this dramatic order. Secondly I think that in this situation what's central is the matter of authenticity. For those concerned the woman who is engaging in curing would be able to cure if she is what she says she is. A belief in the possibility of curative efficacy then rests on the acceptance of this claim.

So in this context, as I hope to show, the stakes are less about generating a tension - realizing experience that gives the feeling that healing of the illness has occurred but more about the creation of a healer-figure. But in either case I think that the epistemological positioning is highly relevant. I'm not sure that even in the electric atmosphere of the dramatic rituals the impact on the sensibilities would generate a sensing that the treatment is efficacious if the participant did not believe that this is possible. Here Atkinson has a point. When it comes to the style of procedure I'm considering, this epistemological stand is critical.

The Performance

(1) Site & action: the route for becoming possessed

First of all to describe the route by which the woman becomes possessed. The place where the spectacular events were to occur was certainly unprepossessing. At least the swarm of people filling up the courtyard hinted at the possibility of the ensuing drama. Patiently they waited. And silently, whether adult or child.

Then the woman appeared. All eyes were turned on her. She was dressed simply - a red skirt and a red shirt, and was bereft of any jewelry whatsoever. Her hair was so neatly tied up that it looked as if it were stuck to her head. When she got to the door and then entered the room beyond, the rest unobtrusively followed, despite their numbers. So quickly the yard was empty.

The room was fairly large. One window allowed the sunlight to disperse the darkness of that part in its immediate path while the rest was lit by a comparatively ineffective electric light. At the end furthest from the door an altar had been arranged with objects placed ready for worship (*puja*). But what dominated the room was the object to the left of the altar: here stood a most impressive red upholstered armchair with little lion finials at the arms edges, and canopied by a vivid red square hanging from the ceiling directly above. Red kept striking the eye.

The rest of the space was jammed by the sick and those accompanying them. By now they were sitting on the grass mats covering the floor boards, facing the altar. And again they were waiting though in this instance not for long.

The woman, Mrs. Acharya, started to perform *puja* at the altar, doing this in the usual way. Having finished the routine, she then placed herself in front of the armchair and proceeded to worship it also. Up to this point the woman hadn't done anything that might be seen as unusual, let alone extraordinary.

Then suddenly the woman's hands and body started to shake and kept shaking. With a vigorous tossing of her head, the woman's long ordered hair fell out and splayed across her shoulders and down her back so that it almost totally covered her red shirt. Still trembling, she went to the chair, inched herself into a

cross-legged position on it, momentarily losing some vigour of the shaking movement. But in the next instant she had begun to roll her eyes in an upward direction and continued to hold them in that awkward position. Subha Acharya, seated on her armchair, eyes inverted, body trembling spellbound the medley of attentive spectators.

Then a man suddenly appeared before the woman and set about treating her as he would customarily treat a deity, that is, he performed a ritual to her. While the man went through the various movements of the ritual format, the woman maintained her composure. But towards the end of the ritual, the trembling of Subha's body accelerated, while her inturned eyes held the pose for a longer duration than before. In response, many in the audience gasped.

There was yet one more dramatic effect. After the man had finished worshipping her and had left, Subha brought the body trembling to a stop with a sudden jerk, a movement which was by now discernible as part of the routine. Then her body started shaking again with greater and greater momentum reaching what seemed to be the peak. At that precise moment the woman stuck out her tongue. Simultaneously she stretched out her hands and made her eyes protrude like two bulging balls. Reacting in unison, the bulk of the spectators shouted "Kali". Apparently they had recognised the diagnostic iconic pose of the goddess and so bowing their heads they paid their obeisance.

Since to all appearances the goddess Kali had entered the woman's being, the healing activity was about to start. Presumably treating the sick was to be effected within the parameters established by this initial sequence, that is, through an encounter with the goddess.

What is of interest here, is that the woman did not go straight into treating the patients, nor did she simply assert that she was already possessed by the goddess but instead went through precise movements indicating to those present that the possession was actually happening before them. In other words, the initial sequence of the woman's performance was of a kind which went through the motions of producing another "reality".

This reality one can notice contained two ideas: the idea that the human woman was no longer herself; and that it was some kind of outside force which had

entered into her being. Since the gist of these ideas was not transmitted by verbal utterances but through certain body movements, one notices that it was her skill in the use of the body which was critical to the effectiveness of this kind of performance. It was through the shaking (an "unnatural" activity for the body) and through the upward and inward turned eyes (eyes which didn't look out to the world of ordinary affairs, but away from them) that the woman could display that her own disengagement from the world of here and now was happening. As well, the body's movements were of a kind which were also able to indicate an additional alteration: the deity's entry. After all, ruffling the body's normal composure is what happens when something outside penetrates it.

While such mimetic gestures may indicate that an alteration to the body's usual state was occurring, it was the utilization of several diagnostic features based on Hindu iconography that could signal the new presence as Kali's. The lolling tongue, long disheveled hair and bulging eyes are unmistakably the characteristics of this goddess.

In so doing, these actions are also making additional statements. If, according to Hindu thought, a person can be possessed by all manner of beings (a dead person's lingering spirit, a witch or any other malign force) the woman's resorting to displaying Kali's features entails a bid for an authentic ally, a divine kind of possession and not the infusion of some other type of being.

In all of these respects the woman's performance appears to be making four significant statements:

- (a) that she was no longer herself
- (b) that some outside force had entered into her
- (c) that particular force was none other than the goddess Kali
- (d) since the spectators had witnessed this transformation they should therefore acknowledge that it was a genuine possession by a deity that had taken place and not one of a malevolent type.

Whether or not the woman had been successful in getting such notions accepted by all present is a question that will be addressed later.

(2) Some of the spectators comments on the woman

When discussing the woman, in particular, the Nepalis who had been present selected several areas for comment. They referred to the particular way she treated her own body in everyday life; and to some of the background events that led to her becoming a professional healer.

What impressed a lot of people was the woman's meticulous concern with the state of her body. Apparently she had let it be known that she restricts her diet, avoids eating meat so as to keep her body pure in accord with the nature of the divine being that she says enters her. Similarly it had also become common knowledge that she only eats once a day. This too was regarded as laudable behaviour since such an austere regimen limits the frequency of the processes of ingestion and excretion which Hindus view as polluting. They also found it worth mentioning that she is supposed to refrain from undertaking any performance at the time of the month when she is menstruating. The Nepalis concerned, needless to add, endorsed her adherence to such disciplinary practices since doctrine prescribes that only pure vehicles may serve as receptacles for "divine" presences. For our purposes, what is relevant then is that outside the shrine room the woman does handle her body in a way that is commensurate with what is supposed to happen within that place - that she does properly prepare her body as if it does become the site for the goddess's descent.

As for the matter of the woman's becoming established as a specialist in this mode of treating the sick. When discussing this question there was a tendency to single out the background events which lead to the identification of her as someone who was divinely possessed. It was said that when a child, Subha was given to bouts of uncontrollable shaking. Her kin assumed that she was ill and took her to an assortment of expert practitioners. People reported that many of the shamans (*dhamis*) refused to treat her, while others even harmed her by "trying to take her powers". Finally it was an astrologer (Joshi) who was able to diagnose the import of the symptoms, pronounced that it was Kali who was causing the tremblings and so instructed the family to recognise this presence and worship her accordingly. I should add here that it is not only astrologers who may authenticate the state of divine possession and therefore also eligibility for undertaking this kind of healing practice. Nonetheless some kind of authentication of divine presence is necessary in all cases. While people foregrounded the relevance of Kali possession, they showed less concern with the matter of how she came to learn the

particular procedures that she implemented in the treatment sessions, simply mentioning that she has learnt these from an established practitioner, one also reputed to become possessed by Kali.

(3) *The Treatment*

(a) Preliminaries

Before specifically turning to the next event in the morning's proceedings it is necessary to make a few general remarks about the arrangements so as to put the reader in the picture. Although the room was full of waiting people, the woman attended to each individually. So it was neither organized as a collective "curative" event but one where each sick person got separate attention from the specialist; nor was it a private event where the specialist and patient were sequestered separately in a room beyond the gaze of the others but one where everybody present was privy to each patient's personal sickness and the specialist's particular handling of it. In short, it was a public performance of separate treatments where each patient came forward and sat at the specialist's feet while everybody else present watched.

Apparently each patient knew exactly how to go about matters having been previously briefed by the woman's mother-in-law. Not only is it her custom to instruct each person what to do on the first occasion but also to inform them about what to bring next time. Usually (and also in accord with the traditional way for worshipping gods) a person is expected to present flowers, fruit and stick-incense as well as camphor, the type which generates thick and heavy smoke and leaves a residue of black paste. It is again the mother-in-law who advises the patients not to give money directly to the specialist but instead place it somewhere with the offerings stacked at the side of the altar furthest from the red armchair.

On this occasion, before any of the treatments could get underway, a second man came forth from out of the audience and performed the ritual of *puja* to the woman now seated in her red armchair and displaying the recognisable signs of being possessed. Later it was reported that the man was actually the woman's husband. In the light of what he was doing, this was a significant piece of information on which I shall comment later.

(b) The specialist/patient encounter

It was only after this that the outsiders, the sick, began to figure in the proceedings.

Although at this point the first patient came forward, what happened next was not an action directed at the patient. Rather the patient, under the organizer's instructions performed a shortened version of the *puja* ritual to the specialist. Sitting on the floor at her feet the man presented the usual array of offerings (fruit, flowers and incense) and bowed reverentially to her.

The obvious point to be noticed here is that not only does the specialist behave as if she were a goddess but the patients are expected to treat her as such. Therefore whatever else is happening, one may also observe that this sequence is delineating in an actional mode the particular terms of this kind of specialist/patient relationship, specifically in this case, the divinity of the specialist as against the humanness of the sick patient.

It is only after the patient acts out an acknowledgement of the woman's divinely possessed state, that she for her part attends to that person and the treatment proper begins. After getting the patient's name, the specialist inquires about the trouble. On this occasion the patient simply gave a general statement - that he had felt nauseous. Then taking up some rice and holding the grains in one of her palms, the specialist stretched this out in front and concentrated, indicating that through this procedure she could precisely discern the cause of the pain. In the first patient's case she pronounced that he couldn't hold down his food, not even water, thus giving the correct identification, apparently without prior knowledge. Some in the audience responded with an approving hum.

In the case of another patient who had complained of backache, the specialist diagnosed the trouble as the result of an invisible arrow. The audience understood what the specialist meant. This kind of activity is usually attributed to the work of the family dead (the *bhuta* and *preta*), often those for whom death rituals have not been performed or, if performed, not done correctly.

Another interesting feature was the woman's manner in making the pronouncements. By deploying a particular style of speaking her utterances sounded husky and remote. While such a sound is perhaps achieved by sucking in air while simultaneously speaking, it has the unnerving effect of appearing to come from

afar or from a different being - definitely not from an ordinary speaker, speaking as usual.

After the diagnosis, the woman turned to the next sequence in her routine. Interrupting the tremblings she directed several definite actions at the patient's body. One of these entailed blowing her breath onto the sufferer's face. This some Nepalis interpreted as the occasion when the practitioner also utters the relevant mantra silently. Another component of her procedure was a technique known in the anthropological literature as the "laying of hands". In her case with the patient sitting at her feet the woman leaned over and stroked his head and then the aching part of his body. Further with a dramatic movement and one with specifically local connotations, the specialist took up the unmistakable Nepalese kukuri knife and placed its point on that part of the body which was causing distress. Here again, as before, the specialist's body had been trembling persistently but then all of a sudden came to a stop with a jerk, so punctuating the end of that particular sequence. Starting a new sequence the woman picked up a whisk made out of a cluster of twigs and proceeded to vehemently beat the air around the sufferer's person.

It was in the final sequence that the woman attended to what we call the "medication". As before she was speaking as if from afar. Even so her voice was audible. Just. And it was at this stage of the proceedings that she instructed the patient to treat the potions appropriately and not place them on the ground or any other polluting place, all necessary precautions if efficacy is to be retained. The prescribed "medication" included some *vibhuti*, the sticky ash remaining from the burning camphor; and a jar of sanctified water. And then to show the termination of this phase, the woman's body gave another jerk.

Then peremptorily and in a matter-of-fact voice the woman uttered the command "jau!" (go) indicating that the treatment had ended. Immediately responding the patient rapidly moved away. Although the first patient left the consultancy room, most of the others simply rejoined the rest of the audience.

Within seconds the next patient was sitting at the feet of the woman still showing the visible signs of possession. And so the treatment started again.

These then constitute the components of the specialist's routine, which she followed for each patient in turn. It was also observable by the rest present.

II Some Comments on the Procedural Schema and its implications

Bearing in mind the details of the previous description, we can observe that the woman's healing session offered two important things. She provided an identifiable treatment though with its own particular procedures. Secondly the other overall striking feature was the prominence given to the idea that it was Kali who was present, directly so or through some kind of association with her. And as we shall see it is the combination of these two points that appear to be analytically significant.

1. The organization of the environment

When we turn to this consideration we observe that significant repercussions follow from the particular ways the environment was managed.

First of all there was the particular organization of space. The distribution of all the people present at the affair had the effect of demarcating the woman as special and distinctly different from the others since the room was broken into two major blocks: the sufferers along with those accompanying them squatting on the floor mats facing her, while the woman alone was elevated in her chair next to the altar and thereby comprising a linear extension of it. Since this was identifiably Devi's chair (*asana*) situated beneath the red canopy, for Hindus also a divine form of furnishing, the motif of the woman's divinity was being played out spatially. Less obviously but nonetheless having a comparable effect was the use of another environmental component, light. By situating the woman's place at the area where the sunlight penetrated through the window, while the spectators instead were shrouded in the semi-darkness with electric illumination of very low voltage, it was the woman's person alone which was enveloped in light and so the only body surrounded by radiance.

2. The Art of Making Devi Manifest

Making the procedure for possession a public enactment, a spectacle for all to watch, is undoubtedly significant, though indeed obvious. Without this there

would not have been an opportunity for the spectators to recognise for themselves that the woman was no longer an ordinary human.

That procedure moreover carried its own logic of progression. It contained two facets where one may be understood as the prerequisite for the possibility of the other. What the spectators and the sick witnessed was first of all the non-normalization of the 'woman-healer' in that her body's tremblings revealed a disturbance of its usual equilibrium. Similarly for the way the eyes were turned inwards and upwards since these diverge from normal practice. Here the eyes of consciousness which usually orient self to every-day reality are so positioned as to indicate that this domain has been blocked out. Such deployment of the body, in some way or other, contribute to the art of losing oneself convincingly. Yet while these techniques suggest that there is a loss of the normal self, these also constitute significant prerequisites, perhaps necessary prerequisites for the specific insertion of what was supposed to be simultaneously occurring. The message to be registered was that it was Devi's invisible presence which was relevant to the dislocation of the woman's normal composure. Further, in altering the usual decorous way of wearing her hair and replacing this by the flowing, tangled strands, the woman again was able to evoke the idea of Kali's presence in the spectators' minds since this feature is one of Kali's diagnostic characteristics which they, familiar with the significations, could recognise as such, whether they agreed or not. The most powerful and, judging from the bulk of the audience's reaction, the most impactful gesture, in specifying that it was Kali who had entered therein, was her deployment of the idiosyncratic gesture of sticking out the tongue. Effective not only because it is the iconographic feature which exemplifies Kali but possibly also because it is a gesture that is witnessed so infrequently in every-day interaction.

Since the woman's skills in the use of self evoked responses from the audience where they at least may recognise what the woman's movements are meant to signal and may at best also accept this as an actual occurrence, they could well be called "techniques in the art of making Devi manifest".

3. The specialist/patient encounter-measures for establishing the actuality of a curative treatment, and the possibility for its efficacy

a) The use of the material

It is worth noting that the woman did proceed to undertake an actual treatment for each patient. Given the non-ordinary context, the woman could have handled the sick in any number of ways. For example the woman could have simply voiced an injunction to all the sufferers in the room: "you are cured" thereby ignoring particular individuals and not doing very much. Or alternatively, she could have chosen to attend to each, but executing this in a cursory manner. Yet she did none of these. Instead she did provide a concrete treatment for each and did undertake a specific and elaborated routine. And for this she utilized real objects, acting on the material and through the material (in the handful of rice grains, the fly whisk, the curved kukuri, the *vajra* and the medicinal potions). At a minimal level this kind of procedure which utilizes concrete objects and entails concrete actions is of a kind which delineates the idea of actuality. It's a mode which puts the real into effect.

When one bears in mind how much stress certain literature puts on the centrality of symbolic meanings this is significant. What seems to be of relevance in this Hindu procedure is the insinuation that the objects have specific properties and powers to effect changes.⁸ Therefore it is viewed as a routine which uses concrete things and is part of a technology for doing something. For the committed observer the impact of the practitioner's activities lies more in her ability to provoke their sensing of something being accomplished and less an intellectual cognition of symbolic meanings representing something else.

In as much as the woman does resort to attending to the material (patient's bodies, instruments and the relevant treatment actions) she is also signifying that a domain of professional curative expertise does exist and that she has mastery of it. If that is the case then here technique, professionalism, craft, call it what you will, are the pertinent notions that are being raised in the audience's awareness, their experiencing of her particular procedure.

(b) Use of a systematic routine

⁸And it's an idea that appears in the key ritual (*puja*) directed at the deities. This, as one Nepali insisted, is incomplete without getting something from the gods (*prasada, jala, and tika*). *Puja* would be useless without these things. They are the god's things now in you."

As for the method adopted we notice that the routine was not haphazard. It was only after eliciting information from the sufferer as to what part was painful that the woman turned to read the grain designs and identify what had caused this sensation. And only after that did the specialist start working on the body proper attending to the parts that were causing the trouble and then finally did she provide the potions to be taken later. The overall method then was to zone time with activities along a progressive path where the specific steps were of a kind which could appear to follow logically and sensibly in pursuing the curative objective, the systematic work of a specialist.

However there was more to the encounters than the offering of a systematic procedure and the use of the material. Probably the most significant aspect of the curing scenario was that it also incorporated a particular mode of treatment.

(c) The use of Ontological Power

I refer to the incorporation of the specialist's deployment of self, the technique where the specialist's own person is to work on the patient's body, either through direct contact or contact mediated by her specialist instruments. It will be recalled that hers was a routine which necessitated that she touch and rub the spots which ached, that she knife them and thunder-bolt them, and that she whisk away malevolent spirits in cases where they are supposed to be present and that she blows the breath from inside of herself onto the face of the sufferer.

This particular routine appears to distinguish the possession mode for the treatment of the sick. Traditional specialists of the Ayurvedic School do not perform in this way, they examine the patient and then dispense their medication. Nor of course do western trained doctors. Shamins also approach matters differently. Since the woman's treatment here relies on a series of contacts between the specialist and sufferer, then what this mode presents as its specialist manner for treating ailments is a kind which engages the professional's own body as an intrinsic part of the procedure. Therefore not only does the sufferer's body figure centrally in the proceedings but so does the specialist's, an obvious but important point.

When one bears in mind that the specialist's body is supposed to be infused with Kali then the mode of treatment automatically entails the use of Kali's potency. So too is the further observation that it is the subjection of the patient's ailments to the specialist's contact which signals that they are being rendered susceptible to the curative potency of her person.

What this indicates is of analytical consequence since this particular format presents the critical remedial measure of this mode in ontological terms. The possibility for cure then to a large extent is made to rest on the claimed conception of the healer's nature at that time, that is, that she is Kali embodied.

This ontological basis appears to have general implications. If, in this mode of treating the sick, people's conviction, trust, belief in the woman's capability to cure (that is their regarding her as an authentic healer) depends on their acceptance of her as ontologically potent and special then it affords an interesting contrast to the western approach where it is the certification of the practitioner's acquisition of professional knowledge which serves as the means of authentication. Both of course depend on their specific truth claims: in one it's a case where the expert's medical knowledge about the patient's biological body which is supposed to constitute the truth; while in the other it is the specifications about the specialist's ontological nature itself.

It is therefore significant that in the morning's performance the woman utilized a whole gamut of procedures which could make the idea of Devi's presence discernible to the spectators and the sick. One of the most effective was the sound of the far-away voice, registering the non-normal. Then there was also the deployment of instruments that were associated with Kali and hence recognisable as such by these Hindu spectators. Especially evocative is the *kukuri* knife since it is employed by Nepalis on the night of Kali (*Kalaratri*) during the yearly festival of Dasai when bloody sacrifices are offered to the goddess. The thunderbolt too is an instrument associated with divine beings as are mantras. In fact Hindus define them as the sound forms of the deities concerned. So when the woman blew breath onto the patient the audience could also recognise this as an action which transferred the deity or the deity's potency from one to the other. The specific evocations of Devi here, of course, are keeping alive the conception of the ontological transformation made earlier, when they witnessed what was presented as Kali's entry into the woman.

Even the medicines, as we might call them were given a divine provenance since they were the products of ritual transformations. As such they are to be understood as items of sacra. The point is also evident in the nomenclature used where the ritual stuff "jal", is distinguished from ordinary water *pani*. It didn't occur to any participant not to refer to it as *jal*, when later discussing the performance's details. So in this context it is not the productions in the Ayurvedic apothecary nor in the chemical plant which produces the remedies but those at a ritual site where cosmic powers, particularly Kali's, are supposed to be present. Given the nature of their production, these remedies then are being defined as constituting extraordinary things, sacred things, and recognisable as such by the participants familiar as they are with the ideas of this discursive practice from which this particular healing procedure takes reference.

Not only does the mode of producing the remedies render them as having a sacred nature but so does the required manner for handling them in the post-consultancy situation, since the specialist insisted that the remedies were not to be placed on the ground or in any other polluting place, otherwise they'd become useless. It is an instruction moreover which accords with the usual requirements for the subsequent treatment of sacra obtained in ordinary ritual (*puja*). With such advice the woman is then rendering the remedies as being of the same ilk as the entities that a worshiper obtains from the gods in the everyday ritual procedure.

All in all it would appear that the procedural format does not allow the idea of Kali's presence to slip from the audience's attention. Not only does the session begin with the spectacle constructing divine entry into the specialist but her particular healing instruments and remedies are also accorded a divine provenance. In addition the particular demeanour she assumed throughout the treatment of the sick, as well as the series of rituals devoted at the woman, very early in the piece, all repeated the thematic of Devi's presence.

What can be said at this point? Speaking generally we noticed that the woman offers two things. (1) She provides an identifiable treatment; (2) she gives numerous indices signifying that she is to be recognised as Kali. While the first appears to have its own import inasmuch as it indicates that the woman holds particular expertise, yet the basis for curative potency appears to rest on ontological propositions about the specialist's nature. It is not simply that Kali's presence

is made to stand as the central motif in the entire session, but that this idea constitutes an intrinsic part of the curative treatment.

Some people apparently had heeded the cues and did believe that Devi Kali had come to the place and that getting cured wasn't impossible. Blowing the Kali health-mantra was one procedure that some spectators later commented on as particularly significant. Others took the knife as especially diagnostic of Kali's presence and one heralding efficacy. "The knife is Kali's *sakti*, her energy, and this is a great power". Another person familiar with some of the western literature gave her commentary: "westerners who depict Kali as a negative power are misguided. Kali is a protective god. She destroys trouble. Even children know that Kali is a great force".

Judging from the remarks one can assume that the diverse measures deployed by the woman were effective. Even so some people were undoubtedly hesitant. What however is important is that the spectators knew what the woman was on about even if some of them did remain sceptical. And apparently they could recognise what the various components were supposed to signify because of this woman's actual performative skills. Let me make it clear that this is not meant to imply that she was relying on subterfuge, she may or may not have experienced an altered state of consciousness and believed that the goddess was working through her. Neither of these possibilities is relevant to the point. The point is that through her performative competence she was able to evoke the spectators' recognition of what she was supposed to be doing. And their recognition of the significations of her activities depended in turn on their cultural knowledge. This I think has important analytic implications. It means in effect that the patients' and spectators' knowledge is an intrinsic part of the proceedings. Therefore one can say that one condition for the presentation of an authentic healing session of this kind is the practitioner's ability to successfully evoke the patients' and spectators' recognition of the divine ambience of the proceedings through tapping their knowledge.

In turn this is of comparative anthropological interest since it is unlike the usual procedure in western medical practice where the patient is expected to know little, if anything at all, about what is supposed to be happening. It is the mutually held knowledge of both practitioner and patients that provides the grounds for the possibility of a recognition of a viable healing operation in the Nepali context.

But this is not the only condition. While the woman was able to instill the message that she was supposed to be Kali at work and convince some that this was indeed the case others, as mentioned before, were not necessarily convinced. The reasons for this will be discussed later since our concern here is with the grounds for the endorsement of the practitioner's claimed nature and the presentation of herself and her procedures as proper and her practice authentic.

(4) Impressions

As was noted earlier in the discussion, there was a particular arrangement of the proceedings. Each treatment unfolded as a part of one long session. The morning's session was presented as an occasion where each patient, along with those accompanying them, could together as a gathering observe the range of events. In short there was visibility of each other. It appears that certain consequences result from these.

Unlike a procedure where appointments are made and which brings patients together in dribs and drabs, the arrangement into one long session gathers together practically all of those involved at that point in time. In the case of Subha Acharya she was able to amass a large crowd. Here the visibility of a lot of others who presumably regarded the consultancy worth the while had the effect of confirming the woman's professional reputation, a reputation that had probably provoked them to seek her services in the first place. Now while this consequence wouldn't be of much significance for those who had no qualms about her specialization, it would however be so for those who came with some reservations. Considering what happened afterwards, it seems that the size of the gathering had its effect since it was those who had been tentative about the matter who found it necessary to comment on the point. This is not to say that the impressive number was sufficient to totally dispel their doubts about the possibility of this kind of healing. The interesting aspect here of course lies in the fact that nobody knew exactly how many did in fact endorse the woman's professionalism and how many were tentative. It was the appearance that this seemed to be the case that is significant.

Similar observations can I think, be made regarding the orientation to the woman's presentation of herself as Kali embodied. Again focusing on the person who comes with some reservations. What he or she witnesses in the public

spectacle is the other's endorsement of the possession occurrence - the other's gasp of breath, the reverential bowing etc. etc. It is the co-presence of all participants including those who are convinced and who made noises to that effect which offers the visibility of their conviction to the dubious others. So what becomes impressed in the minds of the latter is the emphatic conviction of those others. While the orientation of uncertainty, where it does occur, remains inaudible.

For our purposes then what is analytically significant about this kind of arrangement where the spectators become spectators of each other is that it provides for the possibility of the visible articulations of the endorsement of the possession claim. I should add that I'm not implying that the organizers manipulated the matter with this in view. They may or may not have. One doesn't know. But irrespective of their particular intentions the arrangements are of a kind where expression of doubt remained a private matter. Since doubt in this kind of situation is silent, the overall consequence of this way of organizing people is to give the impression that credence prevails, that the woman has the numbers so to speak, even if this is not the case, because what the spectators witness suggests the contrary.

It will probably be recalled that the first people to give such an impression were the *pujari* and the woman's husband. From the perspective of periodization of the procedural sequences we notice that it was at the outset before the woman embarked on treating the sick that these men turned to worship her, thereby specifying the definitions of the woman which were to be relevant in the discursive practice that was to unfold before the spectators. Through worshipping her these men behaved in a manner which could be taken as demonstration of their belief that the woman was what she was supposed to be. Whether or not they actually thought that she had become possessed and while in that state was also capable of healing is another matter. But what is important is that they made a show of it. This is especially so in the husband's case for his actions go contrary to all the requirements imperative to such a relationship.⁹ In fact

⁹ For an account of the nature of the position of the Parbatya wife see Bennett and Singh 1979; Kondos 1986

ordinarily, it is the wife who does *puja* to the husband, approaching him as her god at that point in time. The ritual is performed daily by the strictly orthodox Hindus and yearly with the less strict.¹⁰ So in the context under review the man's performing *puja* to his wife was obviously making a different kind of statement specifying the "reality" of his wife's altered state, a point that those cognizant of the tradition automatically recognised. It had its impact since many later chose to comment on the fact that his behaviour in other circumstances would have been exceedingly anomalous. Though the husband's worship got most of the attention, the *pujari's* did not go unnoticed. What appears to be relevant then is not whether these men found the affair credible or not but that they appeared to do so, thus providing substantial confirmatory evidence to those spectators who regarded possession as highly plausible. As for those who were less sure, it appears that these men's actual worship of the woman demanded that the specification of divine embodiment be confronted and reflected upon. It couldn't be readily dismissed. What is of further significance is another feature of this kind of organization of the session. While it allowed for the display in endorsing the woman's profession, at the same time it lacked any opportunity to interrogate matters. It is clearly patent that the affair was not programmed in a way which would permit a quizzing of the specialist's techniques and the likelihood of their efficacy.

Yet on one occasion the question of credibility in the authenticity of the practice did arise even though the way the subject was broached was curious. At the very beginning of the proceedings just after the woman had become "possessed" and was seated on the *asana*-chair facing the gathering, what she said to the audience was this:

There are, two strangers in the room, who are disbelievers. They have come to see me. To see if I am true or not.

I know what I am.

And regardless of what country you come from, Kali sees you. And whatever god they believe in, that is also me, Kali.

¹⁰ See Anderson 1971; Bennett 1982; Kondos 1986.

The woman's drawing attention to our presence was somewhat surprising since she had previously given her approval for our attendance, a point she refrained from telling the audience. Branding us as "disbelievers", though an assumption on her part since the question wasn't aired with us at all, gave her the means by which to begin her commentary on the question of possession and in turn the question of her professionalism.

One observes that she offered not a western kind of argumentation. Although the woman's discussion started with the possibility of a debate with her acknowledgement that the problem of disbelief/belief existed, the follow-through took a different tack. What the audience was given instead was in the main an elaboration on the nature of Kali and herself. Consequently the discussion became anchored to that issue thus displacing the main question (her transformed nature).

None of which is to say that the argument did not have its own particular style of procedure which was effective in some quarters. Approaching her discussion in terms of overall patterning the crux stands in the statements about Kali's nature: her omniscience and omnipresence are the capabilities of a primal force; while Kali is that kind of form which is manifested into numerous particular local divinities everywhere, hardly contentious points for Hindus. It was through uttering such indisputable Hindu truths that the woman's other pronouncements could gain weight. Bear in mind that it was in this context of Hindu truths that the woman inserted her claim to Kali identity and with her corresponding powers. Thus substance for her propositions about herself, was drawn from their contiguous location to these truths. That being so the contentious point (the question of Kali embodiment in herself) was no longer an issue. Therefore although the incident appeared to begin as an occasion for closely examining the question of the woman's divine embodiment, instead it was used as an occasion to elaborate on Kali's powers and insert herself into that formidable nexus. It would seem that with this style of procedure what is to be done is to state something that isn't contentious, proceed to locate what is, next to this, thus getting a spill-over effect from the truth onto that which is being queried.

Let's unpack the specific discursive measures deployed. The first entails conceding to the other that a problem exists and that there is a preparedness to discuss matters. In this case it was the woman herself who raised the question of her divine embodiment ("--To see if I am true or not"). It gives the impression of

the speaker's "reasonableness" since it acknowledges the existence of a counterpoint of view. At the same time the enunciation can put the listener in an accommodating frame of mind, well disposed to hear the speaker out.

As for the second main proposition ("I know what I am"). From an outside perspective, it might be taken to indicate a dismissive orientation towards the counter thesis by the use of certitude and effecting a foreclosure of further discussion on the bone of contention--that Kali had actually entered her. But pursuing that tack would ignore an understanding of how the argument could be effective. One task is to identify what constitutes its plausibility. To argue that if anyone is to know what she is, it would be herself of course makes good sense, since self has a better chance than others. Moreover, by giving voice to the idea, an idea of inordinate import and not to be taken lightly, the woman is also giving it a concreteness -- a reality. Of relevance here is Austin's conception of the pragmatism of language where the saying also entails the doing (a linguistic device known as "performative").

As for the next propositions ("..whatever country you come from, Kali sees you. Whatever god they believe in, that is also ... Kali"). This constitutes an effective discursive device because by stating what is beyond dispute, it can give an impression of general credibility to the overall argument. The proposal that Kali is omniscient is a Hindu truth that would hardly alarm the listeners. And to locate outsiders as much as locals as being subject to her scrutiny makes sense given the nature of Kali's power.

The next proposition derives its effectiveness on at least two fronts. The coalescing of herself and Kali, by this stage, would not necessarily appear untoward given the first which establishes that she is indeed Kali. Secondly its location in the series of utterances allows for a spillage. The tactic here is of a kind which relies for its effect on its "contiguity" with these truths. The spillage of truths then can colour her claims about herself ("...Kali sees you... and whatever god they believe in, that is also me, Kali").

This insertion of the contentious issue (the question of the woman's nature) which also converts it into a truth ("that is also me, Kali") also entails a further discursive manoeuvre, and though obvious it is nonetheless important. At this climactic moment the woman gave the audience, or at least most of them, what

they wanted to hear -- that she was indeed no other than Kali. And as Kali, Kali's powers are also hers. In this way the woman was also authenticating her practice as a healer and giving substance to her capacity to act as such.

The gist of her elaboration moved towards this end and appropriately so. At a time like this who would have wanted a dry debate on the issue? It would have been inappropriate, entirely out of place and highly infelicitous. So put summarily we might say that the impact of the speech obviously did not rely upon a dry and formal manner of argument but instead a repetition of basic doctrinal ideas about Kali's power and the speaker's insertion of herself into that ambience as Kali manifest. If that is so the argument also gained mileage from its proximity with these incontrovertible truths.

Yet it would be unwise to ignore the relevance of the extra linguistic context. The visibilities that articulated divinity: the woman's impressive appearance, a "real" presence, the elevated altar and *asana*-chair, all of which articulated divinity and a divine setting. These too had the potential to authorize the pronouncements, given the authority of the personage speaking. Points elaborated by the so-called pragmatists of linguistic theory (like Austin & Pearce).

Even so the discussion can't leave the matter at that since the orientations of the listeners obviously have to be considered. There is the question: are people readily open to persuasion by linguistic (and extra linguistic) expressions if they disagree initially? Then there's the further complication: raising the question of credibility in the specialist divine nature itself indicates the existence of a problematic and makes people (irrespective of their positions) conscious of it. Raising uncertainties isn't straightforward but a risky business.

No neat pattern characterizes the spectators' responses to the interlude. As one might expect the reactions were variable. Some die-hard supporters were definitely impressed by the discursive digression and a lot else besides. With a predisposition to accept the woman's divinity or passionately believe this to be the case, they had their expectations confirmed by the various rhetorical measures used. Irrespective of the kind of response to the argumentation, the others, staunch supporters also, showed less interest in the argument. Their subsequent discussion was directed at the treatment of proceedings proper, especially what was diagnosed as the cause of the ailment, and concerned to itemize the specialist's

past successes to anyone around who would listen to them. Commitment lingered on the achievements.

When it comes to the question of the speech's effect on the doubters the situation at least in terms of logical possibilities is more complicated. While it's possible that the speech has a potential to shift a skeptic to a position of total disbelief by bringing the relevance of doubt into the open, this apparently didn't eventuate. Similarly the speech's potentiality to shift a doubter to a position of commitment by dispelling doubt didn't eventuate either.

The most vocal in responding to subsequent discussions were the doubters. But they continued to remain doubters. Why the woman bothered to raise the issue, itself became a problematic for them. Some of these, though acknowledging that they were impressed by one or other detail of the speech, also wondered why it was introduced and found it necessary to turn to scrutinize the gamut of events. It gave vent to their suspicions. The speech had an ambivalent effect -- in part putting them at ease yet also making for unease. So the effect in such cases was to give momentum to their doubt, keeping it "on the boil" so to speak. It was effective in avoiding the flaring up of total disbelief but not enough to get them totally committed to the woman's cause. In their discussions what they were subsequently concerned with were specific details which to their minds were suspicious. It would seem that it is their uncertainty which acts as a goad to further probe into the niceties of the specialist's procedure.

Take the comments made by one spectator who wasn't entirely convinced that the woman's specialization was a straightforward affair. He chose to focus on the instructions for the handling of the remedies, warning each sufferer that placing these on the ground or any "dirty" place would dissolve their potency. Reflecting on this the young man in question interpreted the specialist's advice along these lines "If the instructions make you treat the things carefully then you will begin to see them as special. If you do that you will come to believe that the medicines can actually cure you". Accordingly, in his perception, the woman's instructions about how to handle the potions were geared to impress the idea of the potion's curative efficacy on people's minds, identifying it, as what might be called "a strategy of impression management". In this instance it was a skeptical orientation in the first place that gave his vision an edge to find fault.

Yet the woman's speech entered into his calculations though not exactly in the way intended. In his consideration the mere fact of raising the question gave it substance. "Why did she say these things? It is odd.. Not needed!" Here the speech worked against itself by acknowledging the possibility of doubt, Yet while doubt gains mileage through scrutiny and reflection its basis, at least in some cases, is passion, a recoiling from the audacity of the woman: "*dhamis* (shamins) work with their mantras, secret and sacred and powerful. How can this woman do her work? She says she is Kali devi, how can that be?"

Even so in the concern to itemize the features of the woman's argument and to delineate (albeit summarily) the variable effects this had on the participants and to notice some people's recognition of the possibility of impression management one mustn't ignore another important component of the proceedings -- the power-play that was being invoked through her rhetoric. In a way by expressly taking up an argument she was making known her recognition of the presence of a counter thesis (ours and any others) and was also vying for a position of verity. But by raising the matter of divinity as questionable, the woman in turn ironically also allowed this dubiousness its entry into the proceedings. The event then emerges as a struggle over a point of view, a truth. Perhaps the relevance of it all was to publicly make clear that she was aware that some die-hard pundits do not endorse such practices. Some for example assess Kali possession as entirely "preposterous". Nor are these the only ones who don't unequivocally cede such treatment authenticity, preferring instead to utilize the services of western medicine, a fact also known to the woman. For our purposes what's pertinent is that any attempt at explaining, clarifying and defending an issue also opens up spaces for reflection and discussion and so constitutes a double-edged activity -- risking the provocation of inquiry as much as the inciting and intensification of certitude. If it was those who were convinced of the woman's divinity who were impressed by her argument (as appears to be the case) then in the power struggle over a point of view, it was her perceived authenticity and so authority which gave her the edge. Whereas with others who were uncertain about the matter of her divine embodiment, the woman's argument was unable to entirely persuade them on this score. In their cases the struggle over the endorsement of her truths continued as an on-going matter in their minds, expressed in discussions afterwards when people reflected on the gamut of the proceedings (even if not directly with the specialist concerned).

Such responses then prompt us to discern a range of orientations towards possession specialization in general as refracted through the possible effects of argumenation designed to dispel doubt. What follows is provisional aimed more as pointers for further research.

- (a) Those who are committed to the idea of the woman's divinity do not need arguments to persuade them. What these effects do is confirmation, an enhancement of belief, if enhancement is possible.
- (b) As far as those who are strongly hostile to the idea of divinity, the argument has little persuasive effect. If anything it can give cause for opprobrium.
- (c) With those who are uncertain several possibilities may follow. It's possible that the argument may be so impressive that it can impel conviction, dispelling doubt about the veracity of the claim. On the other hand it is also possible that with those who are uncertain the mere fact of the woman herself giving expression to the possibility of disbelief, promotes it. In my consideration, these are logical rather than actual possibilities. Then again it is also possible that with the unsure the effect of the argument is neither of these but sustains their doubt and even fuels it, inciting them to take a critical orientation to the proceedings.

Concluding Remarks

The key issue addressed in this paper is not whether or not the practitioner is efficacious in curing the sick but rather, what means (procedures) does she employ to produce a reality which bears on the objective of curing the sick. This raises the question: what kind of reality is being delineated by this particular woman's mode of handling those who come to be cured? There seem to be several interconnected features of import here. Firstly the woman's actions specified that she was special, distinct from the rest and so inscribed a clear demarcation between herself and all the others present. But what was of greater significance was the explicit construction of herself as the embodiment of Kali,

articulated in a variety of ways. The second feature of the proceedings warranting comment is the fact that the woman did provide a concrete treatment for each patient. There was a treatment technique with its instruments, sequences and actions. These made it clear to the spectators that it was Kali who was supposed to be at work in her treatment of the sick. Certain impactful actions were of a kind which were recognizable as Kali's. Therefore we might say that what this specialist offered as the basis for her efficacy was her ontological nature at the time of treatment. The possibility for her success in healing when Kali-possessed would follow for those who accepted her as such since Kali stands as one of the great forces in the universe. In this mode then curing, when it happens, is supposed to result from the potency of the practitioner's particular nature (Kali) when concretely working on the body of the sufferer. It rests on an ontological claim.

But as we also noticed not everybody present reacted to the proceedings in the same way, some in fact were highly skeptical of her claimed capability to heal. Therefore in any consideration of what is involved in people's belief in the possibility of efficacy, the matter of people's predisposition is obviously significant.

Bearing this in mind, let's turn to a consideration of at least some of the conditions relevant to the matter of people's conviction that the means of treating the sick deployed by the woman can be efficacious. Here I am concerned with issues bearing on people's orientation to this particular mode of healing and its ostensible curative results. It is important to be clear on this point because some people like foreigners may simply act in response to a reputation (and merely take it for granted that this will happen in their case). Obviously such people who automatically believe that a particular practitioner can cure and are indifferent to or ignorant of the mode are outside the confines of this inquiry which focuses on the matter of specific cultural procedures and peoples orientations to them.

It would seem that the practitioner's claims to the curative efficacy of her particular mode of handling the sick is endorsed:

1. when those concerned are able to recognise the practitioner's procedural activities as specifying Kali's presence. If that is the case, the woman's expertise is also of relevance, and therefore;

2. when the practitioner's expertise is skillful in making the specifications of her Kali-nature recognisable, and convincingly so, to the participants watching; but also
3. when they accept this truth-claim that Kali has indeed entered the practitioner during her treatment of the sick.

One can notice why these conditions would be relevant to the question of peoples commitment to, trust in, and conviction of the practitioner's mode of treatment. If the basis of the recognition of the mode's curative efficacy relies on the ontological nature of the woman as Kali embodied, then the participants' knowledge of the specifications are important otherwise they would be unable to understand the significance of what was supposed to be happening, namely, that it was because Kali was present in the woman that she had the potency to heal the sick. What is presupposed is the participants' cultural knowledge of the relevant propositions being articulated by the specialists' actions. From this it follows that the woman's individual skills are also obviously pertinent. The minimal requirement of her performance is to indicate that it is indeed Kali's spirit that enters her and not any other kind. But as we observed, though some recognised the various messages that the woman was supposed to be Kali, this recognition in itself did not necessarily entail their acceptance of it. And hence the other necessary condition is that bearing on people's predisposition, the predisposition to accept the specifications about her ontological nature at this time. When a person is antipathetic to the practitioner's claim to Kali-embodiment that person sets out to find fault and question any of the practitioner's procedures that are amenable to criticism and is reluctant to cede that these could generate recovery.

From this two further points warrant our attention. It is significant that it was those who were skeptical who were also the ones eager to closely exam the procedural details. If nothing else one is reminded of the necessity to explore further the less favourable orientations to this mode of healing, an issue which will be addressed in another paper. Apart from that, the second point of interest is the fact that in this mode of treating the sick, as indeed with other modes, there are numerous procedural details which participants single out as amenable to criticism. Putting the matter in more general terms, it means that if human endeavours of necessity have their limitations, they will afford scope for the

possibility of others to find fault. And it also means even though a practice is customary, it definitely cannot be assumed that all and sundry automatically endorse it, taking its claims for granted.

This discussion has bearing on the broader theme raised at the beginning of the paper. If human enterprises are amenable to reflection and if people, given their varying life positions and experiences, do not have identical orientations to a customary practice (like this so-called possession healing ritual) then this also would mean that the assortment of modes of action (aesthetic which influence the sensitivities and sensibilities, the promulgation of ideas recognisable as to their purpose, the management of numbers which unnerve one's skepticism) may amount to nought when people are predisposed to reject the significant specifications being articulated in the ritual practice. This can happen even in instances where many of the procedural components that set the parameters for the grasping of the "reality" in question are registered. That is to say, despite the practitioner's overall success in the deployment of procedures on the sensitivities of the participants, nonetheless there can be a shortfall in the cases of those people who take a contrary orientation to the general question. With the equivocating spectators, their doubt can be aided by the fact of human limitations in the working of an enterprise where some aspect will be less than "perfect" and hence vulnerable to others' scrutiny.

In other words one cannot follow Bourdieu's conception of the "habitus"¹¹ in its entirety since it imputes that within a community there is an

¹¹To cite Bourdieu (1977:78)

The habitus, the durably installed generative principle of regulated improvisations, produces practices which tend to reproduce the regularities immanent in the objective conditions of the production of their generative principle, while adjusting to the demands inscribed as objective potentialities in the situation, as defined by the cognitive and motivating structures making up the habitus.

With less opacity, he also says (1990:13)

Constructing the notion of habitus as a system of acquired dispositions functioning on the practical level as categories of perception and assessment or as classificatory principles as well as being the organizing principles of action meant constituting the social agent in his true role as the practical operator of the construction of objects.

invariable co-presence of a uniformity in the cultural recognitions, that is, in what is thinkable, alongside a unanimity in people's endorsement of the practices concerned (the issue of acceptability or legitimacy).

At this stage it is, I think, necessary to elaborate Bourdieu's notion of "habitus" as I understand it. Habitus, a concept Bourdieu says he invented to explain the operation of social practice, includes a number of dimensions. One refers to the manner by which people have come to be able to "recognise" things, values and actions within the framework customary for that culture, as well as to be able to actualize and negotiate that world: the manner is acquired through one's practical experiences, that is, through familiarity, learning and internalization (1977:15-19, 97;1990:11-13.) Habitus then is constituted in past practice and will be acted upon in future practices.

Bourdieu elaborates its features along two kinds of abilities: the habitus entails a practical mastery of the principles of cultural scheme or code; and subjective disposition to go along with and according to the principles of that scheme or code, as Bourdieu says people "go-with-the-flow" (1977:72-3, 167; 1990:9-3,133,195).

To some extent these two manifestations of the habitus seem to be like what I think might be called two kinds of 'cultural resources' in that both constitute the means for operating as "social agents". The first bears on the cognitive area in that people, Bourdieu says, have access to the schemes that determine what is thinkable and what is to have value, etc. (i.e. the "recognitions"). This scheme is "generative" (as Chomsky's is for language production) enabling people to produce and reproduce the specificities of their culture. Bourdieu also refers to this habitus as a "system of models for the perception and appreciation

He adds that variations in habituses figure in complex societies using as the criterion for differentiation, people's membership in some kind of grouping (e.g. "artistic" or "scientific") (1990:190). Since the Nepalese affair is religious, the important social category is that based on caste/ethnicity. In this context the bulk of those involved belong to the Parbatya twice-born castes (cursorily known as "Brahmin/Chhetris"). They constitute a cultural community capable of recognising the terms of the reality the professional healer was producing.

of practices" (1990:131) or as "classificatory principles" (ibid:13). Irrespective of the phraseology used this means that people have a "feel for things".

It also means that people follow and assess the play in the world according to terms laid out by the code since Bourdieu explicitly locates the other manifestation of habitus as "dispositions" operating at the "subjective level" (1990:133,195). This refers to some kind of inclination or predilection to embrace whatever is in accord with the code's principles and act accordingly. Bourdieu elaborates that with the acquisition of a cultural disposition people do not fall prey to doubt about matters in the world, but rather suspend doubt and automatically accept them, so much so that not even the question "of legitimacy" arises. Instead a "unanimity" in orientation prevails (1977:167). What the analyst sees as the arbitrariness of the world, the "social agent" senses as necessary, a necessity immanent in the practices of everyday life. Following Bourdieu's exegesis it seems that this cultural resource makes one not want to do otherwise. There is then, according to Bourdieu, a necessity to "go-with-the-flow", because the external world's ways appear as self-evident, not to be questioned (1977:167-8). In this formulation there is no possibility of deviance, or recalcitrance, or dissent, let alone doubt. Operating via the subjective dispositions implies a spontaneous, unthinking willingness to-go-with-the-flow on the part of those concerned. It does not allow for the possibility that some, even though capable of recognising the "sense" of what is being said and done and the values being assigned to them, might not feel urged to "go-with-the-flow" of the activity, event or whatever. In other words Bourdieu's outline presupposes that the agents' mode of involvement will correlate with the terms of the code. As he says, "they do do", "the only thing to do" (1990:11).

Therefore built into Bourdieu's formations about how cultural "practice" is able to be practised (as he himself characterizes his problematic) are two manifestations of "habitus" that might more usefully be kept separate. If the first resource refers to the means which enable people to spontaneously apprehend the particular meanings, and values of their world (their practical mastery of the cultural code for thinking about and appreciating their reality); the second refers to the dispositions that impel the social agent to feel that these are necessary, that is, impel people to accept them willy-nilly, then the possibility of variation in people's orientation towards the terms of the code is automatically excluded. To put the case less clumsily: if having a mastery of the scheme is rendered as

co-extensive with spontaneously being urged to effect the scheme in the details of practice then Bourdieu's theory suffers by collapsing two possible modes of involvement on the part of the social "agents". What this suggests is that Bourdieu's habitus(es) is a concept burdened in its efficacy since it not only provides a code for thinking and judging along certain lines but also invariably puts in place subjective dispositions to accept these and act on them. Accordingly the mode of involvement is invariably consensual, accepting the cultural givens (that have been produced and which by acting on, one continues to produce).

By asserting unanimity, on both fronts the thesis renders habitus' workings far too efficacious and hence also far too extensive. While this is not intended to undermine the analytical value opened up by Bourdieu's elaborations on the ways by which culture is constituted in and by people's practices, it is to attempt to indicate that there are reasons for some misgivings. People's operating within the habitus, their practical mastery of its schemes, need not necessarily entail a universal all-out "going-with-the-flow" of the occasion, endorsing every detail. To be able to recognise the general content of what is being expressed is not necessarily to assess it as acceptable.¹² What is taken for granted is that Kali is a great cosmic force with enormous powers. What is readily discernible is that

¹²The problem boils down to Bourdieu's reluctance to allow for variations and instead impute that there is a unanimity in "subjective" orientations towards the external world. This is odd since his general theory to a certain extent allows for variations in approaches towards the cultural givens, based on people's different positions, different interests and different experiences. Yet having abstractly allowed for variations in subjective dispositions, he recuperates uniformity by arguing that even those, who might have cause to deviate and query the cultural demands, do not, but instead adjust and accommodate to the opportunities available, tailoring their aspirations accordingly; making, as he says, a virtue of necessity (1990:10-11).

Though not discussing rituals, Bourdieu's other details of the way adjustment works illustrates what he has in mind. Though disadvantaged by the "symbolic order", Bourdieu explains, the people concerned cannot but recognise the "legitimacy" of the state of affairs and try to neutralize the effects by "submitting to them in order to make use of them" (1977:167). To my mind "unanimity" is to be demonstrated, not asserted (see *ibid*:167). This illustrates Bourdieu's alacrity to locate people's orientations as consensual, as invariably embracing the state of affairs as legitimate. (See Thompson, 1984:42-72.) Perhaps more troublesome is the underlying presumption in the argument. If the way uniformity in people's subjective orientation towards the objective world occurs is through

on the whole the style of the gestures, utterances and actions presented by the woman are identifiable as those of Kali. But that does not necessarily make the woman Kali-embodied for all concerned.

What this also suggests is that a ritual, despite its largely stereotypic format, as an actual event and like any event is also subject to the particularities of each occasion as well as the contingencies (whether rarely or infrequently is perhaps beside the point).¹³ Therefore a ritual happening is not predictable as Bourdieu seems to characterize this kind of activity.¹⁴ And with close attention to the necessary details of the practical activities one observes that these present a messier picture.¹⁵ Practice brings together the "imperfections" of a human endeavor

the propensity to invariably adjust, despite the awkwardness for some then implicit in Bourdieu's theory of social practice is a theory of human nature. The theory of social practice is a theory of human nature. The theory of human adaptability precludes occasions of anguish, terror and despair.

¹³Bourdieu's reluctance to treat cultural practices like rituals as events to be considered *in situ* is based on his repudiation of "interactionism and ethnomethodology" which he says are theoretically slanted toward voluntarism (1977:81). Surely the examination of a ritual event *in situ* does not amount to an endorsement of the theoretical generalizations of these schools, but is simply one way of examining actual occurrences and of discerning the problems generated in the doing. If they are endeavours, tasks for realizing objectives, they operate in the historically real.

¹⁴By characterizing cultural practice in terms of regularity, Bourdieu can proceed to locate predictability as an essential feature. "Works and practices are immediately intelligible and foreseeable" (1977:80). Even the "new", Bourdieu says, is handable by virtue of people's recourse to the generative schemes (sedimented as and in the "habitus"). (1977:119) In his later work ritual is still presented somewhat mechanistically as if a ritual enactment will unfold according to the generative schemes of which the participants have a practical mastery (1990:98-9).

¹⁵It might be said that the untoward events that I refer to as the imperfections might be accommodated by Bourdieu's elaborations on "crises". He argues that the condition for the emergence of doubt and dropping the world-taken-for-granted modality occurs with a crisis appearing in the "objective world" (1977:168, 1990:108). However to project the problematic actions pursued in fulfilling a task, albeit a ritual task, would not amount to crisis in any substantial sense of the word. The possibility of things going wrong is part and

our on the part of the specialist, on the one hand, and the inclination of some participants to seek out "mistakes", "incompatibles", "the rigging of impressions" (a few of the activities that comprised the imperfections), on the other hand. As for the contingencies, they provoke impromptu maneuvers of negotiation and accordingly with certain repercussions. It is the particular way this is done which is important because it can provide a focus for later commentary and comment by some of those watching.¹⁶ If practice is put back into the ritual structure what

parcel of human endeavours, given human realities. And the healing specialization is an endeavour. Secondly, if these imperfections were not even noticed by other participants and/or treated as reasons for querying the healers' specialization, one would be hard pressed to treat these as constituting a crisis in the objective world.

¹⁶The Nepalese complications query certain aspects of Bourdieu's account. The possibility of reflection is precluded in Bourdieu's scenario because of the way involvement, he supposes, occurs (1977:115;167-8;1990:9-13). To give further substance to the impossibility of reflection, Bourdieu makes the unwise assertion that the "conditions of rational calculation are never given in practice: time is limited, information is restricted, etc." (1990:194). Obviously Bourdieu's assertion that circumstances can never be provocative is highly contentious and would definitely not apply to the healing proceedings. Moreover given that Bourdieu does not problematize the actualities of everyday practices but presumes a straightforward unfolding (situations where the flow will go without hitches), coupled to the presumption that the mode of involvement is invariably one of people's total immersion in the proceedings (that people do go-with-the-flow despite their differential placements in the social order and varying experience) render the thesis about "practice" more tenuous. From a theoretical perspective it can hardly be taken for granted that the actualities in the doing never give cause for alarm or unease; nor that all involved would never entertain any doubts about nor reflect on the assorted activities. (And if by "rational calculation" Bourdieu means that of the kind Weber delineated, this is hardly water-tight since it is not the only kind of calculation nor the only kind of "reasoning").

Bourdieu's argument forecloses a consideration of those kinds of situations where conditions for reflection and assessment may appear. The case under review indicates that the ritual could not be conceptualized as an unproblematic form of expression concerned primarily with the articulation of meanings where inconsistencies "pass unnoticed", as Bourdieu elaborates (1977:110) but rather as a form of doing, as an actual enterprise where the imperfections in the doing can indeed be noticed. In this case the ritual is a mode for healing. Certain features of this mode, like its basis for professionalism (i.e., that the healer is Kali-embodied) and its particular manner of enactment (i.e., the woman's location centre stage, affording high visibility in how she goes

is of interest is the presence of a range of orientations towards this kind of specialisation. Not unanimity.¹⁷

Finally two points bearing on wider issues. My concern has been to identify how professional authenticity is being constructed. Since professionalism also here entails expertise in curing we are also trying to discern which particular events and circumstances allow people to sense or assume that cure will result. That is to say, out of the assorted activities presented as genuinely professional which are relevant to the patient's expectation of cure? This differs from another approach in the literature. The concern there is to identify how curing is actually occurring. What is it about the "professional healer's" treatment that is making cure possible? If its argument is to make sense it has to make certain presuppositions about the procedures efficacy to produce release of tension. So these kinds of rituals are being considered from the point of view of therapy where emotions triggered off from aesthetic and symbolic components are taken as central features for analysis.

What I am interested in is the question of professional authenticity since it tends to get foreclosed by this other approach (in its various versions). What

about her business), are relevant to the question of whether "conditions" can provoke reflection, pondering on and worrying about the affair as a mode of treatment.

¹⁷It should be noted that, in certain parts of the elaborations, Bourdieu does acknowledge that the external world of objects has a semantic field open to different meanings and therefore amenable to giving rise to a plurality of interpretations (1990:133). However the scenario Bourdieu projects for this eventuality is one of "symbolic struggle". The agencies "with symbolic power" establish a patterning with orthodoxy assigned to their ways, and heterodoxy to those of others -- labeling the latter as heretical and blasphemous. A case where those with the monopoly in legitimizing pronounce their own as "right", others as "wrong" (1977:168-9; 1990:133-4).

With regard to Nepal, where the Brahmin judged the woman's mode of healing as not at all desirable, the grounds for doing so were based on the preposterousness of the presentation of the professional self. Not that her specialization was heretical and totally illegitimate. Bourdieu's projection, then forecloses the possibility of other kinds of perspective positionings and other kinds of relationships between the divergent perspectives.

fails to get squarely attended to is the area of professionalism. We notice that the Nepalese specialization resorts to a technology with its own assortment of instruments and "curative potions"; it has its particular kind of premises for its mode of treatment; it presents a practice geared to realizing changes. And it has its own particular rationale for being effective. Within its own parameters, authentic professionalism is highly pragmatic and deals with the concrete.

But what should not go unnoticed in the concern to understand this ritual form for treating the sick is that in its presentation of authentic professionalism it shares many general features with the western system, albeit different in its particulars. Both have a technology, both use instruments, both portray the specialist as an exalted person and distinct from the others, both claim to be able to generate changes through a deployment of its particular technology; and rely on a particular rationale for being able to do that.

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