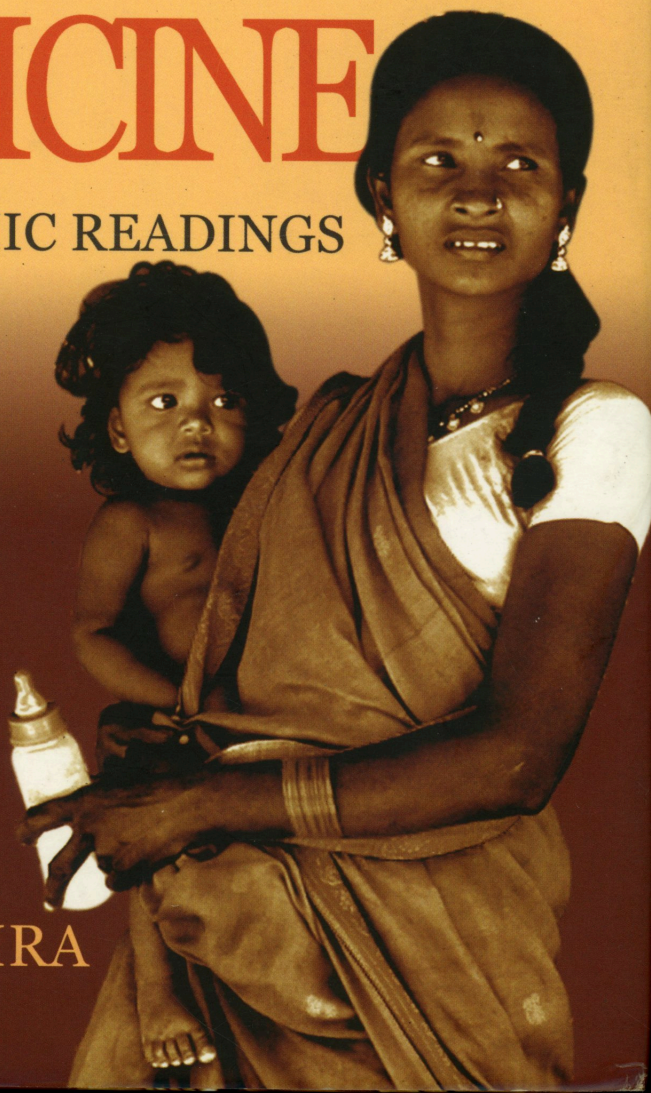




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ETHNOGRAPHIC READINGS



EDITED BY
ARIMA MISHRA

HEALTH, ILLNESS
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MEDICINE

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Registered Office

3-6-752 Himayatnagar, Hyderabad 500 029 (A.P.), India

E-mail: centraloffice@orientblackswan.com

Other Offices

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10

A Paradigm for Well-Being The Social Construction of Health in Rural Sri Lanka

Chandani Liyanage

This chapter attempts to explore the articulation of well-being/ill-being paradigm within the context of rural Sri Lanka. It argues that well-being and ill-being need to be located in the relationship between an understanding of illness and cultural practices. In doing so I look at the space where well-being and ill-being are located within the locus of a village. Illness narratives of the villagers make it abundantly clear that the cosmological order is crucially important in maintaining the social structural hierarchy through their postulation of a well-being/ill-being paradigm. Ethnographic research elucidates the fact that illness is a strategic way for society to perpetuate itself for the smooth running of the social order. These cultural practices reinforce the social hierarchy through well-being/ill-being paradigm. Traditional social relations play a crucial role in maintaining the social order and health and illness in particular have a major share in coordinating these relationships. The empirical evidence of this study highlights the relationship between the space and the healing. Space, therefore become an important fact in understanding the meaning of illness. I argue that illness demands an interpretation

that goes beyond the individual body and specific aetiology to enter the context of culture.

WHAT IS ILLNESS?

As is well documented in medical anthropological literature, health is not just a biomedical reality but a socio-cultural reality as well. The notion of health carries different meanings for different social groups in the society. In large part, well-being and ill-being are socially produced (Freund 2003: 3). Each and every society is inherited with multiple layers of shared ideas and practices regarding bodies (Landy 1977: 468). Thus 'what is normal' and 'what is pathological' differ from one society to another. A number of sociologists have used different perspectives while attempting to answer the question 'what is illness'. These studies have examined the lay perceptions and interpretations of illness. It has emerged from the literature that responses to illness are not simply determined by the nature of biophysical symptoms or individual motivations, but rather are shaped by and imbued with the social, cultural and ideological context of a person's biography. Thus illness is at once a very personal and a very public phenomenon and demands interpretations that go beyond the individual body and medical diagnosis (Nettleton 1995: 69).

How people conceptualise health and illness varies with their position in the society, so that this discourse itself is informed by their interest in other spheres of life. Hence, 'what is illness' should be comprehended within a specific social context. As Auge and Herzlich (1995:160) pointed out, the role of illness as social signifier is a veritable mirror, which reflects the social reality of the interpersonal relations. My ethnographic study argues that well-being and ill-being need to be located in the relationship between illness and the culture. The attempt of this essay is to explore how well-being/ill-being paradigm is articulated within the village space in Sri Lanka, with particular reference to cultural and social structural factors that construct the meaning of illness, the role of society in constructing the status of sickness and structuring of identity. In doing so, I look at the space where well-being and ill-being are located. By adopting an insider's perspective my ethnographic research undertaken over

a period of fourteen months, seeks to understand villagers' illness behaviour in their social and cultural context.

THE VILLAGE PAHALAGAMA

The locus of this study is a village. The village is undoubtedly the embodiment of a cultural unit, a moral universe and coherent cultural order connected to the human body. Similarly, the village space is seen as wide open to both well-being and ill-being producing agents. Buddhist-temples and deity shrines at the village are mainly the well-being producing centres. Meanwhile there are certain other places, which produce ill-effects. However, the accessibility to these positive and negative places is not equal to every one. Within the village space, certain people placed higher up the social hierarchies have better access to well-being, while others are more vulnerable to the effects of locations of ill- health. Accordingly, it is imperative to understand the social structure of the village well in advance through their day-to-day activities and social events in dealing with the articulation of the well-being/ill-being paradigm.

Pahalagama¹ is an old village, its history tracing back to several centuries. It was one of the temple villages² under the rule of Kandyan Kingdom of Sri Lanka. There were two categories of temple villages corresponding to two temples: villages belonging to the Buddhist temples (*viharagam*) and villages belonging to the shrines dedicated to deities (*devalagam*). Twenty-eight villages, including Pahalagama, were administered under the system of devalagam. The villagers in Pahalagama feel privileged as their village, they say, lies in the domain of the goddess Pattini and, lies in her jurisdiction (*Pattini adaviya*).³ The Pattini deity's shrine is situated two miles away from the village. Villagers strongly believe that they are under the protection of goddess Pattini, and call the locality Pattini adaviya.

The social organisation of the community in Pahalagama is both segmentary and hierarchical and is predominantly structured in the idioms of kinship and caste. While some areas of social life in Pahalagama have become relatively 'caste-free', there are many other factors, which continue to be governed by the caste system. It constitutes a segmented structure in which, each segment is

distinguished from the other. The fundamental importance of the caste structure to the social life of the village can be seen in its settlement pattern, which clearly segregates creation segments of the village.

The two principal groups of the Kandyan caste system, the cultivators and the servicemen are further subdivided in the form of professional specialisation. The *goigama* caste is the pinnacle of the Sinhalese caste hierarchy. The term *goigama* literally means 'cultivator of soil' and represents the cultivating or the farming caste. All the members of that caste are not equal; there are placed within it mutually exclusive groups, and there are aristocratic ones who will not intermarry those who are thought of as less aristocratic (Pieris 1956: 171).

The majority of the Pahalagama villagers represent the cultivating caste. This caste is again divided into a number of sub-castes. The highest group in the hierarchy is *radala* who claim to have descended from the prominent land-holding aristocratic families of the Kandyan kingdom that is popularly called as *Valav Karayo* (manorial people). There are forty-four *radala* caste families in Pahalagama, who live in one hamlet. They are the leading landowners, who have been dominating the village economically as well as politically.

Little inferior to the rank of the *radala* sub-caste, there is a small group called *goigama*. As they do not have a specific sub-caste name, and they employ the general designation *goigama*, they accept the superiority of the *radala* caste. There are twenty-six families belonging to this category and a large majority of them are tenants in the village. The third sub-caste category of cultivating caste is called *patti*. There are only four families representing this group who have lately migrated to Pahalagama. They were traditionally associated with cattle farming. The elite *goigama* accept them as being within the caste, but nevertheless insist on their own superiority. At the time of fieldwork, all of them are agricultural farmers in the village.

In addition to these cultivating sub-castes, Pahalagama has one service caste group called *archari* caste. It is the lowest category of the caste hierarchy in Pahalagama. They are the metal workers, silversmiths, blacksmiths, coppersmiths and carpenters, furniture makers and painters as well. There are forty-six families belonging to

this caste. There are number of service castes, living in the outskirts of the village.

Among the villages belonging to Pattini adaviya, Pahalagama occupies a prominent place, due to the fact that the ruler of this area was believed to have lived in this village. He was known as *mohottala*. He was the in-charge of the *Pattini devalaya* too. It is believed that the high-caste radala are descended from this aristocratic family. As mentioned above, they are not only the highest in the caste-hierarchy, but also the main landowners of the village. Nearly 70 per cent of the lands of the village belong to this group. The villagers believe that the radala caste also have special protection or blessings of goddess *Pattini*.

The role of the Buddhist temple is pivotal in relation to social life of the village. There are three Buddhist temples in Pahalagama, which represent each caste groups in the village. The community of *sanga*⁴ is divided into three major sects (*Nikaya*) in Sri Lanka namely: *Siyam Nikaya*,⁵ *Amarapura Nikaya*⁶ and *Ramanna Nikaya*.⁷ These three sects more or less reflect Sinhala caste hierarchy⁸ in which different sects are also represented. The temple member communities, affiliated to different temples, organise all the temple ceremonies of the village. Devotees of different castes visit their respective temples and perform their religious activities. In addition to the performance of religious rites, all other social activities are organised on caste basis. There are a many community-based organisations operating in the village. All these organisations operate under the influence of different caste groups and maintain independent functioning of their organisations. The three temples in the village contribute immensely towards decision making not only with regard to the caste differences, but also towards inter-caste relations.

Sociological and anthropological studies on the rural society in Sri Lanka demonstrate that there has been considerable degree of change in the system. Factors like politicisation, migration, expansion of capitalist mode of production, etc. have contributed in a great detail to bring out certain changes in the caste system (Gunasinghe 1990; Spencer 1990; Rayan 1993). However, in the recurring incidents that occur within the village community of Pahalagama, the caste system is still emerging as a decisive factor

keeping the social network busy and active. My study provides evidence that crossing the boundaries of the caste system is not that easy at all, despite that fact that the mode of production within the village is being metamorphosed considerably. The agriculture-based village economy intermingles with the wider economy, resulting a virtual collapse of the professional basis of the caste system. On the one hand, certain cases reflect modernisation in the traditional professions, while on the other there is an overall diversion from the traditional professions by certain other castes. There it is commonly argued that due to the collapse of caste monopoly in the mode of production, the interdependency of different caste groups has decreased, leading to disintegration of the sense of community in the village. Despite this, however, I argue, these transformations have not been able to make a considerable influence in the rural social structure. Besides, traditional social relations play a crucial role in maintaining the social order and health and illness and particularly in coordinating these relationships.

LOCATING WELL-BEING/ILL-BEING PARADIGM IN THE VILLAGE SPACE

As of now, the internationally acclaimed definition to well-being or health is the one of which has been presented by the World Health Organization. 'A state of complete physical, mental and social well-being and not merely the absence of disease and illness.' As Qadeer has argued, the WHO definition tends to focus on the ideal rather than the actual, since it assumes the notion of an absolute i.e., the complete well-being on an individual, rather examine the relationship of the individual with his/her social environment. It also ignores the fact that health or well-being has a range and cannot be an absolute quantity. Health in reality then, is a social concept evolved and determined by the perceptions of a group or a community and therefore differs from community to community (Qadeer 1985: 199).

The definition by the community of Pahalagama on well-being differs dramatically from the WHO definition. Well-being is defined by the community of Pahalagama as 'living without being affected

by illness, hardship, trials and tribulations'. Their understanding of well-being denotes a happy and contented life without being perturbed by the physical, mental and social *misfortunes*. Hence, well-being is an outcome of a collective achievement rather than an individual achievement. There have been substantial number of beliefs, cognitions and perceptions with regard to the production of well-being and treatment of ill-being in tune with multifarious cultural frameworks.

Sinhalese Buddhist Cosmological Order and Well-being/Ill-being Paradigm

As per the account of Pahalagama inhabitants, they consider with utmost respect that their village lies within the *Pattini adaviya*. There is a strong belief that goddess *Pattini* is vested with an enormous power in producing well-being. She is articulated as a motherly figure within the Sinhala Buddhist culture (Obeyesekere 1984). She is respectfully called *Pattini Meniyo* which literary means 'mother' by the Sinhala folk. Accordingly, mother's portfolio is to maintain well-being among the family circle. Likewise, the mother *Pattini's* duty is to produce and maintain the well-being and keep a check on ill-being within her territory.

However, it has become quite a tough task to locate goddess *Pattini* within the Sinhalese Buddhist cosmological order because of the tremendous regional differences in that order. Several scholars have presented classifications of the supernatural beings that populate the hierarchy of the Sinhalese universe (Kapferer 1983; Obeyesekere 1984, 1977). The Buddha who is theoretically non-existent transcends the Sinhalese pantheon. Subordinate to the Buddha, though composing the proper pantheon, are a number of superior deities who are known as *hataravaram deviyo* (four guardian deities). There is no unanimous agreement with regard to the exact denomination of the four guardian deities. Here locality is important, because Sinhalese conceptual classifications of the cosmic order are highly variable in their details, although they share much in common with the principles, which underlie them (Kapferer 1983). In Kandyan region, *Pattini* is viewed as one of the four guardian

deities in the pantheon. It is clear that the goddess Pattini was one of the patron deities of the Kandyan Kingdom and her worship was part of the official state cults (Obeyesekere 1984: 9).

These four great deities are followed by a variety of other powerful deities, planetary deities (*graha deviyān*) and minor deities. Below these deities is a horde of demons (*yakku*) and lastly a variety of malign spirits (*kumbhanda*) and ghosts (*preta*). Human beings occupy a position between deities on the one hand and demons and ghosts on the other hand (Kapferer 1983: 113–14).

The cosmological order is very important in perceiving the well-being/ill-being paradigm within the Sinhalese Buddhist society. The supernatural agents who occupy a superior status above human beings in this order supposedly produce the well-being as a whole while a rather inferior set of agents, even lower than humans, produce ill-being. However, under certain circumstances, ill-being is also created by superior forces. It is therefore imperative to grasp the notion of *dosa* in identifying the ill effects of supernatural forces. The term *dosa* connotes 'faults' or 'misfortune'. This larger concept of *dosa* can be divided into two main categories, that is *amanusya dosa* (*dosa* caused by non-humans) and *svabavika dosa* (the *dosa* caused by the natural order). All these classifications involve one basic distinction: there are those illnesses caused by natural factors, ultimately traceable to the anger (*kopavima*) of the three humors (*vata*—wind, *pitta*—bile and *kapha*—phlegm) and those caused by non-natural agents (Obeyesekere 1984: 44).

Amanusya dosa are those misfortunes caused by a punitive non-corporeal being. These misfortunes or *dosa* form a class wider than illness, for example, family discontent, drought or famine. The *dosa* caused by non-humans are further classified into various types of *dosa* in relation to the agencies that cause them. Table 10.1 shows that the type of *dosa* caused by non-humans and the forces, which cause them.

The misfortune caused by these supernatural forces and the process of its cessation are well documented (Kapferer 1983; Obeyesekere 1984, 1977). However, there has been restricted attention as to what extent the cosmological order is related to the social hierarchy. While my study provides ample evidence of the fact

TABLE 10.1 *Dosa* (faults) caused by supernatural forces

<i>Type of dosa (faults)</i>	<i>Source of influence</i>
Deviyanne dosa	illnesses caused by the gods
Graha dosa	misfortunes, including illnesses, resulting from unfavourable planetary conjunctions
Asvaha/katavaha dosa	illnesses caused by the evil eye or evil tongue
Karma dosa	misfortunes or illnesses due to someone's bad karma
Huniyan dosa	misfortunes, including illnesses resulting from witchcraft
Yaksa dosa	illnesses caused by devils
Preta dosa	misfortunes or illnesses caused by spiteful ghosts and forebears

Source: Obeyesekere 1984, 1977.

that, the cosmological order maintains a proximate connectivity with well-being/ill-being construction and the social organisation, I also take forward the argument to suggest that social hierarchy underpins ill-being and well-being.

Regional deities stay pragmatically closer to the rural folk within this cosmological order. The goddess Pattini reigns supreme as the regional deity in the area, which includes Pahalagama. She is believed to have gained magical powers to heal not only day to day illnesses and sufferings but also numerous other aggravations that one encounters throughout one's life. Under these circumstances, goddess Pattini is certainly a very influential figure with regard to the social and cultural construction of health and illness in Pahalagama. She possesses a unique power in producing the well-being both as a main deity as well as a regional deity. The shrine dedicated to the goddess Pattini is located a couple of miles away from Pahalagama. It is situated in a double-roomed building within which the *Pattini salamba* (a holy stick kind of instrument) is safely restored. A layman designated as *kapurala*⁹ has been appointed in charge of the ritual performance. Services are held on Wednesdays and Saturdays known as *kemmura* days, which are specially allocated for the propitiation of deities.

Pattini adaviya consists of twenty-eight villages including Pahalagama and the peasants from even outside this boundary

approach here to avail the services of Pattini shrine. Seeking divine help to cure their illnesses for which they make a vow to fulfill certain religious duties is foremost among the religious activities in this shrine. These promises include both material and emotional needs such as the expectant prayers for safe and comfortable delivery by the expectant mothers, prayers for children by infertile mothers, and prayers for job opportunity both local and abroad by jobless mothers, prayers for their children's examination, successes by ambitious mothers and so on and so forth as well as general well-being and happiness. These high expectations amply suggest that goddess Pattini is idealised no less than a mother figure by this community. The inhabitants over here firmly believe that she cares for them for all their emotional and material needs.

Obeyesekere in his research on the institutionalisation of Pattini cult observes a collective ritual called *gammaduwa*¹⁰ and tries to figure out the functioning of Pattini cult as a medical system. Besides, in his discussion on cultural importance of *gammaduwa* ritual, Obeyesekere has further discussed the comprehensive interpretation of health and illness by the rural community. Accordingly, the main objective of *gammaduwa* festival is to maintain the balance in the peasant society. As far as the South Asian philosophical tradition is concerned, equilibrium is an important concept. The Buddhist Middle Path being adhered to the Sri Lankan context further corroborates this.

The universe consists of five constituent elements. They are space or emptiness (*akasa*), wind or air (*vayu*), water (*ap*), earth (*prthvi*) and fire (*tejas*). As constituent elements of the universe they are also manifested in the body. Three of these elements are important: the element of wind manifest itself in the human body as air (*vata*), fire appears in the form of bile (*pita*) and water is present as phlegm (Obeyesekere 1984, 1977). The balance in these three humors can surely determine a healthy, illness-free life. It is imperative to maintain a good balance in the corporeal body as well as in the environment.

In terms of the traditional peasant environment, the two crucial elements are fire or heat and water. Excess of fire in the outer environment leads to droughts, which destroys crops, depletes water resources, and brings the threat of farming to the group. Moreover,

outer heat affects the body, thus producing an excess of the bilious humor (*pitta*) and thereby causing 'heating' illnesses like chicken pox, measles and other infectious diseases which cannot easily be cured by traditional Ayurvedic medicine. Excess of water in the outer environment may also cause flood and crop damage; on the levels of body functioning it can produce disease of phlegm like cough, cold and fevers owing to excess water in the body (Obeyesekere 1984, 1977).

The meta medical meaning of 'fire trampling' and to 'water cutting', which are the two main events of *gammaduwa* ritual, is to create a balanced status between water and fire or in another sense, to produce well-being. As Obeyesekere pointed out, the villagers who participate in the ritual as members of the congregation are called *ātura*.¹¹ As he pointed out further, 'in *gammaduwa* the whole village participates in the ceremony as a congregation; they are individually and collectively both congregations and patients. As a congregation they propitiate the *dēvas* in collective worship; as patients they seek redress and cure from *dosa* or "troubles" both illness and other misfortunes' (1984: 36).

Obeyesekere's analysis is phenomenal in demonstrating *Pattini* cult and its embodied cultural events as constituting a medical system. Thus, with regard to the medical meaning embodied in *gammaduwa* as a *Pattini* cult, illness has a broader, less specific meaning than a physical illness. The integration of the various meanings into a conceptual system is crucial to understanding the *Pattini* cult and the ritual associate with it (Obeyesekere 1984: 41). However, Obeyesekere's attention to the social context of the *Pattini* cult is far less in comparison to its cultural context. Merging of *Pattini* cult with the social organisation has particularly been neglected. Apparently, his analysis is mainly based on the ritual performance of the *Pattini* cult. One can perceive the influential factor on day-to-day activities and interpersonal relations only through a person centred approach. Empirical evidence of this study clearly suggests that *Pattini* cult is a social phenomenon to be analysed in the context of local social organisation. I try to corroborate the fact that it is a belief system that provides the necessary ideological basis to the existence of social inequality and reinforce the social system.

There is no such equal protection from the goddess Pattini conferred equally on each and every individuals living in the Pattini jurisdiction. It is a foregone conclusion that members of the highest-ranking *radala* caste in Pahalagama are the favorite sons of goddess Pattini. Hence, they are exempted from any kind of behavioural taboos. The less privileged castes do not have the access to such guarantees. From the beginning of agricultural cycle, particularly from the very outset of the crops' growth, till the *akkiyala* (the first portion of the harvest) is offered to the deities' shrine prior to human consumption, they are not supposed to prepare any kind of sweet in their homes. Neither can they prepare any oily food, nor can they celebrate any function. It is believed that any violation of these taboos would result in immediate illness or other misfortunes. If any member of the community transgresses these ritual prohibitions, s/he is subjected to severe sufferings and illnesses. But the same is not applicable to the elite castes, who are exclusively privileged with the protection of goddess Pattini. The illness narrative of the sudden illness of Jane who belongs to the *arcari* caste is an ideal example to illustrate the difference in divine protection.

The Sudden Illness of Jane

Jane is a very active and vibrant woman in comparison with her other counterparts in the village. One night, all her sprightly and livewire activities came to a standstill when she was confined to the bed due to her sudden illness. She was taken to the hospital immediately and due medications were prescribed accordingly. The doctor diagnosed her illness as high blood pressure. By the time she returned home from hospital, many of her kith and kin were waiting anxiously to receive her. They were all clueless as to how Jane fell ill despite her hail and hearty life style. After long and lengthy discussions, they finally concluded that this would have been the result of breaking some ritual restraints. As ardent devotees of Pattini deity and living within her own jurisdiction, these villagers were not supposed to prepare any confectionary or fried curry till the *akkiyala* is offered to the deity. The observation period starts from the time the paddy starts growing. They should neither hold any wedding ceremony nor any other festival. Jane had no option but to break this age-old custom in pursuit of a bride for her youngest, smart looking son. Thirty-four proposals could not however be materialised due to one reason or another. Eventually the most agreeable thirty-fifth proposal came up satisfying all the parties concerned. Apart from the time factor, everything else was perfectly matched. Jane was not in a mood to miss this rare opportunity. The

two sets of parents from the bride and groom's sides determined to proceed with the proposal despite the restraint period. Thus the date was fixed for the engagement and Jane's family was supposed to carry confectionary to the bride's house. Jane's family decided to prepare the confectionary at their daughter's place, located 75 miles away from Pahalagama thus avoiding a direct violation of the restraint. The day Jane was going to her daughter's place with her husband by a motor cycle, the day turned inauspicious as the bike had a rare breakdown. They eventually reached their destination after leaving the bike in a nearby garage. They prepared the confectionary, but left it there asking the daughter to carry it to a chosen place where the aspiring couple was supposed to meet. Jane did not want to carry it to her home fearing that it would violate the restraint. But she fell ill at night when her husband was out for shopping.

The family circle diagnosed the illness as a reprimand for breaking the customary restraint. Jane's recent bad dreams only consolidated their conclusion further. Every one thought that she was under some mystic supernatural influence. The engagement took place as per schedule but the family decided to pray to goddess Pattini for Jane's recovery. A fortuneteller's revelation further verified their conjecture that Jane was under certain mystic supernatural influence.

Sinhalese society has a tendency to classify illness based on sources of influence.¹² According to this cultural interpretation, there are many a number of god-caused illnesses. Meanwhile, the contagious diseases, like chicken pox, measles and so forth are believed to be caused by goddess Pattini (Obeyesekere 1984; Noten 1985). These illnesses are particularly called as *Ammavarunge leda* (Mothers' illnesses).¹³ However, high blood pressure is not categorised as a god-caused illness under this interpretation. But the family circle of Jane and the whole community firmly believed it. It was caused with the influence of goddess Pattini. Jane's illness narrative is just a fraction of the discourse of illness within the village. Villagers were trying to verify the fact that the goddess Pattini was well within the capacity of producing any kind of illness or misfortune. Nevertheless, only the sub-caste goigama and other inferior caste groups were vulnerable to this fate. On the contrary, the radala caste with a superior social, economic power, was not only exempted from such ill effects, but was well protected by the goddess Pattini.

Jane's illness narrative clearly suggests that the ideological basis for maintaining the social inequality is amply provided by the Pattini cult through well-being/ill-being paradigm. Numerous rituals on

Pattini deity further corroborate this. The annual festival in the Pattini shrine called *akkiyala mangalyaya/gammaduwa*¹⁴ is the best example in this regard. The resumption of the annual festival takes place in the aftermath of the paddy harvesting in the main harvesting season. The initial portion of the harvest is (*akkiyala*) reserved for Pattini deity. The next thing of importance in the festival is the annual procession.¹⁵

Therein the *Pattini salamba* (insignia) is taken around the village.¹⁶ This is followed by a whole night Pattini prayer along with various rites and rituals to be concluded by treating a breakfast prepared with the new harvest to the village. The enchanting procession and the vivid ritual performances symbolically express the smooth functioning of social organisation and interpersonal relations in the village. Seneviratne's (1978) account elucidates as to how the social organisation is well depicted in Kandy procession. Similarly, the regional Pattini procession symbolically depicts the same social organisation.

As Obeyesekere observed, not everyone was considered as equal in the goddess assembly.¹⁷ In this context *radala* caste is considered as *deva daruvan* (celestial children) literally meaning children of the deity. Others are called *nodaruvan* (lesser mortals or non-children) literally meaning infant. In another word, they are supposed to be a group of men with lesser maturity and lesser grasping power. Hence, the caste hierarchy is significant from beginning to the end of the festival while well-being and ill-being construction is a cultural and social construction.

The salient feature in the context of Pahalagama is that this construction is directly associated with its social structural hierarchy. Pattini shrine functions as a well-being producing institute, yet it is not such an open space and potential accessibility differs from one social stratum to the other. As mentioned above, the elite class is inherited with exclusive privileges and they are called *deva daruvan* (divine children) in order to differentiate from others. They naturally have an easy access to the Pattini shrine. The inferior social strata or the *nodaruvan* (non-children) are denied of such prerogatives. Besides, women are restricted from taking part in the prayers. As a female deity goddess Pattini is popular among the women for

fulfilling their emotional needs, such as blessing for safe delivery of babies, blessing infertile women for having babies and so on, but nevertheless women are debarred from entering inner room of the shrine where the Pattini salamba is preserved. Food for the deity is also prepared by men as women are considered by the society at large as ritually impure. Obeyesekere (1984) rightly puts it 'Pattini cult is totally a male dominated ritual.'¹⁸

These empirical evidences elucidate that the imminence of illness is a strategic social style for the perpetuation of the social order. Therefore, illness seems to be a phenomenon to be located in a social body rather than an individual event in a physical body. Many studies on social production of health and illness categorically mention that there are differences among various social groups on distribution of illness. The illness narratives of Pahalagama not only substantiate this further, but also suggest that the vulnerability to be ill is legitimised by the cultural order. The social organisation and the social activities in other shrines and temples in the area, give further credence to this ideology.

The social organisation and undertakings by the *Kalukumara bandara devalaya* (the shrine of the black prince) which is situated two and half miles away from Pattini shrine is a clear specimen in this regard. The catchments area of this shrine spreads up to eighteen villages in the neighborhood. The conviction of the villagers is that Kalukumara bandara deity bestows blessings and protection both in their illnesses and in cattle's ailments. Sri Lankan society pays a considerable homage to the Kalukumara deity (the black prince) as a major demon. He is notably feared for producing illnesses to the women in their pre-childbirth and post-childbirth situations (Kapferer 1983; Noten 1985: 103). The lesser deities in the cosmological order can also assume dual forms both as a deity and a demon. In this locality Kalukumara is regarded as a deity as well as a demon and bandara is added to his title when he is called as a deity. Hence, the shrine dedicated to him is named as Kalukumara bandara devalaya.

The villagers reach here to fulfill both their emotional and material needs. The akkiyala is offered to both Pattini deities and to Kalukumara deity. Akkiyala offering to Kalukumara deity is followed

by the annual procession and festival. However, the *radala* caste of this area never takes part in the shrine proceedings. On the contrary, the other inferior castes are very much devoted to the function here. One *archari* caste woman confirmed this fact when she remarked, 'ever since I settled down in this village after my marriage, some fifty years ago, I have been seeing those people going to that shrine'.

These narratives make it abundantly clear that the cosmological hierarchy is crucially important in maintaining the social structural hierarchy through ill-being and well-being paradigm. The caste, class, and power structure in Pahalagama overlapped considerably. Hence, the *radala* caste or the highest strata of the caste hierarchy own the bulk of the physical resources in the village. The main antithesis of the illness interpretation between the two social groups in the village is that the elite class with a better socio-economic stability is comparatively more skeptical of evil effects by the demons, spirits and so on.¹⁹ These empirical evidences firmly substantiate that those who are socio-economically powerful in the social order are well protected even by the so-called supernatural agents and hence there is less susceptibility of them being influenced by the lower agents. However, there is a high risk of being victimised by them if one's socio-economic standard gets deteriorated. This issue can be further analysed along with the illness narrative of Nanda who has been a constant victim of demonic attacks.

A Victim of Demonic Attacks

Nanda, a woman belonging to *goigama* caste fell in love with a man of *radala* caste, which resulted in a subsequent marriage against the consent of their respective parents. This alienation symbolically means that the couple with an inter-caste marriage would not be invited for any social gathering or festival organised by the concerned relation group; nor they would participate in any function whatsoever attended by the condemned couple. With the first childbirth after a year of her marriage, Nanda started showing an abnormal behaviour. Her bizarre idiosyncrasy was the hot topic among neighbouring elders and they interpreted her illness condition as an evil attack by the demons or spirits.

According to Nanda's own explanation, the symptoms had appeared in the aftermath of her first confinement. When she returned home from the hospital after a couple of days, she got high temperature and shivering. She was said to have suffered from *vadu geyi sanniya* (a kind of mental stress

after childbirth). She started hating her child and later on even her husband. Somehow, she was reminded of her husband's caring and affectionate steps to rescue her from her misery. Yet the bad omen had never left their nest as the couple suffered from all sorts of troubles. They were never in short pains and sufferings. They had to fight really hard to make their both ends meet. Nevertheless, bad luck was always waiting at their doorstep to exhaust their income. When the whole family saved some hard earned money about fifty thousand rupees for the foundation of their new home, their son met with a terrible motorcycle accident and they had to incur huge expenditure on his treatment. When the elder daughter reached puberty, the whole family suffered from high fever and diarrhea leaving them no opportunity to perform the required rituals for their daughter's stepping into the threshold of a crucial milestone in her life sojourn. Nanda went on to unravel her melancholy as follows.

'All these hardships have been caused by the ill fortune of this land, which has been inherited by the descendents of my daughter's father. Several landowners have already been buried over here. We approached a number of fortunetellers to trace the cause of our recurrent miseries. A popular monk was also approached to check out the tarot cards, which revealed that the dead relations of my husband have taken birth as spirits. All these afflictions are caused by these apparitions. We performed various religious deeds to transfer them some merits but it seems to be quite an ordeal to rescue them from their dungeon. When the New Year was closing in, they started communicating with us. My husband and I were addressed in the dream and they talked about a hidden treasure in this premise. Even after the death, they have still been attached to those material properties. There is a king cobra to protect this treasure from hostile forces. We saw him several days. Once my husband had a narrow escape when the king cobra was just about to trample on him. A woman dressed in white clothes, apparently my mother-in-law, appeared in our dreams and showed us seven golden chains, but never gave them to us. Those people were close fisted when they were alive, and now after death, they still harass us as spirits. We are not allowed to live at peace. Adversities come in scores to us whenever we get some hard earned money'.

Nanda has completed thirty years of her married life and there have been several occasions when her illness surfaced and was noticed publicly in the village. First, it occurred at the funeral of one of her husband's relations. When the beating of the funeral drums started, Nanda came crashing in and started dancing as a possessed woman. Her abnormal behaviour was first noted by the public at that time. The crowd there immediately diagnosed her plight as a misfortune caused by an evil ancestral spirit or *preta*. They concluded that she had been possessed by the evil spirit of her husband's relation.

Nanda's idiosyncratic illness surfaced again at the time of a whole night *pirith* chanting ceremony²⁰ in the Buddhist temple. There again the beating

of drums stimulated the evil spirits to take over Nanda's corporeal body. As Nanda pointed out 'we are often worried and frightened as to when the onset of a new pain and suffering would come to us'. This grumbling of Nanda elucidates the vulnerability of her family towards misfortunes and illnesses.

It is a common observation that illness is culturally and socially constructed. Sinhalese often refer to the cosmological system as being reordered into three spheres of worlds: the world of deities, the world of human beings, and the world of demons (Kapferer 1983: 118). This cosmological order suggests that the world of human beings lie in between the world of deities and the world of demons. As mentioned above, the deities on top of the cosmological hierarchy mainly produce the well-being though they produce the opposite result under certain circumstances. These empirical evidences clarify that the socially powerful group of the community is more protected as compared to the weaker section of the society, who are often susceptible not only to the endless illnesses and misfortunes but also to the demonic attacks. Individuals are likely to be attacked by demons when they are physically or mentally secluded. This seclusion is essentially a state of mental depression. Illnesses caused by the demonic attacks are called *tanikam dosa* (physical or mental isolation) by the villagers. There are several locations in the village identified as illness making spaces. The rural community believes that the well taking bath, graveyard and desolate areas are safe havens for the demons and spirits. The risk of being attacked by the demons is more when one wanders there at unsuitable hours that are the noon and the twilight. This makes it abundantly clear that there are physical as well as social territories for both high ranking and low ranking agents in the cosmological order. These two territories are evenly commensurate with each other as far as their influential roles are concerned.

Demonic attacks mainly take place when somebody is mentally and physically fatigued or exhausted. Kapferer maintains that women are usually more vulnerable to these attacks as they are physically and mentally weaker and inferior. Besides, they are ritually more impure in comparison to their male counterparts (1983: 112-18).

The significant moments in a woman's life, such as reaching menstruation, pregnancy, confinement, etc. are more susceptible

times for demonic attacks. Hence, it is a paramount duty of the family circle not to leave the woman in isolation at such events. Nanda's illness narrative is a concrete example in comprehending the social structural factors of illness construction in relation to the demonic attacks. Each and every crucial event in Nanda's life passes in segregations from her entire family circle. Nanda's dark age resumes at a very crucial juncture of her life, that is, her inter-caste marriage. She encountered quite a lot of problems in trying to adhere to the social structure within the village space ever since she got married. Somehow, every single attempt of Nanda's adjustment process ended in a failure. Her traumatic illness symptoms started surfacing themselves slowly and gradually since the delivery of her very first child. The mental condition in the aftermath of *vadu geyi sanniya* needs more attention as compared to the physical plight. Her resentful feelings towards the child and the husband and so forth express the patient's alienation, state of being neglected and expecting more attention. Pregnancy and childbirth essentially need special attention and the family circle has a social responsibility for the same.

The other incidents of Nanda's illness narrative further consolidate her alienation from the social structure. For instance, she narrated the mysterious illness condition of the whole family at the time of her daughter's reaching menses period. 'The whole family was sick that time. We were soon recovered in the hospital. But we fell ill again the moment we entered our home.'

A girl's reaching puberty is a significant event in rural Sri Lanka as it is ceremoniously celebrated along with kith and kin, friends and well-wishers. On this particular occasion, Nanda was no way capable of inviting her relation group to perform the rituals. Nanda opines that the New Year season invites more evil influence than other times. Sinhala Hindu New Year is a unique forum for meeting the relations and consolidates the family bond. The climax of Nanda's illness was witnessed at the time of her relation's funeral and the *Pirith Pinkama* (chanting of Buddha's discourses) amidst a capacity crowd of family members. Each and every critical event of her illness narrative gives light to the fact that her illness emanates from the very social body and gradually expands. Her demonic possession in front

of a large gathering symbolically suggests that she wants to express her longstanding depression in the subconscious and to emphasise the social responsibility underneath her illness. Individual body is open to the social body herein. A person's social location in socio-economic stratification influences how much power the individual has to manage his or her body and external environment.

Within the South Asian context, illness cannot be understood by a Western notion on authority. As Dwyer (2003: 111) correctly points out, in India as in other non-modern societies, the individual is not an autonomous independent agent in the sense that these terms apply to modern man, for while in the West, the human subject is held to be singular, unique and bounded having become both a basic fact of low and a conscious moral being who is free and responsible. The heuristic evidences of this study imply that illness is a collective pain on representation with its own physical and social boundaries. Hence, in order to realise the meaning of illness, it should be interpreted with its own cultural and social context. Dwyer's anthropological study on 'supernatural affliction and its treatment in North India' highlights further the aforesaid approach. He is of the view that 'Difference between Indian and Western conceptions of self and emotions stressed that persons in Indian society are collective beings ideologically and lack individual autonomy'.

Nanda's illness narrative categorically suggests that illness is rather a collective pain. Similarly, sickness is no merely the condition of an individual but also related to the larger social order. Besides, it emphasises the importance of social power in shaping social structural arrangements. As Donna Haraway (1990: 139–69) argues neither our personal bodies nor our social bodies maybe seen as natural in the sense of existing outside the self-process called human labour and that as a feature of ideology. The universalised natural body is the gold stranded of hegemonic social discourse.

The body as an experiencing agent is evident in recent social science work on the experience of illness. Douglas drew attention to two bodies i.e., social body and physical body. She argued that the perception of the physical body is mediated by the social body. Then physical body provides a basis for classification and in turn organisation of the social system reflects how the body is perceived.

The social body constrains the way the physical body is perceived. The physical experience of the body, always modified by the social categories through which it is known sustains a particular view of society. There is a continual exchange of meanings between the two kinds of bodily experiences, so that each reinforces the categories of the other. As a result of this interaction the body itself is a highly restricted medium of expression (Douglas 1970: xiii).

How cultural and social structural factors construct the meaning of illness has been well documented through the case material so far. The social organisation pattern in Pahalagama progresses hand in hand with the cosmological order of the upper class social strata, which has a high accessibility to well-being while the lower class is more often vulnerable to the ill-being factors. This vulnerability is essentially a social construction and a recurring reproductive process of such a social order gets underway through the same.

CONCLUSION

This essay demonstrates how health is not just a biomedical reality but a socio-cultural reality as well. The socio-cultural and religious beliefs are having a great impact on the well-being and ill-being of a community member in a traditional society. Through patients' narratives, an attempt has been made here to locate the well-being/ill-being paradigm within the village space. This ethnographic study argues that the well-being and ill-being needs to be located in the relationship between illness and culture. In doing so, I look at the space where well-being and ill-being are located through the ethnographic research. Illness narratives of the villagers in Pahalagama make it abundantly clear that the cosmological order is crucially important in maintaining the social structural hierarchy through well-being/ill-being paradigm. Empirical evidence of this study elucidates the fact that illness is a strategic way for society to perpetuate itself for smooth running of the social order. Many studies on social production of health categorically mention that there are inequalities among various social groups on distribution of illness. Findings of this study not only substantiate this further, but also suggest that the vulnerability to get illness is duly legitimised by the cultural order.

These cultural practices reinforce the social hierarchy through well-being/ill-being paradigm. This vulnerability is essentially a social construction and a recurring reproductive process of such a social order gets underway through the same. It does not mean that the said social system is a constant, unchanged flow, yet the transformation is relatively slow and less effective. Traditional social relations play a crucial role in maintaining the social order and health and illness in particular have a major share in coordinating these relationships.

The case materials of this chapter further verified the relationship between the cosmological order and its social hierarchy while producing the well-being and ill-being process in the village. Accordingly, the upper social strata are privileged with high access to the well-being while the lower strata are more vulnerable to the ill-being. Insofar as, the formulation of the identity of sickness, they tend to be more susceptible. Various mechanisms are underway within the village in order to carry on the smooth functioning of social order, though under certain circumstances this order is disturbed, resulting in 'unwellness' in the relationships and disordered individual body is only an expression of disordered social relations. Space, therefore, becomes an important factor of concern while understanding the meaning of illness. Therefore illness demands an interpretation that goes beyond the individual body and specific aetiology.

Endnotes

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¹ The Pahalgama is a pseudonym for the village.

² Villages of Kandyan Kingdom were identified by their over-lordship: villages belonging to the crown (*gabadaagam*); to the feudal aristocracy (*nindagam*) and to the temples (*viharagam and devalagam*).

³ The jurisdiction of goddess Pattini.

⁴ The order of Buddhist monks.

⁵ The largest of the three principal sects divisions of the Sangha, is restricted to higher caste. In the context of Pahalagama it represents the radala sub-caste.

⁶ One of the three principal sects of the Sangha represents the middle strata of the Sinhalese caste hierarchy. In the context of Pahalagama it represents *govigama* and *patti* sub-castes.

⁷ Smallest of the three principal sects of the Sangha represent the lower strata of the Sinhalese caste hierarchy. In the context of Pahalagama it represents the *archari* caste.

⁸ The doctrine of Buddhism does not promote caste system and theoretically Buddhism is opposed to caste system. But when one considers the history of Buddhism and the way it has operated in Sri Lanka, it becomes clear that there are certain institutional features that are shaped on caste lines even in religious ceremonies and in certain customs, institutions and activities based on caste structure are visible (Seneviratne 1978).

⁹ This term is generally used all over Sri Lanka for any priest propitiating the gods (deva) of the pantheon.

¹⁰ The most important ceremony performed by the pattini priest was the *gammaduwa* or 'hall in the village', a cycle of rituals performed as an annual post harvest thanks giving by a village or a cluster of villages.

¹¹ The literally meaning of *atura* are sick people or patients.

¹² Herein the concept of *dosa* is important.

¹³ The reason was the Pattini deity's articulation as mother figure in the Sinhala society.

¹⁴ It is a village festival and the united celebration by the villagers.

¹⁵ This is called 'akkiyala' festival as the main objective of this fest is to offer the initiation portion of the harvest at the end of Maha kanna (major cultivation season) to the deity.

¹⁶ Ritual performances of annual festival are more or less similar to Obeysekara's account on Gammaduwa ritual. In general kapurala carries the insignia of the goddess and goes around the boundary of the village.

¹⁷ Obeyesekere's account suggests that all the villagers are called *atura* (sick people) in the *gammaduwa* ritual.

¹⁸ See Obeyesekere 1984. *The Cult of the Goddess Pattini* for further details.

¹⁹ During the fourteen months of my field work, there was not a single minor or major ritual by the elite social group to cast away the evil attacks while the lower caste groups held a number of such rituals.

²⁰ *Pirith* is a holy Buddhist function, chanting Buddha's discourses, throughout the night, to shower blessings on the concerned parties.

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