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Stacy Leigh Pigg
Cornell University

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**Here, There, and Everywhere:
Place and Person in Nepalese Explanations of Illness¹**

Stacy Leigh Pigg
Cornell University

We ethnographers of Nepal always begin by localizing our generalities, placing statements about Nepalese culture and society between the qualifiers of "this ethnic group" or "this region."² Indeed, the picture of diversity in Nepal is quite complex. The high-caste Hindu-dominated nation is home to myriad peoples, mostly of Tibeto-Burman origins, whose languages, customs, rituals and ways of life reflect both distinctive cultures and centuries of cross-group interactions. Regional differences are quite pronounced: from the southern plains to the middle hills, to the high mountains; from east to west; every district, every river valley has its own unique configurations. And so the ethnography of Nepal has been concerned primarily with illuminating the pieces of the ethnic mosaic, and only secondarily with tracing the patterns and shapes that constitute people's picture of a national society.

However, it is clear that difference and diversity are organized in Nepal: institutionally, through the state, and culturally, through the ways people conceptualize their relationships to other people and other places.³ How do people in a given place in Nepal understand themselves as unique? What do they believe they have in common with their neighbors of a different ethnic group, with the people over the ridge, the people in Kathmandu, with people anywhere? If culture is a way of understanding the world, it is also, for individuals, a way of understanding one's place in it. In this sense, any culture contains the outline of its own folk anthropology, an often implicit theory for conceptualizing human universals and local particulars.

This paper focuses on how themes of universality and particularity are played out in Nepali people's explanations of illness. Understandings of what makes people sick, and explanations of why someone--here, now--is sick contain densely meaningful propositions about locality, social placement, and trans-local relationships.

For the ethnically-diverse people living around Bhojpur Bazaar, in eastern Nepal, a sense of locality is especially pronounced. By placing themselves they make sense of the relationship between different ethnic groups, between regions in Nepal, and between underdeveloped and developed countries. People's knowledge about who they are and who they are not emerges from the accumulated details of their collective experience beyond the locality where they farm. I emphasize this because the prevailing image of Nepalese villages is that they are remote and isolated closed communities. But in fact villagers do have a trans-local, even trans-national perspective. People of the Bhojpur area have a long history of travel, whether for pilgrimages or petty trade, seasonal migration to the plains or permanent migration to Sikkim, Assam, and Bhutan, or tours of duty in the Gurkha regiments of the British army.

¹First delivered as a paper for the 18th Annual Conference on South Asia, Madison, WI, November 3-5, 1989; and the Annual Meeting of the American Anthropological Association, Washington, D.C., November 15-19, 1989.

²This essay is based on research conducted in the Bhojpur Bazaar area in Kosi Zone, eastern Nepal, from 1986-1988. Research was supported by a Fulbright-Hays Doctoral Dissertation Fellowship and the Social Science Research Council.

³Studies of state organization of diversity include Burghart 1984a; Gaborieau 1982; Höfer 1979; Levine 1987. Levine 1987 and Holmberg 1989 (especially chapter two) address cultural conceptualizations of difference.

Moreover, development institutions, such as schools and health posts, together with the pervasive influence of Radio Nepal and the intermittent, but influential images from Hindi movie videos, bring national and international perspectives to local areas.

All people in Bhojpur share a sense of the way things are "in our Bhojpur" or, more broadly, "in our hills." They see affinities not only among themselves, despite ethnic differences, but also among all the inhabitants of the middle hills.⁴ Embedded in their sense of "hill people" is a general vision of "the village." When people highlight certain ways as village ways, they are contrasting the village with increasingly town-focused images of development and modernization in Nepal. As the gulf between the cosmopolitan, urban elite and rural peasants becomes more pronounced, and more politicized, villagers become more conscious of themselves as a "backward" segment of national society. They also see Nepal's underdevelopment in relation to more developed places, such as India and Hong Kong. People's identities, as understood in relation to who they are not, are complex and multi-faceted. They are men and women, parents and children, rich and poor, of this ethnic groups or that; they are Bhojpur people, hill people, villagers, Nepalis, Asians.

They are also people whose life, as they like to say, is one of "*dukkha*"--hardship. Illness is foremost among the hardships of life. People's explanations for the illnesses that afflict them show the complicated relationships that shape people's lives. Illnesses can be signs of bewitchment, moral transgressions, the "sport" of deities, the hunger of ghosts, the imbalance of bodily humors, mechanical failure of the body, and uncontrollable fate.⁵ I offer no taxonomy of native conceptions of illness because people in Bhojpur consider the universe of influences that affect their well-being to be an open one, expandable and diverse.⁶ They are quite interested in adding to their knowledge of what causes illness and what cures them. When people in Bhojpur hear about the techniques of shamans from other parts of Nepal, techniques that are different from those they themselves have witnessed, or hear about a certain kind of ghost, they inquire about the details. Sometimes they decide the difference is one of

⁴The Bhojpur Bazaar area is populated by high-caste Hindu Brahmins and Chhetris, Newars and Kumals (a Newar "sub-caste", locally distinguished by all from the "Shrestha" Newars), Rais (the originally inhabitants of the area), Tamangs (who are Buddhist), and Hindu occupational castes. While the Bazaar itself has a predominantly Newari population, in the nearby village where I based my study, the population was balanced among Brahmin-Chhetris (25%), Newars and Kumals (26%), Rais (22%), and Tamangs (17%). All area residents speak Nepali as a first language. No single caste/ethnic group (*jat*) forms a local elite (though Brahmin-Chhetris and Newars tend to be somewhat wealthier on the whole and the occupational castes form a clear underclass). People are oriented toward a common local society, and *jat* structures only some aspects of cultural identity.

In the domain of illness and healing, people of all *jats* share common assumptions about affliction, its causes, and its remedies (c.f. the situations described by Blustain 1976; Levine 1988).

As hill people, they contrast themselves to the more Tibetan people who live at high altitudes farther north (Bhote), whom they view as rather uncivilized. They also contrast themselves to the people native to the Plains bordering with India (Madeshi), whom they regard with suspicion.

⁵It must be emphasized that people understand ghosts, deities, witches, humors, planets, etc., as influences that affect their lives. These are not "causes," in the biomedical sense, that produce specific, identifiable types of illness. Though people recognize certain patterns that help them narrow their suspicions and focus their diagnostic attempts, illnesses are viewed as manifest signs of the influences affecting a persona, not as direct result of a causal process it is not clear to what extent people adopt the biomedical model of illness etiology when they incorporate disease names into their views of illness.

⁶Certain distinctions are, of course, salient. "Bodily illnesses" (*jiuko betha*) are distinguished from other illnesses by being a matter of physiology. It is also important (but often difficult) for people to distinguish "ghosts" (*bhut*) from "deities" (*deuta*). Some of these have distinct sociological identities (e.g. the ghost of so-and-so, a Rai woman who died in childbirth; or a distinctly "Tamang" *deuta*). Intentional and unintentional witchcraft are also distinguished. My suggestion in this essay is that to understand Nepalese conceptions of illness, we must focus on the taxonomic thinking of Nepalis rather than reifying the taxonomies themselves.

terminology but not of substance. In other cases, when the difference is great, they feel they have discovered something new about the complicated, unseen world that influences their lives.⁷

This disposition to incorporate the new into local knowledge contributes to local particularity in way of viewing and dealing with illness. Not only do new, troublesome ghosts emerge when a local person dies an unnatural death, but ghosts of drowned people wash down streams to other villages, brides bring obligations to spirits from the natal village when they marry, and spirits from the plains attach themselves to people who come up the trails into the hills. People assume that they are surrounded by more ghosts, spirits, and deities than they have the ability to identify. No two communities in Nepal are likely to know exactly the same universe of these creatures nor have precisely the same shamanic traditions to mediate with them.⁸

And so we find that when we compare ethnographers' lists of illness-causing spirits, and the compilations of means and methods of witchcraft, and the descriptions of shamanic cures from different

⁷Thus, people who have travelled (for example, a young man who became a shaman while living in the Terai and was possessed by powerful "plains" deities) and people from other places (for example, foreigners who carry medicines, or shamans from other parts; *saddhus* who teach a *mantra* to a local person) are looked to for a contribution to the well-being of the community. These people may have bits of knowledge, or medicines, that would expand the local repertoire.

⁸Researchers have identified a variety of shamanic traditions in Nepal (see Hitchcock and Jones 1976; for a discussion of varieties of practitioners in an area similar to Bhojpur, see Allen 1976:511-527). In Bhojpur, shamans (*dhamis*) act as oracles, enlisting the help of spirit familiars who divine the nature of an illness and aid in curing it. In general, shamans are people who have been "touched" by spirits and given a *mantra* and other knowledge by them in dreams. In the course of a lifetime, a shaman may come to have relationships with a growing number of spirit familiars (which, apparently, can include both *bhut* and *deuta*). When a local shaman gains a new spirit familiar this expands the local community's knowledge of what goes on in the invisible supernatural world. People liken a shaman's spirit familiars to influential contacts in government offices: the more "source-force" one has, the better one's access to the world of officialdom.

In addition to the oracular possession of shamans, other sorts of ritual or religious healers exist, both in Nepal in general and Bhojpur. These include ritual specialists such as brahmins and lamas, as well as a variety of people who "know" something about spirits or herbal medicines or both without being full-fledged shamans. The dramatic all-night seances (*chinta*) in which a *dhami* gives divinations and performs curing feats such as the sucking of sorcery bundles (*putla*) from people's bellies are far outnumbered by the everyday occurrence of minor *jhar-phuk* (literally, sweeping and blowing) to heal people.

Much knowledge of healing depends on the unique history of a given practitioner. An herbalist, for example may have learned some of what he knows about plants from his father, who was also an herbalist, may have innovated other techniques on the basis of his own experience, may have incorporated a few tips from a person he met on a trail once on a pilgrimage, may have picked up a few ideas during time he spent as a migrant laborer in Calcutta. Local knowledge may change over time, as well, as influential specialists die and new ones take their place.

places in Nepal that there is a great deal of surface variation.⁹ Even within a single community, even among specialists, there is a disagreement about the varieties and the attributes of spirits.¹⁰

The different elaborations on the same themes we see both across regions of Nepal and within a single locality suggests that the names and attributes of these influences--whether a variety of ghosts known as *masan* are short or tall, whether the spirits *saruwa* and *moch* are the same or different--are inconsequential. In other words, divergent ways of appeasing a spirit or different classes of ghosts do not reflect substantially different world views.¹¹ Quite the opposite is the case. Different detailed descriptions point again and again to very similar conceptions of the place of the person in a web of influences.

So why do people continue to remark on, elaborate, and emphasize these details? There is a common framework of similar knowledge about how ghosts come to exist and why they attack people, what witches can do and why, how deities interact with human. But a homogenous, generally accepted description of particular beings has not emerged out of centuries of trans-local interactions. Instead, people continuously discover, mark, compare, and comment upon the differences between each locale's knowledge. I am suggesting the meaning of the proliferate variation lies in its capacity to express social differences. These differences acquire meaning in the context of an overarching cultural pluralism.

If you ask people in any locale what kinds of things can make people sick, you will end up, after months of compiling their different answers, with a profile of the varieties of creatures that trouble them, and with a general picture of the influences that affect a person's well-being. It is this general

⁹For example, Stone (1976) describes *lagu* (a generic term for various ghosts) as a common source of affliction in a village in west central Nepal. In Bhojpur, *lagu* were sometimes mentioned but as a residual category of spirits. Much more talked about were *jangali*, a kind of forest spirit (these are also know as *sikari*, which, in other parts of Nepal, refers to the spirits of dead shamans). Blustain (1976) records two kinds of ghosts known to the people of Hindu-Muslim community in west-central Nepal: *bai*, souls that become ghosts when the corpse is touched by people of another *jat*; and *pichash*, someone for whom the proper funerary rite has not been performed. On Bhojpur, the term *bai* is not used, and *pichash* (also rendered *pisat*) refers to generic, unidentifiable ghost-creatures. In Bhojpur, the term *jagitra* applies to both kinds of ghosts Blustain describes. Examples such as these are numerous. In addition, certain spirits are linked to certain peoples. The Rai *pitra* reside only in the ancient Rai territory of Majh Kirat, and they are unheard of to the west of concentrated Rai settlement. Likewise, spirits known in other places, especially areas that have a large non-Nepali speaking population, are unfamiliar to people in Bhojpur.

¹⁰Nearly all ethnographers who have written on the subject (myself included) qualify their discussion of kinds of spirits (and kinds of practitioners) with remarks about disagreements among informants, vagueness in definition, and the overall difficulty of imposing systematicity on unruly data. Allen (1976) alone has proposed a different approach, cautioning against searching for clarity and consistency in Nepalese illness beliefs, when, in fact, informants insist on variability and vagueness. Allen argues that conceptual slippages accommodate the changes that occur as groups influences each other. My argument here can be read as an extension and refinement of Allen's little debated but highly provocative claim about ill-defined conceptual categories and historical processes in Nepal. Like Allen, I am suggesting that variability and vagueness be placed at the center, not the margins, of analysis.

¹¹This assertion raises the question of where, exactly, cultural boundaries lie. I make it boldly because its limits are precisely what I am concerned with here: what kinds of differences are interpreted as equivalences, and what kind are interpreted as cultural boundaries? Divergent ritual practices do sometimes represent what people themselves see as cultural differences. Levine (1988) describes a case in which the Tibetan people of Humla find cults of oracular possession (and the animal sacrifices that accompany them) "foreign" and profoundly unsettling. At the same time they view these practices as alien and associate them with "Nepalis" (i.e. the local Hindu population) they also sometimes participate in them. Levine interprets their participation in these rituals as a way the Tibetans have of participating in the dominant national society. In this case, difference matters in a way that it does not for the people of Bhojpur.

understanding of how people are located in the world, and what can befall them, that allows people in Bhojpur to understand the knowledge of illness they encounter in other places.

Some illnesses result from problems in people's relations to each other, living or dead. Envy is what provokes witches into destroying their neighbors through magical spells. Hunger and yearning motivates pathetic, wandering ghosts to prey on the living. Deities demand to be honored, fed and respected or else they will punish people. These creatures are as much a part of local society as one's kin and neighbors, and they must be cajoled, placated, flattered, or scolded in accordance with people's relationship to them.

Other illnesses can be attributed to more neutral and regularized forces: the determinacies of fate, the pull of the planets. Explanations of illnesses that rest on planetary alignment (*graha; din dasha*) and fate (*kal*) shift the focus from local and erratic social relationships to the Hindu "big picture" in which slow, cyclical cosmic processes are at work. Still other kinds of illnesses are regularized by natural laws of physiology, and these observant human beings can learn to recognize and control. Illnesses resulting from imbalance of hot and cold humors in the body, or tumors, or what are conceived as a mechanical failures of the body, or germs are all understood in terms of natural processes that people can predict and manage.

Social, supernatural, cosmological, material forces together affect people's well-being. But some of these influences operate everywhere, while others are at work only in certain places or on certain kinds of people. Illnesses resulting from physiological processes for example, bear the stamp of universality. Measles in Bhojpur is presumed to be the same as measles in China. The medicines that work in America work in the village. Spanning geographical distance and social differences, these forces are global.¹²

On the other end of the spectrum, ghosts and spirits reside locally. They only affect those who encounter them. Everywhere that ghosts exist, people will be subject to affliction from them. The Chinese cemeteries in Hong Kong, through which Gurkha regiments have had to carry out military exercises, are replete with ghosts. One man told me of an entire unit that was struck ill, down to a man, after spending the night on maneuvers in a cemetery. "The fact that American and Britain illness is not attributed to ghosts leads villagers to conclude that the density of ghosts is simply less in those countries. People often remark that Nepal is home to a remarkable number of ghosts, spirits, and deities, perhaps, they speculate, more than anywhere else in the world. More importantly, the specific kinds of spirits one contends with in Nepal vary from place to place. Some spirits and ghosts remain in one area for a long time, others wander more and farther afield. Thus, some say villagers have a greater concentration of spirits than do towns and cities, because villages have more streams, forests,

¹²"Universality" is in fact quite complex. Planetary influences affect people in certain ways both because of where they are and who they are (i.e. when and where they were born). This is why individuals horoscopes differ and astrological tables must be drawn for specific longitudes and latitudes. Likewise, certain diseases may prevail in one place but not in another. Malaria, for example, strikes people in the lowlands but not in the hills. Processes may be universal (and impersonal) but people are located in relation to them in different ways.

The complex relations between persona and place in Tamil Nadu (Daniel 1984) are analogous (and to some extent very similar to) Nepalese conceptions of the influences that affect well-being. In particular, Nepalis hold a notion that people are suited to their appropriate native climate. Thus people from the hills tend to fall ill when they live in the Terai (and vice-versa) because the "climate doesn't suit them" (*hawa pani mildeina*).

I am suggesting that kinds of "locatedness" structure Nepali people's pluralistic understanding of illness. This is why I emphasize the "universal" and the "particular." When we look at the place of cosmopolitan medicine and biomedical concepts in this scheme, the relationship appears to be one between social and individualistic explanations of illness. Notably, biomedical models of illness exclude social factors from the accounting for sickness (Mishler et. al. 1981; see also Hepburn 1988). The contrast between social and individualistic constructions of illness is important analytically. However, it is not clear that Nepali villagers adopt a biomedical framework when they begin to seem themselves suffering from TB, etc. Social/individual is not (yet) the salient distinction for them.

and bamboo groves, the very places these creatures like to reside. Others say that cities are dangerously ghost-filled because of the density of the human population. Even more specifically, some kinds of spirits prey on certain categories of people. One example are the ghosts of deceased infants (*saruwa*), who affect only child-bearing women and infants. Lineage deities are another example. If a Rai violates custom by eating newly harvested rice before it has been offered to the lineage ancestor-ghosts (*pitra*), a senior family member will fall ill.

In short, influences on well-being differ in their scope: some affect all people, everywhere, in the same way, while others only affect people in specific places or social categories. Moreover, these influences also imply certain relationships among people, between people and their cosmos, and between people and the material world.

To be a victim of witchcraft is to experience the damage of anti-social thoughts and actions. To suffer misfortune because of one's position relative to the planets is to be caught in forces beyond anyone's control. To have a cold, or a disease, is to be out of balance physically. By referring to one kind of influence on well-being over another, an explanation for a person's illness highlights aspects of that person's position in a local society and the cosmos at large.¹³ In pinpointing the location of a person in a web of influences, explanations of illness provide a means through which villagers talk about how they are like and unlike people of other villages and towns, other regions of Nepal, and other countries.¹⁴

This sense of what is different about being "here" and "there" extends to people's understanding of the contrast between hill villages and places that are "developed." One former soldier in the British Army told me that "shamans will never emerge in America" because it has become a "big country" (*thulo des*) with "much development" (*dherai bikas*). "It is only in underdeveloped countries like Nepal," he said, "that there are these ghosts and such." The village is a place where, much more than in places that are "developed," ghosts, spirits, and witches are apt to bother people. To be a villager is necessarily to have to cope with these creatures.

¹³Because all influences operate simultaneously on a person, illnesses rarely have a single cause. For example, a woman's position relative to the planets may make her vulnerable, so that when a witch enlists a ghost to send after her, she is affected. At the same time, other spirits might follow the ghost sent by the witch and also attack her. Symptoms are ambiguous: the suffering itself is merely a sign of hidden processes that requires interpretation.

When people in Bhojpur try to understand and account for someone's illness, they are little concerned with isolating a root cause. Rather, they try to tease apart from the tangle of influences the ones that are primary and subject to human intervention. Villagers' process of diagnosis begins at the point of suffering, and it works to connect that suffering to myriad relationships until the illness itself recedes from view and what is left are the relationships that constitute a person's life. This is in contrast to biomedical thinking, which isolates a disease and its causal factors, abstracting illnesses from the people who experience them (see Stone 1988 for a longer account of the social contextualization of illness in Nepal).

The complex, simultaneous effects of different influences as well as the ambiguities of symptoms, open illnesses to diverse interpretations. The same even can be explained in a number of different, equally plausible ways. Thus the interpretation of an illness asserts something about the person who suffers it (and also about the person who has the knowledge to interpret it). The polysomy of illness becomes a tool for the negotiation of identity. When people characterize an illness as a biomedical disease rather than as an attack by a spirits, they are asserting not only their ability to recognize and suffer from the illnesses of developed countries but also their need/right to participate in "modern" healing techniques (c.f. Crandon 1986).

¹⁴The assumptions people make are revealing. For example, while no one ever asked me whether people of my "jat" have their destiny written across their forehead (because people naturally assumed that it was, just as theirs was), I was often asked whether we have witches and ghosts in my country.

These days, in Bhojpur anyway, to be a villager is also to know that you suffer from diseases that biomedicine has named: TB, ulcer, jaundice, tetanus.¹⁵ These diseases, along with their English names, are smoothly incorporated into local knowledge of illness. Like humoral balances, they are matters of physiology and not society, and hence common to everybody, as they put it, "who bleeds when cut." People's understanding of illness is pluralistic and encompassing. This mode of thinking provides ways of accommodating that which is outside local tradition.

From the perspective of educated elites in Kathmandu, or westerners working in international development agencies, the preoccupation of villagers with ghosts and witches is attributed to "belief" or "superstition." But from the perspective of people in Bhojpur, being a person in this place means having many complicated relationships both in the society of living people and the society of unseen beings. Constantly coping with the malign acts of your neighbor who is a witch, and capricious games of the spirits who live in the bamboo grove where you cut fodder, and the yearning ghost of a village woman who died in childbirth--this is the lot of the villager. Such problems are both the consequences and the signs of one's identity.

This link between identity and illness carries over to why the way people interpret the afflictions that strike people in other places. When people equate a kind of spirit they know with one known elsewhere in Nepal, they translate: "what they call x, we call y." In translating, they are asserting a kind of brotherhood. Suffering from attacks from a similar kind of ghost means living in similar societies with common motives, disturbances problems, and obligations.

Just as being plagued by similar kinds of ghosts indicates a commonality between differently communities, so too does suffering from diseases with English names signal similarities between the village and places of "development." In an increasingly development-oriented Nepal, many people in Bhojpur use a pattern of translation to mute the dissonance between local and cosmopolitan approaches to illness.¹⁶ Consider a school teacher who insists to an American anthropologist that: "what has been shown is that when children suffer from what the doctors call 'tetanus', in the village that is called 'affliction from the forest spirits' (*jangali lageko*)." Although not all such propositions are widely accepted in Bhojpur, these attempts to seek out equivalences between the afflictions known in the village and the diseases known to doctors follow a logic that stresses commonality. The difference is reduced to a matter of terminology.

It is when villagers see themselves suffering afflictions that are different from those that occur in "developed" places that the gulf between these two worlds is emphasized. "No one in the village gets this 'cancer'," some people say. Or, when they hear about a disease: "we don't have that here." These comments are made in the context of development propaganda in Nepal, the overall message of which is that villages are the antithesis of development. When some people in Bhojpur assert, rather belligerently, that witches and ghosts do not exist, they locate themselves outside the local community altogether in order to be part of the strata of Nepalese society that is "developed."

¹⁵It is significant that many diseases retain their English names, even when Nepali equivalents exist. Exceptions are *dadura* (measles) and *biphar* (small pox). Other common English terms for ailment include: "pressure *bhayo*" (high blood pressure); "gastric *bhayo*" (unidentified stomach complaints); "paralysis *bhayo* (paralysis). The verb "*bhayo*" simply means "has occurred." The verb used for "supernatural" complaints is *lagnu*, which can be translated roughly as to strike, to attack, to cling to, to afflict.

¹⁶Similar translations also take place at the level of healing technique. Burghart (1984) provides an excellent description of a traditional healer who builds a unique "clinic" from his own practical synthesis of elements from various healing traditions. He argues that this healer uses an *ayurveda*-like theory of natural healing and the bureaucratic style of hospitals to "authenticate and legitimate" his healing practices. This healer plays on pluralism and variation (what Burghart calls an intra-cultural field of relations) to set himself up as a center for local healing.

In these ways, folk epidemiologies express visions of diversity. The assertions by some that ghosts do not exist, or that they can be ignored, underscores the differences between social circumstances in the village and town. When villagers are victims of TB or cancer, the illnesses highlight the seamless connections between their village and the rest of the world. The repeated occurrence of afflictions caused by witchcraft or the attacks of ghosts reinforces for people the knowledge that they live in the midst of these creatures. Likewise, when villagers fall victim to a ghost common to the neighborhood, their sense of homeplace is affirmed. In this way, explanations of illness map and re-map locality and construct it socially.

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