

# Rethinking ‘Efficacy’: Ritual Healing and Trance in the Mahanubhav Shrines in India

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**Abstract** Ritual healing has been one of the core topics in anthropology and, to a lesser extent, in psychology as well. Much of the research on ritual healing has focused on how healing works, and what factors constitute the efficacy of healing. In answering this question, scholars have focused primarily on two main factors—the symbolic significance of rituals, and the relationship between the healer and the patient. This paper explores understandings about efficacy in a context where elaborate rituals do not occur, the role of the healer is minimal, and the sufferers do not have expectations of complete wellness. In the Mahanubhav temples in India, healing is not understood as the removal of symptoms. The healing process involves amplifying unpleasant and painful symptoms, thereby ‘drawing out’ the illness from the body. Moreover, the temple narratives emphasize the transient nature of temple healing, where people rarely become completely well. They therefore frequently return to stay in the temple as and when their symptoms recur, thus forging long-term bond with the temple community and sect. These findings suggest that temple healing is powerful not so much for the practice of specific exorcist rituals, but for providing a refuge and a community for suffering individuals.

**Keywords** Ritual healing · Trance · Efficacy · Mahanubhav · Place

## Introduction

Spirit possession and ritual healing are classic topics in the study of South Asian ritual and culture, attracting the attention of scholars from a variety of disciplines. One of the key questions in this area is that of efficacy, viz. whether ritual healing is

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effective, and if so, how does it work. Csordas' (1994) classic *The Sacred Self* opens with the efficacy question: "How does religious healing work, if indeed it does? What is the nature of its therapeutic efficacy? What is actually being healed by the performances of the shaman, the medicine man, or the faith healer?" (Csordas 1994, p. 1). Although an old question in anthropological and psychological research, the efficacy of ritual healing is still relevant, as the recent collection of essays by Sax, Quack, and Weinhold (2010) illustrates. One of the important points made by Sax (2010) in this book is that the question of 'ritual efficacy' reflects scholars' search for a 'rational science' of healing, in parallel to that of medicine. In other words, the implicit assumption is that since rituals are nonrational, their efficacy is in question and needs to be explained somehow.<sup>1</sup> Following Sax's caution against relying on rationalist explanations of ritual healing, this article focusses on the internal logic of healing to throw new light on an old question that has dogged the study of ritual healing: what is (really) 'healing' about 'temple healing'?

In this article, I draw on an ethnographic study of afflicted persons staying in Mahanubhav healing temples in India to understand the experience of healing from the vantage point of sufferers. Pilgrims' narratives of healing suggest new understandings of 'efficacy'. Pilgrims do not necessarily expect temple healing to eliminate symptoms and lead to complete wellness. Instead, healing is understood as an ongoing and fluctuating process where the afflicted rarely become completely well. Rather than eliminating symptoms, temple healing 'draws out' the symptoms from the person. Moreover, healing does not take place through specific exorcist practices but simply through residing within the temple premises. Thus, the Mahanubhav temples become important healing sites primarily by providing a refuge and a community of kindred sufferers.

### Conceptualizing 'Efficacy': from 'Ritual Healing' to 'Everyday Healing'

Anthropological studies of the efficacy of ritual healing have relied on various explanations. Lévi-Strauss' (1963) classic work on shamanism emphasizes the importance of faith and belief, on the part of the victim, the sorcerer, and the group as a whole. Some researchers have drawn comparisons between indigenous healing and psychotherapy (e.g. Frank and Frank 1991), or between indigenous healing and modern medicine (e.g. Kleinman and Sung 1979) to analyse factors contributing to the effectiveness of healing.<sup>2</sup> Psychodynamic explanations have emphasized ritual

<sup>1</sup> Sax (2010) elaborates that scholars often employ the analytic category of 'ritual' to designate behaviours that are non-rational, merely formal, and therefore, ineffective: "We do not refer to driving an automobile or playing football or taking an examination as a 'ritual', even though all of these activities involve highly formal, rule-bound behaviour—we only call actions 'rituals' when we do not understand the relation between means and ends, when they do not match our criteria of rationality, or better yet, when they do not correspond to our criteria of efficacy." (Sax 2010, p. 7).

<sup>2</sup> In a paper titled 'Why do indigenous practitioners successfully heal?' Kleinman and Sung (1979) ask: "Is indigenous healing effective? And if so, how? What role do cultural factors play in bringing about that efficacy? how does the efficacy of indigenous healing compare with that of professional clinical care? what does that comparison tell us about the nature of the healing process?" (Kleinman and Sung 1979, p. 7).

exorcisms as enabling catharsis of repressed emotions (Scheff 1979) and acting out of unconscious conflicts in repressed individuals (Kakar 1982; Obeyesekere 1977). In other cases, scholars have not dealt with the question of efficacy directly but have considered the symbolic (Kapferer 1979a, b; Crapanzano 1980; Claus 1984; Kirmayer 1992) or aesthetic aspects of rituals (Desjarlais 1992), or the role of healers in restructuring social relationships (Sax 2009). Others (e.g. Dow 1986) have looked at the role of myth and symbols in bringing about personal transformation.

The transformative nature of healing is also highlighted in the work of Csordas (1983, 1994) who emphasized the changes in meaning and experience brought about by healing. While much of the research on healing at the time focussed on describing the ritual process and the healer's techniques, Csordas directed his attention on the supplicant's experience of healing. Csordas (1983) attributed therapeutic efficacy to the discourse of healing which created a new reality or phenomenological world for the patient. Importantly, he showed that healing involved not simply the removal of symptoms, but a shift in the phenomenological conception of reality so that the patient regarded his or her experiences from new perspectives.

[T]he supplicant is healed not in the sense of being restored to the state in which he existed prior to the onset of illness, but in the sense of being rhetorically 'moved' into a state dissimilar from both pre-illness and illness reality (Csordas 1983, p. 346).

Thus, 'efficacy', for Csordas, was not a matter of eliminating symptoms but a process of reconstructing the story of one's illness through a transformation of the self.

"My argument is that the locus of efficacy is not symptoms, psychiatric disorders, symbolic meaning, or social relationships, but the self in which all of these are encompassed" (Csordas 1994, p. 3).

This cursory glance gives a glimpse of the rich body of literature in ritual healing. Aside from the work of Csordas which stressed the patient's healing experience, much of the scholarship reflects the traditional anthropological concern with either the rituals conducted, or the function of the healer in the healing process. At the same time, in several healing contexts, the role of exorcist rituals or healers is minimal, if at all. In such contexts, it is the stay within the shrine that is regarded as the most important part of the healing process.

Recent studies on religious shrines in India have focussed on these everyday aspects of healing in shrines. Halliburton's (2003) study of temple healing in the state of Kerala, South India emphasized the aesthetic aspects of healing, such as living in the soothing, pleasant, and spiritual environment of the healing temples. He contended that the biomedical concept of 'cure' was not sufficient to capture the experience of healing as pilgrims evinced a variety of ways of coping with an illness, such as "care, living with a problem, curing, and attaining a higher state" (Halliburton 2003, p. 181). Pointing out that "the biomedical emphasis on eradication and final results inherent in the term is usually taken for granted as

what one tries to do for an ill person in any context” (Halliburton 2003, p. 164), he argued for an emphasis on the aesthetic aspects of healing which he referred to as the “pleasant process of treatment” (Halliburton 2003, p. 161).

Similarly, Bellamy’s (2011) study of ‘everyday healing’ in the Husain Tekri *dargah* (in Jaora, in the north Indian state of Madhya Pradesh) drew attention to the importance of understanding healing not so much in terms of specific ritual processes and events but in terms of the absence of structured healing rituals. This in fact provided more flexibility to the pilgrims, allowing them to craft their own experience of healing in unique but shared ways. Pilgrims did not passively ‘receive’ healing from a designated healer in the shrine. Instead, they actively participated in the healing process, by learning about the stories and legends surrounding the Husain Tekri *dargah*, learning about other pilgrims’ possession narratives, and, finally, learning to connect their own narratives to those of others, thereby becoming part of the *dargah* community.<sup>3</sup>

These analyses of the discursive dimensions of healing are useful departures from the traditional focus on the symbolic and ritual dimensions of healing. Drawing on narratives from pilgrims residing in the Mahanubhav temples in Maharashtra (western India), this paper extends these discussions about the efficacy of religious healing with a focus on the less tangible aspects of healing such as the stay in the temple and establishment of bond with the temple community.

### **The Mahanubhav Temples: Healing Without Healers; Healing Without Rituals**

The healing temples in this study are a part of the Mahanubhav *panth*, which has a long association with spirit possession and healing practices. The Mahanubhav temples stand out from the mainstream Hindu temples in their emphasis on asceticism, non-ritualistic worship, and absence of idols. This can be traced to their origins in the *bhakti* movement. The term ‘Mahanubhav’ translates as “one who has a great experience” (Feldhaus and Tulpule 1992). The Mahanubhav sect was founded in the late thirteenth century by Chakradhar (approximately A.D. 1194–1274). Like other sectarian movements of the *bhakti* tradition, the Mahanubhavs sought to challenge the orthodox Brahmanical religion through an emphasis on devotional rather than ritual worship (Feldhaus and Zelliott 1984; Kosambi 2000). The Mahanubhavs have a monotheistic belief in one God, Parameshwar or *dev*, who is separate from, and transcends, humankind and who is believed to have been incarnated in five incarnations (*avatars*), the Panchakrishna or the “five Krishnas” (Raeside 1976).<sup>4</sup> They emphasized the direct worship of only God (*dev*), arguing

<sup>3</sup> While not in the context of a residential healing shrine, Flueckiger’s (2006) study of a Muslim woman healer in the city of Hyderabad in southern India also emphasized the variations and flexibility of ‘vernacular’ Islam, as practised and lived locally.

<sup>4</sup> According to Raeside’s (1976) account, Chakradhar, known as Haripaldev, was the son of Vishaldev, a Gujarati Brahmin minister from Bharuch. Haripaldev died at an early age but his body was reanimated by the soul of Chang Dev Raul, the third *avatar* (incarnation) of Parameshwar. He later became the disciple of Gundam Raul (Govindaprabhu), the fourth incarnation of God. The early Mahanubhav texts describe the next 12 years of his life as a phase of seclusion, called *ekanku*, during which he travelled in Andhra

that liberation is not possible through minor deities (*devtas*). In principle, the five incarnations are meant to be treated as gurus rather than as God. The Mahanubhavs did not approve of the veneration of human saints by treating them as god-like figures (Feldhaus and Tulpule 1992). The Mahanubhav temples historically had only a stone altar referred to as *ota* (literally, ‘platform’). This is a low dais or pedestal made of stone that was meant to represent the spot where one of the *avatars* rested during pilgrimage. Many Mahanubhav temples have stone relics and objects considered holy by virtue of being touched by any of the *avatars* (Feldhaus and Tulpule 1992). The altar and the stone relics were meant to serve as reminders of the *avatars* rather than as ritual objects.

However, contemporary Mahanubhav practices have become considerably ritualized, as these temples seek to elevate their status. Thus, it is now common to see devotees holding the stone relics reverently in their palms, touching them to their forehead or kissing them. Sanskritic worship practices such as ritual worship (*pujas*), pilgrimages (*jatras*), and idol worship are now common in the temples. Most of the altars have an idol of one of the *avatars* and devotees worship these idols by offering flowers, lamps, and incense sticks; they encircle the altar, touching it with their foreheads and hands, much like Hindus would worship idols. Contemporary Mahanubhav religion thus is no longer purely an ascetic tradition but has become considerably ritualized. These transformations and the liminal position these shrines occupy on the canvas of Hinduism make them unique research sites.

Yet, despite these ritualistic practices that mimic worship practices in the mainstream Hindu temples, Mahanubhavs often refer to themselves as ‘non-Hindu’ and many do not worship at other Hindu temples after their ‘conversion’ to the Mahanubhav sect. Although some temples have *pujas*, these are not conducted by the temple officials but by the pilgrims themselves. In fact, Mahanubhav temples do not have priests (*pujaris*). They do have an order of monks, in keeping with the sect’s emphasis on asceticism and renunciation (Colas 2003). In principle, these wandering renunciators are to obtain food by begging for alms (*bhiksha*), remaining in solitude and repeating the name (*namasmaran*) of Parameshwar (Feldhaus and Tulpule 1992; Raeside 1976). In contemporary practice, while some of these gurus move from one temple to another, others attach themselves to a particular temple. The male monks are referred to by the generic term *baba* which is often used for any father figure in Hindi, Marathi, and many Indian languages. The female monks are termed *guru-ai*, where *ai*, the Marathi word for ‘mother’, is appended to the

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Footnote 4 continued

Pradesh and Maharashtra. This was followed by a phase of pilgrimage, during which he travelled and preached his doctrine, acquiring many disciples. Minute details are given about his travels, including the names of all the villages where he stopped, the number of days he stayed in any one place, and so on. Chakradhar’s open opposition to the Brahmin orthodoxy earned him the hatred of the Brahman ministers of the king, Ramdevraja Yadava. He was eventually arrested and beheaded. His death is estimated to have occurred in A.D. 1274. After Chakradhar’s death, the followers gathered around Gundam Raul, till his death. When he died, the leadership of the sect was taken over by an ardent devotee of Chakradhar, Nagdev. After Nagdev’s death, the sect became a scriptural tradition, where devotees basically followed the sacred texts rather than any person or guru.

commonly used ‘guru’ for ‘teacher’ or one who shows the way. The gurus (male and female) cannot be considered ‘healers’ as they do not perform any healing rituals.

Although the origin of the healing practices of the Mahanbhav sect is not clear, what is known is that the sect has a long tradition of providing temporary residence to people suffering from various kinds of afflictions (Skultans 1991; Zelliot 1988), particularly spirit-related afflictions called *baher cha dukkha*. ‘*Baher cha*’ (literally, ‘of/from the outside’) refers to forces of the supernatural or spirit realm such as ghosts and spirits. Participants typically contrast afflictions caused by spirits from those caused by natural forces. It was common for them to assert that what they were suffering from was not an illness that could be treated by doctors, since it was a *baher cha* illness caused by black magic. Spirit-related afflictions are described as being part of one’s *dukkha* in life. The term *dukkha* is a complex word with several meanings in different contexts. Most generally, *dukkha* can be translated as ‘suffering’. However, it can also mean ‘illness’, ‘pain’, ‘unhappiness’, or ‘distress’.

Afflicted pilgrims stay in the temples for a specified duration of time, typically 10 or 40 days. Their stay is regarded as necessary for healing the affliction. During their stay in the temple, they participate in the temple activities and rituals, in addition to carrying on with their everyday household chores of cooking and cleaning. The everyday routine involves waking up early for the ritual bathing of the deity and the symbolic act of ‘massaging the feet of the deity’ (which is expressed through the act of pressing the *ota*.<sup>5</sup> The most important ritual in the temple is the worship session (*arati*) which involves the singing of devotional songs to the sound of the *dhol*, kettledrums, and cymbals. The *arati* is expected to induce afflicted persons to go into trance, which would draw out the ghost from them. Thus, the trance is the most important part of the healing process in the Mahanubhav temples.

Aside from the regular worship sessions during which the possessed often go into trance, the Mahanubhav temples are distinctive in the absence of any exorcist practices whatsoever. Unlike many other temples in India, afflicted persons in the Mahanubhav temples do not ‘receive’ healing from a healer designated as an expert in a certain practice.<sup>6</sup> In fact, there are no healers in the Mahanubhav temples. At best, the gurus might listen to the problems of the afflicted and offer advice. Thus, the dyadic relation between expert healer and patient does not operate in this context. Moreover, the experience of trance in the temples is not limited to a ritual cult, festival, or shamanic tradition of healing, but occurs in relation to everyday afflictions and illnesses. People visit the temples when they experience persistent misfortune or illness. Recurrent episodes of illness or bad luck are indicators of magical forces such as spirit attacks. Such problems can only be dealt with by staying in the temples for the ritual period of 40 days.

<sup>5</sup> These rituals of circumambulating and ‘massaging’ the deity also indicate that despite their initial heterodoxy, the Mahanubhav sect gradually became ritualized, like any other Hindu sect.

<sup>6</sup> Just to give one example, the Bagwathy temple in Chottanikkara, Kerala, is marked by elaborate rituals of exorcism. See Halliburton (2009) for a detailed description.

## Field Sites and Methods

Ethnographic fieldwork was conducted over the period of a year in three Mahanubhav temples in the state of Maharashtra (western India). Two of the Mahanubhav temples were in Nashik district and had a smaller community of residents (about ten pilgrims and their families in each temple) who were mostly from the same district. These two temples had around ten to twenty monks residing in and around each temple. The third field site was a large Mahanubhav temple complex in the town of Phaltan (Satara district), an important pilgrimage centre for Mahanubhavs as it is considered the birthplace of one of the five incarnations of God. It therefore attracted a large and diverse number of pilgrims from various parts of Maharashtra, many of whom travelled long distances to reach the shrine. At any given point of time, there were about twenty-five pilgrims residing in this temple but the numbers increased considerably during annual festivals, when hundreds visited daily. There were at least a hundred monks attached to this temple complex. Thus, while fieldwork in the smaller temples, where I spent the bulk of time, allowed for in-depth interviews with participants over several months, fieldwork in the large temple complex provided the opportunity to meet a heterogeneous group of pilgrims.

At the temples, I interviewed pilgrims, their families, and temple officials, while participating in the daily activities of worship and prayer in the temple, such as the ritual bathing of the deity, circumambulation of the altar, and the *arati* sessions of devotional singing. My own fieldwork activities were regulated by the temple routine, which meant that interviews were conducted when worship activities were not in process. I was also cognizant that the field sites in this case were religious sites; it was important, therefore, to initiate field activities by first offering obeisance and prayers before conducting interviews. While I made use of an open-ended interview guide, the interviews were informal and conversational in style so as to elicit long stretches of talk or narratives that could be analysed as “meaning-making structures” (Riessman 1993, p. 4) used by individuals to make sense of experiences. I also participated in the annual festivals of the temples and analysed the temple literature (such as pamphlets, prayer books, and books describing the temples).

The total sample of informants included 30 pilgrims, their families, and eight monks. Most of the pilgrims I interviewed were women (twenty-eight out of thirty). While this was partly related to my own gender which made it easier to approach women, local theories about women’s greater susceptibility to spirit attacks were also relevant. Very few men stayed in the temples for healing, and the few men who were residing in the temples described themselves as suffering from physical or mental problems and not spirit possession.

Most of the interviewed pilgrims (nineteen out of thirty) were Hindus and followers of the Mahanubhav sect, while ten were Hindu non-followers.<sup>7</sup> One pilgrim was a Dalit Buddhist. While twenty-nine were Marathi speaking, one

<sup>7</sup> Importantly, even among those pilgrims who were not themselves followers, they usually had a family member from the natal or the marital family who was a follower of the sect, thus providing them with a link to the sect.

pilgrim was from the neighbouring state of Gujarat. Most pilgrims stayed in the temple from a month to about a few months. There were, however, two pilgrims who had stayed for more than a year and three who were not residing in the temples but lived nearby and visited every day.

The following sections describe the articulation of healing in the temple narratives. In the Mahanubhav temples, healing is understood as an ongoing and fluctuating process, where people rarely become completely well and the demarcation between illness and wellness is blurred. This suggests that healing cannot be understood solely in terms of the elimination of symptoms. This raises the question as to what is it that persons seek in the temples and how do they understand what it means to be ‘healed’? The following narratives from afflicted persons help to understand these issues.

### **Healing as Relative Improvement, Not Absolute Solution**

Although pilgrims arrived at the temple seeking ‘healing’, in most cases, they did not talk about becoming completely ‘healed’. At best, they spoke of feeling ‘good’ or ‘well’ compared to earlier. They also specifically emphasized that it took time to experience improvement and that there was no such thing as becoming ‘completely well’ since once the illness “entered” the body, it did not “leave” easily but tended to recur. Thus, wellness was not understood as a final state. In fact, some amount of illness was accepted as being ‘normal’. This is seen in the following narratives.

Manisha<sup>8</sup> was a 25-year-old woman who had come to the temple as she had not been able to sleep since a few months, following a frightening experience that she underwent one night when she was attacked by a ghost. This attack frightened her and caused her sleeplessness. At the temple, she and her family were visibly anxious as they were unable to make sense of her illness. Although Manisha did trance at the temple, her trances were not yet ‘free’, a concept I elaborate on later in this paper. The family also mentioned their tensions about Manisha’s impending marriage. As a 25-year-old woman, she was considered to be of marriageable age, but her parents had not been able to find a groom for her for 2–3 years. When I asked Manisha how she felt after coming to the temple, she said that she felt ‘better’ than earlier, but was still not able to sleep normally.

Nanda, a 38-year-old woman, had been living in the temple for about a year with her husband and children. She came to the temple initially as she had become ‘mad’ due to black magic done on her. Her ‘madness’ had also affected her domestic life: her first husband had divorced her, her second marriage was strained, and she was not able to do paid work because of her illness. Hers was a long story of family tensions, psychiatric hospitalizations, and visits to several healing shrines. At the temple, she often had intense trances and did not feel well enough to participate in the temple activities. She said that while she was still not completely well, her condition was definitely better compared to the past. She explained, “At least I am

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<sup>8</sup> All the names and initials used in this paper are pseudonyms, in order to protect the identity of the informants.



able to keep my clothes on myself. I am eating and sleeping regularly – that in itself is a lot for me.”

Other narratives indicated that pilgrims had become accustomed to fluctuations in their state of health. For instance, Sangeeta’s father explained that possession tended to worsen and improve of its own accord. “The symptoms worsen and subside alternately. This illness is like that,” he said. Indubai too used the same phrase to describe her condition: *dukkha kami-jasta hote* (“the illness reduces and increases”). Such descriptions of the illness as going “up and down” have also been documented in other studies of healing shrines (e.g. Halliburton 2003).

Clearly, participants became habituated to the idea that they would never become completely well but would only get relatively better and worse. Thus, when explaining her need to stay in the temple every other month or so, Vimla emphasized the seriousness of ghost affliction. Vimla was a woman in her mid-forties who had been visiting the Mahanubhav temple regularly since more than 10 years. She complained of frequently falling ill with cold, cough, fever, diarrhoea, body pain, loss of appetite, and weakness. Importantly, after her visits to the temple, Vimla became a follower of the sect and increasingly began to interpret her problems as related to possession:

After I started coming to the temple, I have been frequently ill. I get trances at home too, on new moon and full moon days. I have very severe trances. Once this *pida* [affliction] is there (in one), it does not go easily. It is like a tree that is afflicted by an insect. This *dukkha* [suffering] is very serious.

Similarly, Satyabhama’s mother explained: “This illness is such that once it comes inside a person, it does not go easily. She [Satyabhama] has trance continuously, every day.”

This refrain, that “once this problem [possession illness] is there, it doesn’t go away easily” was often heard in the temples. These narratives about healing as a process of gradual improvement rather than a final (healed) state were in line with their life experiences, where chronic difficulties and struggles were a norm rather than an exception. This is evident in the case of Sulochana, a married woman in her early thirties, who had been visiting Mahanubhav temples since her childhood. At the time of the interview, she was staying in the temple for her husband’s mental illness.<sup>9</sup> Sulochana explained that he “used to mutter; he would not go to work in the factory; he used to hit [her] a lot”. Following the medical diagnosis that he was suffering from a mental illness, he was given medication, but there was no improvement in his condition. After about a year, he was taken to a Mahanubhav temple and stayed there for 40 days. Sulochana then began frequenting the temple regularly. When asked if these visits helped her husband’s condition, she said that in

<sup>9</sup> Sulochana’s case also illustrates that ‘possession’ was not only understood as an illness afflicting a particular individual; rather, it was seen as related to *dukkha* or suffering of family members as well. Possession, thus, becomes a way of making sense of any kind of suffering in life, be it related to bodily experiences, economic problems, family conflicts, or any other difficult life experiences. The Mahanubhav temples, thus, do not only address illnesses, but also difficult life situations. This explains why the term *dukkha* is used by pilgrims: it elucidates the understanding of possession in terms of ‘suffering’, and not just in terms of ‘illness’.

fact they had worsened her circumstances—her husband’s symptoms increased, her troubles at home worsened, and she also started experiencing trances. Yet, she did not regard this as evidence of the ‘failure’ or ‘inefficacy’ of temple healing. Her response indicated a resignation to the fact that improvement would be a slow and painful process:

How will he become all right immediately? He is still sick. But what can we do? We have to carry on with our own lives and not pay much attention to it. We should just mind our own business.

Clearly, Sulochana had learned that her life problems did not have quick solutions and that all she could do was to ‘mind her own business’ without expecting any rapid ‘cure’. It appears therefore that, in the case of illnesses of a long-term or recurrent nature, it may be ‘endurance’ of illness that is more pertinent. This emphasis on endurance of illness was also brought out in the narratives of the gurus. SR Baba explained that every illness had its own specified period, for which one had to endure it.

One has to endure the illness till it lasts. Just like doctors carry out tests and then give a prescription that one has to follow for ten or fifteen days, in the same way, one has to endure the illness for the period it lasts.

SR Baba’s attention to the parallels between temple healing and medical treatment illustrates that these two approaches to healing are not necessarily perceived as mutually exclusive and contradictory healing ‘systems’, a point repeated by others as well (e.g. Halliburton 2009). At the same time, these comparisons could also reflect the endeavour to position temple healing as a ‘scientific’ and ‘rational’ process.<sup>10</sup> This is echoed in Pramila’s explanation of the importance of diligently carrying out the ritual activities of worship and prayer in the temple: “When you go to a doctor, how do you get well? You have to take medicines, right? In the same way, here, you have to do *seva* and *smaran* to get well.”<sup>11</sup> Similarly, SR Baba explained: “Just like a doctor gives medicines which have the power to make you well, here, the *seva* makes the person well. So people stay here for a month and a quarter and do *seva*.”

While these narratives draw comparisons between temple healing and allopathic treatment, they also point to the importance of participating in the temple activities and rituals in order to become well. In line with Bellamy’s (2011) findings about the Husain Tekri *dargah*, pilgrims here were not the passive recipients of healing in the shrine, but actively ‘earned’ healing through their devotion and service. At the same time, they also emphasized the need to bear illnesses, which were often persistent in nature.

<sup>10</sup> Such attempts to recast ‘indigenous’ healing as ‘modern’ have also been noted in the case of herbal medicine (Mukharji 2009), Unani (Attewell 2007), and Ayurveda (Bode 2008).

<sup>11</sup> *Seva* and *smaran* are important worship activities that people are expected to participate in at the temple. *Seva* refers to actions of ‘service’ towards the deity, illustrated by the act of pressing the *ota* (symbolizing them massaging the feet of the deity) or by sweeping the temple premises. *Smaran* refers to devotional worship by repeating the name of God.

## Healing as *Freeing* Symptoms, Not *Removing* Symptoms

In addition to emphasizing the transient nature of healing, pilgrims also mentioned that healing was not simply a process of eliminating or removing symptoms. In fact, they often specifically pointed out that ‘symptoms’ were not necessarily problems. The manifestation of symptoms and trance was seen as a sign that the illness was ‘coming out in the open’. They referred to this as the process of the illness becoming *mokla* (‘free’ or ‘loosened’). They often said that the illness ‘has not yet become free’ (*mokla nahi zhala*), suggesting that the illness is not yet released from the person. The idea is that the possession illness has to be ‘drawn out’ from the body in order to become well. This process of drawing out the illness occurs through the trance. As the illness becomes more and more ‘free’, one feels better. Therefore, people often found that their symptoms exacerbated at the temple and their trances intensified. As the illness was ‘drawn out’, in the form of symptoms or trances, they felt better. Thus, ‘healing’ was envisioned as the process of *drawing out the illness* from within rather than *removal* or *alleviation* of symptoms.

Many women and their families described this process of the illness being drawn out as a painful but necessary process of healing. They pointed out that it is only through the experiencing of symptoms that they could become well. For instance, Jayashree, a 36-year-old widow who lived near the temple and worshipped at the temple almost every day, complained of various problems—cold, fever, and headache on one occasion, pain on another, a tonsils problem on the next occasion, and dizziness at another point in time. When she had a persistent problem with her tonsils that did not heal with medical treatment, she went to a Mahanubhav temple. While she was returning from there, she felt dizzy and ill. She explained that it was because God was “taking out the illness” from her. She complained about having to endure her illness:

I had earlier prayed to this god to not give me any [health] problems. I have to work, don't I? So I cannot afford to fall ill. But now the god in the temple has started taking it out from me!

Here, ‘taking out’ referred to the process of making her latent illness manifest by drawing it out through symptoms. Although this process involved the painful experience of symptoms, it was necessary for healing. Moreover, Jayashree’s illness could never ‘come out’ completely because she was not able to stay in the temple for the complete ritual time period, due to the fact that she was working full-time. Thus, her illness remained locked within her body, surfacing from time to time in the form of some symptom or the other.

Sunanda, a woman in her early thirties, also experienced the worsening of symptoms during the process of healing. She first visited the temple as she had been suffering from symptoms of ‘madness’ (*vedepan*) since 2 years which showed no improvement with medical treatment. Her symptoms of madness included being very sensitive to dirt, washing her hands with soap several times a day, feeling anxious, and being unable to look after herself or her child. When asked how she felt after coming to the temple, she remarked:

I am actually feeling worse now! I had a bad cold, with cough and fever a few days ago. I was not even able to get up from bed and cook. My mother stayed with me for three days to look after me.

At the same time, Sunanda was not complaining that the temple stay had been ‘ineffective’. She explained that the worsening of symptoms was a necessary and temporary aspect of the process of healing, indicative that the illness was ‘coming out’:

It happens like this in the temple – one gets worse because God identifies our suffering and removes it.<sup>12</sup> Then, if one stays on in the temple for some more time, one will get better eventually.

Her words are echoed by Lankabai, a woman separated from her husband who had been visiting the Mahanubhav temple regularly for more than 10 years. She explained that the illness often worsened during the stay in the temple and then cleared up later after going home:

It [symptoms] usually increases in the temple and then clears up at home. This is because in the temple God searches the body, identifies the illness, and then removes it from the person.

Clearly, a different conception of ‘illness’ and ‘symptoms’ is being articulated here. These narratives construct symptoms as painful and unpleasant but nonetheless important and necessary for healing. Therefore, what is important for pilgrims is to endure the painful process of ‘taking out’ the illness from the body. One of the main rituals in the temple through which this occurs is the trance.

### Healing as Drawing out the Illness Through Trance

The trance is the most important ritual event in the Mahanubhav temples. Afflicted persons are expected to go into a trance during the *arati*, particularly in the initial stages of their stay in the temple when they are seen as being more ill. The trance here serves two important roles. Firstly, it acts as a sign that the individual is suffering from an illness caused by magical forces and not from a medical illness. As Skultans (1991) explains, “[T]emple trancing is instrumental in arriving at true knowledge concerning the family’s suffering. The occurrence of trance is in itself an indication of the spiritual nature of the affliction, of *pida*.” (Skultans 1991, p. 324).<sup>13</sup>

<sup>12</sup> Sunanda here used the phrase “*devala aplya dukkha samajhta*” which literally translates as “God understands our suffering.” Many participants used this phrase to refer to the process of the illness being correctly identified and drawn out from the person.

<sup>13</sup> Some scholars have interpreted the trance as analogous to a “text” that is “read” by sufferers and their family members. In her study of the Mira Datar *dargah* in Unava (Gujarat), Pfeleiderer (1988) analysed the ritual process as a “semiotic enterprise” (Pfeleiderer 1988, p. 423) of interpreting various signs and symbols (e.g. symptoms and dreams) involved in the manifestation of possession. In the Mahanubhav temples too, the trance works as the main sign of affliction. However, I have focussed less on the symbolic structure of the ritual process and more on the meanings of trance as articulated by pilgrims and monks. In this sense, my approach differs considerably from that of Pfeleiderer.

Secondly, the trance works to draw out the illness from the person. Once the ‘diagnosis’ of possession is confirmed through the manifestation of trance, the person stays on in the temple for the required time period so that the illness comes out fully through the trance and s/he becomes free from the possession attack. Repeated trances during the *arati* serve to ‘free’/‘loosen’ the illness, remove the ghost, and thereby heal the person. The primary mode through which the symptoms were drawn out from the person, thereby making the illness *mokla*, was the trance.

Pramila, a 31-year-old widow who had been staying in the temple for more than eight months described how her illness had been “caught inside her body” before she came to the temple. At the temple, she started having trances which “released” it.

Before coming to the temple, I had become very weak; I was not able to do any housework; I would just sleep all the time... Then I was brought to the temple by my family and I became better. After coming to the temple, I started having trances. After that, I became better.

She added that these trances were essential in her recovery.

Till I came to the temple, the *baher cha* illness was caught inside my body. Then, after staying and having trances, it came out in the open. That is a good sign. Otherwise, if it doesn’t happen, the *dukkha* just remains inside the body and kills the body!

However, Pramila was careful to point out that her illness was not completely healed: “I still have trances, so that means I am not fully well. Till you have trances, you are not fully well.”

Experiencing trance is a good sign as it indicates that the illness is being drawn out. For this reason, Rajubai was concerned that her daughter Alka, who was in her early twenties, showed no signs of trancing even after staying in the temple for 40 days. Alka had been manifesting signs of odd behaviour, such as muttering, laughing, not looking after her baby, and not responding to people. Rajubai had hoped that Alka’s illness would ‘come out’ in the temple and she would get well but this did not occur. Rajubai explained how trance was a good sign as it drew out the illness from oneself.

It is good when one trances as the illness then clears up. One feels better when one gets trances. One can understand what has happened. But Alka has not started having trances and so she cannot understand what has happened to her.

Jayashree too described her illness as “not yet free”, as indicated by the fact that she did not trance.

I don’t have trances – it [the illness] is not yet free (*mokla*). If I were to stay in the temple for ten or forty days, it would come out. But I can’t afford to do that because of my job.... During the *arati* my head moves a little and I feel a little dizzy. I sometimes have pain in my body. But I do not experience trance.

These narratives illustrate the importance of the trance in the healing process. Afflicted persons and their family members often awaited the occurrence of the first

trance with great anticipation. Once the first trance occurred, family members were relieved that the problem had been identified. They were able to make sense of their previously bewildering symptoms, and they knew what to do about the problem as it became ‘known’ and ‘understood’. They continued to reside in the temple so that the illness can be drawn out through the trance.

At the same time, the first experience of trance in the temple also triggered a shift in how sufferers conceived of their problems. This is brought out in the following narratives.

Suresh, a man in his mid-thirties, had been frequenting the temple since 2 years, following the appearance of symptoms of ‘madness’, manifested in behaviours such as muttering, speaking incoherently, not responding when spoken to, etc. He described his first visit to the temple.

I had been ill for about two years. My entire body had become swollen – legs, head... Before coming to the temple, I used to behave as if [I was] mad – I would mutter, and say things which no one could understand, not respond properly to people. After coming to the temple, I started going into trances. I also started seeing ghosts more frequently. Till then, the spirit was inside; later it became *mokla* (free).

Suresh became convinced after his visit to the temple that his suffering was caused by black magic done by neighbours or workers. The trance was the key element here, acting as ‘proof’ that his problems were caused by magical forces. He also felt that his condition improved considerably after coming to the temple, and he started visiting the temple every day, though he could not reside in the temple due to his job. The first trance at the temple was thus a turning point in the illness trajectory.

The case of Sharada also confirmed this. She was a 35-year-old woman who had been visiting the Mahanubhav temple regularly since 10 years. She initially came to the temple upon the suggestion of a neighbour as she was frequently falling ill with aches, pains, and fevers. At the temple she went into trance and then continued to frequent the temple regularly.

I was having all sorts of symptoms – hand and leg aches, vomiting and fever. I did not get any relief from medical doctors’ treatments. Then, after a couple of years, I stayed in the temple on the suggestion of a neighbour. After coming to the temple I started having possession trances. I felt better, became a follower and I have been coming regularly since then.

After her first trance at the temple, Sharada began to look at her problems as being due to possession. She explained, “I would be well as long as I took the medicines but after I stopped them, the same problems would start again. This happened repeatedly. That was because it was an illness caused by black magic”. While Sharada’s first visits were for specific symptoms such as aches and fevers, she subsequently began to visit the temple routinely to worship, particularly on Fridays, which were considered an important day of the temple. She also began to visit the temple on days when she was disturbed with family tensions. On one such occasion, she lamented about having no recourse to turn to during difficult times: “Where can

you go? You think of leaving everything – leaving your husband, mother-in-law and home, and going somewhere, but where can you go?” She would often take refuge in the temple on such occasions, as she explained.

There is too much tension at home. When I come to the temple, I feel good. I feel peaceful; I am away from the tensions at home. In the temple, people talk to me nicely, with love. That makes me feel good.

Sharada’s case illustrates that she initially visited the temple for specific well-defined problems with the expectation of cure. Gradually, however, she began to regard the temple more as a refuge to turn to in times of crisis. After her first trances at the temple, her problems were no longer regarded as a simple fever or body ache but as symptoms of a larger experience of suffering (*dukkha*) for which no straightforward solution was possible. In such cases of generic suffering, pilgrims gradually give up the expectation of cure and seek the temple as a refuge, bringing out the importance of simply being in the temple space.

### Healing Through Being in the Temple

One of the most central aspects of healing in the Mahanubhav temples is the emphasis on the need to reside within the temple space in order to be healed. In this respect, the Mahanubhav temple shares commonalities with many other residential healing shrines.<sup>14</sup> In fact, the importance of being physically present in the space of the shrine is brought out in the term *hajari* which is used to refer to the trance in both Mahanubhav temples and *sufi dargahs*. *Hajari* literally means ‘presence’ and is typically used in judicial language to refer to making one’s appearance in court when summoned. In healing shrines, the term *hajari* is used to refer to the trance, when the ghost makes its appearance manifest. Here, the shrine is regarded as a court or *darbar* of God, where justice is sought and dispensed (Dwyer 2003; Kakar 1982). In the Balaji temple, the suffering victim makes an ‘application’ (*darkhast*) for relief from suffering by offering sweetmeats to the deities. Dwyer (2003) pointed out that the Bhairav deity in the temple is often referred to as *kotval* (chief of police or chief officer), whose major function is to capture the evil spirits and bring them into the court of Balaji, the supreme judge. In the Husain Tekri *dargah* in Ajmer, Rajasthan, pilgrims write a ‘petition’ (*arzi*) on a piece of paper which is tied in the *dargah*. During the hearing (*peshi* or *sunvai*), the spirit makes its appearance (*hajari*) and then awaits a judgement (*faisla*).

Apart from the language of trance which indicates the ritual significance of one’s physical presence in the shrine, the narratives of participants also emphasized the importance of being in the temple. This, they argued, was sufficient, to draw out the ghost from the body. By staying in the temple, one allows the power of the deity to take effect. Thus, many women, when asked about how they got well in the temple,

<sup>14</sup> These include, for instance, the Balaji temple in Mehndipur, in the state of Rajasthan, north India, as well as *sufi dargahs* such as the Mira Datar *dargah* in Unava, a small village in the state of Gujarat in western India. In both the Mahanubhav temples and the Mira Datar *dargah*, the recommended ritual period of stay is forty days.

said that it happened “automatically”. For instance, Shanta said, “I come and worship and then feel better. One gets well, that’s all. But I am still not well. It will take time.” Note how she reiterates the point that she is not completely well. Similarly, Nanda said, “it (healing) happens by itself”. When I persisted in asking her *how* she became well, she responded, “Just like that. What happens here? Nothing! Here, we eat, trance, and sleep!” Like Shanta, she too did not forget to add that she was still not completely well.

Nanda’s statement that ‘all’ that happens in the temple is that they ‘eat, trance, and sleep’ offers new ways of thinking about healing. The temple becomes significant not as the site of ritual practices of exorcism. It is its very mundaneness and ordinariness that is important, where extraordinary events of trance become embedded in everyday routines. Just as one goes about one’s chores of cooking, cleaning, washing, sleeping, eating... one also goes into trance! The trance recurs each day, sometimes several times a day, with regularity, triggered by the *arati*. When asked about whether they ever experienced trance at home, the women replied that even if they did on occasion go into trance at home, it was only in the temple that they could ‘completely’ trance. Clearly, the temple’s significance was in providing this space for pilgrims—the space to “eat, trance, and sleep”.

Bellamy’s (2008) work on women’s experience of trance at the Husain Tekri *dargah* in Ajmer, Rajasthan, highlights the significance of place in constructing women’s agency. She points out that the power of trance stems precisely from its place-ness: people go to the *dargah* in order to trance. Their trance is inextricably linked with the site, and therefore their agency and power must be understood with respect to place rather than individual subjectivity. She therefore argues for a theorization of women’s agency through an emphasis on location and place rather than personhood.

“Attempting to locate agency and power primarily in the body and self of the person in *hāzirī* contradicts what is most powerful about the practice: in voluntarily leaving home, journeying to Husain Tekrī and bringing a case to Maulā, a person with *hāzirī* seeks to disassociate from the life he or she has left behind” (Bellamy 2008, p. 42).

Without going into a discussion of women’s agency in possession which, while important, is nevertheless beyond the scope of this paper, what I would like to emphasize is the centrality of place in the healing process. Given that ghost affliction is considered an incurable illness, since the ghost never completely ‘leaves’ the person, the temples become important sites of refuge for suffering victims who return frequently for healing. The first experience of trance in the temple sets in motion this pattern of falling ill, visiting the temple, going into trance, and getting healed. While some pilgrims return every week to the temple (often on a particular day of the week), others begin to participate in the pilgrimages and festivals of the sect. The first trance at the temple thus often begins a lifelong association with the temple and its “distress community” (Sébastien 2007, p. 70). It is this overall experience of residing in the temples, trancing, and becoming familiar with the wider network of the temple community that can be thought of as ‘healing’.



## Conclusions: The Fluidity of Temple Healing

This paper has explored conceptualizations of efficacy in Mahanubhav temples, where healing is understood as a painful but necessary process of drawing out the illness from the body through trance. One of the most striking features of these narratives is the flexible nature of the temple discourses of healing. Thus, while sufferers describe feeling “better” in the temple and outline the practices required in order to get well (prayer, worship, trance), they also assert that one can never become completely healed of ghost affliction. Although healing is described as occurring “automatically” in the temple, they also talk about working hard for it by carrying out *seva* and *smaran*. And while the diligent conduct of *seva* and *smaran* in the temple is compared to the practice of completing the course of medicines prescribed by the doctor, they also stress that temple healing is very different from medical treatment. Pilgrims recognize the elusiveness of a permanent ‘healed’ state, even though they ostensibly visit the temples in order to be healed.

These instances might appear to be inexplicable paradoxes, but in fact they exemplify the fluidity of the temple discourses of healing. For instance, while the ‘official’ discourse of healing is that participation in the temple activities is important for healing, some pilgrims might desist from doing so as they are too ill to work. Or, they might recognize the need to reside in the temple in order to draw out their illness, and yet refrain from doing so because they are employed or because they cannot leave the household. Many of these ideas about what constitutes healing emerge dynamically in conversations between pilgrims. On one such occasion, a woman was relating a story of how she had stayed in the temple for 40 days but her illness did not come out. Later, she said, upon going home, she had trances. A new pilgrim who was visiting the temple for the first time asked if that was possible: “If one has stayed for 40 days and it has not come out, can it come out when one goes home?” Others affirmed, “Of course it can happen! But you would have to keep coming to the temple, say once a week or so.” She said, “Oh yes, that I will do. But does it happen?” They affirmed that it does. She seemed reassured by this prospect, having been worried earlier that her illness had not yet come out.

These examples illustrate that the temple discourses of healing are flexible enough to accommodate the diverse experiences of pilgrims. Moreover, many of these notions are evinced by pilgrims rather than monks, indicating the participative nature of the temple space. For instance, the notion that ‘even if one does not trance in the temple one can do so after returning home’ is not part of the official doctrine of healing. The gurus in the temples do not mention it—for the large part they remain uninvolved in the healing process of individual pilgrims. Rather, these ideas about healing are constructed organically by pilgrims in conversation amongst themselves. It is perhaps this fluid, flexible, and participative quality of temple healing that is most attractive for pilgrims in search for healing.

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