



Rethinking Anthropological Studies of the Body: *Manas* and *Bōdham* in Kerala

ABSTRACT Anthropological research that focuses on the body has been prolific in the last two decades. This trend has provided an important reorientation away from a tendency to focus on mental representations of experience and has allowed for a more holistic understanding of the human condition. However, this article argues that much research on the body has created a false dichotomy: Westerners are seen as living in a world of mentalistic bias and mind-body dualism while all others are understood as more grounded in their bodies. Ethnographic research conducted among people suffering psychopathology and possession in Kerala, India, challenges these assumptions about the embodied Other by showing that these patients experience a continuum of states of being that includes the body, mind, consciousness, and self/soul. This approach demonstrates how an examination of a local culturally and historically formed phenomenological orientation can provide a useful alternative to the tendency to discover embodied peoples. [Keywords: body, embodiment, India, Kerala]

THE MOVEMENT IN ANTHROPOLOGY of examining bodily and lived experience, which started in the 1980s and continues today, is an important corrective to earlier studies that understood life experience primarily in mentalistic or representational terms and through the assumptions of Western mind-body dualism. This trend has influenced many areas of inquiry ranging from ethnography to studies of language, prehistory, and material culture. However, this analytic corrective often inappropriately generalizes about non-Western people, suggesting they ground experience in the body and lack an orientation that distinguishes mind from body.

This article contests such tendencies by presenting a phenomenology of people in Kerala, South India, who make distinctions between body, mind, consciousness, and other states of being. I focus specifically on "mental" patients and spirit-possessed people in Kerala who reveal many mentalistic, and other nontangible, modes of experience, which actually represent more levels of rarification away from the body than are contained in Western mind-body dualism. These popular expressions of illness in Kerala, as I show, are informed by exegeses found in Indian philosophy of *sārīram* (body), *manas* (mind), *bōdham* (consciousness) and *ātman* (true self/soul), focal points that lie along a continuum that moves from the body to the less tangible parts of the person. A combination of selections from Indian philosophy and excerpts from informant interviews reveals a phenomenology in Kerala that

does not replicate Western mind-body dualism but includes the body and several increasingly nonphysical states culminating in the formless higher self, or *ātman*. Finally, I will contextualize this local phenomenology and consider why Kerala may be unique.

FOCUSING ON THE BODY

It would not be hard to convince the reader that in cultural anthropology as well as in linguistic anthropology, archaeology, and disciplines such as cultural studies, women's studies, and comparative literature, studies of the body and embodiment have been prolific in the last decade. It is difficult to quantify the amount of published work in this area, but as an indicator of the popularity of these topics a search of Dissertation Abstracts Online on the subjects *anthropology* and *body* or *embodiment* reveals about seventy-five dissertations every year relating to these topics in the 1990s, forty or so in the 1980s, and almost none in the 1970s and earlier (Online Computer Library Center, Inc. 2001; see Csordas 1999 and Lock 1993 for comprehensive reviews of anthropological studies of the body and embodiment).

It could be argued that a mentalistic perspective predominated in anthropology until some anthropologists in the mid-1980s started questioning how people also experience the world and express themselves through the body, emotion, and aesthetic realms. Even studies of health and illness, where we might expect the body to merit considerable

attention, were interested mainly in *views* of illness and *mental* models of health and disease well into the 1980s (e.g., Kleinman 1980; Marsella and White 1982).

Of course, influential anthropological work on the body can be found prior to this time, most notably Marcel Mauss's essay "*Les techniques du corp*" (Techniques of the body) (1950), which examines how people are enculturated through their bodies, and Mary Douglas's *Natural Symbols* (1970), which reveals how the body is used as a metaphor that helps people make sense of the world and their society. Anthropological studies of the body were also informed by Michel Foucault's *Discipline and Punish* (1977) and his *History of Sexuality* series (1978–86), which reveal how people are trained to become modern subjects through the body.

In 1987, Nancy Scheper-Hughes and Margaret Lock's "The Mindful Body" successfully appealed to anthropologists to transcend Western mind-body dualism and examine alternative cultural conceptions of the body. Around the same time, linguists, philosophers, and other scholars also began to seriously scrutinize the body. Expanding on themes in George Lakoff and Mark Johnson's *Metaphors We Live By* (1980), Johnson's *The Body in the Mind* (1987), for example, examined how the condition of being in a body shapes our perception and experience of the world. Linguistic anthropologists, meanwhile, revealed how non-linguistic, kinesic communication occurred through the body and suggested that linguistic context should include the body and space (Duranti 1992; Farnell 1999:351–352). Also beginning in the late 1980s, a number of studies examined women's experiences of objectifications of the female body, a focus that spanned many disciplines including anthropology (Martin 1987), literature (Gilbert 1997); and philosophy and was taken up by different formulations of poststructural theory (Bordo 1993; Butler 1993).

Although these studies tended to focus on the body as an object of analysis, others began to foreshadow the paradigm of embodiment that would emerge by the early 1990s. This paradigm took the experience of being in a body as its starting point. Some anthropologists turned to an analysis of the senses (Roseman 1991; Stoller 1989), for example, while others attempted to define an experiential anthropology (Jackson 1989; Turner and Bruner 1986; Wikan 1991). Sensory and experiential anthropology—along with studies of the body and emotion—signaled an awareness of the aesthetic, tactile, and visceral realms of experience.

The move to a focus on embodiment in anthropology crystallized with the publication of Thomas Csordas's "Embodiment as a Paradigm for Anthropology" (1990). Influenced by work in phenomenology by Merleau-Ponty and Bourdieu, Csordas distinguished between the anthropology of the body, which considers the body as an external object of analysis and that tends to focus on concepts of the body or bodily metaphors, and studies of embodiment, which consider the actual, lived experience of being in the body or "being in the world" (1999). This article, and Csordas's other work (1990, 1993, 1994a), launched a

variety of studies centered on embodiment, although this concept was conceptualized in very different ways within these studies. For Csordas (as well as Merleau-Ponty and some researchers in linguistics and philosophy, such as Johnson 1987 and Lakoff and Johnson 1999), embodiment is an existential and universal human condition—all people experience the world from the perspective of being in a body. Soon a number of cultural anthropologists applied various interpretations of embodiment to ethnographic contexts (e.g., Jenkins and Valiente 1994; Levi 1999; Low 1994; Pandolfi 1993; Scheper-Hughes 1992); this period also saw the focus on the body and the paradigm of embodiment find their way into research in archaeology (Jensen 2000; Rixecker 2000; Shanks 1995) and linguistic anthropology (Chidester 1996; Farnell 1999), although not all researchers who focus on embodiment uphold the distinction Csordas made between "the body" and "embodiment": Many use the term *embodiment* merely to indicate a focus on the body.

CREATING THE EMBODIED OTHER

While turning attention to the body, anthropologists have often created a picture of the world wherein peoples who are labeled "non-Western" or "traditional" are understood as either more grounded in their bodies or as experiencing the world with a more subtle awareness of mind-body interconnection than the Western subject who is depicted as naively unaware of the embodied nature of his (the Western woman is supposedly akin to the non-Western subject in her awareness of her body) own experience. Frustrated by what they see as biomedicine's need to classify all suffering as "either wholly organic or wholly psychological in origin," Scheper-Hughes and Lock (1987:9) propose that medical anthropology try to transcend the paradigm of mind-body dualism. Although they do not claim that all non-Western cultures locate experience in the body or are more holistic, they treat their material as if one can generalize in this way. For example, their article contains frequent contrasts such as: "Non-Western and nonindustrialized people are 'called upon to think the world with their bodies,' " yet "by contrast, we [Westerners] live in a world in which the human shape of things . . . is in retreat" (Scheper-Hughes and Lock 1987:23). In a section called "Representations of Holism in Non-Western Epistemologies," they contrast the balance, holism, and monism of Chinese, Buddhist, and Islamic cosmologies with the Western emphasis on exclusion, tension, and contradiction (Scheper-Hughes and Lock 1987:12–13).

Andrew Strathern's *Body Thoughts* (1996), which is devoted entirely to the topic of orientations to the body in the West and in other cultures, also contains generalizing characterizations such as when he speaks of "many peoples around the world . . . in whose own cultural concepts emotion and reason are closely linked" (1996:8)—where emotion and reason are considered manifestations of body and mind. After discussing an article that refers to the

prioritizing of knowledge over emotion in European cultures, Strathern asserts, "Yet in other cultures this kind of hierarchical ranking of knowledge versus emotion does not exist" (1996:151). "Many peoples" and "other cultures" are not the same as saying "all non-Western cultures," but in this book, as in many others, the narrative contains an implicit dichotomy between Western culture and something else, some generalized Other who is more aware of his or her embodied nature. Ethnographers, too, have tended to describe non-Western people as not distinguishing mind from body: "Consciousness . . . cannot be disembodied" and sorcery is always "body seeking" in Sri Lanka, according to Kapferer (1997:44), and "the Yaka [of Zaire] perceive of the body as the pivotal point from which the subject gradually develops a sense of identity," according to René Devisch (1993:139).

Further evidence of the tendency to see non-Western cultures as more body oriented is revealed by a closer look at the numerous anthropological dissertations on the topics of body and embodiment referred to earlier. These dissertations are overwhelmingly studies of non-Western peoples, and when research on the body is carried out in the United States, it tends to focus on non-Western immigrant groups (Online Computer Library Center, Inc. 2001). When one also considers that much research on the body in Western culture outside of anthropology focuses on women (e.g., Bordo 1993; Gilbert 1997) and oppressed ethnic groups (Fishburn 1997), and that some have associated expressing suffering through the body with low socioeconomic position (Kleinman 1986; Scheper-Hughes 1992), one gets the impression that—either because of fact or through anthropological imagination—it is people who have less access to power who locate experience in the body or transcend mind-body dualism. Indeed, Kleinman explained in the late 1980s: "The research literature indicates that depression and most other mental illnesses, especially in non-Western societies and among rural, ethnic and lower-class groups in the West, are associated preponderantly with physical complaints" (1986:52). Contrary to these studies, the examples of nonbodily modes of experience from Kerala given below cut across class, gender, and religious lines (an important dimension of stratification in India), as do some exceptions in the anthropological literature such as Mascia-Lees and Sharpe (1992) and Csordas (1994b), who examine embodiment among nonmarginal, European American groups.

TOWARD A LOCAL PHENOMENOLOGY

Having leaned on the term *phenomenology* at several points already, I should confess that this term is hard to wield. There is no succinct or agreed-on definition of *phenomenology*. It is associated with the philosophy of Husserl, Hegel, Heidegger, and Merleau-Ponty, among other Western thinkers, and with diverse movements within Buddhist, Japanese, Indian, and other cultures' philosophies. In its broadest sense, phenomenology is concerned with

the nature of experience and knowledge, and the relation between these two, as well as the condition of being in and experiencing the world. Work in anthropology concerned with ways of feeling and perceiving the world, however, has tended to focus on the sensate world and the experience of being in a body (Csordas 1994a; Desjarlais 1992; Weiner 1997). This focus narrows the potential a phenomenological approach has for anthropological understanding, one that Mauss recognized years ago when he proposed a "*triple point de vue, celui de 'l'homme total'*" (triple point of view, that of "the whole person") that takes into account the psychological, social, and tangible elements of being in a body (1950:369). Mauss's emphasis was on understanding the *whole* person and, thus, his study of the techniques of the body was also a study of "*le mode de vie*" (the mode of living/way of life), or "*le modus*." This term, somewhat like his *habitus*, refers to the intersection of body techniques, a way of life, psychology, and other influences constituting a space and a mode in which one lives (1950:375).

Several important contemporary works follow this lead. For example, Csordas's original concept of embodiment is also one of phenomenological contingency: It draws attention to one's way of being-in-the-world and not just toward the body. Similarly, Robert Desjarlais (1997) and Lawrence Cohen (1998) offer examples of ethnographies that engage the body along with other modes of experience without overindulging the body. Desjarlais's ethnography of a homeless community in Boston maintains a multiple perspective looking at the selfhood, bodies, and experiences of homeless people and defining experience as "a historically and culturally constituted process predicated on certain ways of being in the world" (1997:13). Cohen (1998) examines the (aging) body in India, without claiming that India is a place that is more bodily than the West, and considers the body along with other parts of the person as they are intersected by discourses about aging, power, modernity, and other issues. Michael Jackson's (1989, 1996) phenomenological anthropology is also interested in a broader topic than the body. Jackson emphasizes the importance of deprivileging theory and attempts, with deference to his subjects' perspectives, to represent lived experience as it is. Jackson's effort is similar to the one advocating experience-near anthropology (Bruner 1986; Geertz 1986; Wikan 1991).

Those who focus on social *suffering* also offer the potential for an anthropology that does not overindulge the body (Kleinman 1995; Kleinman et al. 1997). This orientation is, of course, limited to the painful and pathological, but "suffering" is an analytic and experiential category that can account for all parts of the person.

Each of these works informs my own understanding of phenomenology. I use phenomenology to refer to how one experiences—at the level of consciousness, mind, and body—being in, and living in, the world. Because every culture has its own way of assembling and prioritizing the modes of experience through which people interact with

the world (though these phenomenologies may also describe truths of *human* experience that transcend locality, while also being constituted by translocal influences), I suggest that there are multiple phenomenologies and, following Desjarlais, understand that phenomenologies are historically and culturally constructed. Thus, my approach differs from some of the authors who have laid the foundation for phenomenological studies in anthropology in important ways. For example, in proposing a phenomenological, rather than intellectualist, perspective, Jackson appears to assume that there is *a* phenomenology. By contrast, I argue for the need in anthropology to uncover local phenomenologies, which I understand as constituted by both local analytic theories of experience and lived experience itself and assume these influence one another to some degree. While anthropologists such as Jackson have turned to Husserl, Heidegger, and Dewey for theories of phenomenology, I suggest looking for other cultures' equivalents of Husserl, Heidegger, and Dewey, such as Śankara, Praśatapada, and Aurobindo in India. Thus, in discussing Indian and Kerala phenomenology, I turn to local theoretical explanations of experience and to popular everyday ways of experiencing, which are often informed by these elite theories. Together these constitute a local phenomenology.

INDIAN PHILOSOPHY AND PHENOMENOLOGY

Indian philosophy is saturated with discussions of the self and its many layers—the self and mind, the self and consciousness, the material and the transcendent—and the nature of experience. This section presents the work of a few key figures to reveal the genealogies of phenomenological terms used in contemporary speech in Kerala. In turning to Indian philosophy, I may appear to be invoking an elite discourse that is not necessarily incorporated into popular thought and practice. However, my interviews with informants reveal that some assumptions in Indian philosophy also exist in popular discourse, and as I discuss in the final section of this article, this popular consumption of elite philosophy may be what makes Kerala unique. In addition, using philosophers such as Śankara to demonstrate a cultural phenomenology is an attempt to present an account that is comparable to key works in the anthropology of the body and embodiment that examine philosophers, such as Descartes, to characterize the Western mind-body dichotomy (Csordas 1994a; Schepher-Hughes and Lock 1987; Strathern 1996:41–62). Such an approach also reminds us that it is not only Western philosophers that have grappled with issues of phenomenology and experience.

Defining and describing *ātman* is the concern of much Indian philosophical writing. Usually translated into English as *self* or *soul*, *ātman* refers to the higher self that is totally immaterial and eternal and often wrongly, according to philosophers, identified with the mind or other attrib-

utes. *Ātman* is also a term that some people I interviewed used to refer to their true or essential self.

Identifying the nature of *ātman* was a major focus of a philosopher known as Śankara. Born in the 8th century in what is now central Kerala, Śankara is known throughout India for his Advaita Vedanta philosophy, which aimed to reveal that the true self, *ātman*, is the same as Brahman or god/the absolute divinity. Much of Śankara's writing is devoted to revealing phenomena that are wrongly attributed to *ātman* and must be recognized as such to realize this true self. Thinking that one's self is the body or that one perceives reality through the senses is misleading according to Śankara. Even parts of the person that are not quite of the body, such as the mind, are not part of one's true identity, one's *ātman*. Śankara presents a scale of decreasing physicality and decreasing tangibility as one goes from what are false attributes to what is true and valued: from body to senses to mind to intellect to *ātman*.

In his treatise *Upadeśa Sāhasrī*, Śankara narrates in the voice of *ātman* and describes the nature of this self: "Ever free, ever pure, changeless, immovable, immortal, imperishable and *bodiless* I have no knowledge or ignorance in Me who am of the nature of the Light of *Pure Consciousness only*" (Śankaracharya 1973:121, emphasis added). As we will see, people suffering illness in Kerala are very concerned about their *bōdham* or "consciousness."

Śankara also distinguishes among intellect, memory, mind, and knowledge, concepts that might be considered contained within the mind in Western epistemologies. For example, he holds that "the peculiar characteristic of the mind is reflection and that of the intellect is determination" (Śankaracharya 1973:164). This distinction is seen in the various terms used by informants (e.g., *bōdham* and *buddhi*) below that translate as *consciousness* or *intellect* and are separate from the mind (*manas*). Śankara is known throughout Kerala and India. Nowadays, the popular religious leader Sai Baba, whose photo can be seen in homes and businesses around Kerala and other parts of India, promotes Śankara's philosophy that the true self is the same as the divine.

Vaiśeṣika, which is one of several philosophies that epistemologically inform ayurvedic medicine, states a clear phenomenological division of labor similar to what is seen in Śankara's philosophy. In a discussion of the nature of *ātman*, a 4th-century Vaiśeṣika text by Praśastapada says:

In the cognitions of sound, etc., also we infer a "cogniser" [the witness/the self]. This character cannot belong to the body, or to the sense organs, or to the mind; because all these are unintelligent or unconscious. Consciousness cannot belong to the body, as it is a material product, like the jar; and also as no consciousness is found in dead bodies.

Nor can consciousness belong to the sense-organs; { . . . }

Nor can it belong to the mind; because if the mind be regarded as functioning independently of the other organs, then we would have perception and remembrance simultaneously presenting themselves (and if the mind be regarded as functioning through the other organs, then it would not be the same as *ātmā* [*ātman* [self]]); and also because the mind itself is a mere instrument.

And thus the only thing to which consciousness could belong is the self, which thus is cognised by this consciousness. [Radhakrishnan and Moore 1957:405]¹

In this passage, Praśastapada draws distinctions between *atman*, consciousness, mind, and body similar to those made by Śankara. These distinctions can also be seen in Nyaya philosophy, which is contemporary with Vaiśeṣika, and in the writings of the 20th-century thinker, Sri Aurobindo (Radhakrishnan and Moore 1957:356–385, 602–603).

Finally, what is probably the best known of classic Hindu texts, the *Bhagavad Gita*, is saturated with teachings about how one transcends the body and the senses. The divinity Krishna, in his conversation with the human Arjuna, which constitutes the entire text of the *Gita*, asserts that *atman* is eternal and transcends the body:

Know this Ātman
Unborn, undying, . . .
How can it die
The death of the body? . . .
Worn-out bodies
Are shed by the dweller
Within the body.
[*The Song of God: Bhagavad-Gita* 1944:37]

Throughout this work, the importance of transcending the body is repeated by Krishna:

Once more I shall teach you
That uttermost wisdom:
The sages who found it
Were all made perfect,
Escaping the bonds of the body.
[*The Song of God: Bhagavad-Gita* 1944:106]

The *Gita* is popularly disseminated in Kerala and around India more broadly. Many Hindu households display a picture of Krishna and Arjuna in Arjuna's chariot and a quote from the *Gita*. A large mural of Krishna and Arjuna even dominates the waiting room of a well-known clinical psychologist in Kerala, and the *Gita* is dramatized on television and in other media.

A division of phenomenological experience similar to that described in these philosophical excerpts exists in the following testimony from informants. Specifically, we will see that Sanskrit terminology from the philosophical texts excerpted above, such as *atman*, *bōdham*, and *manas*, and an emphasis on consciousness, exist in contemporary discourse in Kerala showing attention to the rarification of nontangible parts of the person.

KERALA: FIELD RESEARCH AND SETTING

Kerala is home to 30 million people in southern India. This green and lush coastal state is well-known among researchers who study development for its high—around 90 percent—literacy, high life expectancy, low infant mortality, and other impressive quality-of-life indicators. Some attribute these achievements to policies of Kerala's communist government and grassroots social movements (e.g., Franke and Chasin 1994; Heller 1999; Namboodiripad 1984). Kerala has an excellent health care system and

the highest number of biomedical (known in India as "allopathic") doctors and hospital beds per capita in India (Franke and Chasin 1994; Panikar and Soman 1984). The state is also reputed for its practitioners and facilities of ayurvedic medicine, the most widely used indigenous medical system of South Asia. Coexisting with its impressive social achievements, Kerala also has serious problems of unemployment (Mathew 1997) and an extremely high suicide rate (Halliburton 1998). The Dravidian language Malayalam is spoken throughout the state, and the term *Malayali* is used to refer to the people and culture of Kerala.

The research presented in this article is based on interviews with 100 patients and over twenty healers plus observations of healing sessions at ayurvedic and biomedical psychiatric hospitals and religious healing centers. The religious centers included a Muslim mosque, a Hindu temple, and a Christian church, all of which are renowned for treating mentally ill or spirit-possessed people.² Research was conducted in 1997 with the assistance of three Malayali graduate students and aspiring therapists, Kavitha N. S., T. R. Bijumohan ("Biju"), and Benny Varghese. Interviews with people suffering illnesses focused on their illness narratives, past attempts at therapy seeking, current views of their problems, and plans for the future.

It should be noted that in the interviews that follow, a relative of the person who is ill is often the speaker. This is a fundamental feature of Kerala culture that has also been observed in other parts of India in research on the socio-centric or dividual person (e.g., Marriott 1976; Shweder 1991; Vaidyanathan 1989). Patients normally visited a healing center accompanied by one or several relatives or friends who, at most times, spoke on their behalf to healers. Patients and their families also presented themselves in this same manner to my assistants and myself in interviews. This pattern of interaction exists not only in the world of health and healing but also in many realms of life in Kerala, such as negotiating a marriage or employment. Sociocentric and egocentric are not, however, absolute or mutually exclusive categories. Katherine P. Ewing (1991) has shown how intrapsychic individualism coexists with interpersonal engagement in Pakistan, and Adrie Kusserow (1999) has revealed realms of sociocentrism in U.S. society. Likewise, there are contexts in which people in Kerala are individualistic, such as in Hindu religious practices. Hopefully, the mentalistic Westerner/body-conscious non-Westerner dichotomy will discover the same nuance that these critiques of the egocentric/sociocentric dichotomy have revealed.³

PATIENTS AND PROBLEMS OF BŌDHAM AND MANAS

Inspired and intrigued by the anthropological focus on the body, I hoped to find in Kerala confirmation of unique constellations of somatic idioms, forms of expression that transcended mind-body dualism in the local culture and in the forms of therapy I was examining, but I was frustrated by my informants' tendency to talk about their

problems in mentalistic and other nontangible terms. I tried retooling some of my questions and advising my research assistants, who had some training in psychology, to veer away from questions that I thought might contain assumptions of mind-body dualism, but I could not get informants to stop talking about their *manas* and their *bōdham*. Finally, I decided to let them be right, even if they did not fit my current theoretical interests. Certainly some patients demonstrated somatic modes of expressing distress, and it was sometimes apparent that informants' ways of speaking about their experience were conditioned by their being in a body. However, not one of the 38 patients for whom I have verbatim transcripts of interviews described their problems predominantly in somatic idioms or without referring to concerns about "consciousness," *ātman*, the mind, or other nontangible modes of expressing suffering. In fact, the elaborateness of the mental and consciousness-related (perhaps *meta-mental*) terms in which informants described their experience was striking to one accustomed to the vocabulary of Western mind-body dualism.

Emphasizing the Mental

A number of patients described the explicitly mental nature of their suffering and how this related to the treatment they pursued. Two informants, who were being treated at biomedical psychiatric hospitals, explained that they sought help from a psychiatric hospital rather than from magic or sorcery because their particular problem came from "thinking." A 30-year-old male Muslim inpatient, whom I will call Hamid,⁴ interviewed by my assistant Kavitha and me at a psychiatric hospital in Trivandrum, had been working, like many Malayalis, as a laborer in the Persian Gulf before he returned home to seek relief for his problem. His brother, who accompanied him at the hospital, explained how they decided to seek treatment at a biomedical psychiatric facility:

Brother of Hamid: . . . there is a place where we did *māntrika chikitsa* [magic treatment].

Kavitha: What all did they do?

BH: They tied a thread and did their ritual. They did the rite in the Quran. Still he didn't get relief. So we saw another person who told us about the illness. He said the treatment for this can only be done in a hospital, and he can't do any *māntrika* [magic] for this. This occurred through thoughts [*chintāgathi*]. This began by thinking [*chintichchā uṅṭāyatāṇā*].

The daughter of Jayasree, a retired schoolteacher who was a psychiatric inpatient at a hospital in Trivandrum, also explained why she was seeking treatment at a hospital rather than through magic:

Kavitha: Do you have some belief in that [referring to the possibility of involving magic or worship] relating to this problem?

Daughter of Jayasree: Not for this problem. This is because of the mind. [*manas*]

Here and in many excerpts that follow, the speaker uses the term *manas*, which is a Sanskrit-derived Malayalam

word for mind also used in the Indian philosophies described earlier. *Mind* is the common dictionary translation from the Malayalam and Sanskrit *manas*, though *manas* refers to a realm of attributes that is not exactly the same as those contained in the English *mind*. For example, in many philosophical treatises, including texts by Śankara and Praśastapāda presented earlier, *manas* is distinct from *buddhi*, which is translated as *intellect*. Cognition and thinking are capacities of *manas*, but *intellect* and *consciousness* are not. *Manas* is a tool and more tangible, thereby further from *ātman* than the more intangible *bōdham* and *buddhi*.

Occasionally, the distinction between mind and body is rendered in English terminology. In his first attempt to describe his troubles, Mohan, a 20-year-old male inpatient at a biomedical mental hospital, described his problem using the English word *mental* and explaining that it relates to thinking:

I have a "mental" [i.e., a mental problem]. I will think something. When asking someone something, I will feel different things in my mind. [. . .]

When I think like that, sometimes the anger inside me rises up to my mind. It will come up again. When I become like that I feel that I want to attack someone. Like that the thoughts will not stop.⁵

Mohan also speaks about emotion, and the metaphor of anger rising implies awareness of his embodied state. The connection between thought and emotion is also evident, but thoughts are Mohan's ultimate concern ("the thoughts will not stop"). At points throughout this interview, Mohan also expressed concern about his *ātman*. He felt that someone had taken his *ātman* and that it had merged with the *ātman* of another person. Interestingly, the interview with Mohan occurred somewhat early in my fieldwork, and my assistants and I were still trying hard to bring out somatic expressions, which we assumed were just hidden in the people to whom we were speaking. Such questions got answers like this:

Biju: Something else, do you have any other "strange physical feelings"? In your body, some kind of "strange feelings"?

Mohan: Nothing like that.

Murphy: Okay, okay. [my indication to Biju that we ought to drop this line of questioning]

Mohan: No, this is only a "mental" illness. Other than that there is no illness.

Bōdham and the Many Modes of Consciousness

Mustapha, a 44-year-old Muslim fisherman who was seeking relief for his problems at Beemapalli mosque, was suffering an illness "in the head" according to his brother who was attending to him at the mosque. This brother also related the onset of the problem to being without *bōdham* or becoming unconscious. The Malayalam term *bōdham* and other idioms in the following examples are roughly translated as *consciousness* with modifications or translation options occasionally indicated since English

words—being based on a different phenomenology—cannot reproduce the nuances of these Malayalam terms.

Kavitha: What all was he showing [i.e., what were his symptoms] when you took him to [name of mental hospital]?

Mustapha's Brother: I can't say exactly what he was showing when he became ill in the head. He will say things in reverse. He was brought back unconsciously [*bōdhamillāte*].

Several other patients' illnesses were described as beginning with an episode of problems with *bōdham*. A 32-year-old Hindu manual laborer was staying with his son, Satish, who was incarcerated in a cell (for uncontrollable or violent persons) while he sought relief for his suffering at Beemapalli mosque. Satish was around eighteen years old and training to be a welder when his problem started. His father explained to me that a loss of *bōdham* was the beginning and defining characteristic of his son's problem:

Murphy: What all are the boy's problems?

Satish's Father: The problem is that one day when he was returning home after going to the road he had a feeling that about ten to five hundred people were chasing him. He came and fell unconscious [*bōdham ketṭu*] at the doorstep. That's all there is to the illness. There is nothing other than that.

Despite studies referred to earlier (e.g., Kleinman 1986) that tend to find more expression of suffering through the body among people at the lower end of social hierarchies, this working-class father described his son's problems in terms of *bōdham*.

Lakshmi, a 26-year-old Hindu woman who had been attending a Hindu temple to seek the goddess' help with her problems described how consciousness relates to her experience of possession on several levels of interiority:

Biju: Do you have consciousness [*bōdham*] during possession [*tuḷḷāḷ*]?

Consciousness [*bōdham*]?

Lakshmi: No.

B: Do you have consciousness inside [*fulḷil bōdham kāṇumō*]?

L: Inside the inside, there will be consciousness [*fulḷinṅe ulḷil bōdham kāṇum*]. The reason is . . . but there is no outside. There is a feeling that something is inside.

B: No consciousness [*bōdham*] on the outside, right?

L: No consciousness [*bōdhamilla*].

Lakshmi is referring to a level of interiority where there is awareness of what is occurring during possession although her normal, full consciousness does not perceive what is going on around her and within her. Other possessed people similarly report that only a fraction of their regular consciousness is present during possession experiences.

A woman who was receiving outpatient psychiatric treatment, in her first attempt to describe her problem, resorts to the idiom *bōdham*, but also uses a term, *ōmma*, which sometimes has a meaning like *consciousness* but also refers to *memory*: "I lost memory/consciousness [*ōrmmayillāteyāyi*]. Yesterday night, I became unconscious [*Bōdhamillāteyāyi*]." In this passage, it is hard to ascertain whether it is better to render *ōmma* as *memory* or *consciousness*, two of its English glosses. The following description of an incident in-

volving an elderly patient, Kuttappan, at an ayurvedic mental hospital helps clarify some of the meanings of *ōmma*:

Wife of Kuttappan: We can't sleep here. Yesterday, his son was here with him. He beat him [the son] with a flashlight.

Benny: His son?

WK: Yes. There was a cut here, and a tooth was hit and loosened.

Kuttappan: I don't remember [*ōrmmayilla*] that.

B: He did it unconsciously [*ōrmmayillāte*].

WK: Unconsciously [*ōrmmayillāte*], he did it. So they chained him. I told him to bring tea in the morning. His son had not had tea. It was to sooth him. So ask your son. Father did that unconsciously. So let him call his son and ask him whether he had tea. Then he started crying. At that time he was not in his conscious mind [more literally, he was of little intellect—*buddhikkā ḷeṣam*].

Note also that Kuttappan's wife referred to her husband as lacking *buddhi*, which is a term used in the philosophies described above to refer to the intellect, a capacity that in Nyaya and Vaiśeṣika philosophies is not the same as *manas* or the body. *Buddhi* is a level higher—that is, more valued—than mind and body though it is not as high as *atman*.

The relative of a young Muslim man who was an inpatient at an ayurvedic mental hospital had another expression that one of my research assistants felt was also best rendered as (loss of) consciousness: "He lost consciousness [*talakkā oru marichchal*—lit., a turning in his head] is what he is saying. He lost consciousness [*talakkā oru marichchal*]. After that, he won't talk. He speaks only with his arms and legs." Yet another term that my assistants and I thought best translated as "unconscious" was used by a young Hindu man, Sivan, who was seeking treatment at an ayurvedic mental hospital:

Sivan: They made me sick.

Benny: Who did this, and how did they make you sick?

S: They made me unconscious [*mayakki*].

B: Made you unconscious [*mayakkiyō*]?

S: Made me unconscious and scolded me [*Mayakkittā parahasichchittā*].

Mayakkā also has meanings like intoxication, confusion, coma, enchantment, and dimness (Madhavanpillai 1976). Given these additional meanings, *mayakkā* might be interpreted as a more embodied form of unconsciousness than states like intoxication or coma, requiring a relationship to the body to be experienced. Or, perhaps, consciousness being absent, one experiences at the level of the body or the tangible, like the young Muslim man above who "speaks only with his arms and legs" after losing consciousness.

A 35-year-old Hindu man, Santhosh, who was employed part-time at a photo studio was an inpatient at a biomedical psychiatric facility in Trivandrum when we met him. His first attempt to describe his problem invokes another idiom that is best rendered in English as "consciousness":

Biju: What are the symptoms [*lakṣaṇāṅgaḥ*—lit., characteristics] of your illness?

Santhosh: Symptoms of illness? When I sleep I will fall into a deep sleep without any consciousness [*añiyān vayāte uḡāññum*].

The variety of terms translated as *consciousness* refer to what people in Kerala suffering distress consider to be a predominant area (or areas) of concern relating to their suffering. These examples reveal a variety of nontangible, experiential states that do not map clearly into English language/Western terms and reveal that people in Kerala distinguish between body, mind, consciousness(es), and *ātman*.

Relations between Bodily and Less Tangible Modes of Experience

In Kerala, people *do* express suffering through the body in addition to the mental and consciousness-based modes described in the previous section. However, the excerpts from interviews that follow reveal how people suffering distress in Kerala attend to their body yet appear more concerned about their states of mind and consciousness.

A 38-year-old Hindu woman, Santhi, who was receiving inpatient treatment at the Trivandrum Medical College expressed her difficulties in terms of a combination of bodily and nonbodily idioms. Having financial difficulties at home, Santhi was worried about her husband's drinking, and she complained that her mother-in-law mistreated her. "Thinking [*vičhāričhā*] about all this, I have mental troubles [*manassinā viṣamaṅ*]," Santhi explained. Later in her description of her illness, she also focused on bodily and aesthetic states:

When I try to sleep in the daytime, sometimes I feel like my legs are shaking, like my legs are moving and my head is heavy. And when my head is heavy, I think I will lose my normal state/mind [*samanila tetti pōkuṅ*].

Note, however, that Santhi's description culminates in her concern about losing her state of mind. Shortly afterward, she returns to the somatic aspects of her suffering:

Santhi: Now when my body becomes numb/limp/stiff [*chenattā kayaru*] and when I am tired.

Kavitha: What is *chenattā kayaru*?

S: All this hair will stand up straight. It will go away after a while.

K: Is this the only thing you feel, or is there anything else?

S: Sometimes I will have stomach pain, burning in the chest. Sometimes burning in the stomach, then headache. Everything is there.

Santhi then responds to the interviewer's prompt to talk about mental and bodily states, but she emphasizes that her most crucial concern relates to her mental state:

Kavitha: You said that this will happen [that you will be possessed]. When that happens, how do you feel in your body? And in your mind, how do you feel?

Santhi: In my mind, I will be afraid.

K: Will be afraid. Other than that?

S: Nothing other than that.

K: Nothing more than that.

S: I am afraid. I feel that I will lose my normal mind [*samanila tetti pōkuṅ*].

The mother of Sreedevi, a woman who was seeking ayurvedic psychiatric treatment, described Sreedevi's difficulties in terms of bodily, behavioral, and emotional idioms:

Biju: What is the problem for which you are seeking treatment?

Sreedevi's Mother: She is not eating, and she has started crying. And when sleeping, she'll suddenly wake up complaining of stomach pain. She shows *bahaḷaṅ* [agitation/boisterousness].

But then Sreedevi's mother explains:

Because this is a mental problem [*manassikamāyittulla viṣamaṅ*], we have been coming here.

What these excerpts reveal are several modes of culturally defined phenomenological experience. I would propose that rather than a mind-body dualism, there is in Kerala a phenomenology of multiple modes of experience that range from material to intangible and rarefied: that is, from the body to *manas* to *bōdham* to *ātman*. The other idioms that translate as *consciousness*, such as *ōrmma*, would belong on this continuum of modes of experience between *manas* and *ātman*. The informants cited above do not explicitly say that these modes of experience lie on a continuum of increasing intangibility, although they use these terms in a way that is consistent with the philosophies described earlier that outline a continuum of body-mind-consciousness-*ātman*. What is clear is that, unlike many other ethnographic examples in anthropological studies of the body, people suffering affliction and illness in Kerala do distinguish mind from body and locate experience in nonbodily realms that are extremely important to them. Yet mind and body are not diametrically opposed in Kerala. They are simply different, and, in fact, mind—*manas*—is more embodied, more gross and material, than *bōdham* and *ātman*.

It is also possible that there are multiple phenomenologies, or variations on this phenomenology, within Kerala society. The examples above present people from various class, gender, and religious backgrounds, but further study may reveal variations along these lines. In fact, the Indian philosophies described earlier are to some degree elite discourses, but what may make Kerala unique is that these elite philosophies and phenomenologies seem to be popularly consumed.

THE CONTEXT AND THE UNIQUENESS OF KERALA

In our contemporary globalized world, we should not be surprised to find *local* phenomenologies interacting with, being influenced by, or resisting translocal discourses of mind and body. We should also expect that elements of these broader discursive universes will combine with local understandings into distinct, and perhaps even unique, phenomenological orientations. Historically, local discourses and practices in Kerala have been influenced by transregional ideologies such as North Indian Sanskritic Hinduism, Islam, and Communism. This trend continues in postcolonial Kerala in which Western idioms of distress

have been imported with the proliferation of biomedical psychiatric services, and, thus, Western mind-body dualism has encountered Kerala's phenomenology.

It could be suggested that people in Kerala deemphasize the body and prioritize the more intangible parts of the person because of the influence of Western biomedicine,⁶ which is more widely available in Kerala than in other states. This explanation is tempting, but not sufficient to explain Kerala's uniqueness. Although, with only four percent of India's population, Kerala had 30 percent of the biomedical mental hospitals in India in 1991,⁷ there is not a simple hegemony of biomedicine in Kerala. The state has as many ayurvedic facilities as it has biomedical facilities, but more biomedical beds and doctors (State Planning Board, cited in Mani 1998) and more ayurvedic doctors who specialize in *manasika rogam* (mental illness) compared to other regions of India (Bhattacharyya 1986; Lakkar 1982). Indeed, the phenomenological perspectives presented above come not only from informants undergoing biomedical psychiatric therapy but also from patients using ayurvedic therapy and religious healing centers. Moreover, local phenomenology predates the arrival of Western biomedicine in South Asia and expresses an understanding of relationship among consciousness, mind, and body that is distinct from that found in Western mind-body phenomenology. This does not mean that Kerala's phenomenology is static; the privileging of mind over body has most likely been reinforced by that same tendency in Western biomedical discourses, which are well-known and, in some contexts, prestigious in Kerala. Although the two phenomenologies are different, the privileging of mind over body in the Western discourse can be considered akin to prioritizing the intangible over the tangible in Kerala's phenomenology.

It is likely that Kerala's phenomenology is related to Kerala's tradition of high literacy. What Kerala has that other states do not—and what might make its phenomenology unique—is the popular consumption of what would be considered only elite phenomenological discourses in other parts of the country. The philosophical views I have presented are high, literate culture in various parts of India, but in Kerala they are popularly consumed. Furthermore, literacy is not only a modern development but has historically been a distinguishing feature of Kerala society (Gough [1968] cites examples of the local consumption of elite Sanskrit sources and literacy in Malayalam from the 9th, 16th, and other centuries). Today in Kerala, literacy enables the consumption of biomedical, psychiatric, and medical discourse through popular media, such as psychological advice columns in magazines such as *Mangalam* and *Manorama* and television shows that feature biomedical experts. Again the picture is complex: While biomedical views receive more coverage, there are ayurvedic healers and others who write in the popular press and appear on television.

Regardless of how local phenomenology has received, reinterpreted, or resisted Western mind-body dualism via

biomedicine, it is important to emphasize and further delineate the difference between Kerala's phenomenology and Western mind-body dualism. I suggest that English metaphors of "psychological" distress belie a greater attention to embodied experience than metaphors that are used in Malayalam. English words such as *stress*, *tension*, and *depression*, which are sometimes used in Kerala, are metaphors that are kinetic or imply a physical torsion—they convey a feeling of pressure or weight on the body in order to represent conditions of mind and emotion. Malayalam and Sanskritic terms for distress do not evoke these images of weight and pressure. As examples, people I spoke to in Kerala who suffered distress used the following terms: *viṣamaṃ*, which best translates as "sadness"; *kaṣṭhaṅgal*, which means "troubles"; and *duḥkhaṃ*, which is best rendered as "grief." A greater knowledge of Malayalam etymology and a thorough analysis of these words in their use in everyday discourse would be necessary, however, to more accurately complete this comparison. In addition, while this privileging of mind over body is similar to valuing the intangible over the tangible, Kerala phenomenology, and the Indian philosophies mentioned earlier, would locate both mind and body on the lower, more gross and tangible end of the body-mind-bodham-atman continuum. Yet both phenomenologies do have in common a denigration of the body.

CONCLUSION

I wish to reassert that I am not advocating an abandonment of anthropological studies of the body or the various approaches that are labeled "embodiment." This move away from representational biases continues to be an important step toward more thoroughly understanding the human experience. We should, however, be suspicious of our current tendencies to discover "exotic" peoples who live in the body. Perhaps analogous to the tendency for anthropologists to assume the distant Other to be living in a remote time (Augé 1999; Fabian 1983), the excitement about finding alternatives to the allegedly mentalistic West has led us to locate the Other more firmly in the body. This leads not only to possibly mischaracterizing the already-reified, "non-Western" subject. It also, wrongly, implies that the Western person is not living in an embodied state and is unable to transcend mind-body dualism. I am suggesting instead that we be alert to particular local ways of dividing up how one feels, experiences, and perceives—remembering that such ways of experiencing are shaped by elite and popular, local and larger, forces and discourses.

Although studies of embodiment have moved us in this direction, the very term seems to direct attention to the body, a tendency reflected in those many studies that use *embodiment* as a synonym for somatization. Although we might still wish to discover what is unique about the body in a particular setting, getting a sense of the local phenomenology first will contextualize the body and

thereby reduce the risk of missing crucial aspects of lived experience.

The issues treated in this article also signal the existence of larger problems in studying experience in anthropology; I have asserted that how one experiences is locally constituted, yet there remains the possibility that within a local phenomenology there is some level of translocal human experience. As anthropologists, we have a particular talent for revealing the limitations of universals as well as a responsibility to present such challenges. So while Hegel, Heidegger, Merleau-Ponty, Śankara, and others speak about universal human experience, we need to ask to what degree such thinkers shape, and are shaped by, unbeknownst to them, their local context.

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NOTES

Acknowledgments. For their comments on earlier versions of this article, I am indebted to Vincent Crapanzano, Setha Low, Shirley Lindenbaum, Joan Mencher, and Thomas Csordas. I also wish to thank the anonymous reviewers of the original manuscript of this article who provided valuable guidance for rethinking and refining the arguments I present. Research for this study was made possible by grants from the Wenner-Gren Foundation for Anthropological Research and the National Science Foundation.

1. From *Padārthadharmasamgraha of Praśastapāda*, translated by Ganganatha Jha (Allahabad: E. J. Lazarus and Co., 1916). Reprinted in Radhakrishnan and Moore 1957. Comments in “[]” brackets are Radhakrishnan and Moore’s. Comments in “{ }” brackets are mine.
2. There has been some debate over whether mental illness and spirit possession are similar or distinct conditions (e.g., Bourguignon 1991; Lewis 1989). Although these conditions may differ existentially, they are pragmatically similar in Kerala in the sense that people pursue both psychiatric and religious healing for the same problem, and they sometimes describe the same condition as possession and a problem of mind or consciousness. Also, it could be pointed out that I am finding an orientation to consciousness and the mind because my research focuses on people with “mental” difficulties, but it is precisely in the world of putatively mental problems that anthropologists have found a need to focus on the body. For example, Kleinman (1986) found patients in a psychiatric center in China expressing social distress through the body rather than psychologically. See also Jenkins and Valiente 1994.
3. I am grateful to one of the reviewers of this article for suggesting this analogy.
4. All names of patient-informants are pseudonyms. However, real names of research assistants are used.
5. All interviews with patient-informants are translated from Malayalam, and words that occurred in English in the original interviews are indicated by quotation marks.
6. My observations in Kerala contrast with a study by Jean Langford (1998) of an ayurvedic psychotherapy practice in North India. According to Langford (1998:89–90), many patients of the ayurvedic therapist, Dr. Singh, have somatic symptoms (e.g., weakness, stomach pain, constipation), which the doctor diagnoses as a problem with *vata* (one of the *dosas*, which are underlying essences or forces in the body). One patient Langford observed was described as unusual in that he complained of “extreme depression” (1998:90). Langford paraphrased the view of an ayurvedic psychologist regarding this case: “In India . . . there is not much awareness about psychological problems. Usually people with psychological disorders come to the out-patient department complaining of physical ailments and are diagnosed by Dr. Singh with depression

and/or anxiety” (1998:91). By contrast, many of the people I interviewed characterized their problems in terms of what a Westerner would consider psychological states (i.e., states of *manas* and *bōdham*).

7. Franke and Chasin 1994:v (citing *India Abroad*, December 13, 1991, p. 32). Also, Bhattacharyya’s research in Bengal (1986) and Nunley’s work in Uttar Pradesh (1996) indicate that Western biomedical psychiatric services in those regions are rare relative to Kerala.

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Statement of Ownership, Management, and Circulation

Publication title, *American Anthropologist*; publication number, 0002-7294; filing date, 9/30/98; frequency, quarterly; no. of issues published annually, 4; annual subscription price, \$190.00 (inst.) \$95.00 (nonmember); publisher, American Anthropological Association, 4350 N. Fairfax Dr., Suite 640, Arlington, VA 22203-1620; editors, Barbara and Fran Mascia-Lees and Susan Lees, *American Anthropologist* 695 Park Avenue, #715N, New York, NY 10021.

Actual no. copies issue nearest filing date, 13,400; unmailed sales, 0; paid subscriptions, 12,932; total paid circulation, 12,932; total free distribution, 30; total distribution, 12,962; copies not distributed, 438.

Average no. copies preceding 12 months, 13,700; unmailed sales, 0; paid subscriptions, 12,627; total paid circulation, 12,627; total free distribution, 30; total distribution, 12,657; copies not distributed, 1,044.