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A Fine Balance:  
Family, Food, and Faith in the Health-Worlds of Elderly Punjabi Hindu Women

by

Sharon Denise Koehn  
B.A., University of Victoria, 1990  
M.A., University of Victoria, 1993

A Thesis Submitted in Partial Fulfillment of the Requirements for the Degree of

DOCTORATE OF PHILOSOPHY

in the Faculty of Graduate Studies  
Interdisciplinary Program

We accept this dissertation as conforming to the required standard

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ABSTRACT

The principle aim of this inquiry is to understand how elderly Hindu Punjabi women utilize and shape Ayurvedic knowledge in the broader context of their lives. Do these precepts constitute a way of knowing in the world as women, as seniors, as immigrants? Ayurveda furnishes a wealth of indigenous categories of understanding, which can function as epistemological tools, providing one means by which these elderly women are able to build more cohesive constructions of their selves and their current realities. While my interest lies in discerning health-related behaviours and beliefs, my research agenda reflects the scope and priorities of the women themselves who include in this domain a broad array of topics, most notably, family relations, food, and religion.

So as to examine the continuity of constructions among the elderly subsequent to migration, the sample includes both elderly Punjabi Hindus who have migrated to Greater Vancouver, Canada (n=10), as well as a comparable sample still residing in northwest India (n=10). The methodology employed was a reflexive process which entailed a period of initial sensitization to relevant concepts (Hindi language training, participant observation), followed by a series of in-depth semi-structured interviews. While capable of eliciting more specific information on health and healing, this method simultaneously encouraged 'life story' constructions.

The 'critical-interpretivist' stance (Scheper-Hughes and Lock) adopted for this study considers not only how people construct their worlds but the relations of power which constrain their choices. This paradigmatic position is articulated within a 'three bodies' framework which delineates the individual body, the social body, and the body politic. Other important theoretical influences include social science perspectives on emotion, selfhood and food.

Profiles of two each of the women now living in India and Canada are presented so as to preserve the integrity of the women's stories which are otherwise fragmented by the subsequent analysis wherein all interviews are considered collectively according to common themes. The most predominant themes were (1) the socially-embedded nature of health and well-being which references especially, but not exclusively, relationships within the extended family; (2) the relationships drawn between particular foods,
beverages, herbs and spices and one's mental, spiritual and physical health; (3) the all-pervasive idiom of balance; and (4) the complex interrelationships between that which is sacred, detached, and not confined to this life and more temporal concerns such as attachment, pride and so forth which ground people in this world. Evidence of a higher order category which unites all four themes—a recognition of the strong interrelationships between mind, body, and spirit—is apparent in every interview. So, too, however, is the competing ideology of the egocentric self coupled with an allopathic (dualistic) medical paradigm which seeks to separate spirit from mind, mind from body. A fifth theme is thus the accommodation of these two competing ideologies in the women's life-worlds.

In sum, Ayurveda provides a rich metaphorical language according to which broadly conceived health concerns which are deemed to originate in familial concerns and other stressors such as loneliness can be readily discussed in terms of food. The ability to utilize this wealth of metaphor is most typically forsaken when religion is no longer integral to their lives in some form or another. The compartmentalization of religion, appears to reflect a more dualist (allopathically influenced) world-view in which holistic conceptions of self and health are marginalized.

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DEDICATION

Saroj ke liye, prem ke sath


Chapter 1 - Introduction

For students of medical anthropology, the study of the Ayurvedic tradition in South Asia offers considerable potential for understanding the configuration and development of symbolic patterns of 'health' and 'disease.' Even more significant perhaps are the broader concerns identified by Larson (1987) of (a) understanding the indigenous conceptual systems that shape the lifeways of the millions of inhabitants of West and South Asia who utilize and/or practice some form of Ayurvedic medicine and (b) of recognizing the potential for those understandings to enrich allopathic medical theory and practice. Fundamentally, it is these goals which have motivated my own quest to comprehend the complexities of Ayurveda as translated into everyday practice by the post-menopausal Punjabi Hindu women whose experiences form the centre-piece of this exploration. In particular, I am concerned with the manner in which talking with women about health through the framework of Ayurvedic understandings may lead us toward their ontological and epistemological assumptions which in turn inform a much broader spectrum of interests in their daily lives. Does what Larson refers to as an "obsessive attention given to food, season, habitat, lifestyle, and social interaction in Ayurvedic diagnoses and therapies" (1987:255) translate into daily practice for Hindu women? And, if so, how does this shape their perspectives of health and illness?

A. The nature of the beast

Literally translated, Ayurveda means the 'science' or 'knowledge' (veda) of life (ayus), the latter broadly conceived as body, mind and consciousness or spirituality (Lad 1984, Larson 1987). Kutumbiah's definition similarly points to the inclusivity of traditional South Asian medicine:

Good, evil, happy, and unhappy is life. The science which declares its nature, a measure, and what is beneficial and what injurious to it is called the science of life. The union of body, senses, mind and soul constitutes life, is animate and is called Purusha (person or being). It is regarded as the subject in which health and disease co-inhere, parity of correlation being the cause of health (1962:xix).

The Sanskrit term, veda, is equally broad in scope, denoting teachings and understandings—knowledge—of many kinds. The religious underpinnings of Ayurveda evident in sacred Hindu scriptures remains apparent in the classical treatises—the Caraka-samhita and Susruta-samhita—but are here complemented by a much more rational and empiricist perspective (Crawford 1989, Larson 1987). The interpretation of veda as 'science'—in my view more limited than the holistic form of knowledge previously implied—is perhaps acceptable if we follow Trawick's (1987) line of
reasoning' that science entails a conscious response to challenging paradigms. Illustrating her arguments as to how biomedical and Ayurvedic doctors differentially address this criterion through the example of a Tamil *vaid* (Ayurvedic practitioner), Trawick maintains that biomedical 'objectivity' is supplanted by the personal and theoretical openness of the *vaid* together with a diagnostic method of intersubjectivity. Thus while the concept of 'ayus' offers glimpses of a Hindu ontology, 'veda' further offers insight into the epistemological assumptions of this medico-cultural system (see Zimmerman 1978).

The findings of various ethnographers, ethnopsychologists and ethnopsychiatrists who have sought to discover the perspectives of Ayurvedic practitioners and lay-persons throughout South Asia have documented the radically divergent constructions of illness, body and self that Ayurveda represents relative to traditional Western biomedical models. Moreover, they have shown that Ayurvedic principles expand far beyond the biomedical scope to include moral and religious practice as well as a broad range of social and environmental relationships. In short, Ayurvedic philosophy is a fruitful source of indigenous categories through which we might better understand Hindu notions of the body* and the self.

Commenting on the South Asian research literature, Marriott (1990) laments the inappropriate utilization of traditional categories of sociological questioning reflective of Western social, intellectual and academic history, in all but a few more contextualized ethnographic projects. He observes that such vainglorious efforts to impose alien cultural assumptions onto Indian respondents are frequently exercises in frustration—both respondents and administrators of the research fail to comprehend the epistemological chasm which divides them. It thus behooves the Western researcher to bear in mind that the so-called etic viewpoint is merely the emic perspective or the 'ethnosociology' of the West. To escape the etic/emic dilemma, Marriott (1990:4) proposes that we construct instead an Indian ethnosociology which "requires building from the culture's natural categories a general system of concepts that can be formally defined in relation to the other."

While I agree with the spirit of Marriott's overall project to privilege Indian categories in studies of Indian phenomena, we part ways in our approach to the problem. Marriott's goal of reducing these concepts and their inter-relationships to a series of geometrical representations is, to my mind, as inappropriate and "Imperialistic" as the practices he claims to eschew. Nonetheless, there is much of value in his overall endeavour to recognize the co-relations between various systems of indigenous categorization.
Predominant among the categorical schemes that Marriott draws upon to construct his initial model of a specifically Hindu "ethnosocial science" are Ayurvedic concepts such as the five elements (ether, air, fire, water, earth) the three *doshas* or 'humours' (*vata, pitta, kapha*) and three 'strands' that he glosses as 'goodness,' 'passion' and 'darkness' which for Hindi speakers would be easily recognizable as *sattva, rajas* and *tamas*, respectively. In league with Larson, Marriott thus implies that an understanding of Ayurveda is central to the broader comprehension of Indian lifeways.

**B. Some delimiting parameters**

1. **Medical pluralism and the colonial encounter**

Before assuming the overall applicability of an Ayurvedic framework as a model for health and illness beliefs, a few caveats are in order. First, it is important to note that the majority of ethnographic research on Ayurveda has been situated in South India and Sri Lanka, rather than in Northern India, from whence the participants in my own research originate or currently reside. Additionally, certain authors have warned of the discrepancies between models of Ayurveda as detailed in the classic texts versus those held by folk users or by contemporary practitioners. Leslie (1974, 1976), for example, draws attention to the discrepancies between classical texts and contemporary practice due, in large part, to the introduction and subsequent influence of *Unani* (or *Yunani*) medicine during the intervening period of Muslim rule. The pluralistic structure of the Indian medical system and different patterns of resort in the use of therapy modalities by India's 937 million or more citizens have been noted in several studies (e.g. Gandhi 1981, Leslie 1976, Madan 1981, Nichter 1978). Given the varying extent to which people of diverse backgrounds place their faith in various treatment modalities, the nature of my question necessarily includes a consideration of the heterogeneity of the women in my sample as well as the relative ideological force of biomedicine (and to a lesser extent, other competing medical systems) insofar as it shapes their ontological and epistemological beliefs, their consequent construction of personhood, and the associated implications for their health and well-being.

A critical element in defining the shape of Ayurveda and the relative adherence of various sectors of the Indian population to its principles is India's colonial encounter with the British, and in particular, their fluctuating endorsement (and withdrawal thereof) of Ayurvedic medicine in favour of the biomedical model with which colonial officials were most familiar (Langford 1995, Jeffery 1982). Langford (1995:361) observes that while most social scientists tend to adhere to the term, 'biomedicine,' different glosses of this
concept—namely 'modern medicine' and 'allopathy'—are differentially applied by those
more or less supportive of its principles, respectively. A third, very telling, term—
'English medicine'—was frequently used by the participants in my own research,
indicating clearly their association of biomedicine with the colonial regime.

Despite its survival, Ayurveda's encounter with biomedicine over the past two centuries
has left an indelible mark on both its philosophy and its practitioners. The imprint of
biomedicine on Ayurvedic practice is especially visible from the turn of the twentieth
century onward, particularly since the mid-1930s, when a resuscitation of Ayurvedic
hospitals and colleges, typically modeled in the image of biomedical institutions,
gradually displaced the Guru-disciple relationship as the primary teaching medium for
vaidás (Jeffery 1982, Langford 1995). Indeed, a great many contemporary vaidás have
received training both in Ayurvedic and allopathic medical practice (although the former
is considerably under-funded relative to the latter): "Ayurveda, then, exists in constant
economic and ideological competition with biomedicine" (Langford 1995:334, see also
Taylor 1976). This is true insofar as both practitioners and patients are concerned.
Evidently many urban and even some rural Indians have invested their faith, instead, in
biomedicine. Vaidás, as a result, may spend much of their time convincing patients of the
value of Ayurvedic medicine—a hard sell indeed when biomedical drugs offer instant
relief as compared to the slow-acting, long-term treatments characteristic of Ayurveda
(ibid.). A third competing medical paradigm is that of homeopathy. Despite its 19th
century German origins, the assimilation of elements of the Ayurvedic and Yunani
(Muslim) traditions has transformed Indian homeopathy into a unique and very popular
variant of medical practice (Leslie 1976). My own research is thus necessarily mindful of
the operation of these competing ideologies.

2. The Ayurvedic Self?
The feasibility of extending the framework of Ayurveda to include not only
considerations of the body/mind, health and illness but notions of Hindu personhood and
overall well-being inheres in its inclusive yet fundamentally spiritual nature. As
Crawford (1989) has observed, ayus—the subject matter of Ayurveda—denotes not only
the body, the sense organs and the mind, but also the soul. The latter is critical insofar as
it may satisfy the individual's search for meaning in life, here through the medium of
Hindu religious faith and practice. At the root this quest lies a self-awareness—a
perception of the self as distinct from all entities. Crawford (1989:30) goes on to assert
that it is this "perennial quest for meaning in life" which is fundamental to our definition
as human beings. Nordstrom's (1989:963) findings in Sri Lanka are a case in point:
when asking people to talk to her about Ayurveda, she expected to hear accounts of an indigenous medical system, instead, she remarks, "they used Ayurveda to tell me about themselves." Nordstrom thus goes on to portray Ayurveda as much more than a body of knowledge to which Sri Lankans refer to explain their health issues: "it provides metaphors that are used to explain the many aspects of life that impinge on personhood and its expression in the daily world" (ibid.).

The potential utility of this contention thus adds a further dimension to my project, for we might ask, if in fact a view of health through an Ayurvedic lens can provide some degree of insight into the sense of self or personhood of elderly Hindu women, can it in fact help us to understand those themes which provide continuity, coherence and purpose (and perhaps mental well-being) for those among them who have made the momentous decision to join their migrant children in Canada?"  

3. The Research Question in a Nutshell

In sum, my investigation of Ayurvedic practice among post-menopausal Punjabi Hindu women aims to shed light on three intersecting concerns: (a) the manner in which Ayurveda as a systematized medical tradition, relative to competing ideologies (in particular the hegemonic force of biomedicine), is incorporated into the lives and shapes the lifeworlds of elderly laypersons; (b) the degree to which understandings rooted in the Ayurvedic (humoural) tradition persist subsequent to the migration of elderly Punjabi Hindu women to British Columbia; and (c) the question of whether or not such women, uprooted from a radically different physical and cultural environment, utilize Ayurvedic precepts to re-establish a sense of meaning in their lives. These goals are pursued through a series of in-depth interviews with twenty Hindu women in Punjab, Haryana and the union territory of Chandigarh, India and the Greater Vancouver region of British Columbia, Canada.

C. The road ahead

As with any protracted research project, the production of my dissertation has been nothing if not a series of intersecting journeys. It seems only fitting, then, that I unpack its contents in four parts, each corresponding to the various components of any long-term expedition. Part One, 'Suitcase, Compass, Map,' is comprised of two chapters, each dedicated to explicating how my journey was accomplished—orienting paradigms, the baggage with which I embarked upon the trip and the routes of inquiry along which I ultimately charted my course. In chapter two, I set out the parameters of the critical-
interpretive paradigmatic stance which underlies my approach to this research project and relative to which my efforts can reasonably be evaluated. An additional goal of this chapter is to examine critically the nature and purpose of my research. In so doing, I clarify my understanding of the nature of culture—the foundation on which this entire enterprise rests. Chapter three illustrates how I have endeavoured to translate these paradigmatic ideals into practice. Here I explicate fully the overall design of my project, as well as ethical and moral considerations, and issues around the problematized self.

Part Two is entitled 'Making Acquaintances,' and seeks to familiarize the reader first, in chapters four to six, with the participants in this research enterprise and then, in chapter seven, with the theoretical insights which have guided my inquiry. Chapter four first examines the literature on the North Indian elderly in India and Canada before providing an overall demographic and contextual overview of all twenty women interviewed for this research. I refer to these women as belonging to one of two subsets—those interviewed in India versus those interviewed in Canada. For ease of reference, I will hereafter refer to these participants as 'Indian' and 'Canadian' respectively, although the reader should bear in mind that all of the women are, in fact, Indian (as well as Canadian in some cases) and only some of the women residing in Canada are citizens of that country.

In chapter five, I present in-depth profiles of two of the women interviewed in India, an exercise which I repeat with two representatives of the Canadian subset in chapter six. My rationale for so doing is twofold: first, I feel it is imperative that the reader have a sense of the participants as 'whole' individuals, women with coherent, complex lives, which may otherwise appear fragmented as they are dissected for the purpose of analysis in Part Three; secondly, we are able to discern, even from this limited number of instances, the emergence of dominant themes across the four interviews. These insights are summarized at the conclusion of chapter six, pointing us toward the themes to be explored in greater depth in the presentation of the findings in Part Three. While I believe their inclusion to be valuable, chapters five and six are nonetheless optional reading in the sense that later chapters are not contingent upon the reader's knowledge of the four profiles presented here for their understanding.

The theoretical overview in chapter seven introduces the reader to the key concepts which have oriented my mode of inquiry. While these influences are diverse, they cluster ultimately around the interstices of medical anthropological/sociological understandings of self-identity, aging, and the body. So as not to pre-determine my findings, these
notions are bracketed until the final chapter which alone comprises Part Four, 'Reflections,' at which point I engage in a hermeneutic exercise with the goal of illuminating both data and theory, accordingly.

To my mind, however, the most fundamental element which distinguishes any excursion, and the focus of Part Three, is the Pandora's Box of 'Discoveries,' that we unearth, the storehouse of experiences which invariably change the intrepid traveler, be it for better or worse. The in-depth profiles of four women presented in chapters five and six reveal five predominant themes. My analysis of the entire data set, using Q.S.R. Nud.ist,® similarly highlights these five analytical threads, namely the relationships between food and health, the idiom of balance, the sacred and temporal nature of the self, the socially-embedded nature of health, and the accommodation of competing medical-philosophical doctrines. The fourth of the aforementioned themes refers especially to the familial context of health and illness which invariably overlaps with each of the first three notions, each corresponding to the maxims of Ayurveda. So as to avoid repetition, I have elected not to create a separate chapter (although much of this material is presented in chapter four), but rather to weave this topic into the fabric of chapters eight through ten, accordingly. Throughout each of these thematic domains lie clues, as well, as to how these women experience old age, both in India and as migrants to Canada. The main objective of these four chapters is thus to explore the length and breadth of each theme in its entirety and, ultimately, to show how one is interwoven with the other in the life-worlds of this group of Punjabi Hindu women. By juxtaposing formal Ayurvedic teachings with the knowledge of the women interviewed, I am able to examine, moreover, the degree to which the two coincide. While it is difficult to 'prove' that an individual subscribes to a particular worldview, we can at least, as I do here, explore the manner in which certain cultural precepts, such as those embedded in Ayurvedic knowledge, are reflected in her behaviours and beliefs.

In bringing together, in my final reflections, the findings presented in Part Three with the bodies of theory introduced in chapter seven, I strive as well to answer the questions posed at the outset of my journey. As is typically the case, I have found that while some questions can be answered with satisfaction, the route of discovery has forced me to re-evaluate others while presenting, as well, unanticipated puzzles, the starting points for journeys yet to come.
Part One:

Suitcase, Compass, Map
Chapter 2 - Paradigmatic Positioning

A. Paradigmatic choices

Throughout the twentieth century, successive generations of qualitative researchers—much like cartographers of the epoch—have drafted explicit maps, guaranteed to guide their students safely through the jungle of fieldwork and daunting mounds of data toward methodologically impeccable results, only to find the parameters of their territory have changed, their subject matter transformed. Denzin and Lincoln (1994) delineate, in a roughly linear fashion, five "moments" in the history of qualitative research, although they are careful to point out that, broadly speaking, all five moments operate in the present. The first of these moments—the Traditional Period, dominant from the beginning of the century until the second World War—corresponds with what Guba and Lincoln (1994) have identified as the positivist paradigm. Diagnostic features of this moment include a commitment to objectivism in reporting and interpreting field observations; the general complicity of its practitioners with the colonialist agenda; beliefs in monumentalism and timelessness; a view of the subject as the 'other'; and a concern with the validity and reliability of interpretations (Denzin and Lincoln 1994). The positivist paradigm in the social sciences sets itself the task of devising natural laws of a causal nature which enable prediction and ultimately control of human behaviour. Grounded in the natural sciences, positivism is built on an ontological claim that there exists a single, apprehendable reality and the concomitant epistemological position that the researcher can assume a dualist stance relative to the observed. The methodological approach consistent with this view is experimental and manipulative, controlling for extraneous variables with the goal of confirming hypotheses deemed to illuminate an objective reality (Guba and Lincoln 1994).

The 'Modernist Period' which followed World War II, is characterized, on the one hand, by a recognition that the human subject is considerably less predictable than the natural scientist's subject matter and, on the other, a more vigorous effort to render their investigations of the social truly 'scientific.' Ultimately, however, this entailed a relatively minor paradigm shift toward post-positivism, a stance which holds that reality can only be approximated by observation, yet values the discovery and verification of theories (causality), traditional evaluation criteria (external and internal validity etc.), and structured, often statistical analyses. According to the post-positivist, hypotheses are to be falsified (with the failure to do so constituting evidence of a probable relationship), since a series of positive cases do not suffice as proof of their predictions. At the same
time, research of the modernist moment is more frequently situated in more natural settings. Proponents of theories as diverse as structural-functionalism and political economy are ironically united in their adherence to the ontological and epistemological precepts of critical realism—"claims about reality must be subjected to the widest possible critical examination to facilitate apprehending reality as closely as possible" (Guba and Lincoln 1994:110)—and a modified objectivist assumption that while a dualist stance is perhaps impossible, one can at least approximate this separation by subjecting findings to an "external guardianship" of "pre-existing knowledge" and a critical community of editors, referees and so forth. Throughout much of the history of the social science disciplines it is the post-positivist guidebook which has accompanied the vast majority of intrepid social researchers on their investigative travels (Denzin and Lincoln 1994, Guba and Lincoln 1994).

Denzin and Lincoln's (1994) third moment, which they have dubbed 'Blurred Genres,' is dominated by anthropologist Clifford Geertz' efforts (see Geertz 1973, 1983) to challenge "functional, positivist, behavioural, totalizing approaches to the human disciplines" (1994:9). In particular, Geertz' interpretive theory of culture arose in direct opposition to the tenets of structuralism (see especially Levi-Strauss 1978), the notion that cultural structures are deterministic of behaviour and that there exists one true interpretation behind a myriad of appearances (Schwandt 1994). Instead, Geertz defined his view of anthropology as an "interpretive science in search of meaning, not an experimental science in search of laws" (1973:5). The blurring that Geertz proposes as essential to his endeavour, and to which this moment owes its name, occurs between the boundaries separating the social sciences from the humanities: hence we see practitioners of the former borrowing models, theories and methods of analysis from the latter, semiotics and hermeneutics being especially pertinent to Geertz' own work.

From semiotics—the theory and analysis of signs and significations—Geertz developed the notion that language and other symbols not only refer to objects, but are also constitutive of a given culture: people are suspended in the webs of significance that they have spun. Culture, from this perspective cannot be explained in terms of causality, but rather is viewed as a complex, ideational, interactive, hermeneutical phenomenon to be interpreted by means of thick description. Here the use of the term hermeneutical refers to the premise that the meanings constituted in a culture must be read or interpreted by the ethnographer as one would read or interpret a complicated text: the inquirer constructs a reading of the meaning-making process of the people under scrutiny. Another instance of such borrowing is apparent in Geertz' consideration of the essay (an
art form) as a viable substitute for the scientific article, the primary means by which social scientists typically communicate their results. Here we see an epistemological shift away from the dualism of observer-observed as Geertz attempts to account for the researcher's presence in the interpretive text. Hence Geertz recognizes that while the members of a given culture or society are engaged in a process of constructing and signifying meaning, the same is true of the social researcher him- or herself and the methods he or she uses to study them. What the ethnographer eventually writes is thus a second- or even third-order interpretation of the interpretations of the research participants (Geertz 1973, 1984, Denzin and Lincoln 1994, Schwandt 1994).

Geertz' work thus signals the beginning of a shift away from a more 'realist' interpretive position, most evident in the work of symbolic-interactionists, George Herbert Mead and Herbert Blumer (e.g. Blumer 1969). While they succeed in challenging the methodological premises of the post-positivists—promoting, for example, the use of the hermeneutic circle in order to fully comprehend the symbolic dimension of society—symbolic interactionists fail to critique the ontological and epistemological premises that guide them. In their treatment of meaning as tangible, many interpretivists are confronted with the dilemma of celebrating the primacy of the first-person, subjective experience, yet at the same time seeking to disengage from that experience and to objectify it, hence maintaining the opposition of subjectivity and objectivity, engagement and objectification (Denzin 1989, Schwandt 1994).

It is this additional departure from the modernist or post-positivist position—requiring a reformulation of both ontological and epistemological conceptions—that takes us from the third to the fourth moment in Denzin and Lincoln's (1994) scheme and marks the distinction between interpretivist and constructivist thinking (Schwandt 1994). Denzin and Lincoln take as their signpost announcing the onset of the fourth moment, the 'Crisis of Representation,' the publication of a handful of critical and reflective texts (i.e. Marcus and Fischer 1986, Turner and Bruner 1986, Clifford and Marcus 1986, Geertz 1988, Clifford 1988) which, in the mid-1980s, began to call into question objectivity and the positivist evaluative criteria of validity and reliability. In this moment, the difference between fieldwork and writing is diminished: both can be located on a continuum of inquiry that moves through successive stages of self-reflection (Richardson 1994). While constructivists share the interpretivist contention regarding the inappropriateness of the application of logical empiricist methodology to human inquiry, they rally further against "the notions of objectivism, empirical realism, objective truth and essentialism"
Schwandt goes on to describe the constructivist position as follows:

[W]hat we take to be objective knowledge and truth is the result of perspective. Knowledge and truth are created, not discovered by mind. [Constructivists] emphasize the pluralistic and plastic character of reality—pluralistic in the sense that reality is expressible in a variety of symbol and language systems; plastic in the sense that reality is stretched and shaped to fit purposeful acts of intentional human agents (ibid.)

Issues of gender, class and race are in the foreground of this mode of inquiry. From the constructivist's anti-essentialist perspective, there are no natural 'givens'—race, gender and so forth are context-specific social constructions. The "production and organization of differences" thus occupies a central role in the constructivist agenda (Fuss 1989:3 as cited in Schwandt 1994:125).

Consideration of gender, class and race further serves to remind us that the interpretivist/constructivist paradigm is not alone on the post-modern" stage. Jostling for space is the epistemologically similar, yet ontologically distinct 'paradigm'—in fact a collection of rather diverse perspectives—deceptively labeled 'Critical Theory' (Guba and Lincoln 1994). Distinct from Constructivism's relativist ontology, the Critical Theorists' ontological position has been described as "historical realism, which assumes an apprehendable reality consisting of historically situated structures that are, in the absence of insight, as limiting and confining as if they were real" (1994:111). Hence, while a reality in which a given 'racial' group or gender were deemed inferior would certainly seem real to those affected, such a 'reality'—as we now know through historical experience—is neither natural nor immutable, as its perpetrators would claim. Oftentimes, it is the stated objective of the Critical Theorist to emancipate those oppressed by such 'false' perceptions of 'reality' by engaging them in dialectical dialogue to reveal and subsequently deconstruct the structures responsible for their oppression (ibid.).

Kincheloe and McLaren (1994) nonetheless point out that not all Critical Theory is post-modern in nature. Initially developed within the European climate of philosophical debate of the 1920s, Critical Theory can be traced to the 'Frankfurt School' of Horkheimer, Adorno, and Marcuse. This early Critical perspective brought together the diverse notions of Marx (historical materialism), Kant (ethics), Hegel (the original hermeneutic circle), and Weber (symbolic interactionism). Today there are numerous strands of Critical Theory, more or less faithful to the original synthesis and each with its own particular bent. Like Kincheloe and McLaren, I do not wish to align myself here
with any of the four emergent schools of social inquiry nor with the specific theories associated with each, but rather to derive from their commonalities a broader perspective than that offered by the constructivist position alone. The following synthesis of those ideas is invaluable as a heuristic device in my own work. Kincheloe and McLaren state,

We are defining a criticalist as a researcher or theorist who attempts to use her or his work as a form of social or cultural criticism and who accepts certain basic assumptions: that all thought is fundamentally mediated by power relations that are socially and historically constituted; that facts can never be isolated from the domain of values or removed from some form of ideological inscription; that the relationship between concept and object and between signifier and signified is never stable or fixed and is often mediated by the social relations of capitalist production and consumption; that language is central to the formation of subjectivity (conscious and unconscious awareness); that certain groups in any society are privileged over others and, although the reasons for this privileging may vary widely, the oppression that characterizes contemporary societies is most forcefully reproduced when subordinates accept their social status as natural, necessary or inevitable; that oppression has many faces and focusing on one at the expense of others (e.g., class oppression vs. racism) often elides the interconnections among them; and, finally, that mainstream research practices are generally, albeit usually unwittingly, implicated in the reproduction of systems of class, race and gender oppression (1994:139-140).

Concerns such as these are especially salient in Denzin and Lincoln's (1994) predictions as to the constitution of the Fifth Moment, a period extending from the present into the future. Social research, they suggest, will become increasingly embedded in discourses of postmodernism and poststructuralism (a Critical Theory perspective). In particular, this moment will be defined by a double crisis of representation and legitimation which further challenge the ethnographer's authority. The first of these 'crises,' that of representation, refers to the conundrum whereby lived experience is now said to be created in the social text by the researcher, and therefore cannot be directly captured. The second—the crisis of legitimation—draws our attention once again to the problematic task of evaluating qualitative studies, given the inadequacy of constructs such as 'validity,' 'generalizability,' and 'reliability' to the type of reflexive narratives now being produced. These dilemmas, together with the researcher's continued preoccupation with representation of the "other" signal a shift away from the aloof, objectivist observer toward a more action- or activist-oriented research role concerned with social criticism and social critique. Eschewing meta-narratives of the past, social researchers will focus instead on small-scale theories fitted to specific problems and situations (Denzin and Lincoln 1994).
B. A Critical-Interpretivist Position: Some Strengths and Weaknesses

With so many paradigmatic choices available to the contemporary researcher, it is often difficult to know where to stand; the temptation to stay quiet and fail to make one's position explicit is great indeed, and many have indeed succumbed. Evaluating what he calls "no-name anthropology," for example, Barrett (1996:178-179) remarks that while such research, which tends to employ conventional ethnographic techniques, may well keep "the fieldwork enterprise alive during a period when so much of the literature is choked with agonizing discussions of meta-theory and meta-method," such anthropologists could nonetheless be 'scripting their own death sentences' should postmodernism and feminist (read, critical) anthropology prove to have staying power. Since I am of the opinion that this will indeed be the case, I am forced to render explicit my own position. I am convinced, as well, that to do so is an ethical imperative, for without the benefit of knowing my paradigmatic stance, my worldview, the reader cannot adequately judge for her- or himself the direction of my biases.

It is no doubt evident already that I position myself in neither the positivist nor post-positivist camps. In critiquing these earlier traditions, however, I feel it is vital that we acknowledge that it is against the backdrop provided by these two paradigms that subsequent perspectives have been developed and currently operate, and as the saying goes, hindsight is always 20:20! Common critiques of theories aligned with either of these paradigms, and which condition my rejection thereof, are as follows: (1) they fail to recognize the agency of the actor, assuming instead that individuals are 'acted upon' by one or another determining factor (society, culture, environment, superstructure, etc.); (2) they are primarily universalistic and hence tend to overlook the local, indigenous and multiple nature of meaning and the immediate context; (3) most are Eurocentric—a reflection of the unequal distribution of power during the colonial period (note the predominance of social researchers emanating from colonizing rather than colonized nations)—and are hence inclined toward Enlightenment notions such as Cartesian dualism, etc; (4) the dualist epistemological position negates the possibility of accounting for the role of the researcher—how do her or his ascribed characteristics and other presuppositions influence selection of the research question, entry into the field, data interpretation, and final reporting?; (5) concomitant with the two previous points raised is the problem of the power differential engendered between observer and observed; (6) typically there is little effort to account for the changes that the research process may initiate in participants; (7) an objectivist stance does not encourage sufficient consideration of non-empirical elements of human life (e.g., emotion); (8) finally, in
hiding behind a veil of objectivity, these positions fail to acknowledge that there is no theory-neutral observational foundation against which theories can be tested, and that judgments about the validity of theories are never fully determined by any evidence (Altheide and Johnson 1994, Fine 1994, Guba and Lincoln 1994, Kincheloe and McLaren 1994, Schwandt 1994, Whitehead and Conaway 1986).

My own position is thus situated in the third to fifth of Denzin and Lincoln's (1994) moments, breaking from the modernist agenda to explore instead how it is that people construct their worlds while at the same time remaining cognizant of the relations of power which constrain their choices. Such a position may be labeled 'critical-interpretivist,' although I concede that there exists some conflict here in the ontological premises of the Constructivist/Interpretivist and Critical Theory paradigms to which I refer (Guba and Lincoln 1994). Here I favour the Constructivist ontological position of relativism, summarized by Guba and Lincoln as follows:

Realities are apprehendable in the form of multiple intangible mental constructions, socially and experientially based, local and specific in nature (although elements are often shared among many individuals and even across cultures), and dependent for their form and content on the individual persons or groups holding the constructions. Constructions are not more or less "true," in any absolute sense, but simply more or less informed and/or sophisticated. Constructions are alterable as are their associated "realities" (1994:110-111).

To my mind, we need not assume the historical realist position of the Critical Theory paradigm in order to account for the influence of power relations which are surely played out in local and specific forms. Hegemonic forces such as capitalism and biomedicine are powerful influences which undoubtedly play a dominant role in moulding the realities which we shape for ourselves. Nonetheless, we are all "positioned subjects who are prepared to know certain things and not others" (R. Rosaldo 1993:8). While I am not in fundamental disagreement with Derrida's contention that languages (and specific genres within them, such as academic writing) bear the presuppositions and cultural assumptions of the traditions in which they are embedded (Lechte 1994), I would argue that the deconstructions which this position inspires too often reproduce the hegemonic, authoritative voice that is the object of their critique: one totalizing "reality" is replaced by another (see, for example, Taussig 1980). It is for this reason that I maintain a somewhat loose, generic relationship with the Critical Theory paradigm, taking heed of its primary directives (as indicated in the quotation by Kincheloe and McLaren, above) on the one hand, while resisting implicit claims to moral superiority by some of its practitioners, on the other.
The constructivist/interpretivist paradigm nonetheless shares with Critical Theory (at least ideally) a "transactional and subjectivist" epistemology: that is to say that the investigator and research participant are interactively linked in such a way that the findings are deemed to be created by both, influenced by the values held by each of them (Guba and Lincoln 1994:110, 111). Neither the questions posed nor the responses to them arise in a vacuum. Rather, both derive from the presuppositions and personal characteristics of all parties involved in the research process. Knowledge in this sense is a construction, very much dependent upon the perspective of its creator(s) (Schwandt 1994). Hence the post-positivist evaluative criteria of reliability, whereby the truth value of an experiment is increased if it can be replicated with the same results, is simply inapplicable given the epistemological assumptions of the constructivist paradigm (Altheide and Johnson 1994). Accordingly, since the reliability of methods and findings is seen to be an indicator of their "truth" and accuracy, it is often inextricably linked with the concept of validity, a notion equally incompatible with reflexive research: first, we find that it is ontologically problematic to identify a single 'truth' when multiple constructed realities are acknowledged; secondly, as previously noted, reflexive researchers see themselves as integral to the setting, culture or context they are trying to understand and represent; third is the problem of 'pragmatic' issues, such as access to a setting, personal relations with members of a setting, the conception and recording of fieldwork, and so forth which have important implications for the final reporting of one's "findings" (ibid). Self-reflexivity should not be an end unto itself, however, since, as Khare (1998) warns, it can readily lead to self-privilege. The point is not to reduce everything, he goes on, "to issues of contested power and privilege," but to "better recognize the Other, allowing it to exist side by side" (1998:136). Enthused by Trawick's (1990) example, Khare suggests that the universal yet culturally specified notion of 'love,' rather than power politics, might provide the basis for an alternative dialogue which "not only recognizes the Other's voice [but] also accords intrinsically equal authenticity to the Other’s existence and epistemology" (ibid.). It is precisely this parity of epistemological status which I seek to assert in my analysis and presentation of the data; whether or not I succeed in so doing is for the reader to decide.

Having reviewed various schemas proposed as alternative frameworks for assessing the interpretive validity of research conducted in accordance with the tenets of the interpretivist/constructivist paradigm (e.g. Kincheloe and McLaren 1994, Kvale 1983, Maxwell 1992), I have found the notion of analytical realism and validity set out by Altheide and Johnson (1994) to be the most workable, yet not without its flaws.
Analytical realism is essentially a realist interpretive perspective, which can be differentiated from other interpretivist approaches in part by the greater emphasis it places on verifiable knowledge about the interpretive process as a way of knowing: while acknowledging that all knowledge is based on assumptions and purposes, that it is a human construction, it does not abandon the notion that phenomena can be independent and knowable. This approach employs an evaluative framework which the authors call the 'ethnographic ethic': the research process should be clearly laid out and should include accounts of the interactions among context, researcher, methods, setting, and actors so as to render the research process more 'transparent.' It is for precisely this reason that I have chosen to write, where applicable, in the first person, breaking with the post-positivist convention of writing in the third-person, i.e. the impersonal, authoritative voice. In order to establish understanding, contextual, taken-for-granted or tacit knowledge must be taken into account since it is an essential element of meaning, but is not easily apprehended; for this reason it is essential to provide clear accounts of how we know things—inquiry should be based in human experience. It is therefore critical that the reader be able to engage in a meaningful symbolic dialogue with the author about a range of commonly encountered problems of research such as. How did the researcher gain access to the community? How did (s)he develop rapport? How were data collected, analyzed, demonstrated, reported? How were communication problems with participants, such as lying, dealt with? While rendering this process more apparent to the reader does not make the account any more 'truthful' per se, it means that the truth claims of the researcher can be assessed more readily. I will attempt to address such issues throughout my dissertation. Similarly, in the interests of transparency, I will address in the following chapter the issue of my own problematized self and how my own identity and presuppositions may influence my findings in some manner.

Before I stray further down these paths, however, let us return momentarily to the realist problematic posed earlier as the feature distinguishing the earlier interpretivist from later constructivist positions. As is evident in Altheide and Johnson's analytical interpretivist framework for evaluation, we may acknowledge the relative and constructed nature of our realities, but it can be difficult to communicate ideas unless we refer to phenomena as if they were real. Another facet of the dilemma is more practical in nature. While, ideally, we may view our findings as co-constructions between ourselves and our research participants, hence breaking down the dualism of observer-observed, the participants themselves may not be willing to validate this assumption. Beyond their agreement to 'tell their story,' which may hold some interest for them, the majority of participants in
any of the several research projects with which I have been involved have shown little
interest in engaging in a long-term consultative process whereby they would be required
to read and assess the quality of my interpretations. Moreover, while some women feel
comfortable responding to very open-ended questions (e.g. What can you tell me about
your life, who are you?), many insist on my asking more specific questions, at least at the
outset of the interview. It is worth noting, as well, that it is typically the researcher, not
the participants, who initiates the project, who identifies at least the overall problem to be
addressed by the inquiry, who decides who to target as participants, who analyzes the
data and provides at least the preliminary interpretation (possibly offered to participants
for revisions), and who writes the final account of the findings (see also Fine 1994, Opie
1992). In the same vein, Acker et al.'s (1983, as cited in Barrett 1996) efforts to avoid
assuming a privileged position over the women in their study was thwarted when, having
read their research report, the women insisted that the researchers provide a much deeper
analysis and interpretation of the data: they viewed the researchers as experts and
expected them to behave accordingly. In other words, while we may seek to conduct
truly constructivist, non-dualist research, this may be more of a goal towards which we
can but direct our efforts in earnest.

In sum, while the critical-interpretive position that I have assumed addresses many of the
problems identified previously with the positivist and post-positivist paradigms, it is by
no means a perfect solution. As indicated above, it is perhaps easier to escape the grips
of realism in intent than in practice. Both the epistemological and ontological demands
of the post-modern era are difficult to satisfy. Moreover, in engaging people in intimate,
reflexive research, wherein they are more likely to expose themselves than they would in
the context of less invasive techniques (e.g. surveys), we must be prepared to
acknowledge their greater vulnerability and to bear the ethical and moral responsibility
that this entails. Accordingly, I will explicate these issues in more detail in chapter three.

C. The question

Before setting out for India, I was adamant that the specific questions to be posed in my
semi-structured interviews were to remain undetermined until I had spent time identifying
sensitizing concepts as part of a hermeneutic methodology, upon which I'll expand in due
time. Broadly speaking, however, I had addressed, albeit partially, the "five difficult
questions" about the essence of my inquiry which Mason (1996) maintains should be
contemplated prior to conducting any research, be it qualitative or quantitative.
1. Nature of the phenomena

First, I determined that the phenomena I wished to examine were people as holistic (phenomenological, social and political) bodies whose understandings about themselves, their identities and the world around them, were essentially socioculturally-mediated constructions. It is perhaps prudent at this juncture to elaborate a little on the concept of 'culture.' Culture has become, in common parlance, a term like 'ego' or 'adaptation,' bandied around in various social and political arenas, in each assuming a meaning specific to the context in which it is employed and hence often dismissed as entirely meaningless. The notion of culture nonetheless underlies the bulk of anthropological writings, although attempts to define it have at times given rise to distinct paradigms within the field. I would argue, however, that such differences are more a question of emphasis than of kind (see Winick 1968:144-45). Given this plethora of interpretations, we can understand how the all-encompassing nature of culture makes its clear definition a virtual impossibility. In my view, this does not warrant its dismissal. (Life, after all, is difficult to define, yet remains an indispensable element of human existence).

Following Geertz and C. Wright Mills, Derné (1995:9) mirrors my own view of culture as the means by which people "make sense of actions they see around them, . . . the 'lens' through which people see the world." In this sense, it is essential to our understanding of the immigrant experience, and particularly so for the elderly, among whom these understandings have developed over an entire lifetime. The importance of explicating culture as it pertains to immigrants becomes especially apparent when we examine the implications of the loose application of the concept in common parlance and social policy. It is not uncommon to hear little understood cultural practices scape-goated as the underlying cause of all manner of problems associated with newcomers to Canada. Cultural inconsistencies between the homeland and the receiving country can certainly present challenges for immigrants and their hosts alike. Whether or not these challenges become problems, however, may rest more significantly on social attitudes on the one hand and political policies on the other—both are affected by perceptions of culture. All too often, culture is invoked to shift responsibility for the inadequate provision of services to the newcomers themselves (see Francis and Koehn 1995). Ralston (1996) makes a similar point with respect to the rhetoric of multiculturalism, which tends to mask the social and political determinants of the 'disadvantages' suffered by visible minorities. The overemphasis that this rhetoric places on cultural and linguistic pluralism further undermines significant class and gender inequities.
In my examination of at least a portion of the cultural understandings shared by elderly Hindu immigrants to British Columbia, I follow Derné's (1995) line of thinking wherein culture, seen as "an apparatus for understanding" (1995:9), includes two important elements: (1) cultural components (e.g., values, tales, key symbols) which may or may not be embraced as guides to action; and


The latter as much as the former are culturally constructed and play a role in the specific meanings that people attach to events. Since they are seen to fall within the category of 'commonsense' or 'the way things are,' however, such understandings are typically, yet mistakenly, situated within the realm of 'human nature' rather than the cultural domain. Of beliefs which fall into the commonsense realm, Geertz—upon whose ideas Derné has elaborated his own—says that people "do not, except fleetingly and on occasion, recognize that there are any 'concepts' involved at all" (1983:58). Derné's (1995) approach is useful in that it avoids the trap of discussing a 'culture' at the expense of acknowledging individual agency and variation. Ultimately, however, his exploration of social frameworks for understanding action, lead him to conclude that, in fact, such frameworks "are a particularly constraining element of culture, which limit the strategies individuals can use, even when they act unconventionally. The constraining power of social frameworks for understanding action is greater (although its dictates less precise) than the constraint of any cultural component" (Derné 1995:11).

This observation is especially pertinent to my own research. First, it explains the frequency of misconceptions attributed to 'culture,' particularly by residents of receiving countries toward immigrants. Members of the receiving country think of their own culturally constructed commonsense understandings as 'the way things are,' that their own understandings are culturally constructed is invisible to them. In parallel, they attach the greatest importance to more visible cultural components of immigrants which, as Derné has argued, may in fact play a relatively minor role in the immigrant's experience. In essence, the immigrant group is stereotyped by the public and policy makers alike. The outcome of misguided social perceptions can manifest in prejudice and racism, while well-intended policies and programs catering to what they believe are the essential components of a given culture may be missing the point.
Essentially, Demé's (1995) arguments reflect the fundamental principles of a perspective dubbed the 'New Ethnopsychiatry' (see below) that, in order to understand people, we must access their own categories of understanding. One of the aims of this inquiry is to discover whether or not understandings derived from Ayurvedic principles form at least a significant part of the everyday, 'common-sense' knowledge of Indian Hindus. I suspect that they do. If this is so, then we need to view these principles not as cultural components that people can recognize and then voluntarily embrace or reject, but rather as an intrinsic element of their worldviews. Accordingly, deviations from cultural norms (which fall into the broader category of cultural components) should be constrained by a social framework built, in part, on Ayurvedic principles.

2. The nature of evidence and knowledge

Flowing from this ontological assertion—and the answer to Mason's second question—is my epistemological stance, concerning the nature of evidence and knowledge. Consistent with the Critical-Interpretivist paradigm (Lock and Scheper-Hughes 1990) within which I locate my research, my epistemology is essentially "transactional-subjectivist" (Guba and Lincoln 1994), a position which assumes that knowledge is not comprised of empirically observable entities, but is, instead, unavoidably value-mediated, perhaps even value-dependent, and is created as a result of the interaction between the researcher and the participants in her study. Because our realities, our interpretation of our worlds, are contingent upon the unique constellation of values which differentiate us—these governed to a great extent by our class, gender, caste, (etc.) position within a larger sociocultural milieu—the knowledge we create is necessarily context-specific. Where a given group of people share enough characteristics (i.e. social, economic, cultural, ethnic, gender, political) it may be possible to arrive at some sort of relative consensus (or at least some movement toward consensus) around a construction. The dynamic nature of these constructions should not be underplayed, however; the introduction of different constructions, brought into juxtaposition in a dialectical context may lead us to revise and renew our initial constructions.

Consistent with these objectives, Victor Turner's (1986:35) distinction between 'experience' and 'an experience' which is framed and articulated as an 'expression' has proven to be a useful epistemological tool. In brief, experience is a temporal flow within which images of reality are constantly perceived by the individual consciousness. An experience, on the other hand, is an intersubjective articulation of experience. An expression, then, represents the means by which individual experience is framed as a unit
of meaning. In the telling, the narrator must necessarily impose a beginning and ending, and thus defines the indigenous unit of analysis (Bruner 1986). Accordingly, Bruner maintains that "experience is culturally constructed while understanding presupposes experience" (1986:6). Thus the relationship between experience and expression is both dialogic and dialectical, each capable of shaping the other, and constituting what Dilthey (1976) terms a hermeneutic circle. In Bruner's words, "lived experience . . . as thought and desire, as word and image, is the primary reality" (1986:5). One of the difficulties, of course, is that we can only ever know completely our own experiences. The experiences of others are necessarily filtered through our own perceptual screens (see also Laing 1967). To further complicate matters, we find that even direct narratives of experience are subject to censorship, repression and selective representation. Experience, then, is necessarily self-referential, personal, referring to the active self. In this sense we see how reference to experience rather than behaviour enables us to access the means by which the individual, while engaged in action, is at the same time shaping the course of further action. It is this creative process, building on past experience or culture, that essentially defines the fluctuating identity of the individual.

In parallel with my view of Ayurvedic principles as an element of the 'commonsense' cultural understandings that inform Hindu lifeworlds is Gaines' (1992:23) assertion that Ayurveda and allopathy, seen as ethnomedicines, are simply "expressions of their respective cultures." Conversely, we might argue, as does AmaraSingham Rhodes' (1990), that culturally embedded medical systems, such as biomedicine and Ayurveda contribute as well to the production of cultural meanings. Pandolfi (1990) likewise claims that etiology acts as a means of "social communication that somehow reflects the uniformity and homogeneity of a group" (1990:262). Accordingly, as detailed in chapter one, I suggest that Ayurveda provides the student of Punjabi Hindu health and illness orientations with a wealth of indigenous categories of understanding, although I confess my acknowledgement of this possibility was slow in coming." As a medium through which more obtuse cultural understandings of the self and the body might be expressed, Ayurvedic categories can be regarded, as well, as epistemological tools, the means by which the elderly Hindu women of my research might build more cohesive constructions of their selves and their current realities.

(i) A tangential, but relevant, foray into an ethnomedical episteme in the making

As proponents of a nascent paradigmatic shift in psychiatric quarters, Gaines (1992), Littlewood (1990), and others have sketched out a framework for a 'New Ethnopsychiatry.' Their inclusion here recognizes some important parallels between my
ontological and epistemological perspectives, outlined above, and some of their most fundamental tenets. Consistent with my own broader mandate to examine health and illness in a holistic fashion, I suggest that these principles are not limited to the domain of mental health and would profit greatly by their wider application to ethnomedical inquiry and practice.

Grounded in the work of Georges Devereaux among the Mohave during the 1960s, ethnopsychiatry was originally conceived simply as the cross-cultural comparison of psychiatric systems. Over the past few decades, however, there has been a growing realization that the prevalence, symptomology, course and outcome of psychiatric illness is prone to significant geographical and cultural variations (Blue and Gaines 1992, Kirmayer 1989, Kleinman 1987, Littlewood 1990)." As Gaines (1992:4) so aptly points out, however, the ethnopsychiatric approach is problematic in that "it uses Western categories and looks for what are believed to be local permutations, but assumes that Western categories and nosologies are universally applicable." It is a shift away from cross-cultural universals implying universal causality which most clearly distinguishes the New Ethnopsychiatry from its unqualified predecessor.

Kleinman (1977, 1987) and Gaines (1992) particularly stress the need to remain sensitive to 'category fallacies,' or the assumption that Western diagnostic categories are culture-free entities; all psychiatric systems are culturally constructed. Like other 'ethnopsychiatries,' "a medical and psychiatric diagnostic system is a cultural object that constitutes abstract clinical entities based on distinctive symbolic conventions" (Fabrega 1987:392). Thus in stating that we must be sensitive, instead, to indigenous categories and terminologies we should not exclude, de facto, Western medical models.

Accordingly, no one 'psychology' should be privileged over the next (Gaines 1992). Ways of dealing with the relationship between thought and society, human agency and natural processes exhibit much variation in their boundaries (Littlewood 1990). At one extreme is the process of psychologisation of affect, while at the other we find the somatization of distress. 'Psychomedical' models of distress (which include Western cultural notions of 'disease' as well more 'exotic' concepts such as 'spirit possession' etc.) legitimate distress by removing personal culpability and compelling others to act (Littlewood and Lipsedge 1987, Gaines 1992). The New Ethnopsychiatry views the cultural idiom of distress (be it somatic psychological, sociomoral, religious, supernatural, cosmological, or a combination thereof) rather than biology per se as the final common path for biological, psychological and social antecedents. Symptoms are to
be interpreted as culturally embedded symbols rather than meaningless events. Forms of distress which ignore social norms are seen by the self and others to lack social meaning and thus represent an additional source of suffering (Kirmayer 1989). As Kleinman (1987) is quick to point out, however, we must take care that we not overlook in the process the dialectical interplay between biology and sociocultural aspects of human life. As Lock (1991:698) puts it, "culture and biology stand in a dialectic relationship with one another such that biology is modified by culture and culture constrained by biology."

The New Ethnopsychiatry further cautions against the establishment of rigid distinctions between theory and observation, fact and value, and the objective and subjective. Similarly, this orientation supports the deconstruction of Cartesian (mind/body, naturalistic/personalistic, etc.) dualisms. Numerous historical discussions of biomedicine emphasize its origin in the works of the Enlightenment scholar, René Descartes (Lock 1991), who introduced the notion that the mind and the body are to be treated as separate entities (hence the term, "Cartesian dualism"). The development of the field of pathological anatomy during the late eighteenth century rendered the interior of the patient's body accessible to the physician. Technological advances further augmented the ability and tendency of physicians to distance themselves from their patients. Unlike the hierarchical, acontextual divisions characteristic of biomedicine, at least as it is practiced in the twentieth century, non-Western indigenous healing traditions rely, in large part, on analogical reasoning capable of embracing societal relations as well as the supernatural (Lock 1987). European medicine did not shift toward a "doctrine of specific etiology" (also known as 'germ theory'), equating a single biological causal agent with each "disease", until the middle of the last century. Initially this model proved efficacious "as an explanatory model at the biological level for the origin, course of illness, and selection of therapies for acute infectious diseases" (Lock 1987:37). But while the signs and symptoms have changed with time (e.g., staphylococcus has now evolved into a penicillin-resistant form, requiring different therapeutic interventions), the explanatory model has not. Moreover, the incongruency of this culturally embedded system of classification with the manifold systems recognized by most of the world's peoples imposes strict limitations on its applicability (e.g. Stephenson 1985).

We are thus encouraged to move away from constructs specific to our own culture, and to seek instead culture-specific categories of understanding the world. These "local categories of understanding," as Littlewood likes to call them, tend to blur the distinctions between "such tacit biomedical distinctions as cognition versus affect, intrapsychic versus
interpersonal, psychological versus somatic" (1990:312). In the same vein, Hughes (1990:136) observes that most non-Western medical systems are holistic in scope and basic premises. Not for them the seductive Cartesian division between body and mind. Rather, an affliction, a discomfiture of mind, an accident of nature is seen in a context of not only ailment-in-body but also of possible soul loss, spirit intrusion, taboo violation, malevolent acts of other persons or agents, or any number of other constructs that define the world of unseen power.

We are reminded, however, that cultural illness categories are not necessarily fixed, but rather acquire new meanings and values in different contexts. These categories can be seen, not only as explanations, but also as strategies best understood in terms of the various relations between genders, age groups, and social classes. Context and the identities of the individuals involved also play into the equation (Bourdieu 1977, Good and Good 1982, Littlewood 1990, Littlewood and Lipsedge 1987). It is in this context, then, that I regard Ayurvedic categories as the epistemological tools through which I might gain some insight into the life-worlds of my elderly Punjabi Hindu participants.

3. The broad topic

Mason's third question asks the researcher to identify the topic, or broad substantive area with which the research is concerned. Although this is often the starting point for research, Mason (1996) suggests that it should flow from the answers to the previous two questions—the researcher's ontological and epistemological assumptions. In my research proposal, drafted in February 1996, I stated that my aim was "to explore the reconstruction of meaning in life and the conception of identity that North Indian Hindu seniors formulate subsequent to their immigration to British Columbia." My means of accessing this elusive concept, I claimed, was through a hermeneutic process centred around the pivotal (but perhaps taken-for-granted) cultural legacy of the Ayurvedic tradition in Hindu lifeworlds. In retrospect, I believe that this question is simultaneously too broad and yet too restrictive, since my goal, first and foremost, is to understand how those life-worlds are constructed around conceptions of health and illness. I cannot assume, moreover, that 'meaning in life' is indeed 'reconstructed' subsequent to immigration. My goal, rather, is to consider the constructions of all participants and to note any salient discrepancies between the immigrant and non-immigrant subsets. Further appreciation of the specificity of the constructions which we deem to constitute 'knowledge' eventually compelled me to further refine my sample. Accordingly, "North Indian Hindu seniors" became specifically female, Punjabi, and middle class (and, most
likely, not members of the lower Sudra varna nor of the 'scheduled castes'). My rationale for the specific definition of my sample will be examined further in the following chapter.

4. Intellectual Puzzles

The fourth of Mason's questions—"What is the intellectual puzzle? What do I wish to explain? What are my research questions?" (1996:14)—requires the researcher to address herself to the intellectual and theoretical contributions of her work. Again, the answer to this question should remain consistent with the premises laid out in the previous three responses. Intellectual puzzles are the bridge connecting the researcher's ontology with a workable and consistent epistemology and, ultimately, her topic with her eventual research questions. Thus in my research proposal I posed three (plus one) such "puzzles": (a) how does Ayurveda as a systematized medical and cultural tradition shape the lifeworlds of elderly lay-persons? (b) to what degree do Ayurvedic understandings persist subsequent to the migration of elderly persons to British Columbia; and (c) do such individuals, uprooted from a radically different physical and cultural environment, utilize Ayurvedic precepts to re-establish a sense of meaning in their lives (and does this affect their mental well-being)? Underlying each of these questions was an assumption of the lived body as a site in which phenomenological, social and political experiences were centralized and an implicit critique of the assumption that bodies in cultures besides those of the 'West' were dualized into mind and body with spirit entirely disassociated from both. It is my hope that the answers to my intellectual puzzles will inform this body of theory. These issues will be addressed in more detail in chapter seven. While my puzzles have changed little overall, I have necessarily included a consideration of biomedicine in India as a competing paradigm with Ayurveda. The precise interpretation of these intellectual questions into specific research questions (Appendix A) is best explored in the context of my overall research strategy, below.

5. Research purpose

Mason's final question asks the researcher to bring to awareness the purpose of his or her research, and is posed with the expectation that an honest response would reveal not one but several incentives. The most obvious, of course, is to fulfill the requirements of a doctorate of philosophy degree although, in my view, this alone would be a rather empty and uninspiring goal. Naturally, a further aim of the research is to contribute to the knowledge base in the substantive domains of inquiry: indigenous medical/cultural
systems, migration of the elderly, social studies of Indian women (and the family), and social studies of the body.

Perhaps most important, from my perspective, however, is my hope that this research will in some small way contribute to a broader societal understanding of this group of misunderstood and greatly under-estimated women in our presence. Recognition of what these women have to offer, both in terms of their specific knowledge of traditional remedies and preventive health care and, in a more philosophical sense, of their understandings as to how to strike a balance with the world, may afford them more of the prestige that they surely deserve from their grandchildren, from their children, and from society at large. More specifically, I have attempted to bring their understandings into the domain of health care. Ultimately, I seek to establish a dialogue whereby health care providers in British Columbia can, on the one hand, sensitize themselves to the beliefs and concerns of this group of women (and perhaps others like them, such as Punjabi Sikh women) so as to be able to deliver health care more effectively to this sub-population; on the other hand, the understandings shared by my participants may contribute to an expansion of British Columbia's health care model. This last objective will be addressed outside of the purview of this dissertation.

This is dangerous territory, of course—being neither Punjabi, Hindu, nor elderly (although I am certainly a woman and an immigrant to Canada) I am fearful of making claims that I speak for the participants in my research. As Fine (1994) points out, it is perhaps our whiteness and our education which lend power to such interpretations, implying our collusion in sources of domination. Equally patronizing and presumptuous is the idea that I am somehow 'giving voice' to their concerns which brings to mind Agar's (1980) apt question ideally posed by every social researcher prior to conducting fieldwork, 'Who am I to do this?' Fine reminds us, however, that "we all have genders and races, classes and sexualities, dis-abilities, and politics. If post-structuralism has taught us anything it is to beware the frozen identities and the presumption that the hyphen [between Self and Other] is real" (1994:80). I am certainly different from my participants in many ways, yet we also share a great deal and to deny our common humanity is to deny the possibility that there is room here in Greater Vancouver, in the world, for all of us. I believe that there is, and, moreover, that in breaking the communication barriers between us, that we both stand to learn a great deal.

Romanticization of the accounts of these women would be as harmful as their subjugation (Fine 1994) for reification of any given construction would surely rob us of our most
valuable (yet sadly disappearing) survival tactic as a species, that of diversity. As van Willigen puts it, "cultural diversity is adaptive and the destruction of it reduces the species potential to survive" (1986:53). I share the hopes of a Xavante man, related in a poignant exchange with anthropologist David Maybury-Lewis, when he says 'Let there be questions asked between brother and brother, but never demands' (Maybury-Lewis DATE?).

Chapter 3: The Research Process
A. Preparing for the field

In his comprehensive essay concerning the politics and ethics of field work, Punch (1994) points to three relatively recent forces which have shaped the consciousness of fieldworkers such that preparation for data collection now entails a great deal more than the purchase of steno pads and pencils. He identifies first, the role of feminist research and its development of the notion of "standpoint epistemology' that not only colors the ethical and moral component of research related to the power imbalances in a sexist and racist environment, but also inhibits its deception of the research 'subjects'" (Punch 1994:89). A second force to be reckoned with in today's research milieu, is the critical praxis of various forms of 'action' research (also known as participatory action research, or PAR) which, congruent with the epistemological stance of both constructivist and critical theory paradigms, advocates greater partnership with the research 'subjects.' The implication here, argues Punch, is that "to dupe them in any way would be to undermine the very processes one wants to examine" (ibid.) The goal of 'empowerment' is clearly inconsistent with any form of duplicity. Finally, we see how concerns with confidentiality, consent and so forth have led many governments to require explicit ethical statements prior to funding or approving research and have underscored the importance of observing the highest standards of confidentiality and so forth. British Columbia's far-reaching Freedom of Information and Protection of Privacy Act is a case in point.

The implication here is twofold: first, as Denzin and Lincoln (1994:11) argue in their presentation of qualitative research as 'process,' "the politics and ethics of research must be considered, for these concerns permeate every phase of the research process." Second, if we are to avoid "duping" our research participants on the one hand and the reader on the other, then the researcher must problematize the self, a position which I have argued previously in terms of the critical-interpretivist position, and more specifically, with
respect to the 'transparency' essential for evaluation as stipulated by Altheide and Johnson's (1994) "ethnographic ethic."

1. Ethical concerns

In 1948, the Society for Applied Anthropology (SfAA) instituted the first Code of Ethics for anthropologists. A fourth version (1983 as cited in van Willigen 1986) of the SfAA code remains, in Van Willigen's view, the most useful statement on ethical practice for application today. These guidelines parallel, to a great extent, the Principles of Professional Responsibility (1970) of the American Anthropological Association (AAA), to which the majority of North American anthropologists subscribe. Central to the SfAA guidelines is the delineation of the various parties to whom the anthropologist is responsible. Perhaps most critical here is the potential for conflicting obligations should the interests of different parties—the research participants versus the researcher's sponsor, for example—not coincide.

(i). Obligations to the participants and the communities affected

Naturally the primary obligation of the social researcher is to the participants in her or his research. Several issues are at stake here: full disclosure of the methods, sponsorship, research goals, and potential risks (psychological, political, economic, etc.) of the research, including possible limitations on the researcher's ability to protect confidentiality; the voluntary and informed basis of participation in research; and the problematic of maintaining the confidentiality of those studied with respect to both research activities and subsequent publications. These obligations speak especially to two concepts about which van Willigen (1986) and Homan (1991), among others, have written at length, namely 'privacy' and 'consent.' Let us consider each, in turn.

Privacy

The consideration of privacy requires that we ask ourselves as researchers why people give us information. In answer to this question, van Willigen (1986) proposes several possible motivations: (a) because they value the goals of science (in my personal experience, a minority); (b) due to a need for recognition and attention; (c) because they feel obligated to do so in accordance with cultural or personal standards of hospitality; and/or (d) because the researcher is perceived as being a person with power. The latter two motivations throw into dramatic relief the problem of the invasive researcher and the fragile nature of privacy.
With respect to my own research, I suspect that many opportunities to interview people have arisen, at least initially, from an obligatory sense of hospitality which oftentimes extended far beyond providing the information I needed into the supply of tea, snacks, and on some occasions, even lunch. Since this is usually impossible to discern when a participant agrees to an interview, I try to offset the inconvenience to her by sustaining an atmosphere of respect, both in my general demeanor and in the questions I ask. Typically, participants come to enjoy the process, whereby they can talk about themselves, their memories, and their feelings at length—a rare opportunity for many of these women. Hence I attempt to convert the reason for participation from one centred on hospitality to one which affords the participant the recognition and attention she deserves.

There remain, nonetheless, problems which are inherent in the research process, most troublesome among them being the practice of rapport-building in which the researcher necessarily engages with potential participants during the initial stages of the research. The problem, argues van Willigen (1986) is that the efficacy of such skills may prove to be the researcher's most insidious deception. We can only avoid such pitfalls if the potential for manipulation is understood. Moreover, even though they may have consented to their role in the research process, participants may not be fully aware of the means by which their privacy is invaded and are therefore incompetent to protect it. Thirdly, we need to observe that although it is approved for its openness, the method of interviewing is widely practiced as a strategy of invasion (Homan 1991) and finally, we should note that the use of the 'open' interviewing method should not be used to transfer moral responsibility to the interviewee. Whether or not the participant has 'room' to answer questions as they see fit, it is nonetheless the researcher who typically has the more practiced skills and is therefore likely to be the more powerful party. In my efforts to avoid such pitfalls, I have attempted to remain conscious of them at all times and to focus, as per Daly and Mills' (1993) recommendation, on the human rights of subject (or more vulnerable) peoples to include the protection of their basic human dignity, well-being, and right to privacy, to recognize that not all parties are equally powerful and that it is for the researcher to use his or her discretion in this regard. Additionally, I have endeavored, in line with Gaines' (1992) more constructivist brand of ethnopsychiatry, to utilize in my inquiry indigenous categories of meaning which seek to ground the research in the reality of the participants and hence go at least some distance toward demystifying the research process.

We might further question the extent to which we can in fact provide anonymity or confidentiality to participants since a researcher's field notes are certainly subject to
subpoena by institutions such as the coroner's office, or the RCMP, for example. Of course, the degree to which such institutions or other parties are likely to be interested in viewing or concealing our data, or other factors likely to jeopardize the participants' privacy depends to a great extent on the setting, the types of research tools used and the possible implications of the research.

Indeed the setting of many of my interviews was not conducive to the preservation of absolute privacy since very few interviews were conducted without at least an occasional audience (an issue further discussed in terms of its methodological implications in the section on open-ended interviewing, below). Whether they were in their homes or in a seniors' centre, there were frequently others who were privy to the fact that these women were participating in my research project. Should any of these parties read subsequent publications concerning this research, it is certainly feasible that they may be able to identify participants known to them, despite my best efforts to conceal their true identities through the use of pseudonyms, oblique references to the details of their lives, the elimination of specific place names and so on.

My research methods—a combination of participant observation and semi-structured interviews—which elicit rich, contextualized data upon which interpretations are contingent, likewise expose participants in a manner which more standardized impersonal survey questionnaires would not. Nonetheless, the greater part of the data collected are not of an especially sensitive or political nature, although some matters such as menstruation, menopause and mental illness, typically taboo subjects, may be considered delicate and will be treated accordingly. Perhaps the most explosive topic which arises on several occasions throughout the interviews is the matter of the relations of these elderly women with their younger family members and the extent to which they feel they are afforded sufficient respect. Again, I am aware that this topic needs to be handled with the utmost delicacy in a manner which heeds both my obligation toward the participants but also toward the communities affected by the research. To the latter, state the SFPA guidelines (van Willigen 1986), we owe respect for their dignity, integrity and worth. Should a conflict arise in the future which challenges my ability to fulfill my ethical obligations to both parties, the interests of the participants will take precedence over those of the communities as a whole. I do not foresee any such problem arising in the context of this research, however.
In a formal sense, I have attempted to safeguard the privacy of participants by taking the following precautions:

- The participant's name appears nowhere on data records of any kind. Instead, such materials are identifiable to the researcher by a code.

- Codes used to identify individual participants are known only to the researcher. A record linking participants and codes are kept under lock and key separate from the data records and destroyed upon completion of the project.

- Data records stored on a computer hard disc are protected in 'locked' files (i.e. accessible by a password known to the researcher alone).

- Since most interviews were audio tape-recorded, tapes were stored in a locked closet until they were transcribed, after which they were erased.

Ideally, all research participants would have veto power over what is to be written as a means to mitigate injury. Unfortunately, this goal is in practical terms, somewhat untenable for several reasons: first, half of my sample is in India and I am unable within the constraints of time and funding available to make another trip for this purpose; second, many of the women interviewed are not at the time of writing residing in Greater Vancouver—some are currently staying with children living elsewhere in North America, while others have returned to India for extended visits; perhaps most critical insofar as this objective is concerned, is the lack of motivation of the women to put in the additional effort that this would require—as noted previously, they feel that their job is over and that the rest is up to me, 'the scholar' (if not exactly 'the expert'). Bearing in mind van Willigen's critique that confidentiality may operate less as a protection of research participants than as a license for researchers by reducing their obligations to verify their findings with the participants, I shall nonetheless be reviewing my interpretations with the woman I will call 'Sumati,' who has been present as the interpreter for the majority of the Canadian interviews and in whose judgment I place a great deal of stock.

Another problem with the notion of confidentiality, argues van Willigen (1986), is that it is widely offered to potential research participants not because it is their right, but as the means for securing their cooperation. I have been careful not to overextend the degree to which I assure participants of the guarantee of anonymity. Moreover, several of the women have even scorned the necessity of such a precaution, espousing the belief that
they have nothing to hide. Indeed, they do not, but this does not absolve my responsibility to safeguard their privacy insofar as possible.

Consent

The second issue which impacts considerably upon the researcher's ability to fulfill his or her obligations to the participants, and which thus deserves critical consideration, is that of fully informed consent. In accordance with the ethical guidelines of the University of Victoria's Human Research Ethics Committee, I provided each participant with both an explanation of the research project (Appendix B) as well as a consent form (Appendix C). The English version of the explanation of the project was first given to two different research assistants, each of whom made successive alterations to the wording of the form so as to render the final product more palatable to its intended Indian English-speaking audience. Hindi and Punjabi versions of both documents were also available for participants literate in either of these languages. An important element of the consent form is the emphasis it places on the participant's right to discontinue the interview, and/or retract any information already provided, up to three months subsequent to the last interview. In addition to their receipt of these documents at our initial meeting, participants were also orally apprised of the nature, purpose and risks of the research as well as the meaning of informed consent in the language of their choice prior to their involvement in the research process. Having apparently comprehended the content of these documents and the verbal explanation, none of the women refused to participate. Had this been the case, no further efforts would have been made to secure their cooperation.

All this said and done, we still need to question for whom these measures realistically provide any protection. As Homan (1991) points out, the evidence shows that educated subjects know their rights and are competent to refuse to participate, whereas less articulate types defer; thus the practice of consent looks very much like the exploitation of vulnerable groups. From a legalistic standpoint, it is the university, fearful of litigation, rather than the research participant, that is most securely protected by the researcher's consent form.

Equally problematic is the nature of data collection which raises the question as to what exactly should be included in the consent form (van Willigen 1986, Homan 1991). This is an ongoing dilemma for qualitative researchers since many topics can arise in the course of a life story or open-ended interview that were not anticipated at the outset of the research; what is communicated in such forms is thus the intent rather than the specific
risks of the research project. It is vital, nonetheless, that we not hide behind such amorphous instructions to excuse the common practice of presenting the most attractive aspects of the research, such that it appears that the researcher is, in fact, doing the participants a favour (Homan 1991). What passes for the informing of consent is often designed more to allay the suspicions and fears of intended subjects and to encourage their participation than to inform them of their rights and potential hazards (Homan 1991).

The voluntary nature of consent is further open to question when gatekeepers are involved. Broadly speaking, "gatekeepers are those who control access to data and to human subjects" (Homan 1991:82). Homan distinguishes four types of gatekeeper, differentiated by the extent to which the granting of access implies consent to actually conduct the research. The first three of Homan's types describe persons with some kind of legal right or responsibility for potential participants (e.g. administrators), those in charge of raw data (e.g. archivists), and those who provide vicarious consent for participants deemed incapable of so doing on their own behalf (e.g. parents or guardians). The fourth, most salient, type with respect to my own research, conforms with the sort of individual that Warwick (1983, as cited in Homan 1991) has previously dubbed a 'cultural interpreter' whose "influence emanates ... not from traditional but from charismatic authority" (Homan 1991:84). Such individuals are often bilingual and may share values from both cultural systems which enables them to present the research in the most favourable light, ensuring potential participants of "its good intentions and relative harmlessness" (ibid.). In so doing, they necessarily compromise the voluntary nature of consent: once approached by a well-liked or well-respected intermediary, prospective participants are hard-pressed to refuse. Admittedly, my own research is sullied by this seemingly unavoidable conundrum: certain populations, such as the elderly Indian women of interest here, are only ever accessible by means of appropriate introductions, i.e., by charismatic gatekeepers. This is clearly demonstrated by the relative success of my four interpreters in locating potential participants. So as to minimize the influence of any one gatekeeper, I endeavored to access participants through as many different sources as possible. My success in so doing was greater in India than in Canada where I experienced considerable difficulty in accessing interviewees prior to meeting Sumati. These problems are discussed in further detail below.

I further tried to ensure that the gatekeepers selected to assist my efforts did not have a vested interest in my research. With the exception of the individuals hired as interpreters, none of the gatekeepers stood to gain anything from either my research or the women's
contribution to it. While I cannot deny that the monetary impetus associated with interpreting interviews by research assistants able to secure participants suggests a serious conflict of interest, I would argue that each of my research assistants were women of considerable integrity whose engagement in my research project reflected interests beyond the pecuniary incentives alone. We should further note that while my most successful gatekeeper, Sumati, may have gained the most in monetary terms, she also took the greatest risk, for the women she approached as potential participants were members of her own religious community, women she saw on a regular basis and whose regard she valued considerably. Her care and consideration in approaching these women is both an indication of her thoughtful personality as well as her own recognition that to do otherwise would most likely constitute social suicide. Since I accompanied her to the mandir (Hindu temple) for most of her 'recruiting' efforts, I was able to observe the respect with which she approached these women and the tact with which she abandoned her efforts to enlist the participation of those who showed any sign of resistance.

Finally, both van Willigen (1986) and Homan (1991) identify the problem whereby the principle of consent is widely operated as a moment at the outset of research rather than as a continuing option once it is in progress: researchers often encourage participants to forget that research is taking place. Alternatively, suggests Homan, concerned researchers might consider the practice of "democratic evaluation" whereby "consent is perceived not as a one-word and irrevocable utterance at the outset of a project but as a continuous process of review" (1993:79). Accordingly, I have endeavored, throughout each of my interviews, to first check, as discreetly as possible, before entering a new domain of inquiry that the participant was comfortable with further exploration of a given topic. The women were reminded regularly that they were under no obligation to answer a question should they decide not to do so. Moreover, I communicated clearly that in declining a question, they would not be subject to probes as to the reason for that decision and subsequently ensured that this pledge was upheld in practice.

In reality, however, the circumstances surrounding the principle of ongoing consent often prove to be quite complex. Two examples come to mind. The first was a woman identified by Sumati, known to her from the mandir. Having been introduced to me in this context, the woman agreed to speak to us in her home. When we arrived, however, we discovered that her daughter-in-law was unexpectedly home as well. Having greeted us politely, the daughter-in-law, clearly suspicious of our motives, questioned our intentions. We explained the purpose of the research to the daughter-in-law and prospective participant alike, and having secured the consent of the latter, settled down to
the interview. The daughter-in-law was clearly not satisfied, however, and remained visible and within earshot at all times, often making no pretense to doing anything but listen to our exchange. The participant's responses were concise and positive to the point of exaggeration, providing her daughter-in-law with no possible grounds for contestation. While it was abundantly clear to all of us that the interview was not tenable under the circumstances, we could not discuss the matter so long as the daughter-in-law was present.

Finally, the phone rang, and the daughter-in-law retreated upstairs to take the call. Immediately, the distressed participant whispered to Sumati that this was not a good time but insisted, nonetheless, that we schedule another appointment by phone. Although Sumati had been assured by the woman that she would be alone on the occasion of our second attempted interview, we arrived to find her and her daughter-in-law on their way to the hospital, their arms full of food for a sick relative. She apologized for the inconvenience and only later confided to Sumati that she was unable to call and cancel on account of the presence of her daughter-in-law. Desperate to fulfill what she saw as an obligation to us, the woman again spoke in private to Sumati at the mandir. She wanted to complete the interview, she said, but could only do so in the privacy of the mandir during the early morning hours when she regularly conducted her puja (‘worship’). Unwilling to cause her further inconvenience and distress, Sumati assured her that the information she had provided thus far had been very valuable and that further interviews were not necessary.

The act of providing consent was clearly negated here by the circumstances surrounding the interview, although our immediate retreat from the situation was complicated by the importance of demonstrating to the daughter-in-law that the older woman was not doing anything to shame the family in any way. Also relevant was the woman's desire to fulfill her perceived obligation to us and, we suspected, the need to talk frankly about what seems to be an emotionally abusive and highly constraining relationship with her daughter-in-law. Sumati has subsequently made efforts to provide her with such an opportunity.

A similar situation arose, again involving a domineering daughter-in-law, when myself and my other research assistant in Canada, 'Neena,' attempted to interview a woman in her eighties. The woman's son, a friend of Neena's father, had asked his mother if she would be interested in meeting us. She had agreed and Neena had phoned to set up an appointment. When we arrived, however, our visit appeared to be unexpected, and
certainly not welcomed, by the daughter-in-law. To the contrary, the elderly woman and her husband seemed pleased to see us and eager to talk, hence we proceeded to complete the informed consent procedures and initiated the interview process. Despite having attained the woman's permission, however, the daughter-in-law, in whose home we were attempting to conduct the interview, was openly hostile to our presence. A full interview was clearly untenable, but we did not wish to invalidate the elderly woman's knowledge and disregard her wishes by leaving immediately.

In the hope of reassuring the daughter-in-law that our discussion would be fairly innocuous, I proceeded to ask the older woman what she thought of doctors in Canada. She was not impressed, she told me, she had been sick for five years, but the doctors here could not make her better. She complained of loud sounds in her ears, like an airplane, and said she needed pills in order to sleep. At this point, the daughter-in-law interrupted, explaining that her mother-in-law was taking anti-depressants and was prone to anxiety attacks. In her view, we were bound to make the older woman more anxious, more confused, if we proceeded with the interview. The elderly woman, assured us that this was not the case, and entreated us to stay.

The ensuing account was one of contradictions. For every comment the participant made concerning her views and feelings with respect to her health problems and the efficacy of various healing modalities that she had tried in India and Canada, the daughter-in-law was sure to counter with her own 'more rational' explanations. She seemed especially defensive regarding the elderly woman's claims to feeling better in India on account of the familiarity of the atmosphere and some grape-sugar injections with which she had been treated there. The participant hoped that she could return to India for a year, convinced that this would help her condition, which the daughter-in-law 'identified' as tinnitus. At this the younger woman retorted, "she's just come back [from India], we sent her already."

We left shortly thereafter, thanking the woman for a most informative interview. Immediately Neena took responsibility for the way the interview had turned out—the daughter-in-law does not appear to like her husband's friend, Neena's father, hence, Neena speculated, she may have transferred her hostility to us, accordingly. While this factor is certainly worthy of consideration, I argued that there appeared to be a great deal more at play. First, the daughter-in-law was hostile toward us prior to learning of our affiliation with Neena's father. Moreover, her defensive attitude seemed to belie a much deeper concern that she might be portrayed as somehow inadequate as a daughter-in-law, or
perhaps that her mother-in-law might 'expose' the family so as to bring shame to them all. I wondered too, if the apparent placebo of grape-water injections served to validate the elderly woman's claims to feeling better in India, and if perhaps, the root of her anxiety (and perhaps, by inference, her 'tinnitus') might be the invalidation of her sanity, of her person, by the daughter-in-law in Canada.

Perhaps most disturbing about these two incidents for me, is that while we intended to safeguard these women's right to withdraw when the circumstances did not permit them to indicate that this might be necessary, we nonetheless contributed in our own way to the silencing that their daughters-in-law were trying to effect. Reflecting further on the second case, however, I wonder too if the elderly woman was perhaps using our presence to assert her resistance to the daughter-in-law's domination, in which case, we may have served some positive function. Whatever its outcome may have been, my decision to curtail the interviews was governed by the objective of minimizing any harm to the participants. Conversely, with the interests of the community in mind, I should point out that many of the daughters-in-law encountered during the course of my research were extremely kind to me and clearly respectful of their mothers-in-law. Nonetheless, stories testifying to the inherent tension in Indian mother-in-law/daughter-in-law relationships are legion, rendering the successful accommodation of one another a credit to both parties (see Koehn 1993a).

(ii). Obligations to social science colleagues, research assistants, and the sponsor

Besides obliging researchers to ensure the protection of the best interests of their participants and the communities affected, the SfAA guidelines further impress upon us the necessity of heeding as well one's responsibilities toward fellow researchers, students and interns or trainees and the research sponsor (van Willigen 1986). In conducting my research in an ethical and respectful manner, I do not believe that I have 'spoiled the field' in any way for subsequent research with the Punjabi Hindu population. In fact, I have subsequently been able to introduce a fellow graduate student to some of my contacts (without explicit reference to any connection they may have to my own research), among whom, I gather, she has been warmly received and has been able to conduct her own research.

According to the SfAA guidelines, the researcher's responsibility to students, interns and trainees includes the provision of nondiscriminatory access to training services, and the recognition of student contributions to publications (van Willigen 1986). While this injunctive is not directly relevant to my own research, I did nonetheless hire research
assistants both in India and Canada. In India, I hired three young women in total, one of them—'Sunita'—for language instruction and general sensitization to the relevant concepts in my research, and two for interpretation and identification of prospective interviewees. In Canada, I hired two assistants, one of them an elderly Hindu woman herself and the other a university student. In each case, I was careful to pay them a fair rate—above the minimum wage and in accordance with the standard for their respective locales—and in a timely manner. In all cases, I have paid assistants at the same rate for time spent in transit to and from interviews and so forth, and for small but critical tasks such as making phone calls, etc. In addition, I have tried to provide relevant work experience, especially important for the younger women, as well as letters of recommendation detailing these experiences. For Sunita, who did not accompany me to interviews, I provided elementary instruction in word processing and practice speaking English. I have maintained contact with each of these individuals and intend to provide them with copies of my thesis. While none of them have or will be contributing directly to any publications emanating from this research, I endeavour to acknowledge their various contributions throughout my thesis.

The SfAA stipulates that the researcher's responsibility to employers and other sponsors is to report accurately their qualifications and to perform work in a competent, efficient, and timely manner (van Willigen 1986). My sponsor, the B.C. Health Research Foundation (BCHRF) requires that initial applicants and subsequent applications for the annual renewal of 'studentships' (up to four years) be reviewed by a jury of academics conversant with the broad area of health research. By these standards, my qualifications have been judged accordingly. A second recommendation of the SfAA with respect to sponsors is that the researcher avoid unethical practice, against which the best protection is an 'up-front' discussion of the constraints (ibid.). This caveat is especially relevant when the vested interests of a sponsor may conflict with those of the participants or communities affected. Fortunately, this is not the case with the BCHRF, whose only condition in providing funds is that their sponsorship be acknowledged on all publications, presentations and press releases.

(iii). Obligation to society as a whole

Finally, the SfAA mandates that the researcher consider, as well, his or her responsibility to the public at large (van Willigen 1986). The emphasis in this provision is on the researcher's duty to share the benefit of his or her special knowledge and skills in interpreting sociocultural systems with society at large. The public should benefit from this knowledge wherever it may be applicable. Van Willigen further expands upon these
strictures in his more detailed consideration of the concepts of 'utility' and 'communication.'

Central to van Willigen's argument regarding utility is the imperative for the researcher to recognize the relationship between knowledge and power—knowledge can be used to control people. Too often the costs of research accrue to the subjects while the benefits favour the researcher, since academic research questions are themselves often of little relevance to the researched. To this end, I have attempted to discover, by means of dialectic discourse with various health care providers, how the knowledge conveyed to me by the participants in my research might influence their practice in some manner. So as not to detract from the central research question concerning the Hindu women themselves, I have elected not to include this material here. I will be sure, however, to utilize this valuable component of my data in developing appropriate materials which target specific groups such as the health care providers themselves, the families of these elderly women and so forth.

B. The problematized self

Nancy Scheper-Hughes has made the point that "we cannot rid ourselves of the cultural self we bring with us into the field any more than we can disown the eyes, ears and skin through which we take in our intuitive perceptions about the new and strange world we have entered" (1983:28, as cited in Oleson 1994:165). Similar proclamations have become increasingly commonplace in the methodological literature of the 1980s and '90s, challenging the notion that any research can be truly value free, immune from bias. Recognizing the futility and artifice of attempts to 'control' for 'extraneous' variables (the distinction of which is in itself a bias), these researchers propose that such culturally mediated perceptions be recognized instead as "resources to guide data gathering or creating and for understanding [the researcher's] own interpretations or behaviour in the research" (Oleson 1994:165). For biases to be converted into resources, however, requires a considerable degree of reflexivity on the part of the researcher. The problem here is not so much the bias itself as how it is dealt with. Bias inevitably exists, what is of interest therefore, is the direction in which it does so. In order to bring as many of these biases to consciousness as possible we need to both deal with them as part of our methodology and to acknowledge them when drawing conclusions in the analysis. Accordingly, and consistent with the ethnographic ethic adopted as the evaluative framework for this study, I am obliged to account for myself in the research, to make my own hand apparent (Altheide and Johnson 1994).
Discussions as to the purpose of such reflexivity are remarkably reminiscent of a much earlier position forwarded by phenomenologists such as Husserl, Heidegger, Schultz and Merleau-Ponty (see Bernstein 1976, Collaizi 1978, Giorgi 1994, Osborne 1994) who have recommended that researchers first bracket their own 'pre-suppositions' (i.e. biases) so as to bring their 'foreunderstanding' of the phenomenon of interest to consciousness. As Heidegger has argued, it is impossible to bracket right down to the pure experience since we constitute our own worlds: our experience of the world is the product of how we construe the world and how the world shapes us, we are of rather than in the world, we exist in context (Osborne 1994).

Increasingly, feminist, ethnic and other researchers promoting standpoint epistemologies (e.g. Smith 1992, Stanfield 1993) have brought greater awareness to the profound influence of the researcher's characteristics such as gender, ethnicity, class and so forth throughout the research process. Important as well are some of the more personal perspectives that various researchers bring to their topic of inquiry—why do we choose to study what we do? I will try to address these concerns in the bracketing which follows. To a lesser extent, since I am not in a position to adequately account for the biases of others, I will further attempt to illustrate how certain characteristics of each of my research assistants have additionally influenced the participants' constructions.

(i) Researcher bracketing

As I sit at my computer, anxious to speed my way toward completion of my dissertation, unhappy to be missing out on yet another glorious summer weekend, I find myself stopping intermittently to scratch fervently in my vain efforts to quell the persistent itching in my swollen, chapped, excemtic hands. When I break for lunch, I gaze longingly at the sweet, ripe tomato tempting me from the refrigerator, but decline its poisonous invitation, knowing only too well the ramifications: first, a furiously itchy palate, swollen tongue and lips, soon to be followed by an intense heat and further aggravation in my hands. I have a long list of such off-limits 'heating' foods, many of them favourites of mine, which I know from experience will exacerbate my excema as well as the symptoms of hayfever, in season. Neither of these conditions, not exactly illnesses—I am rarely 'sick' in the conventional sense—is new to me; both have plagued me since childhood, their onset coinciding with particularly stressful periods in my life involving dramatic changes (my mother's re-marriage, emigration to Canada).

Of course, nobody made such connections at the time and for many years I obediently ingested and applied all manner of antihistamines and corticosteroids. It was only in my
twenties that the consequences of continued use of these medications began to make themselves apparent: my dramatic reaction to the first of what was supposed to be a series of anti-histamine injections for hayfever (after which the treatment was discontinued); a skin specialist's warning that, although he had nothing else to offer for my excema, the cortisone cream that he prescribed was sure to exact a toll on my body's ability to regenerate skin over the long term, and on and on.

Accordingly, I began to seek out alternative solutions and discovered, in the process, some interesting commonalities. Both the dermatologist and the Chinese medical practitioner with whom I had consulted about my excema recommended that I avoid citrus fruits, shellfish, and members of the nightshade family (tomatoes, potatoes, eggplant, bell peppers). The reiteration of this prohibition served to heighten my awareness as to the effects of certain foods on my body. While I was able to avoid exacerbating my conditions, however, the most critical variable, I observed, was my emotional state. Whenever I had to write an exam or an essay, make a presentation, or end a relationship, my hands would fail me. Conversely, during my most calm and peaceful phases, the typically severe symptoms of my May-June hayfever were minimal, even non-existent. Although I would choose, given my druthers, to be free of either of these and other conditions associated so clearly with my stress barometer, I have come to view them more positively for the many important lessons they have taught me about my emotional state and many other things besides. I no longer rely on biomedical solutions for the majority of my health problems, although I do, on rare occasions, consult my family doctor (a biomedical physician). Alternatively, I have explored, with some success, various Chinese therapies, homeopathy, yoga and, à propôs this research, an Ayurvedic regime and, on occasion, Ayurvedic remedies and preventives.

It is my movement through this process, in conjunction with my schooling in anthropology, which has facilitated my comprehension at a deeper, experiential level of the tenets of Ayurveda, and has ultimately brought me to my research question. Undoubtedly, my own experimentation has made me more open to so called 'alternative' or 'complementary' approaches to health. As well, it has impressed upon me the intimate connection between mind and body, or rather the fallacy of their separation. Following from this, I have been moved as well to question the integrity of other dualisms which comprise the taken-for-grANTED or tacit knowledge that underlies many of our cultural understandings in North America, notably the subject-object, observer-observed distinctions which characterize traditional social science research. Each of these predispositions are clearly evident in my paradigmatic stance as well as my theoretical
orientation to be discussed in chapter seven. They have influenced the questions I have asked and will further impact upon my subsequent interpretations and conclusions.

I have already remarked that I share with the women interviewed in Canada my gender and my status and experience as an immigrant in this country. I do not wish to imply, however, that our experiences are parallel. We are separated by age, culture and, in many cases, class, among other things. These factors, moreover, impact upon the meanings that both female-ness and immigration have for each of us. To begin with, I am half the age of the majority of my participants, all of whom were old enough to be my mother, if not my grandmother. Compared to my young research assistants in India, the participants in this study were more likely to have had an arranged marriage, less likely to have thought about a career as a natural outgrowth of their post-secondary education, if they had any at all, and more likely to have had to submit to stringent rules of *parda* and so forth. These are not absolutes, however: just last year, 'Parvati,' one of my Indian research assistants, was married by arrangement, while one of the older women in my sample reports having had some say in her own spousal selection. Other features of my Indian and Canadian samples are detailed in chapter four and reveal similar inconsistencies. Overall, however, the trends differentiating the two generations hold for the majority of their respective populations.

Certainly the generational divide between myself and these women was apparent in our interaction, although I would argue that, on the whole, this proved to be to my advantage: my allocation to the role of daughter, grand-daughter, or niece situated the women in a naturally instructive role relative to me which served to encourage their narrative propensity. Having spent the majority of my childhood and teen years in co-residence with my grandparents, my assigned role felt perfectly natural and comfortable. I suspect that the anticipated inter-generational differences between us further blurred the edges of more dramatic cultural differences in our constructions of female-ness. Younger women are known to be more independent than their forebears, hence my own more 'extreme' expressions—e.g. my independent travels to India, my single status at age thirty-three—could be viewed, at least by the women in my sample, as merely differences in degree rather than in kind. My position as a scholar further helped to justify these aberrations: asked why I was not yet married, I was able to reply that I had been too busy with my studies to apply myself to a relationship. This response, it seems, was deemed feasible, if not totally acceptable, and ministrations to marry as soon as I completed my studies were frequently offered.
As an only child and grandchild, I have managed to escape the strong socializing forces which sometimes differentiate the gender roles of brothers and sisters. Hence, I always find the additional degree of femininity required of me in an Indian context to be somewhat taxing at times. The inferences are often subtle—expectations as to how fast a woman should walk, when she can look someone directly in the eye, the extent to which she should appear in need of male assistance, and so forth, are never explicitly stated, although transgression of such unwritten rules is often readily apparent. There were other more obvious indications of my female-ness in India, such as the unwanted and persistent attention of some (certainly not most) men whenever I chose to walk or ride alone, which proved extremely frustrating. Parenthetically, this behaviour became somewhat more understandable once I had witnessed the images of promiscuous western women portrayed in popular American soap operas upon which these men apparently model their impressions.

In the company of women, however, I had only to pay attention to the more subtle concerns which, after some time, became second-nature. I was able to draw on this alternative repertoire of 'feminine' behaviour when interviewing women in Canada. I should point out that this accommodation was made in order to show respect to the women that I interviewed, although I appreciate that some may misconstrue my efforts as deceptive. Rather, I believe that we are all different people in different company, the various qualities of others encouraging our different selves to emerge. Again this is consistent with my paradigmatic and theoretical positions. While in India, I further attempted to show my respect for the women's sensibilities, and to shield myself from unwanted male attention, by wearing Punjabi suits, at least when conducting interviews, which effectively cover most of the body. Several remarks indicated that this gesture was appreciated. In Canada, I wore western clothing, consistent with the setting, but was careful, as well to ensure that my attire was sufficiently modest.

My status as a scholar and a westerner in India effectively drew attention away from the matter of my class affiliation—a fortunate diversion, since my British working class background may have proved cause for negative assessment amongst these rather sophisticated women. Conversely, I harbour certain presuppositions of my own, inculcated throughout childhood and adolescence, regarding 'the rich.' Although my own 'lower' class position was seemingly not apparent to my participants, my internalized class identity (admittedly somewhat subverted by a relatively class-less Canadian identity) was nonetheless present, if only in my consciousness, throughout my interactions with these women: I could not help but cringe internally, for example, when
some women would state, quite matter-of-factly, that they came from a very rich family, and so forth. Jealousy is not at issue here, since it is evident to me that wealth does not equate to happiness; rather, I have unconsciously adopted an aversion, fostered by my British working class upbringing, against talking openly about money, or about advantages that one may have over another. Any talents or commendable achievements of mine have always been underplayed—"boasting" of one's success in this milieu is severely admonished. With respect to the Indian sample, in particular, I most definitely felt that with a majority of the women interviewed, I was 'studying up.' This was less apparent, although certainly the case in many instances, in Canada, where the high status of some of the women has been muted by their experiences as immigrants and perhaps by the less clearly hierarchical context of Canadian society.

One of the potential advantages of studying up, writes Barrett (1997), is the opportunity this strategy provides to penetrate the sources of power and privilege in society. Given the nature of my research question, I cannot claim to have to have done so directly, although Barrett's second rationale, that we counterbalance "the conventional practice of studying down, thus enriching our stock of data" (1997:30) is certainly apposite here. The knowledge of these women is specific to their station in life as high caste, relatively high (middle) class Hindus and would most likely not be found amongst their lower class/caste compatriots, the "poor" or "oppressed." Perhaps it is possession of this type of knowledge by higher class women, as much as their material wealth, that most clearly sets them apart from their social 'inferiors.' Like Barrett, I am deeply troubled by the subversive nature of conventional research which all too frequently provides "information and explanation which enhance[s] control of societal elites over the rest of the population" (ibid.). Studying up takes us one step away from this probability. I remain concerned, nonetheless, that other, more marginalizing features of my sample—first as women in a society dominated by men, secondly as elderly persons in a world which increasingly validates youth over the wisdom formerly associated with old age, and thirdly, for the Canadian sample, as minority immigrants relatively unfamiliar with Canadian institutions, customs, landscapes and languages, and subject, at times, to racial discrimination—may render me guilty, all the same, of objectifying a population deemed in need of assistance. As noted previously, I would—given a second chance—conduct a very different sort of research project among these women, directing my efforts instead toward animating their own creative potential to resolve issues of concern to them (see Rahmen 1993).
A final point of both similarity and dissimilarity between myself and my participants in Canada, is our status as immigrants in this country. At one level, I can certainly relate to the difficulties of adjustment. Although there are many parallels that we might draw between the cultural context of England and Canada, these should not be overstated. As a twelve-year old child immigrating to Calgary, Alberta during the 1970s, the gulf between my new environment and that which I had reluctantly left behind was immense. Seemingly insignificant issues—having to eat with only a fork, not eating our customary roast dinner at 2 p.m. on Sundays—were, at first, challenges of the highest order. Although I gradually accommodated such assaults on my understanding of the way things were (and should be), I continued to long for England until, two and a half years subsequent to immigrating, I returned to my grandparental home. My second immigration experience at age twenty, this time on my own initiative, to the more agreeable climate of Victoria, B.C., was considerably easier, although I did not settle into my new life immediately. Restless and uncertain that I had made the right decision, I returned to England for some months after my first year away. Disappointed with what my newly acquired lens revealed, however, I once again returned to Victoria, this time to stay.

Like myself, it often takes elderly Indian immigrants several trips back and forth between India and Canada before they begin to feel that this is now their 'home'; for some this transition is never complete (see Koehn 1993a). For those who emigrate in later life to join sponsoring children (the majority in my Canadian sample), migration is not entirely voluntary—often they come to assist a son and his wife, both in the paid work force, to care for young grandchildren; widows may have nowhere else to go besides their son's home overseas. To a much greater extent than a twelve-year old child, these women have a lifetime's store of understandings according to which they have successfully lived their lives. Not surprisingly, the discovery that many of these beliefs and behaviours do not translate easily into a Canadian lifestyle, often proves distressing, to say the least. From my own experience, such dissonance can challenge one's entire identity, what it means to be person. From this perspective, I feel a strong sense of empathy for many of the experiences of these immigrant women.

We differ, nonetheless, in our reason for migrating, the age at which we migrated, our command of English, our ability to go un-noticed by virtue of our dress and, more importantly, the colour of our skin, our ability to manipulate the new environment (e.g. to drive, find work, move about independently, etc.), and so on. Limited English language skills, lack of access to monetary resources, their status (in many cases) as sponsored
immigrants, and the requirement that they attend to young grandchildren are foremost on
the list of limiting factors that impact upon the experiences of many of these elderly
women (see Koehn 1993a). Culturally-informed gender roles are perhaps equally salient
in this regard—as some of the participants in my Master's research pointed out, many of
these elderly women look to old traditions and rely on sons to satisfy their transportation
requirements, for example. Indeed, the extended family generally views the
transportation of elderly women as a duty, hence fostering their extreme dependency—they
are forever waiting for a son, daughter, or perhaps a daughter-in-law, to take them
somewhere (ibid.). To this extent, particularly since my second relocation to Canada, my
immigration experience is quite distinct. My personal association with the process of
relocation, both voluntary and involuntary, has nonetheless proven to be beneficial
insofar as the women that I have interviewed are not inhibited by a conviction that
without having experienced migration I could not possibly relate to their experience: I
have and I can, if only partially. Moreover, I do not, as might a native Canadian, appear
to 'represent' the host country whereby criticisms of Canadian society or institutions risk
being interpreted as personal attacks.

(ii) The research assistants

Both in India and in Canada, I employed one Hindu and one Sikh interpreter. In both
cases, the Sikh women experienced minimal success in locating suitable participants. In
India, 'Kamal' was able to introduce me to only one participant—a twice-removed friend
of the family. As described above, Neena's sole connection—a woman in her eighties
with 'tinnitus'—ultimately proved to be inaccessible. Besides their religious
background—which defined, to a great extent, their social networks—both Kamal and
Neena were hampered as well by their youth. In their early twenties, neither of these
young women were in a position of sufficient authority to easily approach the older
women we were trying to access. While Parvati, too, is a young woman, she is also a
member of a well-respected Brahmin family and was hence able to make use of her
parents' dense network of connections within the Hindu 'community' in and around
Chandigarh. Sumati, as previously noted, is in fact a member of the target community in
which she has a large network of ties and the ease of communication enjoyed by age
peers.

Although Kamal did not translate any interviews, she was nonetheless present at some.
Inadvertently, her fashion sense appears to have disturbed one woman who commented
on my next unaccompanied visit to her home that she appreciated my wearing a Punjabi
suit. She went on to describe in a disparaging tone some of the clothes young Indian girls
are wearing these days, a thinly veiled reference to the skin-tight jeans Kamal had worn to our previous interview. How this may have influenced the interview itself is difficult to discern.

Parvati's inclination was to interpret less sophisticated comments in her own erudite and knowledgeable terms, although I was careful during and after interviews to cross-examine her interpretations against what had actually been said. Here my scant knowledge of Hindi proved to be very useful. The following exchange between myself (SDK), Parvati as interpreter (I) and the participant (P) exemplifies this concern:

SDK: Have you ever heard of these tridosha, vayu, pitta, kapha? (Hindi - between I and P)
I: She hasn't heard. (Hindi) Ah, she knows about gastric troubles. (Hindi) Sometimes she has gastric problem.

SDK: And that's connected with...
I: And it gets plugged up only if I take something, you know, to eat, very heavy or those things.

SDK And is this from any one of these dosha? (Hindi)
I: Yeah, this vayu [Ayurvedic humoral concept of 'wind,' an excess or paucity of which underlies various diseases] but she doesn't know it is called 'vayu.' She's saying I know gastric troubles.

SDK: I know, but okay, that's what I need to know, if she knows it.
I: She doesn't know vayu but it's related to gastric trouble.

In Canada, Neena's youth and more academic style of interpretation—her resort to written notes, for example—lent a greater degree of formality to the interviews for which she provided assistance (two in total). Sumati's status as a peer of our participants, as well as her own radiant personality, rendered our interviews much less formal, although she was careful not to allow the conversation to drift off on tangents. Often when a participant wanted to talk to her about something more personal and 'unrelated' to my research, she would listen to her for a respectful period of time and then propose that they take up their conversation on that point on another occasion. Since she herself was very knowledgeable regarding Ayurvedic principles, she was able to adequately translate some of the more technical terms that arose in the course of our interviews. Ironically, I came to fully appreciate her capabilities during an interview which Neena was translating. While I was able to understand the meaning and some of the implications of the participant's reference to grehe ('planet') based on Sumati's careful interpretations of others' comments on this matter, Neena was unfamiliar with such astrological concepts and hence experienced difficulty in the interpretation. We must conclude, therefore, that
to some degree the constructions attributed to specific participants reflect as well the identities and fore-understandings of myself and my research assistants, where applicable.

B. The research site and participants

Selection of the research site and participants are contingent upon the research question. Random sampling, associated with laws of probability and statistical tabulations, is rarely, if ever used in qualitative studies (Mason 1996). It is especially inappropriate here given my paradigmatic position which rejects the experimental and manipulative methodology entailing the falsification of hypotheses, characteristic of post-positivism, in favour of hermeneutic, dialogic and dialectical methodological strategies aimed, instead, at the reconstruction of previously held constructions (Guba and Lincoln 1994). The sampling logic employed for my research follows the guidelines set out by Patton (1990) who advocates purposeful sampling for which the principal criterion is the richness of information each sample unit (be it a group or an individual) can offer. Of the different types of purposeful sampling that Patton differentiates, my own strategy falls into a category that he calls "intensity sampling," whereby participants are experiential experts, having had first-hand experience with the phenomenon of interest.

1. The research population

Given my concern with the interpretation of Ayurvedic precepts by lay-persons into their common-sense repertoire, the population from which I could select participants was necessarily narrowed to those of the Hindu faith, of which Ayurveda is an important component. After the Sikhs, Hindi- and Punjabi-speaking Hindus are the second largest group of immigrants from India in Canada (Assanand et al. 1990:144). The majority are from northern India, and immigrated as

part of a large wave of South Asian professionals who came to Canada in the mid-1960s.
In general, this group was highly educated and middle or upper class. Many came to Canada from the United States, where they had been attending university, and most were independent immigrants who did not have relatives to sponsor them (ibid.).

At this juncture, however, many elderly Hindus are indeed sponsored by their children who originally came to Canada as independent immigrants. Given this profile, and the high cost associated with relocation and satisfaction of Canadian immigration requirements, very few, if any elderly Hindu immigrants are from the lowest castes or classes. Demé (1995) has commented that his own findings, derived from an upper-middle-class urban sample in Banaras, should not be generalized to lower-caste Hindus, poor Indians, South Indians, or villagers. The same can be said of my own sample.
The decision to further limit my study to women was made just prior to leaving for India. The suggestion put forth by my committee members that inclusion of both men and women could prove too confusing in the analysis was sound from the point of view of my paradigmatic position. The lives of women in India are quite distinct and often separate from those of Indian men (e.g. Hershman 1981). Oftentimes, particularly among the generation that constitute my sample, women spend little time outside of the domestic environment. Accordingly, their reality constructions are bound to differ from those of men. Moreover, in light of the emphasis that Ayurveda places on food, as preventive, curative and poison, it is most likely women rather than men—with the exception of trained Ayurvedic professionals, almost invariably men—who would be most familiar, albeit at a sub-conscious level, perhaps, of Ayurvedic precepts.

I have elected to focus my inquiry on the lives of post-menopausal women for three reasons: first, they are better equipped to discuss the full range of socio-biological experiences unique to women, i.e. menstruation, childbirth and menopause; second, they are most likely to be the senior, or among the most senior members of a three- or even four-generation family and hence to have occupied a range of familial stations—daughter, sister, aunt, wife, daughter-in-law, sister-in-law, mother, mother-in-law, grandmother; finally, I have in the past focused my attentions on the experiences of these older women, as immigrants to Canada (Koehn 1993a) and hence seek to extend my understanding of that experience along a different axis. My interest in the continuity of constructions among the elderly subsequent to migration, led me to seek out a population of elderly Hindus who had migrated to Canada as well as a comparable population in India from whence most Hindu immigrants originate.

Respect for the local and specific nature of the women's constructions further entailed delimiting the Indian research population to those women whose children had already migrated to countries such as Britain, the United States, or Canada, or, as professionals or academics, were in a position to do so on an independent basis. In other words, their mothers, the women targeted for my study, would share similar lifestyles with those of the immigrant women prior to their departure from India, and may additionally have some notion of what a move to 'the West' might entail.

2. The research site
Selection of the 'immigrant' site was dictated by both demographic and practical considerations. I was already living and attending university in British Columbia and had previously conducted my master's research among the Punjabi Sikh population of Greater
Vancouver. Hence I knew the lay of the land and had already established useful contacts in the Indo-Canadian community who, I hoped, would be able to direct me to appropriate Hindu participants. Moreover, as one of Canada's major destinations for migrants from India, British Columbia, and in particular, Greater Vancouver, where the majority of the province's immigrants are concentrated, is well suited to the purpose of my study. According to Statistics Canada (1992), "3,514 or 27.5% of the total landings from India [to Canada] were destined for British Columbia." Moreover, of the estimated Indo-Canadian population of British Columbia in 1991, 34.3% (23,055) were aged 45-plus and 9.1% were age 65-plus. Despite its minority status in India, Punjabi is the mother tongue for the majority of Indo-Canadians residing in British Columbia. While, in 1986, consolidated census figures for Vancouver and adjacent suburbs stood at 20,835 Punjabi-speaking individuals (Statistics Canada 1987), 1991 census records showed that this figure had more than tripled: when single and multiple responses which include Punjabi as a mother tongue are combined, the total is as high as 67,495 individuals (Statistics Canada 1992).

Initially, when selecting an Indian site for my 'baseline' research, I focused on the dimension of knowledge of Ayurveda and Hinduism, which directed my attention to the Hindu pilgrimage site of Varanasi (or Banaras) in the north-central province of Uttar Pradesh. This holiest of cities, known as well by its sacred moniker of Kashi, is deemed central to Hindu religion and culture, both past and present: "Kashi as a prototypical place is important enough in the entire complex of Indian sacred geography that it gives us an insight into the way in which space is structured more generally in the Hindu 'world-view'" (Eck 1983:41). Prior to embarking on the initial Indian phase of my research, however, I was duly warned by a member of my committee, Jyoti Sanghera, that the population of Hindus that I would be likely to find in Varanasi would most likely be radically different from those who had migrated to Greater Vancouver (or to anywhere in Canada, for that matter). With this in mind, I nonetheless set forth with plans to undertake Hindi language training in the holy city, having heard of several excellent instructors who resided there. Upon my arrival in Varanasi, however, I noted that it was indeed a most atypical city, particularly when compared with the lush farmland and relatively prosperous cities of Punjab where I had spent two and a half months during 1991. With reference to Varanasi's pervasive religious industry, Jayapal has written,
Varanasi is representative of India in that it is a microcosm of all that is unique about Hindu culture; it is not representative of India in that there is no other city like it. While other cities in India are interested in modernizing, Varanasi is interested in preserving tradition—and it has. Varanasi is the home of sadhus and saints, pundits and pilgrims, and yogis and 'bogeys' (1995:1).

It soon became apparent that, as Jyoti had warned, Varanasi was not the ideal site for my research if I hoped to find a comparable population in Vancouver. Moreover, the language teachers I had hoped to secure were all leaving town for the summer and recommended that I attend the Landour Language School near Mussoorie, a hill station nestled in the Himalayan foothills of northern Uttar Pradesh, where I did indeed spend three months learning a one-year course of Hindi. That I survived the intensity of this linguistic onslaught is a credit to my excellent teachers.

In consultation with Dr. Kishwar Ahmed-Shirali, then professor of psychology at the University of Himachal Pradesh in Shimla, I decided on Chandigarh as an alternate site. The dissimilarity was dramatic. Eck (1983:5) says of Varanasi, "its present life reaches back into the sixth century B.C. in a continuous tradition, moved today by much the same ethos as that which moved it in ancient times." Chandigarh, by contrast, is a 1950's creation of the Swiss architect, le Corbusier, commissioned by independent India's first prime minister, Jawaharlal Nehru, to epitomize the new, technology friendly, future-oriented India of his dreams. Its orderly tree-lined sectors are bordered by wide streets punctuated by traffic circles, with—at first blush—only the cycle-rickshaws to bring its Indian location to mind. Yet it is from the state of Punjab, for which Chandigarh serves as a shared capital along with Haryana— that a great many immigrants to Canada originate. Indeed, most people of the middle classes with whom I spoke while in Chandigarh (within and beyond my research sample) had relatives or friends living overseas, primarily in Britain, the United States and Canada.

3. Locating the sample

My research in Chandigarh took almost three months. The subsequent period spent conducting research in Greater Vancouver took much longer, five months in total, for several reasons: first, I had to find a home and settle in Vancouver; second, I was working part-time in Victoria, which entailed a great deal of commuting from the mainland to Vancouver Island; most critically, however, was the considerable difficulty I encountered at the outset in locating suitable participants. Punjabi Hindus in Greater Vancouver are a small minority compared to their Sikh counterparts who comprise the vast majority of the South Asian population in the region." Moreover, the Hindu population in Canada is diverse, with representatives from such culturally distinct regions
as Gujarat, South India and Bengal, for example. Given my paradigmatic stance concerning the local quality of constructions and, as well, the strong regional traditions which differentiate Indian Hindus (Johnston 1988, Demé 1995), it was essential that I select participants in Greater Vancouver exclusively from the Punjabi Hindu 'community.' Many of my initial efforts proved to be in vain. My nerve-wracking attempt to explain my research project in Hindi before the Sunday 'congregation' of a Hindu temple, while warmly appreciated, yielded no tangible results: the majority of devotees at this particular temple were Gujaratis and South Indians. One contact could put me in touch only with Hindus who had migrated to Canada from the east African countries of Uganda, Kenya and Tanzania.

I did in fact conduct one complete and one partial interview with two of these African Indian women, although I have not included them in my sample. Another interview with a woman of Indian heritage who was born and raised in Fiji is also excluded. Each of these women were initially thought to be Punjabi (and in fact, the women from Africa were of Punjabi heritage). Nonetheless, the interviews revealed dramatic departures in their constructions from those found among the bona fide members of the Punjabi Hindu sample. From this we might tentatively conclude that long-term socialization in a different cultural environment sufficiently alters a person's context to the extent that the raw materials from which the constructions of their realities are made, are no longer conducive to building comparable constructions with others sharing their natal origins who remained in the native culture.

It is with thanks to Dr. Kishwar Ahmed-Shirali that I was able to initiate the Indian portion of my research so expediently, for it was through contacts that she provided in Chandigarh that I was able to find a private household in which I resided for the duration of my research as a 'paying guest,' and through whom I was able to hire two research assistants (primarily for interpretation), and connect with other 'gatekeepers' who were able to put me in touch with potential participants. Both the gatekeepers—Kishwar's friends or their acquaintances—and, to a lesser extent, my research assistants were able to identify the majority of participants, although two were identified by other participants, a process known as snowball sampling. In Canada, my initial participants were identified by gatekeepers from the community service sector, known to me from my previous research with the Punjabi Sikh community. Unfortunately, I was unable to actually speak to these very busy contacts for some time. Moreover, they were able to identify only one or two potential participants at most—the majority of Punjabi women known to them were, understandably, Sikh. My eventual connection with the marvelous woman who
became my first Canadian participant and later my primary interpreter and gatekeeper was a tremendous relief. A sixty-five year old Punjabi Hindu woman fluent in Hindi, Punjabi and English, Sumati provided the necessary bridge which would facilitate my access to the Punjabi Hindu 'community.' I hired a second interpreter, Neena, who accompanied me to interviews with participants contacted through other gatekeepers, but these were relatively few, and she was unable to provide me with further participants, the reasons for which I have already detailed.

4. The research sample

In total, I have included in my final analysis twenty of the twenty-four interviews conducted in India and Canada. Of these, an equal number reside in Chandigarh (and adjacent 'towns') and Greater Vancouver. Of the four interviews excluded from my analysis, three were with the women from Africa and Fiji, noted above, while a fourth Punjabi Hindu woman was unable to complete the interview due to the disapproving presence of a daughter-in-law, as previously explicated in the section on ethics.

(i) Inclusion/exclusion rationale

Of course decisions to include or exclude certain individuals from a sample may be based on etic or emic categories or, ideally, a happy coincidence of the two. My perception of the three aforementioned women as being 'outside' of my group of interest was reinforced by their own protestations, having been apprised of the nature and purpose of my research, that they were not suitable interviewees, that they really did not fit into the parameters of my sample.

Sikhs vs. Hindus

On two occasions, however, once in Punjab and again in Greater Vancouver, I encountered Sikh women who disagreed with my eligibility criteria for participants. The woman in Punjab was especially vocal, almost angry, with respect to my exclusion of Punjabi Sikh women. Although I thought I had made my criteria clear to my Hindu gatekeeper, the first woman that she introduced to me was a Sikh neighbour, although this was not stated at the outset. After some discussion, I learned that her surname was Singh, usually (but not always) a signal that the bearer is of the Sikh religion. I inquired as to whether this was so and she confirmed her Sikh identity, brushing it aside as though it were of no account. Treading carefully, I explained why this research project was to focus on Hindu women only and that I had in fact conducted research among Sikhs on previous occasions. At this point she launched into a lecture about the origins of the Sikh religion in Hinduism and the foreign constructions of Sikh-Hindu antagonisms (see
Koehn 1991). In parting, she warned me that such misconceptions about the differences between Hindus and Sikhs could only hamper my research.

The second Sikh woman that I encountered was a good friend and neighbour of a Hindu woman with whom I had scheduled an interview in Greater Vancouver. While she did not put up the same kind of struggle as the aforementioned Mrs. Singh, she nonetheless protested that she saw no difference in their understandings given the extent to which the members of the two religions were inclined to mix. This is certainly true, to a degree, although the push for a purely Sikh state of Khalistan by militant separatists throughout the 1980s and the greater tendency, on the whole, for members of the Hindu and Sikh communities to socialize primarily among themselves, cannot be ignored (see Koehn 1991, Johnston 1988). For example, neither of my Sikh research assistants—one in Canada and one in India—were able to provide ready access to participants for my research, whereas their Hindu counterparts encountered few difficulties in doing so.

Johnston (1988) identifies the 1970s—a period of intense Punjabi migration—as a benchmark for Vancouver Punjabis whose associational patterns between members of different religious creeds began to change around this time. While smaller numbers of Punjabis had formerly drawn together around a regional identity, Hindus and Muslims began to form their own organizations and the majority Sikhs split into different factions. The Sikh separatist movement of the 1980s served to widen the chasm between the Hindu and Sikh communities for whom the issue of allegiance to India came to be an especially sore point. I nonetheless feel that Johnston may be overstating the case when he speculates that ongoing disagreement on this issue is likely to transform Punjabi culture into an aspect of Sikh identity alone. Some months after the conclusion of my data collection, on a warm summer's day, I squeezed several of my research participants, along with a few members of an elderly women's group whose facilities I had used, into two mini-vans and took them to another municipality where they were hosted by a much larger Punjabi senior women's group. The majority of the members of the two women's groups were Sikh, while my research participants were Hindu, but all women present were Punjabi. After sharing a hearty Punjabi lunch, and much lively conversation, the women joined in song and dance, and proclaimed for all to hear their shared memories of 'home,' their common identity, their Punjabi desh.*

Despite regional commonalities, however, many elderly Sikh women are relatively unversed in the Hindu scriptures since Sikhs have their own holy book, the Guru Granth Sahib.* Finally, as noted above, the immigration of Sikhs and Hindus to Canada is quite
distinct, with the majority of Sikhs arriving in Canada as family-class (sponsored) immigrants directly from villages, as compared to their Hindu counterparts who have typically arrived as independent immigrants. This latter group are most often professionals from towns and cities. Hence their sponsored mothers are more likely to be familiar with urban living and are more often literate as compared to very low rates of literacy found among village women (Assanand et al. 1990, Koehn 1993a).

**Jains vs. Hindus**

Conversely, I have included the woman with whom I conducted my very first interview near Chandigarh, despite our discovery, almost an hour into the interview, that she was of the Jain dharma. Again, the nature and purpose of my research, in which I specify my intention to speak to Hindu women, had been explained prior to the interview. Although I was somewhat concerned as to whether Jain understandings could in any way be construed as parallel to those found among Hindu participants, both my Hindu interpreter and the woman herself reassured me that the differences between the overall Hindu worldview and Jainism were slight. Like Buddhism, Jainism initially arose as an offshoot of Hinduism to challenge Brahmanic practices such as the ritual slaughter of animals as a means to attain deliverance from the perpetual cycle of rebirth. Renunciation of worldly goods and all attachments, as stipulated in the *Vedas* (ancient Hindu scriptures comprising the foundation of Hindu religion and cultural practice) was promoted as an alternate means of attaining salvation (Fuller 1992). Central to the Jain critique was a belief in the presence of *jiva* ('life' or, roughly, 'souls') in all things, both animate and inanimate which gave rise to the concept of *ahimsa* ('nonviolence') (Wolpert 1991). Although some Jains take this principal to its extreme, by wearing gauze masks for fear of swallowing an insect, for example, *ahimsa* has long been a widely accepted principal of Hinduism, receiving further endorsement in recent history from Mahatma Gandhi. Most Hindus, including all members of my sample at the present time, are vegetarian. There are other differences, of course: Jains have no priests of their own (although they recognize saints and monks), since each person is said to be his or her own priest (Housden 1996). Their enduring links with Hinduism are nonetheless belied by the practice of hiring Brahmin priests to perform temple *pujas* to the images. The *pujas* of priests and worshippers alike differ in no striking manner from those frequently witnessed in Hindu temples.

Even among those calling themselves Hindus, we find movements and sects which, like Jainism, seek inspiration from 'pre-Brahmanic' *Vedic* Hindu ideals. The north Indian
Arya Samaji reformist movement, with which several of my participants identify themselves, for example, was founded in 1875, and eschews both image worship and all forms of ritual besides the havan ('fire ritual') (Fuller 1992). It is apposite as well that the antiquity of Ayurveda is, in parallel, pre-Brahmanic and rooted in what Wolpert (1991) refers to as 'Higher Hindu Philosophy' which in turn is consistent with the underpinnings of Jainism. Thus, while I do not wish to undermine the distinctive nature of Jainism, I am sufficiently persuaded of its grounding in Ayurvedic precepts to include the said interview in my analysis; I will be careful to draw attention to this distinction, as necessary.

(ii) The participants

Ultimately, then, my sample is comprised of twenty Punjabi women—ten interviewed in India and ten in Canada—all of whom are Hindu with the exception of Sarala, the Jain woman noted above. These 'post-menopausal' women range in age from 'fifty plus' to seventy-five in India, with a slightly narrower range of 'late 50s' to 'seventy-plus' in Canada. A more comprehensive sketch of their demographic characteristics is included in Part Two, where I additionally portray in greater detail, the accounts of two women from each of the Indian and Canadian samples. These 'snapshots' are provided with the intent of communicating to the reader a more intimate sense of who these women are and how they construct their worlds.

Although the women's accounts comprise the core of my data, I conducted, as well, an informal interview with a Punjabi Hindu pandit ('priest') in Greater Vancouver so as to clarify some more technical points made by some of the women and to determine what sorts of services he offered to persons in need of spiritual or psychosocial aid. My interest in this topic was piqued by a couple of participants who made reference to such services.

C. The data collection strategy

The selection of a specific data collection strategy depends on how the researcher views the purpose of the work as well as the paradigmatic stance of the researcher (Morse 1994, Guba and Lincoln 1994). Consistent with an interpretivist/constructivist perspective, I seek primarily to understand and reconstruct the previously held constructions of my participants. Both the constructivist and critical theory perspectives support activism and advocacy as integral parts of the methodology. A critical-interpretivist methodology thus entails the use of hermeneutical, dialectical and dialogic strategies, the final aims of which are "to distill a consensus construction that is more informed and sophisticated
than any of the predecessor constructions (including, of course, the etic construction of the investigator)" (Guba and Lincoln 1994:111). Insofar as the uninitiated reader is concerned, I hope, as well, "to transform ignorance and misapprehensions ... into more informed consciousness" (ibid.:110).

Qualitative methods, in general, permit the description, discovery, understanding, and especially the construction of meaning essential to the exploration of my research topic. That such methods encourage the exploration of interdependence and the consideration of families as systems (Matthews 1993) is especially apposite to my research population. Demé's (1992) research concerning the Indian self, for instance, concurs with several previous studies indicating the limited degree to which the actions of Indian men are driven by individual volition. Instead, Demé describes the Banarsi men of his study as being guided by social pressures associated with concepts such as 'honour,' which in turn govern their residence in joint families, preference for arranged marriages, and restriction of the movement of their wives and daughters outside the home, for example. Siddique (1977) describes the Indian family as a tight-knit, interdependent group. Ideally, the solidarity of the family takes precedence over the identity of the individual, and the male head of household dominates decision-making (see also Surya 1969).

More specifically, my selection of methods in light of the research question is based on their capacity to facilitate the participants' expression or reconstruction of meaning, to examine the salience of and manner in which individuals draw on continuity, and to permit the contextualization of the findings within specific social contexts and with reference to the subjective life experiences of individuals. This more phenomenological view of 'well-being,' conceived by mental health workers and researchers across a broad range of disciplines (e.g., Cowen 1991, Saari 1993, Gaines 1992, Kaufman 1986) promises to be especially fruitful where a multiplicity of variables such as age, ethnicity and so forth confound its measurement using standardized instruments.

My research thus entailed a period of initial sensitization to relevant concepts involving Hindi language training and participant observation, followed by a series of in-depth semi-structured interviews with post-menopausal Punjabi women in India and Canada, the initial question of which (and, arguably, the interview as a whole) elicits something of a life story.

1. Participant Observation

Concurrent with and subsequent to my Hindi language training in Varanasi and Landour, I employed the techniques of participant observation and unstructured interviews so as to
initiate an 'ontological' hermeneutic process which extends throughout my research. Earlier 'validation' hermeneutics (i.e. the hermeneutic circle) sought to understand objectifications of the human mind (e.g. art, ritual), the meanings of which awaited discovery in a culture or a text (Schwandt 1994). 'Philosophical' hermeneutics, by contrast, is concerned with the "ontological condition of understanding; [it] proceeds from a communality that binds us to tradition in general and that of our object of interpretation in particular" (Bleicher 1980:267, as cited in Schwandt 1994:121). Consistent with my paradigmatic position, this method is normative in nature: the inquirer must use her judgment to make ethical decisions as to which interpretations are the most thorough, the most comprehensive, the most coherent and so forth. Interpretation here is accepted as a fundamental condition of being-in-the-world (Heidegger's notion of Dasein). This concept thus underscores the embeddedness of both the object of investigation and the tools of inquiry (most notably, the researcher herself) in the human world.

Prior to leaving for India, I maintained that my research question was tentative, subject to modifications informed by my immersion in the environment of my prospective participants. By the same token, I resisted developing my interview protocol until I had spent time experiencing realities which were likely to resemble those of the women I hoped to interview. Only by existing in their context could I hope to discern (or even approximate) their reality constructions closely enough to even begin to ask relevant questions (see Wolcott 1995). Learning the language, even as imperfectly and partially as I was able in the course of three and a half months, proved to be an invaluable window into those worlds assuming, as did Sapir (1929:207) that "the worlds in which different societies live are distinct worlds, not merely the same world with different labels attached." Other subtle forms of tacit knowledge, such as the example provided above concerning appropriate female conduct, were learned or, in many instances, absorbed over time. Renting accommodation in part of a family home; interacting on a daily basis with the elderly Brahmin matriarch of the household; organizing the delivery—by means of a personal verbal agreement—of my half litre of milk on alternate days with the dudhwallah ('milkman'); bartering with the phulwallah ('fruit seller'), who made door-to-door stops; differentiating the roles of the maidservant who cleaned my floors, washed my laundry, and the bathroom cleaner whose only task was to clean the toilet on a weekly basis; playing with the maidservant's three children, the youngest not yet walking, who are necessarily appended to her whenever she works; marketing for vegetables, paneer ('curd cheese'), dal ('pulses'), eggs; arguing with a sloppy tailor whose shoddy product
took five visits of cajoling, pleading, and threats to exact; noting the obvious disapproval by my Brahmin landlord's family of my relationship with Sunita, a low-caste Hindu turned Christian—each of these experiences slowly but surely contributed to my new Indian Dasein, my being-in-the-world. My construction was, however, inevitably incomplete, filtered as it was through my own interpretation of other worlds, in which I had spent more time, and limited as well by my relatively brief exposure to this environment, this way of being-in-the-world.

In my efforts to render this initial construction more coherent, I spent many hours discussing all manner of topics with Sunita, a woman initially hired to provide additional tuition (conversation) in Hindi, and Girish, one of my teachers at the Landour Language School, whose father, it turned out, was a vaid (an Ayurvedic practitioner). With Girish I was able to explore topics pertaining to Ayurvedic medicine, Brahmin protocol, spirits and ghosts. My discussions with Sunita were more diverse, ranging from food prohibitions, Hindu practices relating to menstruation and childbirth, madness, old age, arranged versus love marriages, caste relations, possible concerns regarding relocation to a North American city, and so forth. Slowly but surely, my overall construction of a very generic Hindu way of being-in-the-world began to take shape.

One of the problems with my construction, however, was its geographic specificity: while there are certainly many commonalities between them, Hindus in northern Uttar Pradesh and Hindus in Punjab do not experience the same worlds. Once in Punjab, therefore, I took pains to speak to Punjabi Hindus, ever modifying my Hindi vocabulary along with my construction. Although Inder, in whose home I stayed as a paying guest (a 'P.G.') while in Chandigarh, is in fact a Punjabi Sikh, she resembles in other respects certain members of my Indian sample (class, education, etc.) and proved instructive in many ways.

Once I had satisfied myself that my construction, while undeniably imperfect, was sufficiently coherent that I could formulate actual interview questions, I sought out the guidance of my advisor in India, Dr. Kishwar Ahmed-Shirali. While she is herself from a Muslim family, Kishwar's life experiences have brought her into intimate contact with innumerable Hindu women, as family members, as colleagues, and as 'patients,' so to speak (she has lived and worked with women deemed mentally ill, see Ahmed-Shirali 1995). She has also spent much of her life living and working in Punjab. Together we subjected each of my questions to intense scrutiny and attempted to arrive at a combination of queries which would together encourage my interviewees to speak as
openly as possible about their perceptions of health, healing, the self and old age (Appendix A). These interview protocols were finally passed on to Kamal (one of my research assistants in Punjab) who translated each question into Hindi and Punjabi, so as to facilitate easy interpretation during an interview should she or Parvati need to provide this service. Prior to conducting the interviews, feedback on the nature of the questions was solicited from both research assistants and incorporated into the protocol where appropriate. The Hindi and Punjabi interpretations were written beneath their English counterparts on the interview protocols that they were to take with them to each interview. This process served to familiarize them with my research objectives and in fact enabled Parvati (the only one of the two who actually needed to provide verbal interpretation assistance) to ask more appropriate spontaneous questions responsive to the participants' own discursive style.

Throughout this initial phase of my research, I recorded, as per Wolcott's (1995) suggestion, my own sense of what people "should" do, my own premature evaluations, which revealed, more than anything, the influence of my own cultural biases. On one occasion, I recorded in my fieldnotes a short, rather agitated diatribe on the notion of 'respect,' the different sources and expressions of which seemed to underlie my occasional discomfort in India. I interpreted the Indian model of respect as one contingent upon one's hierarchical status, calculated primarily according to religion, caste, class, relative age and gender. The expressions of respect here were usually very formal, indicated verbally by addition of the suffix -ji to names or titles of 'superior' persons, by the use of the more formal *aap* ('you') rather than the more intimate forms, *tum* or *tu*, when addressing superiors, by avoiding pronunciation of one's husband's given name, or remaining silent, never contesting nor questioning one's superiors or elders, for example. Non-verbal expressions included touching the feet of one's superiors in return for their blessing. I resented what I interpreted then as the insincere applications of 'formulaic' respect. In Canada, I wrote, respect is accorded on the basis of merit and personal virtue. In this system, people were consulted, not merely instructed. In retrospect, I can recognize my own individualistic bias, on the one hand, as well as the common tendency to generalize to all people and situations some of the most visible cultural characteristics of a relatively foreign society. Once I began to form friendships and to come to know my interviewees more intimately, I was in fact shown a great deal of the kind of respect I had described as 'Canadian.' Through my interviews, I came to appreciate, as well, the deeper resonance for some of these elderly women of seemingly superficial indicators of respect, to the point where, in Canada, I too cringed at the indiscriminate use of *tum* (the informal
'you') by some of my participants' grandchildren. Back in Canada, my homesick blind spot brought back into critical focus, I was reminded of our own formulaic, superficial, albeit more subtle, expressions of 'respect' which to an outsider might at first prove equally disconcerting.

In some respects, my participant observation extended throughout my fieldwork, both in India and in Canada. Often I was and continue to be invited to share meals with participants, interpreters, and other members of the Punjabi communities, most frequently in their homes, amidst the chaos of family life. I have spent many hours sitting cross-legged on the carpeted floors of Hindu mandirs. Certain pandits have been kind enough to provide English language hymn books as well as explanations in situ of particular rituals. Whenever possible, I attend festivals or melas, improving each time upon my construction, my understanding of the lifeworlds of these elderly women. The process is ongoing, rendering this report, as much as any, a 'work in progress.'

2. Open-ended interviews with Hindu women

(i) Semi-structured interviews: strengths and limitations

Interviews as a data collection strategy are not equally suited to all paradigmatic positions, theoretical concerns, and research purposes. According to Mason (1996:39), interviews are appropriate for ontological positions which suggest "that people's knowledge, views, understandings, interpretations, experiences, and interactions are meaningful properties of the social reality which your research questions are designed to explore." This method further presupposes an epistemological assumption that knowledge is created through transactional dialogue. Both conditions are clearly congruent with my paradigmatic stance. One limitation of the semi-structured interview method, as identified by Mason (1996), is the specificity of the participants' interpretations of their thoughts and feelings to the interview process itself—we can never actually get inside people's heads. Seidman (1991) concurs that it is never possible to know another's experience perfectly without being that person, but suggests that we can move far beyond simple observation in gaining access to a person's "subjective understanding." Interviewing enables contextualization of behaviour and provides access to understanding action. Moreover, the specificity of the creation of knowledge is integral to the constructivist position, whereby knowledge is said to be local and is thus never replicable. As argued previously, we can offset this limitation by rendering the research process as transparent as possible, an objective which has been the raison d'être.
of this chapter. The ontological hermeneutic, which recognizes interpretation as a necessary condition of being-in-the-world equally supports this position.

Unlike highly structured interviews wherein responses are usually Yes/No or Likert Scale in kind, and are amenable to coding with the goal of explanation of a phenomenon, semi-structured interviews use open-ended questions, are informal in nature, and acknowledge the presence of the interviewer as a person (Fontana and Frey 1994). The trade-off here is the loss of breadth possible with quantitative surveys in exchange for considerable gains in the depth of individual interviews. Researchers using the semi-structured interview technique ask questions which are guided, but not dictated, by an interview protocol (Appendix A). Contrary to the empirical requirements of the more positivist types of survey questionnaire, the standardization of meaning for questions and responses is not characteristic of this type of research. Rather, it is accepted that discourse is a joint construction and hence will most likely stray beyond the parameters of the questions as framed. A well-crafted interview should be organized in such a manner that the questions you wish to ask flow logically from the answers to previous questions—ideally, the interview should allow the participant to answer questions without the interviewer having asked them. Thus meanings emerge, develop, are shaped by and in turn shape the discourse—that is to say, meanings are contextually grounded (see also Wolcott 1995, Fontana and Frey 1994).

As many feminist researchers have pointed out, however, interviewing, like all research, still objectifies the interviewee at some level (Fontana and Frey 1994). The promise of anonymity, for example, transforms a person into "Elderly Punjabi Hindu woman (Canada) No. 8 of 10." Moreover, it is more often the researcher rather than the interviewee who stands to benefit the most (Homan 1991). The question arises then, as to how we might reduce typical power inequities between the researcher and the interviewee. Some researchers, such as Homan (1991), have argued that abstract, fragmented, precategorized, standardized research questions, which are divorced from personal and local relevance and with their meanings defined and controlled by researchers, tend to strip experience of its context and distort meaning and hence alienate and disempower research participants. Alternatively, open-ended questions and a fluid interview technique which permits interviewees to organize their experiences in narrative form (i.e., the way that people tell stories about experience) such that the integrity of their lived experience (experience-in-context) is maintained, can go a long way toward avoiding or reducing the negative impact of interviews on our participants.
The relationship between interviewer and interviewee similarly requires close scrutiny if we are to overcome its inherent inequities. Agar (1980) advocates that the researcher assume a "one down" position vis-à-vis the participant, communicating thus that the latter is the knowledgeable party, whereas the former is there to learn—here the researcher's ego must take a back seat and she must indicate by her actions that the participant's stories are important to her. The role of 'grand-daughter' or 'niece' to which I was apparently assigned worked well in this regard. Based on Oakley's (1981:49, as cited in Fontana and Frey 1994:370) premise that "there is no intimacy without reciprocity," however, Fontana and Frey (1994) counsel researchers to develop closer relations with interviewees. The hierarchical predicament of the interview is perhaps best addressed when interviewers themselves are sufficiently open to fielding questions and expressing their feelings. Occasionally the women of my own sample would respond to my questions by throwing another back at me, the answer to which was clearly critical in determining how they might safely formulate their own responses. When asked about the connection between ghosts (bhoot pret) and sickness, for example, one woman asked whether or not I believed in such things. Others have asked about my own beliefs in God/gods, and so forth. In assuming more control over the sequencing and the language of the interview, some participants were thus able to further demystify the process.

Demé (1995) presents several salient arguments illustrating the utility of personal interviews. First, he suggests that the assumptions underlying a given cultural perspective are as readily apparent in the explanations that participants provide in response to interview probes as they are in the more diffuse and hence less accessible interactions of daily life. Notably, it may not be the specific response that an interviewee provides so much as the framework within which all or most participants construct that response that is of primary interest (Demé 1995:13). Given my broad range of interests in Hindu women's understandings of health and healing, of their bodies and their identities, as they relate specifically to Ayurvedic precepts, semi-structured interviews are undoubtedly the most pragmatic data collection strategy for my purpose. These in-depth understandings are neither amenable through observation alone nor through completely unstructured interviews or life stories. Accordingly, this method is well suited to the task of understanding people's motives (ibid.). Behaviours acceptable within a given society, such as the sexist treatment of women among the men of Demé's sample, are rarely justified or explained. It is only the prompts of an outsider, for whom even the 'obvious' warrants explication, that encourage subjects to examine their motives and thus render
them accessible. This can equally be said of the interconnections between food or religion and health in my own research.

Finally, argues Demé, critical stances taken by the participant toward norms of a given society often only emerge in the context of a private interview, whereas public life may be conducted in accordance with those norms. In some of my interviews with Hindu women this movement from the level of ideals to that of more personal constructions did not take place immediately, but became apparent as the interview progressed and the interviewee became more confident in expressing her own convictions. Take, for example, the following two comments regarding joint family living made near the beginning and end of the same interview, respectively:

MADHU: . . . the joint family we had, those were nice because we could take care of each other you know. In these times, this is not the way. People like their own life. People like [that] we should be happy, that's all. Those are the values of life, if we have our brothers and sisters, we can take care of each other, we can look for the comfort of each other. We should do that.

SDK: Do you think . . . that you would ever move to America to join your children, eventually?
MADHU: Aah, well, I don't go for joint family for always you know. Not with them. I like going there to meet them, them coming to my house, because this is my house, this is my country. I like that. Again, their life is their life.

In sum, semi-structured interviews, while not without their pitfalls, have proven to be an appropriate data collection strategy in light of my paradigmatic stance and my research objectives.

Each of the twenty interviews with Hindu women, usually conducted over two to five separate sessions, lasted from a minimum of three to a maximum of six hours. Here, Morse's (1994) criterion concerning the "adequacy" of the data collected, judged not in terms of the number of subjects, per se, but rather the amount and richness of the data, is apposite. At the point of withdrawal from the field, both in India and in Canada, I was reasonably satisfied that the data were saturated, to the extent that, minor variations aside, I was not learning anything new about the core categories of my inquiry (Maxwell 1992, Morse 1994). The majority of the interviews were taped and later transcribed. Only one of the women in India refused my request to tape our interaction on the grounds that she was not accustomed to such "gadgets". In this case and sections of another two interviews in India in which the woman's voice was too soft to compete with noisy fans or air coolers, I had to rely on notes taken throughout the interview. I transcribed these interviews immediately while my memory was still fresh enough to supplement my notes.
with contextual information and other missing elements. All tapes were checked for their audibility subsequent to each interview and were later transcribed by a professional living in Victoria, B.C.—much faster than myself at this task—who, in compliance with ethical guidelines concerning anonymity, is connected in no way whatsoever to the Punjabi communities in either Victoria or Greater Vancouver. Subsequently, I checked each transcription against my written notes and the taped interviews so as to add or correct words or phrases which were missing or mis-spelled on account of the low audibility of the tape or the transcriber's lack of familiarity with Hindi.

(ii) A life story component
Initially I had hoped to utilize life stories as a primary means of data collection. Having tried a pilot study using the life story approach in India, however, I found that my goal of addressing specific topics was inconsistent with the natural flow of the life story. Moreover, the woman in question often found herself at a loss for words, despite her normally articulate manner. She was nonetheless able to talk at length when asked a more specific yet open-ended question. As Frank and Vanderburgh (1986:189) have noted, some cultures provide more opportunities than others for recounting personal, self-reflective narrative. Typically, Indian women are not encouraged to assert their individuality nor to speak about themselves at length (Mitter 1991).

Life stories are nonetheless extremely valuable insofar as they provides a means for discerning structure in formation, and hence enable the researcher to assess the relevance of continuity to the formulation of meaning and the ongoing construction of the self, a feature especially pertinent for my own research (Kaufman 1986). Because lives are lived in a cultural context, the life story is constructed from that context, allowing us to see how cultural sources are employed in the formulation of identity. This method further provides access to one of three body concepts identified by Scheper-Hughes and Lock (1987): the individual body-self (see chapter seven). In contrast to the Cartesian legacy of dualism, wherein mind and body as well as other conceptual 'opposites' (e.g., reason/passion, nature/culture, individual/society, etc.) are seen as distinct, non-Western concepts of self are typically more holistic—"a conception of harmonious wholes in which everything from the cosmos down to the individual organs of the human body are understood as a single unit. This is often expressed as the relationship of microcosm to macrocosm" (1987:12). For these reasons, my first interview question—"To begin with, can you tell me something about yourself - whatever you think is most important about who you are"—seeks to elicit, in effect, a mini life story.
Here I should clarify my reference to life 'story' as being distinct from the more commonly encountered life 'history' as well as other forms of revelations or constructions of the self (Linde 1993). While both life histories and life stories are comprised of accounts of a person's life as delivered orally by the person him- or herself, the life history is furthered supplemented by biographical information drawn from other sources (e.g., official records, interviews with other people, letters, etc.) in order to check the "truthfulness" of the tale (Bertaux 1981, as cited in Kaufman 1986). This distinction has both epistemological and ontological connotations: the life history on the one hand, implies a single reality which can at least be approximated by means of a modified objectivist epistemological approach, implying a post-positivist paradigmatic stance; life stories, on the other hand, correspond to the constructivist precepts of plural and plastic realities, the telling of which are inevitably influenced by the investigator as well as the individual's cultural tradition and his or her current circumstances. As Rubinstein (1990:133) has observed, "to whatever degree personal meaning or identity incorporates the past, it is always a present-day thing." Hence an individual's view of how he or she understands his or her own life may vary at different times during that same life.

The response to this question often consumed all, or the greater part, of the first interview with the Hindu women of my sample. Irrespective of how much time each woman devoted to this question, it nonetheless gave the women license to talk about themselves: life story elements would repeatedly emerge throughout the interview as these women recognized opportunities to render their self explication more coherent. Because life stories effectively express a person's sense of self, 'who they are and how they got that way' (Linde 1993:1), initiation of the interview with a 'life story' question encouraged participants to share their own understandings, feelings, opinions and emotions in response to subsequent questions.

In encouraging participants to relate their experiences to a larger sociocultural context and thus to work through those experiences, to address issues of meaning and contextualization, the initial life story component of my otherwise semi-structured interviews hopefully provided a positive and possibly even cathartic opportunity for research participants to express themselves (see Ortiz 1985, Rubinstein 1995). Clearly, however, this was not equally true for all participants.

(iii) Audience

In most instances, particularly in Canada, other individuals comprised an 'audience' to our interviews. These people were most often not in the same room, although they may have
been within earshot in an adjoining room. At times, however, audience members would attempt to contribute to the interview, as was the case on two or three occasions when interviews were conducted in rooms used for a senior Indian women's group. Occasionally a husband would wander through the room and contribute his opinion, although one man in India refused to answer on his wife's behalf despite her attempts, at the outset of the interview, to involve him. It later transpired that he had taken the morning off work at her request because she was nervous about the interview. Having made tea for us (not a chore with which he was very familiar, he confessed) he begged our pardon and left for work; he was not present on the second occasion. Young grandchildren were sometimes present, demanding attention while, in other cases, grandchildren were college-aged and required to serve us with drinks and snacks. Most worrisome for women in Canada, but not, it seems, for the women that I interviewed in India, was the presence of a daughter-in-law, as elaborated above. Here the role reversal that I have described in detail in my Master's thesis (Koehn 1993a), whereby the mother-in-law is typically displaced by the daughter-in-law as the head of household upon migration to Canada, is apparent.

Since the relationship of the interviewees with various audience members is diverse and complex it is impossible to account fully for their influence here. Undoubtedly certain dynamics at play between the interviewee and her family members, other elderly women, and the interpreters, as well as myself, were instrumental in shaping her constructions. For the most part, these incursions were brief and appeared to be relatively minor in their effect. Nonetheless, they should be noted where relevant in shaping constructions. Moreover, we should remember that it is in the joint family milieu that women often construct images of self and the world—individual volition is not necessarily of the essence here as it may be in the West."

D. Analysis

Since theory building is not a goal of this research, it is neither essential nor desirable to narrow or abstract my data to any great extent. It should be recognized, nonetheless, that all stages of selection and interpretation are constructions of the researcher and hence introduce his or her biases. As Denzin (1994:500) writes, "In the social sciences, there is only interpretation. Nothing speaks for itself." As with all elements of my methodology, therefore, it is critical that I render the analytical process as transparent as possible if I am to satisfy the evaluative criteria of the ethnographic ethic (Altheide and Johnson 1994).
As previously noted, the hermeneutic method is integral to interpretive/constructivist as well as critical theory methodology. I have already noted, as well, my thoroughgoing application of the ontological hermeneutic. From an analytical perspective, a more traditional hermeneutic process which permeates my fieldwork as well as subsequent interpretive activities, should also be acknowledged. As per Guba and Lincoln's (1989) recommendation, I have engaged in a continuous interplay between data collection and analysis throughout my inquiry. Reflection on the findings of each interview has helped me to refine my line of questioning in subsequent interviews such that, over time, as certain categories became saturated while others required further elaboration, the interviews became increasingly less structured, dwelling at length on more complex or less readily accessible categories (see also Barrett 1996). A further element of hermeneutic analysis identified by Guba and Lincoln (1989:179) entails the "grounding of the findings that emerge in the constructions of the respondents themselves." In the spirit of hermeneutic enquiry, I have elected to introduce the reader to the participants prior to providing a theoretical exegesis in chapter seven. This 'distance-far' perspective, in turn, delimits the context in which the themes identified in chapter six arise.

This brings me to the two types of data presented in chapters five and six, on the one hand and the chapters included in Part Three, on the other, the latter of which are essentially grounded in the former: in chapters five and six, I present four condensed interviews—two each from India and Canada—which, in preserving the context of the women's perspectives on health, healing, the self and old age or, more precisely, the constructions that resulted from our interviews, provide the reader with a more coherent view of the issues at stake and of the contexts in which they are embedded. In chapters eight through eleven, I alternatively seek to bring together each of the interviews, discerning among them both harmonious and discordant strains which might ultimately shed light on the intellectual puzzles posed at the outset of my research. In so doing, I have made a great many interpretive choices. In selecting two examples from each of my sub-samples, for instance, I have distinguished what I perceive to be the most illuminating instances of divergent perspectives. It is important not to imbue this divergence with any sort of absolute quality, however, for while these women differ in some respects they are similar in others. In recognizing 'themes' in the data, I do not I do not intend to imply that I am using the grounded theory methodology in which concepts, arrived at by means of various forms of coding, are seen as the building blocks of categories ultimately integrated around a central category to arrive at an explanatory theory or model (Corbin and Strauss 1990). Clearly, the realist conceptualization of
concepts within the essentially post-positivist framework of grounded theory is incongruent with my own critical interpretivist position. In attempting to recognize common or divergent strands in various interpretations, however, some degree of objectification seems unavoidable. The point here, is that none of these temporary groupings of text segments is considered 'real' in any way—they are merely useful devices which enable me to get my head around the various and complex constructions which emerged from my interviews with each of the participants and help me to subsequently locate specific expressions of these multiple perceptions. The necessity of judging constructions for their coherence, etc., as per the ontological hermeneutic approach that I have adopted, is equally applicable insofar as my own constructions of themes is concerned. My own evaluative benchmark thus resides in the notion that themes must resonate with individual constructions in their entirety—they cannot be abstracted to a point where the women themselves could no longer recognize them.

A useful tool in organizing themes, which dispenses with the need for much cutting and gluing of multicolour-coded photocopied snippets, is the qualitative analysis programme, Q.S.R. Nudist.® This computer programme, developed by sociologist Lyn Richards and her husband, Thomas, is extremely flexible, enabling the researcher to index segments of text in accordance with inductive themes, to search for text segments according to such themes and assemble (and print) all such data accordingly. The themes identified by the researcher are known as nodes and subnodes which can be arranged and relocated within a visually accessible inverted tree system (see Richards and Richards 1994, Fisher 1997). Text segments can easily be cross-indexed where necessary and nodes are readily added and revised. Notes concerning the meaning of each index can be attached to the text by a memo.

There are nonetheless several caveats that should be observed when using such tools, which are themselves more inclined to support certain types of analytical and hence interpretive processes over others (Fisher 1997). First and foremost is the qualification that the computer-assisted manipulation of data is not tantamount to analysis. I have already noted, as does Fisher, that the assignment of a code to a text segment does not de facto render the code meaningful. Accordingly all indexing (as the coding process is so labeled by Richards and Richards) is necessarily provisional. I have thus treated the indexing as an iterative process, constantly re-examining and re-assigning or retiring nodes as necessary. By the same token, the researcher should constantly be alert to new themes, previously unrecognized, and be willing to reassign text segments accordingly. To this end, "the data contains an almost limitless variety of stories in relation to which
codes are merely tracing devices, designed to allow a story to be traced through the data" (Fisher 1997:69). Typically, discussions of coding and programs such as Nud.ist assume that the researcher is committed to the sort of methodology spelled out by Grounded Theory. As previously noted, however, this is not consistent with my more constructivist approach. Hence I have used Nud.ist in only a limited sense such that it has provided me with a means of keeping track of stories, of which there are many. Even at this basic level, indexing is an intensely interpretive act, each assignment assuming some sort of connection between one text segment and others thus indexed. In my efforts to avoid reification of such codes—the mistaken notion that such codes imply "a direct relationship with the factual content of the data" (ibid.:70)—I often applied multiple codes to single text segments considering, in this manner, the possibility that the text may tell more than one tale. The danger of such a strategy, Richards and Richards (1994:458) have warned, is that without constraints of size and variety of indexes the researcher risks "methodological anomie." Without a doubt, my data printouts do indeed occupy considerable shelf space and my efforts to draw the various threads of different constructions together have at times been reminiscent of a complex version of cat's cradle within which stories have appeared irretrievably entangled. Various interpretive 'tools' or heuristic devices besides the hermeneutic circle have proven invaluable in the process of disentanglement.

A view of my participants' renditions of their experiences as constructions marries well with the multi-layered notion of context, as conceived by Hinds, Chaves and Cypess (1992). The requirement here that the researcher elevate context from its usual status as a conditioning or background factor to that of a data source unto itself is consistent with my efforts thus far to render the research process transparent: the researcher thus describes and analyzes the contextual aspects of an interview, including how (s)he was influenced through interaction with them, and incorporates these analyses into the overall interpretation of the study findings. Hinds, Chaves and Cypess identify four nested, interactive layers of context as follows: (1) Immediate Context is characterized by immediacy with a focus on the present relevant aspects of a situation (e.g., audience); (2) Specific Context involves "an individualized, unique system of knowing that encompasses the immediate past plus relevant aspects of the present situation" (1992:65) (e.g. the participant may have received some bad news immediately prior to the interview that influenced her overall mood and hence her responses to certain questions); (3) General Context refers instead to a more "general life frame of reference that has evolved from an individual's interpretation of past and current interactions" (ibid.) (e.g. specific
cultural beliefs, family relationships etc.); and finally, (4) Metacontext—"a socially constructed source of knowing that operates continuously and results in a generally shared social perspective" *(ibid.)*—corresponds to what I refer to elsewhere as our taken-for-granted cultural understandings, or tacit knowledge and, for this very reason, often goes unrecognized; it is 'cultural' in the broadest sense of the term (e.g. a patient's and nurse's shared view of health as involving responsibility to take action to prevent or control adverse health conditions). While I have already addressed some of these elements, such as audience, I continue to make them explicit where appropriate, throughout the remainder of the thesis. We are reminded by Hinds, Chaves and Cypress that all four layers are in fact always present and, moreover, that focusing on one layer alone may result in distortion of the final interpretation. For example, focusing on the specific context of the researcher alone would over-represent her individual point of view without taking stock of the effects of others—the participants' own specific contexts as well as the general and meta levels which may unite or divide them—and hence detract attention from the phenomenon under study.

Wherever possible, particularly with respect to the mini life-stories provided at the beginning of each interview, I have sought to identify narratives which reveal what Denzin (1989) calls "local theories of interpretation" that structure the experiences of the participants. Often rendered as stories with a beginning, middle and end, these theories are not unlike Turner's (1986) 'expressions' of experience, described in the previous chapter. The danger here lies again in reifying the conceptual structures seen to inform the participants actions, hence the interpretive quality of such constructions should remain foremost in the researcher's mind at all times. As Denzin points out, there are times when the participant's theory (the native interpretation) may be "incomplete, biased and self-serving" *(1989:110)*. In accordance with the precepts of the ontological hermeneutic, it is critical that the researcher be able to judge the relative coherence and completeness of the participant's construction and be able to move beyond her definitions to other interpretations, if necessary.

Denzin (1989) identifies six alternative types of interpretation as follows: (1) *Thin interpretations* are glosses offering causal interpretations of a sequence of actions lacking context, biography, history and interaction; (2) *thick interpretations* are based on thick descriptions *(à la Geertz)* wherein context, history, biography and interaction are integral elements; (3) *observer interpretations* may be of several subtypes differentiated according to whether they are thick or thin and monologic or dialogic-polyphonic (4) *analytic interpretations* typically impose on a set of events or experiences a causal
theoretically devised scheme, usually imported into the research situation, although at times inductively derived; (5) descriptive-contextual interpretations interpret experiences in terms of their unique attributes and hence are typically thick, dialogic and polyphonic in nature and can be either factual (overtly objective) or interpretive (i.e. presenting experiences as they have been interpreted); (6) relational-interactional interpretations take into account the social relationships and interactions of a given situation. Clearly these different types are interrelated in many ways, not all of which are equally suited to my research question and paradigmatic position. Most appropriate then are those interpretations which are 'thick, contextual, interactional, and multivoiced,' the aim of which are to build on and articulate what is implicit in native interpretations, to illuminate "interpretive theories which already exist in the worlds of lived experience" (Denzin 1989:120).

Ultimately, continues Denzin (1989), interpretation should lead to understanding, of which there are two basic forms—cognitive (logical, rational) and emotional. Each is nonetheless inextricably entwined in lived experience and hence should both be considered essential outcomes of the interpretive process. Through his own experience of the tragic death of his wife Michelle, Renato Rosaldo finally discovered the missing element in his interpretations of Ilongot headhunting: the cultural force of emotions. His own emotional response to the loss of his wife enabled him to better comprehend Ilongots' motivations for head-hunting—a culturally defined means of throwing off the rage borne of devastating loss. Devoid of emotional understanding, argues Rosaldo, we cannot hope to delineate "the passions that animate certain forms of human conduct" (1993:19). Denzin (1989) nonetheless alerts us to the pitfall of arriving at spurious understandings whereby the researcher's own understandings are projected onto those of the participants. A willingness to admit another's point of view, sensitivity to the boundaries between one's own feelings and those of others and attention to production of thick descriptions are steps which can lead us instead toward more 'authentic emotional understandings' based on shared emotional experience. The notion of understanding in its most complete and empathic sense is useful here in two ways: on the one hand, it constitutes the ultimate goal of my own research while, on the other, it serves as a useful criterion for judging constructions—in assessing a participant's narrative, for example, we might ask, 'To what extent does this account reflect both cognitive and emotional understanding (either of the self or of others)?'

Ultimately, all aspects of the methodology explicated in this chapter are integral to the analytical project which should never be consigned to the end of the research process.
alone. Interpretation occurs at all phases of the inquiry, from the initial decision as to what to study to the final judgment as to what to include in the write-up and how one goes about doing it. The manifestation of interpretive decisions depends upon all manner of factors: the researcher's paradigmatic stance, her problematized self, the ethical and political climate within which the research was conducted, and so forth. Another important source of interpretive bias is the researcher's reading of contextual (e.g. ethnographic) and theoretical sources pertaining to the research problem. The literature review presented in chapter seven should thus be read with this in mind.
Part Two:
Making Acquaintances
Chapter 4 – Introducing the Research Participants

I would like to introduce the reader at this point to the participants in my study. The background information that I supply here sets the scene for the forthcoming data analysis. Rather than proceeding directly to the women themselves, I would like to further widen the contextual scope of this chapter to include an survey of the literature concerning the experience of North Indian Seniors both in India and in Canada. The reader is thereby at liberty to compare and contrast my sample to the broader population of North Indian seniors, although it must be said that the twenty participants in my study are by no means representative of this larger group.

A. Transitions of Time and Place for North Indian Seniors: A View from the Literature

1. Aging in the family in Northern India

Modernization theorists such as Cowgill and Holmes (1972) are in good company in India where indigenous ideals of aging conform with the typical "preindustrial" pattern of "providing the aged a secure place—both physically and emotionally—within their families" (Vatuk 1982a:71). Theoretically a son should remain in the parental home after marriage and repay the love and care to his parents in their old age that they have sacrificed in giving him life and raising him from infancy (Vatuk 1982a). Respect is ideally accorded agnates on the basis of age, and use of the suffix -ji—applied in reference or in greeting elders—at least pays lip service to the honour (Hershman 1981).

Vatuk's (1975) urban village women maintain that old age should be a time of rest (aram) and leisure whereupon the daughter-in-law provides sewa, a complex concept which refers to devoted or religious service, performed as a means of worship or as an indication of deference, usually to one's senior relatives. According to Cohen (1995:327), however, sewa is essentially an "impossible gift by grown children of their body to aged parents while their superior position and the parents' passive and voiceless disengagement are maintained." A good daughter-in-law serves her mother-in-law well, offering both practical and personal services, such as massaging her legs, yet it is the son/husband who takes both credit and blame for the perceived adequacy of his wife's behaviour.

Several accounts of family life in North India, including those reported by my own participants, nonetheless reveal that these ideals are not always congruent with reality. Contrary to joint family ideals, for example, Hershman (1981) reports that the family that remains intact following the marriage of the sons is rare indeed. In the event that sons decide to establish physically distinct households, elderly parents are typically provided
for by one of the sons' families. In families with more than one son, it is not uncommon for one or more to seek work in urban centres and send remittances to brothers or wives who remain in the village to care for the elderly parents (Vatuk 1972). Less commonly, responsibility for elderly parents is apportioned between sons (Vatuk 1975). In the event that a young married couple in a city continues to live with one or both of their parents, authority generally remains vested in members of the senior generation until they are no longer physically or mentally competent, although domestic authority also varies with the differing economic base of the urban household (Vatuk 1972).

2. The North Indian Elderly in Canada

Very little is known about the aging experience of Indian immigrants in Canada. While the works of Naidoo (1985) and Rahim and Mukherjee (1984) explore this issue to some extent, both draw on samples from Eastern Canada. A sketch of the aging process is included in an overview of factors influencing the health and health care of South Asians in Canada by Assanand et al. (1990), and Joy (1989) briefly notes the position of the elderly in her comparative study in the Okanagan Valley, but neither study focuses exclusively on the topic.

The emergence of a spate of research on ethnic seniors in Vancouver in the early 1990s reflects the growing awareness of issues concerning this increasingly significant sector of British Columbia's elderly population (Martyn 1991, Sanghera 1991, Lee and Cheong 1993). None of the results have been published, although they are publicly accessible through the organizations responsible for their production.* Martyn (1991) examines seniors' awareness of and access to health and community services. Of the sample of 250, which included representatives of five ethnic communities of Greater Vancouver, fifty were Punjabi. The interview questionnaire was predominantly quantitative in nature. A more focused study by Gumam Sanghera (1991) is based on fifteen open-ended interviews with elderly Punjabi men drawn from each of three organized ethno-specific social groups in Vancouver. Ultimately, however, only three interviews were typed up which "proved to be the foundation for analysis and contained whatever was in the others" (Sanghera 1991:40). Lee and Cheong's (1993) concerted effort to identify service gaps brings together the findings of four hundred close-ended interviews with Indo-Canadian seniors residing in Surrey/Delta, B.C., as well as input from various service providers and agencies. Utilizing a more in-depth, qualitative methodology than Martyn (1991) and Lee and Cheong (1993), yet including a much larger participant base than that of Sanghera (1991), my own Master's thesis also documents the experience of elderly Punjabi Sikh women who come to Canada as sponsored family class immigrants
(Koehn 1993a). Here I will focus my review primarily on these findings, and particularly the conclusions that I presented subsequently at conferences of the Canadian Anthropological Society and the Canadian Association on Gerontology (Koehn 1993b, 1993c), since it is from these formulations that many of the ideas for my proposed dissertation research have developed."

It is important to acknowledge, however, that the immigration history of many Hindus is quite distinct from the pattern of chain migration via family sponsorship that typifies the Punjabi Sikh participants in the aforementioned research. Sikh/Hindu differences also exist at the level of deeper cultural understandings, particularly in the realm of the spiritual and the individual's relationship to the cosmos. Even so, the conclusions pertaining to family interactions are, for the most part, consistent between the two groups. Some of the service providers who took part in my earlier study were in fact Hindu themselves and generalized on these matters across the two cultures.

When asked to relate something of their lives in India, perhaps the things they missed, all of the elderly Punjabi Sikh women of my sample replied that, Indeed, they missed their families (see also Tirone and Shaw 1997), the village, the dust. In one way or another they all conveyed how much they missed their freedom, fitting in, the neighbourhood spirit and their part in it—in other words, a sense of control over their own lives, a sense of meaning and identity. Here in Canada, that control is difficult to reassert. Absence of a familiar atmosphere is underscored in their inability to communicate and therefore to move around freely. Generally speaking, these women do not speak English (see also Martyn 1991), and are forced to rely on family members for transportation to the Sikh temple, to visit relatives, to the doctor's office, even for brief forays to the neighbourhood grocery store.

Oftentimes, the person who satisfies those needs is a daughter-in-law. As in India, the majority of elderly parents reside with a son and his family rather than a daughter. Ideally, the daughter-in-law is subservient to her sas, or mother-in-law, but here the opposite is almost always true. Take, for example, the comments of a male Community Leader who told me how [young]

women are more independent in the Western mode. This is hard for parents to accept; they see the daughter-in-law as running their son's life—she can say 'No' to him, be independent of him, do what she wants. This is alien to the Indian parents and adds to the pressure. Over here, the sas generally loses her position over the household.
Elderly women are most likely to feel disadvantaged when the daughter-in-law's arrival precedes their own. Relatively free of the restrictions of *parda*—that is, veiling or, more generally, avoidance behaviours in the presence of certain male kin and men in general (see Hale 1988)—younger women in Canada often learn relatively quickly how to speak English and to function in the public domain. Many of them participate in the paid work force. What then, of these older women? Do the majority, as one community leader remarks with particular reference to widows, "get sick in their minds, . . . just sit[ting] in their windows and look[ing] out"? Indeed, in many cases, both elderly Punjabi men and women living in Canada feel culturally isolated, or like prisoners or slaves to their children whom they may resent for bringing them here. Many wish to return to India "to die" (Naidoo 1985). Two female participants in an earlier study conducted in Victoria (Koehn and Stephenson 1991) claimed that, while they had good relationships with elderly in-laws living in their homes, they had plenty of stories to tell about elder abuse. Others who had not sponsored elderly parents corroborated their claims with more third person accounts.

Almost half (42.2%) of seventeen South Asian seniors interviewed in Toronto indicated that they were not being respected by their children (Rahim and Mukherjee 1984). Having been robbed of their rightful position of respect and authority in old age, and unable to communicate in the broader society, these South Asian seniors reported high levels of social isolation: of the Toronto sample, 10.5 per cent said that they felt lonely all the time, while 52.6 per cent indicated that they felt lonely rather often. Almost half (42.1%) revealed that they felt isolated from their own community. Elderly Sikh parents brought over to join their children in British Columbia found that they "were no longer allowed complete decision-making powers, although they were consulted. The state of dependency of the older folks and other siblings by the process of immigration rendered them helpless in some cases" (Joy 1989:169). In joining their children in Canada, these elders lose much of their independence. Not only are they limited by language capabilities and overall knowledge of the culture, many are also adapting to a shift from a rural to urban lifestyle, and no longer live in their own homes, by their own rules (Koehn 1993a).

Yet more outstanding than such tales of woe were the testimonies of the human spirit to persist in the face of adversity that the majority of the women's stories represent (Koehn 1993a). Out of these testimonies there emerged three major themes, relating first, to the relationship between the elderly woman and her son and daughter-in-law, second, to the elderly woman's involvement in farm labour, and third, to her responsibilities as the
primary caretaker of young grandchildren. I suggest that each of these themes reflects a strategy—a means, or at least an attempt, by which the elderly woman recoups some degree of control over her life in her efforts to reassemble her identity in a foreign environment. This view, accessible through expression, thus elevates the elderly woman from the status of passive victim to that of an engaged actor whose actions play at least some role in her own destiny (Koehn 1993a).

The first, and most obvious, strategy is the elderly woman's attempt to reassert control over her son, thereby undermining the newfound authority of the daughter-in-law. My inquiries as to the relationship between 

sas

and daughter-in-law were often met with references to the son/husband that united them. The accounts of one fifth of the 62 participants, representing each of the five subsets, are best summed up in the comments of one of the Service Providers, as follows:

Problems between these two women begin if the sas doesn't accept this situation and schemes to win her son's allegiance; she downplays her daughter-in-law, constantly complaining about her, nagging her son when he comes home tired from work about how bad his wife is. It's hard for him to take sides—he has to keep both women happy. How this turns out depends on how strong a man he is, how adept he is at putting his mother or his wife in her place when necessary. The assumption of a neutral role by this man can make for a very dangerous situation; it leaves both his wife and his mother very confused, they are both at each other's throats, both very insecure. Thus discord builds in the household—there are a lot of ill feelings. The end result is often a breakdown of either the marriage of the son and daughter-in-law, or of the joint family, whereupon the parents leave the son's home. Some sons always take their mother's side. She will tell him, 'This woman isn't good enough for you, we can find you a better match, a better looking woman,' etcetera. She will pump his ego, his male pride. Eventually, they may force the daughter-in-law out in this manner—her kids to ... It's unfortunate that men go along with their mothers this way, but from childhood, a male child is treated as special; his mother tells him she knows what's best for him and makes sure she gives him the best of everything.

In the view of many of the participants, it is to schisms between the sas and daughter-in-law, rather than economic difficulties, that the majority of breakdowns in sponsorship relations can be traced. Nonetheless, even in India, not all older women are sufficiently aggressive to assert their position in this manner. Instead, they may rely on their worth to the household as a source of labour, or as an economic resource. The following two strategies are based on this premise.

The second strategy concerns the elderly woman's participation in the labour force. In British Columbia, by far the most common source of employment for these elderly women is farm labour—picking berries, and so forth. Despite the fact that this is extremely arduous work, typified by long hours, low wages, and pitiful working
conditions, most participants agree that at least fifty per cent, probably more, of all elderly Punjabi Sikh women participate in farm labour during the summer months. To some extent, the social milieu is reminiscent of the Punjabi village. Even so, as one of the service providers participating in my study pointed out, this is a side benefit rather than the actual reason for taking on such work. Most elderly participants, male and female, reported the desire for freedom from financial dependence on their sponsors as the primary incentive. While some are forced to use this income as their sole means of support, the majority spend this money on family members in India and in Canada, particularly grandchildren, on culturally mandated gift-giving essential to the preservation of social networks, on donations to the Sikh temple, and on trips back home. On these grounds, I would argue that the participation of most elderly Punjabi women in farm labour responds more to the need to reconstruct a sense of identity than to actual financial necessity.

Finally we see how many elderly women, particularly those who are too old or frail to engage in farm labour, spend much of their time baby-sitting young grandchildren. The following comments, offered by a service provider, reflect those of many of the elderly women themselves. She explains how "elderly women assume the responsibilities of raising their grandchildren. . . . They feel obligated, duty-bound. If they don't, they may have a problem with the daughter-in-law. This duty almost constitutes payment for her own care—she's earning her keep." Nonetheless, relations between grandchildren and grandparents are often very close. In some instances, this relationship may prove critical to the elderly woman's well-being. As another service provider explains, "the sas will try very hard to be a good housekeeper and baby-sitter. This gives her credibility. She tries to be what her sponsors want her to be and develops a close relationship with her grandchildren as a way of compensating for her loss." Thus some young children succeed in validating their grandparents, particularly, as a male Service Provider points out, "if they seek their advice, treat them as a source of wisdom, acknowledge and respect them."

Unfortunately, none of these strategies are without their drawbacks. While the overt manipulation of sons is perhaps the most hazardous, oftentimes leading to serious schisms in the joint family household, we can also appreciate the negative repercussions of arduous farm work on the health of these elderly women. Unremitting dedication to the care of grandchildren often serves to deprive elderly women of contact with their peers, preventing the establishment of support networks essential to their mental well-being.
The situation is somewhat different for men, many more of whom speak English, travel independently on public transit, participate in ethno-specific support groups and do not typically find themselves restricted in their mobility by young grandchildren. Nonetheless, many of the elderly male participants in my own study (Koehn 1993a) complained that elderly men also suffer the indignities of role reversals within the family and demotion of status relative to Canadian society at large (see also Gill and Matthews 1995).

B. Twenty Elderly Punjabi Hindu Women

1. Family Relations

   (i) Marital status and living arrangements

   Speaking in general terms, all of the women interviewed for this study agree that the vast majority of elderly Indian women, particularly widows, would choose to live with their children and especially with sons, rather than live alone. Yet, this pattern is clearly more of an ideal than a reality. Both Indian and Canadian interviewees concur with Prem's contention that circumstances these days do not always ensure the elderly woman of a comfortable place in her son's home:

   When we were small, grandmothers were very happy. All the children were playing around them, because they were joint families. They never felt lonely, but now they do feel it, it's true. Because they are small families, the daughter-in-law and the son are both working, and she's sitting at home all alone, so [she] will become very lonely and depressed. As long as the two of them are there, the husband and the wife, they feel it less, but when one of the old persons dies, then the other person feels very lonely. This is the present situation. Now it's happening because the joint families have broken up.

   Earlier, at least two to three daughter-in-laws [sic] were also there, the young ones were also there and the old people had always some company. Now it's happening [i.e., they are lonely], especially in cities, not in villages. Villages are still the same, more or less, because they are working in the fields, all the sons have to be there, the daughters-in-law have to be there, and the grandchildren go to school, they come home, the grandparents are happy, talking with them, telling them old stories.

   The model of the patrilocal joint family appears to be upheld more commonly by immigrants to Canada than it is by their peers in India. Only two of the Indian women as compared to six of the Canadian participants made their usual residence with one or more married sons and their families. Since the Canadian subset counts only one additional single woman among its numbers as compared to the Indian subset (six rather than five), we cannot easily attribute the discrepancy to this factor. The larger population of elderly Punjabi Hindu women from which the Indian sample was drawn may account, in part, for
the greater variation that we find among them. Moreover, we should bear in mind that the size of each subset is too small to substantiate any broad generalizations. Instead, qualitative interviews such as these provide us with the opportunity to explore, in greater depth, the women's interpretations of their own experiences and those of their peers.

Reasons for not living with a married son across the entire sample most often related to the absence of an available son, either because the participant had no surviving male children or because the son was living overseas. The first of these two scenarios includes women who have borne only daughters (Lakshmi, Prita), women whose sons have died (Prem), and those who are childless (Neela). Women with all of their surviving sons living abroad reside both in India (Champa, Madhu, Radha, Usha) and in Canada (Minati). Sita's sons are as yet unmarried, while Uma chooses to live instead with her daughter. Despite the patrilocal ideal, a great many participants, like Uma, recognize that living with sons is not always the utopia that it's made out to be, particularly if elderly parents cannot get along with a daughter-in-law. In India, I heard of many such cases, both from my research participants and in general conversation with others. Lakshmi cites the example of her neighbours:

They are a husband and wife and they were living in a house with the son and daughter-in-law. They lived on one floor of the house and their children on the other. The daughter-in-law was always sleeping very late—until ten or eleven o'clock, so this lady asked her very sweetly, 'Please will you get up earlier in the morning,' but she wouldn't. There were a few other things like this, and tension built up, so the parents left that house and now they live alone.

All the same, housing options for elderly women, both in India and in Canada, are often very limited. The most vulnerable of these women, as many participants observed, are those without financial security and/or good health. Prem informed me that, in India, social services are for the destitute and would not be suitable for the middle classes. This may be changing, however; in Ludhiana, for example, there is now a private seniors' home for the more affluent elderly who, through choice or necessity, do not live with family members. Such facilities are nonetheless beyond the financial reach of many middle-class widows unless, like Prita and Prem, they are the beneficiaries of an inheritance.

Women in India

All of the women interviewed were previously married, although approximately half in both sub-sets are now single. In India, four of these women are widows, while a fifth, Lakshmi, a devoutly religious woman, is presumably divorced:
I got a job as a teacher, and then I got married. After one and a half years, [my daughter] was born. Then I got ill. . . . I didn't want to be married when I was, but I was the oldest of three sisters, and if I wasn’t married then, it would have been difficult for my parents to get my younger sisters married, so they insisted. I told you, after I had my daughter, I became ill. During that time, I saw a Saint I was attracted to the Satsang ['religious songs'] and I heard Om [the universal sound]. I used to write about such things, I was very much attracted in the mind. . . . My husband married again, so I was with my parents, but I hold no grudges.

For many years, Lakshmi lived with her parents, and later, while her daughter pursued her education abroad, with her elder brother. Since her daughter's relatively late marriage, Lakshmi resides primarily in her home, although she continues to spend time with her brother and at her Guru's ashram. Although her residence pattern is unusual, we find that, in the Indian sample at least, Lakshmi is not alone in her deviation from the patrilocal norm.

A widow of twenty years, Uma could reside with either of her two sons but chooses instead to remain in her own home close to her friends and a familiar neighbourhood with her unmarried daughter. She explains her anomalous situation as follows:

First it was that the woman used to live with her son but nowadays, women want to live alone—they are conscious of their independence. Independence is something nice. There is no interference in your coming and going, you can spend or distribute money as you like.

Comfortable in Uma's sizable home which she owns, both she and her daughter clearly profit from the arrangement. While the daughter benefits from her mother's well-placed residence (which is no doubt beyond her financial reach), Uma lives secure and tension-free in familiar surroundings where she benefits as well from the companionship of her many friends in the neighbourhood. Her daughter's income probably contributes significantly to the household expenses; while Uma has "lived well", her husband left her virtually penniless upon his death. She claims that she is now financially independent on account of her pension (most likely a widow's pension), but it is unlikely that she would be able to manage the house alone due to both financial and health limitations.

Another two widows in India, Prita and Prem, live alone, albeit with the assistance of hired help. Like Lakshmi, neither of these women has a living son. Prita's only child, a daughter, is married and lives nearby and appears to have a close, loving relationship with her mother. In this case, it is Prita who chooses to live alone:
I'm living alone here. I don't want to live with my daughter even though she asks me to and she respects me and all of that, but I want to be independent... In India, few women live alone. People say to me 'Get someone to stay with you, some relative,' but I can't tolerate anyone around anymore. Now I'm used to setting my own programme and I love it.

Prem, however, feels quite differently. She has suffered many losses over the past decade or so. Her husband's early death in 1983 came as a shock, to which she attributes the deterioration of her formerly robust health. Over the next eight years, she lost both of her elderly parents, whom she had tended in their old age. A heart attack ensued and she eventually had bypass surgery in 1995, the same year as the death of her only son, who was physically disabled. Sadly, her three surviving daughters have provided little comfort. One lives in the United States, another in India, some five hours distant from Chandigarh, while a third resides in half of Prem's sub-divided house with her husband and children. Although she was brought to Chandigarh to care for her mother, this daughter and her husband look out only for their own interests, claims Prem. They "are being very uncooperative," she complains bitterly. Whenever she makes a decision these days, she has no-one to side with her, no-one to back her up. As a result, she no longer consults her daughter on important matters, hence further alienating herself from the family support she so desperately craves. This, in turn, causes her a great deal of tension and her indignation is apparent. In Prem's view, the care and affection of her children in her time of need is her rightful claim as a parent:

You owe a debt to your parents. They brought you into this life, and they looked after you for such a long time, you should look after them when they need you. They looked after you when they didn't need you at all, because children are more-or-less a nuisance at that young age... Naturally, a little man is basically selfish. We feel that children should look after us when we need them. We don't want to impose ourselves, we don't want to be a burden to them when we don't need them. But when we need them, they should come to our help. That's what I only feel, and most of our generation feels like that.

Instead, says Prem, she would like to live with a friend: "We people want to live with someone, but then the circumstances may not permit, and we have to adapt ourselves... I'm thinking that I will ask one of my friends, or anybody that is alone if they want to live together." Irrespective of whether or not they enjoy their independence, both Prita and Prem acknowledge that this arrangement is possible only because they are, unlike most women of their age, financially independent, having inherited money from their parents and husbands.
Despite the joint family ideal espoused by most of the women, only two in the Indian sample actually live with a son or sons and their families as prescribed by tradition. Of these, Tara is a widow, living with her two sons and their families in her long-time marital home, whereas Sarala, who has two sons and a daughter living in the United States, resides with her husband and one remaining son and his family. Sarala has visited her overseas children on five occasions. Since they live fairly close to one another, she typically spends fifteen days at a time in each of their homes.

Both women speak favourably of the joint family living arrangement and appear to occupy a position of respect in their households—sons, daughters-in-law and grandchildren occasionally passed through the rooms in which we were conducting the interviews and showed obvious deference and respect to the woman concerned. Tara clearly states her preference for joint family living as follows:

> It's much better for everyone if the family can stay together. This used to be the way, but these days, so many live separately. We ladies along my side of the street here all live in joint families, but that's not so common now. We feel more secure. Now that I have all of these health problems, I prefer to be living with others around, and one is never completely relaxed with people from outside—there's always some fear—one can only relax with the family. And in India, we don't have any proper Old Age Homes. We also don't have any system in India where you could press a bell or something and a red light would come on and people would come to help you. We have nothing like that, so I feel more secure living with the family. I think it's better for everyone. Grandchildren have their grandparents there to teach them their values. My children know they can leave their children with me if they need to go out. Not all the time, but some of the time anyway. Older people feel they can at least do something in this setting, even if it's just opening a door.

I think it's OK if people are living well, but of course, there's no room for hanky-panky. If someone's doing something wrong, the family can see. These days, though, so many want to live separate, and daughter-in-laws [sic] now remain more attached with their parents. This is not good because they can cry on their shoulders for every little thing, then her parents will interfere and it's bad for everyone. Of course, there shouldn't be too much dan ['gifts,' in this case, dowry], with the in-laws blackmailing the girl and so on—this has happened—but it doesn't work if the girl's not looking to her husband's family, her in-laws now, as her own family.43

The remaining four women interviewed in India are living alone with their husbands. In each case, their son(s), and sometimes a daughter as well, are living overseas. With the exception of Usha and her husband, whose only living son—a medical doctor—resides in Norway with his (then pregnant) wife, all of these women have visited their children for several months at a time in their new homes in the United States. Compared to the other three women in these circumstances, Usha and her husband seem less economically
secure, living in a small house in a town outside Chandigarh, part of which they sub-let to an unrelated family. Like Prem, she has been caring for a physically disabled son who died recently while still in his twenties.

I was fortunate to catch Radha during her longest spell in India—one year and four months—since she retired in 1984. Since that time she and her husband have lived for the most part with their two sons and a daughter—a hotel comptroller, a psychiatrist and a medical doctor—in the United States. There they "rotate like gypsies" between their respective homes in three different states. Because they have both worked throughout their lives, Radha and her husband are financially independent. They own a very nice home in a pleasant neighbourhood just outside Chandigarh and each collects their own pension. A nephew resides in their home, so they do not have to worry about leaving it empty while they are abroad. Radha claims that they will always return to the United States now.

Madhu and her husband are similarly financially independent and residing in their own well-appointed apartment (complete with microwave oven) in a suburb of Chandigarh. Although she no longer works in their successful business due to health problems, her husband continues to do so. At the time of our interview, they had recently returned from a visit to their son's and daughter's homes in the United States. Again, both children are highly educated: her son is a medical doctor while her daughter has studied computer science. When asked whether or not she would consider moving to the United States permanently, Madhu spoke of living with her son, although they have no plans to do so in the immediate future: "I might go, I might not go, whatever is right for me. I can't live without my son, of course. Then again, it will depend. Now my husband can't live without his business [laughs]—that's why we both are bound with each other." The contradictory nature of Madhu's comments throughout the interview regarding joint family versus nuclear family living arrangements are perhaps indicative of her own struggle to reconcile her desire to live independently, near her brothers and sisters, with her own people in her own country and the increasing pull towards her son, particularly as she and her husband become older and less healthy. She concludes,

Women like to live with the son [when they're old], but living with the husband is nice. The joint family concept is not in people's minds—they don't like interference from others. If someone comes to my house, then they must live as I do. I like my independence. But when I'm older, it may not be possible to live alone—then I'd have to live with my son.
Champa, who also lives alone with her husband, is torn by her conflicting ties to a daughter in Chandigarh and a son in the United States. Here I will reserve further comment on her somewhat complex situation, since she is the focus of one of the profiles to follow.

**Women in Canada**

Turning to the women in Canada, we find that six are widows and four remain married and live with their husbands, albeit in different circumstances. Here, elderly parents are often bound to their children by immigration regulations which render them dependent upon their sponsors for up to ten years. Speaking to the plight of some Punjabi Sikh seniors in British Columbia, a service provider interviewed for my Master's thesis described the many obstacles that elderly parents face when they seek to leave their sponsor's home during the dependency period:

Sponsored seniors can get GAIN [income supplement] if the sponsorship relationship breaks down. If they were kicked out, or felt the need to move out, they may live in the Sikh temple for a while until they find somewhere to stay. Sometimes they have to go to immigration or family court to demonstrate the breakdown of the relationship. Some make it to groups such as OASIS or MOSAIC where they can find assistance with these things, but it's extremely difficult for them, especially finding a place to live. The problem is that there's no clear mandate in the immigration department. The onus is on the senior to seek help, fighting the language barrier and discrimination every step of the way. No-one wants to take responsibility, so they get a lot of hassle—there are a lot of gaps in the system which help perpetuate abuse of these seniors. For example, if elderly women are abused by their sponsor's family, and they go to family court, they may be told that they have to go and live with a daughter who lives here, instead of their son, the sponsor. The courts are insensitive to the cultural inappropriateness of this recommendation, they do not understand why this is next to impossible for some of these people. There's also a huge stigma of showing up the son, exposing the family's honour to public shame, in taking him to court. Some do this out of desperation, but it's very rare that they want to go ahead with this sort of action (as cited in Koehn 1993a:94).

Another alternative, as Radha observes, is for the elderly parents to return to India: "Either they have to tolerate it or they come back to India. Mostly they are not respected there [in the United States]; we have heard of lots of people coming back to India because they were not treated well by their children." Not all seniors, however, enjoy the same degree of financial independence, nor are they able to retain a house in India, as does Radha.

The service provider's citation, above, further brings to light the stigma that most Punjabis attach to living with a married daughter. As Radha point out, "She's not
independent, she's dependent on her husband" (Radha). It is understood that it is a son's filial responsibility to care for his parents. A daughter, on the other hand, must think first and foremost of her in-laws in whose home she ideally resides. This principle is underscored by the Hindu precept of kanya dan ("the perfect gift"). As Madhu explains,

> When a daughter comes, from the childhood, mothers [and] fathers think that they are kanya dan, they are other people's money. They are money of course, but they are other people's money. You know, when a daughter is married, we in India—now the times are chang[ing], of course—but in India, people think that in girl's house one shouldn't go, and shouldn't take a glass of water, even, in daughter's house, okay? But son only in our economics, son will earn and, in the old ages, only son can say what to do for the parents. Do they have food to eat or not—only son can say, daughter can't. That's why people in India say that son is a must.

Although it is the son who remains in the family home and cares for his parents, the participants who speak to this issue are unanimous in their assertion that it is more so the daughter who tends to be most loving toward her own mother and father. She is thought to be more caring in nature. As Sarala puts it, "sons also love their parents, but daughter, she's placing them at a higher place" (int. Parvati). Both Radha and Usha contend that the pain of giving birth to either a boy or a girl is the same and hence the love towards them should be the same. This sentiment is shared by most women, yet, many of them point out, as well, that the daughter is bound to leave her parents' home, that her duty is to her in-laws, and that the "social evil of dowry," as Radha puts it, "may affect the love of the mother to girls." Thus while love for boys and girls may be the same in the minds of some, parents who are not financially independent realize that their future is more likely to be contingent upon the goodwill of their sons rather than daughters.

Accordingly, Minati, while enjoying positive relations with both of her daughters in Canada, resides separately with her husband in this country. Although she has two sons, both have chosen to remain in India (see Minati's profile in chapter six for further details). Neela is the only other woman in the Canadian subset who continues to live alone with her husband, although her circumstances are markedly different from Minati's. A highly educated woman, Neela migrated to Canada with her husband when they were both much younger. They elected not to have children and do not have other close relatives living nearby, but appear content with each other's company in their well-appointed, privately-owned home.

Currently none of the women in the Canadian subset see themselves as living with a daughter although, at the time of our interview, Anju had been 'visiting' her married
daughter's home for more than two years. When I attempted to contact her six months later, I discovered that she had finally returned to what she considered her 'home' in eastern Canada with her son and his family. Including Anju, then, six of the women interviewed in Canada usually live with a married son and his family. Shulka's joint family household further includes her two unmarried daughters. While the son with whom these women reside is most often the eldest, Sibani and her husband purposely came to Canada to aid their younger son and his family. Since her grandchildren in Canada are much younger than those in India, Sibani feels that her assistance is more urgently required here.

As in India, the women of this subset speak of various instances wherein tension between elderly parents and the son's family has resulted in household splits. When Kali and her younger son first moved to Canada, they resided with her older son, who had sponsored them. After a year or so, however, she moved out of his home and has resided ever since with the younger unmarried son. This situation is far from ideal: the younger son has a drinking problem and her living quarters are somewhat dilapidated, something she was keen to show me when she invited me in for tea. Her much wealthier elder son, however, is married to "a Mohammedan girl" (a Muslim). Cultural and personal differences between Kali and her daughter-in-law have engendered a great deal of acrimony which persists to this day. Especially distressing for Kali is her daughter-in-law's preparation and consumption of meat in her home, a topic which I will explore in greater depth in chapter eight.

Of course, the 'fault' may lie with either party, as Minati's account of her daughter's in-laws' behaviour (detailed in chapter six) attests. In this case, the older couple were eventually ordered out of the younger woman's home when their constant harassment culminated in her mental breakdown. As in Kali's case, they were able to do so with the assistance of their younger son, with whom they immigrated. Taking into consideration the accounts of the Canadian women interviewed for this study, as well as the findings of my master's thesis (Koehn 1993a), it appears that elderly couples and those for whom another son is willing and able to provide support, are more likely than single women to move out of a sponsoring son's home should there be tension among family members. Nevertheless, it is not unheard of for elderly widows to live alone for this reason. Sumati refers to a woman she knows through the Senior's Centre:
I know about a person, she is living in the apartment nearby. And she's so unhappy, she's so unhappy, whenever we meet her, I go to her sometimes, I call her in the centre also, you know. But whenever you talk, she has some water in her eyes. . . . Her daughter-in-law doesn't want her, she has only one son.

Sponsored by her sister, Sita and her husband emigrated just two years prior to our interview with several of her nine daughters and one of her two sons. The entire family currently resides in somewhat cramped rented quarters, although this is likely to change soon as the girls are due to be married at which point they will go to live with their husbands. Since the son who was able to immigrate with them is their youngest child, he will most likely remain with them once his sisters have left and eventually bring his new wife into their home, thus creating a new joint family.

In sum, while most women state, in general terms, that older women should ideally live with their married sons, they recognize as well, that this is not always workable nor desirable; women who are ill or financially dependent are especially prone to mistreatment, and much hinges on the relationship between the elderly woman and her daughter-in-law. With few exceptions, most elderly Punjabi women would prefer to live with someone. Their options are considerably limited if they are widowed since they are typically not financially independent, although, as illustrated in the Indian subset, there are exceptions. As even this small sample illustrates, people adapt to all manner of circumstances and configure their households in innumerable and often very flexible ways. Many of these women move at different times of the year, or in phases of perhaps a three year cycle, between different households, staying for extended periods with different children, both daughters and sons, with brothers, in ashrams, and so on. Not surprisingly, since they represent a much larger population, the women in the Indian subset exemplify a greater degree of variation in their living arrangements than do their counterparts now residing in Canada.

(ii) Respect

The breakdown of the joint family in many instances points to the changing notion of respect, as typically epitomized by filial piety—the son's obligation to honour his parents' every command, to tend to all of their needs both in life and in death. These days, there is some disagreement as to how and why respect is or should be shown, not only between but within the different generations.

Unlike Prem, cited above, several of the women, both in India and in Canada do not feel that respect should be afforded to parents automatically. "If you respect someone, like I do my daughter, then you get respect back. Forget all that business of being respected
just because you're a mother. Children these days want equality," declares Prita. Tara echoes this sentiment: "You can't buy respect—it's the way you conduct yourself and the way other people are that matters. It's much better if you're not economically or physically dependent." Sumati identifies some of the qualities upon which the respect received by an elderly person may be contingent:

If the individual is quite energetic, has respect for the others and [is] quite educated, you know, if he or she stands high in the eyes of the family members, so he or she has to get respect, automatically. But if you can't be on that level, even your grandchildren, they won't respect you. So it depends upon the individual, I think... And the circumstances also. Now, some of the people, they are very illiterate, they come to Canada, and their sons or daughters and grandchildren, they're quite educated, you know, they feel, 'Ah, they have come from India,' [so the elderly person] is not respected. But in some of the families I have seen, the parents, they have taught their children to respect them. So it depends upon the parents, grandparents, and how you treat your children, what are the values of life. And the attitude.

This latter point is reflected in Radha's contention that children learn by example—people who do not treat their elderly parents with respect cannot expect to receive as much from their own children in old age. In a slightly different vein, Lakshmi maintains that these values should be actively taught: "Parents don't care much about children these days. Previously, older persons lived together with younger family members. They gave moral teachings to the young people." In her view, motherhood and a career should not be mixed.

As Prem notes, however, young women are in fact joining the work force in increasing numbers which leaves them with less time to tend to the needs, and hence show respect, to their elders. Minati comments, for example, on the failure of her educated, professional daughters-in-law to observe the rules of parda to which she subscribed as a young woman. She does not bemoan the change, however, since they continue to show respect in the attention and love that they shower upon her whenever she visits them. When asked if older women feel that they get as much respect from others as they deserve or would like, Sarala likewise remarks that the increasing pressure on young people these days should be taken into consideration: younger family members may not have the time to do all of the things that she would otherwise like them to do.

Others in the Indian subset similarly attribute changes in the way children behave towards their elders to the passing of time. Lakshmi observes, for example, that "people used to do things for others. Brothers and sisters would all help each other. But this is vanishing, people are more concerned with material things now." Prem, noting how her
grandchildren in the United States seem to speak so quickly and have so little time for their grandparents, also recognizes that India is not immune from such changes: "Life is faster there of course, but times are changing, even here now compared to thirty-fourty years ago." Although she went to great lengths to please her own demanding mother-in-law—at times suffering abuse, but ultimately receiving praise for her docility—Usha recognizes that she will not receive the same in return. She comments, for example, that her own daughter-in-law, a nurse, did not even pay heed to her advice as to the colours she should wear as a newly-wed. "It's very difficult in these times now," Usha stated with resignation, children make their own decisions, pursue their own goals, they no longer "respect so much as [the parents] hope for" (int. Parvati).

There are others, however, who view the changes in the quality and quantity of respect shown to elders as the result of a change in place rather than time. Radha, who migrates back and forth between the United States and India, comments on how, in many immigrant families, "[elderly people] feel left out, because children don't have any time to sit and chat with the parents, grandchildren too . . . And then language problem is there. This is the only drawback for we parents to go there." Pramila’s experience illustrates Radha’s contention. With her children and grandchildren out of the house, either at work or at school, all day, her first few years in Canada were very lonely indeed. Her problem was temporarily resolved with the arrival of her infant grandson. As per Tara's advice, she was able to combat loneliness by keeping busy, by making herself useful.

Overall, the Canadian women speak little of their grandchildren. For Kali and Sibani, they have proven to be a source of stress. Sibani, who has only been in Canada for two years, is here "for her son's sake," to care for his two young children, but confesses tearfully that "whatever peace of mind she used to feel [in India], it is not here" (int. Sumati). "The children who are brought up in Canada or USA or any other country, their thinking is different—more individualistic," claims Radha, adding that the health of the elderly grandparents may suffer if they become too sensitive to such matters. Sibani, for example, feels that her grandchildren in Canada are much more demanding as compared to those in India, who have always shown a great deal of respect for her, happily accepting whatever food she prepared for them, for example: "Here in Canada, they say, "No, we need this!" (int. Sumati). Although she is clearly very learned, Sibani does not speak English, while her grandson, present throughout one of our interviews, makes only a minimal effort to speak Hindi. Kali was more concerned that her teenage grand-
daughters' former associations with young men, which she deems "lustful," would bring shame upon the family.

By contrast, most of the women in India speak indulgently of their grandchildren who they often claim to love more than their own children. A common metaphor, first used by Sarala—my first interview in India—compares the grandchild to the interest earned on a sum of money: "One loves, naturally, the interest more than the original amount" (int. Parvati). Grandparents receive a great deal more affection from their youngest grandchildren than they do from their adult sons and daughters, claims Madhu, among others. Uma suggests that as they grow older, the increasing distance between parents and children is inevitable:

Whether the grandchildren have grown up in Canada or India, there is a gap between the generations, even if the communication gap is not there, it's bound to happen. These days, my sons just say, 'Hello,' that's all. They have their own work and everything so they don't have much time for parents. [Equally,] my older son's children are grown up, so they have their own friends, their own interests. They show less affection than the younger ones.

Radha suggests that because grandparents tend to have more time to communicate with grandchildren and fewer expectations than the child's parents, youngsters are able to "open their heart[s] to the grandparents," to feel "sheltered," and hence develop close emotional bonds. Tara admits to being much more tolerant with her grandchildren than she was with their parents: "You're more mature now, so if they break a glass or something you realize it doesn't matter so much."

This agreeable image is nonetheless shattered by Prem's claim that even grandchildren these days are inconsiderate: "If the TV is there [grandchildren] will put it on as loud as possible, and the old people might want to listen to a different programme. Even if they have different TVs, then also, the children will put it that loud, it's difficult for the old people to bear it for long." The failure of grandchildren to show love for grandparents can, in Champa's view, cause a great deal of tension for elderly women. Madhu suggests as well that women in this position may feel 'sick of themselves' because of their grandchildren's disregard.

Shulka, however, attributes the lack of respect accorded grandparents in Canada to the nature of Canadian society. Children here do not show respect for any kind of elder, she charges, never mind seniors like herself—students even address their teachers by name! Contrary to the numerous accounts of disrespect provided by women in the Indian subset, Shulka's recollection of her homeland is much rosier: "In India you would never hear of
a senior complaining of not getting [respect]." In Canada, however, it's a different story. "It's been six years since she came," she says,

[and] most people tell her that their children don't listen to them, that they don't receive a lot of respect. She says, some might have a half and half. In India when you see the kids, they'll join their hands and bow, touch their heads to their feet and they'll always say '-ji,' but here she hasn't seen that at all, and she says perhaps some people do it, but she hasn't seen it." (int. Neena).

Shulka's comments thus raise the question as to what constitutes a demonstration of respect. As we have seen already, some women are more flexible, or perhaps less culture-specific, in their requirements than others.

Some women, like Tara, for example, value the more formal custom of showing respect to one's elders by touching their feet or, as a substitute, bowing before them, in exchange for their blessings prior to leaving the house. In this way, Tara claims, the harmony and moral strength of the family can be maintained, everyone is reassured and at the same time disciplined. Sarala, who like Tara enjoys the respect of her children and grandchildren alike, similarly endorses this practice: "Elder gives blessings to the youngest, and it does have to do with your health, because if we help our youngsters, they can help us. They do help us" (int. Parvati). Lakshmi, too, remembers how children would bow before their elders declaring, "Mataji, pranam" ('respectful greetings, mother!). The blessings they received in return stood them in good stead, she claims, citing the example of her cousin-brother's household: "The children would all get up early, and they would all read the [Bhagavad] Gita together with their elders. The children would get their blessings, and now they are all nicely settled [married] with good jobs. It goes a long way." While the practice of exchanging respect for blessings with their children is probably not unknown in Punjabi households in Canada, none of my participants here made any mention of its observance. Even in India, the realization of this respectful ritual is clearly dwindling as compared to just one generation ago.

In the specific context of the care of the elderly, pressing of the feet and legs by younger family members, especially daughters-in-law, is often regarded as sewa, a means by which younger persons can demonstrate their love and respect for their elders, an expression of filial piety (Vatuk 1975). Thus leg-pressing not only involves the physiological benefits associated with massage, but an emotional engagement which may also prove beneficial to the health. Again, not all of the women accord equal importance to leg pressing, although most concur that, like the practice of touching elders' feet,
described above, it is on the wane. Shulka's remarks on *sewa* are remarkably comparable to those of Tara with respect to bowing before elders, above:

She said, *sewa* is good for both the person who's doing the *sewa* and the person who's getting the *sewa*. Because the person doing it is showing respect to the older person, the older person respects the younger person. Other people respect the person doing the *sewa*, because they know what a good thing he or she is doing, they're showing respect. The time will pass, even if there's no *sewa* done, but if it does get done, then it's good for both (int. Neena).

Sarala, Usha, and Champa are equally positive regarding the virtues of leg pressing but stress that its practice is in decline: "Earlier, we used to do that leg pressing to our elders, but nowadays nobody bothers much about this," Usha complains (int. Parvati). Sarala points out that, like touching of the feet, leg pressing was done in exchange for blessings from elders, although she further points to its therapeutic value, explaining how the children of the elderly would "perform this pressing a lot, if required in the case of medicine" (int. Parvati). Madhu also associates the need for leg-pressing with ill health, drawing attention to her experience of depression following menopause. After hormone therapy, she says, she began to feel better, to be able to manage her self and her home, and hence no longer felt the need "to lie down and have people pressing [her] legs and so forth." Radha draws attention to both the "physical and psychological" components of leg pressing. She is nonetheless divided as to its merits. On the one hand, she says, "it gives you comfort and you feel good if your children or grandchildren ask if they can do this for you," yet she claims that she doesn't really like it or, more to the point, she does not like to ask anyone to do it for her, unless she is tired. Radha's reluctance to encroach upon her children's time, is perhaps reflected in Uma's initial contention that, while she enjoys having her legs pressed, it is her maidservant rather than her children who perform this task. During a subsequent interview, however, she admitted that her daughter does in fact press her legs whenever she is restless and cannot sleep.

There are some women, however, who either do not enjoy leg pressing or prefer other forms of respectful behaviour. While Lakshmi's daughter attempts to press her legs when she is sick, Lakshmi contends that she does not enjoy it and, in the event of illness, would rather be alone. Sumati, on the other hand, feels that times of illness are the only occasions upon which leg pressing and other forms of *sewa* are necessary. It is the way that her family members feel, how they treat her, the love in their hearts and their eyes that is most important to her.
A broader view of *sewa* might include, as well, a son's responsibility to tend to his elderly parents' every need in accordance with the ideal of filial piety. In Radha's view, however, mothers' expectations of their sons are often unrealistic:

> There is too much expectations from the sons. When the expectations are not fulfilled, naturally they will say that effects [the health]. [SDK: What sort of expectations?] They will look after, they will support them in old age, they will look after their health, provide every need. And supposing sons don't do, then there is frustration. [SDK: Frustration?] Leads to so many sicknesses, mental, physical.

The idea that sons and their wives should take care of the elderly woman's every need, or at least obey her every word, is reflected in several interviews. Minati describes how her professional daughters-in-law in India go to extraordinary lengths to ensure that she has tea before they leave for work, that they cook her every meal and so forth. Pramila remarks that, even in Canada, her daughter-in-law insists that she not do any cleaning, and recognizes that she is fortunate that her children obey her. Kali, who was used to living in this manner in India, bemoans the lack of service denoting respect since immigrating to this country: "When she came to Canada, she missed someone bringing her tea and things like that. Here, people like her son and [his Muslim] wife think that, 'We have worked, so someone should work for us'—the reverse of India" (int. Sumati).

Sibani recalls how her mother chose to stay in her husband's family home in order to look after her blind mother-in-law rather than moving around with her husband to the various postings that his government job entailed. Both Sibani and Sumati, present as an interpreter, agree that this was a big sacrifice on Sibani's mother's part and that it illustrates the depth of her love and respect for her mother-in-law.

Love and respect are often paired in this manner and I wondered out loud in Sibani's interview, if the two are synonymous. "No," explained Sibani, they are not, and introduced me to the Hindi word, *shraddha*, which denotes the combined love and respect that one feels for a deity, a saint, a very learned person, elders, or someone with special qualities. Love, on the other hand, can be for everybody, including children and friends. As an elder, Sibani maintains, the receipt of *shraddha* can have a profound effect upon the health:

> Our heart is touched, she says, and whole body gets some sort of inspiration, some sort of change. You know, sometimes you touch somebody and it comes like a current to the whole body. Same when it touches the heart, the whole body feels that current and we feel so happy that in this way it affects the health (int. Sumati).
Champa, who has throughout her life commanded respect from her family members, is more concerned with exercising control rather than receiving service. On a recent visit to the United States, she recalls,

I didn't allow my daughter-in-law to come in kitchen. I did everything to help. I wanted that my, if my daughter-in-law showed any disrespect to me, no point of coming again to America. That is why I always want love and affection, and I get from my daughter-in-law. My daughter-in-law kisses me and sits in my lap also. She shows very much affection to me. That is [what] I want.

Some of the women interviewed clearly do command a great deal of respect in their families and participate equally, perhaps more than they would like, in all decisions. Tara's response to my question regarding her involvement in decision-making leaves little doubt as to the security of her respected position in her joint family: "The family discusses things and we all arrive at a mutual decision, whatever's proper. If the children's point of view is not proper, then I tell them what I think—I don't wait to be asked." Sumati, too, is evidently the head of her joint family in Canada:

I would like that they should start taking their own life in their own hands. In my family it is different from others, I think. They depend upon me, 'Mother, you tell us,' but I always want from my heart, that they should be more independent now. Because now they have to run their own lives. I'm not going to stay here all their lives, you know.

[SDK: What about money in the family, do you have access to money of your own that you can buy what you want, go where you want...?] Completely. Actually, everything is mine, always. Whatever they earn, so ours is a combined family, you know. Whatever my son earns, it's the same, they share it afterwards. And up to now, actually I want them to do it themselves, but because ours is a combined family, I say, 'Okay, this much you take, this much you take, this much you have to save.' You know, we have all sat together and decided, 'Okay, this much he needs, this much he needs, and this money he need for the emergency,' you know, so it's like this. Whatever I feel like I can do it. But we are doing it combined. Whatever is just the family's, it is not mine, it is from my sons. It is the money of the family. It's very different in my house. You won't see many families run like this.

While Sumati undoubtedly appreciates the respect shown to her by her sons, she feels that she has been "duty-bound" throughout her life. Now that she has raised her family, it is time for her grown children to take some initiative in this regard. In India, Sarala, who clearly wants for little, echoes the importance of ceding authority to her children: "At this age, it is the duty of parents to mould their thinking to [that of] their children" (int. Parvati). Also financially independent, Radha too feels her children's lives are their own:
They have to decide for themselves. If they ask me something, I give my advice, my opinion, otherwise I don't interfere. If they ask me something, I tell them what to do, what not to do. They may like to follow, or may not like to follow. It is their life, it is their decision, it is their children. . . . Generally they ask [for my opinion]. But if they don't ask, I don't grudge.

Many other women, both in India and in Canada, took this position. It is impossible to know, of course, whether such responses reflect their resignation to a reality over which they have little control or if they genuinely subscribe to the Indian proverb invoked by Pramila, which counsels the elderly to "just sleep away. 'Sleep away' means you should be detached from all these things, and that is the way to live the life. . . . Whosoever doesn't think like that, he feels very depressed and he's not at ease" (int. Sumati). Pramila thus feels that she is no longer "strong enough" to make important decisions. On the other hand, she has money to spend as she wishes and concedes that "whatever she wants, [her children] obey her." Similarly, other women in Canada living in financially secure households, such as Daya and Anju revealed that while they no longer occupy positions of power within their families, they are not bereft of spending money.

Women whose families are not as financially secure, such as Sibani, Sita, and Kali might well be expected to complain more of a lack of respect. While this appears to hold true for Sibani and Kali, Sita, who together with her husband continues to head her household of unmarried children, makes no complaints to this end. Her son's drinking and lack of communication make Kali's old age a misery, she complains: "It's like a thorn, you can't pull it out" (int. Sumati). In part, however, Kali's problem can be attributed to her son's unmarried status and the lack of sewa that she receives these days: "In India, she had a very good life—her daughters-in-law wouldn't let her work in the kitchen. Here she's just had trouble, living with her younger son and no-one to work for her—old age is not that great." Sibani yearns not so much for service as she does a sense of community and a way to bridge the cultural chasm between her and the grandchildren for whom she is responsible here. Busy parents struggling to make ends meet have less time to devote to the cultural instruction of their children. Sibani avers that "she's not just asking for the old things, it's new and old, both, we should sit down and discuss these things. And she wants to know more how to keep the [grand]children, how to make them understand their own culture" (int. Sumati). She is sure this would make her much happier.

In India, financially independent women such as Prita and Prem continue to run their own households and control their financial affairs. But financial security, according to Uma, is only one component of happiness in old age: "If the children are good, or financially well-off, then it doesn't matter, [the elderly woman] can keep a hold on the purse of the
family. In certain houses, the older people are not wanted. The daughter-in-law especially doesn't want to be with the mother-in-law." Thus while Usha controls her own household, comprised of her husband and herself, she bemoans the lack of regard that her son and daughter-in-law—now living overseas—show for her input concerning their decisions. Prem continues to govern her own life, as always, but regrets the lack of emotional support she receives from her daughter's family:

My mind is quite active still, I'm quite OK, but one has to mellow down with the circumstance. Sometimes I need to make a decision, that I think I should do it like that, the consequences of which I might not be able to face. Because being left all alone, there's nobody who will take my side. But the decisions are the same.... I have enough money.... It's only the loneliness and their indifference, the lack of affection. I feel I deserved it.

Some women, like Madhu and Champa struggle with the ideal of ceding control, on the one hand, while wanting to pursue their own interests, on the other. This type of conflict is especially evident in Madhu's comments, as follows:

Some things that our ancestors gave we have to look for that too. In our days we have to do. But for our youngers, we have to say, 'Forget it.' We should be modern in that way. They should do whatever they like. That is their life, because we are nobody to command them on these things. Our parents were commanding us, or they were telling us not to do this, not to do that. Sometimes we felt, sometimes we were irritated. So, the new generation shouldn't feel it. They should go their own way, which they like. But, for the values of life [cultural values], one should be very thoughtful. Because the values of life those are for our ancestors, those are for us, those are for youngers.

[SDK: What sort of values are the important ones do you think?] In every society there are some values. Some people, in these days, are not particular about taking care of their parents, they are different. And these, because of the joint family we had, those were nice because we could take care of each other you know. In these times, this is not the way. People like their own life. People [want to] be happy, that's all.

Madhu goes on to alternately denounce and extol the virtues of the joint family, to express desires that their children both live according to their own wishes, while at the same time expecting their devoted obedience:

After some time I'll say 'No, this is no good, this is no good, I should do that. My children should do that. They are not obeying me, anyway.' Sometimes I feel like that. Because sometimes I feel that, no, I was also child sometime—because my son is only 27. I was also at his age, when my in-laws were there, I was also sometimes not obeying them, or doing something wrong, or the other. Sometimes I think like that, but even then, I feel that this is no good, why do they do that? That's all. This is the conflict in my mind. But I want to come out of it, quite often, I'll come out [of it].
The same sorts of contradictions are apparent in Champa's interview, as outlined in the profile provided in chapter five. In both of these interviews, as well, we see a conflict between worldviews informed by Ayurvedic principles on the one hand and biomedical precepts on the other, a topic which I will pick up again in chapter eleven.

(iii) Spousal relations

It may strike the North American reader as surprising that my discussion of the family has thus far focused almost exclusively on the vertical relationship between parents and children, with little reference to spousal relations. The subordination of the husband-wife relationship to that between parent and child is, nonetheless, commonly noted by writers on the Indian family (e.g. Derné 1992, 1995, Hershman 1981, Koehn 1993a, Sharma 1980). Change is nonetheless apparent in urban areas and among immigrant communities. A quantitative study of first-generation Hindu immigrants in Winnipeg (Dhruvarajan 1993) highlights the positive association between the retention of patriarchal norms and high levels of religiosity, and low levels of education and occupational status. Associated constraints imposed upon teenaged daughters, for example, were often less stringent among families who had spent more time in Canada. Basran (1993) likewise urges that we distinguish between professional and working class, or rural and urbanized families, in this regard.

The well-educated and (for the most part) economically secure women of Tirone and Shaw’s (1997) study of first generation immigrant women from India in Halifax reveals that while some women continued to accept their husbands’ decisions as final, others had succeeded in establishing more freedom and involvement in decision-making within the marital relationship. Unlike their Canadian counterparts who seek autonomy and self-determination from various “leisure-time” activities, these women feel that the notions of private time and personal leisure are indicative of selfish tendencies which do not conform with their familio-centric view of the world. Bhachu (1996) further draws attention to the migration trajectories of South Asian women, some of whom arrive in Canada after having previously made the transition from India to East Africa and/or Britian for example (e.g. Neela in my sample). Such women, Bhachu correctly observes, “possess powerful communication networks, which are facilitated by the ease of global communications” (1996:289). In all of the above cited studies, however, we should note that the participants are not elderly and that these priorities may shift at different periods in the life course. These inconsistencies notwithstanding, I suggest that failure to heed
the importance of spousal relations would constitute a grave oversight, as we shall see in
the following discussion.

Several of the women emphasize the "naturalness" of the bond between a woman and her
children or grandchildren. The nature of love between a husband and wife, on the other
hand, is according to Tara, among others, very different "because sex is involved. A man
can go and be unfaithful to his wife, whereas a son cannot be 'unfaithful' to a mother. It's
a less secure bond. It's not natural, like a mother's bond with her children; it's more of a
creation." The sexual basis of love between a husband and wife is stressed by many of
the women, often quite directly. The potential for sexual attachment exists whenever
members of the opposite sex come into physical contact, maintains Sumati: "Male and
female—maybe they're father and daughter, maybe they're sister and brother, maybe they
are friends—when male and female hug each other, you don't know what happens. People
say it is like fire and oil." It is for this reason, she suspects, that men in orthodox Hindu
families do not hug their daughters to show their love, although they will do so with sons.

This rationale may explain, in part, the contention by several women, such as Champa,
Madhu and Usha, that love between husband and wife automatically develops after
marriage, despite the couple's unfamiliarity with one another. In spite of quarrels and
hardship, claim Usha and Champa, love for their husbands has grown over time, to the
point where they are now unwilling to spend time apart from them, even for short periods
of time. Madhu feels that it is important, nonetheless, to distinguish between love and
sex: "Marriage is made because of sex," she states baldly, but

one cannot be happy like that. . . . sex and love are different things, you know.
For love, one should be loyal to each other. For sex, you don't have to be loyal,
you can go outside, anything. That is not the life, as I think. In marriage life,
there should be love and sex both. If there is lack of love then one can't be
happy all his life.

Radha likewise insists that a successful marriage requires "a spirit of sacrifice, spirit of
caring for each other, it is not one-sided." The value of a spirit of mutual sacrifice is
similarly advocated in the following citation from the Markendeya purana\textsuperscript{a} which
Krishnamurthy (1991:458-59) includes in a chapter dedicated to Society and Medicine:

When the wife and the husband are mutually under the control of each other, it
is then that the journey (of life) for the securement of religious merit, material
wealth and personal desires is proper and appropriate. How can a person secure
religious merit or material wealth or (even) personal desires if this triad is
unwholesome to her. Exactly similarly, a wife is (also) incapable of securing
these dharma and the like. This triad firmly rests on the family life.
Despite the mutual benefits that can derive from the cooperation between husband and wife that this citation implies, one of the most influential Vedic sources, the Laws of Manu, indicates that a wife "is required to serve, obey and honour her husband . . . [and] never do anything that might displease him who took her hand, whether he be alive or dead" (Das 1993:74). Similarly, Sita, heroine of the Ramayana states, "Women who love their husbands whether he treats them well or ill and whether he lives in the city or in the forest, attain high status; the husband whether wicked or lustful is the highest god to the wife of good morals" (as cited in Das, ibid.). Accordingly, there are many Indian women who, true to their parents' advice, serve their husbands throughout their lives "willy or nilly," in Radha's words, "because there is no divorce, they have to put up with everything. We can't say that is love, that is sense of duty." Without the husband's affection, she claims, the woman who continues to serve "with devotion" is bound to "feel the void," which can affect both her mental and physical health—"mind and body go together." An exemplar of this principal, Shulka describes how, throughout her marriage, she was always sick:

Her husband, he drank, and they didn't meet in terms of the ways of thinking, so she was always worried, and she'd stay sick. So if you have too much worry and too much bad thinking like that, you're going to be sick... It could have been a headache or sometimes she would get a fever, but it was always something or other (int. Neena).

Lakshmi, Prem and Usha further speak to the negative affects on the health of adulterated love or betrayal in a relationship. Again, they posit that the resultant "mental" disturbance is further connected to physical maladies.

Taking a slightly different tack, I went on to ask what might happen if women were not married, would their health suffer in any way? Several women, like Radha, believe this to be true: "Yeah, there is some psychological problems in unmarried ladies. [They] become more irritating, perhaps because they didn't get love, or the maternal instinct is not satisfied, this is what we feel." Madhu also feels that such women are "likely to be sick, because in old life, there is nobody to look after you... Everybody's busy in their own homes, no relative can take care of me. That's why marriage is very compulsory." Sarala spoke as well to the suffering of widows and divorcees:
Those who are not married, they don't know what is the love of a husband, so they are deprived of, so [this] can cause the sickness. And those whose husband are no more, whose husbands are dead, they can recall at least, the old memories, the sweet memories of her husband . . . So it affects your, the persons who are divorcing, or whose husbands are dead, so it does affect one's health. [SDK: But how?] Mental. It gives rise to mental tensions, and the lady is, basically feels more responsible for this, that 'Why it had happened?' if she's divorced. She's more concerned with the causes of divorce (int. Parvati).

Others take a more contemplative approach, however, suggesting, like Pramila, that the relative suffering of a single woman depends upon her expectations. Failure to marry is only a problem for those who desire it. Uma's unmarried daughter, for example, is happy instead with her career. If, on the other hand, as Tara observes, unmarried women "are preoccupied with this absence in their life, then it's possible they may become sick, especially mentally."

2. Friends and neighbours

In the foregoing sections we have seen numerous indications of both positive and negative relationships between the family and health, a topic which recurs throughout the chapters included in Part Three. Sumati further indicates that friends may have a similar role to play in the maintenance of good health:

If I get respect, love, I'll feel good. And if I feel good, my health is bound to be good. If [my family members] don't respect me, if I don't have any affection from them, how can I feel good? Unless I'm just for myself. You know, it goes with the friends, too. . . . If you don't have good friends around you, you don't feel good. And you feel very much down. You don't have, ahh, high Morales [sic]. And you know, when you don't feel good, you're bound to go down.

In this respect, the difference between the Indian and Canadian subsets here is marked, perhaps more so than in their discussions as to the sorts of problems encountered with family members for, as we have seen, the tensions that arise between elderly parents and their children are common to both. While immigration to Canada may well enhance differences between aging parents and their children, India itself is also changing, as are the values held by members of younger generations relative to their forebears. More noteworthy, however, is the extent to which women in each subset are able to maintain relationships with women of their own age, with friends and neighbours. Whereas in India, references to friends are, for the most part, positive, women in the Canadian group speak primarily of their absence.

Looking first to the Indian subset, we see from Tara an assertion that friends are important insofar as they perform "duties" for one another and provide good company: "I
meet with my friends, have Satsangs and so on with people of my own age group. We can talk whatever we like—past, present, future. Who else is interested in all that? It's one way of keeping healthy for us." Like Tara, many of the women in India meet regularly with friends and neighbours for Satsangs, wherein women congregate to talk about religious matters and to sing religious songs (bhajans and kirtans). Uma's weekly Satsang meetings, as well as her card games, which she plays with a neighbourhood group almost every evening, appear to be central in her life and, I suspect, to her decision to remain in her own home with her daughter as opposed to moving away to another city to live with a son. Prem traces many of her friendships back to her school days and appears to rely on these non-kin relationships for the emotional support that is not forthcoming from her own family. She has even contemplated asking a single friend if she would like to live with her in her large home. It is precisely because women tend to share their feelings more freely with close friends and neighbours, suggests Usha, that they are less prone than men to mental ill health or "tensions."

Having recently moved to a new housing complex, Champa complains of depression brought on by the loneliness of not having friends of her own age and background to talk to. Like Tara, she feels that only people of her own age would want to talk with her and develop a friendship. Both Champa and Prem emphasize, as well, the requirement that friends be of a similar background, with respect to their financial and educational status, for example. Otherwise, they feel, the "way of thinking" differs too radically, and a friendship is unlikely to flourish. Reflecting the gender-specific nature of most friendships, particularly among senior generations, Prem further identifies differences between men and women that might impede if not inhibit entirely the development of cross-gender relations: "When we talk to men, things that are very important to us are not important to them, and vice versa."

Radha affirms that "life is quite good" in the United States, where she has spent most of her time since her retirement. On the downside, however, she feels that most elderly immigrants find themselves bereft of friends:

You see, we here in India, we have different type of life, we meet our neighbours, friends, relatives, but there [in the U.S.] we don't find such things. Only on Sunday and Saturday are socialization [sic - socializing]. Here, we go and we will find people of our age and here we can interact.

This message is echoed by all of the women in Canada, in some cases more emphatically so than others. Isolated in sprawling suburban neighbourhoods with few transportation options available to them, many of the women say that they miss being able to wander
over to a friends house, to attend Satsangs and so forth. Sita points out that while walking between houses in the neighbourhood aids digestion, participation in Satsangs "is very important for the soul." In both ways, socializing proves beneficial for the health. Sibani continues to correspond with friends in India and told us, before breaking into tears, how she reads their letters with much emotion. She feels in desperate need of more friends here. Daya suggests as well that, akin to problems between family members, tensions between friends can also have a bearing on the health:

If you are not on good terms with the children, or with the other members of the family, then you are not feeling peace of mind, you feel very much irritated and that affects the health. And she added that it is not only the family members, it is everything, with our friends and sometimes we are in anger and we say so many things. At that time we don't think, but it affects the health of yourself and others (int. Sumati).

Of those women who do not speak fluent English in the Canadian sample, only Minati and Shulka have taken the initiative to join an Indo-Canadian senior women's group which, in both cases, is within walking distance of their homes. Bolder than most, Minati also participates in a 'mixed' senior women's group, hosted by a community organization, and attends English classes at the library two to three times a week. Sumati and Neela, both fluent in English, have assumed various organizational roles in Indo-Canadian women's groups, although in Greater Vancouver, the majority of the groups' participants are Punjabi Sikh women of rural origins. Through the course of my research, I provided some of my interviewees with opportunities to participate in such groups which they welcomed enthusiastically. Reflecting on Prem and Champa's comments regarding compatibility, however, we are left to wonder whether or not these groups truly replace the Satsangs comprised of close friends and neighbours to which the urban, literate Hindu women in my group are more accustomed.

3. Urban experience

By virtue of their current residence in or near Chandigarh, all of the women interviewed in India have experience in urban living. Most have spent their entire lives in towns and cities, although a couple have lived for many years in rural environments. None of the women interviewed in Canada lived exclusively in villages prior to emigrating from India," although several had grown up in villages and one had spent most of her life in a rural environment. For the majority of women living in Canada, life in mid-size towns has exposed them equally to village and city environments. For women raised in cities, however, rural life is as remote from their own experiences as are urban environments to
most villagers. One woman who grew up in Delhi remembers visiting her mother's village as a child, and how those visits tailed off as they grew older: "As soon as we [became] adult[s], so we stopped going there, because there was not much in common you know" (Neela).

4. Caste affiliation

The participants rarely mentioned their own caste, the topic of which only seemed to arise at all if the interviewee was Brahmin (which I would usually be able to discern from their surname). In Canada, my interpreter, Sumati, would usually draw attention to the fact, pointing out in the interviewee’s presence that this woman must be very learned since her father was a pandit, a vaid, and so on (occupations traditionally reserved for Brahmins) and that, as a result, she would be subject to more restrictions. Here Sumati interprets for Sibani: "She's the daughter of a pandit. Pandit, they are priests, and that's a very high caste in the Hindu society. So she doesn't eat meat or anything; she can't think about that." Although the interview did not purposefully explore caste relations, Tara in India and Shulka in Canada—both Brahmins—noted the decreasing regard, as they see it, for caste-endogamous marriage. While Shulka's observation hints at disapproval, Tara casts such changes in a more 'progressive' light:

In India we have so much choice—your religious practice is really up to you. We follow caste rules to some extent, for the children's marriages and such things, but the barriers are broadening these days. People still ask about caste, but we don't bind ourselves to it, although we probably couldn't bring ourselves to cross the Scheduled caste line. For our grandchildren, though, the set-up has changed. They just look at someone and think are they attractive, are they educated and so on, they may even cross that line too, it won't matter. Nobody will be bound by that any more—it becomes less with every generation.72

5. Class background

In response to my first, very general interview question, which asks participants to talk about who they are, what's important to them, many of the women gave strong indications as to their class background. In India, this was usually fairly obvious from their person and their living environment—many of them lived in large well-furnished homes in 'good' neighbourhoods, with servants, expensive clothes, jewelry, and so forth. Others lived in more 'humble' homes, but nonetheless appeared to be economically 'comfortable.' Tara, for example, described herself as being from "an educated family," as having a husband who was "a high-ranking police officer, in government service," while Uma, also having remarked on the educated character of her family, stated, "My family was well-to-do and the family I married into was also well-to-do." Later in the interview, when
questioned about her 'community,' Uma said, "I'm middle-class, I'm also Hindu." From the living room of a grandiose house, now sadly in need of major repairs, Prem showed me pictures of her expansive childhood home and explained, "My father was a rich man, and I was his only child. As compensation [for looking after my parents in their old age] he left me two houses. This house that we're in and also a house in Delhi."

Not all of the women have lived so comfortably throughout their lives. Champa and her husband, for example, now live in a pleasant but relatively modest apartment in a new housing complex just outside Chandigarh which their son, a computing professional now living in the United States, bought for them. Although they have worked as teachers throughout their lives, their wages were low and Champa's responsibilities to her natal family, and later to her brother-in-law, were high. She recounts time after time how hard her life has been on account of her uncle's partition and subsequent robbery, it seems, of her father's medical practice: "Financially we were very poor because of the partition [of the medical practice] . . . and I was always dreaming about money, about my financial position, about improving my financial position and giving highest education to my elder brother." As poor as she may have been, however, she has managed to educate not only her elder brother but also her son and daughter who are now professionals with considerable earning potential. Although she does not dwell on the point to the same extent, it appears that Usha is in a similar position whereby her present financial status affords relatively more comfort than that to which she is accustomed.

Women of the Canadian sample equally lay claim to the relatively privileged existence of their peers in India, although such claims are not necessarily congruent with their current circumstances. Kali, living in a ramshackle house with broken furniture and an alcoholic son, remembers how "her parents were really very very rich, still they are very rich, and they are called landlords in [a town in India]" (int. Sumati). Many of the women remember their childhood years with glee, recalling their fathers' prosperous businesses and factories. Sumati translates Anju's memories as follows: "She had a very good life, she was born in a very rich family. Her father owned a big factory grinding the paints and he himself was an engineer. . . . There was nothing, you know, whatever they wanted, they could have it." Unlike Kali, however, Anju and others like Pramila and Daya, continue to live economically protected lives in the comfort of their prosperous children's homes. While their circumstances may not be as wretched as Kali's, the move to Canada has, for Minati and Sita, nonetheless entailed a considerable demotion in status. Although she and her husband claim to be happy living alone in their sparse basement suite, the transition, for Minati's husband in particular, from respected government
worker to janitor, was, I suspect, not an easy one. Crammed into a tiny basement suite with her husband and several of her eleven children, Sita relates how her husband used to be a *tesildar*, an elected member of the village council, and usually a highly respected figure. Her daughters are educated up to the master's level, yet none have been able to find work besides farm labour in the two years that they have lived in Canada.

6. Education

Overall, the Indian sample is more highly educated than their emigrant counterparts, perhaps reflecting a slightly higher proportion of *upper* middle-class backgrounds in the former as compared to the latter. Six of the women in India said they had received post-secondary degrees, the majority of which were Bachelors of Teaching (now known as a Bachelors of Education). Although for some these degrees had translated into life-long careers, few actually applied their education in the workplace after marriage. As Tara put it, "Education was in case of calamity, and it uplifts a person, it improves them, gives them a broader scope. With education we are more prepared for life. It helps us a lot, gives us a good grounding. Very few women at that time were highly educated and even fewer worked, had a career." Other members of this sample, while not college-educated, are literate.

By comparison, the Canadian sample, while generally literate, includes only two women (Sumati and Neela)—both of whom are fluent in English—who have had any post-secondary education. Several of the women, particularly Pramila, Minati and Shulka, spend a great deal of time reading religious texts. As Shulka explained through Neena, reading religious books represented the only chance for many village girls to study at all:

She says in India, as a little girl, she didn't study—she learned a little bit at home. Because there were no schools in the village at that time, and it didn't look good, a girl couldn't go that far away to another school. And she said she had a friend whose mother did *bhajan path* ['hymn lessons'] at home and she would go to her house and read that book. So she would read religious books and stuff, and since her youth, since that time, she's had a lot of interest in visiting different *sants* ['holy men'] and *mandirs* [Hindu temples].

7. Interview language

Ironically, the majority of interviews conducted in English took place in India. There, eight of my ten interviews were conducted primarily in English, and the remaining two primarily in Hindi and Punjabi. In Canada, the converse is true: eight interviews were conducted in Punjabi and Hindi as compared to two conducted primarily in English. In India, as well as Canada, I usually came to the first interview, or to the introductory
meetings which often preceded interviews, with an interpreter. In some cases, wherein the participant frequently lapsed into Hindi phrases or liberally used Hindi terms in place of their English counterparts, I would bring the interpreter along to all subsequent interviews so that the participant would feel free to speak in Hindi (or Punjabi) should she so choose. While I speak enough Hindi to conduct elementary conversations (which certainly helps to build rapport) and to follow the main idea of what is being said, details are lost on me, as are more 'technical' medical and philosophical notions. Nonetheless, the interpreter would sometimes forget a second component of what had been said, having explained the first in detail. My elementary Hindi was sufficient for me to recognize the omission and request further elaboration. Some women, particularly those of the upper middle classes in India, used English as much or more than Hindi or Punjabi and were perfectly comfortable speaking to me alone.

Both interviews in need of complete interpretation in India were translated by Parvati who was also present throughout one other interview, assisting as necessary, and at the commencement of a fourth for which she was not needed. A second research assistant in India, Kamal, accompanied me to the first meeting with four of the participants, although she was not needed for interpretation and served primarily as a second note-taker and as a means of transportation. She was present for the duration of only one set of interviews. For six of the eight interviews in need of interpretation in Canada, I was assisted by Sumati. Another two interviews were interpreted by Neena.

8. Occupation

Despite the surfeit of higher education that characterizes the Indian sample, only three of the ten women interviewed had spent the majority of their adult lives in the paid work force. Champa, spent her adult life—thirty-three years in all—as a teacher. Madhu, until her son's birth, was "in government service," but "left the job for the future of [her] kids." Shortly thereafter, she and her husband started a small business, a crafts store, where she used to put in long hours until two years ago when, at age fifty, a bout of depression stifled her ability to cope with both her home and store duties and forced her to 'retire.' At the time of our interview, 72-year old Radha had been retired for twelve years from her job as lecturer of public administration. The competing demands of the dual role of employee and housewife were mentioned by each of these women. Questioned as to how retirement suited her, Radha, laughing, replied, "Both ways—I have to work as a housewife, too, so now it's only housewife job."
Tara states the position of the 'housewife' in India as follows: "We housewives have no importance of ourselves; we were told not to have an identity of our own, although now things are different. I'm just a daughter, just a mother." While this admission may sound humble, however, the ensuing account of Tara's post-secondary academic qualifications and her husband's prestigious position underscore the privilege associated with the deceiving claim that she is 'just a housewife.' Such women typically employ servants to do what most of us in the West would call housework. Rather her job is to coordinate, to ensure quality control, to instill in her children manners and moral values, to take charge of her daughters-in-law and ensure that her grandchildren are well cared for and suitably socialized (see Mitter 1991). In upper-middle class urban families, this role may afford sufficient free time to engage in additional activities, such as volunteer work, although, as Prita testifies, the family must always take precedence over one's own interests:

I'm a housewife. Earlier in my life I used to do a lot of social work. That was when I was young—voluntary work in hospitals for the Red Cross and that sort of thing. I had a job as a warden in a girls' hostel, just checking in, it was full-time, and they needed another tutor for the girls, drama and that sort of thing—I didn't want to do it but I was already there and they asked me, so I combined that with the warden job. It wasn't for long, just 3 years. I stopped doing the volunteer work during my husband's illness. After he died, I resumed my social work at the hospitals, but then I had my little grand-daughter to take care of. They really encouraged me to keep coming, but the timings would often conflict with the times I needed to be home to meet her from school and so on, so the volunteering became a tension and I gave it up. My grand-daughter was my first priority. I have only one grandchild and her mother, my daughter, is my only child.

For the less affluent and in rural areas, however, household chores—in the absence of labour-saving devices such as washing machines and so forth—were indeed sufficient to demand the majority of a woman's time. As Sita, now living in Canada, remembered, "When the ladies didn't work at these times, all day long they used to do work at home. So there were so many things to be done, sewing and knitting and all that" (int. Sumati). Although the work may have been hard, Pramila has fond memories of her younger days spent in her husband's family home, laughing, talking and working together with her sisters-in-law.

Of the Canadian sample, only two women have established careers for themselves. As a young wife in India, Sumati felt she had to work outside of the home, since her husband's delicate health often prevented him from doing so. Following her in-service training, she worked for sixteen years before migrating to Canada following the death of her husband. Here, she eventually ran her own business until her retirement in 1990. Neela, who has
spent much of her working life in Canada, worked in social services and as an ESL (English as a Second Language) instructor until her retirement in 1989. Both of these women nonetheless remain active through their volunteer work.

Only three women in the Canadian subset have worked as a casual labourers, picking berries and so forth, on the farms skirting the metropolitan region. This relatively small number of farm workers contrasts sharply with the Punjabi Sikh sample interviewed for my M.A., described above. While the motivation, in some cases, is the prospect of getting out of the house and mixing with others of like background, for others, like Minati, it was a matter of necessity.

9. The Nature of Change

Much of what I have talked about in this chapter speaks to the changes that these women have experienced, both as a result of the passing of time and the translocation of themselves and/or children to countries such as Canada and the United States. Life, of course, is a process of change for all of us. What differs, is the extent to which we exert control over the nature of such transitions. Few women in my sample, I would argue, have commanded much control over major shifts in their landscapes. Choices regarding marriage, place of residence, vocation and so forth, were most often not their own.” The dramatic changes associated with widowhood were similarly unbidden. As noted above, the financial misfortune of Champa’s family compelled her to go to work as a teacher in order to help her father feed and educate her younger siblings. Conversely, university-educated Tara wishes she had pursued a career outside of the home: “I came to feel I would have benefited from life more. . . . I would have known more people, better people, on my own as compared to just knowing whosoever came into our household.” Despite having managed both a career and a family life, Radha too insists that the choices that women make are rarely in their own hands: “When you get married, your priorities change. Naturally you are more attached to the husband, children, than your career. Unmarried life is a carefree life. You think of your own education or your friends, that’s all. You think of your studies and your friends, nothing beyond that (laughs). But things change after marriage.” Marriage for most women is not an option as Lakshmi’s forced marriage, contracted for her younger sisters’ sake, attests.

I do not wish to imply here that these women are without agency in their lives, for indeed they are not. Sumati’s widowhood, for example, compelled her to migrate as a single mother to Canada where she was able to start her own business and support her teenager
sons. Lakshmi, too, was able to devote her life to the worship of God as she had hoped, albeit with the stigma of abandonment and the responsibilities of a single mother in tow. In less dramatic ways, each of the women in my sample has sketched in the colours and hues of the portraits that are their lives. The bold strokes which comprise the profile are nonetheless drawn by hands not their own. It is to the fine brushstrokes, however, that I now wish to divert your attention.
## Chapter 5 - Indian Profiles

### A. Who are you? - India

<table>
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<tr>
<th>My family is Jain, so we believe in the principal of <strong>ahimsa</strong> ['non-violence']—all things belong to nature. I have three sons and I'm happy that they're all settled ['married']. I'm happy with my life (Sarala).</th>
<th>'What am I?' you're asking, well I suppose that's what I do it a day. I get up and meditate for a while then I do my yoga <strong>asanas</strong>. After that, I have a cup of tea and have my bath... I spend the rest of morning reading scriptures such as the <strong>Bhagavad Gita</strong> and a couple of others. I take these messages inside and reflect upon them... I spend a lot of time alone which is good for me, but if company comes, then that's alright too. That's who I am really (Lakshmi).</th>
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<td>I was M.A., M.Ed., but I had my education very late in life. I was, I had done my matric and then I started to serve in the school [teach]. In those days, no need of the training... I had my graduation and after that I was married. When my first baby was born it was difficult to serve. And then I came to my parents on leave and I had done my B.Ed. And then, next, my other issue [child] was due. And then I had done my M.A. (Champa).</td>
<td>We are Hindu families. My parents, my father was from West Pakistan—Lahore. After partition, my grandfather make a house in Chandigarh... In 1947, I was two or three years old. My father was in the army, and I was brought up in various parts of the country—Delhi, Bombay, and different places (Madhu).</td>
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<td>I have been in the education department—I was a lecturer in the Public Administration Department of a college. After my retirement, mostly I live in USA mostly. All the time that I lived there with my children (Radha).</td>
<td>I'm a housewife. Earlier in my life I used to do a lot of social work. That was when I was young—voluntary work in hospitals for the Red Cross and that sort of thing. I had a job as a warden in a girl's hostel... [and as a] tutor for the girls, drama and that sort of thing... It wasn't for long, just 3 years. I stopped doing the volunteer work during my husband's illness (Prita).</td>
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I was brought up in an educated family, and I have my B.A. and B.T. [Bachelor of Teaching]. My family was well-to-do and the family I married into was also well-to-do. My husband has been dead for twenty years now and I live here with my daughter who is unmarried. She is a lecturer... at the university. I also have a son who lives in [a city] and another in [a town]. My daughter runs the house, she looks after me (Uma).

I grew up in what is now Pakistan. I went to college there and all, and I was married there in 1943. In 1944, I had my first child. I had a son and three girls. In 1945, we went to [a town] in U.P.... My husband was stationed there with his job in a bank. After that, we spent twenty years in [a city]. We came to Chandigarh after my husband's retirement in 1979. He died in 1983. Then my parents were with me here.... I looked after them. My father was a rich man, and I was his only child. As compensation, he left me two houses (Prem).

Basically we are humans.... We moved to [a town just outside Chandigarh] from my village because my husband got a job transfer. I am under the guidance of my Guruji, and he has given me a name also (Usha).*

We housewives have no importance of ourselves; we were told not to have an identity of our own, although now things are different. I'm just a daughter, just a mother. I am from an educated family and I have my Home Science Teacher's Training. My husband was a high-ranking police officer, in government service. Our parents never encouraged us to take a job (Tara).
B. Two profiles - India

The two women that I have chosen to profile do not represent those who mirror my own presuppositions regarding the centrality of Ayurvedic thinking in their lives. Had my goal been to 'prove' a hypothesis of this sort then I would have selected two different women, most likely Sarala and Prem, whose understandings of Ayurveda are profound. Ayurvedic principles here merely provide a culturally meaningful starting point from which some women inevitably converged more than others, depending on their lives' circumstances. It is precisely the variation in those circumstances which I am attempting, through these profiles, to convey. Tara and Champa were thus singled out relative to one another for the contrast that they provide in various respects of their lives. While Tara has never worked nor suffered economic hardship, is a widow living in a joint family, and has both of her surviving children living in India, Champa has been a teacher throughout her adult life, has until recently struggled financially, lives alone with her husband in India, but has children both in India and the United States and visits back and forth between the two countries. Both interviews were conducted in English, although I received occasional assistance with interpretation from Hindi for Champa's interview. No interpreter was necessary for Tara's interview.

1. Tara

Born into an "educated" family, Tara herself received post-secondary training as a Home Science Teacher although she has never had the opportunity to put her skills to direct use in the paid work force. Having married a high-ranking police officer, Tara instead dedicated her life to her family, and to living "properly" and "nicely." When asked if she had been influenced by any sort of role model in her youth she pointed out that she could not have "broken with the family," nor did she feel any need to. Nonetheless, she has sometimes felt, in retrospect, that she might have profited from working: "I came to feel I would have benefited from life more. [SDK: In what way?] I would have known more people, better people, on my own as compared to just knowing whosoever came into our household. I would have had more of a say in selecting my acquaintances."

As a member of the upper strata of India's middle class, sixty-six year old Tara has not struggled financially in her life and for having had two healthy sons, she counts her blessings. She nonetheless had to cope with the very grave illnesses of her husband and daughter. Her husband suffered over many years with a brain tumour, which Tara attributes to karma:
Sometimes there are unanswerable things. This is our destiny. If we can't reason it out, like my husband's brain tumour which he had from a young age, you think 'Why such bad luck?' when you can see no cause. It's the fruit of your past life. Some are born with opportunities and others with nothing. You can't escape punishment for doing bad things in your next life.

Despite her firm belief in destiny, Tara nonetheless acknowledges that "in weak moments" she, like many other Indians, has resorted to consultation of her own or others' jānam kundlis—to the Indian horoscopes usually made for children at birth and used to determine all manner of life events—for guidance:

Astrological beliefs are part of our sanskar," these things go unconsciously into our minds because we hear it so much. When my husband was taken ill suddenly, then I did some puja according to a pandit's advice. Whatever anyone said, I would have done it, I wanted to save him at all costs. You reassure yourself in this way that you've done something. I don't know if I'd do it now though.

Tara also related, in a tone that spoke of acceptance or resignation rather than bitterness, how her daughter, too, had been afflicted with a long-term illness soon after birth:

She died in 1978. . . . She was normal when she was born until she was about one and a half. She had some sort of severe attack as a small child. Her right side was affected and the brain was involved. She could walk, but she didn't have much use of her hand. Her mental age was small. She was like 5-6 year old when she was age 23. I kept her in the home with us. We had a servant to help with her. I coped.

Since her husband's death twelve years prior to our interview, Tara's sons have continued to live with her in the family home. As indicated in the previous section on living arrangements, Tara feels that the joint family is mutually beneficial providing all members are prepared to conduct themselves in a "proper manner." While she can continue to feel useful and safe, her children benefit from her assistance in child-minding. She emphasizes, nonetheless, that her services are not to be taken for granted. While she enjoys the company of her grandchildren—admitting that she is more prepared to overlook their transgressions than she was with her own children—she will not take on this responsibility at all times.

She recognizes, as well, the importance of mingling with people of her own age group for her own well-being: "Now I go to the market and do this and that. I meet with my friends, have Satsangs [gatherings for singing religious songs] and so on with people of my own age group. We can talk whatever we like—past, present, future. Who else is interested in all that? It's one way of keeping healthy for us." In Tara's view, making
oneself useful and needed in the household and meeting with friends of one's own age are essential ingredients for the well-being of all elderly people, particularly those who move overseas who are more likely to feel "left out, . . . isolated [and] unwanted." Comparing the situation of elderly Punjabis living in India and Canada, she concludes,

Here people engage in idle gossip. It whiles away the time. If they can't do that, they sit in some corner and become mentally sick. Here we all go together if someone is sick, or there's a birth and so on. It's our entertainment! They would miss all that. That would be the main cause of problems, I think.

Respect for the older person by the younger generations is a critical component of mental well-being but, as Tara points out, "you can't buy respect—it's the way you conduct yourself and the way other people are that matters." Although it is the treatment she receives from her children that impacts upon her being most profoundly, Tara emphasizes the importance of according respect to others as well: "Friends also perform duties for one another. Helping each other is important for being with each other in a peaceful way. You are free to think about bigger things if you're not fighting over small things all the time." A more traditional form of showing respect which entails touching the feet of elders in exchange for their blessings is fast disappearing, but is a custom which Tara happily reports as persisting in her home:

Getting blessings from one's elders is a good custom. It gives everyone the opportunity to be closer. It's good for the elders, because good things come from their hearts and mouths instead of talking nonsense. According to the custom, children won't go out of the house without first seeing an older person, and touching their feet. It reassures everyone. It strengthens the mind and it's good discipline. There's less chance of a son saying crazy things. A son who always bows to his parents will find it difficult to be rude to them, or treat them badly. Without the custom of touching the feet of elders in exchange for their blessings, elders can be ignored. It doesn't make people cowards and all that, as modern people think. The thing is, we get moral strength from our own people [family], not from outside. In my house, my sons always come to me before they go out somewhere and give a little bow, which is as if they touched my feet. It reassures both generations. It's just like saying, 'I love you.'

Although her health is not as not as good as it was prior to her heart attack in 1987, Tara is neither physically nor economically dependent upon her children. For elders who are, however, she foresees innumerable problems. Without health and money, she says, the elderly may lack alternatives and are less likely to be able to command respect in the household. In particular, this may lead to mental health problems. When asked if some people are more likely to become mentally unbalanced than others Tara replied,
People who have no willpower can succumb to anything. They can be led if they have no thoughts of their own. They are easily swayed. Older people can be more susceptible. They feel besara—without support to fall back on. Because their health is gone, they can't look after themselves, so they can be easily frightened by their children. They [one's children] can rule over you and you can't take it up. Old people are more isolated and weak, physically and financially, so they are more liable to become unbalanced.

Besides having had to slow down on account of her heart trouble, Tara is also diabetic (something which has plagued her for almost two decades) and has developed cataracts and other eye problems over the past two to three years. She has less strength now and cannot do all manner of housework as she had previously, but can still do "milder jobs." She is adamant that she and older people in general must continue to serve a purpose in their households.

In combination with prescribed allopathic medications for her weak heart and diabetes, Tara has also had to control her diet considerably:

For the diabetes, I had to cut out sugar and carbohydrates. One gets used to it. Because of the heart trouble, I have to avoid concentrated fat, so I have a very simple diet, what we call 'dal-roti' [literally, 'pulses-bread']. . . . When I first had the 'sugar' [diabetes], I ate only boiled food for some time and this helped to reduce it. Too much starch and concentrated oil, like ghee, is not good for anyone unless they're physically active. They stay in the system and this affects you.

The importance of eating simple food arose again when I asked about three categories of food noted within the Ayurvedic tradition, known as sattvic, rajasic and tamasic. I will reserve further explanation of these categories until chapter eight, but this is what Tara had to say:

Sattvic food is easily digested, so it's especially good for older people—people over fifty-five. They don't exercise any more. Why keep hankering after certain foods? It creates problems for yourself and in the family. It's not proper. Tamasic food is all these wonderful preparations, but they're not good for the health. They're not digestible, there are so many things in them. I don't place too much stress on food. Nobody should. Your house is not a hotel. It's OK to take these special foods at festival times, that's enough. There are so many other things to do than to think about food, it's a waste of time.

By the same token, she applauds fasting for the opportunity it provides to train the mind and prevent you from "uselessly" putting food in your mouth whenever you feel depressed or worried. Nevertheless, she finds fasts "too tedious" to keep herself. Although she is not strictly vegetarian, Tara eats less meat now, and has eliminated
chicken from her diet entirely, favouring "vegetable proteins" such as milk, curd (yogourt) and paneer (curd cheese) in their stead:

There are so many bad things that go on—corruption is rampant, so there is no proper inspection to ensure good hygiene. . . . Meat is not good for the teeth, and it's not for the human digestion—these things we hear. I used to have it quite a bit. For the ordinary person, though, it's too expensive.

A taboo against combining meat and dairy (what she calls 'vegetable proteins) for fear of causing leucoderma (depigmentation of the patches of skin, commonly seen in India) are among several dietary restrictions which she observes. These restrictions caution against certain combinations—e.g., hot and cold things which taken together "loosens the gums and gives you a bad feeling in the stomach and in the throat"— or the consumption of particular foods at certain times of the year or day. Despite the fact that these beliefs are grounded in Ayurvedic lore, Tara phrased them more loosely in terms of preferences: "In the summer, nobody feels like taking fried or sour things—they make the liver sluggish—but after two, three rains, everyone wants [deep-fried] pakoras." Like most Hindus, she observes a strict taboo against the consumption of beef:

We don't take cow, we can't think that way—she's addressed as 'cow mother,' gai mata. She's kept in a special place, a clean place. She gives milk, and at festivals, people put flowers on her. Now things are changing. Previously our mother wasn't to be spoken to rudely, whichever mother, now it's not always like that. In our spiritual teachings, the mother held a high place, but now it's less.

Tara's association between lack of respect for the beef taboo and for mothers in general is interesting in its similarity to her rationale for avoidance of alcohol which again focuses on family relationships: “Alcohol] is something very bad. It in no way benefits anyone. It spoils personal relationships in families and many times it can ruin a person. Indian people have a tendency to get drunk, not just to take a social drink. Then what happens to the family?" Certain foodstuffs, however, are seen to be preventive and/or curative:

I take milk daily. It's a must for vegetarians because it provides protein and calcium. . . . I also take curd daily. When it's churned, as it is for raita or lassi, then it's good for the liver. . . . [Honey] is very healthy. For general health, and for coughs and colds, you take it with fresh ginger juice. It definitely cures. You can't give children so much cough mixture, it's not so effective, so honey and ginger is best for them.

When questioned about home remedies, Tara was able to list off a host of herbal cures which take advantage of readily available foods and herbs such as curd, psyllium husks,
fennel seed (saunf), holy basil (tulsi), and various parts of the neem tree. These she prepares for "small small ailments, such as cough, cold, [and] stomach problems."

As she does with food, Tara assigns religious practice both a preventive and curative role in health. Asked whether not performing puja ("religious worship") had any connection with the health, she replied, "Puja is important for mental health because it gives you good thoughts. Mental health is connected with physical health. It depends on who's doing it and how they are doing it, though. It will only help if you are improving your thoughts." Although she no longer feels she would consult a jyotish ("an astrologer") as she did at the time of her husband's health crisis, Tara nonetheless has faith in the ability of certain religious specialists to provide some form of mental health care: "If you can find the right person, and they're usually not there, then it gives you more peace. They can give you advice from the scriptures. It gives you more faith in God and avoids many mental crises that one goes through in life. It's like a form of psychiatry."

Tara's faith in religion, however, is the source of some degree of ontological conflict for her. When asked if we should, in order to stay healthy, follow the ways of our ancestors or adopt new things, she replied, "Science is very progressive—I think this should be the best in all things except religion, which is not covered by science. One should believe in God first, without proof, which is not the scientific way." We have already seen much of what Tara has chosen to preserve of her ancestors' values, most important among them, as she herself points out, are strong (agnatic) family relationships. Religion and food are two additional domains in which this tendency is especially apparent.

Questioned as to whether or not certain gems can prevent and/or heal illness, Tara proclaimed, "I don't believe in this. I'm scientifically-minded, but I do believe in the stars. If you can't pull on with someone, it can be because your stars clash. Sometimes the stars can bring you bad luck." Her rejection of gem therapy is thus qualified by the assertion that she is not prepared to disregard entirely the astrological tradition of which it is a part. Contradictions such as this illustrate the tension between her more traditional inclinations and her desire to look ahead. The same can be said of Tara's perspective on health care in general. If she cannot cure herself with an herbal remedy, then she is most likely to seek out allopathic treatment: "Now allopathic hospitals are spreading, so we go according to that. You can't play with yourself and for surgery it's best. . . . Everything around us is allopathic. Most people have studied these systems and know what is what." She feels somewhat uncertain about Ayurvedic and homeopathic medicines for two reasons, one being that she is inexperienced in their use, the other relating more to her
distrust of many such practitioners. Nevertheless, Tara suggests that these medical traditions may in fact have something to offer:

I've heard that Ayurvedic medicine can cure certain things without surgery. It's good, it works, but there's a lot of quackery that goes on. Our religious books are full of medicines, but we've grown out of it. . . . I've never really had such medicines, so I don't understand them. They haven't done extensive research on these things and much of it has been forgotten, but it's coming up again now. For certain things it's good.

Of homeopathy she says, "They say homeopathic medicine is good for kidney stones. Homeopaths don't believe in surgery. I've heard they're good." Despite her claims that she has no experience with such medicines, she has in fact experimented with them, much to her benefit. The "biochemical homeopathic medicines" which she took for her sinuses proved to be very effective, as did the Ayurvedic preparation recommended for her diabetes by an allopathic physician:

For my diabetes, my doctors wanted me to take insulin, but I had a lot of fear of giving myself needles, so my [allopathic] doctor gave me some Ayurvedic medicine along with the allopathic medicine. I used to take it once a day and then get my blood tested regularly, and it worked—it brought the blood sugar down. I had this for three years. You can't have something blindly. The doctor explained to me that this medicine, which was like a paste, used to cover the intestines before I ate my food, so I was able to be satisfied with half the amount of food and it absorbed the carbohydrates. I was gradually able to decrease the medicine and also my food needs, so it was very effective.

There are, however, a number of points in the interview at which her inclination to "change with the times" predominates. When questioned about practices which she defines as "superstitions," Tara provides "rational" sociological explanations. She reasoned, for example, that taboos which prevent menstruating women and those who have just given birth from performing certain activities or entering certain places, particularly going into the kitchen, ostensibly because they are 'polluting' at such times, simply ensure that women get the rest they need:

I think all of these customs are woven around the necessities of life. You can overdo it if you're superstitious. I don't thing there are any germs produced during menstruation. There's no scientific proof. There may be germs, but I don't think so. . . . [Nonetheless,] I didn't let my daughter-in-law go into the kitchen after she had her children, only because I thought she needed a rest.

She rationalizes the festival of Karva Chauth, wherein married Hindu women fast for the entire day in order to ensure the good health of their husbands, as follows:
We used to keep it, all for fun's sake. It was a way of rejoicing for women. They could all get together, and it provided a break from the routine. Now we have birthday celebrations and other things that we didn't used to have earlier. These provide a festival atmosphere—something has to be there. Earlier, women were not important. At this time [the day of Karva Chauth], they were free from work, and especially from the sas [mother-in-law]. It let the husband and wife come together also. The wife says, 'This is for you,' and the husband feels nice. Women dress up to their heart's content that day and nobody can stop them, in fact, it's encouraged. It provided some relief from the drudgery of the rest of the year. But nowadays, the younger generation is more free, and they say, 'Why should we do it?' It's hard if you have a career. Now I also think, 'How foolish it is.'

In response to my inquiries as to whether ghosts (bhoot pret) or the evil eye (nazar lagna) can influence the health, as traditionally supposed, Tara proposed an explanation which again recognizes the sometimes arduous existence of young, newly married Indian women, especially those living in rural areas:

[Bhoot and nazar] are nothing, just one's own creations. I haven't seen anything. If they do say it's because of ghosts that someone has some illness, it's because they don't know why they have it, so they say it's bhoot pret. The woman must be scared of someone—her husband or her sas—or no-one listens to her and she can't express herself. Such women have no education and no money and they have to resort to gimmicks—they say the bhoot has come. Bhoot pret is something they can fall back on to get out of something or to dodge another person. My feeling is that if there really are bhoot, then they should be everywhere, not just in the villages, which is the only place where you hear that they come.

A somewhat less sympathetic view of women's concerns is apparent in Tara's views on the affects of menopause. Having experienced what she calls "a very natural menopause," she again turns to familial relations to account for the problems some women experience at this time of life: "I think most of the problems women have with it are created in their own minds. There are a few things that can be explained clinically, but Indian women create a lot of problems for themselves. This attracts the attention of the husband and children. It's one way that they [women] can manipulate them."

To conclude Tara's rather condensed tale, let us examine briefly her ideas with respect to two very different notions of 'self' identified in Hindu lore—the transcendental or spiritual, more private, self known as the atma, and the more public, phenomenal self, or ahamkara. I will expand on these concepts in a more general sense in chapter ten; here, I would like to focus solely on Tara's interpretations of these cultural phenomena. The basic distinction that she makes between the two is that atma is good, whereas ahamkara is bad. The essence of ahmakara, it seems, is pride: 'This is something very bad. It's the
root cause of many downfalls in one's life. You think, 'I'm supreme, no-one's better than me, nobody knows more than me.' If there is ahāmkara in a great degree than you will meet your downfall, you are bound to commit some folly." Atma, on the other hand, has no qualities—it is without smell, it cannot be seen. Akin to a 'soul' it lives within human beings while they are alive and then separates from the body at death at which point it moves on to another body and is reborn. In this way, says Tara, "karma ho gya ['karma happens']—we repay our debts." Although it resides within the body, the atma is essentially free, she argues: "It is in no way connected to anyone. Because we have involvement with the world, we are connected to all things. Maya ['delusion']" has made everything a jumble. We should be above it. The saints say that atma is a part of God. When all else is destroyed the atma is not."

Throughout the interview, then, we see that Tara focuses overwhelmingly on the family as a source of sadness, happiness, respect, neglect, harmony, tension, health and illness. Her emphasis on the sociocentric self is apparent in her interpretation of ahāmkara as egotism or negatively appraised individuality. In her efforts to change with the times, she adopts, in part, a scientific, rationalizing approach, although the familial theme which emerges in virtually all such explanations reveals the cultural heritage which she endeavours to surpass. Her cultural assumptions, many of them grounded in the Ayurvedic tradition, are all-pervasive throughout the interview even though she does not necessarily recognize them as such. This is especially apparent in her food preferences, dislikes and avoidances and the multiple connections she makes between food and health. Tara's religious convictions are likewise bound up in complex ways with her health. The confluence of food, religion, and health in the concept of sattvic, rajasic and tamasic food categories is especially illustrative of the Ayurvedic thinking which, I maintain, informs to a great extent, Tara's interpretation of her lived experience.

While it is tempting here to delve further into Tara's interview, to place it into the analytical context of some of my theoretical suppositions regarding the body, the self, aging and so forth, I will reserve such commentary, here and with respect to subsequent profiles, for chapters eight through twelve. For now, let us simply consider the women's stories as narratives, indicative of one interpretation of their worlds, specific to their interaction with me and my questions, sometime between June 1996 and February 1997.
2. Champa

My second profile from the Indian sample has not lived the financially trouble-free existence that Tara describes, although she would still fall within the ranks of India's middle-class. Sixty-four year old Champa has spent much of her life worrying about money and striving to educate not only herself but her siblings and later, her own children. While she was still a young woman, Champa's father's younger brother withdrew his partnership from the joint medical practice that he and Champa's father ran together. Since the practice was in her uncle's name, Champa's father was left with very little money to support his five daughters and three sons. Champa claims that his position was especially difficult since all of his daughters were older than his sons, the implication here being that while sons can eventually be a source of income for their natal household, daughters represent an expense, since they need dowries in order to be married and are then members of their husbands' families.

Although she was not the oldest daughter, Champa effectively occupied this position once her elder sister was married at age twenty and moved to England with her husband shortly thereafter. Champa subsequently took it upon herself to ensure that the oldest of her brothers, some eight years younger than herself, received an education as an engineer. In this she succeeded, and having gained his credentials, the oldest brother was himself in a position to finance the education of his two younger brothers. Champa additionally assisted her father by helping to finance the marriages of her younger sisters as well as the education of the youngest among them. This experience has clearly had a profound and lasting effect on Champa's life:

> After this partition of shop [medical practice], we were poor. We became poor, because my father had very big family, supporting, giving education all the seven children, this is very difficult, and running a new shop. And that was very big impression on me and I was always dreaming about money, about my financial position, about improving my financial position and giving highest education to my elder brother.

In order to do so, Champa took what she calls a "service" job as a teacher immediately after her matriculation. In those days, she explains, one did not need training *a priori*—this was accomplished on the job. Gradually, Champa augmented her credentials, completing over time a bachelors and masters degree in teaching. Meanwhile, she was married and bore two children, a boy and a girl:
While working, I had done all my education. And then my life was as simple [without frills] as you can't imagine. We both were in education department and there was very very small salary, say in the beginning when I was married, 108 and 110 [rupees], this was our salary. But my main idea was to educate both the children. We were in very poor condition in the whole of my life. After my retirement, I was able to do something and I was able to relax.

Besides her efforts to ensure that her children received a good education, Champa has endeavoured as well to be a dedicated daughter- and sister-in-law. Since her mother-in-law was already deceased when she married, Champa took it upon herself to ensure that her father-in-law was always well cared for. She remembers proudly how, during thirty-three years as a teacher she was posted to ten or twelve different locations throughout Punjab, yet always managed to keep her father-in-law with her in her home. She additionally educated both "financially and physically" her brother-in-law's daughter. These actions, claims Champa, earned her a great deal of respect amongst her brothers-in-law: "my in-laws respected me very much, [even] now. No decision is made without me." Since she was considerably more educated than any of her husband's brothers, none of whom had studied beyond their matriculation (or tenth class), Champa became accustomed to being a decision-maker: "Everyone in the house called me for my advice. And I took every decision in my own house also, educating my children and building my own house in [our hometown], these are big decisions. And giving medical aid to my children or my family members and my in-laws." Subsequent to her father-in-law's death, Champa, her husband and children moved into her in-law's family home, together with her three brothers-in-law, and their spouses and children. Despite her lack of experience in such matters, the division of their large house was left up to her: "My husband's eldest brother had belief in me, and they had told [me], 'Whatever you do, it's fine.' And I had initiative in my hand."

Although she had great respect for her father-in-law, Champa points out that she did not always follow the advice of her elders—her father-in-law would no doubt have criticized her for sending her daughter to college, she claims, but she was determined nonetheless to fulfill her daughter's dream of becoming a doctor, and sent her to city where she could pursue her studies. Now a practicing physician, Champa's daughter is married with two children and residing in Chandigarh. Her son, who attained a master's degree in statistics now works as a computer engineer in the United States where he resides with his wife and infant son. Champa is understandably proud: "I am very much happy to see my children, both the children in such a high course, and having a good financial position."
Undoubtedly, Champa receives much reassurance and support from her children. Both her son and her daughter phone weekly, or even more frequently if they are ill: "Last month my husband had high blood pressure, [and my son] used to phone alternate days [from the United States]." Although he and his wife and child visited his parents only a few months prior to our interview, Champa told us that he was already urging them to repeat their former visit of five and a half months to the United States. It is her son who bought the apartment in which they now live very comfortably and while Champa would like to decorate to her specifications, her son urges her not to waste money on such furnishings—he wants his parents to join him in the U.S. and hence views their current situation as temporary. Champa, on the other hand, while desperately lonely for her son's company, claims that she cannot move away from her daughter.

At first, she suggested that it was her daughter's personal medical care of her father, who suffers from arthritis and high blood pressure, that prevented them from moving. Eventually, however, a much more complex picture emerged. Champa explained that when her daughter was born, a now-deceased relative had predicted—either on the basis of her daughter's janam kundli [astrological forecast] or from reading her hand—that, if her daughter was able to survive past the age of ten, she would live only until she is thirty-six years old. At the time of our interview, she was thirty-four. Based on this prediction, Champa has been very protective of her daughter, forbidding her on the day before her tenth birthday from going on a trip she had planned, and so forth. Now, she says, she is afraid to leave Chandigarh and will not move to the United States for this reason. On the other hand, she misses her son and worries about him whilst in India—it goes both ways: when she's in America with her son she worries about her daughter, but when she's back in Chandigarh, then she worries about her son—"whosoever is furthest away."

Champa is nonetheless adamant in her assertion that she will not reside with or near her daughter as suggested by the latter. Soon after her marriage, Champa's daughter tried to persuade her parents to live nearby. Champa refused on the grounds that her daughter's children would spend too much time at her home and incur the wrath, or at least the disapproval, of her daughter's in-laws to whom she owes her primary allegiance. I suspect as well that Champa's sensitivity on this point is due in part to the fact that, while they did not demand a dowry, her daughter's husband's family is much wealthier than her own. On these grounds, Champa was initially opposed to the engagement, which had been arranged by her brother:
We were very poor, we [didn't] want to marry my daughter in that house where the financial position is far, far better than us. Then I had very much tension, weeping, weeping always, saying 'No.' My brother is in-between. My brother and my son-in-law was serving in the same centre, in the same office. And then he was insisting me. Then my husband talked to the family and afterwards, my daughter and my husband came in Chandigarh and they had solved, all arranged, she was engaged.

Once she realized that her fears were unfounded, Champa was able to relax and accepted the marriage. Her daughter, for her part, persists in phoning and visiting her parents along with her two young children on a regular basis and insists that she is able to take care of her parents without her brother's assistance, that he should not worry about them so much. She ensures that her father eats well, according to his specific medical requirements, and that Champa takes walks and so on in order to combat her feelings of loneliness.

Since her son provides them with financial support, however, he now controls the majority of practical decisions concerning Champa and her husband. Hence while she feels that her own children as well as her nieces and nephews continue to show her sufficient respect, she no longer exercises the degree of control to which she has been accustomed throughout much of her life:

In this time of old age, no control is left. Now, my husband has very much control on me also. Because of disease, suffering, he gets much excitement because of high blood pressure. I know afterwards he realizes also about eating some[thing, but] he always press me to give that thing also, that thing also, eating something or the other [that he should not].

Nothing special to discuss to take decisions—now my son decides, whatever he likes. For our family, for our house, for our family, my son decides.

Lack of control, however, appears not to be of great concern to Champa who instead focused on the tragedy of living alone with her husband in old age:

I always watch TV because I am always alone, I am always alone here. [My husband]'s always busy in studying, he has some tuition work or, so, in the evening he teaches four or three students, no tuition fee at all. But freely he gives tuition. But I have nothing to do, except my cooking in house.

Accustomed to living in joint households, or with their children around, Champa says that she and her husband need some kind of "society", friends of the same age and financial and educational background as themselves, without which their health will inevitably suffer:
Loneliness gives us many diseases mentally, and then physically. This is not a kind of good life. If we both are living here, we have no society, that is why we always feel loneliness, though we have many talks with our daughter, with our relatives also, brothers and sisters also, but then we also feel loneliness if there is no one, no society, then we think ourselves ill, and it is necessary, we feel sick and it is not a good life. Then we will die soon, when there is no activity, no talking at all, society is very necessary.

Later in the interview she goes on to equate loneliness with depression and makes a further connection between this condition and the fact that her fear of leaving her daughter behind prevents her from living with her son, where she is sure that both she and her husband would otherwise be happy:

Depression is there in ourselves also, depression when we are sitting in loneliness. Then my husband always says there is nothing to do... It is better to die than... this is depression. Nobody lives with us. Then our son phones us, then for two days we are happy. Now we talk to ourselves that he does this, he does this to us, he was asking this, this. [But] after that we feel the same thing—it is long we have lived then there is nothing, nothing useful for our life. And I always think, I have no use to my son or to my daughter, I am just a worry to them.

My daughter and my son out of affection, they are very much worried about our health, and our lives, our difficulties. My son is always thinking about our financial position, our health... I always think this is worry of my daughter and my son. What is the use of living this? Much life has been living, that way, we should have died, but this is not our... this is depression.

I want to share my worries with my daughter-in-law or daughter or son. If I, we, are living with our daughter-in-law and our son, then this is more interesting—we play with our grandson and when we were in America, for six months, five and a half months we were there. Every night at nine we started our playing cards and we played for two hours.... Yes, we four were playing cards and very much happy.

Although she has, for the most part, always enjoyed good health, Champa relates several occasions in her own life and that of others wherein illness could be attributed to worry. Like Champa, her father was in good health until he died of a heart attack at the age of seventy-two. She attributes his sudden demise to the worry engendered by the news that his eldest son’s son had been born with a spinal defect and would not survive. Similarly she credits her own problems with a stomach ulcer to her many worries as a young woman struggling to keep both her natal and conjugal families afloat, to the death of her father, after which she suffered some depression, and later to the tension associated with her daughter's engagement. Subsequent to her daughter's marriage, however, she felt satisfied that she had fulfilled her responsibilities in that regard and has not suffered with
her stomach ever since. She worries, nonetheless, that if she were to leave Chandigarh and move to the United States, that she would always suffer from mental tension on account of the prophecy regarding her daughter's short life span. Speaking in more general terms, she proposed that those who worry too much may be susceptible to madness.

At different points in the interview, Champa suggested two very different antidotes to worry. The first entails keeping busy: "I think it is very important to be active, or doing something so that nothing, no worry, should be in your mind." The second involves meditation or at least inner reflection which Champa refers to in terms of her atma [approximately, 'soul']: "Atma releases me from my worries. Whenever I am in worries, I always close my eyes. And think over, think over, till in my innermost . . . [SDK: That's where the atma is, your innermost?] There should be atma in the innermost of our body, and then after some time, I think myself relieved."

At one point, early in the interview, Champa claimed that it is younger people who are more susceptible to worrying: "Younger generation has more worries. Older people don't have any, they lived their life in complications and in happiness also, no difference on their lives at all. And younger people, when they experienced any worries, any difficulties in their life, they become mad." Subsequently, however, she reversed her position, claiming that it is old age which is most worrisome, after all:

I think no old man thinks old age is good. It is full of weaknesses, diseases, loneliness, worries, all things are there. You can't do, you can't even, when you fall ill, you cannot go and bring the medicine for you, and you always want someone or the other to [look] after yourself in old age. And you will be dependent [on] others. No old man, I think, no old man wants to be dependent on, even his or her children.

Here we see a contradiction which is later apparent in Champa's own desires to live with her son on the one hand, while remaining somewhat independent on the other. In light of her aforementioned complaints about the loneliness of residing alone with her husband, she provided a most unexpected response to my question as to whether older Indian women preferred to live alone or with someone else in their old age:
Many women want to live alone—alone with their husbands, if their husbands are alive. But women without husband doesn't want to live alone. They live with their sons. They are happy with their sons and grandsons and their daughters-in-law. There are men, they don't coop up with their sons, because in our society, men are more educated. Now, this generation, females are equally educated. . . . Men don't want to live with their sons when they have all, no financial crisis. . . . That is thinking in our side also. We are physically fit and financially fit, financially we will be fit always, throughout our life, and we are fit physically, then no question of living with our son permanently. When we are not able to do anything for ourselves, bathing or cooking, then perhaps we will go to our son.

Interestingly enough, this is the position she took at the outset of the interview when she claimed that while she enjoyed visiting her children, she did not wish to stay with them forever. Having recently acquired their current residence, Champa is eager to decorate it and says that she is always thinking about her new home.

Champa's interview reveals several interesting contradictions, most pronounced among them being her stance toward rituals. While she believes in God, she reiterates on several occasions her distaste for rituals of any kind: "I don't do any rituals. . . . In marriage, in work, in anything I don't believe in rituals." Having observed some rituals as a younger woman, Champa became disillusioned when, at pilgrimage sites such as Haridwar, she saw a great many "holy men" who were to her mind nothing but pretenders. At another sacred site she sought to assess the deity in question with a critical eye, to develop her belief. Instead, she was counseled by the attendant priests to accept what was there on blind faith. Since that time she has remained skeptical regarding this type of worship.

True to her convictions, Champa observed none of the taboos around menstruation, and says she did not believe in the traditions associated with childbirth. On the latter point, however, she conceded to the will of her parents in whose home she gave birth to her children. For the first five days, nobody except family members were allowed into the home where the child was born. On the fifth day, the mother was given her first bath and the child taken out of the delivery room which was then disinfected. Although the child was bathed daily, the mother was not permitted to bathe again until the thirteenth day following the delivery at which point she could also wash her hair. Thereafter, she was permitted to enter the kitchen—an occasion which was celebrated by preparing and distributing sweet dishes amongst family members.

A common belief in India requiring ritualistic remedy concerns the effects of *nazar lagna* (the 'evil eye'). Any object or person looked upon and desired by another can be said to have been affected by the nazar and may be harmed in some way. Children, especially
young boys, are especially susceptible and often "protected" by black dots placed on their skin or by amulets. Champa eschews any belief in *nazar lagna* but discovered when her infant grandson was visiting from the United States recently, that her neighbours do not. When her grandson became sick, they suggested that she throw green chilies over the baby as an antidote. Another remedy that Champa knows of involves picking sand from the feet of a person who previously had been in the same place as the afflicted child and then circulating the sand over the child's body before throwing it away. Champa claims, however, that since she does not believe in this, she did nothing of the sort.

In addition to ritual, then, Champa seems to include traditions and what are sometimes called 'superstitions' among those behaviours that she ostensibly rejects. Inconsistent, then, is her belief in the *janam kundli* which predicted her daughter's ten or thirty-six year life span. More dramatic a departure still, is her insistence on performing various rituals in connection with difficulties and omens associated with her grandson's birth. Prior to the birth of his own son, Champa's son in the United States dreamt on several occasions of his grandmother (MM) as well as one of his female cousins (MZD), both of whom were already deceased. In his dreams, these two women would ask Champa's son for toffees. Having heard of the dreams, Champa insisted that her son distribute toffees to the poor, especially girls. Her son discovered, however, that nobody in America would accept the toffees, so Champa took it upon herself to distribute the sweets in India:

I gave in the temple, toffees, packet, a big packet I bought, and in temple and among the poor people also. I gave everyone. I went through my daughter's college and gave—because my sister's daughter was very young, and she was burnt due to dowry—then I gave every lecturer also, including my daughter also. All these toffees.

Even prior to the baby's conception, Champa began turning to religious means when it seemed that her son may have a low sperm count and the couple were unable to conceive. Suspecting some "defect" in her *karma* as the root of the problem, she made a bargain with God, promising to leave meat forever if her son was able to have a child. As soon as the pregnancy was confirmed, Champa became a vegetarian. When he was born, however, the baby experienced difficulties breathing and had to be placed on a respirator for thirty days. Again, she turned to God, apologizing profusely for having proclaimed repeatedly her disbelief. Again, she struck a bargain, promising this time to offer bangles, a *dupatta* (long scarf) and so forth, if her grandson recovered. Encouraged by her daughter-in-law, she additionally gave one thousand rupees to the temple.
Actions such as these thus force us to question Champa's assertion that she does not believe that illness is due to fate: "I feel that something is wrong with our diet, with our living method. But most of the people here also, there also my friend and neighbour, she also believe[s] that it is our fate." The offering of toffees to appease the spirit of her sister's niece, described above, further implies some degree of belief in ghosts, yet Champa was quite decisive in her rejection of the notion that ghosts (*bhoot pret*) might cause illness of any kind. As well, she related how her husband's elder brother's wife attributed her son's mental imbalance to *bhoot pret* that must have captured his body when he went to a cemetery.

Champa's rejection of ritual may stem in part from her in-law's identification as *Arya Samajis*. As previously explained in chapter three, this Hindu cult subscribes to a pre-Brahmanic form of Hinduism which eschews all rituals with the exception of the *havan* ('fire ritual'). Champa explains the purpose of the *havan* in biomedical terms, claiming that the smoke which arises when *ghee* is poured onto the fire makes the house fragrant and kills "bacteria" or small particles in the air.

A more fundamental source of the ideological challenge to Ayurvedic thinking which many of her beliefs seem to represent is, I suspect, Champa's socialization within a family of doctors. Not only her father but her uncle and each of his sons were allopathic physicians, a background which she herself identifies as critical to her understanding of various biomedical concepts of health which continue to guide her health care decisions. Her comprehension of germs, bacteria and viruses as sources of disease, for example, is unambiguous—while she now has a water filter, she has always insisted on treating her water with iodine drops; the concept of 'germs' is much more vague for many of the participants. Moreover, she feels confident in making minor medical decisions for herself and her family, although nowadays she will also consult her daughter, a physician: "I know many medicines, because of my parents' home. Very small diseases, I have, I always have my medicine box. I take these medicine and then I ask my daughter."

Not surprisingly, Champa's preferred health care modality is allopathy: "We always take allopathy. They say that there is no side effect in homeopathy, and this is more useful, [but] I feel allopathy, allopathic medicines cure fastly [*sic*] than homeopathy. And we can't suffer for long period." Her daughter, however, does not agree entirely. Although she is trained as an allopathic doctor, Champa's daughter has heeded her in-laws' recommendations as to the benefits of homeopathy and has incorporated some of these medicines into her practice: "When there is small disease, she always gives homeopathy,
otherwise she gives allopathy. [SDK: What do you mean by small?] Little diseases, like little cough, cold." Champa's daughter's mother-in-law and many of Champa's neighbours firmly believe that allopathic medicine is too strong for them and makes them sick. Instead, they prefer homeopathy which, they argue, is not hampered with the side-effects of biomedicines. Champa, however, is equally convinced of the greater efficacy of allopathic care and cites the negative example of the homeopathic medicines which she got for her husband's arthritis on the recommendation of her daughter's in-laws: "I went to homeopathic doctor and brought medicine, but no effect has. . . . Because my husband had been suffering from this arthritis for the last 15 years or 20 years, and we have given Indomethecin [an allopathic medicine]. . . . This help[s]—if he misses this once, he's not able to walk."

While Champa herself does not take Ayurvedic medicines and feels that their use is no longer widespread, her husband and son both utilize an over-the-counter digestive aid known variously as Hajmula or Hingoli. She relates as well, how her husband once received Ayurvedic treatment in a naturopathic hospital some twenty years ago. Besides Ayurvedic medicines, the treatment involved enemas, alternating hot and cold baths, massages, and a very restricted, simple diet consisting of milk, raisins, breadfruit and dalia ('wheat gruel'). After one and half months of conforming to this regime, the pain in her husband's legs had indeed disappeared although he had lost a great deal of weight and was so weak that he could not work for some time.

Although she knows about various popular home remedies, such as saunf (fennel) for stomach pain and so forth, Champa claims that she does not enjoy spices a great deal and no longer uses them much in this manner, although her family members continue to do so. She does, however, believe in using turmeric (haldi) which can be applied as a paste to external wounds or taken with warm milk for internal injuries. She mentions as well, other spices such as asafoetida (hing) and dried ginger powder (sonth) which, added to food, aid the digestive system and alleviate joint pain. Ajwain (wild celery seed) too can be chewed or taken with hot water for stomach pain. As compared to some women, Champa's list of home remedies is quite limited.

Again, let us conclude Champa's story, as we did Tara's with her account of the meaning of atma and ahankara. Unlike Tara, Champa makes no immediate clear distinction between the two. Her confusion, it seems, is with the meaning of atma which she seems to define as a thing that she contrasts with consciousness, although she remains unclear on this point. While her definition of ahankara is more definitive, it is interesting in the
extent to which it differs from that provided by Tara. *Ahāmkara*, proposed Champa, is both good and bad and inherent in each of us. In the positive sense, she equates it with self-respect, something we all need in order to be healthy. Without it, says Champa, "we always want to take some things from the others, and to beg." She concedes, however, that *ahāmkara* as manifested by some individuals can be negative: "*Ahāmkara* is bad say in those who are rich, very rich and they think others very, very inferior to them. They don't want to talk to their inferiors in richness. They don't want to mix in, their neighbours also." Here we can recognize the notion of pride previously identified by Tara.

It is the former definition of *ahāmkara*, however—the positively inscribed notion of self-respect—which, for the most part, has played a vital role in Champa's life. As a capable, educated woman, respected by her in-laws and now, it seems, her children as well, Champa—in accordance with her circumstances and disposition—has had to be far more independent and self-assertive than the majority of Punjabi women of her age. In many respects, she is a woman ahead of her times. Viewed from this angle, the various contradictions apparent in her narrative begin to make sense. An allopathic orientation is consistent with the more egocentric notion of self that she has had to develop in order to survive and to propel her children and, in consequence, herself and her husband, into the upper echelons of India's middle class, into a place of comfort and security. At home in the West, this ideology is nonetheless at odds with the Indian environment: the joint family, Hindu lore, and local traditions, all of which recognize the self as part of God and as interdependent with close relatives, have also been ever-present in Champa's world. It is thus to the tension between these competing ideologies, each vying for space in Champa's lifeworld, that we can trace the contradictory elements of her account. The resounding echo emanating from Champa's story is one of struggle—perhaps a reflection of her duel identity, her internal tug-of-war as she inadvertently straddles two world views. On a more positive note, however, Champa typically emerges the victor, whichever route she chooses. She is, in no uncertain terms, a survivor.
Chapter 6 - Canadian Profiles

A. Who are you? - Canada

Yes, I was born in [a town] of a large family and I have done my studies, you know. I don't know, I wonder how I did it, because when I passed my primary, my father said that's enough, you can read and write, that's good, that's all I want. But somehow the circumstances were like that, that I went to my mother's parents, and they encouraged me... then I continued my education, I went to Delhi and started studying... but I couldn't complete it, because my father wanted to get me married. I got married, to a very good family, and then I got pregnant, and after a year my son was born. And my son was just, not even two months old when I started studying again, probably (Sumati).

My father was a businessman, so they had a lot of industries, they had wheat flour mill, and they had one cotton factory, and, it was at different places, but in Delhi they have this flour mill. And then they had one, this, cereal they making cereal, too... The first time I moved from my country to anywhere, it was England. I lived first in the, first we were all international students, but mostly English-speaking. I don't know whether it was good or not, I moved out from that hostel and I went to Indians' student hostel. 'Cause I found my own culture over there and my own food there, and I didn't feel that lonely (Neela).

I belong to a very ancient dharma ['way,' 'religion'], and I believe in Rama, Krishna, and other gods. I was very young when my father died, I don't remember my father. But my uncles, maternal uncles and paternal uncles and other family members were very good. I was brought up in a nice way, I got all the love from other members of the family. And after, I got married. I married an advocate and he was a very nice person. Now it is seventeen years that he has gone [died] and I'm alone (Daya).*

Very nice, my father, my mother, my grandfather—I had a very good life. I was born in a very rich family. My father owned a big factory grinding the paints and he himself was an engineer. We were four sisters and three brothers. And there was nothing, you know, whatever we wanted, we could have it. I studied up to the age standard. I was 19 when I got married (Anju).*
After I got married I came to [a city in India] because of my husband's government job. We had four children, two daughters, two sons. We gave them a good education. My son's an engineer, a mechanical engineer. My daughter-in-law is a school principal. My second son is a doctor and my daughter-in-law is a doctor too. My two daughters are here [in Canada]—the eldest daughter sponsored us and the youngest came with us (Minati).*

I was 16 when I got married. I lived in a joint family, they were very good. I had four sister-in-laws, three brother-in-laws. . . . My parents used to live in a town, but my in-laws, they were from a village, and they settled in [a small town]. Nobody was, especially ladies, were not allowed to go out. When I went to my parents, I used to get down the stairs and when I came back I used to come up the stairs. All my life, all my stay was in that house, I never got down to visit anybody, or I didn't have to go anywhere, I was not allowed to. But it was a custom, you know, so people, especially ladies, they never went out to meet somebody. But we were a big family, so we used to stay together (Pramila).*

I had a very good childhood, and I had a good married life, too. My husband was a tesildar [member of a village council]. So I had, really, a good life. My husband was well established. I have nine daughters and two sons. After two daughters there was a son, but my in-laws, they wanted another son, because one son is not sufficient—that's why the girls started coming on. And the other son is the youngest one. I have really taken care of their education—all the girls have their B.A. (Sita).*

My grandmother was blind, she couldn't see, but my mother used to take care of her very well, and whenever she went out, she used to tell us to take care of her mother-in-law. My father was in service [worked for the government] and we had a very good life in the childhood. There was never any fighting, nothing of the sort. We used to have cows and we used to work for those animals also, ourselves. We used to help my mother a lot because in the evening we used to prepare the food for the family. All of these jobs, milking of the cow, and making butter out of that, we used to do (Sibani).*
I had a very good childhood. I belong to a very rich family. I had five brothers, but all died. They couldn't survive more than five, six months, so my parents were very fearful for me also, when I was born. I was given to another family. . . . It is because they didn't want to say that she is our daughter, because all of my five brothers [died]. That is just to change the parenthood, so that I should survive. And then after me, I had a brother, and he was given, not actually given, but he was 'given' to a Mohammedan family. My parents took him back, but they did this just to make sure that their son would survive (Kali).*

In India as a little girl I didn't study. I learned a little bit at home, because there were no schools in the village at that time, and it didn't look good, a girl couldn't go that far away to another school. . . . We live very simply—plain and without a lot of frills, and we eat very plain. My parents were exactly like that, they were householders, but they still kept God's name, even with money. It wasn't that they didn' have the money, but even with the money, they just led a plain life, a simple life (Shulka).*
B. Two profiles - Canada

The temptation here was to profile Sumati and rest assured that my own understandings of the workings of Ayurveda had been duly confirmed and indeed, expanded. Sumati's knowledge of all things Ayurvedic is truly remarkable in its breadth and accuracy (as judged against various texts on the topic). To have done so, however, would have been dishonest and ethically problematic since neither her life course nor the extent and variety of her knowledge is typical of the women in my sample, nor of most older Hindu women living in Canada. For this reason, she might be too readily identified in the community. Instead, I have selected, as I did from the Indian sample, two women whose lives have followed seemingly different paths. Moreover, these two interviews, both conducted in Hindi and Punjabi, were completed with the assistance of different interpreters.

Like Tara, Pramila is a widow living with her son and his family in a traditional joint family. She has never worked outside of the home and lives in very comfortable surroundings. Minati resembles Champa in that she lives alone with her husband in a modest basement suite here in British Columbia. In contrast to Pramila, Minati worked outside the home for many years subsequent to her arrival in Canada. Although she has two sons, they reside in India, for it is her daughter who was the sponsor in this case; Pramila was, more conventionally, sponsored by her son.

Pramila

Married at the age of sixteen and a widow by age fifty-two, sixty-nine year old Pramila has spent her entire life in various joint family households, the majority of it in the home of her husband's parents. There she resided happily with her mother- and father-in-law as well as her husband's three brothers and their wives and children. Pramila remembers fondly how all of the sisters-in-law would work together in the house, in the kitchen, especially, working together, singing and talking: "They were working hard and they never felt that they were working hard, they used to enjoy the work" (Sumati translating for Pramila). While her conjugal home was in a small town, Pramila's in-laws had moved there from a village. Although they were very wealthy, she says, they lived a very "simple" life, unlike that of city people. Pramila herself grew up in a town.

Like many wealthy families in rural areas of Punjab, they observed closely the custom of parda, whereby women veil themselves in the presence of senior male affines or, in some cases, such as Pramila's, women are forbidden from leaving the home unless absolutely necessary—when they visit their natal families, for example. For a family to be able to keep its women in the home is a source of pride and increases the family's izzat or family
honour (see Vatuk 1975). Only relatively wealthy families can afford to observe this practice. Pramila's in-laws owned a business known in Hindi as an arhat—a grain brokerage—which entailed granting a great many loans to the farmers whose produce they sold. Restrictions around venturing outside of the conjugal home began to loosen somewhat when the family built a house away from the central plaza where they were previously located. Subsequent to deaths of her husband's parents, Pramila found it difficult to remain in the house all day and began to venture out to listen to visiting holy men, sometimes walking as far as ten miles to receive them and bid them farewell:

She was the first who said 'No, I have to go out.' And then she started going to... where the saints used to come. And there were their scriptures, speeches, and she started with that. But after some time, everybody followed her. She [had] to go through lots of stress for that. She [had] to face so many difficulties for doing that, but she did it. Her elder sister-in-law and she [were] together, so this is how they could go forward.

Pramila's interest in religion was fueled at a very early age by her mother, who she describes as a very 'learned lady.' Knowing that her daughter's in-laws were opposed to rituals and worship of any kind, Pramila's mother advised her to memorize some small religious books for her own comfort since she would not be permitted to read such things in their home. Pramila took her advice seriously and memorized the entire Ramayana—the epic story of the avatar Rama's life—by no means a small book! Often alone these days, Pramila continues to seek comfort in Hindu classics such as the Ramayana and the Bhagavad Gita, of which she now has audio-cassette recordings.

While she identifies herself as Hindu and recognizes Rama as her 'Almighty God,' Pramila's early contact with the Jain saints who would pass through her conjugal hometown initiated a life-long interest and connection for her with that religion and its practitioners. She adopted the Jain saint, Sushil Mooney, as her Guru (religious teacher) and has followed his teachings for many years now. During the twelve years that she had been living in Canada at the time of our interview, she had invited visiting Jain saints to her home on two or three occasions. Until two years prior to our interview, Pramila had observed the very strict and frequent fasts prescribed by the Jain dharma. These fasts are extremely stringent, forbidding the devotee to take even a drop of water on the first day. From the second day onward they are permitted to take some water. Once she observed a fast for five days in a row. Asked whether she had fasted for health or religious reasons, Pramila said that when she began, it was a matter of faith only: "She says when she started this fast, she didn't know much, but after that she realized that so many bad
thoughts [had] gone away, she [felt] better, she [felt] peaceful. And with the health, also, she says when she [fasted], she [felt] so light that she [felt] good."

Pramila's abstinence from fasting is no doubt connected to the fact that her health is not so good these days. When we interviewed her, she was recovering from a very recent operation to remove the cataract from one of her eyes and was scheduled to have the same operation on the other eye in the very near future. She has previously had operations on both knees in which, she explained, the 'ligament was finished.' Nowadays she can get about slowly but finds it very difficult to sit cross-legged on the floor, as is the custom in Hindu temples. She is taking medication for both her diabetes and high blood pressure. These ailments have afflicted her only in recent years; she has otherwise enjoyed good health throughout most of her life.

In old age, however, "everything leaves you"—after so many operations, says Pramila, everything in the body is artificial, "and the body becomes weak and you are not that strong." Lucky is the old person who is able to retain her health, she mused, suggesting with humour, that while childhood comes and goes, old age only comes!: "She says the diseases always attack you, but at the young age you have the strength to fight them back. But you know, when you are old, you can't fight them and they overpower you." While she is not at all morose about the prospect, Pramila surmises that old age is essentially "the end of the body."

Of Pramila's six children—four daughters and two sons—only two, a son and a daughter, reside in Canada, while the rest remain in India. All of her children were educated and married prior to their father's death at the age of fifty seven. In accordance with tradition, and with her own ideals with respect to the treatment of women in old age, Pramila resides with her son, a successful businessman, his wife and their three children, aged nine to sixteen. Unlike many women in her position, Pramila is very satisfied with her son and daughter-in-law and dislikes listening to other women complaining about their families. The respect accorded Pramila by her family members is very much in evidence and she made no complaints in this regard. When asked about her control over important decisions, Pramila initially spoke to the ideal of 'detachment': "In India there is the proverb, that when you are young and you have control of everything, you have to do it, but when you get old, then you should just 'sleep away,' 'sleep away' means you should be detached from all these things, and that is the way to live the life." Failure to surrender control, she felt, could result in depression. She does nonetheless have money
of her own to spend as she pleases and affirmed that, "whatever she wants, her children obey her."

Among other things, Pramila views a positive family environment as essential to the maintenance of good health. Adequate time to complete her puja every morning and sufficient opportunities to attend religious social gatherings were also high on her list of priorities. Each of these conditions allow a person to be "at peace," a condition which Pramila evidently identifies with positive health. It is important, she argues, that all family members be on good terms; otherwise, a person may feel very agitated. The same is true if she gets up late in the morning or is, for some other reason, unable to complete her puja: "... then she can't have her peace of mind, she's very upset, and that affects the health. Puja is the food of the atma. For the body you need food, but for the atma you need prayers. If atma doesn't get her food, it will get weakened."

She recognizes, nevertheless, that only those with faith in God will become sick as a result of having neglected His worship. It is the believer's own feelings of guilt at having failed to worship, rather than the failing itself, that underlies any associated sickness. After all, says Pramila, "God is a father to everybody and a father, you know, parents, they don't think of bad for their children. So it is not the God, it is your faith." By the same token, she feels that failure to marry can only jeopardize a person's health if they harbour some desire to do so. Without the desire, there is nothing inherently harmful in remaining single. Likewise, the extent to which family problems or worries can affect the body is very much contingent upon the individual's state of mind, the extent to which they are able to detach themselves from such concerns:

If your mind is not happy, definitely you will get sick, but if you are happy inside, you will be happy. ... Environment of the house, it affects the body. Even if we say that we are very much detached person, and we don't care even then, you know, it affects the body. So nobody is that much detached from the outside world.

Overall, however, the family and Pramila's need to conduct her puja as she wishes do not appear to give rise to any significant level of conflict in her life. It is evident, however, that she does not get out as much as she would like. She comments on the lack of company in her home and that she would like to be involved with other women of her own age more frequently than she is. Nonetheless, she has learned to enjoy the time that she is alone, turning her attention to religious study instead. When she first migrated to Canada, however, it was a different story: "She used to be very sad when she came here because she [had] no work to do, and whenever she used to be alone, she used to cry. But
that is sadness, that is not depression. When her grandson [the youngest of her son's children] was born, she was okay, so she had something to do, you know." Now aged nine, however, her grandson, like his sisters, is also at school all day and both Pramila's son and daughter-in-law are usually working outside of the home. While she values cleanliness, their impeccable home is attended to by her daughter-in-law and granddaughters, leaving nothing for Pramila to do in that regard. Idleness does not come easily to a woman who has spent so much of her life engaged in a constant round of household duties. When questioned about exercise, for example, Pramila remembered all of the chores she was required to do in her in-laws' home:

They used to have a buffalo at home, so to do the work for that buffalo [was] good exercise. When you have to get the butter out of the milk, you have to churn it a lot, so that is an exercise. In the morning they [had] to do it. Yeah, when she [had] to . . . make the thread out of the cotton . . . spinning. She still [has a bedspread that she made] . . . She can show it to you.

An extremely positive uncomplaining woman, however, Pramila did not dwell excessively on her loneliness, but rather, tried to cast the time she spends alone here in Canada in a more favourable light:

She says in India there are so many people coming to your place, they tell you something, the other one tell you something, the mind is always, you know, occupied with their things. But here she has got enough time to be alone, and then she can think, you know, about her dharma and other things. You know, she can progress spiritually here, more than in India.

[SDK: Doesn't she miss all those people coming?] (Hindi) No. She says she is living at the house, but she is very much detached. When you live in a house, you have to behave like that. You have to do all these things. But from inside, she is detached.

Thus while she states that complete detachment is extremely difficult to realize, Pramila clearly values this religious ideal and strives in earnest to attain it. This is in fact a recurrent theme throughout many of the interviews which I will explore further in chapter ten. Amongst the women in my sample, however, Lakshmia and Usha in India and then Pramila seem to be most preoccupied with this ideal.

Pramila further identifies the less discriminatory treatment of widows as an advantage of having migrated to Canada which may have had some effect on her health:
When her husband died, and you know, the environment of India is very different, and she lost her health, she was very weak, and after that, after five years she came here, and the environment, or you can say, the surroundings [were] different, and she [felt] better here than in India. Because for a widow, to live in India is really difficult. The widow is not that much respected. She couldn't wear good clothes, she couldn't have good food, all these things, you can't laugh about anything, so all these things affect the health, and one can't have a good health. But when she came here, she was okay—everybody treated her differently, so she felt better.

Returning to the topic of exercise, however, Pramila identified the downside of living in a cooler climate. In warmer countries such as India, she argued, people are able to get out more easily, to walk around. Exercise of this nature is imperative if we are to digest food properly, particularly heavier substances such as ghee (clarified butter), which is not easily digested here, particularly by older people.

Since she subscribes now to many of the precepts of Jainism which emphasizes ahimsa (non-violence) and, I suspect, because she is a high-caste Hindu, Pramila is a strict vegetarian, eating no eggs, meat or fish. Like most Hindu vegetarians, however, she does not exclude dairy products such as milk and butter from her diet. While her children and grandchildren may eat some meat elsewhere, they do not bring it home, presumably out of respect for her wishes. In speaking of vegetarian food, Pramila mentioned without prompt, its parallel with the notion of sattvik food and its positive effect on the mind. She admits, however, that while she knows it is bad for the health, she occasionally eats rajasik food, here identified with fried food.

What is most critical insofar as health is concerned, in Pramila's view, is maintaining "balance"—a rather complex notion that ties together the system of Ayurvedic humours (doshas), known as vata/vayu ('wind,' 'dryness'), pitta ('heat,' 'bile') and kapha ('wetness,' 'phlegm'), the family, and categories of food, sometimes known as gunas (sattvic, rajasic and tamasic). Asked whether or not she was aware of the notions of vata, pitta, and kapha (VPK), Pramila replied—as would an Ayurvedic practitioner—that good health depends on one's ability to keep these three qualities in balance in the body. Failure to do so can result in diseases specific to an excess or depletion of one or the other (or combinations thereof). Here she returned, however, to family relations when she asserted that our VPK ratios can only remain balanced so long as we are able "... to have a good atmosphere of the house."

We should also pay attention to balance in our food, she asserted, segueing at this juncture into a discussion of the effect of food on the mind: "bad food" such as meat (a word she could hardly bear to mention) has a negative influence on one's thoughts, we
become very angry, which in turn puts the entire body out of balance. These foods, which she eventually identified as tamasic, are distinctive on account of their bad smell: for example, "garlic, we shouldn't take it, it is, it has got so many qualities, but because of the bad smell, we don't take it." Eating sattvic foods, on the other hand, helps us to maintain a balance in the body and avoid sickness. These foods, with the exception of malodorous species, include "whatever we grow in the earth" as well as dairy products such as milk, ghee, butter and yogourt. The notion of rajasic appears to denote excess and richness for Pramila—in addition to the usual list of sour, spicy, and fried foods, she added the idea of over-eating to this category. In this regard, she said, she is not sufficiently detached from the desire to eat tasty foods. In her family, they make liberal use of spices such as cumin, black pepper, salt and green chilies to season their vegetables, for example; "she says the stomach doesn't need any taste, but she doesn't let it go."

The notion of balance as a requisite of good health arose again when we posed the question regarding the connection of the five elements—water, earth, fire, wind and space—to health. Since the body, like all matter, is comprised of these five elements, Pramila reasoned, sickness would surely result if there were some imbalance between them. Her rationale for not taking hot foods or beverages together with cold ones parallels her example of elemental imbalance: the effect on the body, says Pramila, is the same as if you were to go outside unprotected into the cold, having been in a very warm house. Either way, you could become sick. Here the emphasis is on the lack or excess of heat or fire, although imbalance is not limited to this element alone. Pramila elaborated her explanation with a metaphorical example: "That boat, when it is on the surface of the water, if everything goes well, it goes on. But if there is a storm, too much air, it is not balanced, and if there is, you know, a real storm, it goes down. So the body is also like that."

While she recognizes the influence of hereditary factors on some illnesses and on the life-span, and does not discount the affects of bacteria and viruses on health in certain instances, Pramila nonetheless focused on lifestyle factors when recollecting the great antiquity of her father and father-in-law when they died. She emphasized, for example, that neither man ever ate onions, a tamasic food, and that both rose very early in the morning, before sunrise, and took baths in cold water. This is hardly surprising given the emphasis she places on the importance of maintaining balance which in effect speaks to lifestyle choices. Pramila's understanding of the qualities of food, for example, not only underscores the importance of balance in one's life but reveals how that balance might be
achieved. She pointed out that carrots, for example, require the addition of *ajwain* (wild celery seed) in order to reduce their *vayu* [drying, wind] quality (or *dosha*). Ginger, being 'hot' in nature, is good to take in a cool climate such as that found in British Columbia.

Pramila wonders now if the pains that she experiences in her legs are the outcome of having failed to observe the taboo against having cold things after giving birth, which is said to be a very 'cooling' experience requiring 'heating' antidotes to restore balance in the body:

In the old times, the lady who gave birth was not allowed to have anything cold—she couldn't wash her hands in the cold water. They used to say after that you will have pains. And she was not allowed to brush her teeth—with the fingers she used to clean her mouth—because they used to say that your teeth will become weak and, but now, they don't bother. And she's saying that she didn't observe these things, she used to wash her hands in cold water, maybe that's why she's having her pains now in her legs, because she didn't obey.

Inexplicable illnesses, in Pramila's view, are most likely the product of one's past actions, our *karma*: "If we put some seeds on the earth, after some time it grows up, not immediately. So same, whatever we do now, we have to take them in our next life." On occasion, however, such illnesses may be due to the invasion of the body by *bhoot pret* ('ghosts')—the *atma* of people whose bodies are taken unexpectedly, on account of an accident or suicide, before God has called for them. Such lost souls are merely looking for a place to reside. Nonetheless, Pramila added, people are not equally susceptible to affliction by *bhoot pret*; it depends, to a great extent, on what is on your mind, the sorts of things you are inclined to think about, the types of books you read:

Whatever we read or whatever we see, our thinking becomes like that. She says there was a death in the family, the girl was five years old when she died, and [Pramila] was so weak in the mind, that wherever she looked, she could see her sitting. So she was you know, afraid of the dark, because [the girl who died would] be sitting, she couldn't go out, because she thought she is sitting. ... But after that she started other, you know, she says it is the *manah* who thinks like that [and] when she dropped that idea, she was okay.

Instead of focusing on *bhoot pret*, she advised, it is better to read religious books, to hear good words—such things affect the person's mind in a positive way and make them a good person. Again we see how Pramila attributes much of what happens to the body as the direct result of the power, or weakness, of the mind; detachment thus represents the ultimate state of control over both mind and body. Strength of thought, however, does not always garner positive results. When the nature of such thoughts are envious, when
the 'evil eye' is present and strong, then damage or sickness is visited upon the object of the nazir's gaze:

One of her relatives brought some stone pots from Simla, and they just brought [them to] the village and put [them] on the floor. And some lady from the neighbourhood, she came and she [said], 'Oh, you have got those, they are beautiful!' And you know what happened? They were cracked, both of them, and when they start[ed] to grind something in [these pots], they became two. . . . [It is the strength of the nazar, how strong it is and some people in India . . . when you have a very big house, very good house, . . . to prevent the nazar, we put a black face in front of the house. . . . It's a sort of devil.

In India, she recalled, old shoes hung outside homes and on the back of trucks serve the same purpose. Children are especially vulnerable to the gaze of the nazar and may become sick as a result: "All the babies are very beautiful, because with their innocence it is so. What the mothers used to do, [is] put a black spot somewhere, so that nazar could be prevented."

Here in Canada, Pramila continues to put her faith in home remedies based on Ayurvedic formulae, although she concedes that they may not be as effective here as in India on account of differences in the "environment." Nevertheless, she always attempts to treat herself before consulting a doctor. Besides well known remedies such as honey and ginger juice for coughs, Pramila consults a book she has on the subject, Ghur ka Vaid ('Home Doctor') for more complex solutions. She recollected, for example, how on one occasion, her administration of a home remedy appeared to help her grandson:

Her grandson was sick, he was having vomiting and loose motions [diarrhea]. They took him to the emergency, they gave him some medicine, but with no effect. Then she called her friend, she says it's really getting out of my hands, because the child is really sick, and he might not get, you know, his water in the body finished and that is going to be a problem and I don't have anything at home. And the friend said 'Doesn't matter, what do you want?' She said, 'I need some sonth [dried ginger], fenugreek and I need some mint and I need some . . . guilkund,' it is made with the petals of the roses. And [her friend] said, 'Okay, don't worry, I have got it.' So she sent her three things, and [Pramila] started giving the child those things, and after, you know, four, five times, he took it, and he was okay.

This is only one of many instances whereby Pramila's treatments have yielded positive results. In her own family, she often takes the initiative to administer such remedies since, oftentimes, the new generation does not believe in them: "When she gave those things to her grandson, she didn't ask them, she just gave it to him. And when he was cured, then she told them that she gave him this [remedy]." Nonetheless, when she
herself is sick she is prepared to listen to the advice of her children. Since her daughter-in-law also has faith in herbal remedies, their conclusions typically coincide.

In India, they had always consulted the Muslim counterpart of an Ayurvedic doctor (vaid), known as a hakim. Although hakims, in theory, practice Hunani medicine, Pramila refers to this man as a very good vaid. After his death, however, they began to consult an allopathic physician. Curiously she rejects homeopathic medicine because it works very slowly as compared to allopathic remedies. When questioned about the nature of Ayurvedic medicine, usually deemed to work slowly, akin to homeopathic treatments, she focused not so much on its relative efficacy as the trouble it takes to prepare it:

Ayurvedic medicine is difficult to take because they give us herbal things, it is like herbal tea. And it is not very tasty, very difficult to gulp it down, but it works. Allopathic is very good, she says, take the tablet, put it in your mouth with the drink of water. For the Ayurvedic you have to do a lot. First you have to, you know, put it in the water, and after that you have to boil it for a long time before you take it.

Here in Canada, then, she consults only allopathic doctors. In this sense we might conclude that Pramila's behaviour is consistent with her assertion that in order to stay healthy "it is important to come forward... We have to follow the children." In all other respects, however, it is evident that her beliefs are very much rooted in a long-established religious and medical tradition. Most apparent, in this regard, is the permeation throughout Pramila's interview of her understanding of the complex interconnections that she perceives between mind, body and spirit. In response to my question as to whether the atma is related in any way to the mind and/or the body, Pramila makes these various relationships explicit:

She says atma is connected with Brahma, God, and manah is connected with atma and then indriye is connected with manah. So atma gives the inspiration to mind to do something, and then mind gives the inspiration to the indriye. . . . We have got . . . five indriye. . . . She says. . . . the body is a vehicle. And those five indriyes, those are the activities. And manah gives them the inspiration. If manah is connected with the atma, and it does according to the atma, then it does good deeds. It gives the inspiration to the indriye to do the good deeds. If it doesn't obey atma, then it gives them instructions or inspiration to do bad things. So these are all related with each other.

Having illustrated this last point with a pertinent example from the Ramayana, Pramila subsequently drew on a Sanskrit proverb to respond to my query as to what is necessary to sustain life. Even if someone is very detached, if he lives in the jungle and so forth, he
still needs three things: clothes, food and shelter. She stressed, nonetheless, that what is most important is peace of mind, which she calls *shanti*, that comes only when one is satisfied with what they have; desires are the source of a disturbed mind.

It is clear from Pramila's responses, and from Sumati's comments to this end, that she is extremely well-versed in the teachings of her religion—so much so that these principles provide something of a model for her own lifeworld. Religious mores do not exist in a vacuum, however. Material elements of the world need also to be taken into consideration. Here, again, Pramila's narrative implies that balance between the material and non-material aspects of life must be maintained since each is complementary to the other. Although she is humble in the face of forces greater than herself or this life on earth, such as God and the laws of *karma*, Pramila feels that she has control over a great many things, since the net effect of life's happenings upon the person depends to a great extent on her perception of them. To be detached from such goings on, is to be at peace with the mind and the body. That detachment is an ideal with its own limitations is also apparent to Pramila, for whom the family is inalienable. Fortunately, her own circumstances permit the positive family environment which she considers an essential ingredient for good health. Control emanates as well from one's ability to pursue a healthy lifestyle, which in Pramila's terms, involve maintaining a balance of the five elements which comprise the human body. The Ayurvedic concept of *doshas* embodies and summarizes this principle in the qualities of *vata*, *pitta* and *kapha*. Thus while she may, at times, feel lonely, Pramila is in no way a victim. A strong sense of agency, rooted in religious beliefs inclusive of Ayurvedic philosophy, in combination with a supportive family atmosphere, appear to facilitate her successful adjustment to life's transitions. *À propos* my own research focus, these include widowhood, aging and migration to Canada.

**Minati**

Perhaps the most striking difference between Minati and Pramila is the extent to which each has had the opportunity (some might say, misfortune) to interact with the world outside of the secure mantle of the family home. Like Pramila, 62 year-old Minati grew up in a small Punjabi town where her parents owned a lumber business cum mango orchard. Upon marriage, however, she moved with her husband to a large city on account of her husband's job with the government. Here, they evidently lived alone with their four children—two sons and two daughters—except for a year subsequent to the delivery
of her youngest daughter when she was afflicted by an almost fatal illness. Her mother-
and sister-in-law (HBW) came to her aid and remained until her health was restored.
Minati (int. Neena) described the nature and gravity of her illness as follows:

When her daughter was 13 days, . . . her leg swelled. For two to three days it
was immense pain, and her leg swelled [to] twice the size and then they took her to _____ Hospital . . . She said 'septic' was very common in that year, a lot of
women died from it. She stayed there for a month and the doctors were actually
saying that she wasn't going to survive. So she said first it was just in the left
leg, but while she was in the hospital, her second leg became infected, too, it
was very very bad pain and they used to elevate her legs, sling it up towards the
ceiling, and both legs would be elevated. There was a woman in beds on either
side of her and both of those women died. So it was very, very serious. It was
rare for somebody to survive it. They even called, they called her parents, her
sister, brother, even her mother-in-law, they all lived in Punjab. Because they
were sure that she wasn't going to survive so they called them. She says she
doesn't know how God kept her because so many women would die, and both of
her legs were infected, but she didn't die, she survived.

This was the second serious illness that Minati had suffered during the early years of her
marriage. Prior to giving birth to her youngest son, she contracted tuberculosis which
stayed with her for two years. A persistent cough and fever were the primary symptoms.
She remembers having had ninety injections of streptomycin together with oral
medications. Fortunately, her husband's position entitled her to adequate medical care.
Minati attributes her survival to good medicine and, perhaps more importantly, to a belief
in God. Whenever she takes medications, Minati feels it is imperative that she remember
God and her Radha Soami master, Charan Singh (see Kakar 1982).

Both Minati and her husband follow the teachings of Radha Soami and his successors
which, like other more recent interpretations of Hinduism (e.g. Arya Samaj, Sanatana
dharma, etc.) eschews many Brahmanic Hindu rituals and traditions (e.g. fasting,
menstrual taboos). In Canada, they read books (e.g. Maharaj Charan Singh's Divine
Light), listen to Radha Soami's teachings on audio-tape and attend prayer meetings and
lectures offered by visiting Radha Soami saints and Gurus. While they do not do puja,
per se, they sit for two to three hours between three and six o'clock every morning,
repeating the mantra given to them by their Guru. Minati explained how this practice
gives them time to "remember God's name." She believes that repeating the mantras is
good for the health:
It's good for them, because she says they feel happy and so they feel God's presence. If for some reason they ever miss it, doing that three-hour mantra, then they always, she feels, upset all day and she even feels a little anger. First thing in the morning when they wake up, they have God's name and out of 24 hours, one and a half hours should be devoted to that, to God's name, to doing God's work.

They were not always so observant of religion, Minati recalled. When she was younger, she had no responsibilities, life was a game: "When she got married she would want to go out all the time, and watch a movie every weekend, and wear really nice clothes and spend too much money and do things like that, just have a lot of fun. And entertain, enjoy herself." With age, however, she had to start thinking differently:

When they had the four children, they had the worry and the responsibility of educating them, so they spent less, and they had more of a tight limit to their money. They had to educate, you know, an engineer, a doctor and two girls who are B.A.s and so they would spend less then. And then [they] had to marry four of them. Now it's good, [the children] take care of themselves, and they get the pension cheque and they don't have to worry about anything, they eat and also they have fun. And there's no worry.

Nowadays Minati and her husband are once again free of major responsibilities and concern themselves primarily with remembering God's name and taking care of their health: "She still has some desires, she still does like to dress nicely, if something new is out, she would like to buy it and to eat, you know, well. But everything is, like, not too much." For Minati, a healthy lifestyle means keeping a vegetarian diet (although she eats dairy products such as milk and curd); eating mainly 'light' foods, such as fruits and vegetables—while they sometimes make pizza, they cannot eat too much of it since "it gets too heavy in your stomach"; never over-eating (both she and her husband are very slim); abstaining from smoking and alcohol; and exercising, which she does both at home and in facilities such as the local swimming pool. All of the foods she eats, said Minati, are sattvik foods, very plain. They do not eat foods which are very sharp or spicy, nor meat—those foods which she defines as tamasik. In this regard, she feels that her health is, to some extent, in her own hands.

Having married an Indo-Canadian, Minati's eldest daughter was able to sponsor her parents and younger sister. Since they were already over eighteen, Minati's sons did not qualify as dependents. Moreover, one already had a very good job as an engineer, while the other had only a year remaining to complete his medical degree (had he come to Canada, he would have had to have started from scratch). Consequently, her sons have remained in India, where they and their wives have established successful careers. Every
two years, Minati and her husband go to stay with their sons for six months at a time. Although she does not see them often, Minati is pleased with the respect they show her:

Her sons call from India and the daughter-in-laws [sic] talk to [her] and they say, "We missed you a lot and we feel the loss of your presence a lot, and we want you to come and visit us, so we can show respect to you and show you our love," etc. And [her sons] say 'You raised us and you educated us and we have these big jobs now, etc., but now you're so far away from us and we can't look after you or pay you our respects the way we could.' ... Every two years they go for six months and they stay with the sons and the daughter-in-laws [sic] and she says they look after her a lot and they take very good care of them. Her daughter-in-law has a big job [one is a doctor, the other a school principal], etc. but she still doesn't let her even pour some water out. She'll get up in the morning and she'll make [Minati] tea before she goes to work and then she'll come back from work and she'll make them dinner, etc. She doesn't let her do any work. ... And whenever somebody comes and goes to India, her children and daughter-in-laws [sic] will send a lot of money so, and gifts, nice things. She says everything's thanks to God.

The nature of showing respect has changed, Minati admitted. These days, many women, like her daughters-in-law are educated and no longer observe the restrictions of *parda*—e.g., veiling the face, speaking softly or sitting in a lower position in the presence of a father-in-law or an older brother-in-law—that she observed as a young woman. What is more important to her, however, is that they speak to her with love, as do both her sons and daughters as well as her daughters-in-law: "For instance, her daughters will call up and invite them over to dinner, you know, like, 'Mom, come and have dinner with us tonight.' And that feels good to her, when they call and they invite them." The respect of her children thus makes Minati feel happy which in turn helps the body to stay well.

Upon their arrival in Canada thirteen years prior to our interview, Minati, her husband and her younger daughter initially resided with her elder daughter, their sponsor. To have remained with the daughter, however, would have run counter to tradition—daughters are responsible for their in-laws, not their parents, as Tara pointed out earlier. Both Minati and her husband were able to work upon arrival, as did their younger daughter once she had completed her bachelor's degree, hence the three of them have lived independently since their second or third month in Canada. After two years, the youngest daughter was married and her husband joined them in their home. This arrangement persisted for another two years until the young couple were able to purchase a home of their own. Minati and her husband have lived by themselves ever since. Although she recognizes that most Indian women prefer to live with their children when they are older, Minati feels this is wrong—children prefer to live independently and older people should not have too much *moh* or 'attachment' to them. While this is most likely a justification that
she has constructed for herself so as to cope with her own circumstances, Minati is indeed always busy partaking in different classes and social groups, and is very much dedicated to worshipping her Guru. Moreover, she appears at this juncture in her life to genuinely enjoy living separately from her children:

NEENA (translating): They want respect, but she says if she lives with their daughter, then she'll have to pay rent and take care of the children, and when will she be free, when will she have her free time? Here she can just pay rent and she's free and she's living at home and doing the things that she wants, too.

MINATI: Morning 10 o'clock wake up, eight o'clock, 11 o'clock, no worry (laughs). My daughter home . . . (Hindi) NEENA (translating): If she lives with her daughter, [she has] to wake up in the morning and get the children ready for school, take them to school, and you know, be worried with all of that, bring them back from school; here there's no worry.

Minati's personality, the support of her husband and perhaps the age at which she migrated has thus enabled her to make the best of a situation in which she could not expect to be able to live with her children. In order to support their independent lifestyle, however, both Minati and her husband have had to work in jobs which, for her husband at least, entailed a considerable demotion in status. Formerly a respected government worker in India, Minati's softly-spoken husband, who is fluent in English, has worked for many years here as a cleaner in a fast food restaurant. Minati herself worked for eight years as a farm labourer—grueling work under the best of conditions, which are not always upheld. These days, both she and her husband are pension recipients. Although it doesn't go far, their combined income allows them to continue to live independently for the time being.

Minati's retirement was not entirely voluntary, however—she had in fact stopped working at the age of fifty-seven or fifty-eight when she started to experience a great deal of pain and restricted mobility in her limbs. At first, the onset of the symptoms was gradual and Minati was hopeful that the medication she was taking, as prescribed by an allopathic doctor, would resolve the problem. Instead, she experienced a very acute attack which resulted in her hospitalization:
All her body felt a lot of pain, the slightest touch, just touching it, that would cause her the most excruciating pain. And even when somebody held her to move her from side to side it would just give her too much pain. For the first three or four days the doctors didn't know what was wrong with her, either, and any medicine they would give her wouldn't really have much of an effect and she would often throw it up. They changed her medicine three or four times, but she just couldn't digest, keep the medicine, she would always vomit it. Then after four days they finally found a medicine that was good for her . . .: [it was] very strong. . . . After about three weeks, she started being able to move a little on her own, and then they released her from the hospital.

It was never entirely clear to Minati just what was wrong with her—the doctors themselves seemed uncertain—but she was told that her exposure to the sun over so many years had affected her blood in some way. She was nonetheless full of praise for the specialist who had attended to her, first in the hospital and then weekly, for a year subsequent to her release, in his clinic. Her prescription was gradually reduced and eventually terminated over a four-year period. Now she only requires occasional 'injections' (possibly blood infusions) for what she calls her "low blood." Fortunately, since her condition was clearly related to her employment, Minati was eligible for sickness benefits prior to qualifying for her old age pension.

Even before her illness, Minati was sometimes forced to take a break from her work in the fields in order to attend to familial responsibilities. On several occasions her younger daughter was hospitalized for depression, whereupon Minati would assume the care of her grandchildren. I had asked Minati whether or not she thought there might be any relationship between family problems and illness. "Those family problems can cause a lot of mental pain and anguish," she had replied, and went on to provide the example of her younger daughter's troubles with her husband and parents-in-law:

They married their younger daughter off, and at the wedding they gave the normal things that you give your daughter. Their son-in-law had come from India, and she got married to him, and [Minati and her husband] lived with them for two years. Then they got their own house and started living separately, but the problem was, the daughter's in-law's always wrote asking for money, etc. and the son would always send them money even if he had to go into debt to give it, and the daughter would sometimes get upset because they couldn't afford to do so and the parents would complain, 'You don't send enough money, we can't buy a car, we can't do this.' And they would write to the son-in-law and say bad things about the daughter. And the daughter would become upset. After they bought the house, they couldn't really afford to send any money, because they had to make mortgage payments, etc. But the father-in-law wrote a letter saying very bad things, a lot of really, really bad things. [He] also said that [his son] should leave his wife because 'She's the reason why you don't send us any money, she keeps you from sending any money.' And the son-in-law started becoming physically abusive towards the daughter.
[Minati's daughter] had one son, and then two years later she became pregnant again. She was about to have another son, and one week was left for her before she gave birth, [when] she became mentally depressed and she had to be hospitalized. She stayed in the hospital for three months, . . . so [Minati] took care of both children, and she would go and visit, etc. So there was a lot of worry and a lot of anguish and things like that.

They had already been sponsoring his parents to come from India, and they used this as a reason for them to come even [more] quickly, so they came. Within a year, [they were] here from India, the mother-in-law, the father-in-law and a younger brother-in-law, supposedly to take care of her because she was sick. And so they all started living together, but the violence started, the hitting started again. . . . They would tell her, 'This is not your house, this is our son's house, you go off to your parents,' etc. And she was already mentally depressed and she would become in a depressed state again very quickly because of this, so it stayed a big problem.

One day when he was hitting her, she decided to call the police. She hadn't called before, because she had the mentality that it would be humiliating for the family. But she called the police and since the house was in both her and her husband's name, the police told the in-laws, 'Yeah, you can't stay here if she does not want you here.' So they moved out and they got their own place. And then after that the son got upset, that, you know, 'You did this to my family, you kicked them out.' And he hit her again. So that time she called the police again and she laid charges at him. But she still had that mentality that, 'Oh, it's my husband and oh, maybe he's been taught his lesson now,' so she went the next day and brought him back. He stayed okay for a little while, but then he convinced her to let his parents come back, then it all started again.

That time she called the police and she pressed, laid charges. . . . The judge said [to the son-in-law], 'You have to go take this counseling or you can't go back home.' And then after six months of the counseling he said 'Okay, I won't do this any more, I've learned.' And so the daughter brought him back. And then now it's fine, but they've had a lot of problems with the youngest daughter because of all this.

Now the in-laws, they live separately, they live with the youngest son, who's gotten married also and also has two little kids. But it's been three years now and, up 'til today, her daughter always takes half a tablet a day to control the depression. She gets upset easily and very angry. Now the [son-in-law's] parents are actually better too, because they're afraid of upsetting her or causing her a problem with the depression if they upset her. And so they don't get involved in any matters very much. And they actually visit back and forth now, and it's fine in those terms, too.

In this case, then, it was Minati's daughter's health rather than her own which suffered as a result of tensions and abuse within the family. As the interview progressed, she further identified five "emotions" which may have a negative impact on the health. This very valuable perspective actually arose from Minati's misinterpretation of my question regarding the connection between the five elements (water, fire, earth, air and space) and
health. Interestingly enough she was the second participant to have responded in this fashion. The five 'emotions'—\textit{kaam}, \textit{krod}, \textit{lob}, \textit{moh}, and \textit{ahamkara}—can be roughly translated as desire, anger, greed, attachment, and pride or conceit, respectively. Minati explains these concepts as follows:

\textit{Kaam} [desire or lust] is [when] your soul keeps going down, it doesn't go up towards God because you don't remember . . . God's name and you end up producing too many children, etc. It becomes a problem and you become too consumed by it.

\textit{Krod} [anger], it's like you get such enormous hatred, you hate a person so much you just want to shoot them and the whole family. And then you get all consumed by it and then you'll act upon it right away, and then afterwards go to jail. Then the person is repenting, 'Oh, why did I do that? Why did I commit that act? I shouldn't have done that.'

\textit{Lob} is basically greed, you just want all these possessions, and even possessions of somebody else's, you want those too, even if you have to steal them and stuff, you want to be the richest, you want to have everything, you just want to possess it all.

\textit{Moh} [attachment], you have a lot of love for your daughter, your son, your brother, your mother, etc. You feel a lot of love for them, you want to do a lot of things for them, and if they die then you cry, you really feel their loss, but you don't have as much \textit{moh} for somebody like a neighbor or somebody like that, if they, you don't feel as much for them. If they died, you wouldn't cry as much. It's just the way of God . . . [SDK: Is it bad that you're too attached to the family?] Yeah, it is bad, you shouldn't become so involved with it or so attached to it because you can't really do anything about it, if something happens, it's going to happen, you can't really stop it, or do anything about it. If somebody has left, he's left and you can't bring him back. But just from God, you can't help but feel a little hurt if something like that happens, it's just the way you're made.

\textit{Ahamkara} [pride or conceit], you think you're the best, that everything that you have is the best, you have so many sons, or your sons are so great, or you have such a big house. You have this, you have so much money, you have so many possessions, etc. And you're the best, you might think you're very good-looking, you're very this, etc. And somebody else, they're nothing, everybody else is nothing compared to you. It's just you, you feel good yourself. And that's a bad thing, because actually everything that you have, all these possessions, etc., they're all from God, they're from \textit{Paramatma} and when \textit{Paramatma} chooses, He can just extinguish, take all that away from you at a moment's, without a moment's notice. A person with a lot of \textit{ahamkara} would not even want to associate or meet with somebody who's really poor—he thinks, 'Why should I talk to them?' and, he's just consumed with himself.

The notion of sickness here is thus extended through the emotions to the social realm. If individuals fail to exercise control over their emotional excesses, society as a whole may
suffer. Indeed, many of these characteristics are apparent in the behaviour of Minati’s son-in-law and his parents with greed, anger and attachment foremost among them. In this case we can see how not only Minati’s daughter, but Minati herself (and most likely her husband and other family members), as well as the broader society (particularly the judicial system and counseling services involved) were negatively impacted by the behaviour that these emotions impelled.

In accordance with Radha Soami teachings, Minati places no faith in notions such as bhoot pret (ghosts) or nazar lagna (evil eye)—they cannot make you sick. Neither she nor her children have had their janam kundli (horoscope) prepared, nor does she believe in the healing properties of gemstones as prescribed by jyotishis (astrologers). Her response to my query on this last point perhaps sums up her attitude toward all of the above, when she stated quite simply, "There's nothing bigger than God." Accordingly, Minati explains bhoot pret in terms of 'bad karma': "If somebody is cruel to somebody or deceives them, or is unkind to them or does bad deeds, that's bad karma. And God is watching and he will punish them, either in the next life or he'll punish them right during this life." Those with very bad karma may become bhoot pret in the sense that their souls would be fit for no other body. Minati believes, however, that unlike bhoot pret, her own karma is indeed intimately associated with her health:

She's been sick, very seriously ill, four times in her life, but those are the fruits of her past life's bad karma, and she's going to have to endure them, whether she likes it or not, because it's just the way it works. If she did something bad then, [that's] bad karma, and she has to pay for it now. And if she doesn't pay for it now, she'll have to pay for it in her next life. If she's faced with that, she can't sit around and cry or rant and rave about 'Oh, why is this happening to me, why doesn't this happen to somebody else?' because she's going to have to endure it whether she likes it or not. Just keep[ing] their Lord's picture or name in front of them helps them to endure it. They won't complain because they know they have to endure it.

We need to remember, Minati advised, that God is both within and without—He is observing, while at the same time within each of us. Therefore, to remember Him is necessary for a good life (jivan). Besides reciting mantras, remembrance of God also entails selfless action: "Even if somebody is mean to you or bad toward you, you help them, too. You always, you help the poor, you always look out, do kind things for other people. Don't do any bad deeds, bad karma, and do, and sewa ('service') for people." To this end, the piece of God inside all of us, the atma, helps us to recognize and act upon what is good. In Minati's view, the atma serves as our conscience. The manah (heart/mind), on the other hand, steers us toward our desires, irrespective of whether
they're good or not. In this sense, Minati speculated, the manah may be the same as *ahamkara*, which is similarly concerned with self-gratification.

Although she feels that old age is something that no-one really looks forward to, Minati concedes that this too is "God's will" and we all have to face up to it in the end. On a more positive note, she welcomes the opportunity her increasing age has provided her to focus more of her attention on God:

> The good thing is you start thinking of God more, saying his name more. You know you're getting older, you're going towards death, so you try to do good things, and take God's name so that after death you will go to a good place, God will send you to a good place. So you're more aware of that, so you make more efforts towards that.

In many respects, however, Minati subscribes to an allopathic model of disease. She is well-attuned to the perils of bacteria and viruses, citing examples of dengue fever epidemics and the transmission of flu and colds through contact between family members. By the same token, she feels that somebody with the same illness can be treated with the same medicine, thus placing emphasis on the disease rather than the individual constitution. When she is sick, Minati often prepares simple home remedies, such as spiced tea for colds, or uses over-the-counter preparations, such as Hajmula for stomach-ache or nausea. She sees no reason to go to the doctor for small ailments and pointed out, as well, that prescription drugs often have unpleasant side-effects. She has nonetheless been treated with a great many such medications over the course of her various illnesses for which she always sought allopathic treatment: "With English medicine, you'll get better quickly" she reasoned. By contrast, Ayurvedic medicine works very slowly, albeit without side effects: "You'll get relief, but it'll take a long time." The same can be said of homeopathy, although Minati confessed she knew little about it besides the fact that treatment often includes various dietary modifications. Given the severity of her past illnesses, time, for Minati, has been of the essence: "When she was really, really sick, she was too sick, so those medicines wouldn't have had any effect, and they would have taken too long, so she always had the English medicine."

In sum, we see that Minati is very much in control of her life, albeit in a different manner than Pramila. Minati's self-determination is perhaps more obvious to the Western observer. For Minati, interaction with the 'outside' world is both a necessity and a source of fulfillment. In the past, she has had to work and nowadays continues to attend to all of her own shopping and so forth, since she and her husband live alone. Now that she is retired, she is happy to have the time to be able to attend English and craft classes, to
partake in Indian and mixed senior women's groups, and to utilize public facilities for exercise. She does not hesitate to use public transport. While she resists 'running to the doctor for every little thing,' she is familiar with allopathic physicians and specialists and has been hospitalized for an extended period in this country as well as in India. She has been more than satisfied with the care she has received on various occasions. In many respects, Minati is well integrated into Canadian society.

An important element of Minati's resilience, however, resides in her faith in God, which is interwoven in fairly complex ways with her sense of self. Over time, the importance of remembering God in accordance with the Radha Soami teachings has come to occupy a more central position in Minati's life. These teachings renounce many cultural beliefs and traditions such as fasting, menstrual taboos, belief in bhoot pret and nazar lagna, and faith in astrology—not on account of their 'unscientific' nature, but rather because 'nothing is bigger than God.' Some very fundamental elements of Hinduism nevertheless remain intact in Minati's world view. The atma's journey from one life to the next, representing in each life the element of God (Paramatma) that is within all of us, extends Minati's concept of self beyond the present to both past and future. In this way, she has been able to endure her many illnesses which she views as the result of bad karma accumulated in past lives. She contends that it is only by the grace of God that she has been spared from death. Approaching death, as she ages, has brought Minati closer to God, which in turn has helped her to accept and cope with old age.

Minati's acknowledgment of the more prideful self in all of us, in the form of ahamkara, as well as the four other 'emotions' to which human beings are susceptible—anger, desire, greed and attachment—nonetheless grounds her in her lived world, illuminating as well the extension of her self concept as it relates to her family and the broader society. It is in our nature, she argues, to have to much moh, attachment, when it comes to our family members. The loving respect of her children, both here and in India, is thus essential to her well-being. The story of her younger daughter's troubles with her husband and in-laws, which caused or exacerbated the daughter's clinical depression, further illustrates the interconnections between the family, the five 'emotions,' and health. The inseparability of the mind, body and spirit in Minati's formulation of self is thus undeniable. This very inclusive notion of self, which underlies all Hindu and Ayurvedic assumptions, is thus clearly associated for Minati with the way she experiences aging as well as her health and related beliefs and behaviours.
C. Summation

Tara, Champa, Pramila and Minati exhibit but a fraction of the variation apparent between each of the twenty women in my sample. First and foremost, as each of them was sure to point out, they are individuals whose life experiences are unique to each of them. That they share a cultural and religious background is nonetheless equally evident. Certain practices and beliefs such as bhoot pret, nazar lagna, and the beef-eating taboo, among others, are clearly 'cultural components' (as per Derné 1995) which the women recognize as cultural and retain or discard as they see fit. It is here that we see the greatest degree of variation between each of the women's interviews.

Certain 'commonsense' or 'taken-for-granted' elements of Punjabi Hindu culture, many of which correspond with Ayurvedic precepts, intersect with each of their stories, yet appear to be less apparent to the women and hence more constraining of their expression, in accordance with Derné's (1995) predictions. These common elements (which I will refer to hereafter as 'themes'), include (1) the socially-embedded nature of health and well-being which references especially, but not exclusively, relationships within the extended family; (2) the relationships drawn between particular foods, beverages, herbs and spices and one's mental, spiritual and physical health, especially apparent in the distinctions made between sattvik, tamasik and rajasik foods; (3) the all-pervasive idiom of balance (e.g. between the material and the non-material, the three doshas—vata pitta, kapha, the five elements—water, earth, fire, air and space, etc.); and (4) the complex interrelationships—which should not be simplified as oppositions—between that which is sacred, detached, and not confined to this life (most powerfully represented in the atma) and more temporal concerns such as attachment, pride and so forth which ground people in this world, in their own lived experiences (denoted but not represented entirely by the notion of ahamkara).

While representation of each of these themes is uneven from one interview to the next, evidence of a higher order category which unites all four themes—a recognition of the strong interrelationships between mind, body, and spirit (a holistic paradigm)—is nonetheless apparent in every interview. So, too, however, is the competing ideology of the egocentric self coupled with an allopathic (dualistic) medical paradigm which seeks to separate spirit from mind, mind from body. This brings us to a fifth theme—most clearly visible in Champa's interview—the accommodation of these two competing ideologies in the women's life-worlds.
Deeper analysis of each of these themes, as represented across the twenty interviews, should further illuminate the relationships between self, health and aging which my research seeks to reveal. At this juncture, the impatient reader may skip directly to this broader analysis of the data in Part Three. Alternatively, you may wish to bear with me in chapter seven while I widen my lens to peek, momentarily, at some pertinent theoretical literature.

**Chapter 7 – The Critically-Interpretive Body**

The purpose of this chapter is to introduce the reader to some of the theoretical insights which have, in one form or another, shaped the manner in which I have framed and undertaken to resolve my research question. In presenting these ideas, I hope to reveal the unfolding of my own hermeneutic process through which I have come to view the data through a particular type of lens. I have sought throughout the data collection and analysis phases of my research to bracket my foreknowledge of Ayurveda, as well as other notions of the body, self, emotions and aging which I present here. I am cognizant, nonetheless, of my limited human capacity to disabuse myself of such preconceptions. The best that I can do, then, is to render them as transparent as possible prior to presenting the data itself. The reader can thus evaluate for him- or herself how my own biases may have moulded the interpretations put forth in Part Three.

Briefly stated, the goal of my research is to understand how the elderly Hindu Punjabi women that I interview utilize and in turn shape Ayurvedic (indigenous medical) knowledge in the broader context of their lives. Do these precepts constitute a way of knowing in the world as women, as seniors, as immigrants? Do they offer those outside of their community a window into those life-worlds? My elaboration of the ideas that have developed around the notion of the ‘three bodies’ that comprise the core of Lock and Scheper-Hughes’ (1990) approach illuminate my rationale in formulating such questions and provide clues, as well, as to how they might be resolved. My rationale for selecting this position, at least as a starting point, should be apparent in the authors’ stated objectives:
The task of critical-interpretive medical anthropology is, first, to describe the variety of metaphorical conceptions (conscious and unconscious) about the body and associated narratives and then to show the social, political and individual uses to which these conceptions are applied in practice. When using such an approach, medical knowledge is not conceived of as an autonomous body but as rooted in and continually modified by practice and social and political change. Medical knowledge is also constrained (but not determined) by the structure and functioning of the human body. A medical anthropologist therefore attempts to explore the notion of "embodied personhood" (Turner 1986:2): the relationship of cultural beliefs in connection with health and illness to the sentient human body (Lock and Scheper-Hughes 1990:49-50).

Lock and Scheper-Hughes credit their inspiration to other theorists of the body, particularly Bryan Turner, whose comprehensive work on The Body and Society (1996, first edition 1984) has laid much of the groundwork for their configuration of the body politic. Frank's (1991) critique of Turner's societal bias nonetheless reveals the major limitation of his theoretical scheme. Having considered the body primarily from the perspective of societal integration, Turner's analysis is, in spite of himself, essentially functionalist, albeit Critical, in its approach. In proposing that every society is faced with the four tasks of reproduction, regulation, restraint and representation, Turner privileges and objectifies society at the expense of the agency, perceptions, emotions and so forth of the individual. Frank (1991) points out that while society can set conditions for reproduction, for example, it is only bodies which ultimately reproduce themselves. Alternatively, he proposes, "Theory needs to apprehend the body as both medium and outcome of the sum of social 'body techniques,' and society as both medium and outcome of the sum of these techniques" (1991:48). Frank's starting point is thus the body, from which perspective he takes a 'bottom up' in contrast to Turner's 'top down' approach. Another important contributor to the sociology of the body, Chris Shilling (1991:653), like Turner, takes a Critical (predominantly post-structuralist) approach to his equally expansive mandate, to consider "the multiple ways in which bodies enter into the construction of social inequalities." Shilling views bodies as both constructed by and constructive of social relationships. In addition to the influences on individual dispositions of socialization and material influences stressed by Bourdieu, after whose lead he develops his main argument, Shilling (1991) additionally stresses the importance of human agency and the instability of social structures. He further breaks from the post-structuralist mould—typified by the contributors to an edited volume of postmodern assessments of the body in China (Zito and Barlow 1994)—to assert that bodily construction does not operate at the level of discourse alone. Shilling's analysis is nonetheless predominantly macrosocial and Eurocentric in nature and hence too limited to consider as a viable framework for my own more constructivist agenda.
The strength of Lock and Scheper-Hughes’ framework, in my view, lies in their amalgamation of the materialist and idealist approaches (DiGiacomo 1992), either of which tends to dichotomize the individual and society. Frank (1991) does in fact propose a trilogy of bodily constituents—viz. corporeality, discourses and institutions—which parallel approximately the ‘individual,’ ‘social’ and ‘politic’ bodies of Lock and Scheper-Hughes’ schema. Rather than developing each of these concepts in turn, however, Frank goes on instead to elaborate the corporeal notion of body usage. More troublesome than Frank’s eclipsing of the elements of discourse and institutional engagement of the body, is the contrived specificity of his matrix of four typologies of body usage. While he proposes fluidity between them, their very existence appears more limiting than generative of understanding. Following Feher et al. (1989), Frank further proposes a hermeneutic which recognizes bodily ‘oppositions’ (e.g. surface/interior, sacred/polluting) not as dichotomies, but rather as recursive (non-linear) continua. While meritorious in its intent, I would argue that this position is insufficiently cognizant of and amenable to other ways of knowing for which such putative dichotomies are irrelevant to begin with.

Turner has elsewhere (1987, as cited in B. Turner 1995) proposed a tripartite scheme for the sociological analysis of health and illness in which he includes a phenomenology of illness experience, a sociology of sickness and a political economy of health-care systems. In a later article on aging (Turner 1995:247), he suggests that this model be extended to an understanding of “what it is to be old.” The parallel here with Scheper-Hughes’ and Lock’s (1987) ‘three bodies’ schema is striking, although as always Turner inadvertently reproduces an East-West dualism in his seemingly unselfconscious absorption with the post-modern ‘Western’ condition. The absence of cultural specificity in combination with blanket statements concerning “modern society” is characteristic of all of Turner’s otherwise exhaustive considerations of the body. As sociological enterprises intent on understanding the knowledge structures of Western culture and society, each of Frank’s, Shilling’s and Turner’s works are limited in their capacity to admit the alternative ontological and epistemological contributions of non-Western traditions. Accordingly, while I draw on these and other sociological contributions to the discourse on the body throughout this chapter, I have not found them to be especially valuable in expanding my overall conceptual framework.

The concept of the body is especially apposite to my research in that the analogous connections sought between the body in health or illness and the social conditions of organic wholeness versus social disharmony, conflict and disintegration, respectively,
parallel Ayurvedic notions of balance and the integration of mind, body, and 'soul.' In an Ayurvedic world, all matter is comprised of five elements: fire, water, earth, air and ether. Configured into three *doshas,* known as *vata* (or *vayu*), *pitta,* and *kapha,* these elements form the basis of a comprehensive etiological system that pays no heed to the mind-body dichotomy which dominates the biomedical model. Both ‘somatic’ and ‘psychological’ disorders are explained in terms of an imbalance of the *doshas* in the body (Obeyeskere 1977). The influences responsible for such imbalance and hence the domains in which therapeutic redress is sought are comprehensive in scope, spanning “climate, weather, food intake, physical activity, psychological activity, and emotional phenomena” (Fabrega 1991:186), more on which in the sections to follow. Accordingly, my line of questioning, focuses to a great extent on the holistic body both as the “primary object of concern” for Ayurveda (Desai 1989:47), and as a powerful metaphor of the society and social relations that it mirrors. Confirmation of the centrality of the body to Ayurvedic reasoning can be found in the words of the author of the *Caraka Samhita* himself who, some two thousand years ago, wrote,

> Health is the very sign of happiness.... The receptacle of disease is: considered to be the body and what we call the mind, and so also for the happiness. An equitable employment or conjoining of the times, (climatic conditions), the intellect and the sensors with their respective objects, is the cause of happiness (*Caraka Samhita* as cited in Krishnamurthy 1991:226, 255).

Ayurvedic ideology operates at several levels of interaction, hence necessitating a flexible approach wherein it is possible, even preferable, to bridge different levels of analysis. The 'three bodies' approach of Schep-Hughes and Lock (1987)—delineating the individual body, the social body, and the body politic—mirrors the multidimensional nature of Ayurveda and the South Asian Self. Here, phenomenological, interpretive and critical theoretical stances, each essential to Ayurvedic discourse, find union in the commonalty of the body. This critical-interpretive framework thus provides, in my view, a suitable context within which to examine the manner in which Ayurvedic knowledge is “culturally constructed, negotiated and renegotiated through time and space” (Lock and Schep-Hughes 1990:49) by the Hindu participants in my study. Here I will use the body and its relationship to the individual, social and political domains as a heuristic device through which to explore both the cultural negotiations of middle-class Punjabi Hindu women as well as the sources and meanings of their constructions of health and illness.
A. The Individual Body

While each of us entertain some notion of what it is to exist as an embodied self distinct from others around us, there is a great deal about the phenomenological body-self which is highly variable (Lock and Schepet-Hughes 1990). Notions such as mind, matter, soul and self are culture-, even gender-specific (e.g. Derné 1992, Watson 1986) both in their constitution and their relations to one another. So too are the ways in which the body is experienced in health and sickness. Here, I would like to focus on two critical dimensions of the body-self as it pertains to my research. First, I examine some developments in phenomenology which help to clarify how meaning is generated in relation to the body. I then go on to examine how the culturally constructed self influences the experience and interpretation of sickness, focusing especially on culturally construed notions of Hindu selfhood and their overlap with the Ayurvedic tradition.

1. The Phenomenological Body

When we talk about moving outside of our own cultural parameters so as to recognize the locally generated categories and contexts of the people we study, we enter, at least to some extent, the phenomenological domain. While phenomenological schools have evolved within various disciplines such as anthropology, sociology, and psychiatry, the origins of this orientation can, in most cases, be traced to European philosophers such as Husserl (1931, 1970), Merleau-Ponty (1962) and Schutz (1971; see also Bernstein 1976), among others. Central to the phenomenological enterprise, is Husserl's (1931, 1970) concept of *Lebenswelt*, or "lifeworld." As Kaufman (1988:340) puts it, "the life world is self-evident, a spontaneously experienced reality, prior to critical reflection. It is the total, taken-for-granted experience of the individual, grounded in both the cultural and natural environments." Certain circumstances, however, bring forth the transformative nature of the life-world: serious illness—e.g. stroke (Kaufman 1988), congenital limb deficiency (G. Frank 1986), or urinary incontinence (Mitteness 1987)—and I suspect, migration to a radically different environment in old age (see Koehn 1993a, 1993b), oftentimes propel the individual into a more reflective state where the given-ness of the world is no more (Kaufman 1988).

Csordas (1990), and Ots (1990) have sought to elucidate Merleau-Ponty's vision of the body as the subject, the existential ground of culture, rather than its object. What distinguishes this approach is the notion that "perceptions are the preconditions for cognition and reflective thought and not their secondary products" (Ots 1990:22) and, moreover, that "perception ends in objects" (Csordas 1990:9). Thus the goal of a phenomenological anthropology of perception, according to Csordas, "is to capture that
moment of transcendence in which perception begins, and, in the midst of arbitrariness and indeterminacy, constitutes and is constituted by culture" (ibid.). What is instructive here is that in taking the preobjective as our starting point, we can appreciate the role of intentionality in the constitution of a cultural object. To repeat Merleau-Ponty's example (Csordas 1990:10), a boulder "is not perceived as an obstacle until it is there to be surmounted." Even though the boulder was already there to be encountered, it is the intention of the person to surmount it that transforms it into an obstacle, a cultural object. Of course, this begs the question, What are perceptions?

Ots maintains that, constrained by dualistic thought, we (in the 'West') find ourselves alienated from our bodies: bodily perceptions and bodily awareness are restrained and circumscribed in a manner foreign to more holistic orientations, such as that found in the context of traditional Chinese medicine or Ayurveda. Ots goes on to introduce the concept of *Leib*, the German term for 'life,' which he claims is "pre-dichotomic," thus serving better to denote the mind-body entity. This view favours a concept of the body as a vessel for, rather than an object of the mind. It follows, then, that "a phenomenological approach that takes the patient as subject must thus be based on the patient's self-reported perceptions that include his experienced somatic as well as his emotional changes" (Ots 1990:53). The more holistic notion of *Leib* further points to the relevance of the conception of the 'self' as well as the propensity of phenomenology to move beyond its dualistic Western legacy. Sinha (1985) notes, for example, a remarkable congruence between the ideas of the New-Vedantist, Bhattacharyya, and phenomenologist, Merleau-Ponty, each of whom stresses the 'bodily subjectivity' or the rediscovery of one's own body as an epistemological starting point. Such views are at odds with the notion projected in classical psychology of the body as 'representation,' a 'fact of the psyche' rather than a phenomenon of inherent analytical value.

2. The Cultural Construction of Self

Both Littlewood (1990) and Gaines (1985, 1992) stress the necessity of identifying the culture-specific locus of 'self' of the subject which, as Gaines writes, "organizes cultural knowledge which gives rise to the explanatory model of patient and healer. That is, a nonmedical concept, that of person, lies behind and organizes patients' and healers' thinking about sickness episodes" (1985:230). Saari (1993), in parallel, earmarks 'identity,' which she discusses in terms of the capacity to create a highly developed system of meaning, as central to mental health. Given the complex nature of the societies in which most of us live, Saari (1993:17-18) maintains that
meaning systems must be constantly maintained and amended so that the content will fit with the context and experience of the present. The processes of the self must therefore be active in creating and altering meaning throughout life. . . . The more possibilities the individual can envision in any given situation, the more alternatives that person can consider in the selection of behavior. Thus the possibility of adaptive behavior would be increased by a multifaceted comprehension of the world.

She adds that "it is not unreasonable to think that in the normal course of negotiating the later stages of life, identity may naturally become more complexly experienced" (ibid.). In any event, she argues, it is not so much the content of identity systems as their relative coherence by which we should judge their adequacy. Reker and Wong (1988:221, cited in Zika and Chamberlain 1992:133) similarly place emphasis on "the cognizance of order, coherence and purpose in one's existence" as central to well-being. Identity is thus "believed to be generally stable, undergoing gradual transformations across the life-span in conjunction with changing belief and value systems" (ibid.). The perception of coherence in one's experiences and expressions, some continuity in one's 'life story,' as well as some degree of commitment to a manner of self-understanding and management are similarly noted by Kavolis (1980) as key constituents of an individual identity. These findings are consistent with those of gerontologists such as Myerhoff (1980, 1984, 1986), Disman (1987), Foster (1981), and Kaufman (1986) who suggest that more important than either societal disengagement or sustained activity in later life, is the ability of elderly persons to maintain some sense of continuity in their lives. Kaufman, for example, maintains that

Contrary to popular conceptions of old age, which tend to define it as a distinct period in life, old people themselves emphasize the continuity of the ageless self amid changes across the life span. Old people do not perceive meaning in aging itself, so much as they perceive meaning in being themselves in old age. . . . The ageless self maintains continuity through a symbolic, creative process. The self draws meaning from the past, interpreting and recreating it as a resource for being in the present (1986:13-14).

Myerhoff's elderly Jewish interviewees exemplify this point in their efforts to create murals, conduct ceremonies, each activity giving emphasis to their membership in "a chain of being with an inherited history that can be transmitted" (1986:267). In parallel, I have already described in chapter four how elderly Punjabi Sikh women in British Columbia employ a variety of strategies in their attempt to reclaim an identity which in many respects is intimately bonded with the village milieu they have left behind (Koehn 1993b). By the same token, the Mexican elderly regret their old age for its debilitating effect on their ability "to work with the same intensity as before" (Foster 1981:123). While this regret is related in part to a reduction in income, Foster claims that this feeling
also "reflects what in other societies would be called a Protestant ethic: people feel happier when they are working hard" (ibid.). It is not so much the fact of working that is important here, but that it is defined as such by this particular group of seniors who have defined themselves relative to a high degree of activity throughout their lives.

The notion of personhood thus promises to provide social researchers with some degree of access to the hard-sought notion of what Geertz (1984) terms the 'experience-near' or 'taken-for-granted' concepts that comprise the world view of the native subject. While every culture recognizes some sort of person concept, maintains Geertz, variations from one to the next are often quite marked. Akin to Gaines, he suggests that our own conceptions of the person cannot be treated as unproblematic when approaching cultures distinct from our own since “the Western conception of the person as a bounded, unique, more or less integrated motivational and cognitive universe . . . is a rather peculiar idea within the context of the world's cultures” (Geertz 1984:126). Contrary to a Western notion of the egocentric self—an “inviolate personality free of social role and relationship”—Shweder and Bourne (1984:167) identify “a tendency not to separate out, or distinguish, the individual from the social context.” To this more sociocentric individual, they attribute a concrete, contextualized mode of thought which, they hypothesize, is a by-product of a commitment to a holistic world view. Sociocentric bodies, they reason, are conceived as interdependent systems, metaphorical representations, as it were, of the societies of which they are a part. The Indian cultural tradition is frequently cited as exemplary of this latter predisposition.

Writers such as Gaines (1992) and M. Rosaldo (1984) critique this distinction between the egocentric and sociocentric self, generally taken to represent peoples of the West and East, respectively, arguing that this scheme assumes far too great a degree of homogeneity in either sphere, and reflects more "the dichotomies that constitute the modern Western self" (Rosaldo 1984:146). Alternatively we might pose the question, What is the relationship between the two, assuming that both are present to varying degrees in any culture? To this end, the Hindu construction of self, particularly the notions of \textit{atma} and \textit{ahamkara}, are illuminating in their apparent contradiction and complexity.

\textbf{(i) Ayurveda, Self and the Hindu Person}

In a complex society of considerable historical depth, such as that found in India, numerous philosophical stances abound, hence to speak of any single notion of the Hindu
self as definitive is clearly absurd. Most authors agree, however, that the dualistic model of an 'inner' versus 'outer' self inherent in the Platonic model, which further distinguishes the soul (psyche) from the body (soma), is out of place in the life-worlds of most South Asians (Sinha 1985, Synnott 1992). Bharati (1985) remarks on the irony of the popularity amongst modernized urban Hindus of a monistic template of the self which derives from the very ancient Advaita Vedanta doctrine of the Upanishads. This concept of the Brahman is variously defined as "the essence of life; the supreme, transcendent One; the Reality which is the source of all being and knowing" (Humes 1993:284). The counterpart to Prakruti—the ‘Divine Will’ creator of all forms in the universe—which is female energy and has form, colour, and attributes, Brahman (also known Purusha or Paramatma) has none of these things (Lad 1984). Said to be male, Brahman is simply choiceless, passive awareness, witness to the creation that Prakruti effects. All other forms are superimposed upon this neutral entity, adds Bharati (1985), and hence require elimination through meditation. The empirical self according to this schema is of little or no interest, for while the self is indeed more central to Hindu as compared to western secular or Judaeo-Christian-Muslim thought, discussion around it seeks “to reject its ontological status . . . or to assimilate it to a theological and metaphysical construct” (Bharati 1985:189). While ostensibly too abstruse a concept to gain any popular support, the opposite is in fact the case. The key to this popularity is to be found in the formulation of the atma.

The Samkhya philosophy of creation, which, many would argue, constitutes the foundational underpinnings of Ayurveda, recognizes two very different concepts of self: the Hindu ‘soul’ or atma and the ego-self, known as ahankara (Desai 1989). Of these, the "ageless, interior, and unqualified" atma, writes Desai (1989:20) is, by virtue of its greater proximity and similitude to God, evaluated in the more positive light. The view of self as atma originates in the equation of self with consciousness although it is now understood as that which is beyond awareness, a state where even “consciousness itself is annihilated” (Desai 1989:43). The atma is, moreover, indestructible, it is that which remains when the body is no more. Accordingly, reasons Bharati (1985), suicide is doomed to fail since it dispenses only with the corporeal body, while the ‘true self’ persists in another form.

As the essence of the individual, the atma is identical with the Brahman. Any apparent distinction between the embodied and higher selves should be regarded as merely metaphorical (Bharati 1985). The implications of this non-dualist perspective are manifold, yet not readily apparent to the Western eye. As the absolute, the ‘true self’ of
the *atma*, is unaffected by the individual's experiences or beliefs. Accordingly, a man such as Gandhi can be both religious icon and politician, a communist can also be a devout Christian, while Hindus will readily embrace Jesus as they do Krishna without perceiving betrayal of either. By the same token, the poor will dismiss their misery with the claim that 'God is eternal,' implying that since all beings are God, then these tribulations are not their own. Further implied here is the notion of reincarnation for which the *atma* is the vehicle. Suitably imbued with good *karma* (further elaborated in chapter ten), the 'true self' of the poor can be reborn into a higher status. Equally, one should not begrudge the relative comfort of others who may in their next birth be less fortunate.

The *atma*-Brahman unity is recognized as well within the medico-philosophical tradition of Ayurveda which “teaches that man is a microcosm, a universe within himself. He is a child of the cosmic forces of the external environment, the macrocosm. His individual existence is indivisible from the total cosmic manifestation” (Lad 1984:18). Accordingly, Ayurveda assumes a holistic approach which takes into consideration all manner of relationships, including those inherent between the individual and the cosmic spirit, on the one hand, and cosmic consciousness, energy and matter, on the other. In recognizing the material self, Ayurveda calls into play a more material notion of self in *ahamkara*.

In the Samkhya schema, *ahamkara* is the product of Cosmic Intellect—*mahad or buddhi* ('the cognitive apparatus')—which itself is the first manifestation of *Prakruti* (Bharati 1985, Lad 1984). With the help of *sattva* ('creative potential'), *ahamkara* manifests into the 'mind' or 'thinking organ' (*manas/manah*) and the five sense faculties and five motor organs which comprise the body. Together these comprise the organic universe. The material entities are thus organized into a self of varying degrees of subtlety which reaches its pinnacle in the *buddhi* and is manifested in its thickest and most crude form in the body. The inorganic universe is similarly manifested from *ahamkara*, with the help of *tamas* ('destructive potential'), as the five basic elements (*bhutas*), each of which corresponds with one of each of the five senses. What is important to grasp here is the identification of *ahamkara* with the creative force (*Prakruti*) and Cosmic Intellect on the one hand and all other matter, both organic and inorganic, on the other.

We should note, moreover, that *atma* is temporarily embodied in the human subject as *jivan* ('life'), an inevitability which demands that we not ignore the body altogether. Sinha (1985:240) observes, for example, that the consideration of the self as embodied is inherent in “the very naming of the Vedanta as ‘Sariraka-mimamsa’”—that is, the inquiry
pertaining to the essential nature of the individual self as residing in the body.” The centrality of this embodied subject is further apparent in the Kathopanishad which has served as a model for subsequent conceptions of human existence in classical Indian thought. Sinha translates this ancient dictum as follows: “Know thou the self (atma) as riding in a chariot—the body as the chariot, intellect (buddhi) as the chariot-driver and mind (manas) as the reins; the senses (indriya) are the horses, and the objects of sense what they range over. The self, joined with the senses and mind is called the experiencing subject (bhoktr) by the wise” (ibid.).

Despite its superiority as an ideal, however, the concept of atma fails to provide individuals with any specific guidelines for action. Ahamkara, on the other hand, explicates the nascent self-feeling which atma fails to address:

_Ahamkara_ is born out of self-consciousness, and with it arises a need for a second. Desire to be the first, desire to propagate, the fear of being alone, and the need for delight in another’s eyes are essential components of selfhood. All these qualities become associated with a self that is active, wishing, and wanting. It is full of pride. . . . Attachments are a natural consequence of the wishing and wanting self, but they inevitably produce grief. The need for admiration and affirmation is never completely gratified in the world of other ahamkaras, responding inadequately from self-interest (Desai 1989:45).

Thus we see that the phenomenal self, ahamkara—literally, the utterance of the word ‘I’—represents the realization of selfhood which represents both the triumph and tragedy of creation, for in begetting progeny, the parent surrenders part of him or herself to the creation of the child (Desai 1989). The attached, material self is nonetheless distinct from the Western ego, which as Bharati (1985) argues, invariably comes to the fore during self-introductions wherein Europeans or Americans are most likely to proclaim their profession or skills (‘I’m an accountant,’ ‘I play hockey’). Hindu Indians, by contrast, will typically supply family and caste (gotra, jati) affiliations, their social identities, before identifying themselves in more egocentric occupational terms.

Following Marriott, Bharati (1985) forwards the notion of Hindu ‘dividuals’ who in their efforts to respond appropriately to the complex variety of ritualistic traditions of which they are the objects, find themselves constantly contracting and expanding as necessary. In his identification with the deity Shiva, the Brahmin’s self is expanded, yet the ritual pollution that his consumption of the offerings of his lower caste clients entails exemplifies contraction. Desai (1989), in parallel, describes the Hindu ‘dividual’ self as one which combines easily with other people and things. These characteristics can be linked, in Desai’s view, to Ayurveda, dharma* (see chapter ten), and other constructions
of the cosmos governing the aims of Hindu life. Shweder and Much (1987) say of *dharma*, for example, that akin to the laws of physics, it is thought to constitute an independent, objective reality which properly determines actions from an Indian perspective.

Surya (1969), correspondingly describes the Hindu person as lacking a sense of 'mine-not-mine'—not only in terms of material possessions, but also concerning time, thoughts, and emotions—with a life characterized by a series of dependency or interdependency relationships, typically producing a great need for company. Such characterizations, while somewhat dated, are nonetheless in accord with Desai's (1989) more contemporary argument that the ego-boundaries of an individual are forsaken in favour of social and geographic boundaries. Akin to Bharati (1985), he maintains that castes, sects and the family represent codes of relationship which provide meaning to facets of life such as interpersonal conduct, communal behaviour, and spiritual quests. In sum, "it is the social consideration of belonging to a group that tends to codify behaviour" (Desai 1989:116). Derné's (1995) findings exemplify this principle. Even when the Hindu men of his study rejected important social imperatives (e.g., by marrying for love against the wishes of their parents and the norm of arranged marriage), the cultural “understanding that individual volition is threatening” constrained these men “to present their actions as in accord with some social group” (1995:171). Derné (1992) adds to the de-emphasis on individual volition, the notion that the Hindu self may be shaped by family interactions. Dense, hierarchically-ordered joint families in particular tend to generate conforming bodies. Here then, the attachment of *ahamkara* to the material world of family and social imperatives is underscored.

But what of the prideful *ahamkara*, that which desires to be first? The psychiatrist, Surya (1969:388), amplifies the narcissistic quality of the Hindu self when he claims for example, that the Hindu “ego requires for its stability a constant external supply of esteem. If no one has the time or patience to say he is a good lad then he himself has to proclaim it. Friends, events, and the like only exist to the extent that they supply those narcissistic needs.” This tendency, argues Surya, evolves from the overindulgence of children and, to a lesser extent, adolescents within the joint family. Kakar (1982), like Surya, is an Indian trained in an essentially Western tradition—in his case, that of psychoanalysis. In contrast, however, he recognizes that the attribution of the disturbed self to early family connections is incongruent with the Hindu worldview. Instead, he councils, we must look to the workings of *karma*, which encompass not only the individual's entire life cycle, but the cycle of his many lives as well. Accordingly, we
must take into account not only living members of an individual's family and the community, but a whole host of spirits—ancestral and otherwise—germane to the Hindu view of the cosmos (see Freed and Freed 1990). Healing of disturbed selves thus requires the expertise of those versed in social, spiritual and supernatural matters rather than the individual psyche *per se*. As Desai (1989:73) explains, the Hindu private self is located at the centre of what is best seen as  

a series of ever-widening circles extending into infinity. . . . Each circle exerts an influence on the center in direct proportion to the size of the influencing object and in inverse proportion to its distance from the center. The kind and degree of illness may thus be visualized as a function of disturbance in any circle or in a combination of them.

He goes on to suggest that not only are the orbits of influence fluid, but so too are the Hindu persons at their foci. Consider, by way of illustration, Bharati's (1985) account of the Hindu who claims with sincerity and in the same breath that he is a vegetarian and a meat-eater. Both are true in different contexts, for he will eat meat and even drink whiskey, when among foreigners or modern urban Hindus who do not observe any food restrictions. In his own home, or amongst traditionalists, however, he is a vegetarian. The self in this sense, concludes Bharati, is mutable. Hsu's astute (1963:175 as cited in Bharati 1985:210) observation that “mutability is the idea of *atma* translated into an approach to interpersonal relations” is illuminating in this regard. He continues, “Extreme mutability will negate the difference between life and death, between one man and many, between men and things, between ego and alter, etc.” Thus we return to the monist ideal of the *Advaita Vedanta* with which we began.

In sum, it is perhaps the fluidity and mutability of the Hindu person which permits the coexistence of two seemingly opposed concepts of self as embodied by the aloof *atma* on the one hand and the attached, utterly fallible *ahamkara* on the other. The monistic nature of the *atma*-Brahman, it would seem, is precisely what permits, even encourages the manifestation of *ahamkara* which, after all, cannot be held entirely accountable for its weaknesses. Ultimately, it is only the true self, the *atma*, which persists. The body to which *ahamkara* is inextricably attached is merely temporal, destined to return to the five elements from which it was once formed.

**B. The Social Body**

As we have seen in the foregoing discussion, the inclusive orientation of Ayurveda corresponds well to the rather comprehensive, interactive notion of the South Asian self.
For the Sri Lankans in Nordstrom's study, Ayurvedic knowledge further "provides metaphors that are used to explain many aspects of life that impinge on personhood and its expression in the daily world" (1989:963). This metaphorical extension of the body as a reflection of social relations corresponds with Scheper-Hughes' and Lock's (1987) concept of the 'social body,' to which I will now turn. I approach this topic from four different angles. The first examines the concept of somatization and its limitations as an explanatory model as applied to non-dualist cultures. This discussion helps to delimit the parameters of embodiment by distinguishing what it is not. Section two, further clarifies metaphor and embodiment in positive terms and encompasses the remaining three subsections which examine in some depth the notions of sacred, aging and gastrosemantic bodies. Focusing primarily on South Asia and its diasporic communities, these overviews should further provide the reader unfamiliar with the region with a sufficient contextual backdrop against which to comprehend the research findings presented in Part Three.

1. Somatization – the limitations of a popular explanatory model

It is my primary goal in this chapter to expand on the concept of the metaphorical embodiment of natural, supernatural, and social relations so as to illustrate the value of this perspective for my own research. I would be remiss, however, if I were to ignore completely a very common analytical approach to the illness presentation of immigrants to the western hemisphere which is all too often translated into praxis. Here I am referring to the notion of somatization, or "the presentation of medical-psychological and especially psychiatric problems in terms of bodily symptoms and distress" (Fabrega 1991:181).

Ananth's (1984) observations concerning his own and other immigrant Indian patients in Canada typify this approach. The presentation of "mental" illness as "physical" symptoms provides, in Ananth's view, a passport into the doctor's office, a means by which the patient is able to protect him- or herself from the shame of mental illness. Somatization, he argues, is not unique to East Indian migrants, but is a phenomenon well known in India itself, as well as in various other Eastern nations such as China. For instance, the incidence of depressive illness in India, as compared to Western countries appears to be quite low. Where it exists, expressed symptoms are distinct from those found among Euro-Americans and are hence defined in primarily negative terms: absent or rare are the expression of a depressed mood, retardation, a guilt complex, and completed suicides; more commonly encountered symptoms are higher frequencies of
agitation, a predominance of hypochondriacal and paranoidal features, the occasional occurrence of obsessional symptoms and, most significantly, the presence of somatic symptoms. Western psychoanalysts have determined that guilt is commonly associated with depression. Low incidences of feelings of guilt in non-western cultures have thus been taken as indicators of low rates of depression in those countries. Venkoba Rao (1978) argues, to the contrary, that depression can occur without guilt, particularly in the Indian milieu, wherein attribution of ill-fate to bad karma, the debt of one’s actions in a previous life, relieve the individual of personal culpability. Rates of suicide, deemed in the West to be a fair indication of the prevalence of depression, are likewise extremely low in India. Yet nearly 70% of depressed Indian patients experience suicidal ideas or make suicide attempts. Such ideas occur, claims Venkoba Rao, when the patient experiences numerous somatic symptoms at which point they feel that living with impaired health is intolerable. The consequential shame which would attach to their families, as well as fears of their own resultant damnation nonetheless prevent the majority from realizing their wishes. Guilt thereby deters, rather than causes suicide in India. Moreover, apparently low rates of depression may be attributed to the tendency of Indian patients to somatize their symptoms rather than seek help specifically for ‘mental’ disorder. Whether or not this is the case, argues Ananth (1984), the expression of depressive illness by Indian patients could easily escape detection by a Western-trained medical practitioner.

While these studies ostensibly offer a more culture-sensitive perspective of the Indian patient, critical scrutiny reveals otherwise. While Ananth and Venkoba Rao may be Indian in origin, their epistemologies are clearly conditioned by their western biomedical training. As Fabrega (1991) argues, the concept of somatization is supported by a dualistic epistemology which subordinates subjective illness expressions to the more empirical biological notion of disease, according to which “persons whose bodies are not altered or diseased should demonstrate no illness, and those persons who do display such distress should be diseased” (1991:182). This deterministic model thus views disease as leading to illness, and not vice versa. The ontological premise of biomedicine further holds that, like objects, diseases have an existence and identity, a natural history as it were, of their own, independent of the person (see also Mishler 1981).

Despite the current widespread application of biomedicine throughout the world, numerous anthropological studies of health and healing indicate that its underlying, culturally embedded precepts are anything but universal (Fabrega 1991). Since most cultures are not dualistic, at least in the sense understood in the West, psychiatric and
non-psychiatric, the domains of the mind and body, are rarely distinguished from one another. The more widespread notion that bodily symptoms may be indicative of any manner of ailment attributable to a range of natural, supernatural, social, political, economic or moral (etc.) causes, negates the concept of somatization and the moral discreditation of sick persons that it encourages. As indicated in my discussion of the self in India, above, mind, body and soul are too interdependent, the person too unitary, to easily support their desegregation into discrete and opposed entities. Ayurvedic medicine, maintains Fabrega (1991:185) is, in parallel, “powerfully unitary and functional in nature and does not distinguish ontologically among types or nature of medical disease.” As noted previously, all symptoms are treated relative to the humoural imbalance which is seen to be the proximate cause. From this perspective, illness and disease are not logically disconnected as they are in biomedical terms. To the contrary, concludes Fabrega (1991:187), “bodily, mental, and spiritual well-being and moral identity all flow out of, and are made sense of, in terms of a comprehensive system that embraces and gives exquisite attention to bodily experience and function.”

While this epistemological differentiation has considerable theoretical import, it is perhaps more meaningful to bear in mind its consequences in practice. Whenever I have conducted research with Indo-Canadian women (viz. Koehn and Stephenson 1991, Koehn 1993a, as well as this project), I have always encountered one or two participants who complain that their physicians fail to take their physical symptoms seriously. “Sensitized” to the somatization paradigm, western-trained physicians now run the risk of overlooking physical presentations of illness by their non-western patients which merit due consideration and possibly treatment. But the physician is not in an enviable position, for the inadequacy of somatization as an explanatory model does not take away from the fact that more and more of his or her patients are most likely from cultures wherein innumerable ‘non-biological’ causal agents are read as bodily symptoms. The conundrum for western medical practitioners is that the biomedical model does not provide them with the epistemological tools with which to decipher the plethora of diverse embodied complaints before them. It is in the model of the ‘three bodies’ that Scheper-Hughes and Lock (1987) propose they seek solutions. Perhaps most applicable to the clinical setting is the notion of the social body and the use of concepts such as metaphor and embodiment to overcome the stumbling block that recourse to somatization has presented.

DiGiacomo (1992) warns, however, that anthropologists adopting Lock and Scheper-Hughes’ ‘three bodies’ schema to understand the sick body must exercise vigilance to
ensure that they, too, do not fall into the trap of "reifying illness as a natural symbol of disorder at other levels [which] can leave the afflicted potentially just as vulnerable to this kind of deauthorization as the mind-body dualism of biomedical discourse" (DiGiacomo 1992:120). Drawing on her own experience as a cancer patient, DiGiacomo argues that the "commonsense" notion that we think our way into health or illness, that health is almost entirely in our own hands (through the implementation of exercise regimes, the stabilization of emotions and so forth) draws as heavily as biomedicine on the ideology of individualism characteristic of North American culture. The danger, akin to that inherent in the somatization thesis, is that the patient is marginalized, her illness regarded as the result of her own failings (to exercise sufficiently, to eat correctly, to be endowed with a 'healthy' personality, etc.), her illness experiences reduced to irrelevance.

Sensitivity to this possibility is thus essential and is, I hope, maintained in part by my efforts to speak with rather than for the participants in this research. I have elaborated at length in chapter three on my distinctiveness from, as well as my affinity with, the women in my sample. My own illness experiences of allergies (hay fever, etc.) and eczema bear repeating, however, for like many of the 'old age' ailments which afflict my participants, both are chronic and biomedically incurable. In my efforts to seek alternative remedies which promise to 'get to the heart of the matter' (e.g. homeopathy), I have often experienced the frustration of my own 'failure' to 'better manage' stressful episodes (some of them extended) so as to maintain eczema- (and pain-) free hands. The line separating somatization and the metaphorical extension of social/political/supernatural relations via the body is fine indeed. Any such interpretations should thus be firmly couched in the cultural and personal contexts from which they arise and to which they ultimately contribute.

2. Metaphor and embodiment

As Mary Douglas (1970, cited in Lock and Scheper-Hughes 1990) has long since pointed out, the body as a natural symbol has proven to be a veritable fountainhead of metaphor. Synnott (1992:79), for example, presents a range of historically significant constructions of the 'Western' body, and thus of the embodied self, to support his argument that "the body has no intrinsic meaning. Populations create their own meanings and thus their own bodies; but how they create, and then change them, and why, reflects the social body." As Plato's 'tomb of the soul,' Saint Paul's 'temple of the Holy Ghost,' or Descarte's 'machine,' the body is variously depicted in metaphorical terms to symbolize core societal values specific to both place and time.
Inevitably, the symbolic power of the body has been exploited, as well, to signal protest. In a direct assault against the Christian church and its revulsion of the body, which he so despised, Nietzsche took to praising the body, even identifying it, at times, with the Self (Synnott 1992). Combining these ideas with Darwin’s theory of evolution (undoubtedly interpreted in its crudest form, *viz.* ‘survival of the fittest’), Adolf Hitler managed to convince himself and others of the superiority of a very narrowly defined body, that of the “blond Aryan Master Race.” The role of power in bodily constructions thus looms large and has received due recognition by scholars of race, ethnicity and gender. Within any society and/or historical period, concludes Synnott, we are likely to find multiple paradigms of the body, reflective not only of the values of a culture, but of a sub-culture and of specific individuals.

DiGiacomo’s reservations notwithstanding, metaphor has proven valuable for communicating bodily experience, argues Kirmayer, proposing that “just as bodily changes are felt immediately in the metaphoric process of thought, so the intentional nature of metaphor ensures that thoughts may be felt immediately in the body” (1992:336). Both metaphor and bodily experience are shaped by knowledge of situations which is necessarily culture-specific. Accordingly, metaphor can provide a means to explore the significance of embodiment in diverse cultural contexts without assuming *a priori* an epistemological framework. The embodied nature of metaphors, which permits their creation of meaning through enactment or presentation, further permits the analyst to escape the stranglehold of the ‘representative body’ critiqued by Sinha, above. As Kirmayer points out, “the body is not the same as the body-image” (1992:325).

Following Young (1982), Low (1985:187) posits that, in the case of distress and disorder, “the metacommunication value of the sickness process may be the sole vehicle for acting on and expressing discomfort with physical, social and psychological realities.” Here, Low is referring specifically to a condition variously known as *nervios, nervos, nevra,* or ‘nerves,’ as is Lock (1993b) when she suggests that, while painful, this condition can be empowering, translating into an everyday form of resistance against the structural inequalities with which it is frequently linked (see also Dunk 1988, Guarnaccia *et al.* 1988, Jenkins 1988, Lock 1990). With reference to sufferers of *nevra* among immigrant Greek women in Montreal, Lock (1990:251), links this condition with “the losses and unresolvable contradictions which immigrants face, their own insights and efforts to deal with the situation, their continued exploitation as a work force, and, above all, the unexamined values embedded in the ‘host’ country.”
Csordas (1990) has argued that, as the embodied \textit{subject} or existential ground of culture, the human body provides a valuable epistemological tool for the study of culture and the self. Relegating the body from its reified position as object of analysis, adds Turner (1996:xiii), the notion of ‘‘embodiment’ more adequately captures the notions of making and doing the work of bodies—of becoming a body in a social space.” The reproduction of embodiment, representing the political principles of class and gender domination is, in Frank’s (1991) view, central to social organization. Analyses of embodiment, which collapse distinctions between the individual and society (Csordas 1996), further mediate between the phenomenological and social, and cannot be neatly slotted into either. Gordan (1990:276), for example, begins her article on the embodiment of cancer with the suggestion that, “phenomenologically we may consider a continuum that begins with a disease as a cultural symbol, to disease as a breakdown and a rupture in everyday life, to disease as disembodied—kept at a distance mentally by not knowing its name, the diagnosis.’’ While the concept of embodiment remains central to her analysis, she stresses as well the social reality of cancer. Frequently equated with death, suffering and hopelessness, cancer among Gordan’s Italian subjects provides evidence of the failure of science to control decay, an assertion of body against society. The body with cancer is thus seen as a threat, managed through its denial, avoidance or an enforced split between the healthy (viz. socially acceptable) and the sick (viz. socially dead).

Also working within an Italian milieu, Pandolfi (1990) considers embodiment as an explanation of malaise and illness. At one level of interpretation, such explanations correspond with the phenomenological body of Scheper-Hughes’ and Lock’s scheme. She describes this level as “the one that pulverizes dialogue between outer and inner world and becomes solely corporeal. The world incorporated in the body loses its historical traces and is no longer capable of linking up with the production of social and private symbols” (1990:263). Here, the body itself, mediated by emotions and interpersonal relations, becomes a metaphor for illness. Pandolfi further sees a second level of illness interpretation which involves the social, the historical, an ongoing narrative, as it were. The distinct historical and social experience of women among the southern Italian subjects of Pandolfi’s study is clearly reflected in the comments of a ‘witch’ who claims, "Of course, men act and women feel, that’s why men have closed bodies and women have open ones" (as cited in Pandolfi 1990:262). Seen as more fragile, women fall ill more frequently when faced with disintegration of the external context. Historically, women are said to be more intimately linked with suffering and abiding “social catastrophe,”
such that this too becomes translated into bodily experience. The significance of such observations is rendered apparent by Lock (1993b:141) when she says,

The body, imbued with social meaning, is now historically situated, and becomes not only a signifier of belonging and order, but also an active forum for the expression of dissent and loss, thus ascribing it individual agency. These dual modes of bodily expression—belonging and dissent—are conceptualized as culturally produced and in dialectical exchange with the externalized ongoing performance of social life.

Krause's (1989) study of the phenomenon of 'Sinking Heart' (dil ghirda hai), among a Punjabi-speaking community in England, further exemplifies the principle of embodiment, this time of familial and societal relations. The embodied symptoms of Sinking Heart are primarily located in the heart which is said to 'shake,' 'shrink,' 'drop,' or 'lose strength or force.' Such feelings may be accompanied by a dry mouth, faintness, headache, and difficulty breathing. The illness is attributed by its sufferers to a variety of circumstances which include extreme hunger; extreme exhaustion (mental or physical); suffering from heat; eating foods you cannot digest; losing a relative; facing "life crises" (e.g., birth, marriage, etc.); or experiencing shame or loss of respect in the eyes of the community. Heat or weakness, moreover, may occur independently or as a result of worry due to loss of honour or social failure. According to Krause (1989:571), "the people who are the most resistant to Sinking Heart are those who do not do bura kamm ['bad work']. They are the people who have families where there is happiness and respect... They also have good relations with the wider family so there are no upsets." As either the cause or symptom of worry, loss of honour or social failure may lead to self-centredness which results in loss of control of the emotions and ultimately, (more) worry. While the symptoms are thus clearly metaphorical extensions of social or personal turmoil, they are no less 'real' in their manifestation in the body. In extreme cases, heart ailments or even death can result.

(i) Sacred Bodies

The socially constructed and constructive body is perhaps nowhere more contentious than in the domain of religion. Whether the body was for the early Christians temple or enemy, for example, is one of the major foci of Synnott's (1992) extensive analysis (see also Feher et al. 1989). Csordas (1990) fruitfully applies the notion of embodiment to his analysis of ritual and social life in the Roman Catholic Charismatic movement in the United States. The value of this strategy, he remarks, is the opportunity it provides to escape more typical psychological or physiological explanations of ritual practices and trance or catharsis, respectively, neither of which have proven satisfactory. Alternatively,
the paradigm of embodiment which permits the collapsing of body and mind "yields a
phenomenology of perception and self-perception that can pose the question of what is
religious about religious experience without falling prey to the fallacies of either
empiricism or intellectualism" (Csordas 1990:33). Sullivan (1990:87) claims, in parallel,
that "the knowledge of the body is central to the history of religions because these
physiologies are religiously experienced and religiously expressed. . . . Moreover, critical
knowledge of the body is frequently related to critical experiences that are religious." 
Based on her work with a group of marginalized elderly Jews in California, Myerhoff
(1984:328) posits that

ritual allows the elderly to find and exact linkages between their shared beliefs and
values and specific historical events. Particularities are equated with grander themes,
exemplifying ultimate concerns. Then the elderly may be regarded as exemplars,
fulfilling themselves and embodying their traditions at the same time.

"Definitional ceremonies," in particular, "are likely to develop when within a group there
is a crisis of invisibility and disdain by a more powerful outside society" (Myerhoff
1986:266). Confronted with a crisis of non-representation, the Jewish seniors of
Myerhoff's study embarked on a procession along Venice Beach. Well dressed, but with
canes, walkers, blindness, they simultaneously embodied signs of their fragility and
dignity, their quiet, but insistent plea for recognition as co-users of the public space
which they chose to occupy.

Having reviewed a range of works on the body, each located within diverse settings
(Aztec, Chinese, Tamil, Japanese, medieval European, ancient Mediterranean), Sullivan
concludes that the body can indeed be said to lie at the centre of various cultural world-
views and "especially at the heart of religious experience and practice" (1990:99). This is
epecially true of South Asia where, as Alter (1993:49) observes, "scholars are well
aware of the central place of the Hindu body in ritual ascetic, and artistic life." Long
since retired from the Hindu pantheon, the Vedic gods, Agni (representative of fire,
lightening and sun) Indra and Varuna, continue to play a key role in the regulation of
health (Desai 1989). Agni, as we shall see in chapters eight and nine, remains in evidence
in Ayurvedic philosophy as the digestive fire and the pitta dosha. Indra and Varuna were
likewise "interiorized into the human body" to become kapha and vata doshas,
respectively (1989:48). Thus, although they are in part assimilated into the Hindu body
and self, and are hence no longer worshipped as deities, these three figures, as capable of
malevolence as they are benevolence, continue as doshas to hold sway over the human
world. Balanced doshas constitute a healthy body, but imbalance invariably manifests as
some sort of sickness. To this trilogy of wind, fire and water, the Upanishadic poets and philosophers added earth and *akash* ('ether' or 'space'). In so doing, they were able to account for all that was taken in by the body, all that constituted the world. Known as the *pancha mahabhutas*, the 'five great elements' are said to constitute all matter, both animate and inanimate. Of these, *akash* is undoubtedly the most equivocal—sometimes denoted as the source and destination of each of the other four elements, occasionally equated with the breath, and in some instances, excluded from consideration altogether. Desai (1989:50) thus concludes that “that the experience of *akasha* provoked a sense of mystery, was nebulous, and could not be grasped.” Despite the ethereal nature of *akash*, the elements were afforded a much more material status in the *Upanishads* as compared to the *Rg Veda*.

It is also in the Upanishadic and contemporaneous texts that parts of the body are repeatedly compared and equated with various elements of the cosmos. Just as the eye radiates the shine and lustre of the sun, so does the mind wax and wane like the moon (Desai 1989). In a more contemporary vein, Daniel (1984) writes about Sri Lankan bodies and their metaphorical extensions in coconuts as five-layered selves which the individual comes to know thorough the rigours of pilgrimage and his or her travels far from home. The five sheaths of the human body corresponding to the five sheaths of their coconut simile include the *jivatma* (life/soul) and *Paramatma* (or *Brahman*). Here the number five is of interest for its correspondence with the Upanishadic notion of the five elements, noted above. Daniel’s observation that pilgrimage ruptures the various sheaths of the body, represented symbolically by the gesture of breaking a coconut so as to pour its contents onto the figure of a deity, is noteworthy for the attention it focuses on the disengagement from the body to which Hindu devotees also aspire (Desai 1989). The embodied phenomenal self (*ahamkara*) is seen as an obstacle to the devotee's realization of his or her “true self,” as signified by the *atma*, whose relationship to the body is more temporal.

A subsequent tradition of philosophic thought known as yoga continued to emphasize the teachings of the *Upanishads*, although the *Yoga Sutras* of Patanjali are open to a somewhat different interpretation when they state, “Disciplined action, study of the self, and surrender to the Lord constitute the practice of Yoga” (*Yoga Sutra* II.1, as cited in Mehta, Mehta and Mehta 1990:8). In the classical tradition, the *yogin*’s objective is to withdraw entirely from the objective world governed by sensory perceptions so as to attain an exalted state of consciousness known as *samadhi*, wherein “the split between the phenomenal and the spiritual is obliterated” (Desai 1989:55). Despite his dedication to
the attainment of the more subtle objectives of yoga, B.K.S. Iyengar—an influential contemporary yoga master based in Pune, India—has distinguished his approach by his intense focus on the bodily aspects of the discipline. In response to his critics, Iyengar argues that it is only when the body is free of limitations that the mind can become quiet and focus its energies on these elements—in his view, the practice of *yoga asanas* (postures), *pranayama* (breathing exercises) and meditation are interdependent rather than counterposed. Echoing Csordas' (1990) view of the body as the existential basis from which we necessarily proceed, Iyengar maintains that the body presents itself as an unavoidable starting point:

> There are many different types of cells in the body, with physical, physiological, emotional, intellectual and spiritual functions. It is known that each cell has a life of its own. These cells are the pearls of life. In the practice of yoga, each cell is consciously made to absorb a copious supply of fresh blood and life-giving energy, thus satiating the embodied soul. With serenity, one then experiences the self by the self, and rests the self in the lap of the soul (*jivatman*) (as cited in Mehta, Mehta and Mehta 1990:6).

One very popular *yoga asana* series, practiced in the early morning is known as *Surya Namaskar* (‘Sun Salute’). This sequence is readily discerned in the combination of the *dands* (jack-knifing push-ups) and *bethaks* (comparable to deep knee bends) which together constitute the core wrestling *vyayam* or ‘exercise regime’: “As a set” writes Alter, “they provide a complete body workout” (1992:103). While it is hardly surprising to learn that the body is afforded primacy in Indian wrestling, the spiritual dimension of these exercises should not be overlooked. As Alter explains, “the most important feature of *dands* and *bethaks* is that they be done rhythmically and at a steady pace. The performance of thousands of these exercises produces a mental state not unlike that of a person who has gone into a trance through the rote recitation of a mantra or a prayer” (1992:104). Elsewhere, he adds that some wrestler’s equate this exercise regime with “yogic meditation of a highly variant kind” (Alter 1993:56). Close inspection of the wrestlers’ routines, particularly their dietary regimes, further reveals an intimate affinity with the dictums of Ayurveda. The heat generated by wrestling practice is countered by the consumption of copious quantities of ‘cooling’ milk, for example (see chapter eight).

The propensity of Ayurveda to generate metaphors pertaining to a diversity of social issues may be due, in part, to its interdigitation with the religious life-ways of its South Asian practitioners. According to Obeyeskere (1976:201), “Ayurveda is more than a system of physical medicine, because its underlying ideas have permeated religion and ritual.” Desai (1989:116) implies, however, that the directionality of influence of Ayurveda over religion may in fact be reversed:
Medical beliefs and native cures constitute the forces that provide continuity between the past and the present. They cut across geographic as well as group boundaries, for they grow out of a common and enduring heritage of notions about context and relationality. Hindus would readily agree that their medical concerns are rooted in their common religious beliefs.

Desai concedes, however, that Ayurvedic and religious beliefs have most likely co-evolved, the relationship between them being that of a dialectic rather an instance of linear causality in either direction. In any event, we can see that the system of Ayurveda occupies a prominent and pervasive position in the Hindu worldview.

To return, then, to the north Indian wrestler (pahalwan), we see that through his diligent attention to Ayurvedic concerns such as “exercise, dietary prescriptions, hygiene, sartorial concerns, and the regulated elimination of bodily wastes,” he has come to embody the ideal of the “strong, healthy and moral citizen of the Indian state” (Alter 1993:51). Alter interprets the wrestlers’ self-discipline as a form of resistance against the “rotten environment” of the corrupt and immoral state upon which they are nonetheless dependent for support and guidance. The self-regulation of the pahalwan’s bodily is thus used as a means of escape from the docility and degeneracy which the illegitimate domination and control of the government engenders among its citizens. Among many such examples, Alter draws attention to the contrast recognized by Ratan Patodi between the wrestler and “that willful icon of state administration, the babu, or office clerk. Whereas the babu is weak, pale, lethargic, and clothed in effete white, the wrestler is naked, covered with earth and oil, and literally beaming with health and energy” (1993:63). Here, I confess, I have strayed from the territory of the embodied sacred self into that of the body politic—as with the realms of the social and individual bodies, we see that there is an inevitable overlap between the two.

Concern with the decadent body is further reflected in Desai’s (1989:47) description of the Hindu body as “sharira, . . . that which decays.” He goes on to explain that “the anxiety of falling apart is countered with care and attention, and the search for cohesion is central to Hindu medicine.” This preoccupation with cohesion extends beyond the individual body to “the corporate life of the family, which is also a body” (1989:114) and further still to the tradition of the lineage. The metaphorical extension of the body to denote society and its divisions into castes or varnas is evinced in two verses of a hymn found in the Rg Veda (Fuller 1992). The theme of sacrificing part of the self (ahamkara) in order to yield offspring re-emerges here with the more encompassing sacrifice of the primeval Man, Purusha (Brahman). A interpretation of the Vedic hymn reads,
When they divided the Man, into how many parts did they apportion him? What do they call his mouth, his two arms and thighs and feet? His mouth became the Brahmin; his arms were made into the Warrior, his thighs the People, and from his feet the Servants were born (as cited in Fuller 1992:12).

As an ideal model of the Hindu world, the four varnas which distinguish Brahmins, Kshatriyas (warriors), Vaishyas (the people), and Shudras (servants), comprises four hierarchically-ordered classes of people to which specific duties are assigned. Elaborated over the years, primarily by Brahmins, of course, these duties form the basis of a corpus of religio-legal texts known as the dharmastra (Fuller 1992). The association of dharma (caste-specific duty) and its appropriate observance, with the accumulation of positive karma as the key to a more auspicious rebirth has succeeded, in great part, in maintaining the integrity of the social body. Caste antagonisms have nonetheless proved to be a divisive force since colonial times into the present (Khare 1998). The potential disintegration of this more inclusive body therefore warrants the vigilant attention to which Desai refers.

(ii) Aging Bodies

The Hindu life course

Although television and migration experiences may be narrowing the gap for select 'cosmopolitan' Punjabi seniors, I have not witnessed in any of my previous research with this population, any notable movement toward the 'designer lifestyle' orientation which, in Featherstone and Hepworth's (1991) view, now characterizes the 'postmodern' elderly of the West. “A playful, youthful and emotional exploratory approach to culture” and “post-scarcity values” (1991:375) open to valid partnerships with the formerly excluded 'Other' are, by the same token, atypical among the Punjabi elderly. The same could be said, however, of my working-class British grandparents! Again we find that the postmodern analysis of the aging body focuses exclusively on the values and priorities of a limited sample of 'Western' seniors. Such limitations do not deter the authors from describing their analytical model as a “flexible biographical approach” to the study of the life course, however. Consistent with my more constructivist epistemological position, I have endeavoured, instead, to identify categories of aging which resonate with the Punjabi Hindu participants in my study. Two frames of reference of some utility are the medical system of Ayurveda and the Hindu ashrama scheme of life-stages, each of which I will address in turn.
The purpose of Ayurveda is to promote health and longevity so that the wisdom associated with age can be shared" (Larson-Presswalla 1994:22). Indeed, in advocating "the incorporation of appropriate dietary habits and personal hygiene in one's early life" (Tilak 1989:162), Ayurveda encourages a healthy old age. Since each of us is characterized by a predominance of one or another of the three doshas (as states of humoural imbalance), we are variably susceptible to the ravages of age. Kapha individuals, associated as they are with water, age relatively slowly as compared to persons in whom the fire dosha—pitta—predominates. The latter are far more susceptible to premature graying and wrinkles. While the rate at which an individual ages is to some extent dependent on their inherent constitution, one's life span is certainly not predetermined: timely diet and dietary habits as well as rejuvenation therapy (rasayana) are recognized Ayurvedic means of promoting long life.

Ayurveda further delineates three basic desires (esanas), the first and most important of which is the "desire for a long and healthy life" (Tilak 1989:67). The second and third desires or priorities—to have enough money to keep oneself comfortable, and to follow a spiritual path so as to experience the reality beyond sensory perception—respectively promote and augment the experience of longevity (Verma 1995:29). Above all, then, it is imperative that we take care of our bodies, without which, argues Tilak, "there is a total extinction of all that characterizes embodied beings" (1989:68). Indeed it is the condition of the body (as a function of the measure of time) which, according to the Caraka Samhita, defines the age of a person. In both the Caraka and Susruta Samhitas, old age is regarded as a disease of which a detailed account, broken down into six essential stages, is provided (see Tilak 1989:73-74). In brief,

aging is a slow and continuous process of physical and psychological decline and deterioration in strength, initiative and energy. It has determinate incubation periods as well as specific modes of spread, manifestation and localization in every part of the body (kriyakala). . . . [And like disease,] old age is a product of the morbid interaction between the predisposing causes, humors, and the body elements, which are deranged by the humors (Tilak 1989:75,77).

Although the designation of old age as a disease appears to medicalize the condition, the signification—contrary to the implications in a Western allopathic framework—is that the experience of aging is to a great extent in one's own hands (a parallel earlier recognized by DiGiacomo 1992 with respect to cancer patients in the United States). Desai (1989:115) explains how, according to Ayurveda, "the business of well-being is a full-time occupation. Physical health can easily be disturbed by the wrong kind of food, a change in habits, or disturbed sleep, although strict adherence to the order of input and
output can usually maintain a state of balance.” Thus the principles of Ayurveda are concerns of specialists and laypersons alike since the notions of health and disease expressed in Ayurvedic texts “are but components in a much larger, holistic, systematic and transactional network of patterned interaction that structures the apprehension of traditional South Asian culture” (Larson 1987:55-56). Although Ayurvedic medical practitioners are highly trained and skilled individuals, many of the basic principles of Ayurveda have been practiced in daily life in India for more than 5,000 years. Indeed, my own research with Indo-Canadian women in Victoria (Koehn and Stephenson 1991) revealed, as did those of Weiss et al. (1988:471) in India, that while “most laypersons are unfamiliar with the content of the classical treatises of Ayurveda, the humoral traditions which they represent influence current perceptions.” Within the Victoria sample, this understanding was most readily apparent in food preparation, traditional remedies used for colds, stomach aches, etc., and in behavioural and dietary proscriptions and prescriptions associated with pregnancy, childbirth and the post-partum period (to be elaborated in my discussion of gastrosemantic bodies, below).

The idealized *ashrama* scheme of life stages, as delineated in ancient Sanskrit texts, today provides the basis for numerous life stage models identified in the various modern languages of South Asia. A theoretical ideal, the scheme relates primarily to Hindu Brahmin males. The four stages of life in this scheme, as summarized by Aziz and Maloney (1985:17), revolve around the embodiment of religio-legal codes as expressed in the concept of *dharma*. As one passes through each stage, one learns, practices, teaches and finally realizes one's *dharma*. The movement in the third and final stages is toward complete disassociation with worldly concerns. A man is to shed his clothes, his possessions, his familial responsibilities, and wander the land living off the alms of the people. In one sense, the body is deemed of no import, yet it is ironically the naked, homeless, hungry body of the wandering ascetic which impresses itself upon his benefactors. Another body, that of the family, is at the same time discarded and, one might argue, fragmented subsequent to the metamorphosis of the householder.

No such course is charted for women who are regarded as too much ‘of this world’ to be capable of the ultimate in self-realization. Tilak (1989:39) posits that “the apparent absence of women from the age-homogeneous organization may be attributed to the practice of integrating women into domestic and familial roles. The kinship ties affecting women are designed to stress vertical family bonds rather than the horizontal bonds of age.” Intimated here is the notion of the inseparable bodily ties between a mother and her children: the umbilical cord is not so readily severed. The Raya women of Vatuk's
(1975) study of an urbanizing village of Delhi do indeed identify with the second and major stage of the ashramas—that of the 'householder' (grhastha). Tilak maintains that "like a root, the wife sustains and nourishes the householder and his obligations, which entails sustaining and nourishing all the members belonging to the remaining three orders. The order of the householder, thus, is the very pulse of the orthodoxy which can be so only with the participation of the housewife" (1989:40). Both schemes, however meaningful in an abstract sense, are nonetheless cultural ideals, and while they provide a backdrop against which the meaning of aging and old age may be negotiated, they do not reflect the actual process. The following subsection thus seeks to address this imbalance.

North Indian experiences of aging

A welcome venture in the anthropological literature, albeit primarily confined to the subfield of medical anthropology, is the reunion of the sociocultural and biological and, in some instances, mind and body against the backdrop of old age. A reluctance to move in this direction on the part of many social scientists denies the mutual production of the human body and the cultural tradition with which each is associated. As Lock (1991:698) puts it, "culture and biology stand in a dialectic relationship with one another such that biology is modified by culture and culture constrained by biology." Investigations into the experience of the menopause transition—often taken as a signal of the threshold of old age—are anomalous in the attention they focus on the body-culture interstices. For many women, menopause is the catalyst for a re-negotiation of self as 'old' or, at the very least, as 'no longer young.' Cross-cultural studies reveal variations in both sociocultural attitudes to the phenomenon of menopause as well as the associated physical symptoms. The majority indicate a correlation between the two, although there is considerable latitude in the degree of emphasis placed on either group of variables (e.g., Beyene 1986, 1989, Datan et al. 1981, Davis 1983, Kaufert 1984, 1985, Kaufert and Syrotuik 1980, Lock 1986, 1993a). What is evident in most of these studies, and particularly that of Lock (1986) in Japan, is the location of this experience in the entire life course of the individual. Within a single society, the experience of menopause, and ultimately, the experience of old age, will depend to a great extent on the accumulated experiences of an individual's lifetime. In turn, those lifelong experiences are engaged in a perpetual dialectic with the individual's cultural and societal norms and the biological features peculiar to their social group. The specific menopause experience can thus be viewed, not only as a biological phenomenon, but also as the embodiment of a wide range of cultural, societal and temporal enigmas with which women are forced to negotiate at this pivotal time in their lives.
No longer “erotic objects,” argues Simone de Beauvoir (1978:184), the old, unattractive woman “loses the place allotted to her in society: she becomes a *monstrum* that excites revulsion and even dread.” Speaking to the images of the elderly woman in the media, Tulloch (1995) further draws attention to her embodiment, as ‘old crone,’ of the gerontophobia of youth. The decrepit body and skull-like, permanently wrinkled face of the old woman (read ‘witch’) is counterposed with the smiling image of a wrinkled yet benevolent ‘granny.’ Like the crone, however, granny’s aged body represents not herself, but the ideals of ‘wisdom’ and ‘familial embeddedness.’ The cross-cultural association of the grandmother with household and child-care is strikingly depicted in children’s drawings of their grandparents from countries as diverse as Switzerland, India, and Guatemala (Hummel *et al.* 1995). As Copper (1988) points out, however, the secure place that women are presumed to occupy within their families may be more fiction than truth, for while the mother often fulfills her role of caring for others, there is often little reciprocity forthcoming when she herself is in need of care. Grandmothers, Copper insists, are too often forced into a role in which humiliation and self-sacrifice are inherent. From a psychoanalytical standpoint, Woodward (1995:87) further proposes that the post-menopausal woman is subject to “a double marginality at the very least.” Age not only obliterates her sexuality, but exacerbates “the male fear of woman as the all-engulfing mother” (*ibid.*).

What we see here, in large part, is the inscription of male domination on women’s bodies, a phenomenon which is by no means limited to old age. Consider, for example, ample evidence from Punjab demonstrating that baby girls, primarily through selective neglect (or at times, selective abortion) die more frequently than their brothers (Das Gupta 1987, Miller 1980, Ramanamma and Bambawale 1980). The body of the newest daughter-in-law in the Indian family is likewise often subjected to verbal, even physical, abuse. She is further socialized to systematically deprive herself of the best food, only eating after everyone else in the family, particularly the men, have taken their fill (Appadurai 1981, Hershman 1981, Wadley 1981,). As Das Gupta explains,

> there is a convergence of interests at several levels to put a premium on sons and discriminate against daughters. Son preference is in the interest of the lineage, whose continuity depends on sons alone. It is also in the interest of the household, for whom daughters are transitory members. . . . A girl values her brother more than her sister because the former will do much for her throughout life, while the latter will effectively disappear after marriage. Similarly, a woman values her sons more than her daughters because the former will be her major source of support. Indeed, a woman’s position in her husband’s home is not consolidated unless she produces at least one son (1987:92).
That it is other women who inflict these punishments on their younger counterparts reveals, however, that the embodied suffering of women is often "as much an outcome of relations of authority and submission between women of different age cohorts as a matter of the domination of women by men" (Vatuk 1982b:153). An Indo-Canadian service provider interviewed for my M.A. thesis (Koehn 1993a) echoes Vatuk's sentiments when he says, "In India, males have complete control. Rather than compete for that power, women construct their own hierarchies. The newest bride [daughter-in-law] suffers at the bottom of the ladder." Based on a broad cross-cultural analysis of inter-generational relationships, Foner (1984:68) similarly draws attention to the significance of hierarchical relations among women and concludes that "old women in many societies . . . have a strong interest in keeping young women in their place." She goes on to argue that since age inequalities provide women with the opportunity of improving their lot as they become older, the likelihood of gender-based unity and subsequent revolt is extremely low. Age cleavages virtually nullify the possibility of joint action by women qua women. Nonetheless, women remain ineligible to fill or achieve the same roles as men. Any informal political influence they achieve is usually gained through the influence they are able to exert over male kin—husbands, brothers, or adult sons.

The implication here, then, is that women's bodies are not their own, which for many women in India appears to be the case.44 A daughter is entitled to maintenance by her father prior to marriage, the costs of which are to be borne by him. In the event that he is dead, another holder of the ancestral land, usually her brother, must shoulder the burden (Pettigrew 1975:240). Consistent with the notion that the bride is subsequently transferred to the husband's family, it is said that unlike the man who looks to his parents as the ultimate source of authority, control over the woman is ideally exercised by her parents-in-law (Hershman 1981:126). The transfer from one male to the next is never complete, nor is it unequivocal, however. In her discussion of marital breakdown, for example, Sharma (1980) underscores the importance of the relationship of a woman with her natal family, particularly her brothers. Without having first secured their support, it is virtually impossible for a woman to turn her back on her husband's home. Anxious to gain a foothold in her new abode, the vulnerable young wife is pitted against the jealousy of her husband's mother. Attempts to become friendly with one's husband may incite the jealousy of the mother-in-law, who fears that her son will side with his wife against her. In joint households the danger of subversion is thus never far from the surface (Wadley 1981:4-5). Should the gender barrier between younger men and women break down, however, the directionality of domination may be reversed. MacDonald (1983), for one,
suggests that the powerless older woman serves, in the West at least, to establish the veracity of a ‘youth culture' which, in cahoots with the patriarchal establishment, ensures her enslavement.

A brief foray into the ethnographic literature on Northwest India lends tentative support to Foner's claims regarding the power of older women, while at the same time revealing considerably more complexity than her sweeping generalizations permit. With reference to villagers in Punjab, Leaf (1972) suggests that while a man's power diminishes over the course of his life as relations between his sons and himself become increasingly deferential, the opposite is true of women whose power derives primarily from those same sons. In cities, however, "the absence of a jointly owned, income-producing estate necessitates adjustments in the traditional relationship between father and son" (Vatuk 1972:118). In these circumstances, a son's actions with respect to the fulfillment of filial obligations are largely a matter of personal choice and sons, adds Hershman (1981), are not always known for their compassion, particularly with respect to aging fathers.

By contrast, the post-menopausal woman in India, free of the bonds imposed by the danger of her sexuality, enjoys relative freedom in her old age (Tilak 1989). The immigrant Sikh women of George's (1988) Canadian study likewise reported feeling "clean and free" as a result of the cessation of menses. More importantly, they indicated, they were able to reclaim their bodies as their own. According to their 'duties,' these women had surrendered their bodies to marriage, to child-bearing, to hard work, to seclusion. Not surprisingly, the liberating force of menopause from such 'duties' translated into few, if any, negative symptoms. The Indian women of Du Toit's (1988) South African sample nonetheless attributed many of the diseases of old age to the failure of impurities to escape from the body via menstrual blood. By way of contrast, we see how in North America, the focus on postmenopausal women is not on their duties toward the extended family, but rather on the biological nature of menopause, now commonly depicted as a deficiency disease. While the problem and its solution take on a radical form, institutional attitudes (in this instance linked more intimately with the medical profession) are no less hegemonic. Several powerful interest groups in the United States are currently promoting the prescription of "hormone replacement therapy from middle age on until well into old age as a prophylactic against heart disease and osteoporosis" (Lock 1993a: 58-59) for virtually all women. Lock further points out that, along with biological variation among women, "class, occupational, and ethnic differences are obliterated in this canon" (1993a:59).
The picture for the elderly Indian woman is not entirely rosy, however, for while she is said to gain in self-esteem, she remains subordinate to men. This caveat is especially apparent in the findings of Nandal, Khatri and Kadian (1987:107) which reveal that among the elderly in Haryana "the loss in [the] decision-making role is suffered more heavily by the old women, respondents who have surrendered their property to children, and by those who have no control over the source of income" (see also Goldstein, Schuler and Ross 1983, Singh et al. 1987). Hershman (1981:189-90) further reveals that while an elderly mother may succeed at times in dominating her son, it is oftentimes her daughter-in-law who "proves the stronger at this stage of the game, and the mother-son link is broken... In life a mother has given everything to her sons but in old age it is not unusual to see a son abuse his mother and even in some cases beat her." Punia and Sharma (1987:148) further report that abuse of women is common. As many as twenty-two per cent of their sample of one hundred elderly women reported that they had been physically abused by family members. Hershman (1981:65) adds that "parents who are consistently abused and ill-treated by their children often turn to the doctrine of karma as an explanation of their ill-fortune." The denigrated body in this instance is viewed as transitory, merely the recipient of the more enduring consequences of the actions performed in previous lives as embodied by the 'true self,' the atma, who bears its karmic load from one reincarnation to the next.

Abuse of the elderly is not without cost to the family as a whole, however. Cohen (1995), whose research in Banaras focuses on culturally relative perspectives on senility and the relationship of the 'demented' elderly to their families and the community, points to the polymorphic nature of 'respect' for the elderly which on the one hand acknowledges their political position of superiority within the family, while at the same time recognizing their increasingly powerless position as 'frail' seniors. "Seeking parents' advice on decisions that they ultimately will not control" (1995:327) is but one of many possible illustrations of this type of duplicity. Pivotal to this type of exchange is the symbolic significance of the elderly person relative to the household in which (s)he resides:

The elder is the household; his or her performative control over it signifies the moral integrity of the family. As performative deference, sewa structures the social space of old people simultaneously as icon of familial harmony and continuous with death, as both center and periphery. The old person in his or her dying space comes both to be excluded from family process and yet to encompass the family within an iconic family body.
Nowhere is the symbolic significance of the iconic family body more apparent than in families in which the elderly suffer from dementia, wherein “voices that within families may be meaningless bakbak are heard from without as powerful—and meaningful—indexes pointing to the pathology of the old body as the bad family” (Cohen 1995:326). From this perspective, then, the family can rarely do enough sewa (‘service’). This latter example merely enunciates more forcefully what the foregoing evidence implies: that is, a complex of culturally-generated meanings and interrelationships between gender, generation and specific family members are manifest in the aging Indian body.

(iii) Gastrosemantic Bodies

Theoretical tacks

In their concise overview of the sociological (and anthropological) study of food and eating, Mennell, Murcott and Otterloo (1992) note its shallow history, which they attribute to the topic’s ostensibly ‘obvious,’ ‘commonsensical’ nature, and to its association with the relatively devalued domestic sphere, the realm of ‘women’s work.’ Early references, where they exist, are subsumed within discussions of social inequality, totemic proscriptions, classifications of the sacred and profane, religious functions, and other more ‘meritorious’ sociological concerns. The remedy of this oversight has, since the mid-1970s, exposed a veritable gold-mine of insights into cultural life-ways and the dynamics of sociological and historical constructions. Primarily these studies have fallen into one of three major theoretical camps: functionalism, structuralism, and what Mennell, Murcott and Otterloo (1992) refer to as a developmentalist perspective. Of these, functionalist studies of food came to the fore as early as the 1930s when Audrey Richards (1932, 1937, 1939, as cited in Mennell, Murcott and Otterloo 1992) sought to relate the production, preparation and consumption of food among southern African cultural groups to the larger concerns of life-cycle, interpersonal relationships and the structure of social groups. Attention to the sociocultural significance of food was nonetheless residual to topics more central to intellectual currents of the time. The more recent alliance between sociologists and nutritionists is also somewhat inclined toward functionalism.

Challenging the rather tautological, ethnocentric and ad hoc nature of many such studies, Levi-Strauss (see esp. 1969) put forth a structuralist alternative which recognized the cultural construction of ‘taste.’ To his detriment, however, such studies elided explanations of the purpose, origins or utility of differing food habits. Contrary to the functionalists’ marginal examinations of food, culinary concerns were central to Levi-
Strauss' efforts to develop a theory which sought to establish cultural universals based on bipolar distinctions such as culture and nature, the raw and the cooked. The latter was further expanded to include 'the rotten' as the third component of his now-famous culinary triangle. Soundly critiqued as "an overly intellectual re-working of popular stereotypes" (Mennell, Murcott and Otterloo 1992:9), Levi-Strauss' ideas continue nonetheless to attract a substantial following as evinced by a proliferation of 'triangles' throughout the literature.

Khare (1976) points out, moreover, that the cognates for the notions of raw and cooked in the Hindu cultural taxonomy are imprecise. The terms kacca and pakka can indeed differentiate between raw and cooked food, just as they distinguish ripe and unripe fruit, the major distinction here being the food's readiness for eating. Citing the Satapatha Brahmana, Zimmerman (1988), too, notes how milk is said to be 'cooked' (as in, ready to eat, predigested) in contrast to the 'raw' cow which produces it. Khare (1976) identifies various other processes, such as peeling, mincing, rolling or whipping which similarly render food ready for eating ('cooked'); that their transformation is effected in the absence of fire—the cultural mediator between nature and culture which defines Lévi-Strauss' binary opposition between raw and cooked—is especially notable here. In the complex system of Hindu food classification which, for the sake of clarity, I too have oversimplified, "the application of common differentiation between the 'raw and the 'cooked' does not yield a significant result . . . , unless translated in terms of the central principles of cultural meanings and priority" (Khare 1976:14). One criterion of vital importance in the Hindu situation, for example, is the matter of who has handled certain types of food. Translated instead as 'perfect' and 'imperfect,' pakka and kacca foods among the Gujaratis of Tabor's (1981:451) sample were variously susceptible to pollution: "The 'imperfect' foods—everyday foods—are either boiled or fried and may not be received from a lower caste. 'Perfect' foods, made from sugar or milk, and cooked in ghee (clarified butter), have a greater resistance to ritual impurity and pollution, and might therefore be accepted from a lower caste"

The third of Mennell, Murcott and Otterloo's theoretical categories, "developmentalism" includes the cultural materialist, Marvin Harris, along with others dissatisfied with the structuralist approach. The primary thrust of these studies is to address the structuralists' disregard for history as well as Levi Strauss' reductionistic penchant for binary dualisms. The biological and cultural, ideological and material, they argue, are engaged in a much more dynamic interaction than such formulations allow. In particular, they seek to discover how and why certain foods and not others are considered 'good to eat.' Harris'
cultural materialist argument posits that while foods undoubtedly convey symbolic messages, we need to solve as well the chicken-and-egg conundrum of food aversions and preferences on the one hand and the messages or meanings they convey, on the other. Harris thus focuses his efforts on discerning rational motives, now shrouded in ideological justifications, for seemingly irrational (read ‘primitive’) food choices. Not surprisingly, Harris has not escaped charges of reductionism!

Harris’ signature analysis is that of India’s “sacred cow.” Here, he is referring to the phenomenon of the free-roaming cow which, to this day, prevails throughout India’s villages, towns and cities. Remarking on the situation in the newly independent India of 1947, Collins and LaPierre (1976), describe India’s bovine herd as the largest in the world—one cow for every two Indians—which amounted to a cow population twice that of the human population of the United States. Of these 180-190 million animals, forty million produced a very paltry amount of milk (barely a pint each per day), another forty to fifty million were used to pull carts and ploughs. More than half, however—that is, one hundred million or so—were sterile and left to roam free whereupon they consumed enough food to feed ten million starving Indians. The cow’s liberation rests on the belief of the Hindu populace in its sacred status as evinced by popular adages which claim that in Banaras, for example, one can go to the other side of the river—that is, to salvation (moksha)—by hanging on to the tail of a cow (Jayapal 1995). While Harris does not deny the cow’s symbolic import, he rationalizes the ban on cow slaughter by pointing to the animal’s utilitarian value as a draft animal, as a supplier of milk and, perhaps most importantly, as a producer of dung which is used as cooking fuel, among other things. Yet Harris’ argument differs not only from the traditional Hindu view, contends Simoons (1980), but also from innumerable reports by economists and animal husbandry specialists with first-hand experience in India. Having carefully studied the socio-legal arguments for and against cow slaughter, Simoons concludes that it is “fruitless to view everything as being under the influence of the techno-environmental imperative” (1980:132). Important, too, are the religious factors, as well as the various political agendas of the law-makers.

A very broad overview of eating by Farb and Armelagos (1980) endeavours to tread this middle path, simultaneously accounting for techno-environmental factors, social structure and ideology. Mesmerized by their overly rationalistic agenda, the authors are unfortunately blind to their own epistemological assumptions. The global breadth of this volume moreover yields only broad generalizations which fail to provide any focused insight into any of the numerous cultures used to exemplify their arguments. Their
analysis of Hindu India, for example, follows Dumont’s lead in accepting caste as the pervasive ideology governing all social interactions within this cultural tradition. Their emphasis thereby, is on the correspondence between food categories and social categories: “A person acceptable for the table is also acceptable for the marriage bed” (1980:152). Here they are referring to the notion of purity as it pertains to commensality and intermarriage restrictions observed by members of different ‘caste’ or varma-jati rankings. In order to avoid ‘pollution,’ food should only ever be prepared by individuals of higher or equivalent caste ranking.

Such analyses—as Appadurai’s (1981) more detailed study of South Indian “gastropolitics” so aptly demonstrates—are overly simplistic, failing to account for a host of competing social and moral propositions according to which food is served and distributed. In both the household and the wedding feast, maintains Appadurai, the quantity and quality of food as well as the context in which it is served (e.g. order of serving, seating placement, etc.) rely on a set of principles which, besides caste, take into account the individual’s age, sex, matrilineal/patrilineal affiliation, patrikin/matrikin status, kinship distance, and length of stay in the household (burdensome kinsman versus guest). Ambiguity of various sorts, the juxtaposition of conflicting principles, and differing expectations associated with specific roles, frequently give rise to conflicts which render the governing principles more apparent. The temple again provides a different context for food transactions wherein collective worship of a single, sovereign deity supecedes kinship ties as an organizing principle. Food, along with blood and semen, concludes Appadurai (1981), with reference to the caste status transmitted through the latter two substances, serves to solidify group identities and consequently, to counter the instability of the fluid “biomoral” nature of the Hindu person (Bharati 1985).

Despite their inclusion in the same broad paradigmatic category as Harris, other developmentalists such as Mennell (1991) and Goody (1982, as cited in Mennell, Murcott and Otterloo 1992) have adopted the much broader mandate of investigating the development of an entire cuisine as conceived from an historical perspective. Mennell (1991), for example, examines the historical shift in the European appetite toward increasingly internalized control, moderation and, in its extreme, eating disorders such as anorexia nervosa. The “civilizing” of European appetites, he argues, is a complex process marked, prior to the late nineteenth century, by dramatic class differentials and consequently, inequality in the distribution of foodstuffs and dramatic differences in the banquet or festival as opposed to everyday (proletariat) cuisine. The plump body was thus interpreted favourably as a sign of greater economic wealth. The increasingly
egalitarian balance of power between the social classes has subsequently reduced these differentials in cuisine and hence given way in the twentieth century, to concerns with ‘discrimination’ and health. Upper-class Europeans were among the first to strive for more slender bodies, while rural populations tended to be much slower in their adoption of such changes. Turner (1996) has extended the Foucauldian concept of control over the body, initially exercised by church and state via injunctions to fast and observe sumptuary laws (Mennell 1991), to his contemporary analysis of anorexia nervosa. Refusal to eat, he maintains, is the anorexic’s self-defeating protest against the regulation of her body by middle-class parents: “Anorexia involves a power struggle within the family over food, with the parents attempting to force their daughter to eat” (Turner 1996:187). Seeking to free herself from “the Golden Cage” the young woman (the most typical profile of the anorexic) seeks to assert control over her own biological processes while paradoxically losing the bid to regulate the obsessive, self-mutilating grip of starvation and its detrimental consequences for the body, at its extreme culminating in death.

Applying a similar perspective to the analysis of colonialism and women in the Asian diaspora, Narayan (1997) enlists ‘curry powder’—invented for the consumption of Victorian Britons—as a metaphorical device for the exoticization of the Indian subcontinent. The evocation of an imaginary India replete with spices, silk and muslin, she proposes, was necessary “to provoke an imperial interest in incorporating this Jewel into the British Crown” (1997:165). Conversely, the alter-image of India with which British ex-patriots more commonly associated was “the India of ignorant natives, indolent and incompetent rulers, of vile practices and ungrateful mutinies, of the heat and the dust and the hard-to-convert heathens—an India that vividly signified the need for the civilizing mission of British Rule” (ibid.). The justification of the colonial imperative thus required the construction of social and cultural difference, a clear distinction between Self and Other. The almost exclusive consumption of British food and the absence of Indian household decorations by India’s foreign rulers served to demarcate their “racial exclusiveness” and distinct status as her rightful governors.

Counter to the macrosocial level of analysis adopted by the developmentalists, more contemporary structuralist and post-structuralist analyses have focussed their efforts on the communicative value inherent in the symbolically weighted domain of food and eating. Distinct from Lévi-Strauss, Mary Douglas has pursued a more particularist approach to understanding how “food categories encode social events . . . [so as to] express hierarchy, inclusion and exclusion, boundaries and transactions across
boundaries” (Mennell, Mucrott and Otterlo 1992:10). Explorations of this nature have
gone madly off in all directions and include interests as diverse as those of Appadurai
(1981), described above, the more aesthetic concerns of the contributors to Khare’s
(1992) most recent edited volume on the topic, The Eternal Food, and Zimmerman’s
(1988) dense textual analysis of Sanskrit medical treatises, The Jungle and the Aroma of
Meats. By no means can I summarize all of these contributions to the study of food and
eating in South Asia, upon which I would now like to concentrate my efforts. The
confluence of works influenced by Douglas in the realms of social embodiment and the
relativist strand of structuralist inquiries into food and eating clearly signals the direction
of my own exploration of the latter. These works, not surprisingly, focus extensively on
the centrality of food in considerations of the Ayurvedic body.

Ayurvedic gastronomy

Zimmerman’s (1988) analysis of Ayurvedic classics such as the Caraka and Sushruta
Samhitas, is more reminiscent of Lévi-Strauss in its presentation of the dichotomous
concepts of the jungle (jangala), by which he denotes the dry lands of the Central and
Western plains as far as Punjab, as opposed to the marshy lands of the anupa, in and
around Bengal. Contrasts of light and heavy, dry and wet, wheat and rice, and so on,
distinguish these two regions and the types of meat which derive from each. These
qualities, argues Zimmerman, are in fact essences which permeate the entire “Chain of
Being” in which every class of being feeds upon another. The logic of the chain is
broken, however, with the advent of vegetarianism as a symbol of the greater purity of
the Brahmin. Rather than feeding upon the best meat, as befitting his or her exalted
status, the Brahmin, following Jain and Buddhist exemplars, is enjoined to eschew all
flesh. The oppositions of fear and courage, domination and servitude are thus replaced by
a new dichotomy of pure and impure. Ayurveda nonetheless persists in its adherence to
the jangala-anupa model which remains evident in its system of gunas, the introduction
of which requires some consideration of the Ayurvedically conceived body.

Food is relevant here insofar as it functions to generate the essences (dhatus) necessary
for its continued existence (Seneviratne 1992, Zimmerman 1988). More specifically,
food is the impetus which sets in motion a series of digestive or cooking processes that
sequentially transform the seven dhatus, one into the other. With the help of Agni, the
digestive fire, food as chyle is transformed into rasa (‘flavour’ or ‘taste’), upon which I
elaborate below, which then becomes blood (rakta), flesh (mamsa), fat (medas), bone
(asthi), marrow (maja) and semen (shukra), respectively. According to this schema, you
really are what you eat! A useful analogy for the transformation of rasa into successive body elements is provided by the Ayurvedic sage, Sushruta, who refers to the processing of milk into curds, curds into butter and butter into ghee (clarified butter) (Tabor 1981). In its original Indian context, the preparation of ghee is not only familiar to all, but conveys as well the increasing purity and refinement of the dhatus with each successive transmutation. Like ojas ('vital essence') the final product of the transformative series, ghee is by virtue of its ritual associations deemed pure and conducive to good health in the broadest sense of the term (see also Lynch 1990b).

The metamorphosis of dhatus is further abetted or hindered by each of the three doshas—vata/vayu, pitta and kapha—to which I have referred throughout the preceding sections. These terms are also liberally peppered throughout Appendices D and E with reference to the properties of foods and illnesses. Each of the three humours, which combine the qualities of hot, cold, wet and dry, are included in Marriott's (1990) fourfold construct of classical lists of Hindu categories, according to which, he claims, conceptualizations of daily life are organized. Contingent upon whether they are in balance or not these three humours are known as the tri-dhatu ('three systemic constituents') or tri-dosha ('three systemic problems'), respectively (Larson 1987:254-55). Ultimately derivative of the five great elements (pancha mahabhutas) which are seen to constitute all things, vata, pitta and kapha in their ideal state of balance and harmony are responsible for the smooth functioning of the human body. Whenever that balance or harmony is disrupted, illness of some kind results. Sharma (1979 as cited in Radhika and Balasubramanian 1990:6) explains the actions of each of the tri-dosha by means of an automobile analogy:

The state of motion is possible because the car has a body to begin with [as comprised of the seven dhatus]. But the body and the motion cannot exist together without producing or losing energy. In the case of the moving car, the energy is produced in the form of heat. To control the heat thus produced, the machine has to be provided with an anti-heat factor. The combination of water in the radiator, the oil in the engine and the grease for lubrication of the various parts are some of the constituents of the car's anti-heat complex. In this extremely simple and crude example, we can compare the motion with vaayu [vata], the heat with pitha [sic.] and the lubricants with kapha of the human body (interpolation added).

The homeostasis of vata, pitta and kapha, rests to a great extent on the proper functioning of the digestive fire, Agni—an expression of tejas and closely associated with pitta—which in turn keeps the body free from Ama (toxic blockage of the intestines). To extend Sharma's analogy, food is the 'fuel' necessary to create the heat in the first place. Zimmerman (1988) views the growth which results from digestion, itself a concentration
of nourishing juices within the body, in terms of an agricultural metaphor whereby the body tissues are essentially irrigated. Derived from Caraka himself, the agricultural metaphor is used by the Ayurvedic authority to communicate the importance of "irrigating" and "draining" the body to denote treatment entailing the augmentation and/or depletion of unctuosity (see Table 1). Since all foods are comprised of varying proportions of the five basic elements, each exerts a specific effect on the body, either increasing, decreasing or balancing one or more of the three doshas. The properties or qualities of the elemental constituents of a given food or drug are known as gunas, the most familiar of which, the gurvadi gunas, number twenty, or ten pairs. The following table, adapted from Radhika and Balasubramanian (1990:10) as well as the Caraka Samhita (as cited in Krishnamurthy 1993:303), indicates how some of these gunas correspond with the innate features of each of the three humours and with the symptoms to which they give rise when present in excess:  

<table>
<thead>
<tr>
<th>Gunas</th>
<th>Dosha</th>
<th>Some associated symptoms¹¹⁰</th>
</tr>
</thead>
<tbody>
<tr>
<td>unctuous, heavy, cold, stable, slimy</td>
<td>kapha</td>
<td>&quot;whiteness, coldness, itching, steadiness, heaviness, unctuousness, benumbedness, wetness, be-smearedness, binding, sweetness and chronicity&quot;</td>
</tr>
<tr>
<td>unctuous, light, hot, sharp (acute), liquid</td>
<td>pitta</td>
<td>&quot;burning nature, heatedness, a sensation or feeling of being cooked, sweating, wetting, disintegration and decay, itching, discharge, colouredness . . .&quot;</td>
</tr>
<tr>
<td>dry, light, cold, clear/non-slimy, unstable/moving</td>
<td>vata or vayu</td>
<td>&quot;displacement, dislocation, expansion, constipation; rupture, sinking down, horripilation, thirst, tremor, ball formation (of the stools), motility, prickling pain, a pain of pressing down, gesticulation and the like. Similarly, being rough, harsh, clear, hollow; pinkish in colour, astringent (in action), tasteless in mouth, dry, prickly, benumbing, contractive, styptic, causative of lameness and the like&quot;</td>
</tr>
</tbody>
</table>

Table 1: The relationship between the gurvadi gunas, the tri-dosha and associated symptoms

Table 1 illustrates how certain foods associated with the gunas which characterize a particular dosha (column 1) can increase that humour in the body. This may be beneficial should it be used to counteract an imbalance of a dosha already present in excess: eating
foods with *kapha gunas* can help to re-establish equilibrium in a person suffering as a result of excess *vata*, for example. Should the humours be balanced or tend towards excessive *kapha* to begin with, however, consumption of the same foods could initiate or exacerbate a *kapha*-related problem.

An intermediary concept which interfaces between the *gunas* of different foods on the one hand and the effects on a particular *dosha* on the other is that of 'taste' or *rasa*, of which Ayurveda recognizes six variations. Again, a balanced diet of each of the six tastes is fundamental to the maintenance of good health. Like the three *doshas*, each taste is said to derive from one or more of the five elements and hence together "represent the fundamental nutrients of the functioning organism" (Larson 1987:255). In Table 2, below—which, again, derives from the *Caraka Samhita* (as cited in Radhika and Balasubramanian 1990:5,7)—I have endeavoured to illustrate the effect of each taste on the *tri-dosha* using plus signs (+) in column four to denote an increment or exacerbation of the *dosha* and, conversely, minus signs (-) to indicate a pacifying or balancing effect.

<table>
<thead>
<tr>
<th>Taste (<em>Rasa</em>)</th>
<th>Element</th>
<th><em>Dosha</em></th>
<th>Effect of each taste on each <em>dosha</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>sweet</td>
<td>WATER</td>
<td><em>kapha</em> (K)</td>
<td>K+</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>VP-</td>
</tr>
<tr>
<td></td>
<td>EARTH</td>
<td></td>
<td>KP+</td>
</tr>
<tr>
<td></td>
<td>FIRE</td>
<td><em>pitta</em> (P)</td>
<td>KP+</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>V-</td>
</tr>
<tr>
<td>sour</td>
<td>WIND</td>
<td><em>vata</em> (V)</td>
<td>PV+</td>
</tr>
<tr>
<td></td>
<td>SPACE</td>
<td></td>
<td>K-</td>
</tr>
<tr>
<td>salty</td>
<td></td>
<td></td>
<td>K-</td>
</tr>
<tr>
<td>pungent</td>
<td></td>
<td></td>
<td>KP-</td>
</tr>
<tr>
<td>bitter</td>
<td></td>
<td></td>
<td>KP-</td>
</tr>
<tr>
<td>astringent</td>
<td></td>
<td></td>
<td>KP-</td>
</tr>
</tbody>
</table>

Table 1: The relationship between the five elements, the *tri-dosha* and the six tastes
The placement of the five basic elements in column two (Table 2), between *rasa* and *dosha*, conveys how each of the latter derives from the former. The principle of balance is hereby rendered readily apparent since, in the case of *kapha* and *vata* especially, we can see how those tastes which correspond to the same basic element(s) as the *dosha* in question are those which exacerbate it; tastes corresponding to the opposite set of basic elements as a given *dosha* will be those which balance or pacify it. Hence sweet, sour and salty tastes deriving from the *kapha* elements of water and earth, balance *vata*, whereas pungent, bitter and astringent *rasas*, each associated with the *vata* elements of air and space are pacifying for *kapha*. The *pitta dosha* is somewhat more complex since it derives from the element, fire which, in turn, gives rise to tastes associated with elements common to both *vata* and *kapha* doshas (i.e. sour, salty, and pungent which, in addition to fire, are comprised of earth, water and wind, respectively).

**Constitutional matters**

*Vata, pitta* and *kapha* are also used as typologies such that the correspondence of a person's normal state of being with the qualities associated with one or more *doshas* identifies the individual's constitution or *prakruti* (Larson 1987). Ayurvedic theory holds that knowledge of one's own *prakruti* is essential to the maintenance of health and to the treatment of disease. The assessment of the foods and medicines needed to balance a given condition necessarily accounts for the individual's constitution as well as the effect of different seasons, geographic locations, etc. which influence one's digestive capacity (Radhika and Balasubramanian 1990). Ideally, the individual's diet is tailored in accordance with his or her own *prakruti*, such that predominantly *pitta* individuals should avoid *pitta* foods in their diet, and so on. Individuals with dual *prakrutis* should modify their diet in accordance with the seasons, each of which is more or less aggravating for certain constitutions (Lad 1984, Radhika and Balasubramanian 1990, Svoboda 1989). The 'wrong' combination of food qualities and individual constitution can thus result in their imbalance and potential sickness (Radhika and Balasubramanian 1990). The problem, argues Pool (1987), is that aside from observing, over several years, the afflictions to which an individual is prone, there is no way to discern his or her constitution. I find this comment somewhat at odds, however, with the extensive palette of diagnostic techniques available to the Ayurvedic physician. Discernment of the patient's *prakruti*, usually from a pulse reading, is often the first thing that a *vaid* will do in an initial consultation (see Lad 1984, Langford 1995). Pool's point is well-taken,
however, insofar as constitutional designations may embody sociocultural meanings independent of Ayurvedically-conceived determinants.

The regulation of food is thus central to the maintenance of equilibrium and consequently of good health. Most readily apprehended among the *gunas* is the distinction between the heating and cooling properties of food, a feature common to numerous other cultures worldwide, particularly in Latin America, Asia and Africa (Manderson 1987, Rubel and Hass 1990). As Manderson points out, “the opposition is a source of metaphors to express gender, age, emotions, social conditions, and so on” (1987:329). In both the Ayurvedic and *Yunani* systems of medicine practiced in India, imbalances of hot and cold are said to result in illness, the remedy for which is typically ingestion of foods of the opposite nature. Among British residents of Indian origin, for example, the Punjabi term *bhye bhaddi* was used spontaneously by 25 of 65 interviewees to denote a condition which, they maintain, arises due to an excess of ‘cold’ in the body (Bhopal 1986). Traceable to an imbalanced diet of certain ‘cooling’ foods such as black gram, cauliflower and potatoes, *bhye bhaddi* manifests as excessive mucous production and, if left unattended, abdominal distention, flatulence and indigestion or, taken to its extreme, joint pains and arthritis. Notably, this condition is further equated with wind or *vayu*. Its remedy requires the ingestion of heating foods such as ginger and garlic.

The Sinhalese Sri Lankans of Nichter’s (1987) study were similarly concerned with controlling excesses of hot, cold and *sema* or phlegm. Consistent with the notion of *prakruti*, described above, certain individuals are considered more susceptible to particular excesses than others. A pared-down version of the three Ayurvedic *doshas* is apparent in the Sinhalese distinction between the hot body (*ushna anga*) and the cold body (*sema anga*). Nichter warns however, that constitutional explanations can mask socialization patterns which reflect the differential values placed on the qualities of the two constitutional types by the working and middle classes. For the working class, the resilience, leanness and activity associated with an *ushna anga* (‘hot’) constitution is regarded in a more positive light than the ‘delicate’ nature of the headache-prone, runny-nosed, and easily fatigued person with a *sema anga prakruti*. Conversely, these very characteristics, serve to distinguish more protected middle class children from their robust working class peers. “In sum,” concludes Nichter, “sema legitimates special needs” (1987:380). Family dynamics moreover, tend to evolve around a member identified as vulnerable in this manner, such that *sema anga* individuals may be unduly protected and cloistered by an indulgent mother, for example. In rural Gujarat, a ‘hot’ *prakruti* is often attributed to women with a record of still-births or miscarriages, both of which are
symptomatic of rativa (Pool 1987). Tautologically, rativa is hot condition exacerbated by heating foods, said to afflict only those women who are constitutionally hot already. Still-births due to rativa are turned “black by the heat” shortly after delivery and newborn infants may have rashes, red blotches or spots on the skin, also widely recognized as expressions of ‘fire.’

Hot, cold, pregnant and lactating bodies

Throughout Asia, the concept of hot and cold is especially elaborated in connection with pregnancy, childbirth and the post-partum period. According to Chinese medical philosophy, women should avoid hot foods during the third to ninth months of pregnancy so as to "counter the hot conditions which prevail in the uterus during the final months before the birth" (McNamara 1995:121). Conversely, as in India, the plentiful consumption of hot foods is advocated after the birth of the child based on the rationale that labour gives rise to a cold imbalance: “When the energy pool is low after birth, a woman will not do anything that might let further cold invade her body. She will not even take a bath but will simply wipe herself with a warm cloth” (1995:122). Dietary restrictions are lax for Malay women during pregnancy, but the consumption of cooling foods is strictly prohibited for forty days subsequent to the birth of the child (Wilson 1980). Cambodian, Chinese and Vietnamese women residing in the United States further confirmed that warming foods are necessary following childbirth due to the loss of “blood, heat and energy” that labour incurs (Fishman, Evans and Jenks 1988).

Studies by Rao (1985), Ferro-Luzzi (1980b,c) and Homans (1983) in the south Indian states of Karnataka and Tamil Nadu, and among Punjabi immigrants in Britain, respectively, reveal similar findings. The pattern of avoiding primarily heating foods during pregnancy and then reversing this tendency to avoid cooling foods during the post-partum or lactation period is upheld across each of the studies. Rao (1985) and Ferro-Luzzi (1980a) further note that menstruation, like childbirth, gives rise to coldness in the body which requires, in general terms, the consumption of more heating foods and, as Nichter (1987) points out for his Sri Lankan (Sinhalese) sample, the avoidance of bathing. This consistency is relative, however, to the cultural denotation of certain foods as heating or cooling, for the foods available and thus categorized vary considerably from one region and one culture to the next. Accordingly, Pool (1987:389) advocates proceeding not from the classification of foods, but from the hot-cold classification of illnesses or conditions such as pregnancy so as to reveal certain underlying classificatory principles which, he suspects, “are based on the phenomena which accompany
temperature changes in nature.” Abortion, which is typically attributed to an excess of hot food, for example, evokes images of a melting and expulsion of the foetus. Expulsion, this time of “dust and dirt from the womb” (1987:395) is contrarily desirable in the post-partum period at which point the consumption of heating (melting) foods is encouraged.

Amongst the women of Homans’ (1983) Punjabi sample, avoidance of heating foods such as eggs, fish and dry ginger was most conspicuous during the first few months of pregnancy, at which time such foods are more likely to “dislodge” the foetus. Nichter (1983) explains that overly cooling as well as gaseous foods are similarly proscribed at this time, lest the womb, full of blood and heat, become too hot or too cold, either of which could result in miscarriage. The excessively cool state of the body following childbirth requires that women not only shun cooling foods, but avoid washing their hands in cold water. Failure to observe such restrictions is said to result in “permanent aches” (Homans 1983:76). The consumption of ‘strengthening’ foods such as almonds was also advocated during the post-partum period by older female relatives. In Rao’s (1985) South Indian sample, a preparation of rice cooked soft with ghee and garlic, or egg and mutton in the case of non-vegetarians, was similarly prescribed for strength and energy.

Rao’s (1985) more detailed examination of food beliefs during pregnancy and the lactation period reveals additional concerns with eating or avoiding foods deemed to give rise to certain traits (e.g. milk with saffron is drunk in the hope of producing a fair-skinned child); improving the digestion (with betel nut during pregnancy, and cardamom, cloves and aniseed during lactation); or inducing and maintaining lactation (by eating a green leafy vegetable known as shepu, or drinking milk). Ferro-Luzzi (1980b) points as well to the avoidance of high protein foods during pregnancy which are thought to cause exaggerated growth of the baby and hence complicate delivery. The major concern of his Tamil sample during the lactation period was the abstention from foods deemed to be polluting or otherwise harmful to the baby, “the effects of which could be transmitted through breast milk (Ferro-Luzzi 1980c).

**Sexual food::sacred food::gross bodies::subtle bodies**

The flexibility of food as a symbolic messenger is readily apparent in its equal affinity with sexuality on the one hand and religious concerns, on the other. The cross-cultural salience of food as a sexual metaphor is evinced by films such as *The Cook, the Thief, His Wife and Her Lover* (France/Denmark), *Like Water for Chocolate* (Mexico), and *Eat,
Drink, Man, Woman (Taiwan), to name a few. The simile is not lost on Turner (1996:xiii) who describes the status of dead meat, flesh as it were, as "pornographic." The imagery of teeth sinking into flesh at once suggests sexual pleasure, death and violence. The mouth, he argues, appropriates the world, "as our original social link with our mothers, as an organ of speech and articulation, as an organ of consumption and animal violence" (ibid.). Illustrating his points with passages and poems from Indian literature, Ramanujan (1992:238) conveys the multiple sexual connotations of food in the subcontinent. Summarizing the messages conveyed by five literary selections he writes,

> The first speaks of the way food is transformed into sexual fluids; the second appeases the cannibalistic hunger of goddesses with fellatio; the third suggests that a person who has no sexual pleasure will compensate for it by eating, till sexual potency is restored. The fourth and fifth, from Telugu, use food and eating as metaphors for seduction. The fourth (like the lusty chicken-eating scene in the movie Tom Jones) describes how an artful man may suggest the sexual by the way he nibbles on a piece of meat. The fifth makes one see the dishes at a feast as the seductive parts of a lovely women.

The first of these images speaks to the refinement of food, through the various cooking processes of the dhatus, into semen. The association of a loss of semen with weakness and immorality has instilled in the wrestlers of Alter's (1993:56) study an "almost pathological fear of sex and sexuality." The innate similarities of milk and ghee with semen is interpreted by the wrestlers to mean that the consumption of the former will result in the production of the latter. Consuming milk and ghee further helps the wrestler to retain semen by cooling the heat of passion. Among ordinary citizens, however, the sexual act itself is equated with nourishment of the woman by the man and vice versa (Ramanujan 1992). The woman's breasts are especially laden with the polysemy of 'feeding' both husband and child, as illustrated by a Kannada' folktales. In this narrative, adds Ramanujan, the double entendre of the Sanskrit root bhuj—"to eat" and "to enjoy sex"—is duly exploited.

The apparent contradiction between the sexual connotations of food and its more sacred dimensions are accommodated in Hindu philosophy by the concept of gross and subtle bodies (Khare 1992c). Associated at the gross level with hunger, sensual indulgence, and worldly desires, food nonetheless propels the succession of births. In its subtle form, food is equated with pran, life-giving breath. Both elements are equally essential to human existence. The subtle properties of food include the Ayurvedic gunas, particularly those most readily perceived, such as hot and cold or light and heavy, as well as the effects of social exchanges, personal intentions and supernatural forces. The sattva guna in particular is "accountable for subtle knowledge or containment" (Moreno 1992:161).
Like the three *doshas*, each member of the trio of *sattva*, *rajas* and *tamas*, is equally essential to the integrity of the individual. As noted earlier in this chapter, the *Samkhya* philosophy of creation holds that both the creative and destructive potentialities of *sattva* and *tamas*, respectively, require the energizing force of *rajas* for their realization. Together these forces facilitate the manifestation of organic and inorganic matter.

According to Marriott's (1990) ethnosociological scheme, *sattva*, *rajas* and *tamas* comprise three "strands" (which he calls goodness, passion, and darkness, in turn), each of which corresponds with the *tri-doshas*, on the one hand and three pairs of 'human aims' on the other. The first of these associations, claims Marriott, derives from the *Caraka Samhita* which pairs *vata* (wind) with *sattva*, *pitta* (bile) with *rajas* and *kapha* (phlegm) with *tamas*. The pairings of strands and human aims are evidently derived from the *Bhagavad Gita* which, according to Marriott (1990:13),

speaks of the "attachment" aim (*kama*) as a direct expression of the "passion" strand (*rajas*) . . , of the strand called "darkness" (*tamas*) as promoting ignorance (18.22) and as reversing judgments of right and wrong (18.32), etc., all of which are tantamount to "incoherence" (*adharma*) and opposite to the goal of "coherence" (*dharma*). These pairings implicitly leave the third strand, "goodness" (*sattva*), to be linked with the remaining aim, "advantage" (*artha*).

While the proposed correspondences between the strands and human aims strike me as somewhat over-extended, their depiction illustrates the gradation from subtle to gross between *sattva* through *rajas* to *tamas*, respectively. Like all *gunas*, *sattva*, *rajas* and *tamas* are found in varying proportions in all foods and affect both mind and body accordingly. The positive value of milk and *ghee* consumed by Alter's (1993) wrestlers can thus be understood not only in terms of their cooling and homologous properties but, more importantly, as extremely *sattvik* substances (Svoboda 1989) with the capacity to counter the immorality attributed to the loss of semen which these men so dread.

The subtle dimension of food is especially apparent as the medium by which holy persons convey moral and spiritual messages (Khare 1992b). While the *Upanishads* uphold food as the source of all strength, fasting emphasizes the dominance of the soul over the body and can be used judiciously, in Mahatma Gandhi's view, to open one's 'inner eyes' and resolve moral, even political dilemmas. Besides his infamous fasts, Gandhi routinely observed the *Gita*'s enjoinder to practice 'meagreness' in one's food intake. In this way, the benefit of the fast is reaped on a perpetual basis. Gandhi (1965, as cited in Khare 1992b:32) thus embodied the principle, "The grosser the food, the grosser the body. Plain living is said to go hand in hand with high thinking." Ultimately, the control
of food is thought to facilitate the atma’s efforts to overcome the ahamkara, the obstacle of “I-ness.”

Holy persons, such as saints often prescribe healing foods or dietary restrictions, most typically in accordance with three general principles which Khare (1992:34) sets out as follows: “(a) only disciplined daily eating and living (ahara-vihara) ensured health and longevity; (b) healing foods required firm resolve and faith; and (c) such foods should adjust with a patient’s age, gender, and karmic condition.” It is thus not the foods which heal per se, but the spiritual powers infused by the holy person into his or her prescription. The austerities practiced by this individual enhance his or her union with God and hence the capacity to heal. Ayurvedic doctors, by the same token, endeavour to enhance their efficacy by mimicking the selfless austerities and devotion of the holy person. Taken to their extreme such austerities permit the sadhu to recognize in food the subtle and gross self. Accordingly, these men are sensitive to both the qualities of the donor and the transactions conducted in the production of the food.

In parallel with the temple offerings and consumption of prashad by the Tamil participants in Appadurai’s (1981) research, above, devotees of holy persons are blessed by both the saint’s acceptance and the return of food as leftovers, the form and content of which are commonly analyzed for ‘messages’ (Khare 1992b). Here, it is the intentions of the giver which are thought to translate into the subtle form of the food. Unlike Brahmin priests, indeed more akin to deities, saints often challenge the social order in their indiscriminate exchanges of food with lower caste individuals. Khare (1992b) conceptualizes these relations between food, the self and the body in terms of a triangular formulation reminiscent of Lévi-Strauss’ culinary triangle (although his scope is far more restricted). Self, comprised of both ahamkara and atma, occupies the apical position with the food and body catering to its priorities and purposes. Accordingly, concludes Khare, it is in the self that we find the source of all gastrosemantics.

Gastrodynamics (cultural cuisine on the move)

Given the cultural and ecological specificity of cuisine and its gastrosemantics, Rao (1986) questions whether movement from one distinct cultural area to the next gives rise to changes in dietary styles and food behaviour (a shift which he dubs ‘gastrodynamics’). Culinary cultures in India, he argues, are influenced not only by the availability of particular foodstuffs but by subcaste and caste, as well as religious and sectarian boundaries. The extent to which the necessary raw ingredients are attainable and the cooking skills are represented among the migrants, as well as the degree to which new
ingredients and techniques are incorporated, each factor into the type of change likely to take place. The continued observation of food taboos, food distribution norms, and the “ethics of sharing and hospitality” (1992:123), as well as distinctions made between public and private consumption, are also salient factors worthy of investigation. Typically, youth are more amenable to dietary changes than their parents. Marriage may further instigate gastrodynamics as one partner conforms to the food habits of the other. While this accommodation may be mutual when the couple lives neolocally, the more typical pattern of virilocal residence places the onus of change on the bride who is resocialized into the culinary culture of her husband’s family by her mother-in-law. Culinary cultures are further conditioned by the conceptions of “health, well-being, disease and cure” (1992:135) such as those set out in the maxims of Ayurvedic practice, outlined above (see also Khare 1976, 1986).

Also relevant, especially in the context of Indians living overseas, is the extent to which food habits demonstrate the immigrant’s willingness to integrate into the host culture (Gupta 1975). Adopting the assimilationist rhetoric of the era, Gupta maintains that the food habits of a sample of Indians living in Pennsylvania, became increasingly Westernized, which is to say, non-vegetarian, over time. Although they gradually lost their inhibitions against eating beef, most of the forty-one Hindus in Gupta’s study chose other meats more frequently. Half of the participants, primarily men, had also taken to drinking alcohol on social occasions. Breakfast and lunch were most often Americanized, while dinner was typically more traditional, with the addition of some American food items. Traditional food items, such as pickles, spices, and certain pulses (dals) were, in many cases imported from India. Those most likely to adopt Western food habits were younger (20-26), male (since their occupations took them away from the home and traditional fare), unmarried, with urban backgrounds, and had been living in the United States for at least five years. Caste membership in combination with the region of origin further set the baseline of taboos from which individuals chose to deviate, or not.

Consistent with Khare’s (1992b) suggestion, Narayan’s (1997) more contemporary analysis of Indians living in Britain looks more to the identity of diasporic Indians and the emblematic practices and norms which, parallel to ‘tandoori chicken,’ have come to stand for ‘the culture.’ Oftentimes, she argues, it is women’s bodies which constitute the territory over which ‘tradition’ and ‘modernity’ are debated. Like it or not, women as repositories of traditional food knowledge are also expected to agree to arranged marriages in the postcolonial environment. Like their British counterparts in colonial
India, these young women are expected to reconstruct the Self-Other dichotomy, to embody in one way or another the patriarchal norms to which they are subject.

C. The Body Politic

In this section, I will examine, in brief, the "body politic, referring to the regulation, surveillance and control of bodies (individual and collective) in reproduction and sexuality, in work and leisure, in sickness and other forms of deviance and human difference" (Schepfer-Hughes and Lock 1987:7-8). Examples of this type of analysis which takes into consideration macrosocial variables such as political, medical and economic institutions have already made nominal appearances in Section B of this chapter. That there is some overlap between the social body and the body politic is inevitable. As Lock (1993b:142) explains, "bodily distress [such as that embodied by nervios, etc.] has both individual import and political possibility, although the potential for medicalization and depoliticization is considerable." This view from the top is effected in medical anthropological circles primarily from the perspective of Critical Medical Anthropology, some of the concerns of which are sketched out in the first subsection, below. I subsequently explore two topics of particular pertinence to my research interests. The first of these concerns the phenomenon of medicalization as applied to old age, the second to the co-existence in India of competing medical paradigms. In each case, the question of power and the control of bodies is a central feature of the discussion.

1. A view from the top

I have already remarked, in chapter two, on the influence of the central tenets of the ‘New Ethnopsychiatry’ on my own paradigmatic stance. A key figure in the development of this emergent position in psychiatry, Atwood Gaines (1992:7) sets up a polarity between this particular brand of Cultural Constructivism and what he claims "are the universalistic, synchronic and positivist forms of explanation characteristic of so-called 'critical medical anthropology' (CMA)." In his view, proponents of CMA (primarily adherents of theories of the political economy of health) anthropomorphize impersonal "bodies" such as social strata, race and so forth thus producing "a macrocentric view which excludes history, persons, meanings, and local-level realities" (Gaines 1992:17). By contrast, the cultural constructivist perspective that he is promoting views culture from "a historical, interactionist and semantic perspective" (1992:17-18). In this statement, however, Gaines himself demonstrates a rather dichotomized orientation.
More important than the differences between Constructivist and Critical paradigms, to my mind, is the concern they share for the exemption of the culture of science—and hence, biomedicine—from the epistemological scrutiny to which other cultural and medical systems have been exposed (Young 1982, Gaines 1992). As noted in chapter two, the precept of Cartesian dualism has, since the Enlightenment era, exerted a profound influence on the theory and practice of biomedicine and on Western cultural formulations in general (AmaraSingham Rhodes 1990). Especially problematic, maintains Foucault (1975), was the introduction of the medical “gaze” whereby biomedical doctors, no longer reliant upon the patient's own descriptions of various symptoms, were able to assume complete authority over the patient's body. In focusing upon the individual and abnormal, physicians rendered the body docile. By the nineteenth century, argues Foucault, minute observation in hospitals and clinics, along with the production of detailed written accounts, transformed the body into an object of social control, not only in medicine, but in all manner of public institutions.

Building on Foucault's insights, Allan Young (1980) posits that control is oftentimes effected through the “desocialization” of medical knowledge—a process by which the patient's symptoms are individualized to the extent that their interpretation becomes the prerogative of the physician, as per DiGiacomo's (1992) experience with cancer, described previously. In separating the privileged knowledge of the expert from the fragmented and rather ambiguous illness perceptions of the patient, this knowledge reproduces and legitimizes the society's characteristic structure, complete with its inherent inequities (see also Taussig 1980). Elsewhere, Young (1982) asserts that, in hiding the underlying social determinants of patterns of morbidity and mortality, desocialization effectively helps to reproduce them. Further to Kleinman's (1978) distinction between disease (as a biomedically defined pathological state) and illness (referring to the individual's perception of a socially disvalued state), Young (1982:270) distinguishes a third term, “sickness,” to denote “the process through which worrisome behavioral and biological signs, particularly ones originating in disease, are given socially recognizable meanings, i.e. they are made into symptoms and socially significant outcomes. . . . Sickness is, then, a process for socializing disease and illness.”

The works of Martin (1987) and Rapp (1988) provide what are now classic examples of how the manner of communicating ideas about the female reproductive system or genetic counseling respectively reinforce wider social views of women as weak or a certain (limited) view of the body as natural. Discourse analyses such as these illustrate how a dualistic epistemology, incapable of expressing or knowing how to deal with mind-body-
society-spirit interaction, is shaped and reinforced by the incorporation of Cartesian assumptions into language itself. Control is thus effected unconsciously by all participants in a linguistic community.

Medicalization of formerly ‘non-medical’ phenomena, such as pregnancy and childbirth, menopause (as noted above), aging, and hunger, is akin to Young’s notion of the desocialization of knowledge in the sense that the underlying sociocultural precipitants of distress are diminished by the medical gaze. Biomedical “treatment” at best masks and, at worst, exacerbates the problem. Scheper-Hughes’ (1988) examination of ‘nerves’ (nervoso) among impoverished sugar cane cutters of northeastern Brazil exemplifies the deleterious effects of this process. A cultural idiom of distress, nervoso has more recently, under the harsh conditions of shanty-town life, been generalized to include the symptoms of hunger. Both the old system of patron-client relationships and the process of ‘modernization’ influence the victim’s selection of biomedical recourse for their suffering. In this town it is the medically untrained mayor who distributes all manner of remedies, including prescription drugs—but not food—to ‘cure’ their complaints. In reality, money spent on drugs depletes their already scant food rations. The medicalization of hunger thus exonerates those in power of responsibility for hunger which ultimately resides in their economic exploitation of their workers; rather, they have discovered that “there is power and domination to be extracted from the defining of a population as ‘sick’ or ‘nervous,’ and as needing the 'doctoring' hands of a political administration that swathes itself in medical symbols” (Scheper-Hughes 1988:449).

2. The medicalization of old age

My efforts to understand the experiences of elderly Punjabi Hindus thus necessitates my own sensitization to the potential for the medicalization of their later years. The task of addressing the problem has been tackled by a subset of CMAs who refer to their paradigmatic approach to aging as Critical Gerontology (CG). Luborsky and Sankar (1993:441), for example, seek to broaden the basic premise of Critical Theory “that scientific and philosophical constructs are enmeshed in and serve to recreate the wider socio-historical settings,” so as to better reflect the cultural component of everyday life. Accordingly, “the extended CG engages in two modes of analyses. In the one, it examines the cultural contexts of the conduct of contemporary gerontology. In the other, it examines the nature of contextualization itself” (ibid.). Consistent with the ‘three bodies’ approach, Critical Gerontology thus advocates critical reflection on the cultural embeddedness of the constructs employed in our orienting questions and concepts.
The fundamental problem toward which Critical Gerontology has directed the majority of its efforts, is that identified by Arluke and Peterson’s (1981:275) claim that, in American society, at least, “there is a broadening cultural view of old people as sick-like in their behavior and a widening cultural perception of old age as synonymous with disease.” Like the sick, the elderly are expected to separate themselves from the social world, to reduce their normal social and occupational responsibilities, and to become dependent on others. Neither old age nor sickness is entered into willingly, although both conditions are seen to deprive the afflicted of their sense of personal invulnerability, as well as the sense of control or complete comprehension of their surroundings.

Arluke and Peterson go on to suggest that the equation of sickness and old age has for some years in the United States been effected as well at the symbolic level. In parallel, Sankar (1984:251) cites the results revealed by a Harris poll on aging “which indicates that Americans believe that the main cause of the disabilities associated with old age is age itself.” Increasing faith in the ability of modern medicine to conquer all evils has put into question the naturalness of aging and death (Arluke and Peterson 1981). A logical corollary is the notion that aging is little other than a progressive disease (ultimately to be stopped in its tracks once we find the right cure!) Until such a time that we discover the fountain of life, however, the old represent the utmost embodiment of this debilitating process. The old are, as Gladue (1975, cited in Arluke and Peterson 1981) puts it, the ‘living sick.’ Accordingly, suggests Sankar (1984), both physicians and family members in the United States commonly experience feelings of ambiguity and prejudice toward the aged. She states the dilemma facing Western-trained physicians as follows:

*With a greater or lesser degree of awareness, Western medicine is waging a war not against disease but against death.... From the physician's perspective, old age is the ultimate incurable disease. There can be no hope of remission. The sheer weight of this fact and its contrariness to the goals of modern medicine accounts for much of the avoidance of elderly patients and the reluctance to treat those with whom the physician is presented (1984:274).*

It is ironic therefore, that at a more general level, physicians have responded to cultural conceptions which apparently invite and justify the treatment and control of the elderly on medical grounds by assuming increasingly broader roles in the decision-making processes impacting the care and general welfare of the aged and their families (Arluke and Peterson 1981, Sankar 1984). Ultimately this expanded jurisdiction of the medical profession over virtually every facet of the elderly individual's life—oftentimes in the name of “holism,” here used to denote the inclusion of social factors into the physician's domain (see Kaufman 1988)—effectively provides for their absolute control at the
expense of lay sources such as the extended family, and other institutions, most notably
the church (Arluke and Peterson 1981). Medical 'management' of the elderly person thus
increases the potential for the interpretation of certain behaviors as symptomatic of illness
rather than the adaptations to social situations that they may represent (Arluke and
Peterson 1981). On this point, Taussig (1980:3) suggests an instrumental role on the part
of the medical profession:

In our standard medical practices this social 'language' emanating from our bodies is
manipulated by concealing it within the realm of biological signs. . . . In this way disease
[and possibly old age] is recruited into serving the ideological needs of the social order,
to the detriment of healing and our understanding of the social causes of misfortune.

Scheper-Hughes and Lock (1987:27) similarly address the problematic of the
individualization of social problems, claiming that "the medical gaze . . . is a controlling
gaze, through which active (although furtive) forms of protest are transformed into
passive acts of 'breakdown.'" Thus it appears that the socialization of passive elders
willing to step aside and make way for the young is achieved (at least in 'Western'
societies) by means of a pervasive cultural belief, transcending both age and class
barriers, in the efficacy and broad jurisdiction of biomedical intervention.

Sankar's (1984) comparative consideration of the relationship between old age and
sickness in the United States and China illuminates the cultural construction of basic
premises of health and medical care within each of these cultural traditions. In brief, the
Chinese conception of health, very much like that found in India, is one of balances—
balances within the self, the family and the cosmos, each interconnected to the other.
This more holistic, inclusive conception of sickness does not lend itself to notions of
specific etiology and symptom-oriented treatment characteristic of Western biomedical
practice. Accordingly, the medicalization of old age is less likely within this context.
While values of 'treating the patient as whole person' may be prevalent in the United
States, Sankar (1988) argues that the realization of these values is severely constrained by
the hospital/clinic context—both information and physician-patient relationships are
controlled within these settings so as to best meet the demands of the biomedical model.
As a result, medical students are denied the opportunity in the course of their training to
gain any real understanding of the non-biological aspects of disease and illness.

3. Health care perspectives or the colonial legacy of biomedicine

(i) Medical pluralism and colonial encounters

As I have demonstrated thus far, an 'Ayurvedically conceived' world-view represents a
radical departure from the more dualistic ('Cartesian') premise underlying 'Western' or
Judaeo-Christian medical traditions and cultural beliefs alike (Johnson 1985, Lock 1991). Parallel with Hughes’ more general comments regarding the holistic nature of non-Western medical systems (see chapter two), Nordstrom maintains that Ayurveda, as a popular body of knowledge, is “a meaning system that orients the population towards questions of a more comprehensive epistemological nature, regardless of the medical tradition specifically utilized or the relative proximity of an illness” (1989:963).

Movement between different types of health practitioner is thus common throughout South Asia (Nichter 1978). Reporting on a patient seeking treatment for ‘madness’ who moves between Ayurvedic physicians, allopathic physicians and ritual practitioners in Sri Lanka, AmaraSingham-Rhodes (1980:71) suggests that such flexibility permits “a fluidity of diagnosis which prevents any one explanatory system from dominating her perception of the illness.” Apparent in the patient’s own explanation of her condition, however, is a patently Ayurvedic interpretation of illness in terms of “imbalance and disequilibrium” which evidently “pervades popular culture and provides a common vocabulary for talking about illness. It is an idiom in which moral and physical balance can be talked of in the same breath” (1980:88). Nichter (1987:383), also with reference to Sri Lankan Sinhalese, observes, moreover, that hot-cold reasoning, recognized by astrologers, exorcists and Ayurvedic practitioners alike, serves an integrative function which “facilitates referral and provides one source of secondary elaboration when the treatment of one kind of practitioner is insufficient to manage a health problem.” Obeyeskere (1982) and Trawick (1987) go further in their contention that far from being an age-old tradition out of place in the modern world, Ayurveda continues to benefit from experimentation and the generation of new ideas.

The congeniality implied by the aforementioned accounts of medical pluralism, nonetheless masks the less palatable legacy of biomedicine in India as representative of the colonial powers which sought to assert their superiority over the Indian Other. What better means than to impose an ideologically-laden medical system promising instantaneous “cures” for all manner of life-threatening diseases. This attitude is captured by an American observer with lengthy experience in India when he writes,

Medical education in India was based on the dogma that the early British educators were working in a complete vacuum of medical ignorance. British doctors essentially ignored or ridiculed the quackery of indigenous practitioners. . . (Indian) doctors found security in accepting the professional culture of Western medicine in toto. As a result, it proved to be hard for Indian doctors to select and adapt those parts of the Western medical culture that were relevant to the country’s needs while, at the same time, compensating for feelings of social inferiority imposed on them by representatives of the British Raj (Taylor 1968:154, as cited in Leslie 1978:237).
Early efforts of the East India Company to train traditional practitioners—vaids and hakims (Unani medical practitioners)—in a program integrating European anatomy and medicine with Ayurvedic and Unani medical practice, were thwarted by a policy implemented in 1835 which ordained that teaching thereafter should promote only European knowledge in English-medium schools (Leslie 1992, Jeffery 1982). The policy was the culmination of a debate which concluded that European history and "modern science" were discontinuous with Indian history and hence with its "ancient science." While it was in the East India Company's interests to cooperate with its hosts, the self-promotion of the British to the position of Governors of the land, required as Narayan (1997) has argued, a different kind of relationship—one which justified their imposition of rule over the "inferior" Other. Traditional medical systems such as Ayurveda and Unani medicine were thus demoted and defamed as mere "quackery." Chatterjee (1989:623) adds that Indian nationalists themselves were willing to concede to the "superior techniques of organizing material life" devised by Western civilization (of which science and hence medicine was a part), with the understanding that their own spiritual repertoire was more sophisticated. Yet dualistic premises such as these already belie the inculcation of India's founders with the cultural values of their colonizers (see Ludden 1992), for as we have already seen, indigenous medical traditions such as Ayurveda cannot be neatly slotted into either the 'material' or 'spiritual' realms (see also Gandhi 1981). Just as British Rule was never without its opponents, however, so too was the Orientalist rhetoric of the allopathic medical establishment met with a revivalist backlash, about which Leslie (1974, 1976, 1978, 1992) in particular has written at length.

The practice of Ayurvedic medicine was already, by the nineteenth and twentieth centuries, radically different from classic treatises such as the Caraka and Sushruta Samhitas (Leslie 1976). The force of change can be attributed to an earlier conquest, that of the Muslims, whose governance of parts of India, primarily its north and central regions, extends back to the twelfth century. The influence of Unani medicine is apparent, for example, in the use of pulse diagnosis and pharmaceuticals such as mercury and opium and the influence of alchemy on medical lore, none of which are noted by the Ayurvedic scribes of the aforementioned classics. Despite its derivation from classical Greek and Middle Eastern scholarly and religious traditions, the practice of Unani medicine in India was regarded by Ayurvedic revivalists of the mid-twentieth century as an offshoot of Ayurveda and hence distinct from the problem of allopathic hegemony against which they were attempting to rally their forces (Good and Good 1992, Leslie 1992). Both traditions are now more correctly viewed as syncretic, each having
influenced the other (Leslie 1992). This syncretic trend of traditional medical practices (Ayurvedic and Unani) persisted into the nineteenth century, incorporating as well, elements of cosmopolitan medicine. The end result of this amalgamation was the professionalization of indigenous medical training (Leslie 1976), a process which was ironically assisted rather than discouraged by the revivalist movement. In response to the critique by the Orientalists that indigenous medical practice was comprised of no more than ‘outdated superstitions,’ the revivalists put forward the claim that Ayurveda had declined relative to a Golden Age of empiricism as captured by the classic texts. The ideological ground was thus provided for professionalizing reforms. Relatively inexpensive versions of the classics were published and vaids began to send their sons to be educated in modern medical schools in which Ayurvedic learning was adapted to the “bureaucratic structure of modern education” (Leslie 1976:363).

Despite the persistence in most instances of a separate bureaucratic and educational system for professionalized indigenous as opposed to cosmopolitan medicine, cultural syncretism and social integration effect, in reality, considerable integration between different facets of the Indian medical system (Leslie 1978). During the inter-war period of the early twentieth century, however, registration patterns and the attribution of higher status to vaids jointly schooled in cosmopolitan medicine underscored the subordinate position of indigenous practice (Jeffery 1982). Contrary to the recommendations of a National Planning Committee on health, established by India’s nationalist Congress Party in 1938, government policy subsequent to Independence (1947), perpetuated the discrimination of the Raj in many respects. It was decreed, for example, that indigenous medical practitioners were to be certified as well to practice “scientific” cosmopolitan medicine (a distinction hotly contested as ‘racist’ by Ayurvedic practitioners who asserted that Ayurveda was already scientific). The situation nonetheless remains extremely ambiguous. According to Jeffery (1982:1840),

One of the difficulties of making clear assessments of the nature and effect of Government policy with respect to indigenous healers is that there is no clear line being followed. On the one hand, it is clear that indigenous medicine is essentially marginalized, with many of its practitioners part-time, dealing with a limited range of ailments, drawing heavily on cosmopolitan pharmacopeia and perceiving cosmopolitan medicine as superior. On the other hand, there is a trend toward greater respectability, with the extension of registration schemes, the recognition of the indigenous contributions by international agencies and the C.H.W. [community health workers] training, and some steady expansion of employment.

Taylor’s 1965 study (1976) of 59 full-time “indigenous” (Ayurvedic, Yunani, and Homeopathic) practitioners, provides some insight into this complex picture during a
period which Leslie (1992) has identified as the closing decade of the revivalist movement. While only nine of these practitioners were trained in “modern” (cosmopolitan) medical facilities, states Taylor, the use of “modern medicine” to treat patients was remarkably prevalent. Of 379 consultations, allopathic medicine alone was prescribed in 82% of cases. Another 5% of cases were treated with a mixture of allopathic and indigenous medicine. Most alarming to these authors was (a) the method by which very powerful and little understood pharmaceuticals were obtained—i.e. through a relatively unregulated network of pharmacists and drug manufacturers—and (b) their wanton over-prescription, often under conditions of questionable sanitation (e.g. unsterilized needles used for successive injections of penicillin). Based on these findings, Taylor (1976:298) concludes that “indigenous medical practice will probably fade slowly into a general synthesis with scientific medicine.”

Langford’s (1995) portrayal of three urban Indian vaids, each schooled in different contexts, presents a more contemporary and rather more nuanced picture. Consistent with Leslie’s assertions concerning the enormity of the impact of the institutionalization of Ayurveda, Langford found that institutionally-trained ‘Ayurvedic’ doctors bear little resemblance in their practice to their forebears whose Guru-chela (‘teacher-disciple’) style apprenticeships were far less standardized. “Dr. Kamik’s” practice is especially striking in its resemblance to allopathy. Aside from his occasional prescription of standardized Ayurvedic medicines manufactured by pharmaceutical companies, the style of practice of this “modern” vaid is virtually indistinguishable from those of his fully allopathic peers. His “integrated” allopathic and Ayurvedic education has convinced him of the virtually homologous nature of the two, the full realization of which “will become possible as soon as Ayurvedic physicians are willing to adopt the experimental method,” he claims (1995:344). In the place of dosha theory and a concern with the patient’s diet and environment, Dr. Karnik “advocates a heavy reliance on modern diagnostic tools” (ibid.).

In contrast to the ideological saturation effected in Dr. Karnik by his encounter with allopathic medical institutions and methods, however, “Dr. Shukla” has taken the middle path. The son of a vaid, Dr. Shukla was also trained in a ‘modern’ institutional setting. His style of practice is nonetheless distinct from that of Dr. Karnik. Privileging conversation over both traditional methods of pulse-taking, tongue examinations, etc. and a ‘modern’ diagnostic style geared toward efficiency and biological symptoms, “Dr. Shukla’s conversation ranges as widely through the language of biomedicine as through the language of textbook Ayurveda” (Langford 1995:351). Reminiscent of medical
holism as practiced in the West, Dr. Shukla’s practice is distinct in its resistance of individualization of the patient who is encouraged, instead, to be detached from her own personal positions and interests, to make ‘morally courageous’ choices that exhibit faith in Ayurvedic treatment to improve the overall quality of her life.

What is not clear from Langford’s research is the relative prevalence of traditional *vaids*, as compared to the allopathic variant epitomized by Dr. Karnik and the integrative socio-psychological version represented by Dr. Shukla. Almost three decades subsequent to Taylor’s death knell for indigenous medical practice in India, Langford’s (1995) research suggests that such reports of the demise of Ayurveda, at least, were greatly exaggerated. Instead, she stresses the more subtle dimensions of this cultural interplay when she writes, “The anatomo-clinical method, the positivist representation of an objectivized reality, and the dualism of inside and outside are not rejected but rather subjected to a variety of sometimes calculated, sometimes casual maneuvers that subvert, invert and otherwise play with the modern episteme” (1995:360). Change does not necessarily equate with loss. While we cannot extrapolate generalizations from Langford’s limited sample, I wonder if the diminished influence of the Raj and the gradual disassociation of its cultural values with the superiority that it tried so desperately to impress upon its subjects, has provided younger *vaids* such as Dr. Shukla, now in his forties, more room to play with both allopathic (Western) and Ayurvedic (Indian) notions of health and healing. A generation earlier, Dr. Karnik’s schooling was undoubtedly augmented with larger doses of the aforementioned cultural hegemony of the British.

(iii) Health care selection

Faced with such a plethora of choices, one might wonder how the Indian patient discriminates between one or the other. As noted previously with respect to Sri Lanka (e.g. AmaraSingham Rhodes 1980), resort to multiple therapy systems such as Ayurveda, allopathy, and astrology, is extremely common. The tendency to combine therapeutic strategies was, among Madan’s (1981) North Indian participants, most pronounced amongst professional workers with the highest incomes, although a majority of the households surveyed (64.8%) adopted this pluralistic approach. Research participants evidently accorded greater illness-specific efficacy to certain systems.

In southern India (Karnataka) Nichter (1978) determined that differential selection of health-care practitioners is illness- and age- specific and influenced as well by cultural reasoning, social interaction (between castes), and economic and educational variables
(see also Nichter 1980). Although allopathy had gained widespread popularity in this region, the utilization of traditional therapies and self-help methods was as prevalent as ever. Madan’s research in a north Indian city found, by contrast, that allopathy was by far the most popular treatment modality: “Around four-fifths of the interviewees indicated that they chose it for treatment of all three categories of patients” (1981:113), i.e. children, adult men and adult women. Only eleven percent selected Ayurveda as their first choice.

Before elaborating further on Madan’s findings, it is necessary to point to some of the limitations of his methodology. First, the unit of analysis is the household, which in many instances is fluid in its composition; analysis of this nature assumes a stable unit, however. More importantly, the interviewees were in all cases, household heads, a factor which invariably introduces a male bias. It is assumed that this individual, typically the family patriarch, is sufficiently knowledgeable to identify not only his own health care choices, but those of the female family members and children as well, when in fact he may be unaware of the decisions made in this domain by his mother, both on her own behalf and with respect to her daughters-in-law and grandchildren. Self-care, often Ayurvedic in nature and typically falling within the domain of women is not included for consideration here. Finally, as the prevalence of treatment combinations indicate (and to which Madan pays little heed), the preference for allopathy (or any other modality) as a first resort in no way implies that other medical practitioners such as hakims and homeopaths are “not much used” (1981:115). Without in-depth qualitative research, it is difficult, perhaps impossible, to discern the complex negotiations between different players within a household and with each of the medical practitioners from whom they might extract different kinds of services. Family politics and the householder’s eagerness to appear “modern” are also masked by Madan’s unreflective methodological approach.

These contingencies notwithstanding, Madan’s (1981) findings are interesting for their de-emphasis on ‘belief as a primary motivation for choice of treatment modality. Efficacy was far and away the most significant determinant of choice-making, particularly among professional workers who interestingly enough were among those least inclined to select allopathy as a first resort. Occupation and income levels do not provide, throughout the sample, reliable indications of treatment choice, however, since many Government workers, for example, receive free allopathic medical treatment as part of a benefits package. Less affluent manual workers, on the other hand, take advantage of the free allopathic medical care available in Government hospitals and dispensaries. Allopathy is thus selected under different circumstances for its cost effectiveness rather
than its perceived superiority per se. Hindus in the sample were alone in their selection of tradition as a criterion for choice of treatment modality, and chose all three non-allopathic modalities more frequently than non-Hindus.

Rural-urban origins, and the age and education of the individual (notably, the head of household) appeared to exert little if any significant impact on treatment choices. Some of these findings are supported (albeit tentatively given the limited sample) by Langford’s (1995) observation that Dr. Shukla, along with other vaids, maintains that urban/rural distinctions and class differences have little effect on the conceptions held of Ayurveda by most of his Indian patients. Contrary to the expectation that higher levels of education may correspond with greater skepticism regarding traditional practice, Langford found the opposite to be true among Dr. Shukla’s clientele, the more educated of whom appeared to have more knowledge of Ayurvedic principles. That said, Shukla nonetheless “spends a good deal of his consultation time educating his patients about Ayurveda in order to sell it to them” (1995:354).

These findings further lend support to Stephenson’s (1995:1637) claim that “people’s beliefs cannot be predicted simply by the superficial choices they make.” Weiss et al.'s (1988) findings among patients of allopathic psychiatric clinics in Bombay are another case in point. They report that while some low-caste patients had illness beliefs clearly based on Ayurvedic concepts, they had not considered consulting Ayurvedic practitioners. These authors speculate that this reluctance may indicate a perception among low-caste families of the Ayurvedic practitioner as representative of an historically hostile elite, indicating that selection of one type of practitioner over another involves considerably more than the patient's beliefs concerning their relative efficacy.

(iii) The Canadian health-care scenario

But what of the Indo-Canadian elderly? To what extent are they able and do they desire to utilize a variety of treatment modalities? Martyn (1991) reports that both utilization rates of allopathic medical services and awareness of the Pharmacare program or the Medical Services Plan are extremely low among twenty-five elderly Punjabi women interviewed for a study in Burnaby. Of twenty Punjabi women interviewed in Victoria, ninety-five per cent admit to using some form of traditional home remedy, albeit to varying degrees (Koehn and Stephenson 1991). This finding may suggest that to some extent, these women treat minor ailments without resort to allopathic practitioners. The Punjabi men of Sanghera’s (1991) study regard herbal medicines as effective and free of
detrimental side effects and report regular use of herbs in food as medications. While their doctors in Canada are Punjabi-speaking, they are typically schooled in the biomedical tradition and show little interest in their patients' own conceptions of illness. Accordingly, these men say that they only consult their family physician as a last resort.

Often the primary concern surrounding visits to the doctor is more social than it is philosophical. Most of the elderly Punjabi women, family members and service providers that I interviewed for my master's research (Koehn 1993a) identify the language barrier and transportation limitations as the primary factors inhibiting unaccompanied visits to the doctor by elderly women. Reliance on the family to overcome these obstacles means that family members generally serve as interpreters. Aside from the more obvious inconvenience to the relative concerned, most often a daughter-in-law, this arrangement can prove deleterious to the successful treatment of the patient herself. As one elderly Punjabi man in my sample observed,

[elderly Punjabi women] are too shy to tell them [the doctors] exactly what the problem is—that they are lonely, and so on. Often their children go with them. Some elderly people are not properly looked after, but if their kids are there, they can't tell anyone, so they can't get help. They are more free with a daughter than they are with a daughter-in-law when it comes to telling them about their concerns.

One might argue that there is no need for elderly Indo-Canadians to resist allopathic medicine overtly, since the interpretation of the illness, treatment and interaction between the various parties concerned is situated within an Ayurvedic model which conforms to the notion of the self held by the patient. As Stephenson (1995:1636-37) points out, the rather utilitarian "compliance model of assimilation," or the "supposition that people eventually decide to use western medicines (supposedly because they work) for one set of things and retain traditional medicine for another set of things associated with core cultural issues and unresolved cultural conflicts," fails to take into account the manner in which very traditional ideas may influence the way allopathic treatments are used. Among the Punjabis that I have spoken with in British Columbia, it appears that the selection of allopathic health care is motivated to a great extent by its relatively low cost. Alternative therapies are typically not covered by so-called 'comprehensive' health insurance. Akin to the health-care benefits provided for Government employees in India (Madan 1981), the structure of the Canadian health care system manipulates bodies without sufficient resources to access alternatives into a standardized model of health care, notably one which conforms to the dominant cultural orientation of this country. That said, it is not a option that many of us including, I suspect, most Indo-Canadians, would wish to be deprived.
D. Emotions as intermediary between the three bodies

1. A theoretical briefing

The foregoing portrait of the three bodies would not be complete without some consideration of the study of emotions which, as Scheper-Hughes and Lock (1987:28-29) maintain, “provide an important 'missing link' capable of bridging mind and body, individuals, society, and body politic.” Consistent with the overall agenda of this paradigmatic proposition, emotion provides the bridge between the innumerable dualisms which have proved to be the scourge of sociological and anthropological research. Beyond the now familiar mind-body divide, emotions defy the false dichotomies of nature-culture, biology-sociology, interpretation-explanation, structure-agency, social structure and health (Williams 1998). Once a relatively neglected topic, the study of emotions has, in the past decade made a rather sweeping entry onto the sociological stage. A recent edited volume by Bendelow and Williams (1998), for example, recognizes the role of emotions in social life as central to the sociological enterprise. “The study of emotions,” writes Shilling (1997:196), “has the potential to take us to the heart of the most important issues facing the discipline.” Game (1997:386) goes even further in her assertion that emotion is epistemologically fundamental to all knowledge when she writes, “there is an affective basis to the denial of emotion, . . . claims about science, rationality and so on are motivated, emotionally.”

While anthropologists have a couple of decades of studies concerning emotion under their belts, the Cartesian legacy continues to plague their analyses. While on the one hand assuming that emotions engage both the mind and the body, most research tends to reduce the phenomenon to one or the other (Leavitt 1996). One formidable obstacle, argues Leavitt, is the nature of academic or analytical language itself. For precisely the same reason that emotion concepts are difficult to talk about intellectually, they are used readily and often in our everyday lives and language. The capacity of emotion concepts to bridge artificial divides between the bodily (feeling) and conceptual (meaning) domains renders their application especially useful when, as is often the case, what is felt/expressed does not fit exclusively into either. “To be anxious,” explains Leavitt (1996:515), “is to have a feeling associated with a meaning.” The distortion of emotion concepts occurs when scholars accustomed to working on one side or the other of the nature-culture ‘divide’ fail to rise to the epistemological challenge that emotion concepts place before them and instead squeeze these concepts into their preferred mould. This holds true for both sides of the debate.
Consistent with Williams' (1998) conceptualization of approaches to the debate in sociology as lying on a continuum between the poles of "organismic" and "social constructionist," Leavitt examines in some depth anthropological approaches to the study of emotion as they align with one of two camps. The first of these positions holds that "emotions are bodily and universal" (1996:518), while the second views emotions from a more mentalist/cultural perspective. Several distinctions can be discerned within each. Emphasizing the physical component of 'feeling,' proponents of the former position often place the study of emotion outside of the purview of the social sciences. Those who make more universal claims (e.g. a set of "basic emotions" crosscuts many cultures) argue instead that we are able to empathize with the emotional experience of all humankind. While the majority of such claims resonate within the halls of psychology and biology departments, traces of the empathic corporeal understanding of emotions are evident in anthropology as well." Victor Turner's claim that "the anthropologist's empathic response to field situations, based as it is on a shared human bodily nature, can provide a universal key to the diversity of cultural patterns" (Leavitt 1996:519), is one such example.

Empathy, in the view of constructionists such as Lynch (1990a:17), is both naïve and ethnocentric, "a form of Western imperialism over the emotions of the Other." It is the hegemony of the "psychological laboratory's" claims over statements about emotional life, says Lutz (1997), that compelled her to adopt a feminist constructionist approach to the topic. Lutz was especially concerned with the funneling of psychological findings on topics such as women's emotionality around pre-menstrual stress via science and magazine journalism into pop-culture, and the lives and self-understandings of America's teenagers. The relationship of the 'physicalist' approach to Western common-sense attitudes regarding emotion is further identified by Lynch (1990a) for whom the connection implies the fundamentally ethnocentric basis of scientifically-framed arguments of this nature. Emotion, in a Western cultural context, is seen as passive ("things' that happen to us"), natural and irrational (and hence subordinate to the higher faculties of the mind such as cognition), physiological (as indicated by our common extension of the verb to feel to denote emotion), and at the same time, universally yet subjectively (internally, privately) experienced (Lynch 1990a:5-6). The consistency of such views with the 'Anglo-American' conceptualization of the expressive individualized self further illustrates the inter-relationships between and the culturally constructed nature of both self and emotions.
Leavitt (1996) further problematizes the inherent assumption in physicalist/organismic approaches to emotion that symbolic systems, such as language, are merely referential, according to which rationale, emotions such as love, hate and anger have fixed reference points, such that their cognates in any other language should denote the same phenomena. Several ‘constructionist’ studies, focused on the particulars of a single sociocultural entity, have presented convincing arguments to the contrary (see Lutz and White 1986, Myers 1979, Rosaldo 1984, and Schieffelin 1983, and Trawick 1990, among others).

Michelle Rosaldo, for example, places emotion squarely within the domain of culture:

> Emotions are about the ways in which the social world is one in which we are involved. But this aside, the stakes, solutions, threats, and possibilities for response are apt, in every case, to take their shape from what one's world and one's conceptions of such things as body, affect, and self are like. Feelings are not substances to be discovered in our blood but social practices ordered by stories that we both enact and tell. They are structured by our forms of understanding (1984:143).

Sensitivity to the cultural construction of emotion in the West is especially lacking in gerontological research on determinants of the "morale," "happiness," or "life satisfaction" of the elderly person (Fry and Keith 1986, Sankar 1993). This quest reflects the "old-age-as-problem" approach inherent in much of the gerontological literature (Wesner 1980). The extremely varied results of cross-cultural surveys examining the link between aging and life satisfaction (Palmore 1983) should come as no surprise. Based on her own research experience among elderly Hispanic Americans, Bastida (1987) proposes that much of the blame for many of the gross misconceptions about aging can be traced to the inappropriate application of established terminology to a wide range of data:

> Researchers investigating subcultural patterns of aging found an already developed, even if fragmentary, conceptual terminology at their disposal. Concepts such as life satisfaction, adjustment, adaptation, well-being and the like, and their respective definitions and operationalizations, were then applied to the study of cultural and subcultural aging patterns (Bastida 1987:53).

Much confusion, Bastida argues, has resulted from tensions in paradigmatic orientation: “Ethnography and surveys sharply pose these differences” (1987:54). By virtue of its interdisciplinary nature, gerontology is especially prone to such tensions. In setting the remedial course, Bastida stresses the importance of the clarification of basic constructs such as time and aging which contribute in a significant way to our understanding of cultural systems of meaning (e.g. Hazan 1984).
Extreme claims of the social and cultural construction of emotions are also subject to their own pitfalls, however. Emotion can no more be reduced to a kind of meaning than a biological reaction (Leavitt 1996, Williams 1998). Having assigned both cognition and emotion to the realm of the social, argues Leavitt (1996), some constructionists have proceeded to equate the two. In so doing, adds Williams (1998), they run the risk of disembodying emotions to the point that they are no longer able to reflect the constructs of their own participants which do not recognize such dualistic notions as internal feelings and external emotions, for example (Leavitt 1996). It is only fair to note here that, while Michelle Rosaldo's (1984:138) strong cultural stance is often cited as representative of the perils of constructivism, she does in fact qualify her remarks when she cautions the reader against viewing emotions as "things opposed to thought." Instead she suggests we view them as "cognitions implicating the immediate, carnal 'me'—as thoughts embodied" (ibid.).

In his efforts to rectify Rosaldo's perceived culturo-centric excesses, Levy (1984) reverts to the positivistic reproduction of dualisms under critique. Drawing primarily on his experience among the people of Tahiti, Levy proposes a distinction between the sense of 'feeling' and that of 'emotion.' The experience of the former (e.g. as sickness, exhaustion, pain, etc.) places "emphasis on something wrong in the relation of a person to his own body, to his internal environment" (1984:221). With an 'emotion' (e.g., anger), however, "there is an emphasis on something wrong in the relationship of the person to his external physical and social context, the world of actions, plans, and socially defined meanings" (ibid.). It is this connection with the "external" relationship of the self that promotes a mere feeling to the status of an emotion. Moreover, the self, according to Levy, "is intimately constructed out of group processes and interpersonal relationships" (ibid.). In other words, emotions mediate the relationship of the actor to his or her social environment. Contrary to his own assertion that neither culture nor emotion can be viewed as unproblematic, Levy nonetheless fails to problematize the notion of self, which is not everywhere as distinct from 'society' as his reasoning seems to imply (see Geertz 1984, Rosaldo 1984). His efforts to mediate between dualistic extremes only serves to reproduce them.

Mediating between the polarities of organismic and social constructionist stances, Roseman (1990) stresses the interrelationship between community, nature, and the sociocentric selves of the Temiar, an indigenous people of Malaysia. Loss of emotional restraint, so critical to the maintenance of that interconnectedness, transposes the individual into the realm of illness and soul loss. The structure of performance (trance-
dancing, ritual), which "resonates with the structure of self to intensify affect and resituate the boundaries of self and other, human and superhuman" (Roseman 1990:229), is capable of effecting a movement from illness back to health. In analyzing relationships between the structure of performance and the structure of selves, we must, perforce, question the role of specific local theories of the emotional world in providing their shape and texture. In line with my own perspective and that of Schepfer-Hughes and Lock (1987), Lock (1993b) or Williams (1998), Roseman does not lose sight of the essentially embodied nature of emotions. Accordingly, Williams (1998:124) aptly reflects my own intermediary position when he characterizes emotions as complex multi-faceted phenomena which are irreducible to any one domain or discourse. Emotions, in other words, are thinking, moving, feeling 'complexes' which, sociologically speaking, are relational in nature and linked to 'circuits of selfhood'; comprising both corporeal embodied aspects, as well as socio-cultural ones. Whilst basic emotions—rooted in our biological make-up and shared amongst all human beings as embodied agents—are involved, they are endlessly elaborated, like colours on a painter's palette, through time and culture.

The innate propensity of emotions to bridge the phenomenal and the social, as well as their embeddedness in notions of personhood, strongly recommends their utility as a fruitful approach to a wide array of problems in the anthropologies and sociologies of health and illness. Williams (1998) takes this connection along a somewhat different path in his exploration of the relationship between social structure and health. In brief, interactions between individuals at different levels in a social hierarchy have differential access to 'emotional capital.' Deficits accrue to subordinates whose systemic disempowerment is experienced as feelings of stress, hopelessness, depression, insecurity and a lack of coherence and control, which can ultimately translate into adverse health consequences. Good and Good (1988) similarly stress the relationship between the macrosocial forces which comprise the body politic and the concept of emotion. Taking as their starting point, the discourse on sadness and grief in Iranian culture, with particular reference to the religious sphere, the Goods shift our attention to the much neglected dimension of emotion as it is redefined and controlled in the context of state ideology. Good and Good (1988:61) urge us to turn both our analytic models as well as our research efforts toward "understanding how religious institutions and the state authorize, legitimize and promote particular forms of emotional discourse, how they organize the meaning context for the interpretation of affective experience, and thus how they influence personal emotional life and psychological experience."
2. Some Indian perspectives on emotions

The edited volume, *Divine Passions: The Social Construction of Emotions in India* explores various culture-specific formulations of emotion in the subcontinent, focusing on how people construct their emotional realities as well as the meaning of such beliefs in their efforts to live emotionally significant lives (Lynch 1990a). Explicitly constructivist in nature, these works nonetheless recognize, to varying degrees, that “emotions, as moral appraisals, are grounded in the nature of our bodily selves . . . [and, in accordance with Hindu precepts,] in the form of food, music and scent” (1990a:14). While I do not intend to summarize the entire volume here, an examination of certain key precepts therein will aptly demonstrate the utility of emotion concepts as a mediating force between numerous precepts formerly presented in this chapter.

I have already introduced the concept of *rasa* as one of the seven *dhatus* or ‘essences’ of the body, and as ‘taste,’ of which Ayurveda recognizes six variants (see Table 2). The relationship of *rasa* to food is both intimate and essential to bodily functioning. First, food provides the fundamental basis for generating the essences, of which *rasa* is the first in a series of transformations of gross into subtle matter. Secondly we see that, as taste, manifest in food, the different types of *rasa* must be balanced in order to maintain good health. A third association of *rasa* is with a theory found in Bharata’s *Natyasastra*, concerning aesthetic creativity and the generation of artistic effect (Seneviratne 1992). Fundamentally, the theory posits that aesthetic effect is created when

the artist experiences a significant emotion and subsequently re-creates it in an external form, so that the audience is enabled to experience the emotion too. There is one difference, however. The emotion experienced by the artist, whether pleasant or unpleasant, becomes refined, elevated, and transformed when re-created in the audience so that it produces aesthetic enjoyment (Seneviratne 1992:182).

In both the Ayurvedic conceptualization of *dhatus* and Bharata’s dramaturgical theory, argues Seneviratne, *rasa* is represented as the result of one or more transformations which convert gross material or experience into a more refined version thereof. The postulated “symptoms” of the dramatic heroine’s emotional state—“blushing, perspiration, horripilation and so on”—likewise parallel the medical model. A concern with integration (of organism, of experience) and balance in terms of *gunas* and *doshas* (qualities and their absence) is also common to both Ayurvedic and aesthetic models. Of particular interest here is the equation of *rasa* with emotions. Dramatic actions effectively process the actors’ emotions such that their evocation within the audience “is totally devoid of experiential grossness and is suffused with the blissful aesthetic joy of *rasa* alone” (Seneviratne 1992:185). At the gross level, the *rasa* theory recognizes eight
primary and thirty-three transitory emotions. Those included in the first category—*i.e.*, “love, humor, courage, disgust, anger, astonishment, terror and pity” (Lynch 1990a: 18)—are said to be inherent in all human beings, whereas those of the second—e.g. “envy, jealousy, anxiety, despair” (ibid.)—temporarily attach themselves to and hence influence the former. The more subtle emotion evoked within the audience offers a glimpse of divine bliss and the ‘true self’ of the *atma*. Unlike the subordinated irrational emotions of the Western self, then, emotions can bring the essential self of the Hindu to the fore. The divine element of emotion is especially evident in its reinterpretation by devotional movements which conceptualize the experience of *bhakti* as a blissful emotion.

Food is further implicated in the production of emotions in the case of the three *gunas* or strands, *sattva*-*rajas*-*tamas*. As the Brahmin Chaubes of Lynch’s (1990b: 103) research ascertain, sweets and other *sattvik* foods generate the “proper,” which is to say, “moral” emotions of “peacefulness, truthfulness, compassion, kindness and sympathy to all creatures.” *Rajasik* foods, you may recall, are associated with passion, whereas the consumption of *tamasik* foods give rise to ‘dark’ emotions such as hate or depression (Marriott 1990). In offering to food to God, and consuming the consecrated returns as *prashad*, add Lynch’s Chaube interviewees, one is really exchanging love (*prem*), for God does not consume the material aspect of food, but its sentiment (*bhavan*). “As you eat,” claims one of Lynch’s participants, “so your thoughts will be” (1990b: 103).

Emotional attachments of all kinds, including the desire for sweet and tasty foods, should, in accordance with the Hindu *ashrama* scheme described above, become less intense with age (Vatuk 1990). In accord with the *rasa* theory of emotions, the ideal of increasing detachment from worldly matters as one moves into the final stage of life as a *sannyasa* (enunciate), implies a reining in of the gross emotions and their gradual replacement with the more subtle emotion of peaceful bliss. Few elderly Hindus actually leave their homes to take up the role of the wandering ascetic, however. The ideal of detachment is pursued instead from deep within the bosom of the joint family. What appears to be a contradiction is viewed instead as a coefficient situation: freedom to pursue the goal of detachment is only available to those who are adequately cared for by their children. As portrayed in chapter four, care of the elderly, both motivated and characterized by the emotionally laden notions of respect and *sewa* (service), is expected of adult children in India.

In contrast to seniors in Western countries such as Canada, the elderly in India are not beleaguered with the loss of self-esteem and feelings of guilt that a strong cultural
emphasis on independence engenders (Stephenson et al. 1999); the ‘dividual’ Indian self, by contrast, argues Vatuk (1990:84), views their receipt of aid from adult sons and their wives as “a pleasure and a source of pride.” The point of Vatuk’s article is primarily that, contrary to her expectations, the vast majority of elderly Indians in her North Indian sample—including those in good health and living peaceably and comfortably within joint families—expressed extreme anxiety regarding their future welfare once their bodies begin to fail them. While this emotional expression superficially resembles that of the old-old in the West, for whom the thwarted expectation of independence is further aggravated by their increasing inability to fend for themselves (see Johnson and Johnson 1983), it is distinct, argues Vatuk, in its referent. Underlying the anxiety of the elderly in India is a very practical concern that their children may not live up to their side of the bargain once aging parents begin to represent a drain on the family’s resources. While the specificity of this particular example is useful insofar as my own research agenda is concerned, it underscores at a more general level, the non-referential, context-specific nature of concepts such as ‘helplessness; and ‘dependency’ and the cultural construction of anxiety. What Vatuk fails to address, however, is the embodied nature of such emotions, a deficit which my own research seeks to amend.
Part Three:
Discoveries
Chapter 8 - Eating for health

The life of all living beings is food. The whole world runs after food. Complexion, gracefulness, good voice, long life, understanding, happiness, growth, strength, intelligence, are all established in food. Whatever is beneficial to worldly life, whatever pertains to the Vedic practices leading to heaven and whatever action leads to spiritual salvation - all of these are said to be established (ultimately) in food (Caraka Samhita as cited in Krishnamurthy 1991:255).

A. Food and health

Since I had read at great length about the role of food in Ayurvedic practice, I was prepared to spend a considerable portion of each interview on this topic. I was not disappointed—not only did most women have plenty to say in response to my questions concerning the qualities of different foods, prescriptions, proscriptions and taboos regarding what could be eaten and when, and the effects of different foods in combination, many were eager to return to the topic at every opportunity. Food is clearly a topic of interest to most of the women that I interviewed and a domain in which they feel relatively confident of their expertise.

In Appendix D, I have endeavoured to draw together the various strands of their collective knowledge base by summarizing, in tabular form, the references of all participants to twenty-nine commonly used foods, herbs, and spices, the properties attributed to each, and the ailments with which they are associated. Appendix E tabulates specific preparation instructions for remedies or preventives for forty-one different ailments or medical conditions. The correspondence between the uses assigned to particular food substances by my participants and those found in Ayurvedic reference works, translated from the Caraka Samhita and other Ayurvedic source books, is remarkable, with very few discrepancies indeed. Together, these two tables illustrate not only the breadth of the women's knowledge base, but reveal as well, some interesting trends and interconnections between food and other domains.

In all of the interviews, the women perceive that food is connected to health in multifarious ways. The following extract from Sumati's account provides an especially cogent example:
I think food is a basic thing, whatever you eat, it affects your health. Because this is where you get the blood, and blood is the basic thing for the health. So, food is really very necessary. I mean, one has to have balanced food. And if somebody is taking balanced food, there are very few chances that he or she will get ill, unless it is hereditary, and you know, as I said, food is the basic for the physical health, as well as mental health. Food affects your mental health, too. Food affects your thoughts. Sometimes you don't believe it, but I do believe, would you like to hear a story? [SDK: Um hmm].

There was a yogi in Haridwar, [this is] a true story, and he used to perform lots of yoga, lots of time he used to spend in yoga. He never cooked, he just [went] and beg[ged] and [ate] whatever he [got]. So one day he [got] a good food, he ate it, and when in the morning, he sat for the yoga, a girl came to his mind. 'How come,' he says, 'girl? I have never thought of a girl, how come instead of light, this girl is before me?' He was very upset, you know, he started again, but he couldn't, he started again, but the same face came to his mind. So he left everything there. And then he went to the place where he got his food, and he [knew then] that that person was not a good person. He was selling the girls, and because his mission was completed, he gave a good food to everybody. [The yogi] related the story that food affects that much, that in yoga, your thoughts are also, you know, like that, as you eat, [so] your thoughts are coming.

B. Food and the Sacred Realm

1. Holy Basil

In accord with the opening citation for this chapter, Sumati's parable clearly extends the value of food beyond its physical ramifications on health to include simultaneously its association with both mind and spirit. Comments pertaining to holy basil (*tulsi*) are especially apposite in this regard. Second only to honey in terms of the number of discrete references to its use (N=29, see Appendix D), basil is primarily indicated as a cold remedy, although its merits with regard to treating or preventing coughs, malaria, fever, sore throat, *desi ilaj*, and the flu, for conditioning the eyes, purifying the blood and freshening the breath, and for the health in general are also extolled. More notable, however, is the consistent association of *tulsi* with the sacred realm. Rai (1988:10), who has dedicated an entire booklet to a discussion of its merits, says of *tulsi*,

> Among all [the] trees, shrubs, and herbs, Tulsi occupies the most respected and sanctified position, a position of importance whether considered from the point of view of health, or religion, or metaphysics, or even decorative value. The Tulsi plant in the courtyard of every Hindu house is a unique symbol of the aesthetic sense, the culture, the sanctity and religious inclinations of the family.

Several of my participants have told me that they keep a *tulsi* plant of their own which they tend with great reverence, keeping it in a high clean place, apart from "rubbish."
"You have to be very careful with this plant, because if you touch it with impure hands, the plant just dies," Sita warns (int. Sumati). Some observe puja ('worship') for tulsi every morning; less "ritualistic" women, such as Prem, merely "show respect" by bowing before their own tulsi plant. After Diwali, in the Hindu month of Kartik (October 15 - November 15), say Anju and Sita, tulsi is central to a series of rituals which culminate in an offering of the herb to the local pandit ('priest'). According to Sita, tulsi is much beloved by the supreme deity, Vishnu. Rai (1988) goes further in his assertion that this plant is in fact a divine representation of Vishnu or Lord Krishna (one of Vishnu's incarnations), hence indicating the necessity of its presence at any puja performed for either form of the deity. While they are both devoutly religious, Sumati and Tara are equally inclined to rationalize the origin of such beliefs—the sanctity of tulsi, they suggest, is most likely attributable to its considerable utility in treating and preventing many types of disease.

2. Sattvik, Rajasik and Tamasik Foods

While none of the women in my sample refer explicitly to the sattvik qualities of tulsi (Rai 1988, Frawley and Lad 1986, etc.), their recognition of its spiritual nature implies as much. Sumati observes that this plant is widely respected "for its gunas," of which sattva is the idealized point of equilibrium, balancing rajas ('motion,' excessive mental activity) on the one hand, and tamas ('inertia,' insufficient mental activity) on the other. Sattva and tamas are certainly familiar to all of the research participants, although the precise nature of rajas appears to be less clear to many women. Table 3, below, summarizes those foods included by the women in each category and the effects that they associate with each guna on the body, mind and spirit, respectively. Items indicated in bold type were most commonly mentioned for this category.
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Table 3: The classification and effects of foods according to their gunas.

<table>
<thead>
<tr>
<th>Guna</th>
<th>Foods of this nature</th>
<th>Effects on mind/body/spirit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sattva</td>
<td>&quot;simple food&quot;; vegetarian with little/no spice: fruit, vegetables (esp. raw, NOT turnip), milk, rice pudding, custard, roti, rice, butter, ghee (in moderation), almonds, panir (curd cheese), (possibly) yogourt, sweet foods (in moderation), dal (NOT masar dal)</td>
<td>easily digested, healthy, invigorating (activate blood circulation); enable the mind to be calm, to concentrate, to meditate; associated with generosity, goodwill for all, purity enable you to become closer to God, more spiritual, engender a pious nature (associated with Sita of the Ramayana)</td>
</tr>
<tr>
<td>Rajas</td>
<td>&quot;rich&quot; foods: some cooked vegetables, (possibly) yogourt, very sweet dishes, deep-fried foods, dishes with a lot of ghee, onions and garlic (in smaller amounts), spices and pickles, 'restaurant' food</td>
<td>associated with high energy, anger (hot temperament), pride (link with ego - ahamkara), prosperity, leadership, selfishness</td>
</tr>
<tr>
<td>Tamas</td>
<td>meat, fish, eggs, alcohol, 'hot,' 'sharp' foods, spices, etc., onions, garlic, turnips, leftovers, over-ripe fruits etc., sour foods (e.g. amchur, i.e., mango powder), bitter foods</td>
<td>hard to digest, esp. for older people; associated with anger, cruelty, rudeness, lethargy, lust (sensuality), bad thoughts and deeds, 'downward-pulling' energy, hatred, lack of inclination to gain knowledge makes you &quot;devilish&quot; (associated with the demon Ravana of the Ramayana), of the body rather than spirit, associated with tantriks (practitioners of 'black magic')</td>
</tr>
</tbody>
</table>

(i) Garlic as a tamasik substance

Frequently cited as a tamasik food, garlic is also thought to have many valuable medicinal properties, benefiting in particular those with heart trouble and arthritic pain (see Appendix D). Added routinely to vegetables, warns Sarala, the tamasik nature of
garlic can make a person "very dull." Taken in minute amounts as a medicine, however, garlic confers many health benefits. Several other women agree. According to Sita, the medicinal value of garlic is more important to her and her family members in Canada where the weather gives rise to an excess of vayu ('wind') which has, for example, exacerbated the pain in Sita's joints. Although typically her spiritual master counsels against the consumption of garlic, she has condoned its use in Sita's case as a medicine. This ambivalence with respect to garlic is reflected as well in its origin myth which recounts how Vishnu (one of the trinity of supreme deities) had taken the form of a woman, Mohini, who was serving amrit to the gods (Radhika and Balasubramanian 1990:36). When the demons saw that there may not be enough remaining for them, one managed to sneak into the line of the gods, unobserved by Mohini. Having been alerted to this impropriety by the Sun and Moon, however, Mohini was able to behead the demon with a deft throw of the ladle with which the amrit was being served. The drops of amrit that fell to the ground in the process became the garlic plant. It is thus from the amrit that garlic derives its positive, health-giving properties. Tainted by the demon, however, it is considered tamasik and hence is forbidden for those following a spiritual path.

(ii) Sattvik eating and Brahmanic purity

The consumption of tamasik substances is commonly associated with the "destruction of the [social or familial] environment" (Sita, int. Sumati). Eating meat, claims Sita, makes people feel "a sort of hatred" toward one another when they visit each other's homes, by which I infer that she means 'envy.' "From her spiritual master, she knows that these things are not good for the body or for the soul" (int. Sumati). Here in Canada, this is more of a problem, since most people tend to eat meat. In parallel, Tara refers to the deleterious effects of alcohol, another tamasik substance, on the family. A pandit who has lived and served in his spiritual capacity in two Canadian cities, with whom I conducted an open interview, says he has witnessed, time and again, the destructive consequences of excessive alcohol consumption, usually by men, on Hindu families and the community as a whole.

The problem with tamasik food and drinks, Sibani explains, is that they exert a negative effect on both the manah—'mind/heart,' will—and the buddhi—"intelligence, understanding, . . . sense, wisdom" (McGregor 1993:741). Like other tamasik substances, alcohol interferes with the ability to concentrate, to focus one's attention on God and higher learning. Although Lakshmi herself has never tasted alcohol, she illustrates this point with reference to her brother's experience: "My brother used to take whiskey every
evening, but now he's started meditating, so he has left it. He says it disturbs his system, it makes him feel very hot." Sumati recounts a story which neatly spells out the relationship between *tamasik* substances, such as meat and alcohol, the perils of lust, and their contraindication in the pursuit of a spiritual life:

There was a lady who wanted to have that saint as a husband. But the saint is a saint, he never wanted to marry. But she used to do so much for him that one day he said, 'Would you like to have something from me? But one thing, you remember, that I can't be your husband—that is the only thing.' Husband means we can't be, indulging, you know, you know, you understand what I mean. So, she thought, she said, 'Okay, you start drinking for me. This is what I want from you.' And he started drinking, but you can't drink alone. You need something with this. She prepared a dish of meat, so, there comes two things, two vices. And when you are full with alcoholism and meat, then you need a wife, too. So, she fulfill[ed] her wish.

Notably, the foods classified as *sattvik* correspond to the vegetarian diet of Brahmins (highest caste), whereas *tamasik* foods in particular represent the impurities associated with lower castes, *i.e.* non-Brahmins. According to Fuller (1992:93), the higher status of certain non-Brahmin castes rests precisely on their observation of Brahmanic restrictions, foremost among which is vegetarianism. It is indeed the highest caste Brahmin women in my sample who show the greatest aversion to as much as the mere mention of meat. Pramila and Sita, for example, cannot bear to even name 'meat' as a food. While Shulka and her daughters strictly observe Brahmanic restrictions against eating meat and other *tamasik* foods, her son and daughter-in-law with whom they all co-reside, do not. Shulka describes how

once in a while, her son and daughter-in-law will eat, on Sunday or something, they'll eat *sattvik* along with them. But otherwise they make their own [food], because they eat meat, etc. And she said, when they do that, they don't go into the kitchen, meaning her and her daughters. And they don't even wash those dishes that they made it in. They keep a separate fridge, too (*int.* Neena).

Shulka has thus managed to strike a compromise—the presence of her two unmarried daughters in the same home no doubt fortifies her own position in the household. Kali, by contrast, found herself very much alone in her elder son's home when she first migrated to Canada with her younger son. Her grand-daughters were already grown and her daughter-in-law had secured a dominant position in her own household. As a Muslim, Kali's daughter-in-law did not observe Brahmanic meat taboos. Her son, too, had long since relinquished the dictates of his own Brahmin *dharma*: the entire family was accustomed to eating meat.
The symbolic importance of food taboos is, throughout Kali's account, markedly apparent, underscoring both the "otherness" of her daughter-in-law as a non-Hindu and her "impurity" as a non-Brahmin, a meat eater. To this end, Kali admits to her own preconceived bias against her daughter-in-law, indicating that she was opposed to her son's marriage from the outset, irrespective of his bride's qualities as an individual. For Kali, this Hindu-Mohammedan marriage is a source of shame for the entire family. The association of impurity with meat is evident in comments such as the following: "She used to eat roti with just the salt, so that other things she didn't want to eat, because those were touched by the dirty hands [of her daughter-in-law], according to her because she thinks that if you touch the meat and then touch other things, those hands are not good" (int. Sumati). At times Kali could not bear to eat at all and expressed her resistance to the impure practices of her daughter-in-law by fasting:

When she got sick, . . . she [became] giddy and they took her to the hospital and they took all the tests of blood and this and that, but, you know, everybody said she should stop observing fast. But she says it was inside me, whenever she thought that the daughter-in-law has started this thing, she says 'Oh, I'm not going to eat it because I'm observing fast.' . . . When she was young, the environment of the home was very different, they never even used onions very much, and [were] not to talk about the meat. But when she came here, so meat is everywhere and she couldn't you know, just, [feel] good (int. Sumati).

In refusing food as tactic by which to communicate her anger and hurt Kali stands among the ranks of such esteemed figures as Mahatma Gandhi whose hunger strikes were intended as well to impel the offender "to apologize and otherwise correct the wrong" (Desai 1989:53). The symbolic weight of this gesture can be traced back to the Upanishads which declare that food, "as the oldest of all beings," should never be shunned—to do so, is a sign of sorrow. While fasting is a form penance, explains Desai, it is "also an effort to alter the behaviour of the gods in a way pleasing to the worshipper" (ibid.).

The parallel between good/pure versus evil/impure is further underscored in Kali's association of certain foods which she identifies as _tamasik_, such as onions and garlic, with the demon Ravana of _Ramayana_ infamy, who is said to have produced such things. By contrast, Sita, the virtuous heroine of the great epic, spent her time as a captive in Ravana's garden eating _sattvik_ foods such as spinach and other vegetables, which in Kali's estimation "give strength to the body and mind" and keep one free of bad thoughts. Here in Canada, claims Kali,
people take more *tamasik khana* ('food'). They eat meat, and garlic and onion. And that's why they are very angry people. Because the children are also given all this food, they become very sexy, they need sex at the early age. She says you see these girls here, how they go around with boys and this is the food that creates all those thoughts in them (*int. Sumati*).

Here she introduces the example of her grand-daughters who, prior to marriage were, to Kali's mind, "spoiled" and "full of lust," having eaten so much meat throughout their lives:

Her granddaughters, they used to live with somebody, boys used to come to their place, and then you know, she used to fight for that, 'No, that is not good.' And now she is saying that she really feels that that is why, because . . . the people will say this and that for the girls. So that's why she used to fight for that (*int. Sumati*).

Kali feels that the *izzat* ('honour') of the family was at stake. The purity of her Brahmin family has already been compromised by her son's marriage to a Muslim, and her grand-daughters' behaviour both verifies the negative ramifications of such a union and further adds to the family's shame. From this account we might deduce that meat as *tamasik* food is central to the disruption of the family as well as the medium through which impurities are transmitted.

(iii) Sacred cow "mothers" as *tamasik* food

Besides its *tamasik* qualities, the meat of the cow in particular carries considerable symbolic weight among Hindus who typically observe strict taboos against its consumption. None of the women in my sample have ever eaten beef, nor are they likely to do so in the future. The most common analogy employed by the women in the Indian sub-set to explain their aversion to eating beef is typified by Lakshmi's contention that "the cow is like your mother, she gives you milk, so how could you kill your mother? This is very harmful." To this Tara adds,

she's addressed as 'cow mother,' *gai mata*. She's kept in a special place, a clean place. She gives milk, and at festivals, people put flowers on her. Now things are changing. Previously our mother wasn't to be spoken to rudely, whichever mother. Now it's not always like that. In our spiritual teachings, the mother held a high place, but now it's less.

Prem further draws attention to the cow's association with the deity Krishna, its appearance in any 'photograph' of God and, from a more utilitarian angle, the steer's value as a draft animal. Radha's explanation of beef avoidance speaks first to the inhumanity of killing and eating animals; the fact that she singles out cow slaughter as especially troublesome nonetheless infers an underlying religious rationale. While neither Champa
nor Madhu would eat cow, based on their religious respect for the 'mother' icon, both maintain that eating beef is not deleterious to the health. As Madhu says of her children who eat beef with no ill effect in the United States,

They take it, of course. I don't mind that, because they have to, to go with the world. But ... living in India, because being Hindus, um, our parents, our elders said, 'It is not good for the health,' ... we can't eat cow because this is like our mother. When we take milk of our mother, we can't kill that. That is our superstition, you can say.

Various analogies drawn between the goddesses Ushas, Aditi, and Vach, and the cow, correspondingly centre on their maternal qualities—the idea of yielding the udder/breast for the benefit of people/humankind, and the provision of nourishment or "sustenance to the gods and men" (Kinsley 1986:12).

Several women in Canada and India remark on how many people perform puja ('worship') for the cow. Sibani, for example, recalls how her family would observe the ritual of feeding a dough made of flour and jaggary (raw sugar) to a cow every Tuesday, while Prita recalls beginning each meal as a child by first serving one chappati (unleavened bread) to the cow. In Sibani's view, the observation of this puja has a positive effect on the health, although she does not specify why this is so. Perhaps, as Uma observes, the relegation of the cow to the realm of the sacred that the practice of this puja effects and endorses unequivocally removes it from consideration as a source of food, which in turn may prove to be healthful. According to Ayurveda, beef is very 'heating' and heavy in the sense that it is hard to digest and is liable to convert into toxins (Ama) in the intestinal tract. Due its 'grounding' properties, however, it may prove useful on rare occasions, for those of a vata (or vayu) constitution (Lad 1984, Frawley 1989, Svoboda 1989).

(iv) Milk as sattvik food

Sattvik foods are said to bring calm and peace to the body and mind, to enhance one's ability to pursue spiritual enlightenment. Most important among those substances regarded as sattvik is cow's milk. The longevity of the sanctity accorded to milk is affirmed in Radhika and Balasubramanian's (1990:63) finding that references to [milk] date back to Vedic times.... It is considered to be one of the best offerings to God and to the saints. There was no pooja, ceremony or sacrifice without the offering of milk. It also signifies purity, strength and health.... According to Ayurveda, milk is a substance to be taken throughout life.... Charaka says that regular use of milk and ghee is the best among those causing rejuvenation.
In contrast to many vegans in Western countries, Indian vegetarians view milk and its by-products, butter and ghee, as an important dietary staple. Consistent with the sacred status of the cow and the importance of its life-giving attributes, depicted above, is Sibani's contention that drinking milk is in itself a pious act. As Svoboda (1989:72) points out, "Some Yogis live on milk alone because it is thought to be the only food given willingly through joy by any being for the purpose of nourishing another."

The sacred nature of milk is accented by fasting practices which permit the consumption of fruit and milk alone. Lakshmi, in India, observes these fasts every Monday and Thursday and reports various benefits as a result: "It helps keep you healthy because it rests the stomach. It also increases concentration—there's less weight on the mind and body. My meditation and yoga exercises are especially good on fast days." In Canada, Sibani observes such fasts twice a month, on Ekadashi, and annually at Navaratra. Fasting, she maintains, affects each of the mind, body, and "soul," for when the willpower is strong and the body light, the mind is peaceful and the gods are satisfied. Milk also features in another annual fast observed for Sankat Chauth, for which devotees such as Sibani take nothing, not even water, before prayers are offered upon the rising of the moon; thereafter, they may take only milk and sesame seeds which, like milk, are sattvik (Frawley and Lad 1986:147).

C. Some healthful properties of milk

1. Milk during the post-partum period

Perhaps the most obvious use of milk as an agent of rejuvenation is its administration to new mothers during the immediate post-partum period. Rejuvenative therapies refer to a type of Ayurvedic treatment known as Rasayana, for which milk is said to be the "best among the drugs used" (Radhika and Balasubramanian 1990:63). The goal of Rasayana is to increase Shukra, "a general term for all male and female reproductive fluids, and for the hormones which cause them to be secreted" (Svoboda 1989:197). Shulka, Sita and Uma especially emphasized the importance of consuming plenty of milk at this time. Consistent with Caraka's observations regarding its rejuvenative and lactogenic properties (Radhika and Balasubramanian 1990:63, 64), each of these women stipulated that milk taken with ghee is comforting and necessary insofar as it helps the mother to feed her child. Whether it is combined with ghee or taken in the morning with a dish known as panjiri, Shulka views the consumption of milk at this time as a form of
prevention, manifest in a range of proscriptions and prescriptions from the time of birth until the fortieth day thereafter, and explicated as follows:

She says that in India you keep the room hot and the food hot, or warm. And you would always take a warm bath and even that you take it at the right time ... The doctors here, they don’t know that, and that that affects your health adversely. And she said there was no medicine back there at that time. All they had was prej [‘prevention’], and it was by keeping prej that they kept healthy.... Like, we don’t eat a certain type of food that the doctor tells you not to.... So, they eat less medicine, but they have more focus on prevention. You can eat medicine but if you don’t keep prej, keep that prevention, then the medicine won’t work. [SDK: So things like the warm, the bath and the warm room and the food, those are prej, those are prevention?] She says, Yeah, the warm baths, it’s like giving ghee and milk, and giving warm things [e.g. panjiri] ... those are all prej (int. Neena).

2. Milk as energizer

The daily consumption of milk by virtually all of the women in my sample might also be interpreted as a form of prevention. The vast majority of the women, both in India and Canada testify to the many virtues of milk and indicate that they typically drink at least one and up to three cups per day. As young children, Prita recalls, they were forced to drink buffalo milk twice daily. Milk is “energizing,” the women agree, it is full of nutrients and in combination with an egg, claims Sumati, provides all of the elements necessary for a nutritionally balanced meal. According to Radha, milk is a good source of protein, calcium, fat, and minerals. Many other women draw attention to the beneficial calcium content of milk, which Sibani used to mix with lime powder and feed to children for their bones, while Usha comments on the capacity of milk to strengthen the body in general and the bones in particular. It is the first food we receive from our mothers, Usha maintains, and hence fundamental to development. For strict vegetarians such as Minati, Sarala, Lakshmi and Tara, milk is an important dietary staple. Sarala recalls that her uncle, a wrestler, vegetarian, and consumer of milk and ghee, did not need meat in order to be "brave and strong." Sibani concurs, adding that butter likewise gives the body strength. As a thin child, Uma would always have to take milk and ghee during the cooler winter months. Lakshmi remembers, as well, how her family would eat a dish of milk, ground almonds, cardamom and sugar for breakfast in lieu of eggs or meat.

3. The energetics of milk

Typically, milk is taken warm rather than cold. While this preference may be customary, some women believe that lukewarm milk is more digestible or, as Sumati and Sita put it,
cold milk is more \textit{vayu} (has the characteristic of wind). Reassured by her sister, who has been living in Canada for some time, Sita began to drink cold milk, only to discover that it was aggravating her knee pains, another symptom of excess \textit{vayu}. According to Sumati, warm milk is more soothing. Sarala agrees, claiming that unlike cold milk which fails to give strength to the body, lukewarm milk makes the body more relaxed. She adds that, while milk alone exacerbates asthma, it can be taken in tea which facilitates its digestion. Acknowledging that milk can be hard to digest for some, Prita recommends the addition of either cardamom or the malted drink preparation, Bournvita.\textsuperscript{TM} The relative digestibility of milk is nonetheless somewhat contested. Sibani, for example, claims that \textit{cow}'s milk is good for everyone, that it is devoid of \textit{vayu}. Radha, too, describes milk as a \textit{naram} ('soft') food, which is readily digestible, although she admits, together with Prita, among others, that curd or yogourt is more digestible still.

When taken cold, milk is frequently sweetened with sugar and diluted with water whereby it is known as \textit{kacchi lassi}. Renowned for its cooling properties, explains Lakshmi, \textit{kacchi lassi} is thought to be especially beneficial during the hot season and as an antidote for \textit{pitta} conditions, which are said to be caused by an excess of 'heat' in the body. Several women commented on how this preparation is especially good after eating mango which, as Prem explained, is 'heating' in nature. The beneficial counteraction of the 'heat' in mangoes that the milk is able to effect is further noted by Radhika and Balasubramanian (1990:79).

According to various sources on Ayurveda (Lad 1984, Radhika and Balasubramanian 1990, Svoboda 1989), milk is indeed 'cooling' in nature and is thus effective in reducing heat (manifested as \textit{pitta} disorders in the body) and, conversely, in increasing cold which can exacerbate \textit{kapha} disorders. \textit{Kapha} is considered 'cold' and 'damp' and is often associated with phlegm which is thought to dampen the digestive fire, \textit{Agni}. \textit{Agni} is situated in the stomach and acts to break down food which, in its digested form, is rendered capable of nourishing the body (Lad 1984:39-40). Overall health and longevity are contingent upon the proper functioning of \textit{Agni}, the impairment of which results in an accumulation of undigested, unabsorbed food in the large intestine which over time turns into toxins, \textit{Ama}. These are absorbed into and transported by the blood into vulnerable points of the body where they further weaken the organs and immune mechanism of the respective tissues (see also Radhika and Balasubramanian 1990:13-19). Thus the heating of milk and the addition of 'heating' spices such as cardamom are appropriate antidotes to its potential to impede digestion (see Svoboda 1989:72-73). What is inconsistent here is the association, by two of the Canadian sample, of milk with increased \textit{vayu}, since
Ayurvedic texts note that *vayu* is in fact reduced by milk. As we can see from the two tables depicting food remedies (Appendices D and E) digestive disorders are commonly referred to in terms of excess *vayu*, which may explain the confusion. Arthritis is likewise predominantly associated with excess *vayu*, although, as Frawley (1989"223) indicates, "it is related to low *Agni* and poor digestion which causes the accumulation of *Ama* (toxins)." As noted above, milk when cold increases *kapha*, an excess of which would have precisely the aforementioned affect and hence exacerbate symptoms which would typically be attributable to *vayu*.

4. Milk of cow, milk of camel...

Not all milk has the same properties, however. Sibani recollects that, during her childhood, her family owned a black cow, from which the milk is deemed to be most effective of all. This assertion is also made by Radhika and Balasubramanian (1990:65) who assess the quality and effects of milk in accordance with the cow's colour, as well as its condition, habitat, and fodder, the time of milking, the processing of the milk and the time at which the milk is consumed, to which I shall return, forthwith.

The milk of other animals is also consumed, most notably that of the buffalo. My milkman in India would continually assure me that his product was *gai ka dudh*, cow's milk. Many people warned me, however, that much of what is sold as cow's milk is in fact buffalo milk which is much richer and hence can be watered down, bringing more of a profit for the milkman and waterborne diseases to his customers. It was always implied that buffalo milk is inherently inferior to cow's milk, which is consistent with Ayurvedic sources indicating that cow's milk is deemed superior to all other types, the "elixir par excellence," as it were *(ibid.)*. Nonetheless, different types of milk are useful for treating different conditions. Daya indicates that she was treated for a childhood illness, the nature of which she does not recall, with camel's milk. According to Radhika and Balasubramanian (1990:64), "camel's milk is useful in *krimi* (parasitic infection), piles, cough, and diseases due to *vaatha* [*vayu*] and *pittha* [*pitta*]."

5. Therapeutic applications of milk

Cow's milk, from Radhika and Balasubramanian's (1990) reading of the *Caraka Samhita*, can be used therapeutically both as a drug and as a medium for administering various medications, especially to young children. The women of my sample recognize many such applications. Shulka's recommendation that milk be added to rose syrup (*gulukhund*) to increase its potency in treating a very high fever acknowledges its cooling
properties. Minati takes milk with honey for colds, while Tara remarked that this formula is especially good for children. Here the "nourishing, . . . invigorating and fatigue dispelling" (1990:64) virtues of milk are brought to the fore. Both Sibani and Sita mentioned the beneficial effects of milk for the eyes, particularly when taken with psyllium husks (Isabgol®). Radhika and Balasubramanian (1990) specify that this property of milk is best realized when it is taken at night. That milk is "useful for the mental faculties" (1990:64), assisting the integration of the consciousness (Svoboda 1989:72) is also recognized by Sibani who maintains that "if you drink cow's milk, you eat cow's yogurt, and the butter, then the brain is that good that [you] can read four Vedas, four scriptures, . . so that is for the intelligence" (int. Sumati). The value of milk for bathing is noted by Radhika and Balasubramanian (1990:64) and is conspicuous in Kali's daily substitution of soap with a mixture of milk, channa (chickpea) flour and turmeric.

The granddaughter of a vaid (Ayurvedic practitioner), Sibani recalls that milk was often used in her childhood as a vehicle for Ayurvedic medicines. One very common remedy which combines the nutritive, healing value of milk itself with its utility as a medicinal medium is the use of warm milk and turmeric, taken internally, to treat both internal and external injuries (see Appendices D and E). Various digestive powders known as churans are often taken with milk. Here, the differentiation in effect according to the time of day that the milk is taken is apparent. According to Radhika and Balasubramanian (1990:66), "milk in the morning is good for tissue building and digestion, in the afternoon it controls kapha and pitta and in the night it purifies all the doshas [imbalance of vayu, pitta or kapha] and is good for the eyes." Sita's practice of taking churan with milk in the morning to treat constipation exploits its greater digestive properties at this time. Conversely, diarrhea, which can be traced to a wide range of doshic imbalances (Frawley 1989:122), is treated most effectively when the churan is taken with milk at night, as per Kali's regime, when the milk's potential to purify the doshas is greatest. Another popular Ayurvedic formula which is commercially produced and widely taken as a general tonic, is chyawan prash. That Prem takes this formula with milk in the morning is again consistent with its enhanced "tissue building" properties at this time of day. Sita's assertion that she derives the greatest benefit from consuming milk with a couple of cashew nuts in the morning, without which she feels weak, as well as the advice offered to post-partum mothers that they take milk early in the day (often with panjiri) further evince this principal at work.

Sibani notes some preventive qualities associated with milk for which I am unable to find any parallel in Ayurvedic sources. The first is the notion that the person who milks the
cow is protected from smallpox. This may be a localized belief since the *Susruta Samhita* (as cited in Krishnamurthy 1991:290) clearly identifies smallpox as a contagious disease contracted through contact with someone who is already infected. It is also possible that intimacy with the cow, deemed sacred according to Hindu religion, may be thought to confer supernatural immunity to the disease. The production in 1898 of a smallpox vaccine which was derived from a cow serves to remind us of the bovine origins of the disease (Balasubramanian and Radhika 1989:42, M. Cohen 1989). Sibani’s belief may thus derive from a (biomedical) assumption that contact with the cow’s udder and the milk itself exposes the milk extractor to the cow’s antigens to the disease or to traces of the disease itself which may be thought to act as a vaccine.

Sibani further proposes that the consumption of fresh buttermilk (one part yogourt churned with eight parts water) can prevent jaundice. From an Ayurvedic perspective, buttermilk controls disorders of *kapha* and *vayu*, and is to be avoided during the hot season (Radhika and Balasubramanian 1990:69-70). Jaundice, as a disease of the liver—the "seat of fire"—is, by contrast, associated with *pitta* aggravation (Frawley 1989:141). Contrary to Sibani’s assertion, then, it appears that buttermilk is, in fact, contraindicated for jaundice. Nonetheless, these beliefs perhaps warrant further investigation.

### 6. The hazards of drinking milk: heart attacks and the evil eye

Despite its many salubrious qualities, Minati cautions that moderation is necessary with milk consumption as with all things. On her doctor’s advice, Shulka now limits herself to one cup of milk per day, which she takes in the morning. She has found that milk taken in the evening exacerbates her high blood pressure, although her feeling is that this change may have some connection to her migration to Canada: “In India, the doctors used to tell you, ‘Yeah, it’s okay to eat milk, ghee’—perhaps they’ve started now prohibiting it. But [that was] the old thinking—most people always thought that milk and ghee, etc. is really good for you. But here she says, a lot of people can’t even digest it, can't absorb it properly” (*int. Neena*). While Sibani claims that milk is good for the heart, Sita’s experience with a mild heart attack has prompted her physician to recommend that she reduce her milk intake on account of its high cholesterol content. In India, too, Prem’s physicians have counseled her to reduce her intake of butter and milk in the aftermath of a mild heart attack. Madhu voluntarily endeavours to reduce the fat content in her diet, saving the high fat *malai* (cream) which forms on top of the milk for her servants; she prefers to use lighter oils for cooking.
Another somewhat more esoteric hazard of drinking milk is its susceptibility to the evil eye (*nazār lagna*). Kali, Sita, Prita and Uma all have stories to tell about a child or grandchild (usually a male) who, while drinking milk, had been subjected to the *nazār*, usually of a neighbour, which resulted in the child refusing milk thereafter. In Sita’s case, the *nazār* caused the feeding bottle, which she had just bought, to break. In India, both Prita and Uma draw attention to the salience of the colour of the milk. Uma relates her experience as follows:

I didn’t used to believe this, but I had an experience when my younger son was a year old. Every day, the *ayah* [nanny] used to feed him corn flakes with milk, but one day she came to me and said, ‘There is someone sitting with me who has *buri nazār* [‘bad influence of the evil eye’], I think you should feed him the corn flakes instead.’ But I didn’t believe in it, I just believed in God, so I told her to give him his breakfast. Then the next day, and for many years after that, my son wouldn’t take white things. If we gave him milk, we had to colour it in some way, otherwise he wouldn’t take it.

In light of Foster’s (1972) comprehensive examination of envy, the high susceptibility of milk to the evil eye (*nazār lagna*) comes as no surprise, particularly when we consider its status as the food *par excellence* among Hindus. The family unit, Foster proposes, relies on three elements for its survival: food, children and health. Accordingly we see that in many societies, this fundamental trio is viewed as a package, particularly insofar as the matter of envy—perhaps the most disruptive and taboo of all sentiments—is concerned. Besides the examples provided above, several other women attest to the susceptibility of young children to *nazār lagna*. Many of the participants, with the notable exception of the *Arya Samajis* in the sample, noted preventive measures taken to protect children from the evil eye: black threads or black dots are commonly tied or applied to young children so as to provide some protection.

The value of mother’s milk as the child’s principal means of sustenance, combined with the sacred, nutritional and medicinal properties attributed to cow’s milk, render its susceptibility to the evil eye readily apparent. The child is logically affected by means of this critical foodstuff, since refusal to consume milk in the future may jeopardize its prospects for survival, as might the onset of childhood illnesses which are similarly attributed to *nazār lagna*. Some of the preventive measures taken to avoid or dispel the effects of the evil eye (*nazār lagna*) are included in Appendix E. These also entail the use of food items, most commonly lemon and chilies. That it is envy that is at issue here is blatantly confirmed by Prita’s divulgence that "people used to keep a son behind them because of *nazār lagna* and the girl could go in front." Here, the preference for sons
based on traditions of inheritance, filial piety and the propitiation of parents' ancestral spirits, is rendered apparent as is the connection to Foster's proposal that it is the family unit which is ultimately in jeopardy.

D. Food combinations

Our focus on milk takes us to a topic which extends beyond dairy products, although a great many examples of the phenomenon involve milk. Here I am referring to what Radhika and Balasubramanian (1990:74) call Viruddhaahaara, the Hindi root of which (i.e., virodh) denotes opposition, resistance, conflict, or contradictions (McGregor 1993:927). This concept refers to a range of seventeen different typologies of combinations involving one or more food articles which, when ingested, aggravate the doshas which then cannot be removed from the body, hence giving rise to disease. Caraka provides a long list of diseases which can arise from the consumption of incompatible foods, among them "eighteen chronic skin disorders" (as cited in Radhika and Balasubramanian 1990:74-75). This outcome is of special interest with respect to the particular incompatibilities identified by the participants in this research: Combinations of fish or meat with milk, and yogourt with radish are both said to result in leucoderma ('skin depigmentation') which, from my own casual observations in India, appears to be relatively common in that country. The fish/meat with milk prohibition, noted by Sumati, Tara and Champa, is mentioned by Krishnamurthy (1991:261)—who speaks to the toxic outcome of combining fish, milk and honey—and in more detail by Radhika and Balasubramanian (1990) who, again drawing directly from the Caraka Samhita, classify this type of incompatibility in terms of their veerya (also spelled virya)—the heating and cooling properties (energy) of the substances in question. In this case, the heating virya of meat or fish conflicts with the cooling virya of the milk or, as Tara puts it,

> Meat protein shouldn't be taken with 'vegetarian' protein such as panir [cheese], milk or curd [yogourt]. Just like you shouldn't take fish and milk together. They say that meat and 'veg' proteins clash in the body and that this can cause skin problems—leucoderma and other things.

The same cannot be said of the yogourt and radish, however, both of which have a heating virya (Lad 1984:93, 96). The majority of women, fourteen in all, spoke more vaguely to this category of prohibitions, noting the ill effects—such as colds, coughs, sore throats, stomach upsets, or loosening of the gums and teeth—of combining hot and cold substances such as coffee and ice cream or tea and lassi (a cooling yogourt and water drink). Radha confesses that her grandchildren in the United States mock her observation of this prohibition which has succeeded in modifying her behaviour. Anju too notes that,
in Canada "there must be some effect, but here, we don't mind, we take tea, and dahi [yogourt] and everything hot and cold, so the perception [in] Canada [is] very different than in India. Here, she says, nobody thinks of these things" (int. Sumati).

Another, less precise category of food incompatibility is known as samyoga, referring to the incompatible nature of two substances, for which Radhika and Balasubramanian (1990) provide the example of sour substances with milk. Here an obvious example is that of yogourt and milk, as provided by four women. Both Minati and Sarala spoke indirectly about this prohibition at first, indicating that one should not take milk whilst eating paranthas. As they later point out, paranthas are customarily taken with yogourt—hence providing a rationale for this otherwise unfathomable avoidance. Pramila speaks to the same prohibition when she provides the example of rice pudding (kheer)—which is made with milk—and yogourt. Minati's suggestion that milk and juice should not be consumed simultaneously also falls into this category.

A third type of incompatibility (maathra) concerns dosage, for which Radhika and Balasubramanian (1990:76) provide the example of ghee and honey which are harmful together when taken in equal quantities. Lakshmi also makes this observation with reference to her consumption of the digestive agent, triphala:

I take triphala with ghee and honey, about a half a teaspoon of this mixture a day is enough. You have to be careful, though, that you don't have equal amounts of ghee and honey because that can be poison to the body. If you use one spoonful of ghee with two spoonfuls of honey, then mix this into a paste with the triphala churan [powder], this is good.

Svoboda (1989:73) concurs, further indicating that while honey and ghee potentiate one another the effect depends on the specific proportion. Lakshmi's formula of a ghee to honey ratio of 1:2 corresponds with Svoboda's recommendation when the goal is to increase digestion (as it indeed was!) The ratio should be reversed should you be aiming, instead, to improve tissue nutrition.

E. The diverse virtues of honey

Amongst the women in my sample, only Lakshmi mentions the potentially poisonous nature of honey when combined with ghee. She further indicates some knowledge of Caraka's precaution against taking honey when either the consumer of the honey or the honey itself is hot (e.g. heated or baked into a muffin, etc.) with her remark that honey should not be taken in hot weather unless it is mixed with water. Radhika and Balasubramanian's (1990:57) interpretation indicates that this could be "fatal because
during the process of collection it is contaminated with the poisonous material from the bees themselves or from the various poisonous plants." When heated, adds Svoboda (1989), these poisonous properties are increased which causes Ama to form in the body.

Most of the participants are nonetheless familiar with a great many of honey's medicinal properties both as a general preventive against ill health, and as an essential component in remedies for cough, cold, weight loss, stomach ache, the flu, diabetes, teething, and pain in the joints. It is also thought to be good for purifying the blood and conditioning the eyes (see Appendices D and E). A similarly broad range of ailments for which honey is deemed a suitable remedy is listed in Balasubramanian and Radhika's (1989:17) examination of food beliefs specific to Punjab. There is considerable overlap with no contradictions between the two lists. Another such list provided by Radhika and Balasubramanian (1990:56) further corroborates my own findings, while adding to this several more applications. Lad (1984:137) further establishes the blood purifying properties of honey as well as its capacity to reduce fat when taken in moderation with water. To this formula, the women in my sample add lemon juice and the stipulation that this beverage should be taken in the early morning.

Radhika and Balasubramanian (1990) note that "some people claim that honey is helpful in diabetic patients and its sweetness would not increase blood sugar level, while others strictly advise the diabetic patients not to take honey as it would increase blood sugar level." Ayurvedic practice recommends honey in the treatment of diabetes mellitus (e.g. Frawley 1989), but more recent research has identified glucose and leolose as constituents of honey which would contraindicate its use for this condition (Radhika and Balasubramanian 1990). These conflicting positions are mirrored by the participants in my own research: Anju and Kali—whose late husband and father, respectively, were vaids—claim, on the one hand, that honey "is really very good for the health and it cures so many diseases, . . . even diabetic people, they use honey instead of sugar" (Kali, int. Sumati). Conversely, several women in India and Canada who themselves suffer from diabetes emphasize instead the sugar constituents of honey and have eliminated it along with other sugars from their diet accordingly.

Perhaps the most critical characteristic of honey according to all of the Ayurvedic sources that I have consulted (e.g. Radhika and Balasubramanian 1990, Lad 1984, Svoboda 1989), is its capacity to rapidly transport the medicinal properties of the herbs with which it is combined to the affected tissues. Anju recollects that her husband would frequently prescribe honey with medicines to his patients. Both the Caraka Samhita and Sushruta
Samhita (as cited in Radhika and Balasubramanian 1990:56-57) describe how honey, as a "yogavaahi" substance, enhances the quality of the properties (gunas) of any other substance with which it is associated. Lakshmi mirrors this assertion when she states that "honey takes on the quality of whatever it's mixed with." While many of the women may not consciously recognize this principle, it is everywhere apparent in their practice. In a great many instances in which honey is used as a remedy, it is combined with other substances for which it serves as a medium. This is especially true of basil, and applies also to ginger, black pepper, and lemon insofar as this sample is concerned. Sumati renders the agency of honey more explicit in her discussion of basil: "If you take it with honey, you know, it affects the stomach and the flu."

### F. Digestion as the key to good health

One quality of honey noted by Balasubramanian and Radhika (1989) which receives relatively little emphasis in my own sample is its value as a digestive aid. The concept of digestion nonetheless occupies a prominent place in the women's conceptualization of food as a preventive on the one hand and as a remedy on the other. From Appendix D, we can see that references to the composite category which I have labeled 'stomach ache/stomach "wind"/indigestion' total sixty-five, far outweighing references made to any other ailment or condition! Since many of these references coincide with one another, they can be condensed into twenty-one different preventive and remedial formulae as depicted in Appendix E.

1. "One should eat hot"

Specific herbs indicated in these formulae include asafoetida, ginger, black pepper, wild celery seeds, cumin, black mustard seeds, cloves, cardamom (especially the large black variety), fennel, mint, and cinnamon. The correspondence between these spices and Frawley and Lad's (1986:70) inventory of typical stimulant and digestive herbs is remarkable. All of the aforementioned herbs with the exception of mint and cumin—both of which are mentioned later in the text for their digestive properties (1986:114, 129)—are included in their list to which they have added another five items.

Most digestive herbs are said to be 'heating' in energy and hence increase Agni, the digestive fire, and dispel toxins in the system (Ama). Additionally, such herbs usually decrease vata or vayu (the wind humour) (ibid.). Caraka (as cited in Krishnamurthy 1991:263) explains these relationships as follows:
One should eat hot. It is the food eaten hot, that is relished; on being consumed, it excites the gastric fire; gets digested quickly, (is) conducive for vata action (i.e. stimulates peristaltic movement, ?), breaks up the mucus in gastric secretion. Therefore one should eat food that is hot.

Many of the spices indicated by the women in my sample are routinely added to vegetables and some dals (pulses) during or after cooking, both separately and, oftentimes, as a mixture commonly known as garam masala, for which the literal interpretation is 'hot spices.' Although its precise ingredients vary, garam masala typically includes black pepper, cinnamon, cloves, black cardamom, dried ginger and cumin, all of which are indeed 'heating' in nature (see e.g. Lad 1984:98-99).

Non-herbal ingredients included in the remedies for digestive upset mentioned by the women in my sample are lemon juice and salt, both of which are notable for their vayu reducing properties (Lad 1984:99, Svoboda 1989:60). The recognition of the role of vayu in causing indigestion is further examined in chapter nine concerning balance.

2. Over-the-counter digestive solutions

Over-the-counter Ayurvedic remedies to prevent or treat indigestion are also commonly used by the women in my sample. In Canada, Anju, Sita and Kali said that they used churan to address heartburn or indigestion after taking food. Churan—"a digestive powder (composed of ground spices, dried mangoes, limes, ande)" (McGregor 1993:327)—comes in many forms of which a wide selection can be found in Indian food stores in Canada. Kali has made her own churan, which she takes for gas, from asafoetida, dried pomegranate (anardana), black cardamom and cumin. In India, Madhu—who leans predominantly toward biomedical treatments—renounces churan, claiming that the acidity of such mixtures can have ill effects. A very popular and much more specific churan is triphala, the name of which refers to the 'three fruits' of which it is comprised: amalaki, bibhitaki, and haritaki. One of Ayurveda's "safest and most strengthening" purgative remedies, triphala is also credited with improving the digestive fire (Frawley 1989:99). Six women, equally divided between the Indian and Canadian samples, specify that they regularly take triphala to "clean the stomach," often on a daily basis." While it is typically purchased from grocery stores, some women, such as Sarala, prepare it themselves.

Besides triphala, Lakshmi occasionally self-prescribes another trio of digestive spices, known as trikatu. Comprised of black pepper, ginger and Indian long pepper (pippali), all stimulant and digestive herbs, "Trikatu stimulates Agni, burns away Ama, and allows
for the assimilation of other medicines and foods" (Frawley and Lad 1986:182). The combination of *triphala* and *trikatu*, says Frawley (1989:99), facilitates the cleansing of the stomach and colon. This assertion coincides with Lakshmi's claim that both are especially useful for addressing disorders due to an excess of *kapha* (the 'cold,' 'phlegm' humour) which is said to accumulate "in the stomach, resulting in lassitude, heaviness, pallor, bloating, indigestion and desire for light food" (1989:39). Sushruta's maxim which states that "undigested food excessively augments the *kapha* vitiation (within the body)" serves to unite and corroborate these various claims (*Sushruta Samhita* as cited in Krishnamurthy 1991:270).

A fourth commercially-available digestive aid which, like Kali's *churan*, includes asafoetida as one of its primary ingredients, is variously known as *hingoli* or *hajmula*. Like *churan*, these products are taken after meals. In Canada, both Anju and Minati report occasional use of *hingoli/hajmula*, while Champa sends regular supplies from India to her son, now living in the United States.

3. "Proper and wholesome food" for digestion

From the perspective of Ayurveda, the proper maintenance of the digestive fire is essential to good health. For the author of the *Sushruta Samhita*, balanced *Agni* is central to the definition of health, "hence one should maintain it (jatraagni)" carefully by taking proper and wholesome food and drinks because the maintenance of life span and strength, depends on it" (Radhika and Balasubramanian 1990:16). Besides herbs and spices, certain foods are singled out as especially beneficial to digestion. Yogourt (known in Indian English as 'curd' or in Hindi as *dahi*) is identified by the majority of the women interviewed, particularly those in India, as an important digestive aid. For most women, curd is a daily staple, taken especially with the mid-day meal. From a biomedical perspective, Madhu supposes that the digestive properties of yogourt derive from its enzyme content. As noted previously, Radha and Prita have suggested that yogourt is preferable as a dairy product for those who cannot easily digest milk. Unlike milk, which is deemed to be 'cooling' in nature, yogourt is, in Ayurvedic terms, "hot" and hence "increases digestive power" (Radhika and Balasubramanian 1990:68). The mistaken, yet common, belief that yogourt is very 'cooling,' explain Radhika and Balasubramanian (1990), leads many people to avoid its use when cold symptoms, such as a running nose, prevail. This fallacy is supported by several women, such as Sumati, who suggests that, for this reason, curd should be avoided at night; by Sarala, who maintains that it is useful in treating conditions associated with excess heat (*pitta*.
disorders); and by Radha, who notes its value as a refrigerant during the summer months. It is possible that this misunderstanding arises from the incorrect transfer of the properties of milk to yogourt. Another tentative explanation is that the English association with phlegm production and all dairy products has been translated by these women into an Ayurvedic schema in which substances thus described are typically said to have 'cooling' properties.

Another category of food associated with good digestion is that denoted as 'light' (halka) or 'soft' (naram). According to Radha, "naram food is easily digested, like rice and kitccheree. We give these to sick people. Milk, dahi, and drinks are also naram. Sakht ['hard'] foods are hard to digest, like meat, cereals, especially kidney beans and black urad dal. You would not give these to sick people." In addition to kidney beans, Prita identifies other pulses such as chickpeas, as well as raw vegetables, as 'hard' foods which, she maintains, can be difficult for young people to digest; she experiences no such problems, however, and ventures that "it's only habit, what you're used to."

The association of naram foods with the weak and sick is especially evident in references to kitccheree, the preparation of which Prita describes as follows: "You make this with rice [and] mung dal with illaichi [cardamom] and lots of water. Cook it until it's really soft and easy to digest." Like Radha, Prita suggests that kitccheree, together with yogourt, can be given to those with a bad stomach. Radha further comments that naram foods, such as kitccheree, are given to new mothers prior to, and for a few days following, the birth of the child based on the rationale that "it is the milk of the mother on which the child depends, so if the right food, easily digestible food, is given, it doesn't upset [the] child's system." Kali likewise recollects that, as a sickly child, her parents fed her light foods such as kitccheree and porridge. From an Ayurvedic point of view, kitccheree "purifies and nourishes the Dhatus" and is an ideal diet during prolonged therapy of any chronic disease because it relaxes and lightens the mind while eliminating both mental and physical Ama" (italics added, Svoboda 1989:135).

According to the Caraka Samhita (as cited in Krishnamurthy 1991:257), cooked rice is superior in its ability to provide routine sustenance to the body. Caraka goes on to say that light foods, of which rice is an example (Svoboda 1989), "have a predominance of the qualities of air and fire . . . [and are thus] stimulative of gastric fire by their innate quality" (Caraka Samhita as cited in Krishnamurthy 1991:257). Accordingly, rice is classified by most women as readily digestible unless, as Sumati observes, it is fried "with lots of ghee." Punjabi people nonetheless prefer roti (unleavened whole wheat
bread) to rice, pointing to its greater capacity to satisfy hunger (Sumati, Lakshmi) and provide strength (Sarala). The problem with rice, claims Sarala is its "water element." Radha adds that, while rice is easy to digest "it gives vāyu" and can be "too starchy" for diabetics like herself; she thus limits herself to taking rice only once week. The only contrary opinion with respect to the digestibility of rice comes from Lakshmi who suggests that it "does not agree with everyone," a problem which can be remedied, nonetheless, by the addition of cumin, black mustard seeds (rai) and ghee during cooking. It should be noted, however, that both cumin and black mustard seeds act to reduce or equalize vāyu, an excess of which may be the source of the problems to which Lakshmi refers.

Svoboda (1989:61) further contends that while light foods such as rice and mung dal "[assist] the mind's efforts to integrate body, mind and spirit because it pulls less blood down into the body during the digestive process," heavier foods such as meat which, as Tara remarks, is harder to digest, have the opposite effect, grounding the individual firmly in the body. Here then we see how the relative digestibility of food corresponds with the notions of sattvik and tamasik. In Tara's words,

*Sattvik* food is easily digested, so it's especially good for older people—people over fifty-five. They don't exercise any more. Why keep hankering after certain foods? It creates problems for yourself and in the family. It's not proper. *Tamasik* food is all these wonderful preparations, but they're not good for the health. They're not digestible, there are so many things in them.

Especially interesting in Tara's statement are the interrelationships that she discerns between the relative digestibility, simplicity and piety of the food, on the one hand, and the older person's position in the family, on the other. While the relationship between food and old age is phrased initially in terms of a lack of exercise on the part of the elderly, the 'inappropriate' desires of elderly family members for "wonderful preparations," which might be translated as 'special treatment' or 'attention,' seems to be more at issue here. Tara thus alludes to the complex relationships between food and social relations or circumstances, which comprises the focus of the section entitled 'undigested discontent,' below. A second topic to which she, along with many of the participants, refers is the relative quantity of food necessary for good health, to which I shall now turn.
4. Food out of measure, food out of time

Almost all of the women both in India and Canada advocate eating less for good health. Like Sita, many women stipulate that "when we eat the food, we should not eat in excess, it gives you indigestion, and it should be eaten properly, maybe a little bit less, but not more" (int. Sumati). Overeating makes you feel lazy, bad, or even sick suggest several participants. Shulka feels that while people used to limit their intake, this is no longer the case, particularly in Canada, where meat and fish are eaten on a regular basis and all manner of fruits and vegetables are now available and readily consumed: "People just go on eating," she demurs. Like Tara, Lakshmi emphasizes that eating less is especially important in old age. Champa's description of her sisters' ailments endorses this view:

> My younger sisters are also having fatty body, they are also having some diseases, joint pain, one thing or another. [Parvati as interpreter: She suggests their resistance is low because they don't move around and they should take less food]. I always take care of my eating habits. I always take little food.

Prita agrees that the key determinant of how much a person can eat is their level of activity: the more sedentary you are, the less you need to eat, she says. The degree to which the ideal of eating small amounts of food is realized in actuality differs across the sample. The slender bodies and apparent restraint exercised by several of the women provides testimony to some degree of correspondence between the two domains. Others, like Prita and Prem, would, on the one hand, promote the benefits of moderate eating while at the same time chiding me constantly for being a "poor eater," despite my acceptance of everything placed before me, albeit not in large quantities.

It is imperative to distinguish here between dieting for the purpose of losing weight for its own sake and eating less based on the assumption that to do otherwise is to jeopardize the health. The links made between overeating and indigestion are in evidence throughout the sample. Eating too much, according to Caraka, is paramount "among the causatives of the morbidity of indigestion" (as cited in Krishnamurthy 1991:258). More specifically, food should only be taken once the previous meal has been fully digested and in an amount no larger than one-third of the stomach's full capacity. Another third should be reserved for liquids, while the remaining third should allow "the full play of vata, pitta, and kapha [the three humours or doshas, i.e., potential sources of imbalance]. Consuming the measure of food in conformity to this rule, one is not liable to any of the ill effects from eating without measure" (1991:265). The danger of eating to excess is that any or all of the three doshas may become unbalanced with illness as the outcome.
Beyond advocating the moderate consumption of the right sorts of foods—a topic which I will discuss at greater length under the auspices of 'Balance'—the Caraka Samhita further maintains that good health is promoted by eating in a timely fashion (1991:258). This theme is addressed by, Uma, Prem and Sibani. While Uma and Prem identify the ill-effects, in the form of poor digestion and potential vomiting, of taking food immediately before retiring to bed, Sibani is much more specific in this regard:

There should be a schedule, or there should be a time for everything, for sleeping, for getting up, for eating food, for everything. If you do it principally, then it is always good for the health. ... Sometimes we don't feel like eating, but still we eat, that also gives us some disease. ... Sometimes you are hungry but you don't get the food, and after that, when you are really very, very hungry you eat the food, so that also causes some sort of trouble (int. Sumati).

Lakshmi too refers to her daughter's habit of eating when overly hungry which results in her ingesting her food too quickly and consequently experiencing discomfort thereafter. Caraka also warns against this for the obvious reasons that "the food may go down the wrong way or injure the health or get placed improperly" and, more subtly perhaps, because "there is no appreciation of either the bad or the good qualities of the food" (as cited in Krishnamurthy 1991:264). This latter point speaks to the importance, from an Ayurvedic perspective, of approaching food with reverence. The Vedic law-maker, Manu, counseled that "food that is worshipped confers strength and vitality constantly; if unworshipped, it destroys both" (ibid.:252). Similarly, Lakshmi maintains, "food is given by God's grace and we should show respect for it. We should always pray before eating. If you take the food as prashad, as an offering to God, when you eat it, you will be able to take that energy from it, it gives you a good feeling. Food is the origin."

5. Undigested discontent

The potency of food as a metaphor is brought into sharp relief by the repeated claim amongst women of the Canadian sample that, since coming to Canada, their digestive capacity has decreased. In India, Shulka recalls, she would eat three times a day, no problem! Here, she is only able to eat twice daily, but that's an improvement on her first two years in the country, during which time she would only eat once a day.

Sita speaks of her ongoing health problems in terms of indigestion, immobility, and worry: "Sometimes she can't digest her food well, and she can't walk much after taking her food. And the root cause of her disease, she thinks, is the worry because one of her sons is still in India" (int. Sumati). As in Tara's more general statement, above, we see how lack of exercise—the practical explanation for her troubles—immediately precedes
an underlying social concern. Sita nonetheless persists with her more pragmatic rationale:

When she was young she used to eat a lot, but now she can’t because the digestion system is not that great... In India she says she [could] digest anything, because she [had] to work a lot, she was going around. But here in Canada she doesn’t go out for a walk or something, that’s why she can’t take more... She says in India she [went] around in the street and to the neighbours and sometimes she [went] to the Satsang [hymn meetings], so that’s how the food [was] getting digested. But here there’s no place to go to, and if she goes somewhere, it is in the car, so that is no good for the health, and the digestion is not very healthy... But she says nowadays, because of her knees problem, she can’t walk around (int. Sumati).

We see, nonetheless, some vacillation between problems associated with physical debility and those reflecting, perhaps, her social dislocation as an elderly woman in an unfamiliar land. The digestion of food in India is intimately related to her participation in social activities such as visiting the neighbours, attending Satsangs—activities promoting some kind of mental digestion of her place in society. In Canada, her age as well as her inactivity, which she attributes to arthritic knees, provide obvious scapegoats for her underlying discontent, her inability to pursue life in the manner to which she has over the course of a lifetime, become accustomed. This becomes readily apparent later in the interview when she admits that

she doesn’t want to stay here, ... you don’t have the attitude to get on with your work. You[re] just, you know, lethargic... She doesn’t know why, but there is something. She says in India nowadays, at 8:30 [a.m.], you have a big sun and, you know, it is day, and here it looks as if the day has just started.... She says in India, there was a gurdwara [Sikh temple] and there were so many things, and the neighbours, they all used to get up early and then you hear the noises from everywhere, and you get up also. You know, it is a routine. So that was really good, because she could get up early in the morning and do her things better. But here [there are] no such things, you know. You get up eight o’clock in the morning and you start your day... She says there used to be so much hustle and bustle, but here, it is not like that. She misses India a lot (int. Sumati).

Both Shulka and Pramila comment on the difficulty that they and others have experienced in digesting ghee and (to a lesser extent) milk in this country. Like several of the women interviewed in India, they concede that ghee in particular is best eaten by younger people who are more active and hence able to utilize the energy which it provides. They go on to suggest that the weather may also play some role in the digestive process here. Pramila hypothesizes that ghee is especially bad for the health in Canada
because this is a cold country, so it gets frozen inside, and in India it's a warm
country. . . . She says, here, because we sit inside, and that's why we can't digest
it. But in India we used to go around and we can digest ghee, . . . we can go out
and walk around (int. Sumati).

Ayurvedic sources indicate that our digestive capacity varies considerably in accordance
with the environment, climatic conditions being the most influential variable in this
regard (Radhika and Balasubramanian 1990). In the winter, when the digestive fire is
strongest, we should be able to eat heavier foods as compared to the hot season during
which the force of Agni is depleted and light foods are called for. This principle is
reflected in Tara's assertion that

in the summer, nobody feels like taking fried or sour things—they make the
liver sluggish—but after two-three rains, everyone wants pakoras [deep-fried, heavy]. Then there are things like spinach and maize [missi] roti, or vegetable
paranthas with curd that people only feel like taking in winter when the body is
more active. In the summer, people feel like taking liquid things.

You may recall, as well, Uma's childhood recollection of having consumed plenty of
ghee in the winter (i.e. when Agni was most active and capable of digesting it). This
position nonetheless contradicts the supposition that the cooler weather in Canada
decreases the appetite; according to the foregoing rationale, appetites here should be
sharper, the digestion more robust.

Another difference between India and Canada, according to Shulka, "is that there was no
refrigerator, no freezer, etc. in India, so everything they would eat would be fresh,
whereas here you can freeze things. But in the night [in India] they would bring some
vegetables from the farm and in the morning they would eat those fresh" (int. Neena).
The consumption of frozen foods can be problematic in Ayurvedic terms, not only
because the food is less fresh and hence more tamasik in nature, but also with respect to
the notion of 'place,' one of "eight factors needing special consideration in (understanding
and managing) the prescribed procedure of diet and dietetics" (Caraka Samhita, as cited
in Krishnamurthy 1991:261)." Specifications with respect to place or site refer not only
to the place of production of a specific food item, but also to its relatively abundant use in
a particular locale and its compatibility with different regions. Clearly, frozen food is
much more likely to have been produced in remote localities and hence may not possess
the qualities of food specific to the environment in which you one resides. A concern
with eating fresh, seasonal foods is expressed by Prem in India as well as Sumati, Minati,
and Pramila in Canada. Keeping fruit and vegetables in cold storage spoils the taste, they
protest. Prem and Sumati are further concerned with the diminished nutrient value of
stored produce, a concept equally recognized by dieticians in the West. Sumati's critique is broader still, speaking as well to the conceit of humankind:

Nature is so kind, you know, in summer it gives us that type of vegetables, that food that our body needs. And in winter there are other types of vegetables that our body needs. So nature has already decided it. But, you know, the man is a very vicious person, that is true (laughing). And you know, we have started storing them, in the cold storages, so that, oh, in the summer, you know, you have plenty of that zucchini. And in winter I want to take zucchini, because I'm rich, I'm something special, so I store that zucchini and I'll take it in winter. No, I don't think that is economically good, and I don't think it has got all the nutrients [as] when it was fresh.

While the Ayurvedic concepts regarding environment and place noted above correspond, in part, to the issues posed by the digestive changes experienced by women immigrating to Canada, they do not, I suspect, speak to the underlying causes of their alimentary ailments. I have argued, most especially in Sita's case (although common elements are apparent in all three accounts), that the indigestion suffered by these women is rooted in their social circumstances, their dislocation from customary lifeways, rather than their physical bodies. The concept of mental indigestion is reflected in a variety of Ayurvedic injunctions. The *Caraka Samhita* states, for example, that “the food eaten by one who is given to brooding, sorrow, fear, anger, grief, sedentary habits or keeping awake at night, though it be the prescribed diet and is eaten with strict regard to the measure (of intake) will fail to be digested properly” (as cited in Krishnamurthy 1991:266). Shulka provides a classic example of the transmission of negative emotions through food, as follows:

If she came and gave you food and she was crying, then you'd eat it but you would feel bad. You would be upset, too. And that way, you'd be upset and then your mind would be upset and that's how it affects. [SDK: So it could make me sick, then, if she's sad when she gives me food?] Yeah, because you feel sad, too, because she is (int. Neena).

Svoboda (1989) also devotes considerable attention to the concept of mental indigestion which, he argues, can cause physical indigestion and so forth. Just as the latter is often caused by excess consumption, so too is the former. This notion of 'biting off more than we can chew,' or excessive ambition which over-rides our ability to discern correctly our limitations, is readily transferable, I would argue, to the experience of migration. Like it or not, most elderly women who come to Canada from Punjab, are forced to assimilate a tremendous quantity of new information while, at the same time, endeavouring to come to terms with all that they have left behind. The vague notion of 'stress,' more familiar to Western readers, is applicable here, although I do not recommend its substitution for the
more specific Indian conceptualization of mental indigestion which better relates to the conceptual context within which such problems arise.
Chapter 9 - The idiom of balance

For all . . . diseases . . . vata [vayu], pitta, and slesma [kapha] themselves are the root causes. (We can hold) this to be because (i) it is their characteristics . . . that we actually see as symptoms, (ii) we get curative results when we follow a symptomatic treatment on their basis and (iii) all the concerned technical texts . . . teach us so (Sushruta Samhita as cited in Krishnamurthy 1991:255).

A. The three doshas: vata, pitta, kapha

1. Women who know a little

When asked what they knew about the doshas—vata, pitta and kapha—and their relationship to health, several women, particularly among those interviewed in India, admit that while they recognize that these concepts are associated with Ayurvedic medical philosophy, they know very little or nothing about their operation. Champa in India and Daya in Canada, for example, seem to confuse kapha with cough, most likely on account of the similarity of pronunciation between the two. The knowledge of some women was clearly fragmentary. Kali, for example, believes that both pitta and kapha in the body can give rise to anger, an appropriate antidote for which is the consumption of plenty of green vegetables. While pitta is associated with the rajas guna and thus emotions such as anger, kapha is tamasik in nature and therefore predisposes those suffering from its excess to more depressive moods (Frawley 1989:250). In this case, we can see that the qualities of the doshas are not entirely clear to Kali; it is apparent, nonetheless, that the overarching principle of the Samkhya philosophy, whereby mind and body are one, underlies her assumptions.

Most women with only partial knowledge of the tri-dosha principle relate most readily to the concept of vata or vayu. This is hardly surprising when we consider that, of the diseases which can be attributed to a specific dosha, eighty are considered vata disorders, while only half as many (40) were deemed pitta in nature and half as many again (20) could be credited to an excess of kapha (Caraka Samhita as cited in Krishnamurthy 1991:302). Both Madhu and Prem claim that all they know about doshas is that "vayu [or vata] is acidity." Like most of the women describing the qualities of vata, Daya's comments are consistent with the Caraka Samhita's teaching that this dosha is cold in nature and causes abdominal discomfort in excess. Pramila speaks of the need to use
heating antidotes, such as *ajwain* (wild celery seed) when cooking *vayu* vegetables and *dals*, whereas Sita contends that the consumption of 'heating' garlic as a medicine is necessary in Canada on account of the excess *vayu* in this environment. Here the preoccupation with digestion, noted above, begins to make sense, as does the disproportionate number of references to *vata/vayu* disorders evident in Appendix D.

(i) Childbirth and the post-partum period
One domain in which the majority of women in my sample more readily acknowledge the principle of balancing hot and cold *gunas* is that of childbirth and the post-partum period. During pregnancy, 'hot' foods are avoided for fear that they will induce miscarriage or premature delivery (Assanand *et al.* 1990). By contrast, "at the time of childbirth," and throughout the post-partum period, explains Sumati, "we were given very hot things, hot things mean *pitta*" (see also *ibid.:*170). Such heating foods include *jaggary* (raw sugar)—also thought to possess purifying qualities and high levels of iron—tea, *ghee*, plenty of nuts (particularly almonds, pistachios and pecans), spices such as dried ginger, *ajwain*, cloves, cardamom and asafoetida, and the dish known as *panjiri* (see Appendix E). Water and cold drinks in general are avoided, as are drafts and the washing of hands in cold water. Not only the food, but the room and any baths taken must be warm lest the new mother develop arthritis (a 'cold' malady, associated with *vata* and *kapha*) later in life. Having ignored these injunctions as a young woman, Pramila wonders if the pains that she now experiences in her legs are the result of her carelessness. Sibani recalls an additional precaution involving the addition of *ajwain* to the new mother's bath: "whenever she's given bath, in that water they boil *ajwain* [tied in a cloth], so that . . . if the *vayu* is in the body, it should go away." Such prescriptions pertain until at least the eleventh or thirteenth day following the birth of the child.

2. Women who know a lot
Certain women are, by contrast, intimately familiar with the principle of the *tri-dosha*, their effects on the body when present in excess and the identity of foods which would aggravate or pacify each *dosha*. The responses of this select group—which includes Sumati, Shulka and Sibani in Canada, together with Sarala and Lakshmi in India—are consistent with one another and, for the most part, with established Ayurvedic sources such as the *Caraka Samhita*. Here, I will first examine their collective characterization of each *dosha*—which foods and behaviours give rise to their excess accumulation in the body, the maladies that subsequently arise, and recommendations for re-establishing
balance. Subsequently, I will explore the manner in which the women actually talk about the doshas as well as the interconnections that they recognize between the doshas and other Samkhya or Ayurvedic concepts such as the five (great) elements (pancha[maha]bhutas) and the six tastes (rasas).

(i) Vata/vayu dosha

Vayu or vata, is associated by each of these five women with 'wind' which, they all agree, may manifest as gas in the stomach (previously noted in chapter eight), hiccups (Lakshmi), and/or pain (Shulka and Sarala). "If you have an X-ray taken," posits Shulka, "you can see, the bones will show up and maybe even the skin will, the muscle maybe, but the vayu or the pain never shows. You can never get a picture of pain" (int. Neena). You can, nonetheless, name it as does Sarala when she describes desi ilaj, the experience of "gas and pains generally throughout the body." The symptom of pain is also a component of arthritis, a condition which, Sumati observes, is illustrative of the complexity of the relationship between the imbalance of any given dosha and a specific disease:

If [vayu is] too much in the body, you get some sort of diseases as you can say this arthritis, because arthritis is a combination of kapha and vayu. ... Every disease is not a, is connected with one element, no. I think when ... one is lacking, the other one is also affected. So, you just can't point out that this is the thing, this creates this disease, no. One disease, it has got so many other factors also, there's never one factor for the disease, there are so many factors, they get together and then they create a disease. So, all these diseases are connected with these elements, but you can't say that this is this, this is this, this is this, no.

The accumulation of vata in the body is often attributed to the consumption of 'vata foods' which, Shulka maintains, are 'cold' in nature (see Table 1). Of these, she lists "vegetables, cauliflower, dal, like mahandi [black] dal. . . and potatoes. . . . Lassi [churned yogourt] will increase it, because that's cold, but if you make dahi or yogurt at home, that becomes garam or hot, so that won't increase it. . . . Rice is also cold." Sibani also labels potatoes along with cauliflower and ladyfingers or okra as 'vayu' foods. She further describes carrot and radish as 'cold' and thus, by inference, vata-inducing. Here it is apparent that Shulka's understanding of Ayurvedic principles is considerably more accurate than Sibani's; carrot and radish are in fact regarded as 'hot' and hence vata-reducing, whereas okra, while 'cooling' is said to balance all three of the doshas equally (Lad 1984, Frawley 1989, Svoboda 1989). Shulka's contention that churned yogourt increases vata is also inaccurate, for while it is indeed considered more cooling than yogourt itself, it is said to control both vata and kapha doshas (Radhika and
Balasubramanian 1990:69). Thus while the Ayurvedic principal remains intact for these women, detailed knowledge of the various properties of specific foods may not be complete in all cases.

All five women agree that prevention or treatment of 'cool' vata disorders calls for the use of 'hot' (garam) foods, particularly spices such as ginger, wild celery seeds (ajwain), clove, cardamom, garlic, fenugreek or the spice mixture known as garam masala (see chapter eight). These spices are routinely used in cooking, especially with vegetables and dals known to be vayu and, more specifically, in medicinal remedies (see Appendices D and E). Sarala, for example, recommends the use of cloves and holy basil (tulsi) as preventatives against desi ilaj. To relieve vata problems in general, Lakshmi prescribes ajwain, boiled to make a tea with a little salt added. Alternatively, suggests Lakshmi, "you can take some fresh ginger with a little salt and chew on this for some time before eating." Sarala further observes that "when you exercise, vayu is released and the nerves relax" (int. Parvati). From this perspective, she deems exercise to be good for the health.

(ii) Kapha and pitta doshas

Like vata, the energy of kapha is also 'cold' as well as wet and heavy. Accumulations of kapha are thus most commonly associated with colds and 'throat problems' (see Appendix E). While there is considerable agreement on these points among the five women under discussion here, some confusion is apparent in Shulka's otherwise accurate account wherein she does not distinguish between kapha and pitta:

Kapha, nobody really wants to increase it, because it's bad, but sometimes it does get increased. And if you eat a lot, then it'll get increased. If you eat less, then it'll decrease. [SDK: Right. And what happens if it increases? Do we get sick, and what kind of sickness?] If it increases, you are going to get sick. [SDK: And what sort of sickness, any kind, or...?] So your throat starts hurting, you can get a cold. You can always get a fever at that time, and you also get pains in your breasts. [SDK: Oh, so in this chest area?] Or chest area, yeah... [SDK: And what about pitta in the body, what things give us more pitta in the body, and what happens if there's too much?] She said she understood about kapha, like you get congestion and stuff, but she doesn't understand about pitta. They call congestion, 'pitta-kapha' (int. Neena).

In Table 1, we saw that pitta and kapha share the quality of unctuousness, although pitta is light and hot in contrast to the heavy and cold characteristics of kapha. We often find, nonetheless, that while colds are generally of a kapha nature, pitta is also in evidence whenever symptoms such as a high fever or sore throat are present (Frawley 1989:164). The relative lack of familiarity of my participants with the attributes of the pitta dosha
may further stem from its rather ambiguous relationship to the six rasas or 'tastes' (Table 2). While the correspondence of particular rasas with kapha and vata is mutually exclusive, pitta dosha is comprised of a mixture thereof.

Besides the over-consumption of 'cold' or kapha foods and drinks, kapha disorders, as Shulka has already noted, further arise from over-eating in general which is liable to quench the digestive fire (Agni) (see chapter eight). The heaviness and wetness of kapha—a union of the elements of water and earth—similarly dampen Agni and make for sluggish digestion which, in parallel to the effects of 'eating out of measure,' gives rise to the accumulation of Ama and associated illnesses (Krishnamurthy 1991).

Again, the consumption of foods with garam vriti (hot energy) is recommended by all women in this sub-sample, and others who spoke to the issue, as an antidote to excess kapha. Specific remedies utilizing 'heating' herbs include a tea made from tulsi leaves, recommended by Lakshmi, and Sarala's formula of moti illaichi (big, black cardamom), fresh ginger and sugar, also made into a tea and taken three times a day for cough. Although they have been living in the United States for some time now, Sarala's children continue to use this formula whenever they are afflicted with colds. Another popular heating remedy, known as trikatu—noted in chapter eight—is recommended by Lakshmi for kapha disorders (see also Appendices D and E). Sarala also maintains that honey, similarly deemed 'heating' in energy, is effective in dispelling excess kapha.

Sarala's opinion that pitta problems are rarely encountered may explain the women's relative lack of familiarity with this dosha, as compared to vata and kapha. Only Lakshmi identifies specific symptoms associated with an excess of pitta, namely extreme thirst and yellow urine. Sumati, Sarala, Sibani and Lakshmi each remark on the 'hot' energy of pitta, which Sumati further associates with anger. The obvious antidote to this condition of excess heat is the consumption of cool foods, among which a drink known as nimbu pani (lime water), taken plain or with salt and pepper, is deemed especially beneficial (Sarala and Lakshmi). The 'cooling' vriti of milk, according to both Lakshmi and the Caraka Samhita (as cited in Radhika and Balasubramanian 1990), similarly recommends its use to counter pitta. As noted in chapter eight, however, several women mistakenly transfer this quality to curd, which is in fact heating according to Ayurvedic classificatory principles.

From the preceding characterization of the tri-doshas, it is apparent that these five women understand that an excess of any given dosha in the body can have ill effects on the individual, that each dosha has certain qualities (gunas) which bring about specific
effects, and that these qualities are also represented in certain edible substances—foods, drinks and herbs or spices—which may be responsible for or used to counter an excess of any one of the tri-doshas. The most readily identifiable guna for most women is the vriti (or virya), the ‘energy,’ of a substance, i.e. whether it is cooling or heating. The relationship of the doshas to health care and illness prevention is clearly evident in Lakshmi's assertion that "balancing these things is very important for the body and the mind."

Since the value of a certain food is relative to the state of tri-dosha in the body that is consuming it, no substance can be dubbed entirely good or bad per se. A heating food may be beneficial to someone seeking to balance an excess of vata or kapha, yet deleterious when it is pitta that is overly abundant. As Sibani points out, every substance has both a guna and a dosha, here indicating good and bad qualities, respectively. Thus while the onion is tamasik, observed Sumati, its medicinal qualities—e.g. as an anti-nauseant—should nevertheless be acknowledged.

Recognition of more complex relationships between the doshas themselves and between various gunas is apparent in certain interviews, as indicated in the quotation from Sumati's account of the etiology of arthritis, noted above. In several instances, women questioned about the tri-dosha would respond by discussing the five elements (pancha bhutas), noted above, which constitute all things, both animate and inanimate, in unique proportions, as depicted by the Samkhya philosophy (see also Lad 1984). Only Sumati, however, was able to provide sufficient clues as to how these elements may be linked to the doshas. Since the body is comprised of all five elements, she explained, the weakening or accumulation of any given element will result in an imbalance which will give rise to disease. Knowledge of the body’s elemental composition is nonetheless evident in every interview when each of the women claims that, upon death our physical form becomes soil (mitti): Without prana ('breath') or atma ('soul') the body simply returns to the five elements of which it is comprised. In Sumati’s view, even hereditary diseases can ultimately be traced to the five elements:

If the body is in a balance, the elements are in a balance. And those gunas are attributes, those are in a balance, well, you never get sick. But except if you have hereditary, and if you have hereditary, that is also imbalance of the elements. You know, you get it from your forefathers, but there is some lacking in them and that comes to your body, too. Then, nowadays, you know the science, they talk about genes. It is the same thing. Because, in those elements, five elements, genes [are] also one of the elements.
As Pramila explains, movement from a hot to a cold environment within a short space of time may upset the *pancha bhutas* and hence result in the person catching a cold (*jukam*). The maintenance of health, in Sumati's view, thus depends on the equilibrium of the elements and their attendant *gunas* or attributes. Pramila agrees and offers the following analogy:

She says if all the elements are in a balanced way, so then our body is healthy. Otherwise, if there is some imbalance, if something increases or decreases, we get sick. She is giving an example, a beautiful example: That boat, when it is on the surface of the water, if everything goes well, it goes on; but if there is a storm, too much air, it is not balanced, and if there is, you know, a real storm, it goes down. So the body is also like that (int. Sumati).

Of the *rasas*—the specification of six tastes which mediate between the *gunas* of different foods and the bodily *doshas*—only Sumati makes any mention. Aside from her substitution of 'astringent' taste with what she calls *pika* or 'tasteless' her classification is identical to that presented in Table 2.

3. Constitutional peculiarities (*prakruti*)

Cognizance of the Ayurvedic principle of individual constitution or *prakruti*, is evident in various oblique references. Pramila, for example, describes how black *dal* can be difficult to digest for some and make them sick, whereas for others with a different constitution it could be very beneficial to the health. On a more personal note, Usha recognizes that rice does not suit her own constitution since it has a constipating effect and makes her "feel fatter," yet for others, it is perfectly fine, having no deleterious side-effects. Usha's assessment implies an understanding of her own *kapha* constitution as well as the aggravating effects of rice on her *kapha*-type constipation. Wet, cooling, sweet and heavy and hence primarily *kapha* in nature, rice exacerbates the bloating of the abdomen which identifies the underlying cause of Usha's problem as an excess of mucus in the system (Lad 1984, Frawley 1989:131). In Canada, Shulka explains how one can eat

according either to the weather or your own body, the way each separate body handles it. Some people can handle more cold, more cold foods are good for them, but more hot, *garam* foods, hot foods are better for another person. So [it] depends a lot on a person's own disposition, the way their body is and what they can digest, or what affects them better (int. Neena).

As noted in chapter eight, Ayurveda maintains that the change in season also exerts an effect on the quality of *Agni* and hence one's digestive capacity, which is deemed to be
stronger in cooler, more windy weather and weakest in the heat of summer. The diet should thus be adjusted accordingly, such that heavier foods are eaten during the winter and lighter meals in the summer. The individual's prakruti is nonetheless a mediating factor in this regard since, as Shulka notes,

it's not always necessarily according to the weather, it's like another person might think you have garam in this weather... But if your disposition handles more garam in that, despite the weather, then that person can have more garam. And she said now you can get all types of foods in stores, too. So she's saying the body, it's more your own body than the weather change in some ways (int. Neena).

In this manner, she attempts to explain her own difficulty in eating garam (hot) foods such as ghee, ginger and garlic in Canada, noting that here, because of the cooler weather, "more people eat garam," whereas these foods make her cough. Since this pattern is contrary to expectations based on differences in the climate, Shulka implies that it is her own constitution which is ultimately responsible for this problem.

In India, Lakshmi is especially attuned to the principle of prakruti, although her point of reference is homeopathic as much as it is Ayurvedic. When asked whether or not two people with the same illness could be cured by the same treatment she replies, "No—everybody's dhatu is different. The symptoms may also be different. You have to look carefully. If I had some problem, then you seemed to have the same thing, I wouldn't suggest you take the same thing [treatment]." The seven dhatus to which Lakshmi refers are the basic and vital tissues of the Ayurvedically conceived body (see fn.140). Lad (1984:47) clarifies the relationship between the doshas and the dhatus as follows:

When there is a disorder in the balance of vata-pitta-kapha, the dhatus are directly affected. The disturbed dosha (vata, pitta or kapha) and defective dhatus are always directly involved in the disease process. Health of the dhatus can be maintained by taking steps to keep vata-pitta-kapha in balance through a proper diet, exercise and rejuvenation program.

Both Ayurvedic and homeopathic doctors pay attention to the context relative to which particular symptoms arise, of which the body's own constitution is perhaps the most important. Regardless of the fact that this cannot be said of biomedicine, at least insofar as its underlying philosophical tenets of dualism are concerned, Sumati attempts to squeeze certain biomedical concepts into her Ayurvedic mould. In response to the same question as that posed to Lakshmi, above, she replies, "No [different people with the same illness cannot be treated in the same way], because people have different constitutions and... prakruti is different, as in somebody's glands are more active and
others are not that active." Biomedical concepts are thus framed in terms of Ayurvedic understandings. Several other women appear to do this less directly, perhaps even unconsciously. Responding, again to the same question, Madhu replies,

No! Because every person has his own physique, differently, they might be treated different. Because diseases are, it looks to be same, but from inside, it can't be. That's why the ratio of medicine and the medicine doctors give, it is always different. Maybe the same, but it depends on the disease they have. You can't make them ..., one disease, well, if I have got cold, something, I take this thing because I had it, it cured me, you also take that.' It can't help, it's not good.

Prita, Prem and Tara offer very similar responses to this question from which we might infer that, although the specific Ayurvedic principles of prakruti are not well known to these women, the underlying Ayurvedic conception of 'health in context' nonetheless serves to shape their 'commonsense' understandings of 'the way things are' (as per Derné 1995, see chapter two).

B. The balance analogy extended

To some extent, the idiom of balance was apparent in the section concerning 'food out of measure' in chapter eight. Both Ayurvedic and other Hindu religious texts, such as the Bhagavad Gita, along with my participants, advocate the principle of moderation in all things. Here I will examine first the more specific references to the notion of balance which are made repeatedly throughout certain interviews, particularly those of Sumati and Pramila in Canada and Tara, Lakshmi and Radha in India. More circumscribed references, primarily in response to my question regarding mental health—"Do you know of any one who is mad (pagal) or becomes 'hysterical' or mentally off-balance from time to time?"—are made by Daya, Sibani, Champa, Madhu, Prita, Uma and Prem. The second subsection included here will therefore focus on the theme of mental illness as imbalance.

1. Balancing health

For the five women noted above, the notion that balance is essential to health is manifest in a wide range of domains, such as diet (both type and amount of food, and relative to exercise), hygiene, the weather, quality of thought, time spent with the family versus time spent alone, and the 'atmosphere' of the household. Among these, food is most prevalent as a medium through which balance can be negotiated. When discussing the types of food which need to be balanced, we are dealing primarily with the aforementioned
concept of the gunas known as sattva, rajas and tamas. As noted previously, it is through the relative consumption of foods with these various qualities that mental health is maintained. Pramila counsels against eating too much tamasik food, such as meat, lest the entire body as well as the mind be set off-balance. According to Sumati, however, balance is contingent upon the consumption of foods representing each of these three gunas.

Sattva is very good, 'A li,' [but if] I just have sattva, I'm no good for the worldly things. Rajas, if I have just rajas, no sattva, no tamas, . . . worldly things I'd be doing, but there will be no saintly things. So that's no good. And there will be no tamasik things, and that is no good. I'm saying tamas is angry you know, all these things . . . . Even if it is bad, . . . we have to have it . . . . [It] is really not good, but it helps us to get our work done, to reach to the purpose. . . . Anything in this world is based upon those three things—sattva, rajas and tamas . . . So when they are balanced, they are good. It is like hormones, if they are imbalanced, what happens to the body? It's sick. So, if we have balanced you know, things in our body, we'll be very healthy.

In this sense, then, it is critical that we eat a balance of fruits, vegetables and so forth, so as to maintain a balance of the three gunas. Sumati's rationale finds support in the Caraka Samhita (as cited in Krishnamurthy 1991:212) which states that "vata, pitta and kapha constitute the gamut of vitiation of the body. Of the mind, however, these (vitiations) are only (two:) rajas and tamas." Elsewhere, Sumati posits that sattva represents the balance between rajas and tamas, a supposition which appears to be well-founded. As a tamasik substance, alcohol is typically regarded by high caste Hindus as antithetical to spiritual aims. Consistent with her pronunciation regarding the value of balance, however, Sumati—herself a teetotaler—suggests that alcohol taken in moderation is not inherently bad for the health.

Another related question is that of the amount of food one should take. In Radha's view, the poor in India, who are often malnourished, cannot afford to maintain a balanced diet. Without education, Tara adds, they are often unaware as to which foods are necessary for the maintenance of good health. On the other hand, she claims, "the higher class has too much. They need to learn that sweet and fatty things in excess are bad. They also need to move their bodies more. You need balanced food and exercise, you need to stay mentally healthy and mix socially." The temptation to indulge in rich fried foods, to eat out too frequently, or to overeat in general should be resisted if one is to remain healthy, cautions Lakshmi, especially when one is older and exercises less. The amount consumed, particularly of rich foods, should thus be balanced in accordance with levels of activity. This principle is apparent in the comments of many women regarding the
consumption of ghee, which they feel is extremely beneficial for the young and those who engage in physical activity on a regular basis. For the elderly who tend to be relatively sedentary, however, ghee is not recommended. These sentiments are succinctly summarized by Prita, as follows:

If you have a heavy lunch with [deep-fried] puris and things like that, you can balance it with a light dinner, that's alright. If you have control over food that's a very good thing. Those who are active can take everything, but if they're lying or sitting around only, then they need to be more careful with the diet. Taking less food is better. Greasy food is especially harmful. The activity level is important [to consider].

In the citation, above, Tara alludes, as well, to a different kind of balance concerning one's social activities upon which Sumati and Pramila also remark. Tara speaks to the importance of socializing with her friends as well as reserving sufficient time for her family. Sumati echoes this sentiment when she says: "I think one should be associated with the family, but one should have some time, you know, alone, too. Otherwise, you get so, you know, screwed up, that you can't do whatever you feel like. So you have to be on your own at the same time, you should be attending to a family, you know, there should be a balance." Pramila too speaks somewhat ambiguously with respect to the importance of the "atmosphere of the house" in maintaining the balance among the tri-doshas. Sustaining balanced thoughts on an everyday basis and a balanced head when confronted with karmic misfortune are further noted by Sumati as critical elements of good health.

The notion of hygiene extends from the personal to the environmental and is discussed under the auspices of the idiom of balance in both regards. Sumati observes that good eating habits are only healthful when they are balanced by good hygienic practices, such as keeping one's eating utensils, home, clothes and body clean. Tongue-scraping, while an important component of her hygienic regime, should similarly be approached in a balanced manner since excessive practice can also be harmful. From a broader perspective, Radha, speaks to the importance of the balance between personal efforts and those made by society as a whole. We cannot be healthy, for example, unless our air and water supply are also clean.

The idiom of balance inherent in key Ayurvedic concepts, such as the tri-dosha, is readily transferred to other domains and is thus used to frame all manner of relationships between food, individuals, the family, society and the environment as a whole, all of which are seen to influence the health, be it physical, mental or, most often, both. Perhaps it is somewhat deceptive, however, to trace the origins of the idiom of balance to Ayurveda,
when in fact a more fundamental origin is suggested by Sumati in this popular Punjabi maxim: "If there [is] too much rain, it's no good, if it's too much sunny, this is no good for the crops. You know, if there's no rain, they will get burned. If there is rain and rain, no shine, they will rot." The balance emphasized in Ayurveda is but a reflection of nature's own delicate balance, so keenly observed by the successful farming peoples of India's fertile northwest corner.

2. Life out of balance

(i) Cognitive impairment

Amidst the responses to my questions regarding mental imbalance, I am able to discern three basic categories of illness. The first of these concerns congenital disorders or early childhood ailments which affect intellectual acuity. You may recall that Tara, for example, had a daughter who she describes as "mentally backward":

She was normal when she was born until she was about one and a half. She had some sort of severe attack as a small child. Her right side was affected and the brain was involved. She could walk, but she didn't have much use of her hand. Her mental age was small. She was like a five or six year old when she was age twenty-three. I kept her in the home with us. We had a servant to help with her.

Other women who know of neighbours or distant family members with cognitively-impaired relatives in India, report that the family typically tend to them in the home, either with the assistance of a servant or other family members. Sita's mentally challenged son, who was initially unable to immigrate to Canada with his parents and siblings, was being cared for by his elder sister in Punjab until he could satisfy immigration requirements. Since a daughter's obligations are to her husband's family, not her own, this situation was far from ideal, however, and was hence a considerable source of anxiety for Sita, as noted previously.

(ii) Mental illness

A second broad category of mental imbalance apparent in my data is that of persons suffering from mental illnesses such as schizophrenia, although I should point out that these disorders were not specifically identified by the women depicting the individuals concerned. Many of the symptoms described for individuals which I have included here resemble one of three types of people in which mental imbalance is most likely to manifest, delineated in the Caraka Samhita as follows:
Those whose minds have been impaired by repeated attacks of lust, anger, greed, excitement, fear, infatuation, fatigue, grief, anxiety, emotional outbursts and the like, and also those who are injured by trauma. (In such persons) the mind having been impaired and the understanding unsettled, the exacerbated vitiations, further provoked and reaching the heart (the brain) \(\text{i.e. manah}\) and blocking the channels of nervous communication generates insanity (as cited in Krishnamurthy 1991:218).

Lakshmi relates how a neighbour's periods of "madness" disrupt her university teaching career as well as her family life as she shouts obscenities to all and sundry. These periodic lapses are nonetheless usually controlled by medications. Champa's nephew became "mad" ostensibly due to a beating by his teacher and his failure of tenth grade, at which time he would have been a teenager. Eventually, he was admitted to the "mental" hospital in Amritsar where, after a stay of five to six years, he died at the age of 'twenty-six or so.' His mother attributes a different explanation to her son's illness, claiming that having walked in the vicinity of a cemetery, his body had been abducted by a ghost (\textit{bhoot pret}).

Three of the six sons of Prem's mother-in-law's sister were admitted to the same hospital after the death of their mother who had previously refused to send them there, keeping them with her in her home and even getting them married. While Prem feels that this may have been a mistake on the mother's part—these young men were sometimes violent—she understands her rationale. The hospital was notorious for the poor care that it provided and patients were known to have been maltreated there. Daya remarks as well on the tendency for families with mentally ill members to regard the hospital as a last resort, if and when they could no longer take care of them in the home.

A fourth case is related by Pramila who recalls a family in her village in which the father disregarded his responsibility to arrange his daughters' marriages. Eventually each of the daughters managed to find husbands of their own, bar one, who became "mad," exhibiting excesses in routine behaviours such as sleeping and eating (a symptom of madness noted, in parallel, by Daya). Despite her condition, the abandoned daughter did eventually marry and remained thereafter "under the veil" (\textit{i.e. in parda}). While she successfully bore a son, who is now a healthy young man with a family of his own, she never recovered and died at a relatively young age. Pramila is uncertain as to whether or not the woman's illness could be attributed to her father's lack of regard or to some other factor. Sumati speaks of madness as the loss of hope that transpires when a craving remains unsatisfied for a long period of time. Prior to introducing the aforementioned example, Pramila likewise identified unfulfilled desire as the source of mental
disturbance, although she does not link her explanation directly to this case insofar as I can discern from Sumati's interpretation. It is interesting to note, however, that Ayurvedic explanations of mental illness include one theory whereby "desire steps over the bounds of propriety (maryada) inherent in the object and becomes a slave," hence disturbing the doshas (Kakar 1982:245). Without further detail, however, this association must remain tentative, at best.

(iii) Temporary mental imbalance

While these accounts of cognitive impairment and mental illness in India hint at the connections between mental ill health and Indian society, they are perhaps too exceptional to provide us with a sufficiently coherent picture, as they stand. The third, and most inclusive category of imbalance includes the majority of the examples provided. Here people speak of the sorts of temporary or minor "imbalances" to which any one of us might, at some point in our lives, be susceptible. Accordingly, the relationship between socially recognized categories of distress and mental health can be illuminated to a much greater extent. Again the instances included in this category further correspond, in certain characteristics, to the first listed among Caraka's typology of persons likely to manifest mental imbalance: "the faint-hearted, those suffering from mental shock, [and] the vitiation-ridden" (as cited in Krishnamurthy 1991:218). The latter point refers to the Ayurvedic categorization of "insanity" into vata, pitta and kapha types. Some overlap with the first listing of susceptible 'types' which I have associated with my second broad category of mental illness, above, is also apparent in the manner in which the women frame their descriptions.

In Tara's view, there are two primary causes for this type of temporary imbalance: "One is an emotional setback, and the other is if the person is unable to bear a loss. It's all the same really—anything the mind can't bear causes imbalance." Numerous examples of things that the 'mind cannot bear' were offered by my participants. In general terms, "mental pressure" can result (a) from disharmony in the home (Champa, Tara, Uma, Pramila, Radha), particularly when a woman is not loved by her husband (Tara, Uma, Radha, Sarala); (b) whenever an older woman allows herself to become disturbed by the behaviour of a daughter-in-law (Madhu, Sibani) (see chapter four); (c) when a deceased mother is replaced by a stepmother (Sarala, Madhu); (d) when a woman is unable to bear male heirs (as noted by most of the women in the sample); (e) during the post-partum period (when some women, claims Pramila, become "lunatic"); (f) when there is pressure from one's studies (Tara); (g) when one experiences some kind of setback in one's job
(Champa, Radha); (h) when one is afraid of somebody (Champa); (i) when people say bad things to you or about you (Pramila); (j) or when one loses a loved one, particularly a child or a husband (Uma, Anju and Champa).

It is not so much that these things happen to people, explain Pramila and Champa, but that the individual concerned becomes fixated on the problem, that she constantly worries about it. Here we see a parallel with the popular Indian epic, the *Mahabharata*, which counsels that the best medicine for grief is "the non-thinking about it constantly. By brooding over it, it will not get destroyed. In fact, it will flourish further thereby" (as cited in Krishnamurthy 1991:225). Sumati and Tara describe this phenomenon as a "lack of inner willpower" to adequately deal with the issue at hand. At times, this 'weakness' may be attributed to ignorance as in the case of Sumati's childhood friend:

You know, in India, what happens, the girls are always indoors. It is not now, ... with the time, it's changing. But in my times, ... a very dear friend of mine, she got married. And she had no knowledge of sex. And on the first night, when everything happened, she got mental, she couldn't tolerate what happened, and she got mental, that's really sad, that's really sad. And you know, her husband was a very nice fellow. Very nice fellow, but it was the ignorance of the girl, or there was some, you know, she was weak, she was weak in her thoughts, I don't know what was that. But this is what happened. And I met, when I met her, you know, if she starts laughing, she was laughing. If she starts crying, she was crying. Sometimes she used to sit like this, she never talked, so I used to visit her for a month or so, every day. But the condition couldn't improve. Then, she was sent to the hospital and well, after that, she was okay. But she couldn't regain her health as before. So I think the mental illness is again imbalance in the body.... Some people, something happens, unexpectedly, and it gives them such a shock that it is more than they can digest. Then they get off balance.

Here we can discern several important themes that recur in different instances of what the women in my sample refer to as madness. First, it is interesting to note how an experience which is deemed 'indigestible' is thought to upset a person's mental balance in much the same way that the maintenance of *doshic* equilibrium is thought to rest upon the efficacy of the digestive fire (*Agni*). Here we can recognize the echoes of my discussion of 'undigested discontent,' in chapter eight. Secondly, we can see that, despite the implication, in earlier references to 'willpower,' that mental illness is the personal responsibility of the afflicted, it is actually social rather than individual weakness that is primarily at issue here. This supposition is further supported by Tara's assertions regarding the elderly and mental illness:
People who have no willpower can succumb to anything. They can be led if they have no thoughts of their own. They are easily swayed. Older people can be more susceptible. They feel [they are] without support to fall back on. Because their health is gone, they can't look after themselves, so they can be easily frightened by their children. They [one's children] can rule over you and you can't take it up. Old people are more isolated and weak, physically and financially, so they are more liable to become unbalanced.

Sumati, Daya, and Madhu similarly identify the elderly as the age group most susceptible to mental imbalance, again with reference, albeit less direct, to their social marginality. Sibani further proposes that just as balanced food is essential to the maintenance of good health in old age, so too is mental balance:

This is very important for the old age, that we keep ourselves happy. . . . She says when somebody's very sad or some stress is upon the body or mind, then you pray to God, and say that 'Here we are, we can't decide what to do, you are the one to make us understand these things.' And when we say like this, then there is some peace in the mind and then we feel a bit better.

Another notable and related theme that emerges from Sumati's account of her friend's illness is the perceived vulnerability of women relative to men. Prita comments, for example, that a woman's failure to have a son can bring the wrath of her mother-in-law upon her, whereas the death of her husband may result in lack of support from her in-laws, leaving her bereft of "protection." If she is without an income of her own, as most women in India are (or were until recently), she will be under considerable mental strain. In either case, she may consequently become unbalanced. Sumati, Minati, Tara, Lakshmi, Madhu, Prita, Uma, and Prem all contend that women, rather than men, are most likely to suffer from mental imbalance since their "emotions" are "stronger," and they are generally weaker and less able assert an independent social identity as compared to men. In many ways, however, their "weakness" is regarded as the strength which makes them good wives and mothers. Sumati's comments shed light on this paradox:

Women are more inclined to imbalance, because they are emotionally very strong. They are made like that. . . . Whenever you give an example of love, it's always mother, never the father. So they are very protective, they are very emotional, they are very sympathetic, and those things make her willpower a little bit, you know, less strong than men. So emotion and mental health they go together.

Some women, such as Sarala, Champa and Usha, contend that it is men who bear the brunt of anxiety in Indian society since they must support the family and so forth. Sarala and Champa, in particular, argue that while women are able to cry and share their anxieties with friends, men are under pressure to uphold a dignified image and hence
retain all of their tension within. The rationale for their susceptibility is nonetheless quite contrary to that put forth for women. Mental illness in men results from their fulfillment of societal expectations that they be strong, that they support and protect their families, whereas women, who are by the same token fulfilling societal expectations as loving wives and nurturing mothers, are said to be weak. Could it be that the weakness attributed to women here is, in fact, symbolic of the societal weaknesses that their vulnerability reveals?

(iv) Depression

Perhaps a sub-category of the temporary forms of mental imbalance under discussion here is the feeling of depression or prolonged sadness, although Sumati suggests that depression which lasts a few days or months is virtually akin to mental illness, or at least represents the first stage thereof. I feel that my separation of 'madness' and depression in my interview protocol is nonetheless warranted, since many of the women who are hard-pressed to describe the former could easily name others or identify themselves with the experience of the latter. It is evident that the principle of imbalance is common to both. With depression, however, it appears that both the causes and the symptoms are less severe or extreme. In both the Indian and Canadian samples, the most common explanation for depression or sadness speaks to the weakening or breakdown of the joint family ideal which is often associated, once again, with unfulfilled desire, most often for respect or attention from family members.

I have already described in detail in chapter six the circumstances which gave rise to Minati's younger daughter's clinical depression. In brief, this young woman was exposed to considerable pressure from her in-laws, first for money and later for attention which she constantly endeavoured to provide, but never to their satisfaction. Berated by his parents for his wife's 'inadequacies,' the young woman's husband began to beat her. Her depression signaled the point at which she could no longer bear the burden of their unreasonable expectations. In this case, the weakness of the joint family resides in the older generations' excessive demands of their son and daughter-in-law.

Here we can see how, in order for the joint family to function smoothly, young parents must strike a fine balance between providing for the present and future needs of their own children and attending to the requirements of the senior generation. I have explicated in greater detail in my master's thesis (Koehn 1993a) how the daughter-in-law is often the fulcrum point of this delicate balancing act cast, by virtue of her position as 'stranger' in
the typical patrilineal joint family household, in opposition to her husband's mother. It is the rare family, it seems, in which these two women are able to negotiate their co-existence without one ceding power to the other. In this first scenario, the balance initially tipped in favour of the more dominant in-laws, although ultimately, the younger woman's depression ironically facilitated her resistance to these pressures and her husband's parents were required by Canadian law to move out of her home. A daughter-in-law, whose full membership in her husband's family is contingent upon her producing a male heir, often becomes depressed when she bears only female children, or none at all, observe Prem and Radha. A sense of inadequacy as well as the pressure from her husband's family may prove too much to bear.

More commonly, according to both the Canadian and Indian samples, it is the daughter-in-law who, these days, is able to gain the upper hand, or at least to escape the confines of her mother-in-law's authority. As we have seen in chapter four, the children of the older women interviewed here often live independently of their parents or pursue careers and other activities outside of the home and hence spend little time with their elders. As Prita maintains,

> If family life isn't good, one doesn't have mental health, and so many diseases are due to depression. If you have no confidence in yourself then you will not have good mental health. ... The elderly [woman] suffer[s] a bit more, no one bothers about her. The children are independent. It depends if the children care.

Elderly women often experience loneliness and distress associated with the feeling that they do not receive sufficient respect. According to Prem, this loneliness and the consequent depression that many elderly people now experience is "happening because the joint families have broken up." Champa attributes her depression and the associated physical symptoms of weakness and lethargy to the loneliness that she feels on account of her son's migration to the United States. Radha too observes that the unfulfilled expectations of such women—who have always anticipated that they would live in a joint family in their old age as they lived with their own elderly in-laws for much of their married lives—can lead to frustration and ultimately depression.

Pramila, Champa and Radha all note how women in their position feel that they are no longer useful to the family or to society, that they are role-less. Added to this is their dependence which may be financial, physical, and/or social. While the dependence factor is undoubtedly greater in Canada due to the legal requirements of family sponsorship (see chapter four), it is interesting to note that, relative to the women in India, fewer Canadian
participants spoke freely about depression or related their own periodic experiences as triggered by familial conflict. Since a greater proportion of women in this subset continue to live in joint family households, however, we might also conclude that the mere act of admitting that they feel sad or depressed exposes them to greater risks. First, they may be afraid that such an admission will reflect badly on their families who may come to know of their complaints. A second consideration here is the notion possibly held by some of the women that in speaking of one's sadness or depression it is thus made more real and apparent to the speaker as well as the listener.

Problems can certainly arise from difficulties in negotiating joint family relationships, yet the non-realization of family life among women who remain spinsters, notes Prita, can also eventuate in frustration and depression in old age. The only way to avoid depression associated with "family circumstances," maintains Usha, is to cultivate the art of detachment. One's desires can only be frustrated when they are attached to an object, be it money or one's own child. The notion of detachment will be explored in greater depth in chapter ten, as will Lakshmi's suggestion that more profound depression may be due to previous karma. Here I will merely note Desai's observation that "karma is often invoked as an explanation [for mental disorders] because the causes of that illness seem less proximal" (1989:103).

Radha, Prita and Lakshmi each observed how the innate qualities of certain physical problems, such as low blood pressure, can themselves give rise to or further exacerbate depression in the elderly. Lakshmi recommends the practice of yoga asanas ('postures'), pranayama (breathing exercises) and listening to music or some other activity, to counter such effects. The hormonal imbalance which sometimes accompanies menopause was experienced by Madhu alone. For most women, the cessation of menses came as a relief and had no discernible effect on their mental health. Another proposed trigger for depression which unites the physical and the mental, is the consumption of certain foods. Lakshmi suggests that particular foods or drinks can sometimes give rise to insomnia, the consequences of which subsequently affect the entire system. Usha specifically points to consumers of tamasik food as those prone to depression. Conversely, depression can propel people to "put things in [their] mouth[es] uselessly," says Tara, whereas fasting conversely "teaches you to control the mind."
(v) Five emotive states

Just as physical balance can be traced to the equanimity of the five basic elements, some women feel that mental well-being and, by association, physical health as well, are susceptible to imbalances of the five emotive states—or 'five enemies of a person,' as Radha calls them—namely, desire (kam), anger (krodh), attachment (moh), greed (lobh) and egoistic pride (ahamkara). In the Caraka Samhita (as cited in Krishnamurthy 1991:217) these five 'enemies' are found among a list of classificatory traits associated with a mental disorder labeled "manasavikara neurosis," as follows: "kama lust, krodha anger, lobha greed,... mana pride, [and] moha infatuation."* The three women who speak to this topic, all of them in Canada, each mistakenly associated these emotional states with the five elements (pancha bhutas) about which they were being questioned. Their insights are valuable, nonetheless, for the more concrete appreciation of the nexus between the notions of balance and both physical and mental health, that they provide. Their deductions regarding the relationship between these states of being and health are, moreover, consistent with those found in various Ayurvedic texts, wherein moral fortitude is considered a prerequisite for salubrious living. Under the sub-heading, "social medicine — duties of the individual to maintain health — by implication of immense value to the society as well," we find the following admonition: "He who desires his own welfare here as well as in the hereafter... should suppress the following urges," among which are included the urges of the mind, namely, "greed, grief, fear anger, prestige and egoism; shamelessness, covetousness and jealousy; excessive attachment and the desire to take away the wealth of others" (ibid.:457).

Daya and Minati explicate the nature of each state and the manner in which excessive indulgence thereof can influence the health. Both women begin with kam which they define as lust or desire for bodily pleasures. The person who is consumed by desire, claims Minati, fails to remember God's name, which brings the soul downward. The production of too many children is another hazard of such behaviour. Having expended so much energy on sexual activity, pronounces Daya, the person who indulges kam is "bound to get the diseases."

The second emotive state to be avoided is anger (krodh), which Minati associates with a hatred so extreme that the person thus afflicted may wish to kill the object of his or her fury. The outcome, she says, would be severe legal repercussions and extreme remorse for having committed such a terrible act. Daya's account is somewhat less extreme and better indicates the health repercussions of anger out of balance: "When you are very
angry, you can't be healthy because always you are thinking of something and that worries you a lot. And your blood is boiling because of the anger. . . So if you are a very angry person, then you might have that blood pressure" (as translated by Sumati).

When someone is consumed by greed (lobh), they seek to accumulate excessive wealth at the expense of others, even by illicit means, if necessary. Others may become "poor, dirty, whatever" so long as his or her greed is satisfied. Minati associates this desire to "possess it all" with Maya, the illusion of the material world (see fn.3, ch 5). Violated here are the cooperative relationships between individuals that are essential to the maintenance of a healthy society. It is perhaps from this perspective that Daya maintains rather vaguely that greed "is also not for the health."

Excessive moh (attachment) which, according to Minati, pertains especially to one's own family, underscores the differentiation we make between relatives and non-relatives and hence reveals the comparative weakness of the society as a whole. From the individual's perspective, explains Daya, "attachment is really bad for the health, because you are too much attached with the relatives or friends, then you don't take care of yourself, and it gives you some worries, too" (int. Sumati). You are powerless to change certain things, to prevent loved ones from dying, explains Minati, hence it is preferable to be less attached in preparation for such inevitable losses; even so, any one is bound to "feel a little hurt if something like that happens, it's just the way you're made," she adds (int. Neena). Attachment is a theme which arises independently of this five-fold scheme and will be treated in accord with its spiritual significance in the following chapter.

Ahamkara, too, is central to our understanding of the Indian self, and is likewise further explicated in the discussion of 'sacred and temporal selves' which follows. Here, Minati and Daya emphasize its most negative qualities, its association with excessive pride in one's achievements, possessions, family and so forth, and the consequent sense of superiority that this engenders. The danger in this attitude, Minati reminds us, is that "everything that you have, all these possessions, etc., they're all from God, they're from Paramatma [God, the creator] and when Paramatma chooses, He can just extinguish, take all that away from you without a moment's notice" (int. Neena). Ultimately, this lack of regard for others and for God, maintains Daya, will have an adverse affect on the health. Once again we are reminded of the perils of disregard for social well-being on the one hand and respect of God, on the other. It is only when each of these facets of health—the physical, the mental, the social and the spiritual—are duly considered and balanced accordingly, that we can expect to be free of illness and discomfort.
While Sita does not elucidate the characteristics of these emotional states, she provides some clues as to how they interact. Erroneously referring to this complex as the pancha bhutas (five elements), she claims that each is 'stirred up' and 'fights' when a person is angry and quarrels with another, which in itself gives rise to ill health. Once they are thus agitated, it is difficult for a person to regain control over their emotional excesses. For her part, she has tried to gain knowledge of such matters with the guidance of her Guru who has provided her with a name or mantra that she repeats in remembrance of God (simran): "With that mantra, those doshas will be weakened, and this is how [her Guru] helps her" (int. Sumati). The somewhat misplaced reference to doshas here accents, once again, the importance of balance as the key to serenity and health.

3. Psychosomatics

Psychosomatics, according to Krishnamurthy (1991:216), refers to the influence of the mind over the body or, taking a more comprehensive view, the "interdependence of the body, the mind and the soul or the self." Numerous authors have noted, in parallel, that among South Asians, the self typically extends beyond the strictly biological and personal, to incorporate social, environmental and cosmological relationships (e.g. Bharati 1985, Nordstrom 1989, Pugh 1984). In his book, Health and Medicine in the Hindu Tradition, Desai (1989) sees fit to devote an entire chapter each to the notions of the self and the body, both of which, he deems, "are at the heart of a tradition's intersection with its medical enterprise" (1989:35). Especially relevant to the Ayurvedic tradition, is the absence of an antagonistic distinction between psyche and soma: "Hindu mind and body are material and confluent" (1989:36).

As noted by Kakar (1982:198), the notion of a "mental-spiritual body" is not confined to the theoretical realm of Ayurveda, but is in fact "part of a widespread folk consciousness." Our discussion of balance in this chapter, together with the exploration into the effects of food and herbs on the body in chapter eight, further elucidates the interdependence of the physical and mental in the worldview shared by this group of Punjabi Hindu women. Virtually all of the women repeatedly restate the mind-body connection, insisting that just as the mind cannot "sit peacefully" when the body is unwell, so too does the body suffer when the mind is troubled. The foregoing discussion of emotive states is but one illustration of this Ayurvedic tenet.

In a nutshell, anything which is consumed as well as the bodies consuming such substances, is comprised of the five basic elements which are associated in complex and
overlapping ways with various sets of gunas (qualities). Health is attained when each guna in a given set (e.g. vata-pitta-kapha, or sattva-raftas-tamas) is balanced relative to its companion gunas as well as the constitution (prakruti) of the individual body. The importance of food as a regulating device becomes abundantly apparent in this context. Certain gunas, as we have seen in the case of the sattva-raftas-tamas complex, intersect not only with the mental, but also with the spiritual domain. To achieve a sattvik state of being (wherein, according to Sumati, rajas and tamas are in balance), for example, is a prerequisite to the attainment of communion with God and the cosmos, a topic which I will address at greater length in the following chapter. The principle of balance is similarly recognized by Crawford (1989:22) as central to an Ayurvedic worldview:

The normal state of the body is one in which all its elements function in balanced equilibrium, including the 11 indriyas (five sense organs, five organs of motion, and the mind); the tridosas [sic] (counterparts of the cosmic principles of air, radiant energy, and water); the 13 agnis (digestive “fires”); the three malas (excretions); and the seven dhatus (elementary materials, e.g., plasma, blood, marrow, etc.). In Ayurveda, balance is synonymous with health.

Here, I have demonstrated that this concept is indeed internalized and enacted by elderly Punjabi Hindu women, both in India and in Canada, in multifarious ways. Although certain individuals are well-versed in the underlying Ayurvedic principles, these understandings are, for most, relatively unconscious, merely "common-sense." Unlike more obvious 'cultural components,' which culture-bearers may choose to retain or discard, the cultural specificity of such 'common-sense' understandings is rarely acknowledged (Demé 1995). Typically, such beliefs are viewed as part of the natural order of things and hence remain firmly entrenched in the worldview common to members of a particular cultural background.
Chapter 10 - Sacred and temporal selves

According to the Hindu or Ayurvedic worldview, life is comprised of each of the sense organs, the mind and the soul, in combination with "the virtue of the invisible past actions," i.e., *karma* (Sharma and Dash 1976:26). I have already remarked in chapter one on the definition of 'life' as mind-body-spirit embodied in the Sanskrit root, *ayus*, of the word Ayurveda. Desai (1989:114) likewise points out that "religion and medicine in India have been inextricably intertwined." All of the women with the exception of Neela—who says that, like her husband, she is an atheist—are religious in some sense, although the expression of religiosity takes several forms. Accordingly, I will examine the different modes of religious practice found within this group of women and attempt to show, where relevant, how these intersect with health beliefs and practices. Approaching Hinduism as a philosophy, I will further delineate how religious understandings inform the notions of the self conveyed by the women in my sample with the objective of understanding whether or not such conceptions influence, in either a positive or negative manner, the adjustment of the Canadian women to their new home.

A. Religious practice

It is often said that Hinduism is more a way of life than it is a religion as we understand it in the West (e.g. Wolpert 1991). In this sense, the religious practices of Hindus are more pervasive while at the same time less apparent to the uninitiated outsider. Each individual is enjoined to follow faithfully and without complaint the 'religious laws' of *dharma* specific to the particular *jati* (local-level caste division) and *gotra* (patrilineage) into which he or she was born—Anju, for example, asserts that "one should observe one's own dharmas, not others" (int. Sumati). These 'religious' rules often prescribe the manner in which activities as mundane as eating and routines of daily hygiene should be executed, hence seemingly secular tasks can in fact be profoundly religious in their specificity. Only in this manner, are Hindus are able to accrue a sufficient store of good *karma* to ensure that they are born into a higher position and will suffer less in their next life; that is unless they are willing to make a pilgrimage to a sacred site such as the river Ganges where they may bathe and worship the attendant god(s). This practice is said to ensure *moksha*, liberation of the 'soul' (*atma*) from the perpetual cycle of rebirth. Besides the innumerable *dharma* rules which differentiate the religious practices of Hindus of different social standing and origin, the plethora of gods, goddesses, saints and *Gurus*, of which individuals are able to follow and worship only a small proportion, renders the act
of religious expression highly variable from one family, or even one individual, to the next (see also Singer 1972). This trend is certainly apparent across my own sample.

1. Hindu gods

The vast Hindu pantheon is headed by a trinity of supreme deities (often referred to as the *trimurti*)—Brahma, Vishnu, and Shiva—below which a proverbial 330 million lesser gods are hierarchically ordered to form a stratified world not unlike that of the millions of Hindus who worship them. Correspondingly, argues Fuller (1992), it is the higher caste Hindus, particularly Brahmins, who are most likely to worship the most exalted of the gods, usually Vishnu or Shiva (or any one of Vishnu’s many incarnations, e.g. Rama, the Buddha, Krishna). Poor, lower-caste villagers more typically focus their worship on local deities (most often goddesses) who, like themselves, enjoy much less status in the celestial scheme of things. Most of the women in my sample, all of whom are relatively high caste, do indeed worship more powerful gods, particularly the various incarnations of Vishnu, such as Rama and Krishna. Despite the multiplicity of deities, Hindus, including those in my sample, often refer to God in the singular. As Fuller explains,

> To ask if Hindus do or do not believe in more than one god is . . . too simple, for they may say that there is one god and many in almost the same breath. For example, Hindus often talk about different deities whom they worship, identify the god or goddess considered to be the most powerful or sympathetic, and simultaneously insist that all deities are one (1992:30).

Fuller’s claim is entirely substantiated by the manner of speaking of the women in my own sample. As Sumati explains,

> there is only one God, this is what I believe. Some Christian ladies they come to me and they say, ‘No, His name is Jehovah.’ I said, ‘Yes, His name is Jehovah, that is true, I believe that. But I can’t believe that His name is only that. As a mother, [let’s say] I have three sons. One calls me ‘Ma,’ the other calls me ‘Mama,’ the third one calls me ‘Mommy.’ Is there any difference? I love them all, even if they call me Ma or Mama or Mommy. That doesn’t matter, but, they call me. This is what is important.

Several of the women refer to their *ishtadevtars*, or personal gods, to whom they are principally devoted. This concept clearly recognizes multiple gods while singling out one in particular for special attention. Pramila, for example, is especially attracted to the teachings of the Jain saints, although she maintains that her *ishtadevtar*, her ‘real’ God, is Rama (i.e. Vishnu). Both Pramila and Lakshmi remark that, in India, the sun itself is considered an *ishtadevtar,* and hence influences behaviour in interesting ways. According to Lakshmi,
the Sun is the personification of light in God which is knowledge. If you follow [the practice of pronouncing *mantras* before the Sun], you can achieve knowledge of the three worlds. You should only do this in the morning because later the sun is too bright and it affects the eyes. You do these salutations to God and light after your bath, which means you should get up before sunrise. I do it every day. It gives you knowledge and good health.

Here we can see how religious beliefs can govern commonplace activities such as rising and bathing as well as their perceived relevance for the maintenance of health. Pramila’s account of the Sun as *ishtadevtar* parallels Lakshmi’s story in this regard, although she speaks to a different issue:

She says it's really very awful when we eat food after sunset. In India, she says, sun is an *ishtadevtar*, to whom we do our prayers, and she says when the *ishtadevtar* is not visible, we shouldn't, we feel sad and we shouldn't eat. And the second thing is, this is about India, there's so many germs, so many flies, and you know, mosquitoes and other birds, they come out. And when we eat food [after sunset] we can eat them along sometimes, so this is harmful, this is not a good food (int. Sumati).

2. *Puja* rituals

As noted in chapter three, some women in my sample—namely Anju in Canada and Champa and Radha in India—identify themselves as *Arya Samaji* and hence eschew all rituals (bar the *havan*, or ‘fire ritual’) as well as idol worship. Daya and Pramila subscribe to what they call the *Sanatana dharma*, some adherents of which are equally opposed to certain restrictive customs such as the segregation of women during menses. Pramila and Sumati suggest that the *Sanatana dharma* is the original Hindu religion from which other versions of Hinduism and other religions such as Sikhism have emerged.

As noted in chapter six, Minati too has set aside a great many Brahmanic Hindu rituals, such as fasting and menstrual taboos, since she and her husband became *Radha Soami* disciples. Prem is simply not committed to ritual although she describes herself as a religious person:

What I feel is, God just wants a very very pure and clean heart. He doesn't want all these rituals. But then we've been born in a society which tells us we should do these rituals from the start, but I don't know why, they've never had a very deep impression upon me. And I do observe sometimes, but sometimes I don't, because I'm not very sincere about them.

The extent to which rituals are in fact abandoned by these women is variable, however. Anju, Pramila and Daya regularly attend their local Hindu *mandir* (‘temple’) where they participate in the same practices as other women who subscribe to neither the *Arya Samaji* nor *Sanatana dharma*. Married into an *Arya Samaji* family, Champa nonetheless propitiates the gods with offerings and penance whenever her family is in need of their
assistance or forgiveness (see chapter five). Minati telephoned me once at 6 a.m., on her way to a three day ritual that she was sponsoring in order to give thanks for her daughter’s graduation from university, ‘Would I like to come along?’

For most women, puja is an important means of connection with God, although the amount of time that each dedicates to this task and the manner in which it is conducted is, again, extremely variable. Sumati’s detailed description of her own daily puja routine and what it means to her should clarify the general parameters of this type of worship for the reader, although it is important to bear in mind the individuality of worship for these women—meditation, the recitation of mantras, the reading of holy books such as the Bhagavad Gita or the Ramayana, or prayer before an idol, equally constitute puja. Sumati divides her puja ritual into two parts, explaining that she cannot proceed with her “real work” which requires that she be calm and focused on God, unless she first completes a series of preparatory steps:

You wanted to interview me for this. But we couldn't start it right [away], we couldn't. We have to concentrate on something, we have to go here and there and there, and then we are ready, our minds are ready for that—then we do it. How I start [my puja], I have some of the idols, I give them bath. I'm preparing my mind, to do my real work. That is not real, my giving bath to them, by having some devotions for them, sometimes, you know, it's me, I'm a little lunatic, sometimes I'll talk to them. And you know, they become real to me. And then I do everything, my mind is really in a very serene condition. And then I start, I read something before that, and then I start. I just sit, like this, you know, cross-legged, and then I close my eyes and then prepare everything, just for doing the work. And then you have to go inside, when you have to meet the Almighty, you have to make your mind still. And that is with the action. So those are the, people, sometimes, so many people criticize, what does it do? Because [the gods] become real, they give you so much strength that you can sit in peace without any thought. And that is [what] I call religion, that is my religion. Well, I can sit peacefully, and sometimes, I feel that He is there. And that is the time when you feel so light and so comfortable, in such a peace, that nothing is around you, you are just yourself with your own self, let's put it that way. Nobody else disturbs you.

Now that her sons are grown, Sumati is pleased that they and their wives and children all begin their day in prayer. Sumati and most other women who do puja or set time aside to recite mantras do so first thing in the morning after bathing, although few actually begin their prayers before sunrise. The exceptions are Lakshmi, who has devoted her entire life to the worship of God, and Minati who, along with her husband, rises every morning at three o’clock to recite a mantra, to focus on the name of God (nam jati). This practice is good for their health, she claims, because they feel God’s presence which, in turn, makes them happy:
If for some reason they ever miss it, ... then she feels upset all day and she even feels a little anger. ... You feel bad yourself, because you did not take God's name and you did not think about Him, ... and you don't feel like doing anything else, really, because you feel bad the rest of the day for not doing that one thing (int. Neena).

Pramila too acknowledges that failure to do her puja in the morning disturbs her peace of mind and hence affects her health. She recognizes, nonetheless, that it is her own faith, her belief that puja is the food of the atma, rather than the fact that she has not prayed, that makes her sick; God is a father to everybody, after all, and fathers do not think badly of their children, she maintains. Anju and Sarala echo the sentiment that the omission of puja in their morning routine makes them feel as though they have accomplished nothing, that they are lacking something. For Madhu, puja is simply a two-minute affair at a small shrine that she has made in her home which enables her to “concentrate” her thoughts in the morning. Uma prefers to perform her puja at night-time, instead: “I do Rama nam japna [chant the name of God as Rama] every night—it puts me to sleep. It makes me calm and keeps me healthy. I do it lying on my bed. You don't have to go to a mandir or anything to do this kind of puja.” If she is unable to do so, however, Uma is certain that God knows why, and forgives her. Shulka, on the other hand, feels that puja should be performed throughout the day, maintaining that each of the holy scriptures, the Bhagavad Gita, the Ramayana and the Gharbani (the Sikh holy book), recommend constant prayer. Acknowledging the impracticality of this advice, she counsels that it is imperative, nonetheless, to sit down at a specified time each day—once or twice at least—to perform puja and remember God’s name.

With very few exceptions, the women in both India and Canada agree that puja influences their emotional or mental wellbeing and hence affects the health. As Tara observes, “puja is important for mental health because it gives you good thoughts. Mental health is connected with physical health. It depends on who is doing it and how they are doing it, though—it will only help if you are improving your thoughts.” Lakshmi, too, places emphasis on the quality of the individual’s thoughts: “If you can't merge with the cosmic energy then you will become sick. Your thoughts affect the body, so if your thinking is healthy then the body will be healthy. If you think, 'I am not healthy,' then you will be sick.” Daya similarly believes in puja, she says, for the role it plays in reminding us of God:

God has sent us here to remember Him, and to pray to Him, but when we come in this world, we forget God, and so, she says, that it is very important for a person to remember God and to pray to Him and, she says, when you remember God, you forget about the burden thing, worries, rather. You don't think about what's happening, and sometimes
you are alone with the God, and that's very good for the health. . . . Because you are connected with God you are thinking of Him only, and the worries don't come to you, so that affects the health (int. Sumati).

Cultivating ‘good thoughts’ is perhaps easier to conceive than to execute, however. Kali, for example, declares that together with cooking good (i.e. sattvik) food, remembering God through the recitation of mantras tops her list of effective home remedies; she admits, nonetheless, that “at times, she has been so angry inside that she can't do this” (int. Sumati). Yet without puja, without religion, warn Prita and Shulka, there is no peace.

3. The discipline of yoga

Usha’s insights into puja as a form of meditation (dhyana) or yoga, defined by Wolpert (1991:74) as “a ‘discipline,’ which literally means ‘to rein in’ or ‘harness,’” provide clues as to the manner in which puja might benefit the health:

It really makes you very strong to bear all the things around you. It's to hold your mind. It's to stop all the modifications of the mind. So it's very important for health, because you just cannot concentrate on one thing continuously. So it's again a kind of yoga. It is to concentrate your consciousness right towards one thing [God] time and again (int. Parvati).

Yoga in the West is most commonly associated with the aspect of Patanjali’s disciplinary regime which seeks to master the body through the practice of yoga asanas, or ‘postures.’ In fact, this physical component is but one the eight limbs of yoga, the remaining seven of which encompass moral purity, self-discipline, breathing exercises (pranayama) and a series of increasingly dissociative meditative practices (i.e. pratyahara, dharana, and dhyana). The ultimate goal of these various pursuits is to achieve a state of perfect harmony or "samadhi, the union of the soul with the divine," which is also spoken of as the ‘true self’ (Mehta, Mehta and Mehta 1990:172). It is this state, described as "surrender of the self . . . giving up egotism, the sense of the 'I'—the smaller or selfish self" (i.e., ahamkara), toward which the various disciplines of yoga are ultimately directed (ibid.).

Lakshmi elaborates on this principle: “When you meditate, that small [piece] of yours combines with the cosmic energy. The ego [ahamkara] obstructs this merging. One's capacity to work or to think is much greater when you connect with the cosmic energy.”

Of all the women interviewed, Lakshmi devotes the greatest amount of time and effort to the pursuit of yoga in all of its forms. Her daily routine includes early morning meditation, followed by yoga asanas [postures] and pranayama, all of which she deems
to be beneficial to the health. She specifically mentions the benefits of yoga for problems of depression and leg pain due to low blood pressure. As noted previously, her meditation and asanas are optimal on fast days when she is light of mind and body and her concentration is increased. In old age, says Lakshmi, many elderly people find that “they can’t reflect upon things. The brain can’t always focus as it did earlier, then they repeat things and younger people get tired of them.” An exceptionally alert woman of sharp intellect, Lakshmi says that such pitfalls can be avoided through the practice of yoga, which provides both exercise and “mental calm.” She adds to this the importance of listening to devotional music and taking care of one’s food.

Sarala’s yoga asanas include one posture which involves walking on her knees—a practice thought to be of particular benefit after taking food. Other women in India who practice yoga asanas and, in some cases, pranayama, are Radha, Prita and Uma, each of whom notes its benefits for both mental and physical health, as does Kali, the only woman in Canada who continues to practice yoga asanas and pranayama on a regular basis. According to Prita, either is

risky without instruction . . . you shouldn’t do it without guidance. There are many things that I cannot do because of my arthritis. A guide is very important. I also do pranayama. This is also under guidance from a learned person; there are some they don’t allow me to do.

This suggestion thus prompts me to speculate as to whether engagement in yoga is low within the Canadian sample due to the women’s lack of access to suitable guidance. Irrespective of this relatively small number of yoga practitioners, we find, nonetheless, that, for many women, meditation is an integral part of their puja routine from which they may accrue the aforementioned benefits.

The relationship of yoga to the cosmological scheme centred on the five elements, as noted above, is rendered apparent by Sumati’s reference to yogis who can control the five elements through the strict practice of yoga and especially pranayama (breathing exercises). This feat is accomplished by their ability to channel energy to the five corresponding chakras which, according to Sumati, "are also representative of elements. So elements and chakras are almost the same thing. Elements affect the body, and if they are not in a balanced way, one gets disease, of course." Lakshmi has heard, as well, that “some yogis are able to detach pran [breath] from the body while they are meditating, but this is a great feat. For most people, when pran leaves the body, then their bodies are dead.”
4. The fortitude of faith

The strength derived from belief in God—expressed in puja and the practice of yoga—can enable the person who is physically ill to better abide their pain: "Sants [holy persons] are always at peace," claims Shulka, "even when they are in hospital they would keep doing simran [remembrance of God]." She herself endeavours to follow their example:

If her body is sick, she doesn't believe in medicines. Some cry and shout whereas others are quiet and they take it. Pandits and Gurus have good thoughts—they know how to control them and how to take the pain. She still takes some medicines. Pandits and Gurus do too. When you take medicines, you should take the name ('nam') of God, do simran (int. Neena).

Prita likewise asserts that saints are able to distance themselves from the pain of sickness and furnishes the example of Ramakrishna [a famous Indian saint], who had cancer of the tongue. Minati, who has on many occasions experienced serious, even life-threatening, illness, has always complied with the medication regimes prescribed by her allopathic doctors; she asserts, nonetheless, that the most critical contributing factor to her recovery is her belief in God. Sibani feels that prayers to God for understanding when we are ill and cannot decide on a course of action, bring peace to the mind and hence some relief to the body. Pramila’s allegorical tale from the immensely popular Hindu epic, the Ramayana, reveals more precisely how these beliefs intersect with and are shaped by the complex interrelationship of mind, body and soul that the Samkhya philosophy and hence Ayurveda, represents:

There was a war between Ravana [the demon king] and Rama [the hero, avatar of Vishnu]. . . Okay, so when Rama was walking, he [had] no shoes, even. And Ravana, he was a very great king, but Ravana's younger brother, Vibishana, he was on the side of Rama, on the side of, we would say, 'right things.' So he said, "I'm really worried, how you are going to win this man, because he has got everything and you don't have.” Then Rama's answer was that, "I have got all my indriyes ['senses'] in control, I have got all the gunas and with those gunas, I'm going to win that king, so don't worry about that." So that means that if you really have very strong inclination and you have the . . . the control upon your body and you have a good willpower, you will win. . . . Whosoever worships one's master—worship means to have his teachings and act upon that—he has got everything (int. Sumati).

Accordingly, Sumati’s observation of puja has provided her with the inner strength she has needed during the more trying episodes of her life. When she went into debt to start her own business in Canada, she remembers, praying to God gave her the strength to complete whatever she had begun. Viewed from this perspective, Sarala’s assertion that the benefits of puja accrue not only to the devotee, but to her family as well, stands to reason, as does Shulka’s unprompted affirmation with which she commenced her
interview: “Religion is everything. If you don't have religion you don't have your health, you don't have anything in this world, and you don't have anything in the future, either. So it's important for all three” (int. Neena). Besides the centrality of religion to health, to which Shulka so passionately attests, the allusion to the concepts of *karma* and reincarnation, to which I will return, is also notable here.

B. *Bhakti*, Gurus and the goal of detachment

1. The guidance of Gurus

Like yoga, the later Hindu tradition of *bhakti* ('devotional worship') represents an effort to escape the phenomenal bodily self and to be 'reborn' through meditation as the true spiritual self (Desai 1989). Movement away from the world of illusion (*samsara*), wherein the individual is bound by lust for worldly persons and things, typically requires the expert guidance of a Guru, or religious teacher. “Without the spiritual master,” affirms Sita, “there’s no *mukti,*” or *moksha,* i.e. the release of the soul from the body and the cycle of rebirth. In this metaphysical quest to become one with God, caste distinctions are diminished, if not eliminated. The Gurus, for their part, “try to reach the far shore of the stream of life, negating involvement in ordinary pursuits and thereby establishing a selfless orientation to life, a prerequisite for admiration and adoration” (1989:111).

Desai suggests that the devotee’s dedication to her chosen Guru, and to the spiritual pursuit that this relationship embodies, imbues her life with meaning, “lifting [her] (usually) lower status and esteem” (*ibid.*). While the women of my sample are of relatively high caste and class standing, it should be remembered as well that they are elderly, female, and often widows—three factors which can contribute to their relatively low status in society or even within their own households. Symbolically, the lower status of women is endorsed by beliefs in their impurity during menstruation, which mirrors the ritual impurity of the lower castes. This notion is especially evident in Hindu taboos which prevent menstruating women from reading scriptures, entering temples, or engaging in any type of sacred activity, for fear that they may be ritually polluted. Despite the de-emphasis on caste, the Brahmanic notion of menstrual taboos has, in many instances, been carried over to the Guru-**chela** (‘disciple’) relationship. Usha, for example, reports that “if one has a Guru, . . . then she [is] not allowed to prepare food for him” during menstruation (int. Parvati). For the most part, Gurus are men, although there
are exceptions, such as the well-known female Guru of whom Sita and her family are disciples.

Of the Canadian subset, all but Neela say they follow the teachings of a Guru who is invariably located in India. Fewer members of the Indian subset mention any sort of attachment to a Guru, although those who do so—namely Sarala, Lakshmi, Prita, Prem and Usha—are devoted to their quest. This discrepancy may be due to my own oversight in this regard, since my protocol did not include a question specifically about Gurus; rather I questioned the women more generally about the role of religious specialists in healing or illness prevention (Appendix A). It is therefore possible that more of the Indian women may in fact be devotees of a specific Guru. The popularity of this topic was, for me, somewhat unexpected and hence can be said to have emerged as a genuine indigenous category.

All devotees speak lovingly of their Gurus, extolling the virtues of purity and selflessness that they typically embody. Pramila, for example, remembers how her Guru addressed her by her name, some six to eight months after her previous visit—so strong was his “mental power,” she claims, that he was able to remember, or simply know, the names of so many disciples. Prem likewise relates how she and her husband once had a Guru, a Sikh, who apparently died at age 108. One day, when they attended a Satsang, they had passed their Guru and, out of respect, each touched his feet. Prem passed by first and the Guru had touched her head in blessing, as usual, but when her husband followed suit, the Guru leapt up and embraced him warmly. During the Satsang, she was distracted by pangs of jealousy, and asked herself, “Why does Guru-ji care for my husband more than me? I must be inferior.” As they left the Satsang, the Guru asked her why she had thought such things and made some demonstration of his equal affection for her. He could read her thoughts, claims Prem, because his mind was pure, and she felt ashamed of her own vain doubts.

The Guru-chela relationship is typically long-term and, over many years, the Guru is able to guide the devotee in her quest for self-understanding, teaching her to conquer her own mind and thereby to "conquer the world." The strength of this relationship is often intense, perhaps stronger even than the woman’s relationship with her own parents (Neki 1973). In some cases, suggests Mitter (1991), it is the only socially sanctioned relationship with anyone outside of her own family wherein a woman is able to find the affection commonly withheld by her own husband. Neki’s comparison of the Guru-chela
relationship with the Western treatment modality of psychotherapy draws our attention to the role that the Guru plays in the health care of his or her disciples:

The psychotherapeutic relationship has a focal interest on mind as a clinical entity. The Guru, steeped in the Eastern lore, doesn't choose to categorize mind and matter, subject and object in the same way as in the West. He envisions the disciple in his succession of existences, and his own relationship with the disciple likewise, extending both before and after this present life. Being an ephemeral relationship, psychotherapy abhors dependency of the client on the therapist, which creates bilateral anxiety. Being eternal, the Guru-chela relationship fosters dependency and then strives for a restitution of this dependency (more properly interdependency) through independence to dependability. The Guru deals with life stuff, not merely with mind stuff. In Western psychotherapy, mind is treated as an isolated clinical entity. However, the Guru does not work only on the mind of the disciple, he works on the disciple's perpetual life continuum, leading him toward his emancipation from the throes of Kala (time/mortality). The Guru's field of action is thus more extensive spatially as well as temporally (1973:761).

Unlike the transitory relationship between the psychotherapist and his or her client, the Guru’s interaction with the disciple is long-term and holistic, attending at once to mind and body as well as spirit. Both the intimacy and integrative nature of the relationship thus implied is abundantly apparent in the women's accounts of their own association with their chosen Gurus. Lakshmi’s alliance with her Guru since the mid-1940s until his death in 1973 is testimony to the abiding nature of such relationships. In 1947, at the time of Indian Independence and partition, it was her Guru who facilitated the escape of Lakshmi and her family from their home in strife-ridden Kashmir. From the outset, says Lakshmi, whose husband left her to marry another woman when she became ill, she was profoundly impacted by this man:

When I first heard him, I felt I had heard his voice before, it was like I already knew him. It was his voice, so familiar. I would go to the temple for the Satsangs and so on, and I would remember everything. They used to say I was a walking dictionary on these matters. I did other work for him too, but I was never entrapped by him, he wasn't like that. Once he asked me to go to America with him, and I didn't want to—it was alright with him.

She and her mother traveled on numerous occasions to be with him in his ashram in Haridwar, a holy site located on the Ganges river at the foot of the Himalayan mountain range. During one such visit she experienced severe pain from a kidney stone, for which her Guru was able to provide an effective remedy: “I didn't want medicine. God is my physician and the Ganges’ water my medicine,” explained Lakshmi. “My Guru told me to burn neem leaves and take the ashes in the morning. At that time, I couldn't even digest a tiny piece of food, but after a week, taking the neem ashes, I could eat again.” Usha’s Guru distributes Ayurvedic medicines for all manner of ailments including cancer, arthritis, coughs, “stool problems,” gall bladder complications and diabetes. He counsels
her, as well, as to the foods she should eat. Consistent with Ayurvedic philosophy, he suggests, for example, that ghee is good for the health on account of its ability to dispel internal poisons and gasses. It is apparently common for Gurus to provide directives as to the diet of their disciples. As Minati and Sita report, ‘simple’ or sattvik food is advocated, which entails a vegetarian diet and abstinence from smoking and alcohol consumption. In this manner the mind can be pure and receptive to meditation and worship. Tamasik and rajasik foods such as sour foods, spices, garlic and onions are commonly disallowed, although Sita explains that her Guru has given her permission to take garlic for medicinal purposes in Canada where it is needed to counter the excess vayu in this climate.

Prita identifies a different type of care that her Guru alone can provide: “The Guru only” has power and can pray for the devotee. He has more power from God, so he can help. Or sometimes he may touch a person and this can help them get better. The vibration of the Guru, from his coming into your house can also help.” His manner of speaking, as well as his actual teachings, empowers Sarala’s Guru to eradicate all of her “mental tensions.” Sita, too speaks at length about her adoration of her Guru who, upon giving Sita a ‘name’ (nam), took over all of Sita’s sins and advised her to leave her worries to God. Sita has had the opportunity to test this proposition on a couple of occasions. Mother of many daughters, she has twice approached her Guru with concerns regarding her daughters’ marriages—in both instances, her difficulties were overcome and the daughters were married within a short period of time.

2. Nam, dan, and detachment

Several of the women in Canada say that the mere thought of their Guru makes them feel better. In the morning, they act of praying in front of the Guru’s photograph and repeating the mantra or nam which he or she has bestowed upon them, brings them great happiness. This chanting of the nam is a form of simran, or remembrance of God and the Guru, and is evidently a common initiation ritual for many Guru-chela relationships. According to Shulka, the practice of simran saves people from their sins. Often this form of worship is part and parcel of their puja routine. The Gurus’ teachings are typically derived from the core principles of Hinduism, particularly those of the pre-Brahmanic era (see Kakar 1982). As Shulka and Sita explain, people should be kind to others, practice forgiveness and resist temptation. An important precept emphasized by several Gurus is that of dan or ‘giving’ which entails making offerings to gods or needy persons as a preventive or remedial measure. Shulka elaborates on this concept: “You should do this
according to your faith. So you may give to the mandir, to a Guru or someone like that, or to a good person. But you should not give to alcoholics and such people. All these things—nam and dan—are necessary for good health" (int. Neena). Sita explains the principles behind dan:

If you don’t give, what are we going to get after our death? She says, God says, ‘I have given you so much, so you should also give something out of it to others.’ She says all the time we are the beggars of the gods, you know. We say, ‘Okay, give us something, give us something. She has got some principles, whenever you start eating you think of God and pray to God that ‘You have given me so much, and I’m thankful to you.’ She says that is a must. If you can’t remember him when eating food, that is no good. And this is what her spiritual master says. She says it is a must to give something out of your income, and God has given you so much (int. Sumati).

Since I have been in the mandir on several occasions when Sita and her family have offered generous donations, I can attest to her sincerity. The antiquity of the notion of dan, particularly where food is concerned, is affirmed by its mention in such classic texts as the Laws of Manu and the Rg Veda, among others. The Rg Veda declares, for example, that “it is an unenlightened person who secures food in futility, who is merely a sinful one who does not offer food to the gods nor to his friends but eats it only to fill his own belly” (as cited in Krishnamurthy 1991:460). In effect, dan, broadly conceived, embodies those qualities which oppose excesses of the five emotive states or ‘enemies of the person’ discussed in chapter nine (i.e. desire, anger, attachment, greed, and egoistic pride). I have already noted Sita’s view that the repetition of nam similarly diminishes their effects. As stated in the opening paragraph of this chapter, the purpose of bhakti is to free the devotee from attachment to the material, everyday world of samsara, to embody instead the spirit of detachment evoked by the practice of nam and dan. Accordingly, I will turn my attention here to ideal of detachment and what it means to the women in my sample.

The concept of moh as attachment has already been discussed in chapter nine, in terms of the hazards to health whenever this emotive state is found in excess. Citing an Indian parable, Pramila maintains that, minimally, we all need three things: clothing, food, and shelter. With reference to the final stage of the four-part asrama life-course schematization, wherein elderly men ideally renounce all worldly possessions and become wandering ascetics in the hopes of realizing their dharma, she contends,

A man needs all these things, even if he is very much detached, he goes to the jungle, forest, even then he has to build some space to live there. And he has to have some clothes, if not good, then bad, but those things are important. . . . And if you leave your children, when you go there, then you have got so many disciples, so it comes to the same thing.
Sarala, Tara, and Radha all agree that attachment to one’s parents, husband and children is natural and desirable, to a degree. As an unmarried woman, Radha laughingly observes, “you think of your studies and your friends, nothing beyond that!” Marriage brings an end to this carefree life, however, and the welfare of others close to you becomes central to your own interests. Radha feels that this is true in India to a much greater extent than it is in North America where she now spends much of her time. Her American-raised granddaughter, for example, says that while there are many more comforts in the United States, she finds a great deal more emotional attachment or love in India.

Paradoxically, explains Sarala, it is “the daughter [who] is more attached to her mother. Sons, they form their new families, so they get more involved, but daughter, she may be involved,. . . but she'll always remember her parents” (int. Parvati, emphasis added). The more loving nature of daughters over sons was echoed by most of the participants, among them Tara, who further describes how the nature of the mother-daughter relationship has changed with the times:

You treat your own children differently to other children—you have more tolerance—because you're tied to them, there's attachment. It used to be different with girls, but now they are less of a burden. Even so, if you had many girls it would be bad. There's dowry to consider and girls can't be as useful to their parents. But these days, girls have careers, and they even look after their parents sometimes. Girls are more understanding, more affectionate, too. It's a woman's nature. Boys don't have that certain nature, those kinds of tendencies.

The problem with such attachment, adds Tara, is that it can disrupt the joint family: “Daughter-in-laws [sic] now remain more attached with their parents. This is not good because they can cry on their shoulders for every little thing, then her parents will interfere and it's bad for everyone . . . it doesn't work if the girl's not looking to her husband's family, her in-laws now, as her own family.” As we have already witnessed in chapter nine, familial tension is often pivotal to the disruption of health, both mental and physical. Another hazard of attachment, of course, is the grieving and concomitant ill health that can follow the death of a loved one. Anju, for example, became sick for some time due to the shock of her husband’s untimely death at age forty-nine. Sibani was also sick for ten months following the death of her eldest sister, still a young woman, to whom, she recalls, she was deeply attached.

Physical pain itself is a form of attachment, reasons Tara, since the atma (‘soul’ or ‘self’ to be discussed below) is in fact free of all feeling, “it is in no way connected to anyone.” Our bodily self, on the other hand, is indeed involved with the world and hence connected
to all things, including pain and sickness. Lakshmi upholds her mother as one such example:

Some people are invalid—they fall and hurt their knees or their back—this is common. Then they can't move much, so they pine for company. They want someone to sit and talk with them, but they don't usually have much to say. They just complain. This is because of material attachment. Some never do complain, even though they're bedridden. Like my mother: she was in much pain in bed for some time and when I would ask her every morning, 'Ap kaisi hail?' ['How are you?'], she would always say cheerfully, 'Mai thik hoon' ('I'm fine'). But such people are rare, they have to devote time to God or to themselves.

It is because of Maya [material illusion], suggests Tara, that everything is “a jumble,” adding, “we should be above it.” If we are not, warns Lakshmi, even our dying moments can be fraught with great agony; it is essential, therefore, that we become detached, not only from the people and things that we must inevitably leave behind, but also from the sort of involvement with our own bodies which predisposes us to linger in the experience of pain.

Gurus are often instrumental in coaxing their disciples along the path of detachment. Some such as Prita, are prompted by the pain of loss to seek solutions: “After [my husband] died, following my Guru was a great comfort to me, it gave me peace, otherwise I might as well kill myself. I still want to follow in my Guru's path, although worldly things still come into my mind, but I'm still trying.” Usha, for many years, nurtured a son with a fatal congenital disease and, since his death, has lived alone with her husband while her remaining son resides in Norway with his own family. Fortunately, she too has found great comfort in her Guru’s teachings. Sadness, he has told her, is a function of the mind which becomes attached to something and does not get it. Here again we revisit the theme of unfulfilled desires to which ‘madness’ is so often attributed. The Upanishads, in parallel, declare that “the wise man overcomes anger through mind-control” (as cited in Krishnamurthy 1991:446). Suffering from “mental tensions” can be avoided, Usha’s Guru has told her, if one is always indifferent to both happy and sad situations. Only in this manner can one become strong enough to withstand suffering. Now, thanks to her Guru’s influence, Usha feels that she truly understands the “meaning of life”: In her younger days she used to get affected by all—she was very attached, this means she loved every third person. Her Guru-ji taught her the importance of detachment and told her to consider everybody as God, not just as a means to an end. Now she lives in a state of bliss—it is better than before. Her mind is much more stable, she wants to remain more with herself (emphasis added; int. Parvati).
Here we can recognize a theme, again originating in the Upanishads which proclaim, "One should give up attachment but if one is not capable of it, let him cultivate attachment; only it should be attachment to all" (ibid.). Lakshmi too claims that health and happiness in old age depend on one's ability to become detached: "In life you can't be clinging to things and people. This invites trouble. Young people have their own lives and it's better not to interfere. You can help if needed, that's different, but you shouldn't be getting involved in their lives." Instead, she recommends that as they grow older, people try, in accord with the Upanishadic admonishment, to become a 'mother' to everyone, to love all people as your own children. The discipline of yoga is further required to effect appropriate levels of detachment. Lakshmi explains how the practice of pranayama in particular can facilitate one's extension toward God and hence away from material concerns:

'Pran' is an Indian word which means 'breath'... It is energy. If you add the thought process, some take in mantras such as 'Om' with pran shakti ['breath power']. You do this from the navel up—the navel is the origin. If you do this sixteen times, it calms the mind. Om is not really a mantra. It is the natural vibrations which are always present in the world. All other mantras come from Om. This practice helps you physically, mentally, and intellectually. You are able to achieve detachment from things.

I have already remarked that detachment from worldly things, from samsara is, in line with the asrama scheme of life, considered proper behaviour for elderly Hindus. Accordingly, several women remark on the appropriateness of ceding control, of putting themselves in God's hands at this time of life. In response to my question as to how she and other elderly women that she knows view old age, Shulka replies that one's experience is primarily a question of accepting that you have no control over the length of your life, which is predetermined by God:

Suicide, it won't happen. God will only let you die when it's written that you are going to die. And howmucver that he gave us, we're going to have to take that much. And for somebody who feels like staying in this life, then that's good for them, they'll think 'Yeah, a long life or old age is good.' For somebody who doesn't like this life anymore, who wants to get away from it, then old age or a long life is bad. But whether they feel it's good or bad, they have to stay here until God wants them to leave.

Furthermore, she argues, it is against God's will to dye the hair when it turns white, or to wear dentures when the teeth start to fall out. She recommends, instead, that "if you don't have that many teeth, eat less." The problem with many elderly people, Shulka protests, is that they use dentures to enable them to eat more which, in her view, is bound to make them ill: "If you go against what God set out for you, if you go in the opposite way, then you're going to get sicknesses." By the same token, Prem—who describes old age as "a
disease in and of itself”—views old age maladies as reminders of the importance of detachment from bodily concerns

Your eyes, your ears, your appetite are not so good. We say that these are letters from God that 'You are coming to me.' These are five letters that he sends you: Be prepared for your old age, do some prayer, do some good work before you do, so that you can get into a good place over there. This is how we think of it. And if you don't listen to those letters, that's our fault. Because, of course, the death is coming and these are the warnings. Some accept it in a healthy manner, some get depressed about it—my friends, some of them are like that, and I say to them, 'You were young, why not you should pay the price of your old age now? You have to! Why should you worry?'

Other women, such as Pramila, Sarala and Prita, echo Lakshmi’s recommendation that detachment from family affairs is essential to the maintenance of harmonious relations and hence, peace of mind and good health. Sarala suggests that, while it may be very difficult for the elderly woman who can find much to critique in her daughter-in-law and son's efforts in matters such as “food, neat and tidy clothes, [and] the environment, . . . [she] should be more detached to this; young people have more demands on their time these days” (int. Parvati). Pramila and Prita agree, yet both are clearly struggling with the realization of the ideal. As Prita puts it, “We get stuck in worldly things—moh, manah, Maya. . . . One should be indifferent, but it's difficult for a man to become a sadhu. Lack of attachment is only a show; they do have attachment. Some sadhus can be different, but it depends on the individual.” Pramila oscillates between statements that affirm the importance of detachment—e.g. “when you get old, then you should just 'sleep away' . . . be detached from all these things”—and those which put into doubt the ability of most ordinary humans to achieve such lofty ideals. Even those who claim to be indifferent are affected by familial tensions, she bemoans: “It affects the body. So nobody is that much detached from the outside world.” She continues to try, nonetheless, using detachment as a tool to combat loneliness now that all of her grandchildren attend school full-time.

C. Religious specialists as healers

Religious specialists consulted regarding health concerns are not confined to Gurus. The women also seek assistance from pandits ('priests') and jyotishi ('astrologers') as well as a range of less precisely identifiable religious specialists." The nature of the services that these types of specialist provide, however, are in many ways quite distinct from the more encompassing guidance offered by Gurus. There is, however, some overlap, particularly for the treatment of illness due to bhoot pret. My participants usually seek out the services of these men (or, on rare occasions, women) for very specific problems which
can be sorted into two categories according to their putative cause, namely bhoot pret ('ghosts') and planetary influences, each of which I shall address in turn.

1. Illness due to bhoot pret

The various attempts to explain bhoot pret among the women in my sample are often convoluted and esoteric, although common threads are certainly identifiable. Sumati's assertion that bhoot are the souls of those who have died an untimely death, the atma of individuals who are for some reason still attached to the living, is at the core of several other accounts. Daya identifies women who die during childbirth and those who die in accidents as especially good candidates to become bhoot. Pramila adds to this list, those who commit suicide and explains that since God has not yet called for the souls of such unfortunates, their atma have nowhere to go. Other bhoot may have been poisoned or otherwise murdered, proposes Prem, and hence "would be very agitated at the time of death." Usha's suggestion that bhoot may be victims of bride-burning also falls within this category. Both Sumati and Daya specify as well that, unless they are particularly "devilish," bhoot typically trouble their own families, with whom they may have unfinished business.

Kali recounts, for example, how one of her cousins died during childbirth. At first, the bhoot of this young woman would call out to them and make noises. The family tried various tactics to rid the house of the bhoot, such as putting mustard in her room, but to no avail. Then, when Kali gave birth to a daughter, the bhoot was blamed first for a problem in the child's neck and then for her intermittent breathing which, by her third day of life, concluded in her death. Afflictions due to bhoot cannot be cured by medicine, claims Daya. Rather a master of such knowledge must be consulted ("whosoever has the knowledge of this") who will perform suitable rituals around the victim in order to exorcise the bhoot. Kali begged her uncle and aunt to bring in the mullah (Muslim priest) to abolish the bhoot. Subsequent to his ministrations, they would hear her crying, "Oh, why have you tied me up? Why have you done this to me?" Eventually, says Kali, she "took her mother." With the death of Kali's aunt, the bhoot was heard of no more.

Although she claims that she does not believe in supernatural healing, on account of her identification as an Arya Samaji, Anju relates how on two occasions, she has experienced the effects of bhoot pret. The defining features of one such instance resemble Kali's story: Again, the death of a woman in childbirth gave rise to a bhoot which would visit all of her former neighbours who would sometimes feel that they had been slapped and would hear her speaking to them, often at night. Anju herself was visited by the bhoot
while she was sleeping. During one such “dream” she asked the bhoot what she wanted from her. At first, she replied, ‘Your son,’ but when Anju pointed out that she had already taken him (despite the fact that the loss of her son is elsewhere attributed to a different bhoot), the spirit asked for more chappatis (bread). In this case, the person to effect a cure was a spiritual master, a Guru, who effectively treated Anju and her neighbours with some unspecified medicine. Anju relates another rather complex account of the effects of a bhoot whose origins are unclear:

She says when she got married, . . . her husband’s sister, she came to their place, because . . . after the birth [her children] used to die. And then they went to the master and he did something. Well, she gave birth to a daughter and she survived. And [then] she went to her in-laws’ place. And at the same time her sister was pregnant, and somehow or other those things came to her sister, she gave birth to a son, he died, and then they had a buffalo at home for the milk, she gave a birth to a young buffalo, whatever you call it, he also died. So this way the effect was upon the whole family. And then [Anju] herself got pregnant and she also lost her son, she gave birth to a son and he also died. But then they all went to that person again, that master, and everybody got, you know, some herbs or medicines from that person and some mantras and some tagas [‘strings’] around the neck and everything went all right. This was the effect of the bhootas (int. Sumati).

Here, it seems that the bhoot initially possessing Anju’s sister-in-law was driven out by their Guru, only to re-establish itself in Anju’s household. Another interesting feature of Anju’s stories is that, in all cases, they sought to eradicate the bhoot by recourse to a Guru, rather than a pandit who represents the Brahmanic form of Hinduism that the Arya Samajis, together with Jains, reject. Accordingly, it is Sarala, a Jain, who likewise identifies her Guru as one who is knowledgeable about, and hence capable of curing ailments caused by bhoot pret: “Her Guru-ji knew such things—he placed the afflicted person in front of him and chanted the mantras and gradually the person was cured. A cure depends on the person [healer] really knowing the art of curing, it must be a very learned person” (int. Parvati).

Besides those who die unexpectedly, explains Daya, people with exceptionally bad karma can similarly fail to achieve either rebirth or mukti (salvation of the soul) and remain “in the air” as malevolent spirits. Minati concurs and provides the example of the man thought to be responsible for the Air India bombing, whose potential arrest made the news on the day of our interview. Pramila, in parallel, describes bhoot as “a very low form of existence,” whereas Sita focuses on their air-borne nature, warning that, consequentially, storms can bring bhoot to which children are especially susceptible. According to Daya, it is people who urinate under trees where the bhoot is present who are especially vulnerable to affliction by the spirit, which can make them ill. Pramila lays stress on the inevitability of sickness as a consequence of invasion by bhoot pret,
although Daya speaks more about how they “come and kan khana,’ [which] means they create problems for you” (int. Sumati), oftentimes making themselves known by speaking through the victim. Sarala likewise relates how a bhoot can cause many troubles for a person thus afflicted who, as a result, “doesn't grasp things, . . . starts to talk in a different manner, [and] eats much more than usual.” Speaking from personal experience, Sita confirms that when the bhoot “enters the body, sometimes it gives a feeling to eat more, because they are eating her out of the body, and she or he eats a lot, she can't concentrate, and she goes here and there, can't work properly.”

Sita’s case is curious in many respects. While she initially speaks of bhoot affecting her bone while pregnant with her first son, to which (along with many other factors) she attributes his poor health, she subsequently focuses on a problem with her eyes that she blames on a curse. Her troubles began, she recalls, when, after the birth of her second daughter, she found a copper ‘locket’ with a string enclosed, in her bed. She supposes that it was placed there by her husband’s brother’s sister, with whom—as in many households—her relationship was fraught with jealousy. Upon showing it to her mother-in-law, the older woman immediately threw the ‘curse’ into the fire in order to destroy both the physical object and the evil that it represented. Nonetheless, Sita speculated in retrospect, the smoke must have affected her eyes and for six or seven years thereafter, she was unable to see properly. Eventually a friend persuaded her to see a ‘priest’ with knowledge of such matters, known as a “kala” (lit. ‘black,’ possibly a tantrik*). Having informed the “baba” (‘respected person’), as she called him, of the incident of the locket, he proclaimed that it was indeed the accursed smoke which was responsible—the locket should have been burned outside. The removal of the curse was not a simple matter. For forty days the priest had worked for her, and eventually removed from her stomach with a small shallow bowl, known as a katori, a handful of charcoal which, according to the baba, had been mixed into her food: “You ate it that much, so I have taken it out and now that treatment of your eyes will [take] affect” (int. Sumati). Once the curse was removed, Sita finally, after many daughters, gave birth to her long-awaited second son. While this story is full of unanswered questions, it is nonetheless extremely interesting for the social tensions that it reveals, the jealousy between brothers’ wives and the importance of bearing children, particularly sons, most central among them.

Some people, such as Champa’s sister-in-law (see chapter nine), attribute mental illness to possession by bhoot after having walked in the vicinity of a cemetery. "Traversing at night through a . . . cremation ground" is certainly among the long list of transgressions which Caraka establishes as liable to expose people to the "malign influences" of an
assortment of supernatural beings "desirous of inducing madness" (Caraka Samhita as cited in Krishnamurthy 1991:220). Usha and Sarala also believe in the power of ghosts and spirits to cause mental illness: "Many people who [don't] believe in this, they never come to know, they never realize that, yes, there exist certain kinds of powers, which can really make you mad, and they run after doctors. By the time the person gets totally [mad], the person cannot be cured, 'til the time when they get to the doctor. So it's a matter of belief" (Sarala, int. Parvati). Caraka, in parallel, long ago decreed that insanity caused by bhoot is incurable (as cited in Desai 1989:98). In India, remembers Sita, people therefore “take great care of these things,” by which she implies that preventive as well as curative measures are taken against bhoot pret, although she has never heard of people taking any such precautions in Canada.

Shulka maintains that whether or not bhoot can cause harm, depends on your own belief and the places that you frequent. Bhoot cannot harm those sitting in a holy place, such as a temple, for example, but are certainly present and maleficent in places where people are drinking alcohol, and so forth. You may recall that Shulka and her husband were never able to see eye-to-eye on account of his preference for alcohol as opposed to her own religious inclinations. “Bad thoughts and actions are also bhoot pret,” she adds, “according to your belief” (int.Neena). Naturally, she supposes, these cannot make you feel good, so they are likely to make you ill. By the same token, Pramila postulates that the susceptibility of a person to contamination by bhoot pret is contingent, to some degree, on her own “willpower” or “internal personality.” This is influenced, in turn, by things which condition the mind (manah), such as what she eats and drinks, the sorts of books she reads, and so on. The reading of religious scriptures is perhaps one of the best antidotes to evil influences such as bhoot. Occasionally, bhoot may be benevolent and bring instead insight and wisdom to those with whom they come into contact. Sumati has heard of cases where such kindly souls have clarified a secret or saved lives, while Prem claims that several times during prayer “somebody” has come at her bidding and provided her with a solution to her problems.

There are, of course, those like Sibani, Radha and Uma who simply do not believe in bhoot. Tara for one provides—as she does for many phenomena which she categorizes as 'superstitions'—a more ‘sociological’ explanation of bhoot:

These are nothing, just one’s own creations. I haven’t seen anything. If they do say it's because of ghosts that someone has some illness, it's because they don't know why they have it, so they say it's bhoot pret. The woman must be scared of someone—her husband or her sas [mother-in-law]—or no-one listens to her and she can't express herself. Such women have no education and no money and they have to resort to gimmicks—they say
the bhoot has come. Bhoot pret is something they can fall back on to get out of something or to dodge another person. My feeling is that if there really are bhoot, then they should be everywhere, not just in the villages, which is the only place where you hear that they come.

Prem speaks as well to the illiteracy and implied ignorance of villagers who are often duped by tantriks into paying large sums of money to rid them of evil bhoot: “I haven’t seen anybody get well, that side. They [the tantriks] are just fake, that’s what I think.” Some non-believers like Madhu and Prita, discount bhoot as “only mental,” arguing that they are real only in the mind of the believer. When she moved into her house, recalls Prita, it was said to be cursed on account of three deaths which occurred while it was being built. She paid no heed, however, and nothing has ever come of it. Madhu contends that people who are mentally sound cannot be rendered ‘mad’ by a ghost. Insane persons may nonetheless be highly suggestible. Usha is torn both ways, believing in bhoot pret as unfulfilled spirits or atma, on the one hand, while at the same time asserting that the idea that a bhoot is present or following you, for example, is simply an illusion borne of your own fears.

2. Illness due to planetary influences

Problems attributed to planetary influences are predicted by and often require the intervention of a religious specialist with knowledge of the vast and complex discipline of astrology. Although there is certainly some correspondence between Western and Vedic (Indian) astrology, significant differences should also be recognized. Besides the use of a different zodiac (Sidereal versus Tropical), Vedic astrology intersects with so many other facets of Indian cultural practice as to be integrated in much more meaningful ways in the lives of the vast majority of Indians (Frawley 1990). Practitioners of medicine, psychology, yoga, gemology, and religion, as well as those involved with the arrangement of marriage or the initiation of important ventures, be they personal or national in scale, all look to astrological precepts for guidance in their execution.

Ayurvedic medicine, in particular, shares many common links with astrology which warrant some explication if we are to appreciate the relevance of my participants’ own experiences and perceptions of planetary influences. Pugh (1984:88) identifies in the astrological schema “four mutually coincident aspects of the person”—the physical, psychological, familial and societal—each of which is evident in my own data. To recapitulate, the body is comprised of the gross limbic anatomy, the tissues (dhatus), the humors (doshas), the elements (pancha bhutas), and the qualitative attributes of hotness/coldness and moistness/dryness. The overlap with astrology becomes apparent
when we recognize as well that each body part and its constituent tissues is further linked with a particular constellation or planet, which are thus intimately associated with a person's physiological processes. Accordingly the equilibrium of each of the aforementioned bodily systems, which is necessary for good health, is contingent as well on the position and movement of the pertinent celestial bodies. These links thus enable astrologers to predict a wide variety of afflictions (Frawley 1990).

The compilation of horoscopes (janam kundlis) requires precise birth dates and times from which experienced astrologers (jyotishis) are able to construct particular templates according to the position of heavenly configurations at the time of birth (Pugh 1984). A janam kundli thereafter serves as a guide to the individual's physical and often social development throughout her life. Other factors such as climate, diet, mental condition, and interpersonal relations are nonetheless deemed instrumental in determining the extent to which one's susceptibility to the specific pattern of health and disease outlined in that template is realized. Of the women in my sample, almost three quarters believe in astrology to varying degrees, although these women do not all have janam kundlis themselves. The parents of women such as Sumati and Usha did not bother to have janam kundlis made for them nor even to record the time of their birth, inviting the speculation that as girls, they would not have been welcomed with the enthusiasm reserved for male children. By contrast, the parents of these women often insisted, several years later, on having janam kundlis made for their grandchildren, as in Uma's case. More women have had janam kundlis made for their children than have had them themselves.

There is some overlap, albeit partial, between those women who say that they do not believe in astrology and those who do not observe rituals: Anju, Minati and Pramila renounce janam kundlis and so forth, in accord with their (pre-Brahmanic) religious identities as Arya Samaji, Radha Soami and Sanatana adherents, respectively. Madhu simply states that she does not believe in jyotish for, like her parents, she knows her own fate: "If I do good then I will get good things back." As with beliefs in bhoot pret, Prita puts faith in astrology down to superstition. Shulka, while still a believer, says that she used to study her children's janam kundlis intensely until she began to follow the teachings of her Guru.

While on the one hand, Tara claims that she is "scientifically-minded," she adds, almost in the same breath, that she does believe in the stars: "If you can't pull on with someone, it can be because your stars clash. Sometimes the stars can bring you bad luck." As
always, she adopts an analytical approach to the matter, positing that, for Indians, astrological beliefs are among those “things which are imprinted on your mind,” or samskar. Typically, she claims, the uneducated are the most ardent believers, although many people, including herself, have resorted to the guidance of astrologers during “weak” moments, when somebody is ill, or when a business is going badly, for example. Tara and all of her children have janam kundlis, according to which she performs certain rituals as recommended by a pandit. Such was the case when her husband was suddenly taken ill, at which time she observed the appropriate puja: “Whatever anyone said, I would have done it, I wanted to save him at all costs. You reassure yourself in this way that you've done something. I don't know if I'd do it now though.” If she did, she says, she “wouldn't be able to believe in it one hundred per cent.” Ultimately she believes that “things happen according to destiny, anyway.”

Sarala has similarly performed rituals for the health of her children as prescribed by a learned jyotishi, although she too says that her belief is not as absolute as that of her husband. Again, we see that the performance of the rituals provides more of a psychological comfort: “It's only kind of satisfaction to yourself that, yes, you have done something to prevent this, but ultimately happens what has to happen” (int. Parvati). Sumati clarifies the interaction of destiny and the rituals performed to appease such planetary influences with the following analogy: “If it is raining, [and] you have an umbrella, then you can save yourself a bit [even though] you can't stop [it] raining.” It is essential, however, that those from whom you seek protective advice are sufficiently knowledgeable. Lakshmi, too, claims that “only very few people know how to do it [astrology] properly these days—the others are just making money. There's a lot of people making money off this!” Both women are nonetheless firm believers in astrological influences—hardly surprising perhaps when we consider how this rationale provides a scapegoat for failed predictions which can be attributed to the lack of expertise of the practitioner rather than the inadequacy of the discipline as a predictive tool.

Regardless, Uma, who has personal experience with failed predictions, did indeed turn her back on astrology: “Many years ago I used to go to [a jyotishi] if someone told me he was good, but I lost faith—what they said did not come true, so now I don't go to them any more.” Conversely, positive experiences with astrological intervention can serve to establish or reinforce beliefs in its efficacy. Sumati relates, for example, how her sister, normally an intelligent woman, suffered for five to six months from a state of confusion wherein she appeared to have lost her ability to make decisions. At Sumati’s urging, she finally
visited a *pandit* knowledgeable in astrology who was able to identify the planet (*graha*) which was causing her problem. Frawley's (1990:29) observation that the Sanskrit word *graha* "also means demon or what possesses a person" clarifies the connection here between planetary disturbance and ill health. He notes as well that planets are, in the Hindu cosmology, derived from the five elements and imbued with *gunas*, which include the trinity of *rajasik, tamasik* and *sattvik*, as well as hot, cold, dry, light and so forth. Each *graha* is further associated with a representative deity who typically requires propitiation before planetary influences can be restored (Frawley 1990). Such was the *pandit*’s recommendation for Sumati’s sister who, within a week, appears to have recovered her senses. Examples like this, says Sumati, add force to her faith, although she admits that her sister was also treated by a homeopathic doctor during the same week. Radha too says that many of the predictions regarding the education, marriage and offspring of her own children, as laid out in their *janam kundlis*, have in fact materialized. These forecasts are never detailed, maintains Radha, lest some people become too apprehensive.

Astrological consultations do not always concern health, although the social matters addressed could conceivably exert a negative impact on the health if left untended. Worried about her eldest son’s financial difficulties, Sumati once consulted a *pandit* who, having studied her son’s *janam kundli* advised her to give him something in silver and to serve him some wild food which he must eat. In this way, she was told, her affection would always save him: "I do it sometimes, just to, you know, feel better. I don't know how it is going to affect, because I don't have the knowledge of that subject. But I do [it] sometimes."

Before moving to Canada some two years prior to our interview, Sita would consult the local *pandit* with her concerns about the family on a regular basis (e.g. when someone is always angry). Here in Canada, such services are available, although she reports that they are priced beyond her reach. She cites the example of her sister, who having consulted the *pandit* about a particular problem, had to pay him one hundred dollars to recite prayers with the *mala* (a string of beads, similar to the Catholic rosary). Had they recited the prayers themselves, the charge would have been less, she explains, fifty dollars perhaps, since the *pandit* would not have had to spend the considerable time that it takes to complete the requisite number of incantations. For this reason, she says, his services are rarely enlisted. In India, by contrast, such services are cheap and readily available. Radha referred to this form of *simran* as *japa*, the purpose of which is primarily to diminish the 'effects of the stars’ on the health. So as to reduce or offset planetary
influences on the health of her children, Daya has made various types of offerings: of a special type of black lentil to the pandit; of mustard oil to beggars; and of clothes to the monkey god, Hanuman.

In Lakshmi’s view, however, it may be “better not to know about the future—let it be!” Uma, for example, remembers that her mother had once asked a pandit to prepare the janam kundli for Uma’s younger brother. Curiously, the pandit said he could not, since he was unable to “find the connections.” Uma continues, “My brother died after a year, and my mother said that’s why [the pandit] wouldn’t make the kundli, because he would have been able to see it. They’ll never tell you things like that.” As we have already seen in Champa’s case (chapter five), however, astrologers do sometimes forewarn parents of a child’s contracted life span. Champa was told that if her daughter was able to survive her tenth birthday, then her early death could be postponed until she was 36 years old. It is remarkable to observe the influence of this prediction on Champa’s life, particularly in light of her otherwise trenchant deprecation of ritualistic worship or beliefs in bhoot or nazar. Throughout her daughter’s ninth year, she became fervently over-protective, forbidding the child to go on school trips and so forth. Now, as her daughter’s thirty-sixth birthday draws near, Champa will not leave India to join her son in the United States, for fear of her daughter’s life. Kali’s parents were told that her older sister had an especially ill-fated graha, and hence would not be able to have any brothers or sisters. To ensure that their subsequent children survived, her parents ritually “adopted” Kali and her brother out to another family, although they both continued to live in their parents’ home. Nonetheless, the unfortunate girl was blamed first for her siblings’ ill health as children, and later for the death of her teenaged brother-in-law. Usha recounts as well how a jyotishi had predicted the perpetual suffering of her fatally ill son in his janam kundli. Having been told by various physicians that their son’s condition was incurable, Usha and her husband had consulted several jyotishis, each of whom confirmed that the boy was destined to suffer. The underlying problem, they explained, was a curse inflicted by a Guru which would take seven reincarnations to dispel:

She believes that in his earlier birth, he had a Guru which he didn’t follow. And his Guru gave him a curse. So there were many suggestions to solve this problem, which, among one, which was, you know, chanting of mantras, Guru mantras, it is called. So now the son who had died already, now the birth which he is going to take, that would be free of any disease. This was the seventh birth (int. Parvati).

A jyotishi has further forewarned Usha that the condition of the planets does not bode well for the successful birth of her first grandson which her daughter-in-law was expecting at the time of our interview. Accordingly, she and her husband have completed
the week-long *puja path* (worship entailing the recitation of sacred texts) recommended by a *jyotishi* to re-balance planetary influences which they believe to be responsible for the bleeding in their daughter-in-law’s womb. At the time of our interview, the doctors in her adopted European home had confined her to bed-rest. Having completed the *puja*, Usha felt they had done what they could—the rest was in God’s hands.

In India, *jyotishis* commonly recommend gem therapy for their clients, identifying the specific gem necessary to address the planetary imbalance responsible for their suffering. As Frawley (1990:239) explains, a reliable *jyotishi* pays heed not only to the suitability and quality of the gem, but to the manner in which it is purified and energized and to the finger on which the gem should be worn, typically that representative of the planet. Of all the women interviewed, Lakshmi is by far the most knowledgeable on these matters. Displaying an array of rings, she proclaimed,

Yes, these stones are connected with cosmic energy, they catch the vibrations and the fingers are the vehicles for that energy which allow it to enter the body. This affects the mental and physical health and inner well-being. It helps you to go inside. [She shows me the ring on her finger]. See this stone, golden topaz, it makes the intellect very clear. My daughter doesn’t believe in this so much, but I can feel the difference when I move [the ring] from one finger to the next.

As a means of harnessing the cosmic energy of which Lakshmi speaks, the stones reinforce the connection between the human body and the cosmos, all of which are comprised of the same five elements (*pancha bhutas*). While she has read a great deal about gem therapy, and believes in their efficacy, Sumati says she has not put her beliefs into practice. She goes on to suggest, however, that metals similarly affect the health, showing me two bangles, one of which she wears to reduce her blood pressure and the other to purify the blood. She can feel the difference when she is not wearing them, she claims. While her bangles are of copper and silver, the most effective, she informs me, is a “bangle of seven metals, *satdhatu*—that is really very good for the health!” In parallel, Pramila’s mother, described as a very knowledgeable woman, told her that the water that touches gold (e.g. of a ring or bangle) while one is bathing is very good for the health. Shulka feels that while there may be some value in gem therapy, the efficacy of such treatment is proportionate to one’s belief in the stones to heal. Daya warns, moreover, that great care should be taken since wearing gems can have negative as well as positive effects on the health: “Some of the stones, they make a man very angry all of the time, bad-tempered, and some of the stones, they give diseases also” (*int. Sumati*). The remainder of the women—that is, the majority—claim that they have no experience with gems and/or no faith in their capacity to heal.
D. Karma and reincarnation

In speaking of planetary influences on the health, several women also mention the immutable force of ‘destiny’ which can be modified only slightly by precautions such as gem therapy, puja, japa, and so forth. What then, is the destiny that is already scripted at birth? If an individual’s fate is spelled out in accordance with the positioning of the planets at the precise time of her birth, why was she born at that time and not a day, or even a few minutes, earlier or later? The answers to such questions lie in the “laws” of karma (lit. ‘action’) and reincarnation (samsara). First articulated some 2,500 years ago in the Upanishads, the interdependent notions of karma and reincarnation are, to this day, widely accepted by modern Indian intellectuals and traditionalists alike (Babb 1983, Wolpert 1991). The broad appeal of these axiomatic principles is reflected in my own sample, across which both are universally acknowledged. Prem feels strongly that it is in the ingenious recognition of reincarnation and karma that the strength of Hinduism, as compared to other religions, resides:

I believe in reincarnation, the transmigration of the soul. That’s our Hindu philosophy, and it seems very logical also. Other philosophies, other religions, they can’t answer all questions, there are certain questions where they always come to a dead point, like why someone hurts us when we don’t hurt them, whereas Hindu philosophy explains this in terms of our past lives—from the past karmas, we may not have behaved very nicely with them, so they are now affecting us. This is how I feel. Not I feel, the Hindu philosophy says, and I believe in it, completely!

Whether reincarnation effects a punishment or reward depends upon the store of karma that an individual accrues during her previous lifetime. Quite simply, good deeds amount to a positive karmic debt and hence a more exalted rebirth, while the inverse is true of evil actions which can only translate into a lower rebirth and suffering in future lives. Relatively higher and lower rebirths are sometimes calculated in grand terms, comparing different taxonomic orders. I have remarked already on Daya’s suggestion that those with bad karma may be reincarnated as birds or snakes, for example, while others, worse still, may end up as bhoot pret. More commonly, however, the assessment is made in terms of caste strata (i.e. varnas and jatis). Optimal karma can be earned by individuals who observe assiduously the rules of dharma specific to their own caste ranking. The maintenance of the status quo is thus assured: the Untouchable has only herself, her own bad karma accumulated in previous lives, to blame for her current lowly position; the Brahmin, on the other hand, is said to occupy her more exalted status by virtue of her own pious acts. Given the relatively high caste status of the women in my sample, their acceptance of the notions of karma and reincarnation, is to be expected. Babb (1983)
alerts us, however, to the existence of competing theories of destiny and challenges researchers in this field to make more fine-tuned observations as to how these various modes of explanation are used and intersect with one another to account for misfortune.

A more generic term used to describe *karma* and other notions of fate is *kiye ka phal*, meaning 'fruits of action,' of which, Sumati distinguishes between two types: *sanjit* and *karma*. Pramila uses the metaphor of seeds which, having been planted, take some time to mature, to bear fruit, in order to explain the workings of *karma*, whereby we can understand that the rewards or punishments of our current actions will be reaped in our next life. To the contrary, the fruits of *sanjit*, explains Sumati, are primarily realized within the current life span of the individual. In this sense, she explains, we are partially in control of what happens to us, since we know that we will pay for certain misdeeds in the immediate future. Positive efforts can, by the same token, reap short-term benefits. Although she does not identify separate terms, Shulka, too, recognizes that "*karma* is from both the immediate and the past lives" (int. Neena):

> Sometimes you can eat nothing bad and you can take very good care of your health, etc., but you'll still get sick, and that's your *karma*. Even if you take care of everything like that, what you've done is what you get. So sometimes you can give somebody else pain with, like, your hand, and then you get pain in that hand. But even if you take medicine it won't help you. Then you can understand that this pain is caused by *karma*, what you did.

Alternatively, the negative dividends of bad *karma* may be apportioned between this life and the next. Once again, the lay knowledge of these women is congruent with classic treatises on the topic. The *Astangasamgraha* of Vagbhata states, "The (diseases) are of two types: what is due to the acts done just previously (i.e. in this birth) or that which is due to the acts of previous birth" (as cited in Krishnamurthy 1991:467).

A third category of *karmic* suffering identified by Shulka is the pain we may suffer on account of the misdeeds of our friends, which seems to be confined neither to this life nor the next:

> Sometimes . . . you'll be with a friend and that friend will do something bad, although you wouldn't have. You can get pain because of that. And then you can understand that that pain can also be from the past, but it's also because you were with that person. And so, even if you don't have any pain right now in this life, you're going get it in the next life.

The pain that one feels as the result of a friend's bad *karma* is usually short-term, however; more protracted pain is likely to have resulted from your own past deeds. Sibani reiterates this point with a parable from the Hindu epic, the *Mahabharata*, according to which Bhismma is required to live for eighteen days on a bed of arrows. He appeals to the
deity, Krishna, asking him to reveal how he has accrued such bad *karma* and why he should be punished thus, to which Krishna replies, “You haven't done anything, but you have seen bad *karmas* done with your eyes, and that's why you have been suffering like this” *(int. Sumati).*

Given the powerful effects of *karma* and *qismat*—which Prem distinguishes from *karma* as past rather than present actions—Lakshmi stresses the need for “a strong mind.” Those who are “religiously inclined,” like herself, “ask God daily that the day might pass peacefully, and then it's OK.” This notion of a charitable God is reflected in Shulka’s opinion that God brings only happiness, from which she deduces that all pain is necessarily the result of bad *karma*. To the contrary, Minati and Madhu both equate the suffering due to bad *karma* with punishment by God, but remain vague as to what that might constitute. Pramila is equally imprecise. While she agrees that bad *karma* may be associated with mental illness, she adds, “Whatever we don't understand, we say it is the fruits of the *karma*,” a refrain echoed by several of the women. Daya, Anju, Sibani, Lakshmi, Champa, Prita, and Tara furnish more specific examples although these range across a diverse selection of conditions such as physical disability, ill health in old age, an injury to the leg or arm, brain tumour, stroke, senility, deep depression, anger, the failure of children to show due respect, a son’s infertility, the death of a child or grandchild, or the loss of wealth resulting in impoverishment. Despite their beliefs that *karma* governs one’s position in life, Radha and Uma feel that it is not responsible for sickness. Given the foregoing evidence, however, this is clearly a minority perspective, at least within my sample. It is, moreover, inconsistent with Caraka’s assessment that “the work done in the body of the previous birth is designated by the term, god-given. That itself will bring forth diseases in the course of time” *(as cited in Krishnamurthy 1991:467).*

One problem with *karma*, in Daya’s view, is that we may not recognize our own behaviour as bad, particularly when such transgressions are committed in childhood. Oftentimes, however, the repercussions of our own neglect are readily apparent. Sibani parallels the type of *karma* which may affect us immediately *(Sumati’s sanjīt)* with the person who fails to dress properly against cold weather and becomes ill as a result. The emphasis on the ability of the individual to exert some control over her destiny is reiterated by Sarala: “If one believes very much in *qismat*, or ‘destiny’ or ‘fate,’ it doesn't solve your problem, because it's only your action along with your destiny makes you a successful person. If you don't do anything, you don't perform any actions, it will lead to nothing.” “Understanding destiny is important,” Tara concurs, “It's not blind acceptance. You should work first, this is *karma*. To be without *karma* is sinful. You have to do
your best.” In the event that you have tried hard to achieve something, but your efforts continue to be thwarted, however, then you are not destined for it, she concludes. An empirically-minded woman, Madhu is not sure about the next life, which she cannot foresee, but says that she believes in karma insofar as one’s current actions incur consequences: “If you harm somebody, intentionally, something will come to you after a while, I believe.”

An especially instructive case is that of Champa who, as we have already seen from her preoccupation with her daughter’s predicted destiny and her assumption that her own karmic debt may have affected her son’s fertility, places a great deal of stock in various types of kye ka phal. When it comes to her own health, however, she eschews the notion of ‘fate’ entirely, claiming instead that problems with the diet or “living method,” and so on are at the heart of such matters. As in many facets of Champa’s life, the contradiction here is stark. What it reveals, besides Champa’s own divided self, to which I will return in chapter eleven, is the need for many of the women cited here to assert some degree of control over their lives, to resist the deeply ingrained notion that they are simply part of a preordained drama in which they must passively assume the roles to which they have been assigned.

Ironically, this resistance is evident as well in the manner in which the women ‘accept’ the consequences of their past actions. Sumati, for example, explains how those suffering on account of karma may redeem themselves and improve their karmic debt by ‘keeping a balanced head’ and ‘taking it nicely and peacefully.’ By the same token, Minati speaks of her own illnesses and the importance of ‘keeping quiet,’ of not ‘ranting and raving’ about them, as a means of paying now for a bad karmic debt, rather than later. Prem, too finds comfort in the idea that she is getting her just deserts:

In my last birth I must have behaved badly toward [my daughter] and now she is getting her vengeance upon me, I can say. It's quite possible. Moreover, this thought is quite satisfying also. It makes you think you are just getting what you deserve. Otherwise, one feels very dissatisfied. . . . Yes, it's a good thought that makes you less unhappy.

In each case, a sense of agency is apparent in the women’s manipulation of the otherwise hegemonic notion of karma to their advantage. Sumati and Minati take pride in their own strength of character which enables their annulment of future karmic debts. Prem, conversely, lets herself off the hook by attributing her unhappy relationship with her daughter to deeds committed in past lives, for which she cannot be held responsible. Usha, to the contrary, upholds the textbook interpretation of karma, wherein individuals are deemed to be prisoners of their destiny. Accordingly, she maintains that
whosoever is suffering from illness, he's the only one who owes his suffering to himself, nobody can do anything to him. It's just, one can sympathize with him. So one should always be sympathetic to others. . . . It's his own, you know, own fruits he's facing now. . . . Nobody can help in reducing the pain of the other person. So one should be sympathetic in some other way. Because he's going to face everything for himself (int. Parvati).

It is clear, however, that Usha's case is more the exception than the rule. Resistance can take many forms and, as noted above, Usha seeks liberation of a different sort through bhakti and the attendant goal of detachment, instead.

Short of attaining mukti or moksha, the liberation of the soul from the cycle of rebirth, there remains one further means by which the course of a subsequent birth may be altered. According to Pramila, Lakshmi and Usha, a person's thoughts at the time of death can influence their birth in the next life. Ideally, says Lakshmi, you will be thinking of God and hence join Him after death, a sentiment consistent with the widespread belief in the auspicious nature of Mahatma Gandhi's final utterance of "Heh Ram!" (‘Oh God!’). As Wolpert (1991:70) explains, “Hindus believe that one’s last words help determine the next birth of one’s soul; thus Mahatma Gandhi’s ‘Great Soul’ rose directly to merge with Rama’s in Vishnu’s solar heaven.” Should you be thinking of other things, such as your relatives, or a beloved pet, things that you do not wish to leave behind, then, in Lakshmi's view, you will remain in the same place, in the world of mortals rather than the realm of the gods. According to Usha, a person whose “thoughts are diverted towards a dog whom he loves very much, [will] get the birth of a dog in the next—jaisa pyar hoga ('that which he loves, he will become')” (int. Parvati). When questioned as to whether this would be a bad thing, Usha points out that while only humans have superior souls, a bird, unaware of its “inferiority,” is happy insofar as its existence is governed solely by instinct.

## E. Hindu selves

The body of works to which Wolpert (1991) refers as ‘higher Hindu philosophy’\(^1\) reveals two distinct conceptions of the Hindu self: the transcendental or spiritual, more private, self known as the atma, and the more public, phenomenal self, or aharmkara (Desai 1989). In chapter seven, I presented an etic, academic interpretation of these concepts, so as to convey my rationale for pursuing an avenue of inquiry which would delve simultaneously into notions of the body and the self. Here, I will revisit these concepts, this time, from the perspective of the women themselves. The reader can be assured that
the manner of presentation arises not from my earlier presentation of these ideas, but from the data itself.

1. Atma: The Hindu ‘soul’

So long as we continue to cycle through one life after the next, explains Sibani, our karma, good and bad, travels with the atma to the next body. Lakshmi offers a somewhat different interpretation wherein one's karma determines the destination of the atma in the next life. All of the women agree, nonetheless, that once the atma leaves the body, the latter is no longer of any substance, it becomes ‘soil’ (mitti), reverting thus to the five elements from which it was formed. The atma, by contrast, is described by all of the women as an entity devoid of qualities, it cannot be seen, smelt, tasted, felt, or heard. As Daya explains, "Atma is very pure, nobody can burn [it], nobody can put it in the water, the vayu, the air, can't touch it—it is not destroyed by [air], you can't destroy it. So when this leaves the body, so body is nothing.” The atma, on the other hand, persists, moving on to take its birth in another body wherein, Tara informs us, “karma ho gya ['karma happened']—we repay our debts.” As noted previously by Usha and others, the atma unable to find a new body in which to reside (due to an untimely death or a surfeit of bad karma) is destined to become a bhoort pret. Sumati’s Guru proposes that the transition to a new body does not take effect instantly:

He says when you die, your soul goes out, the body is left behind. That soul is very much attached to this body, because he has stayed in this body for a long, long time, so he is very much attached. And that's why one of the Hindu ritual[s] is to do the body, cremate it, so that the body's finished, and the soul has no attachment with the body. And what [my Guru] says, he says a person or the soul, is so tired with this life, with all the actions in this life, that he, it goes to sleep for few months. And after that, [it] has to take [its] own decision about rebirth [according to the fruits of its actions in its former life].

The only participant to counter the notion that the soul moves on to another life is Anju, whose Arya Samaji dharma eschews the notion of reincarnation, maintaining instead that the atma remains in the home upon the death of the body. Champa contradicts herself indicating, on the one hand, some belief in reincarnation, while contesting its validity in the “age of science,” on the other. That the atma exists nonetheless remains unchallenged. There is considerable agreement as to its basic function as a director of body and mind, a ‘conscience’ which guides the individual toward right action, although some women further embellish their descriptions and on these finer points disagree as to whether and how the three are connected. Anju and Champa propose a relatively direct connection between mind (which Champa calls zamir) and atma: “They are almost the same thing, if atma says something, that is what mind will say,” claims Anju (int.
Sumati). Daya and Radha maintain instead that the atma is not directly connected with anything, while others introduce various intermediary concepts.

As a house of the atma, explains Sibani, the body is bound to affect it, and vice versa: "When this body suffers, it affects the atma too" (int. Sumati). Usha concurs that while the atma and the body are separate entities, a change in one is bound to effect a change in the other. Cited previously, Pramila proposes a complex schema depicting the interconnections between God (to whom she refers as Paramatma), the atma, the mind/heart (manah), and the senses (indriye), each influencing the next, in turn. Providing the atma is heeded, it inspires mind and body to enact good deeds. Bad behaviour is thus seen as the result of disobeying the atma. Madhu's conception of atma is vague, to say the least. She nonetheless upholds the notion that it is the atma—akin to a conscience—which guides her toward good deeds.

Sumati further distinguishes between manah and buddhi as 'will' and 'intelligence' or the 'power of discriminating between right and wrong,' respectively: "Mind [manah]: I think, I must run and climb up that tree [to] the top. Buddhi: intelligence, it says, 'No. If you go there, you will get down and that tree is very, very high, you can't reach that, and you are bound to fall down.'" Organized in accordance with the positive value of their contribution, atma supercedes buddhi, and buddhi influences manah, which in turn guides bodily action. Direction from the atma is never very clear, but rather takes the form of an inspiration, explains, Sumati. There are times, therefore, when the atma will be ignored, to the detriment of all. Sibani's conception of buddhi is that of a servant of the atma which guides us to correctly perform our duties. Atma and buddhi are nonetheless distinct, for "when somebody gets mentally upset, we say that his intelligence is, you know, not in a good shape. Nobody says that his soul is in a bad shape" (int. Sumati).

Although it is deemed to be without qualities, atma is not necessarily static in nature. Pramila, for example, feels that, without the 'nourishment' that puja provides, the atma will surely weaken. Prem similarly employs the analogy of an electric current to explain how the "candle power" of one's atma can be increased:

Atma is what we Hindus say is a drop from the ocean—the ocean is God, Paramatma. It's like electricity—there's one current, it's all the same, but we see it in different bulbs. So God is the current and each of us is the light appearing in different bulbs. Though different people do have different 'candle power.' Saints have more candle power, but then the same atma, the same current works in everyone. . . . You can increase your own candle power by learning, by sitting with good people. It's not just like knowledge which
you get from reading a book, because it's only when knowledge is applied that you can
gain wisdom. One can feel this greatness in others. I felt that with Mahatma Gandhi.

Worshipping God and spending time in the presence of saints and Gurus, in effect,
amount to the same thing. In these sentiments we can recognize shades of the Ayurvedic
sage, Caraka's counsel wherein he states that

the constant association (lit. sitting together) with the righteous, the well
dispositioned and those who are approved of by the elders—all of this is spoken
of as medicine—and a measure of preserving life, to those who are destined to
live in these terrible times (of epidemics) (Caraka Samhita as cited in

To return to the question of fortifying the atma, Lakshmi explains that the light and
energy which is atma also controls the cosmos. The goal of meditation is thus to
combine one’s own small amount of energy with its source. Successful merging of drop
with ocean increases the individual’s capacity to both work and think, says Lakshmi, thus
inferring a positive effect on both mind and body. The nature of the relationship between
mind, body and spirit thus hinges on the conception of the atma of each individual as a
microcosm of the creator. “Atma is inside, nobody can kill this. When a man dies, his
atma goes to another body. Atma is equal to Paramatma, so it's a part of God,” declares
Prita. Sumati’s compelling parable drives the point home:

God made the man. Then He was worried, ‘What did I do? My goodness, he's going to
find me. He's going to do something with me, what to do?’ And he thought, ‘Okay, I'll
go to the tops of the mountains,’ then he said ‘No. Man is going to come there and the
moon, man is going to come there, in the bottom of the sea, man is going to come there.’
And he was thinking and thinking and thinking, and then he said, ‘I’ve got the answer.’
What is the answer? ‘I’ll sit inside him. He will look forward, outside, everywhere, but
he's not going to look inside himself.’ This is what man is like. He searches, he goes
here, he goes there, he goes everywhere... He doesn't know. Few go, but they are very
saintly who goes inside, they can't kill God. (Laughs).

Recognition of this precept is apparent as well in Madhu’s claim that a clear conscience
indicates that “God is inside.” In this way, she adds, challenging one’s conscience,
ignoring or struggling with the inspiration of one’s atma, may well culminate in sickness:

If my body, my self tells [me], ‘Murder somebody,’ or ‘Do something wrong,’ then my
atma will tell [me], ‘No, don't do that,’ there will be a conflict inside. Because somebody
has harmed me, I want to kill him, right? But my conscience says that ‘No, this is not
good, this is not good.’ Then after that, there will be a conflict, conflict means mental
tension, mental tension means sickness. And the person will be half sick. Though people
like that, you know, they don't tell that they are sick, of course, but they are, mentally
sick. There is a great, I should say, conflict in the mind and one should be clear or not. It
makes sick the person.
Uma agrees that there is a connection between the *atma* and physical and mental health, although she could think of no specific examples at the time of our interview. What appears to be at stake here, as Sarala suggests, is not so much the *atma*, but the mind itself: “Only if you think about sickness due to *atma* do you get sick. It is the conscience. One shouldn't divert oneself to many sides, but rather be compact in one's thinking.” Prem similarly maintains that while the intellect or the mind may be disturbed, the *atma* remains constant: “*Atma* is never disturbed. Only the intellect, or the mind is disturbed. Why should the electric current be disturbed? If you burn yourself, the onus of your becoming burned is on your ignorance, not the current itself, the current hasn't changed.” Taken together, these interpretations appear to point to the possibility of improving the health and vitality through fusion of the *atma* and the creator. Tranquility and the attendant physical benefits that accrue to a stress-free body appear to be the principal gains at stake. Conversely, the guilt that may result from struggling with one’s better judgment (here equated with *atma*) may well culminate in all manner of stress-related disorders, implying an indirect relationship between the *atma* and ill health. This finding is thus consistent with the claims of those women who maintain that the body and *atma* are separate and those who propose that they may be bridged by the intermediary concepts of *manah* and *buddhi*. There is more to say in this regard, although it is perhaps more prudent at this juncture to withhold further comment until I introduce the concept of *ahamkara*.

Before winding up this discussion of *atma*, however, it is important to clarify, as well, the notion of *pran* (‘breath’) which, like the *atma*, also leaves the body at the time of death and, according to Radha, similarly enters another body subsequent to the demise of that currently occupied, leading many women to believe that they are one and the same. *Pran*, in many ways, is tantamount to life since its departure from the body, all of the women assure me, is the signal of death. As noted in chapter nine, Lakshmi remarks that certain yogis are allegedly able to detach *pran* from the body during meditation. This is nonetheless a great feat, she admits, of which the majority of us are incapable. Control of the breath through *pranayama* is nonetheless practiced by several women who believe in its capacity to yield numerous health benefits. Even so, Prem’s depiction of the cessation of *pran* presents a more typical scenario:

As long as that *pran* is not there, then the body can't do anything, it can't even move. The eyes can't see only—the breath sees through the eyes. These are all only instruments. And when the *pran* decides to leave the body, it decides it doesn't like it anymore, it discards the body, the body is useless.
Several women feel that clarification of the precise nature of pran is beyond their level of understanding and confess that they are not entirely clear as to the distinction between pran and atma, if indeed there is any. Madhu’s response is typical of this confusion:

“I’m not sure what goes, . . . but they say like that, you know. Some [say] jivan [‘life’] atma, [some] say pran, jivan, atma. When it leaves the body it will go to Paramatma . . . but what is that or what is not, I’m not sure.” A few more confident opinions were nonetheless put forth. Sumati, for example, views pran and atma as very similar but not identical concepts, arguing that the difference is very subtle indeed. Pran, it seems, is a part of atma, the energy that provides the body with the strength to inhale and exhale the breath, “to keep the body warm and [to] keep all the parts working.” Pran, in turn, is sustained by the energy we derive from food and from our thoughts. Food is also noted by Pramila as essential to the sustenance of pran; atma, on the other hand, requires only spiritual sustenance in the form of puja. Radha similarly identifies pran as “cosmic energy” the presence of which can be discerned by the breath, as compared to the atma which lacks all qualities, bar one: “it has no colour, no shape, just indestructible.” Sibani distinguishes the external location of breathing which identifies pran from atma’s provenience in the “inner body.” “Whenever we perform something,” she rationalizes, “atma tells us if it is good or bad. So the atma and the pran, they’re two different things.”

2. Ahamkara: the Hindu ‘ego’

Although both atma and ahamkara are commonly glossed as ‘self,’ all of the women are adamant as to the distinctive nature of the two. Contrary to the atma, claims Daya, ahamkara is very much involved with the mind (manah). Minati suggests that while atma is internal and a little “afraid,” bidding the person to do only good things, ahamkara has no such reservations: “It’s something that says, ‘No, I do want to do this, I want to do this bad thing . . . and it tries to push you towards that direction’” (int. Neena). Minati later revisits this struggle between the desire to commit misdeeds and the ‘conscience,’ this time substituting ahamkara and atma with manah and what she calls ro or buddhi, respectively. To her mind at least, the concepts are parallel, if not identical. Ahamkara and manah alike pay no heed to God and hence feel no inhibitions when contemplating evil or selfish deeds. Usha too asserts that “if you start thinking, your mind starts contemplating itself, it starts manipulating about yourself, and then . . . one becomes egoist [ahamkari]. It’s not the atma.” (int. Parvati). This interpretation suggests that
*manah* and *buddhi* may function as instruments of *ahamkara* and *atma*, as opposed to the synonymous relationship between the two pairs suggested by Minati’s analysis.

Irrespective of its relationship to the mind, *ahamkara* is viewed in a much more negative light than *atma*, which appears to be universally positive in value. Already introduced as one of Radha’s ‘five enemies of a person’ (chapter nine), *ahamkara* is described by many women, such as Sarala, as “very bad—it’s no good. One shouldn’t be *ahamkari*. This drowns a person, it leads you toward downside. The definition of *ahamkara* is to think of oneself, what one might be. That is uppermost in your mind, you are self-centred. This person can’t help anyone” (int. Parvati). Tara likewise depicts *ahamkara* as the “root cause of many downfalls in one’s life,” whereas Daya goes so far as to suggest that it may be deleterious to the health. Indeed, the vast majority of women recognize the inclination to think only of oneself at the expense of others, to revel in pride of one’s possessions, sons, accomplishments and so forth, and to regard as inferior those who have less than oneself, as harmful in one way or another. Lakshmi further observes the deleterious effects of *ahamkara* on the potential benefits of the *atma* which, through meditation, ideally merges with the cosmos. It is *ahamkara*, she warns, which obstructs this merging:

*ahamkara* is the ‘you,’ the ‘ego.’ It covers the *atma*, so you must get over it, otherwise you cannot go to the divine world. What is ego? We think we are something. I might think ‘Oh, my daughter is a [doctor]’ or someone may think their husband is something and so on, but this is all superficial. Money is only here. After you have covered your living needs, what is the use in keeping more money in the bank, it’s useless. We have to get past these things. Meditation can take you beyond this ‘I am.’

Certain women nonetheless present a complex picture which allows for a more positive interpretation of *ahamkara*. Champa, Prem and Sumati each identify two forms of *ahamkara*. In accord with the rest of the sample, all three women regard the more extreme expression of *ahamkara*, which manifests as vain conceit, as distasteful and destructive. Alternatively, suggests Sumati, *ahamkara* in moderation can instill pride in an individual for a job well done. Without a sense of accomplishment, she argues, we are not encouraged to do more, to venture further. In this sense, *ahamkara* serves a positive end. Champa too notes how *ahamkara* can be equated with ‘self-respect,’ which she considers an essential component of good health. Without it, she says, “we always want to take something from the others, and to beg.” On a somewhat different note, Prem remarks on the inescapable nature of *ahamkara* as “identity”:

As long as you have a body then you have an ego. Ego has to be there, otherwise, how do you identify yourself? Ego comes with the body and mind when a child is born and it has a sense that this is ‘I.’ For example, someone smiles at the child and he smiles back, slowly the child has an identification. In this way he comes to recognize that the world is
divided into three—'I' and 'they,' and 'that.' But in fact it's only one, because God is one. Whatever is functioning in you is functioning in the rest of the world.

Prem’s final caveat speaks, in addition, to the notion of the self as atma, a microcosmic image of the creator, and hence reminds us that what is perhaps more important than the complete rejection of ahamkara—a seemingly impossible feat—is that we endeavour to check its excesses, to maintain a healthy balance. Unique in my sample, Madhu finds no fault with ahamkara. Like Champa, she interprets the ego as something akin to self-respect, or self volition, individual will, without which a person is bound to be manipulated, she argues. She believes strongly that she should only do things of her own accord, not simply because someone else instructs her to do so against her better judgment.

That these particular women recognize some of the merits of ahamkara is not entirely adventitious. Contrary to the majority of women in their cohort, Champa, Madhu and Sumati have worked outside of the home for much of their lives; survival under such circumstances has undoubtedly necessitated their adoption of a degree of assertiveness uncommon among their peers. Sumati, for example, describes herself as “determined,” and recalls her experiences as a newly widowed mother of teenaged sons:

When God made me a single parent, I didn't want that my sons should be, you know, for example, I used to take them in India for the hockey and other games where ladies don't go. But I used to go because I never wanted my sons to feel that they have nobody. You know, their fathers used to come, but I used to go with them: Okay, I'm here for you. Never feel that your father is not here, that means that you are going to miss it. I can't, you know, become a father, but I'll act like a father, I was that determined mother.

Prem, like Sumati, is also a strong, determined woman, a leader, always heading some committee or another, forever taking the initiative while others sit back and wait for things to happen. Questioned about any role models she may have had, Prem did not hesitate to point out that she has “inherited bravery from [her] father and set principles from [her] grandfather.” Notably, a small measure of ahamkara has provided these women with the courage to move beyond their traditional roles as wives and mothers in a country and an era in which such transgressions were still exceptional.

What is perhaps most interesting here, is the time-worn co-existence of two radically different notions of the self, each of which appears to correspond to one of the modalities deemed to differentiate ‘East’ from ‘West.’ The orientation of atma is decidedly social, inspiring respect for God and humankind, steering the individual away from anti-social behaviour and, as a vehicle of karma, functioning to maintain the status quo. Here we see typified Shweder and Bourne’s (1984) notion of the “sociocentric” self.
associated with “Indian” culture. Ahamkara, by contrast, centres on the individual with little heed for God or the society at large, thus typifying the egocentric self so characteristic of the ‘West.’ That the atma and the sociocentric ideal is much more positively appraised by the women in my sample is undeniable and hence consistent with Shweder and Bourne’s conclusions. The salience of ahamkara and the germ of the egocentric self that this indigenous concept provides should not be overlooked, however. We might consider, for example, the extent to which the notion of ahamkara paves the way for the acceptance of biomedicine, the philosophical foundations of which assume a very different model of the self than that assumed by Ayurveda.
Chapter 11 - Accommodating competing ideologies

The data presented in chapters eight to ten illustrate, time and again, how both the mundane and spiritual pursuits of this group of post-menopausal Punjabi Hindu women are informed by Ayurvedic principles. Health is broadly conceived, taking into account familial, social, dietary, spiritual, mental and physical dimensions, each interwoven against the unifying backdrop of the philosophical and pragmatic tapestry that is Ayurveda. It is hardly surprising to discover, therefore, that these women, knowledgeable to differing degrees, resort to a wealth of home remedies when they first become ill with minor ailments such as colds, flu, diarrhea, indigestion and so forth. As noted in section two and in Appendices D and E, the use of over-the-counter Ayurvedic treatments and preventives such as dushanda, triphala, hajmula, churan and chyawan prash is also fairly common. What may take the reader off-guard, however, is that the vast majority of these women, both in India and Canada, affirm that should home remedies not prove effective within a day or two, they consult, not an Ayurvedic practitioner (vaid) but, in most cases, an allopathic (biomedical) physician. In India, where homeopaths are more accessible, the allopathic doctor may be relegated to second choice. The consultation of vaidas among this group of women is rare indeed. In this section, I will examine this pattern in greater depth with the goal of shedding light on some of the forces which influence health care decisions.

A. Utilization of Ayurvedic health care

Interestingly enough, more of the women in Canada had actually consulted a vaid, as compared to the Indian subset, most of whom said that while they used patented Ayurvedic medicines, they had never seen an Ayurvedic practitioner. Lakshmi, Champa, Prita, Prem, and Usha all fall into this category. With the exception of Usha, whose Guru dispenses Ayurvedic medicaments, all of these women purchase their supplies of trikatu, triphala, chyawan prash, hajmula, hingoli, Ayurvedic cough syrup and guggul, which they use as tonics, digestive agents or cold, cough and arthritis remedies, from the neighbourhood pharmacist. Tara too has benefited from Ayurvedic medication without ever having visited a vaid. Nineteen years ago, when she first discovered that she had diabetes, she was informed that she would have to self-administer injections of insulin. Afraid of needles, however, Tara persuaded her doctor to allow her to take the insulin orally, instead. The physician agreed, providing she ingest as well an Ayurvedic treatment to increase the efficacy of her allopathic medication:
I used to take it once a day and then get my blood tested regularly, and it worked—it brought the blood sugar down. I had this for three years. You can’t have something blindly. The doctor explained to me that this medicine, which was like a paste, used to cover the intestines before I ate my food, so I was able to be satisfied with half the amount of food and it absorbed the carbohydrates. I was gradually able to decrease the medicine and also my food needs, so it was very effective.

Sarala, Madhu, and Uma, each of whom had actually consulted Ayurvedic doctors, were considerably less satisfied with the results of their treatment for cysts in the arm, sore knees, and a heart complaint, respectively. Madhu admits, nonetheless, that her allopathic doctor was equally incapable of providing relief, informing her that the pain was due to tension. She eventually recovered after supplementing her calcium intake. Champa’s vicarious experience of Ayurvedic treatment, which dates back to a time twenty years ago when her husband was afflicted with severe pains in his legs, yielded mixed results. Having been admitted to an Ayurvedic hospital in their home town, Champa’s husband was treated with enemas, hot and cold baths, massages, and Ayurvedic medications, and placed on a very restrictive diet of milk, dalia (‘wheat porridge’), breadfruit, and raisins. After one and a half months, however, “he became very weak, very thin, and very blackish.” Although they saw improvement in the sense that the pain his legs had indeed disappeared, he had become so weak that he was unable to walk to work, hence they decided to curtail the treatment.

Comparatively, the women of the Canadian subset, have had much more positive encounters with vaidas, although none have consulted any since immigrating to Canada. Kali is the daughter and granddaughter of vaidas, while Anju was married to one. Both are thus intimately familiar with the conventions of Ayurvedic practice and some of the more common Ayurvedic formulae. Subsequent to the death of her father, Kali continued to consult a female relative who had also trained as an Ayurvedic practitioner. Occasionally she will prepare a remedy for a friend. For a case of eczema, she recalls, she once combined human hair, ajwain, and a minute amount of a very poisonous disinfectant, all of which she cooked in a covered clay pot until it had burnt to a coal. This was then ground finely, mixed with human urine and applied to the affected area. Unfortunately, she received no feedback as to whether or not it had proven effective. Anju is less ambitious, but recalls how she would assist her husband in the distillation of rose water. She can still remember countless remedies that her husband would prescribe, including one for diarrhea in children which incorporated as well an allopathic component. Occasionally, these remedies were sent to patients in Canada and England. Surprisingly, then, her current utilization of Ayurvedic remedies is confined to the over-the-counter
medications such as *hajmula* and *churan* that she brings back from India whenever she is there for a visit, and simple herbal formulae which she prepares with herbs such as *ajwain*, purchased in her local Indo-Canadian store. Otherwise, she claims, few Ayurvedic medications are available in Canada.

With the aid of her book, *Ghar ka Vaid* ('Home Doctor'), Pramila, like Kali, tries her hand at preparing more complex formulae than the common home remedies known to most women. She relates, for example, how she administered a mixture of fennel, fenugreek, mint and rosewater to her grandson when allopathic medication failed to stem his vomiting and acute diarrhea. As a supplement to the biomedical remedy, Pramila’s solution had the desired effect. She says she has faith in such treatment, as does her daughter-in-law, but recognizes that many among the younger generations do not. Pramila herself has begun to question whether herbal remedies are as effective in Canada as in India, given the environmental discrepancies between the two countries. She is sympathetic, moreover, to the argument that Ayurvedic formulae are typically much less convenient than allopathic medicine:

> Ayurvedic medicine is difficult to take . . . but it works. Allopathic is very good, she says take the tablet, put it in your mouth with the drink of water. For the Ayurvedic, you have to do a lot. First you have to put it in the water, and after that you have to boil it for a long time before you take it. And then it's so difficult to [swallow], it's quite bitter (int. Sumati).

Sumati recounts how her father would purchase a tonic custom-made by a *vaid* for him and his family. The preparation, which included pearls, gold and silver, was too expensive to risk buying it wholesale, since claims that the said ingredients were included could not be verified. The process involved in its preparation, as explicated for me by one of my Hindi teachers, himself the son of a *vaid*, is a lengthy one indeed, entailing a month or more of repeated incineration and grinding.

Like Madhu in India, the course of treatment prescribed by a *vaid* for Sita’s arthritic knees had no affect. Although she has faith in the benefits of over-the-counter Ayurvedic tonics such as *triphala* and *chyawan prash*, she feels that in her case, at least, Ayurvedic medicine is not particularly beneficial. Daya and Sibani, also of the Canadian subset, tell a different story. When she was twenty-four years old, Daya contracted a disease that she calls *tili*, or enlargement of the liver. The failure of an allopathic doctor to remedy her problem, prompted Daya’s mother to take her to an Ayurvedic hospital where she was instructed to take three packets of medicine prepared by the *vaid*, and to eat nothing but light foods such as *dalia* and *kitcheree*. After seven packets of medicine, she says, she
was cured. As youngsters, Pramila’s and Sibani’s families considered the vaid their first resort in case of illness. As Daya and Tara point out, not all vaids are equally effective, however. In Tara’s words, “There’s a lot of quackery that goes on.” Pramila found that the sons of her family’s hakim, who acquired his practice when he died, were not of the same high caliber. She subsequently switched to an allopathic doctor and has remained under the care of allopathic practitioners ever since. Having moved to Canada, Sibani now consults an allopathic doctor, although all of the women in my sample, she remains the most dedicated to the principles of Ayurvedic care. In her childhood, she recalls, vaids were plentiful, although allopathic physicians were also accessible. Only when the vaid’s medicine proved ineffective for a particular ailment would her Brahmin family resort to the hospital for allopathic care. Through Sumati, she remembers how

they used to be very much afraid of the injections, that is one thing. And at the same time, she says, they had more faith in the vaids. She says, this is in our thinking, that vaid’s medicine, it will not affect it otherwise, it doesn’t give you any bad effects, but for the allopathic, it gives you bad effects, too. So this was in their thinking. Still, she feels that this is how it is.

She recalls having been treated by the vaid for all manner of ailments, including the time during the ninth month of her first pregnancy when she became ill with a fever, vomiting, and weakness. She was at her mother’s home to have the baby, she recalls, so the vaid was readily available. Times have changed, however, and vaids are no longer as accessible. When she was young woman in India, remembers Shulka, “most people used Indian medicines because there were more vaids, but now there are fewer vaids and more [allopathic] doctors” (int. Neena). Although there is, in fact, a handful of vaids in the Greater Vancouver region, some of whom advertise their services in Punjabi newspapers, the women in my sample are unaware of their presence. Like most ‘alternative’ forms of health care, Ayurvedic treatment is not covered by the Medical Services Plan, which undoubtedly limits its accessibility for many of these women.

**B. A close alternative: Homeopathy in India**

Of German origin, homeopathic medicine is widely practiced in India (Leslie 1978). Subsequent to its introduction to India in the nineteenth century, homeopathy was opposed by the British, hence avoiding the stigma of colonialism, while at the same time appealing to the new urban elite as a “modern medical system.” Contrary to the proponents of allopathic medicine, advocates of homeopathy did not shun indigenous medical practices but endeavoured instead to illustrate the consistency of homeopathic
and Ayurvedic principles. Accordingly, homeopathy is, for legislative purposes, often associated with the indigenous systems of Ayurvedic and Yunani medicine.

The similarities are clearly recognized in all of the women’s commentaries as to the manner in which these types of medicine operate. Indeed, I found no disagreement on the three main points of contrast between allopathic medicines on the one hand and Ayurvedic and homeopathic treatments on the other. Sumati’s comment exemplifies that of many others in the sample who point to the advantages of holistic practice: “With the allopathic treatment, you get some after-effects, and sometimes they are quite harmful, but with the Ayurvedic and homeopath[ic], you don't have the after-effects, and they say it is like the milk of the mother. So if it doesn't help you it won't harm you.” Rather than masking symptoms, says Sibani, “Ayurvedic medicines are slower—they take about a week before you feel their effect—but the vaid tries to root out the cause.” The same comments are made with respect to homeopathy. Prem, for example, feels that “homeopathic medicines take out the disease, but it’s slow. Whereas allopathic medicine suppresses the disease, although it doesn't get rid of it.” In their favour, then, homeopathic and Ayurvedic treatments are thought to “get at the root” of the disease and do not give rise to the unpleasant side-effects associated with biomedicine; the disadvantage, which evidently bears considerable weight, is that the healing effects of each are felt much more slowly as compared to allopathic medications.

At a more concrete level, both Anju and Minati comment that strong-smelling foods such as onion and garlic negate the benefits to be derived from homeopathic medications. In Ayurveda, such foods are deemed tamasik and hence antithetical to spiritual and mental well-being. More generally, the attention paid to diet by both traditions is also noteworthy. Sibani, for example, notes how “the vaid will take your pulse, ask you what you’ve eaten and so on” (int. Sumati). Also similar is the close attention paid to particular symptoms as opposed to the allopathic approach which views the disease as an entity. Vaidas and homeopaths alike first pay close attention to the patient’s pulse from which he or she can discern to some extent the nature of the illness. Additionally, explains Lakshmi, “the homeopath asks a lot of questions, like how you feel when you're sitting inside and how you feel when you go out and so on. It can be different, you see. The trouble appears outside [the body] but the problem is inside.” Accordingly, no two people who appear to be suffering from the same ‘disease’ can ever be treated in the same way, she posits, employing an Ayurvedic idiom to make her point when she says, “Everybody’s dhatu is different. The symptoms may also be different. You have to look carefully.” Here we are reminded of the individuality of illness which, according to
Ayurveda, is contingent upon each person's *prakruti* ('constitution'). Radha views the symptomatic focus of homeopathy as a disadvantage: “If you have cold, what type of cold do you have? More sneezing, you have running nose, stuffed nose? This and that. So a particular medicine is given for the particular symptom.” Regardless, she is a regular consumer of homeopathic medications.

In the pluralistic environment of Indian's health care system, it is not uncommon to find health care practitioners combining aspects of different medical traditions (Leslie 1978). I have already noted Tara's case, wherein Ayurvedic medication was prescribed by her allopathic doctor. Conversely, we saw that Anju's husband, an Ayurvedic practitioner, introduced to some of his formulae certain allopathic drugs. Similarly, I have also come across two instances of doctors who incorporate homeopathy into their allopathic practice. The first is Champa's daughter in India, who according to her mother, prescribes homeopathic medicines for "small diseases," such as coughs and colds, reserving allopathic medications for "bigger problems." Champa informs me that the impetus to explore homeopathy came from her daughter's in-laws who have considerable faith in its efficacy. Anju's son-in-law, now practicing as a physician in Canada, has also studied homeopathy. This same syncretic approach is evident in Prita's claim that "some homeopathic doctors these days say you can take homeopathic and allopathic medicine side by side, so I do that sometimes." Shulka maintains, to the contrary, that "if you're taking English medicines, you should leave them for a week before taking homeopathic medicines" (int. Neena).

An intolerance for allopathic medicines which they deem "too strong" for their systems led both Prita and Neela toward homeopathic solutions. "Allopathic medicine doesn't suit me," claims Prita. "Pain killers, for example, give me trouble—swelling in my face, the urine stops, and colic pain, a lot of side effects. I don't get these problems with homeopathic medicine." Neela similarly experienced a severe reaction when her Canadian doctor prescribed medication for pain in her hip: "I was very sick. I had to be rushed to the emergency, you know, because pill he gave me, I got so sick and I felt breathless, you know, that I can't breathe." On a trip back to India, somebody recommended a good homeopath who was able to provide some relief: "I brought some medicine here, too, and he sent me by mail and it cured. . . . At that time, and after that, whatever time I spent in [eastern Canada], I didn't have the trouble. Because some of their medicines are really useful."
Various other complaints have been successfully treated with homeopathy when, as in Uma’s case, allopathic medicine for problems with her urinary tract proved unsuccessful. Sarala has benefited considerably from her homeopathic medication for spondylosis. Usha reports positive results with homeopathic treatment for arthritis and constipation, while Tara found “biochemical homeopathic medicines” for her sinuses to be extremely effective. As noted previously, Sumati’s sister saw improvement after a week subsequent to the combined efforts of a jyotishi and a homeopath.

Some women such as Anju, Lakshmi, Radha and Prem, use homeopathic medicine for a range of ailments. Of these Radha and Lakshmi utilize these medications to the greatest extent. Radha regards allopathic and homeopathic medicines equally. Her consumption of one or the other is governed not by the ailment in question—on a par with allopathic medicine, she argues, homeopathy is suitable for all complaints, including cancer—but rather in accordance with her location. When she is in the United States, where her children and their spouses are all allopathic practitioners, she consults allopathic specialists according to her needs; in India, she seeks the advice of her nephew, a homeopath. This pattern is interesting for the clues it provides as to how women in Canada may select their health care providers, although the unique structure of the Canadian model of ‘universal’ health care—which it provides for and what it does not—should also be taken into account. Unlike Radha, Lakshmi avoids allopathic medicine whenever possible:

I mostly use homeopathic medicine. My daughter gives me what I need. She knows a lot about such things. [She empties a bag of homeopathic medicines onto the bed]: This is nux vomix, it helps you to get a good sleep and is also good for the stomach—I take this before I go to bed. I don't usually sleep much. This rhustox is for my knee pain, I take it twice a day when I need to. The phulsatiela is for digestion problems.

Inevitably, some women who have consulted homeopaths have been less than satisfied. Daya and Shulka have each tried homeopathic medicine for high blood pressure and a painful vein, respectively, with no success. At the urging of her daughter’s in-laws, Champa bought some homeopathic medicine for her husband’s arthritis, again to no effect. Tara once again emphasizes that the reliability of the homeopath is paramount since there are many such practitioners who are inadequately qualified. Despite the formation of separate state Boards of Homeopathic Medicine, Leslie (1978:239) has attested that “training [albeit of a minority of practitioners] is often acquired through correspondence courses that thinly disguise the selling of credentials.” Admittedly this observation was made some twenty-plus years ago now and no doubt warrants re-examination. We might well suppose, nonetheless, that a portion of such ‘mail-order’
homeopaths are indeed still practicing, lending some validity to Tara’s fears. These caveats notwithstanding, the overwhelming impression from those who have tried homeopathy is remarkably positive.

C. The allopathic magnet

Whether they subscribe to an Ayurvedic or homeopathic model, or neither, all of the women in the sample, both in India and in Canada, have at some point consulted an allopathic doctor. For the majority of women, utilization of biomedical care is standard, whereas resort to other modes of care is more extraordinary.

1. The quick fix

As noted in the previous section, the greatest advantage of allopathic medical care is its efficacy: Symptoms can be subdued within a very short period of time. Despite her faith in Ayurvedic remedies, Kali, like most women in the sample, asserts that “For diseases, the [allopathic] doctor is best, even in India. With the medicines of the doctor, you get better quickly. The vaid’s medicine is slower” (int. Sumati). Similarly, maintains Usha, “If you want to get relief very soon, so it’s always better to go towards allopathy—homeopathy doesn’t work very quickly, so in sudden problems, you have to run to allopathic doctor” (int. Parvati). Lakshmi, who is loath to use allopathic medicine, confesses that she has done so on occasion, when time is of the essence:

I can’t say I never use allopathy. Sometimes you need to if something can’t be controlled. For example, my brother’s daughter was to be married and I became very sick the day before. I really wanted to go and thought, ‘I have to fix this quickly,’ so I took some allopathic medicine then. But that didn’t help either and I wasn’t able to attend the wedding (emphasis added).

The objective with allopathic or “English” medicines, as they are so often called, is to ‘control’ the ‘disease’ rather than restore balance in the body’s elements. By the same token, Lakshmi concedes that allopathic medicine is necessary to keep her neighbour’s mental illness ‘under control.’ The same language is apparent in Shulka’s account of her use of allopathic medications for high blood pressure:

[U]sually she’s fine, sometimes a little worse in the summer and then she’ll have a pill, or some medicine . . . otherwise she walks and she goes to the swimming pool, to the steam sauna and has a bath there afterwards. And, she says, otherwise she doesn’t really depend on medicine, on pills, etc. If there’s no control, that’s when you need the pills. And that’s when the doctor gives the pill. It’s only when she has, her blood pressure gets higher once in a while, then she has some pain in her mouth, and then she’ll take it (emphasis added, int. Neena).
While such rapid assault tactics may prove necessary on occasion, Minati, like Lakshmi has been witness to their fallibility. Having experienced very serious illnesses including tuberculosis, a septic leg, and a somewhat mysterious condition which caused her to feel pain throughout her body for several months, Minati has taken more than her fair share of allopathic medications. Although she does not eschew other types of medicine, she feels that she has not been in a position to use them, given the gravity of her various ailments: “When she was really, really sick, she was too sick, so those medicines wouldn't have had any effect, and they would have taken too long, so she always had the English medicine” (int. Neena). All the same, she is acutely aware of the deleterious effects of such medications. When she was first admitted to hospital in Canada on account of the pain which had begun to wrack her entire body, “any medicine they would give her wouldn't really have much of an effect and she would often throw it up. They changed her medicine three or four times, but she just couldn't digest, keep the medicine, she would always vomit it. Then after four days they finally found a medicine that was good for her.” Once a suitable medication was identified, however, Minati faithfully adhered to the treatment regime prescribed by her specialist for the following four years until her condition was deemed to be under control.

2. Getting to the heart of the matter

The majority of the women recognize that allopathic medicines do not get at the root of the problem, and frequently incur unpleasant side-effects. Sumati’s account is especially interesting for its recognition of the violence associated with control:

Allopathic medicine, it works quickly, and this is why people take that. It has some bad effects, because if you make a change on the system like this, you know, violent, and it has to affect other parts of the body, too. And that is why some of the people they don't like allopathic, myself also, as I told you. For the minor diseases, I won't go to the doctors. I'll try to heal it myself. And if it is not in my control, then I go to the doctor.

Here, the contrast between the idiom of control versus balance is readily apparent: Allopathy controls, but in so doing, further upsets the overall equilibrium within the body. Sarala further speaks to the iatrogenic effects of allopathic medicine: “Allopathy has side effect—one disease is depressed, so another disease comes out, so while abolishing one disease, the medicine gives rise to another problem.” Again and again we hear the same complaint leveled against allopathic medicine. Yet for many, the need to ‘control disease’ seems to outweigh the imperative to maintain balance. Having twice experienced adverse reactions to the overly ‘strong’ allopathic medicines prescribed by her doctor, Neela says, “If ever I am sick and he had to give me any pill, I always say,
Doctor, I don't want any side effect of it, if it has, I won't take it.” Despite the favourable results that she has seen through her use of homeopathy, however, her faith in allopathic medicine is unwavering. Such is not the case with Sibani for whom one negative experience with allopathic medicine was enough to destroy what little confidence she may have had in its worth:

She had a very bad cough, so she went to the doctor and he gave her some very strong medicine but it made her lose her appetite and she stopped taking it. Another time, she went to see the doctor about swelling in her feet, but she never took the medicines that he prescribed. . . . She just soaked her feet in warm water with some salt and then kept them elevated—this way they got better. She feels from her experience with the cough medicine, ‘How can I trust him anymore?’ (int. Sumati).

In some cases, allopathic medicine is deemed insufficient to properly treat certain ailments and is thus supplemented with other forms of care. I have already noted Pramila’s administration of an Ayurvedic remedy together with allopathic medications for her infant grandson’s acute diarrhea. Prita’s combination of homeopathic and allopathic remedies speaks more to the issue of treating simultaneously the root of the problem as well as the symptoms. So too does Sarala’s adherence to a labour-intensive Ayurvedic regime with which she supplemented allopathic medications for diabetes:

She adopted both the medicine, that is allopathy also, and this [Ayurvedic remedy]. For one and a half months she took it, three doses per day. Then two doses per day and then once. . . . And it lasted for one year, this dose. . . . Black pepper and seven almonds [once a day, then] . . . she used to take six, seven karelas [‘bitter melons’] and boil them, and then mash them and [extract] the juice which she used to take. . . . thrice a day (int. Parvati).

The effort invested by Sarala in this treatment, initially recommended by a friend who had heard of the remedy from a saint, illustrates clearly her faith in the capacity of the Ayurvedic treatment to address an element of her condition insufficiently addressed by her allopathic medications. Frawley (1989:189) confirms the benefits of karela for diabetics based on the rationale that bitter taste “helps control sugar and fat metabolism and liver and pancreas function.”

3. Allopathic disciples

By contrast, Champa and Madhu are extraordinary in the force of their ideological resistance to non-allopathic modes of health care. While Madhu has consulted a vaid on one occasion, albeit with little success, her commitment to the allopathic model of health care is otherwise overwhelmingly evident throughout her interview. Like Champa, she is emphatic that no member of her family should “suffer for a long period.” While
Champa’s husband has submitted to both Ayurvedic and homeopathic treatment, this is not true of Champa herself, despite her daughter’s encouragement in the direction of homeopathy. Born into a family of doctors, she claims, she has long been familiar with biomedical precepts and prides herself on having provided elementary medical aid to her family and in-laws over the years. Madhu is similarly proud of her efforts to ensure that her family has remained in good health by promptly seeking medical care whenever they were unwell. In India, where medical care of any kind is on a user-pay basis, allopathic care is typically the most expensive. Madhu thus communicates here that she is both wealthy and educated enough to afford and prioritize allopathic care. This latter point is evident in a story she relates about her son who, as a doctor-in-training would visit rural villages where he had seen families with television sets while their children had no shoes:

That type of thing he said because he thought that it was the illiteracy, in which people doesn’t know the priority of things, you know. He said, 'If I had not money and I got from some source a hundred rupees, I would buy a pair of shoes for my child first, then I will think for the cassette.' His thinking was like that you know. He thought that 'Because I am a doctor, I think that children of the villages shouldn’t be bare-footed, they don’t have the knickers to wear, they don’t have good shirts to wear, but they have the colour T.V. in the house. Their parents don’t know the priorities for them.'

She had wanted to become a doctor herself, she says, but now at least, she can be proud of her son’s success as a physician in the United States. For Madhu, as it is for Champa, the superiority of the allopathic medical model is incontestable: “Allopathy is the medicine which can take care of your problems,” she asserts confidently. Notably, it is these two women who speak most favourably of ahāmkarā, the egoistic self, a relationship which corresponds to that between dualistic precepts—separating not only mind from body, but self from society—and the tradition of allopathic medicine, as proposed by Amarasingham Rhodes (1990) and others. So as to uphold the mandate of this chapter and remain close to the data, I will withhold further comment on these theoretical insights until chapter twelve. I believe that it is useful, nonetheless, to sensitize the reader to such associations at this juncture.

4. Surgical solutions

Besides the speed with which relief is effected, Madhu points as well to the advanced surgical capabilities of biomedicine which enable allopathic physicians to remedy conditions such as appendicitis. Several of my participants have themselves been under the knife. In Canada, Pramila has had operations on both of her arthritic knees and by the time of writing will have had cataract surgery on her second eye. Sita and Sarala have both undergone eye surgery in India for a condition they call kukkre, the main symptom
of which appears to be the perpetual watering of the eyes. Sita, along with Prem, has also had heart surgery in India. Radha elected to have uterine and ovarian cysts removed while in the United States, while Prita’s uterine biopsy and Usha’s uterine excision were performed in India.

Usha recalls how the fear around her pending surgery caused her blood pressure to skyrocket: “She was so insecure that she never wanted her husband to leave her alone. . . . Because she thought she was about to die.” Champa too has resisted surgery for her prolapsed uterus, arguing that her daughter, the doctor, is too busy with work these days to stand by her side throughout the procedure. “Without my daughter, I cannot,” she insists. Doctors have further recommended that Prita have an operation on her knee to remedy her arthritis, but she is resistant to the idea: “I don’t want it. First it would cost 1.5 lakhs² of rupees, but more than the money, at this age I don’t feel I should disturb things now. Just leave things be.” Surgery is thus utilized by the members of my sample, as deemed necessary, although fear, cost, and an unwillingness to disturb the body in old age are all inhibiting factors.

5. Patient care

Those women who have otherwise utilized hospital care in case of emergency or serious illness report primarily positive experiences. The exception is Kali, who was advised by Emergency ward doctors in Canada to cease fasting so as to avoid the fainting spells for which she was admitted. While perfectly reasonable when considered apart from the context in which her refusal to eat arose, this advice seemed to Kali insensitive and partisan. As noted previously, her symbolically-laden refusal to eat should not have been dismissed as ‘fasting,’ despite her insistence at the time that she was motivated by religious imperatives. Medical personnel should thus be advised to treat fasting as a potential indication of discontent in the family, although this is by no means always the case.

Minati’s life-threatening conditions have resulted in her extended confinement in Indian and Canadian hospital beds on several occasions. In India, she says she was fortunate enough to have had access to high quality medical treatment due to her husband’s position as a government employee. She evaluates her experience in Canadian hospitals as equally positive. While I do not wish to detract from her praise of the hospital and clinical personnel, it is nonetheless important to recognize Minati’s own propensity to ‘fit in’ and to make the best of a bad situation. Neela has likewise experienced very
professional care in the Emergency ward of her local hospital in Canada—twice when she had an adverse reaction to prescription drugs and once when she almost severed a finger in the blender. What she finds lacking, however, is the type of personal relationship with medical personnel that her parents were able to forge with their physicians:

Only thing I find, that if it's not the medicine, but the care of the doctor. Nurses are not very good over there [in India] if you are in the hospital. But if you know the doctor, they care for you, much more, just like you're their family. When my mother was sick, there were four doctors just standing by her side. So whenever she was little bit sick or anything, blood pressure trouble in the old days, they were always there, but when she was going, she went away, actually and we phoned them, you know, that something had happened, cardiac arrest, you know. By the time they came she was not there anymore. But I can tell you how much they cared, you know, it was just in the morning in the winter. . . . So, six o'clock in the winter is quite, you know, sunny and cold, but they were there. So that's what I find, that here, it's money. Everything is money, you know. And that's sometime, you know, you lose your faith, you know, whether it is for the money they care, or for the patient they care.

It is precisely because of this relationship with their family doctor, Neela proposes, that her parents were so reliant on allopathic care:

They did it 'cause they thought he is so good, he would give a good medicine, you know. And cold and flu is such a thing, you know, you give them even aspirin, [the disease] would take its course, it doesn't disappear, maybe your pain is relieved, you know it yourself, it is not that it would go away at that time.

Neela’s grandmother, on the other hand, never took any allopathic medication throughout her life, which leads me to speculate on the possibility that the intimate nature of the patient’s relationship with the village vaid, was simply transferred, in this case and others, to his more ‘modern’ counterpart, the allopathic physician. As wealthy industrialists, the elevated fees of this newer breed of doctor would have presented no obstacle to Neela’s parents. Products of colonial India, and sufficiently influenced by Western ideals to send their daughter to university in England, they may well have embraced biomedicine as a symbol of a ‘progressive’ attitude. A further possibility is suggested by Shulka’s perception that a proliferation of hospitals over the last few decades has decreased the extent to which people take preventive health care measures as they rely instead on the allopathic physician to cure their every pain: “Now even villages have hospitals and there's more people being sick even there [in India]” (int. Neena).

6. The omnipotent physician

Neela’s observation regarding the willingness of her family to surrender themselves to the authority of the doctor is echoed throughout my sample. Shulka was required to modify
her diet in order to reduce her blood pressure, so I asked her whether or not she felt that her doctor respected her own dietary code as a vegetarian, to which she replied, through Neena, “What the doctor says, what'll suit them the doctor tells them. She says, she doesn't understand a lot of the things [her female doctor] tells her, but she’s educated, she knows.” In parallel, many women prefer not to provide any sort of judgment of their own when asked whether two people with the same disease can be treated in the same way. Here I was interested as to whether or not they would recognize in their response the principle of prakruti (‘constitution’). Only Lakshmi and Sumati responded accordingly. While it is possible that the remainder of the women do not recognize the operation of this Ayurvedic principle in the context of my question, it is equally plausible that they are hesitant to assume authority on this matter. Even Sumati, append her response with a cautious nod in the doctor’s direction: The medication should be different, she proposes, “as prakruti is different, as in somebody's glands are more active and others are not that active, so the treatment has to be different. Not necessarily different, too, but it depends on the doctor, he's the best judge for that.” Daya, Anju, and Uma likewise assess that only doctors can judge what sort of treatment should be provided for any given individual. Anju adds that, in her family, they “wholly, solely depend upon the doctor for the diseases.”

These women further heed the doctor’s advice, insofar as they are able, to avoid sugar, butter, fried food, to drink plenty of water, and so forth. At times, however, they may disagree with a doctor’s assessment. Sibani, for example, confirms that most Punjabi women of her age prefer that new mothers not be given anything cold to eat or drink, since it is thought to affect the knees and shoulders: “Here [there are] so many people we see that the knees are not working well, there [is] pain in the joints, and maybe that is the reason that we have it” (int. Sumati). She concedes, nonetheless, that “what the doctors do can’t be wrong.” Similarly, when Daya’s allopathic physician in Canada informed her that the homeopathic medication she was taking for blood pressure was “all garbage,” she compliantly adopted instead his allopathic prescription. “She doesn't want to take medicines,” Sumati translated, “but it is her, you know, majburi ['powerlessness, helplessness']. She has to, there is no other way, that's why she takes it.” This sense of powerlessness is further exacerbated, suggests Minati, when doctors berate patients for not having come to see them more readily: “Here, people go to the doctor quickly because they're afraid that their problem might become more serious, and more complicated. And the doctors also sometimes ask the patients, or tell the patients, ‘Why didn't you come sooner? It's become more complicated now’” (int. Neena).
7. Summing Up – the pros and cons

The vast majority of women in my sample are nonetheless remarkably cognizant of the pitfalls as well as the boons of allopathy. On the downside, they say, allopathic medicine is often too strong, has many unpleasant side-effects, masks symptoms only to give rise to new problems, and fails to get at the root of the illness such that it requires supplementation with other forms of treatment that address this need. In its favour, they say that allopathy is fast-acting, oftentimes more “available” (if not economically accessible to all, in the case of India; conversely, in Canada it is often the only economically viable choice), and incorporates as well a broad surgical repertoire.

Additionally, allopathy may appeal to those with ideological commitments to a “scientific” (Cartesian) model or to a “modern” outlook, for whom its use symbolizes a certain degree of wealth and education. Just as consumers of allopathy project their own relatively superior status in the social hierarchy, so too does their typically unquestioning compliance with doctor’s orders affirm the physician’s knowledge and status as superior to their own. These arguments notwithstanding, there remains, for me at least, an unsettling lack of consonance between the life-worlds of most of the women in my sample and the biomedical health care model to which the majority appear to subscribe.

D. Genes and germs

My goal in this section is not to explicate each and every cause to which the participants in my study attribute illness. Some of the most important etiological factors identified by the women involved have already been discussed at length throughout the foregoing data chapters, foremost among them being family tension, ‘wrong’ or unclean food, poor digestion, imbalance of doshas or emotions, attachment, ghosts (bhoot pret), planetary influences, karma, and old age itself. Other etiological factors mentioned by a minority of women include environmental hazards (chemical adulteration of foodstuffs, plastic packaging, etc.), the weather (especially change of seasons), lack of personal hygiene, stress due to time and/or financial limitations, the evil eye, and substance abuse. Of particular interest here, however, is the manner of speaking about and the weight afforded two factors central to biomedical practice: heredity and germ theory.

1. Germ Theory

Brown and Inhorn’s (1990:202-203) familiar biomedical proposition regarding infectious diseases provides a useful starting point for our consideration of “germs.” They write,
Biologic agents, ranging in complexity from microscopic, obligate intracellular viruses to large and structurally complex helminthic parasites, are the cause of infectious diseases in humans. Disease occurs when the interaction between the human host and the infectious agent, or the host-parasite relationship, is no longer symbiotic, shifting in favor of the agent.

This view of the relationship of various microscopic infectious agents—all of which are commonly lumped under the rubric of “germs”—to health is commonly labeled the ‘germ theory’ of disease etiology. Now central to allopathic medical practice, the initial recognition of this premise further gave rise to a proliferation of “life-saving” drugs designed to combat the “disease” putatively caused by a particular bacteria or virus (Moore et al. 1980). In my efforts to gauge the extent of the ideological reach of allopathy, I wondered whether or not the notion of “germs” plays any role in the participants’ conception of illness.

‘Indeed,’ they replied, speaking of infectious viruses and bacteria, which ‘touch everybody,’ particularly those in close contact, such as families or pupils and teachers (Sumati, Neela, Minati). Examples of sickness resulting from germs include colds, flu, dysentery, the plague, dengue fever, chickenpox, whooping cough, infectious rashes, childhood sicknesses, and cholera. Many participants further identify modes of transmission such as touching one another, simply being in the same room, drinking unclean water or milk, eating food contaminated by flies or poor refrigeration, walking barefoot, and contact with intermediary hosts such as rats. In Canada, proposes Neela, it is the cold weather which brings on more colds. From Usha’s viewpoint in India, it is the rainy season, when the flies are more numerous, that is most problematic. Preventive measures, such as straining, filtering or adding iodine tablets to water, boiling unpasteurized milk, isolating the patient (e.g. with whooping cough), daily boiling the clothes of smallpox sufferers and ensuring that pus from pox is ‘bottled and buried,’ avoiding food exposed to flies, and allowing food to cool sufficiently prior to refrigeration, are suggested.

Not all such rationale are unique to biomedicine, however. The *Caraka Samhita* (as cited in Krishnamurthy 1991:261, 266) warns of the health hazards of taking stale or unclean food, with which all of the women express concern. Prem suggests as well that “medicine and tradition coincide” in the practice of restricting the visitors received by a new mother and her child:

For childbirth, it’s important that you have a clean room, with only a few people allowed in, because people might bring some disease or anything. Usually only a few people are allowed to come in that room. Nothing religious about it, but scientifically you can say, health-wise. When the child is not allowed outside the room, and previously people used
to say the evil eye might be there, but I think for health reasons it's right. The child should not be exposed, so both the things are there.

Sumati similarly proposes that the customary burning of *guggul* incense throughout the first five days of the baby's life and the addition of cow's urine to the mother's first bath on the fifth day, serve to disinfect the birthing room and new mother, respectively. *Guggul*, or the resin of Indian Bedellium tree, is correspondingly noted by Frawley and Lad (1986) for its antiseptic properties.

While they accept the role of germs in causing illness, most women view their contribution as part of a larger etiological picture. Sarala, for example, places germs on a par with any number of causes of sickness when she says, “There are certain things which our body doesn't require and if they enter so it makes you sick” (int. Parvati). Prem, who attributes knowledge of germs to science, thinks “the whole thing is very complicated, [germs are] part of a very complicated system. Other things might be there also.” Pramila too asserts that “there are so many diseases which are affected by the bacteria or the other germs, but there are some of the diseases which are not affected by them” (int. Sumati).

Predictably, Champa and Madhu endorse unequivocally the precepts of the 'germ theory.' “Because they were a family of doctors,” Parvati translates for Champa, “everybody understood about germs, there was much understanding.” Without education, posits Madhu, many Indians do not appreciate, as does she, that the germs inherent in unclean food and water are the main sources of disease in her country. Champa even goes so far as to respond to my question regarding the possibility of a connection between illness and the five elements (one of which is *prithivi*—‘earth’) in biomedical terms, proposing that “Bacteria problems can arise. Even if we walk bare feet, so it can give you infections also, which [can] turn out to be rashes . . . from the earth” (int. Parvati).

2. Heredity

A second principle of etiology which, like germ theory, is central to the biomedical model is the notion of heredity, the idea that “genetic abnormalities that are heritable or occur as a result of mutation may be responsible for disease if they interfere with the normal functioning of the affected individual” (Brown and Inhorn 1990:198-99). Since I did not have a specific question which probed the issue of genetic diseases, fewer women spoke to this topic. The responses of Prita, Uma and Usha in India and Pramila and Sumati in Canada, are nonetheless telling. The two questions for which these responses
were typically provided elicited the women’s views as to the etiology of illness in general and mental illness in particular. The latter query prompted both Prita and Usha to suggest heredity, together with “health-wise weakness,” family tensions, and the failure of parents to spend enough time with the child, as causes of mental ill health or “madness.” Sumati similarly names “hysteria” as one of the main examples of hereditary diseases, together with diabetes (“to some extent”), epilepsy, asthma and arthritis. To this Uma adds, “my mother and father were heart patients and I am too.” Conversely, Pramila associates her genetic heritage favourably with the long life-span of both of her parents, a notion which clearly contradicts Shulka’s contention, in chapter ten, that our time on earth is god-given. She concedes, moreover, that one’s genetic make-up probably influences the health since doctors are always concerned with the diseases of her forefathers.

Sumati’s proposition concerning a relationship between the hereditary diseases and the five elements, noted in chapter nine, provides an interesting contrast to Champa’s earth-germ association. Sumati instead interprets the biomedical precept of heredity in terms of the Ayurvedic imperative to balance the pancha bhutas, of which, she claims, genes are but one such element. The notion of genetic heritage is thus incorporated into the complex of attributes which in Ayurveda comprise, in equilibrium, the key to good health. Akin to prakruti, however, our genetic inheritance will most likely encumber each of us with some inherent imbalances relative to which we will need to modify our behaviour and diet, accordingly.

3. The etiological mosaic

Some misconceptions regarding the origin and spread of certain diseases, such as dengue fever—which is transmitted not by humans but by mosquitoes as intermediary vectors—are apparent in these accounts of disease etiology. Overall, however, I suspect that the knowledge of these women concerning the role of “germs” and genes as agents of disease parallels that of their Western counterparts. What may differ for many of these women is the complexity of competing etiological explanations within which these biomedical theories of causality are located. As with all matters Indian, it would seem, pluralism is the trademark characteristic of the etiological mosaic to which most of my sample refer. There are exceptions, such as Madhu and Champa for whom the biomedical model takes precedence although both of these women acknowledge the role of the family and, particularly in Champa’s case, that of ‘destiny’ in the determination of health. The tendency of some women, such as Champa and Sumati to interpret one medical model in the idiom of another further attests to the disinclination to draw rigid lines between one
philosophical tenet and the next. The plasticity of the epistemological stance of a majority of the women is further reflected in their assertions that one should change with the times. The women were virtually unanimous in their assertion that while they can and should take something from their ancestors’ teachings, these beliefs need to reflect the context of their own lives and those of their children. Now says Pramila, “the elders have to follow the younger ones. The children they won't follow their ways, we have to follow the children.” Change, they all recognize, is inevitable.
Part Four:
Reflections
Chapter 12 - Living the questions

Be patient toward all that is unsolved in your heart and . . . try to love the questions themselves like locked rooms and like books that are written in a very foreign tongue. Do not now seek the answers, which cannot be given you because you would not be able to live them. And the point is, to live everything. Live the questions now. Perhaps you will then gradually, without noticing it, live along some distant day into the answer (Rilke [tr. Mood] 1975:25).

I have shied away from labeling this final chapter as a conclusion, because I do not believe that a work of this nature is ever complete. Since my interpretations are merely mine—any conclusions I make cannot be taken as absolute truths. With another researcher, these women may emphasize other features of their lives which did not come to the fore in the course of our interaction. Entering the field with a different set of presuppositions, a different agenda, a different persona and skill set, any other investigator would undoubtedly draw conclusions quite diverse from my own. This is not, I should emphasize, a limitation of qualitative research alone, but of all research with human subjects by human researchers. There is simply no getting away from it, for as I have already argued at length, no research is conceived free of presupposition or emotion. Accordingly, I have chosen instead to reflect on my findings, to consider just how it is that we can live the questions we pose.

In chapter seven, I used the framework of the ‘three bodies plus emotion’ to introduce the reader to a range of topics at three different levels of analysis which pertain to my domain of inquiry. Just as the blood courses throughout the entire body, so too do the emotions serve to bind the phenomenological, social and political into a single corpus. Other concepts such as the self and food are likewise inclined to resist containment within any one body-schema. This inclusive framework encourages a broad-based consideration of the data, while at the same time insisting upon its consideration in a reflective, non-dualistic manner. The first section of this chapter is thus dedicated to applying the insights derived from this exercise to my data. Having thus summarized my findings I will reconsider the research problem posed at the outset of my investigation. Can we derive any tentative answers from the material as presented, or were the questions ill-conceived to begin with? And if so, what sorts of questions do we need to ask? So as to counterbalance any tendency to squeeze my participants’ lives into a pre-determined
mould, I will then redirect my efforts toward explicating the shortcomings of my attempts to package my data and to suggest other ways of approaching qualitative findings.

A. The three bodies framework applied

The temptation here is to take the topics included in my theoretical consideration of the 'three bodies' framework and to address each in turn as it relates to my findings. I have come to realize, however, that such a strategy is not sufficiently plastic to accommodate the issues which have emerged from my data, between which there exists considerable interdigitation. The three bodies are thus amalgamated here into a single multi-hued corpus, although the presence of each should remain apparent throughout my discussion.

In chapter four and throughout the chapters included in Part Three, the embodiment of social relations by the elderly Punjabi Hindu women of my sample is everywhere apparent. The testimonies in chapter four in particular are unequivocal in this regard. Acrimonious relations, particularly those between the elderly woman and her children or grandchildren (and their spouses), gives rise not only to worry, but to various physical symptoms of all kinds, although digestive disorders and headaches are most commonly noted. The relationship of these women to spouses, extended family members and friends is also relevant in this regard, albeit to a lesser extent in most cases. Relations between a woman and her son and daughter-in-law appear to be more symbolically weighted due to the expectations of filial piety that attach to this relationship. While this observation comprises a central feature of my findings, however, it is unremarkable in the sense that it has been observed by many before me. It does not provide, moreover, any sense of the manner in which social and familial relations—both good and bad—are understood or embodied as health or sickness.

It is in this sense that the 'three bodies' framework proves valuable, for it forces us to think beyond a single level of analysis and hence to include factors as diverse as the cultural construction of self and the political weight of biomedicine as a hegemonic ideology, both of which are essential to the comprehension of the embodiment phenomenon of which I speak. The culturally constructed Self, I will argue, is better understood by exploring some of the metaphorical extensions which its specific configuration makes possible. The influence of the body politic is, in turn, illuminated by the differences apparent in the relationship of the individual and social bodies of certain women within the sample. Emotive considerations permeate all levels of analysis.

In parallel with Khare (1992b), I have found that the meanings assigned to food and its interrelationships with the body are very often a function of the priorities and purpose of
the Self. I differ, however, in viewing this relationship as far more interactive and dynamic than Khare's assignment of Self to the apical position of this 'triangular' relationship implies. Indeed, I question whether it is even valid to separate one from the other. We might posit, instead, as does Lakshmi, that "food is the source," although without a body to sustain and a Self to discern its necessity, the food is in and of itself meaningless. By the same token, a body bereft of food and the awareness to procure it would not last for long either. The necessity and meaning of each is thus mutually constituted by their relationship to one another.

The body here, as both the literature and my findings corroborate, is in some respects a vessel, both for the atma—the True Self, which is one with the cosmos, the Brahman—and for the food which is selectively refined by the dhatu until it resembles a substance called ojas ('vital essence'). Food and the body, as gross manifestations of the five elements of which all matter is constituted, thus stand at one end of two parallel spectra of increasingly subtle forms thereof. At the opposite end of these continua stand ojas and the atma, respectively. Composed of the same five elements as the food it ingests, on the one hand, and of God's essence, in the form of atma, on the other, the body thus serves as a bridge between the material and the spiritual. The distinction between these domains is thus revealed as artificial in this context. Whether or not my participants explicitly recognize this rather technical formulation (and I suspect that several of them do), I propose that it is manifest, all the same, in multiple expressions of their 'commonsense' cultural understandings. This is nowhere more evident than in the domain of food.

Before providing specific examples to support my argument, however, allow me to draw your attention to Figure 1, below, which illustrates, in accordance with the assumptions of Scheper-Hughes and Lock (1987), and Kirmayer (1992) etc. regarding the metaphorical nature of embodiment, the various layers of simile through which the process occurs. In brief, I propose that food, particularly when viewed in terms of its gunas, is the first of several layers of metaphor through which meanings are negotiated and ultimately impact upon health. This layer—to use a food metaphor of my own—may be viewed as the outer layer of an onion, below which the religious domain provides another source of metaphors and to which the similes drawn from the outer layer often refer. Moving toward the 'heart' of the onion we find a rather dense yet indeterminate layer of meaningful associations which reference the socially-embedded, familo-centric Self. At the core is the body wherein each of these layers of meaning ultimately take shape. At times, as in the excerpts presented in chapter four, the women cut straight to the heart of the matter, indicating—in response to my rather direct and culturally naive
questions—the very strong relationship between social relations and health to which I have already referred. More often, however, the nature of such relationships is expressed in religious or culinary terms.

![Diagram: Food and its Gunas](image)

**Figure 1**: The metaphorical layers of embodiment

Let us consider, for example, the cow. At a very superficial level we might point to assertion of several women that Hindus cannot eat the cow, because, like a mother, she provides milk. Here, a food taboo is justified in terms of a familial referent. The mediation of religion is implied since the women, some of them more explicitly, are referring to the meaning of beef consumption, or its avoidance, to Hindus. Prem links the cow with the god, Krishna, for example. Tara's comments take this one step further when she parallels the corrosion of respect for the cow with that currently afforded the mother. In not eating beef, one respects the cow and acknowledges Brahmanic virtues of purity. These virtues, in turn, reflect the greater proximity of the True Self, the *atma*, to the *Brahman*, and promote the refinement of the subtle Self. Cotermious with the extended family unit, the enlightened Self embodies harmonious relations between family members. Respect for the mother is thus implied. Integrity of the spiritual Self is hence consistent with the integrity of the Self-in-the-family and, by extension, the Self-in-the-body.

The notion of *sattvik* eating, replete with the positive attributions of spiritual purity, heightened concentration and family cohesion, underscores the links that I have outlined above. As noted in chapter eight, *sattvik* eating connotes partial vegetarianism, since milk is among the most *sattvik* of all foods. Beyond the beef taboo, eating *sattvik* sets
apart the pious who, like Sita of the *Ramayana*, with whom Kali associates such food, are enjoined to be utterly devoted to God and family. Indeed, the value placed on the ample consumption of milk, as yielded by a spiritually exalted cow ‘mother’ blurs the boundaries between the two. Like the milk of the mother, cow’s milk denotes family cohesion and is thus extremely susceptible to the destructive forces of ‘envy’ in the form of *nazar lagna*, also detailed in chapter eight. In discharging milk of its superior religious and nutritive properties, the miscreant threatens both the spiritual and familial integrity of the targeted Self. That sons are deemed most susceptible to childhood illnesses caused by *nazar*, is further testimony to the perceived susceptibility of the familial body as a whole, the continuity of which depends on male heirs. In the short term, too, sons are also vital for the role they play in caring for their aging parents.

The expectation that the elderly eat ‘simple’ *sattvik* foods, as noted most pointedly by Tara, highlights the expectation that they become more detached from worldly concerns such as “tasty” foods and, by inference, special attention. As Shulka argues, acceptance of old age may entail a shift in eating habits since the digestive capacity and perhaps the teeth of the old can manage only simple, soft, light (i.e. *sattvik*) foods. The elderly person thus embodies not only spiritual but familial wholeness—harmony is sustained through her acceptance of less, as phrased in terms of detachment. By the same token, the elderly person is seen to be protected by the mantle of the family which in turn presents itself to society as a ‘healthy body’ (as per Cohen 1995 and Desai 1989). This ideal is not always played out in reality, however.

Kali’s less than agreeable experience with her Muslim daughter-in-law illustrates how metaphorical connections find their logical conclusion in the body. As a high-caste (Brahmin) Hindu, Kali views herself as ‘pure,’ a claim she justifies, in part, by not eating cow—to do so would collapse the boundaries between her and the lower castes. Her assertion of her daughter-in-law’s Otherness (and hence inferiority) as a “meat-eater” parallels that observed by Narayan (1998) with respect to her grandmother by whom the term was used to deride both the British and the lower castes. The *tamasik* nature of meat, in Kali’s view, would further impact her phenomenal self, inciting the emotions of lust, anger and attachment to the material world against which Minati and Sita have warned. The ‘downward-pulling’ nature of meat, as illustrated by Sumati’s parable regarding the woman who acquired the saint as a husband, debases even the most pious of characters. Kali is fully cognizant of such implications, as evinced by her references to the “dirty” hands of her daughter-in-law or the “lustful” nature of her grand-daughters, all of them spoiled by a life-time of eating meat. Both the marriage of her son to his meat-
eating Muslim wife as well as the ‘loose’ behaviour of her grand-daughters threaten, as well, the honour of the familial body. Thus while Kali herself refuses to eat meat, her ‘dividual’ familo-centric Self experiences the shame of the family as a whole.

Negatively evaluated emotions—loss of respect, shame, anger, lust, material attachment—are experienced or implicated at each of the institutional, social and phenomenal levels for Kali. The eating of meat does not merely represent the familial disjunction that Kali perceives—as a metaphor it is enacted (i.e. presented) on a continual basis. Intermediary levels of meaning informed by religious precepts serve not only to link the food metaphor to the familo-centric Self, but to sharpen their impact. To view Kali’s presentation of a sick body in the Emergency ward of her local hospital as the somatization of social distress is thus clearly wide of the mark, for it is precisely the absence of a dichotomized sense of mind-body/mind-spirit concept which underlies Kali’s fluid interpretation and utilization of the metaphors at her disposal. The integrity of the Self-in-the-family is not possible so long as the spiritual Self is disturbed, as it clearly is in Kali’s case. The consumption of meat and its consequences reflects poorly on the spiritual and hence social status of her family and by extension, herself. The metaphorical communication of these disturbances through the media of culinary and religious precepts is further capable of invoking strong emotions which in turn communicate Kali’s distress into bodily symptoms.

The strong connection of gunas such as sattvik and tamasik with religious understandings clearly authorizes and augments their symbolic force. Kali speaks, for example, of the lustful nature of those who eat tamasik foods such as meat. In calling up the well known image of the mythical demon, Ravana, in connection with such foods, she underscores their evil and spiritually impure nature. Sumati’s parable, noted above, as well as numerous references to the incompatibility of alcohol, garlic and onions, all very tamasik substances, with meditation or devotional (Bhakti) worship, further reinforce this connection.

In speaking of the destructive impact of eating tamasik foods on the family, Sita readily identifies the consumption of meat with a “sort of hatred,” perhaps envy, that one feels when visiting others’ homes. This association further highlights the link between tamasik foods and the emotive states that Radha has dubbed the ‘five enemies of a person,’ i.e. desire, anger, attachment, greed, and egoistic pride, for it is through the realization of such emotive states that tamasik foods are said to assault both the spiritual integrity and the family/Self. The yogi who was able to discern the gross characteristics of greed and
lust responsible for the generation of the food he had consumed (the donor was celebrating his success in selling women) was distracted from his meditation and hence from his realization of his higher, spiritual Self. The attachment to the material world and the egoistic pride that tamasik foods engender are precisely the obstacles which religious devotees seek to overcome in their quest to merge with the Cosmic Being, to realize fully their True Self.

By the same token, alcohol as a tamasik substance is viewed as especially destructive to families. Parallel here is the anger of Minati’s son-in-law whose abuse of her daughter culminated in the younger woman’s ‘mental’ sickness. Her inability to care for her young sons and the husband’s temporary expulsion from the family home are clear indications of the destructive potentiality of this emotion. That drinking to excess and anger are often paired is axiomatic. Not only the mind, but the buddhi (powers of discretion) and one’s powers of concentration are said to be negatively affected by the consumption of tamasik substances. Here again we can recognize the incapacitating effects of alcohol as well as the incompatibility of such characteristics with spiritual enlightenment. Shulka’s experience of constant sickness throughout her marriage to an impious man exemplifies the embodiment of these emotionally charged metaphorical processes. Her husband’s consumption of tamasik substances, particularly alcohol, exposed her to and no doubt invoked the negative emotions with which these substances are associated. A devout Brahmin Hindu, Shulka experienced simultaneously a fractured familial Self and a disturbed spiritual Self which together were perpetually embodied as sickness in her being.

An important quality of sattvik food from the perspective of the elderly is that it is readily digestible. Less food, as well as light foods, such as kitcheree—both easy on the digestive tract—are similarly thought to integrate the mind, something which Lakshmi deems especially critical for old people for whom the diminution of their powers of concentration is a constant threat. Since the smooth flow of food through the body is contingent on the strength of the digestive fire, Agni, care is taken to include small amounts of heating spices in cooking, so as to augment the digestive capacity. As my own data and Bhopal’s (1986) findings regarding the condition known as bhye bhaddi indicate, the preoccupation with digestive functioning is pervasive in Punjabi communities. Consistent with my ‘onion analogy’ presented in Figure 1, however, we find once again that a manifest concern with food derives from a more spiritual preoccupation. At issue here is the flow of food through the dhatus, the transformation of the food into a more subtle essence (ojas) and by extension the movement away from the
body toward the atma. Lakshmi extends this flow (in line with Khare 1992b) in the direction of increasing refinement, to the consumption of prashad, or God's leavings. The spiritual 'pre-digestion' of the food renders it all the more beneficial to the embodied spiritual Self.

I have argued as well in my section on 'undigested discontent' that, in some cases, at least, the embodied experience of indigestion can be traced to a disturbance in the socially constituted Self: family worries and the loss of a familiar environment and compatible (often life-long) friends are at issue here. In their efforts to understand the inability to digest in Canada foods regularly consumed with ease in India, the immigrant women in my sample point to Ayurvedically relevant factors such climatic conditions and prakruti (individual constitution). That their assessment of the effects of climate on digestion is incorrect (in strictly Ayurvedic terms) is irrelevant in the sense that these concepts are being used primarily as a means of communicating and attempting to understand their distress.

The language of food, its source readily located in the Ayurvedic tradition, provides women with an indirect means of communicating status, piety, and familo-social disjunctures. Not unlike the notion of karma (Babb 1983), food metaphors as translated into bodily ills transpose responsibility for illness onto a more neutral object. While personal culpability is implied (one might have eaten differently), it is indirect (as it is with karma). These metaphors are readily deciphered, or at least perceived, I would argue, by those familiar, on the one hand with basic Ayurvedic precepts and attuned, on the other, to the permeable, fluid concept of Self through which such metaphorical associations necessarily flow. Accordingly, not all of the women in my sample are equally fluent in this language. A self-concept which separates spirit from mind, mind from body, is hard-pressed to discern the complex significations of food metaphors for which the basis is located in the spiritual realm (as an index to the social or "mental" domain) and manifested in the body.

The examples of Madhu and Champa spring to mind. Having worked throughout much of their lives, both of these women speak more directly of their own agency, their own culpability. Madhu construes karma, for example, as being of this world alone—what goes around comes around, she claims and feels that the way she treats people in this life, will be reflected in the way they treat her. The spiritual component of Self is compartmentalized, it seems, acknowledged only during the two-three minutes she spends each morning doing her 'puja.' Especially notable is Madhu's positive appraisal
of both ahamkara and the biomedical model. Not for her the negative association of ahamkara as an obstacle to the realization of atma, or as a negative emotion which might prove to be an enemy of the person. Rather, she equates ahamkara with self-respect. While she is prepared on occasion to try other healing modalities, providing they help, the underlying precepts of biomedicine sit comfortably in the dichotomized compartments of Madhu’s mind. I am not going to attempt to discern whether an acceptance of biomedicine preceded the dualisms that otherwise characterize her life or vice versa. I suspect they came as a package. On the whole, she is not attuned to the metaphorical language that I have described, although she does recognize a link between family worries and ill-health. Her association, however, is more direct and reflects, moreover, her own struggle with the ideal of independence (her own and that of her children) on the one hand, and expectations of filial piety and respect on the other. For this reason, she says, she experiences “mental imbalance” on occasion. Her tendency to confine such struggles to the purview of the “mind” is equally notable.

The struggle between two conflicting conceptions of Self is more pronounced in Champa who eschews the rich metaphorical language of Ayurveda and all other healing modalities besides biomedicine, while at the same time clinging precariously to religious precepts which she otherwise says she cannot support. I wonder, in part, if her insistence on remaining near her daughter on account of her ill-fated destiny as predicted by a palm-reading, provides an indirect means of refusing her son’s supplications to join him in the United States. While she claims that she is lonely, Champa indicates as well that she enjoys the freedom to decorate her home as she wishes, for example. She is a woman who throughout her life has exercised considerable control over extended family members, and as evident by her domineering behaviour in her daughter-in-law’s home, is not prepared to hand over the reins just yet. Detachment is not a goal to which Champa aspires. While she feels that people these days are wasteful, she herself is keen to acquire new things. The splicing of Champa’s Self into neat mind-body-spirit portions may not be as comprehensive as it appears to be in Madhu’s person, but the influence of Cartesian ideology nonetheless dominates Champa’s sense of Being-in-the-World.

Neela, in Canada, further exemplifies the dualistic Western Self of which I speak, although the long-established distance from her homeland has afforded her the opportunity for reflection on the nature of biomedicine, of which she is tentatively critical. She is prepared to experiment with homeopathy since she has found it to be efficacious and free of the side-effects that she experiences with certain allopathic medications. Neela’s rejection of her spiritual Self and her own anomalous status as a
married woman without children sets her apart from the majority (perhaps all) of the women in my sample. Her difference is clearly perceived by both Neela herself as well as the Indo-Canadian women with whom she volunteers or mingles socially on occasion.\textsuperscript{13}

Like Neela, Minati and Sumati have worked outside of the home and live relatively ‘independent’ lives, moving in a Western social environment with greater ease than many of their peers. Minati is certainly less attuned to the Ayurvedic precepts and hence the ‘language of food’ that I have described. Her experience with biomedicine both in India and in Canada is extensive. Both the very serious nature of her illness experiences as well as the cost-effectiveness of biomedicine due to her husband’s medical coverage in India (as per Madan’s (1981) findings) have steered her toward the expediency of biomedical ‘solutions.’ Her decision to live apart from her sons in India, akin to Champa’s resistance to joining her son in the United States, reflects a shift away from the familo-centric Self. In this respect, the Self and society while not separate in her construction of personhood, appear to have drifted apart to some degree. What distinguishes Minati from each of the aforementioned women is the strength of her religious faith. Accordingly, the ultimate credit for healing her ailments goes not to her allopathic medications, but to God. A disturbance in her spiritual Self, she asserts, does indeed have a profound effect on her general well-being. Any tendency for her \textit{ahamkara} to overwhelm her being, as it may well do in a person with the self-confidence that Minati exhibits, is kept in check by her very conscious efforts to realize the \textit{atma} through her persistent spiritual pursuits.

Sumati, too, is a deeply religious woman. She has chosen, moreover, to live more conventionally with her eldest son and his family. Her fluency in English and capacity to move with ease in a Western environment is merely symptomatic of a sharp wide-ranging intellect manifest as well in the avid pursuit of knowledge of many kinds. Her interest in topics such as Ayurveda, gem therapy, acupressure and so forth—some sources of which are accessible to her precisely \textit{because} she is able to read in English—renders her ability to interpret the language of food and other socio-religious metaphors very sharp indeed. The tightly integrated mind-body-Self of Sumati’s person is in no way diminished by her exposure to the world of paid work and a Western milieu. Again, \textit{ahamkara} is kept at bay by her conscious efforts to bring the \textit{atma} to the fore. Sumati’s example is especially important in its discreditation of the oft-made assumption that adaptability and traditional values are incompatible.
These examples suggest that religious practice is central to the metaphorical process of embodiment that I describe, above. It functions, as depicted in Figure 1, as the bridge between the religio-medical-culinary jargon of Ayurveda and the socially embedded Self described by Bharati (1985) and others. It is only when this spiritual element of the Self is segregated that the individualistic \((ahamkari)\) element, so central to the (admittedly generalized) ‘Western’ Self, can predominate. The use of biomedicine does not serve as an appropriate indicator of a shift in Self-concept; its favoured colonial history in the Indian medical scenario has ensured its predominance throughout the subcontinent. Here in Canada, its popularity can be attributed in great part to its availability and cost effectiveness in accord with the biomedical bias of Canada’s medical coverage. The forceful promotion of biomedicine to the exclusion of other healing modalities by women such as Madhu and Champa nonetheless reflects a more dualistic orientation and at least the germ of a radical reconceptualization of Selfhood.

**B. Questions and Answers?**

So what of my orienting questions? Has my inquiry proved sufficient to satisfy my original agenda? First, I wrote in chapter one, I sought to understand ‘the manner in which Ayurveda as a systematized medical tradition, relative to competing ideologies, is incorporated into the lives and shapes the lifeworlds of elderly laypersons. As I have argued throughout Part Three and in the first section of this chapter, Ayurvedic understandings provide valuable links between the bodily and mental selves which regularly engage in the mundane tasks of daily life and the spiritual self with which the elderly in particular are increasingly expected to identify. The preoccupation of Ayurveda with food qualities provides a rich source of metaphor from which those women for whom the Self (of mind-body-spirit) is fluid and integrated construct a language of food capable of communicating their gains and losses in life.

My second goal, to determine the degree to which understandings rooted in the Ayurvedic (humoural) tradition persist subsequent to the migration of elderly Punjabi Hindu women to British Columbia requires clarification, for it seems to assume, \(\text{de facto}\), uniformity in the before and after migration scenarios. This reading was not apparent to me when I first phrased the question. Continuity of understandings can only be framed in relative terms, specific to a given individual. Accordingly, any claim that I make here regarding continuity is made by inference, for I did not interview the same women prior and subsequent to migration (a valuable, yet costly, direction for future research). I would argue, nonetheless, that continuity of belief is largely maintained through the practice of the Hindu religion in which a great many Ayurvedic precepts are embedded.
Where women have broken with their religion, references to Ayurveda are typically absent. The same can be said in India as in Canada, however. Indeed there are more women in my Indian sample who have broken with convention in numerous ways, most notable among them, being their living arrangements: more women in the Canadian as opposed to the Indian subset live in traditional joint families with the eldest son. What is at issue here, is not a conscious break with tradition so much as it is one of the relative availability of choice. Sponsored seniors in Canada, particularly widows, have fewer choices as to whom they may live with or, by the same token, from which kind of medical practitioner to seek affordable care. Thus while these women are prepared to adapt to their new environments (as evinced by Sumati, for example) their concept of Self, in particular, appears to remain reasonably intact. Among the Canadian women, Neela’s more dichotomized Self appears to be equally consistent, having been fostered from birth or a very young age.

We see, therefore, that it is not simply the experience of migration that differentiates women in this sample from one another. The continuity of common-sense cultural beliefs—those features of a culture which are not readily apparent to either the culture-bears or outsiders alike—are, in fact, remarkably consistent across the Indian and Canadian subsets. Differences, where they exist, appear to be more circumstantial than indicative of any sort of ideological shift. As we have seen, the same sorts of familial tensions exist in both locales. Increasingly, young women in urban families are participating in the paid workforce such that they have less time and energy to devote to the care and formalized respect of their elders. Since the mid-1990’s, India’s policy of economic liberalization has beckoned all manner of callers, not least among them, representatives of western pop culture such as clothing stores (Benetton, etc.) and rock videos. Over the past ten years, the shift in self-representation, particularly among India’s middle-class youth, is readily apparent to even the most casual observer such as myself. While more of the participants residing in India appear to be satisfied with the affection and respect received from their grandchildren than those in the immigrant subset, we nonetheless see indications in Prem’s comments, that grandparents in India may well experience some of the same frustrations which the unhappy nexus of generational and cultural differences can foster within the Canadian sample.

Undoubtedly, the biggest difference between the two subsets is the absence or relative weakness of meaningful social networks that the women in Canada observe. We should note, however, that Champa too complains of loneliness since moving to a new housing estate within the Punjabi region. Dislocation from social networks does not necessarily
require movement outside of the country. Indeed, in terms of substantive changes in lifestyle, one might argue that the rural-urban shift is greater in magnitude than the international move from one urban center to another more typical of the Punjabi immigrants interviewed for this study. Finally, it is important to note that the women included in the Indian sample are by no means isolated from nor ignorant of the 'outside' world; many have travelled on several occasions to spend time with children living overseas. In an era of increasing globalization, an individual’s migration history (both internal and external, and more or less permanent) is merely one of several salient facets of her lived experience.

Whether or not these women utilize Ayurvedic precepts to re-establish a sense of meaning in their lives subsequent to migration, as per my third question, is debatable, and depends to a great extent on how broadly we extend the notion of Ayurveda. If we are prepared to accept that the fluid Self-concept that I have described, above, is integral to Ayurvedic understanding, then I would suggest that they do. Recognition of and attention to the spiritual Self fosters the goal of detachment (albeit within the family setting) and hence enables women like Pramila, among others, to cope with the loneliness that many of these women experience in their children’s homes. This model not only encourages older women to recognize the True Self, to be one with God, but to lower their expectations and to minimize their needs. In so doing, it reduces conflict between the elderly woman and her son’s family. When we consider Kali’s resolute attachment to her religious principles, and the ensuing conflict with her son’s family, we might be tempted to challenge this conclusion. I would argue, however, that Kali’s own behaviour, while informed by her religion, is not necessarily indicative of religious devotion. While she continues to find shelter in her local mandir, often spending the best part of a day within its confines, Kali’s deep-seated resentment of her daughter-in-law and her dissatisfaction with her younger son and her lot in life, voiced frequently and with passion, are contrary to the goals of detachment. The displacement of current ills—be they of the corporeal or familial body—onto the notion of karma, also appears to help some women to come to terms with their misfortune. Prem in India, who cannot see eye-to-eye with her daughter living in a subdivision of her home, provides an especially vivid example. The ability to communicate distress through Ayurvedically informed metaphors may enable some women to attain the support they need from other women, although this latter point is pure conjecture. I do not have any concrete evidence that this is the case.
In sum, I would argue that Ayurveda has proven extremely useful in my research as a source of indigenous categories by which I was better able to tap into the epistemology of the women in my study. Insofar as I have been able to ‘summarize’ their experiences in chapters four, eight, nine, ten and eleven, this exercise has yielded valuable results which promise to deepen understanding not only of the health-worlds of these women, but also—and perhaps more importantly—of the contradictions and differences within and among them. It has not, however, provided any neat and tidy answers to my questions, but rather suggests that neat and tidy answers simply do not exist. Above all, each of the women insisted that the experience they were relating to me was their own, that they did not view themselves as one of a category of people. This of course raises an age-old question which besets both sociology and anthropology: to what extent can we really talk about societies, social groups, or culture-bearers as an entity? In many respects, we cannot. For the majority of the Punjabi Hindu women with whom I spoke, however, Ayurveda proved to be source of ‘common-sense’ cultural understandings, from which they drew sometimes disparate but most often mutually intelligible conclusions about the world. The cultural construction of Self and the emotions is also evident in my participants’ accounts which illustrate not only the interdependence between these two concepts but the importance of considering each of the mind, body and spirit relative to either.

C. Conceptual Shortcomings

If I have learned anything from the time I have spent in India, or from the wealth of literature dedicated to its explication, it is this: things are not always what they seem to be. This could be said of any culture, any country, including our own, of course. Yet in India, this truism seems to resonate all the more loudly for me. What is unusual about India, perhaps, is the salience (for many) of age-old understandings, the enactment of deep, rich sources of metaphor in routines mundane and extraordinary. By no means am I suggesting a condition of stasis, however. To the contrary, the ability of India’s peoples to adapt their profound intellectual resources to a wide gamut of esoteric and practical needs is, I suspect, precisely why such notions persist to this day. The awe-inspiring complexity of the sociocultural kaleidoscope that is India has thus succeeded in confounding a good many social scientists, be they ‘native’ or otherwise, and will, I wager, continue to do so. I count myself among the eternally confounded, yet I wouldn’t have it any other way, for an India reducible to the narrow confines of a [blank]ological model of any sort would surely be something else entirely. The aforementioned “onion analogy” (which I refuse to name otherwise, lest anyone take it too seriously) provides a
glimpse into the rich metaphorical worlds of my sample of middle-class, literate, post-menopausal Punjabi Hindu women. It is incapable, however, of fully elucidating the health-worlds, never mind the life-worlds of these women, and for this I offer no apology. Their understandings, like yours and mine are, after all, malleable, utterly contradictory, formed and reformed through the course of a lifetime of experience in an ever-changing (utterly contradictory) world.

As the architects of the ‘three bodies’ framework, Scheper-Hughes and Lock (1987) are to be credited for their sincere intentions to bridge the innumerable dichotomies that characterize Western intellectual discourse, mind-body and ideological-material perhaps the most central among them. Yet, when all is said and done, we are forced to acknowledge the wisdom of DiGiacomo’s (1992) cautionary observation that the very act of ‘explaining,’ of asserting one’s authority to ‘reveal’ the ‘true’ political/social ‘causes’ of sickness in itself reproduces the Self-Other dichotomy which we strive so hard to overcome. This is not to say that there is absolutely no value in pursuing this avenue of inquiry. Knowledge, used with due respect for its limitations, is in and of itself, never ‘bad’ per se. But knowledge—as we have come to learn very quickly in the ‘postmodern’ world—can equate to power, and hence deserves due respect.

This then, is my caveat emptor, I suppose. To the consumer of my own limited perspective on the health-worlds, the embodiment process, of Punjabi Hindu women I would like to say, Go ahead, consider what is before you in light of these insights, but remember first and foremost to listen carefully, to be ever-attentive to the multiple messages that your client, your patient, your associate may be sending you. Be open to as many interpretations as you possibly can, for none of ‘them,’ none of ‘us’ can be squeezed into theory-shaped pots with ease. Having spent many hours talking to these women, listening to their stories, I have become more attuned to their body language, to their inferences, to their metaphors. Over time, I have come to respond more naturally, more appropriately to their signals. There is, in the end, no substitute for the empathic, intuitive understanding we gain in exchange for the gift of time. But time does not come cheaply these days!! Mine nor yours. Should ‘short-cuts’ prove necessary, then, we might familiarize ourselves instead, not by reading, but absorbing, the stories that these women tell about themselves, the stories that people like myself have been privileged to hear.

I am reminded here of the differential impact on my understanding of India and its peoples of the surfeit of academic works that I have read on the topic (the source of much
intellectual indigestion) as compared to a score of fictional or semi-fictional works. It is with thanks to novelists as diverse as Khushwant Singh, Vikram Seth, Ruth Prawer-Jhabvala, Anita Rau Badami, Arundhati Roy, Rohinton Mistry, and Salman Rushdie, to name a few, that I have been able to slip unseen into the innermost corners of peoples homes, peoples lives. It is these rich, contextualized images of Indian life—interpretive, indeed, but free, at least, of reductionistic theories and authoritative conclusions—rather than their academic counterparts, which have left upon me their indelible impression. And it is these tight composite views of social life that I will revisit twice, even thrice, in search of deeper layers of allegorical understanding.

By no means am I advocating that all social scientists throw in the towel and become novelists! Nor do I suggest that the serious student of India confine their research to fictional works. My message is distinct as well from anthropological Gurus such as Geertz who suggested almost two decades ago now that our analysis take a humanitarian turn—no need to reinvent the wheel! I am simply promoting the rather pedestrian idea that consumers of social science whose goal is to better understand a people (and for whom personal familiarization is impractical) seek out as many first-person accounts of experience as they can, endeavour to digest, dare I say embody, those experiences, carry them with you as you might a good novel, close to your own heart. Researchers are encouraged, by the same token, to create such works, to render accessible to their readers the stories of their participants, as told. For other purposes, perhaps—administrative, enumerative, legislative—by all means condense, configure, conform. Should your objective be to impart understanding, however, I suggest that (contrary to popular opinion) less is not more, after all. I, for my own part, have not ventured far enough down the path that I recommend, a recognition which I will take as a signpost to future travels. The journey is never over.

*Within each solution, let us find lurking a new question, a new journey.*
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Svoboda, Robert E.

Synnott, Anthony

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Twigg, Julia

Van Willigen, John

Vatuk, Sylvia


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<th>Year</th>
<th>Title</th>
<th>Journal/Book Details</th>
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Appendices
Appendices

(A) Interview protocol - India (English Only)

Background - Self Identification
1. To begin with, can you tell me some thing about yourself - whatever you think is most important about who you are.
   PROMPTS: age, marital status, children - #, gender and where they live, caste, class, family overseas?.

Background - Health
2. How is your health these days?

3. What kinds of illnesses have you been troubled with in your lifetime?
   - major (things that stand out in your mind)
   - chronic (repetitive things)

Maintenance of Health

4. What is necessary for good health?

   PROMPTS:
   - fasting (for one's own health or the health of family members)
   - hygiene - personal [daily routine] (times for bathing or not, tongue scraping...)
   - hygiene - environment (clean house, garbage disposal, water quality...)
   - religious observance (puja, ritual safeguards performed for the benefit of others' health, e.g., karvaa chaath for husband)
   - family duty/respect (showing proper regard for senior family members, being respected by junior family members—appropriate sewa, leg pressing etc.)
   - balance (tridoshas — i.e., vata /vaayuu, pitta and kapha /sleshma)
   - exercise
   - wearing certain stones for luck/health
   - food (hot/cold, oily, spicy, pakkaa /katchaa, naram /sakhat, light/heavy, etc.)

5. Could you tell me about the health benefits or dangers of some particular kinds of food, for example
   - ghee (better for young people or older people?)
   - rice
   - milk
   - curd or buttermilk
   - honey
   - alcohol (for self vs. others, esp. men)
   - water (hot/cold)
   - salt (regular/black/Saindhava)
   - meat (self vs. others; particular about utensil in which meat is cooked?)
   - eggs (self vs. others)

6. Are there any other foods or spices that are especially important for the health?
7. Can you think of any foods or drinks which should not be consumed at certain times of the day/week/month/year? (Explain why)

8. Are there any types of food or drink which should not be taken together?

9. Are there any foods/drinks that should be avoided altogether (e.g. cow)?

10. Some people talk about certain foods as being more rajasic, tamasic or saatvic — have you ever heard of this? If so, what can you tell me about these kinds of food?

11. If we are to live healthy lives, is it important to remember the ways of our ancestors, to behave as our parents and grandparents taught us, or should we be looking to new ways?

12. So far, you've told me many things about maintaining health/staying healthy. Do you think that other people feel the same way about such things?

   PROMPTS: men, youngsters, other castes or classes, other religions, etc.

Disease Etiology

13. Can you tell me what causes certain kinds of illness?

   ILLNESS PROMPTS:
   - colds
   - stomach problems
   - fever
   - heart problems
   - joint pain (arthritis)
   - eye problems (cataracts, failing vision)
   - ear problems (deafness)
   - infectious diseases (e.g., TB, diphtheria, AIDS, pox, etc.)
   - malaria
   - parasitic diseases (worms, lice etc.)
   - cancer
   - skin diseases (rash, eczema, etc.)

   CAUSE PROMPTS:
   - weather
   - ghosts (bhunut pret)
   - 'evil eye' (nazar lagnaa)
   - failure to observe rituals (puja etc.)
   - family problems/worries
   - germs/bacteria/viruses
   - food (spoiled, inherent properties aama, etc.)
   - karma
   - destiny (kismit)
   - 'fruits of action' (kaye ka phal)

   (Note: same/different causes of different kinds of illnesses?)
14. I've heard that some illnesses are connected with the Five Great Elements (panchamahabhutas) from which the 'Cosmos' is made:
   - earth (prithivi)
   - water (jal)
   - ether/space (aakasha)
   - wind (vaayu)
   - fire (tejas)

Have you ever heard of this? If so, can you tell me anything about it?

15. Do you have a janam kundli (astrological chart)?
   OR have you had them made for your children?
   • If so, does this tell you anything about your health or your life expectancy?
   • If so, does this affect your behaviour at all (preventive measures)?

16. I've heard that some things that women do or things that happen to us can be polluting to others—can you tell me anything about that? For example, what is polluting and when?

   **PROMPTS:** menstruation, childbirth, and what about menopause (does this change things?)

   Are there certain rituals we should perform, things/activities to avoid at such times? (If not observed, effects on our own health/the health of others?)

17. I'm wondering if love, or lack of love, can ever make you sick, but to answer this question we need to consider different kinds of love, for example,

   - love between a mother and a daughter - how is this love shown and when might it (or its absence) cause health problems?
   - mother and son?
   - grandmother and grandchildren?
   - husband and wife?

18. The last few questions I have asked you were about causes of disease or sickness. Do you think others feel the same way as you about such things?

   **PROMPTS:** men, youngsters, other castes or classes, other religions, etc.

**Treatment**

19. If two people have the same sickness, is it always the case that they can be cured by the same treatment, or do different people sometimes need to be treated in different ways?

20. When you are sick, which kind of treatment do you usually use?

   **PROMPTS:**
   - home remedies (family knowledge, friends' advice)
   - allopathic dr.
   - homeopathic dr.
For each mode of treatment sought ask the following questions:

Do you do this first, or after trying something else? or perhaps together with something else?

For what kind of illness?

Are you usually happy with the results or not?

What do you do if this doesn't work?

21. Is it usually you yourself or somebody else who decides which kind of treatment you should get?

22. Do you think that others share your views regarding treatment of sickness?

**PROMPTS:** men, youngsters, other castes or classes, other religions, etc.

**Abstract Notions of Self and Life**

23. Can you tell me anything about *ahamkara*?

24. What can you tell me about *aatmaa*? (Is it different from *ahamkara*)?

25. Have you ever thought about whether and how the *aatmaa* is related to the mind or the body? 
   For example, could problems related to *aatmaa* create any disturbance in the mind?

26. What is necessary to sustain life (*jiivan*)?
   - ask to rate - most to least important
   - ask to clarify abstract responses such as 'love'

27. What is *praan*?

28. What happens when *praan* leaves the body?

**Mental Health**

29. **(Case History approach):** Do you know of any one who is mad or becomes hysterical or mentally off-balance from time to time? [If not suggest they take an example from Indian TV or movies]
   - Can you describe what that is like?
   - How was that person treated by others, over time?
30. How does this happen to people?

**PROMPTS:**
- poor health
- family problems
- childbirth/pregnancy
- ghosts (bhoot pret)
- evil eye (nazar lagna)
- poor nutrition
- bad food/drink
- no son
- loss of loved one
- unfulfilled desires
- chemical imbalance
- genetic
- others?

31. Are some people more likely to become mad than others? (men vs. women, old vs. young etc.)
   Why?

32. Do women have more anxieties (stress, tension) or worries than men?

33. Sometimes people become very sad or depressed - can you tell me anything about any such cases you know of—why it happens etc.?

34. Did you feel any differently with regard to your mental state after menopause?

**Old Age**

35. How do women usually feel about old age? Is it a good thing, a bad thing or so-so?

36. Are there any health problems that you associate especially with old age? If so, do these make life more difficult for older women?

37. When they are old, do women prefer to live alone or with others (if so, who?)

38. Do most older women feel that they get as much respect from others as they deserve or would like?

39. Compared to when you were a young woman, do you feel the same about life, the family and so on?

40. Do you feel that you have as much control or more control over important decisions as you used to?

**PROMPTS:**
- minor purchases (groceries)
- major purchases (car, house)
- arranged marriages
41. Do you have any control over money in the family? or do you have any money of your own to spend as you please?
   - does this arrangement suit you?

42. Perhaps you can think back to when you were much younger, and tell me if there’s anything your parents told you or some story you heard or read that made a big impression on you—something that you live by or would have liked to live by.

43. Has your life been such that you have been able to be like that? (How do you feel about that?)

(note: self acceptance, self esteem)

Open-ended Closing Question
(B) Letter of Introduction

Ph.D. Research of Ms. Sharon D. Koehn

Concepts of Health and Illness of Older Hindu Women in Punjab and British Columbia, Canada

RESEARCHER: Ms. Sharon Koehn is a Ph.D. Candidate at the University of Victoria. Her field of study is Medical Anthropology which examines medicine, and beliefs and behaviours about health and illness, in the broader context of a person's social and cultural background. The interview(s) in which you have been asked to participate will form the basis of Ms. Sharon's Ph.D. thesis. In addition, she hopes that this information can be used to improve health care services for current and future Indian immigrants to British Columbia, particularly the elderly.

The most important thing for participants to remember is that Ms. Sharon is only interested in what you think and feel. She does not assume that any one type of belief or health care practice or type of health care provider (allopathic, homeopathic, Ayurvedic, naturopathic etc.) is any better or worse than another.

AIM OF RESEARCH: The aim of this research is to discover how Hindu women over the age of 55 years think about the concepts of health and illness. The research is aimed especially at those women who have migrated to British Columbia (B.C.) in Canada in order to join adult children already living there.

Since migration usually brings about many changes, this research will also explore the effects of migration on the body, mind and spiritual concerns of older migrant women from Punjab. Family relationships often change among many different cultural groups migrating to countries such as Canada. This research will also take such changes into account when considering the effects on health and illness beliefs and practices of the study sample.

So as to be able to isolate and identify changes in health concepts which are specifically caused by migration to Canada, the scope of this research also includes a relatively small sample of Hindu women over 50 years of age living in Punjab and Haryana. These women, who were interviewed during Ms. Sharon's recent 6-month stay in India, were asked to share their ideas about health and illness in the very broadest sense, so as to include the many aspects of a person's life which affect the types of health problems they have, the ways in which they think about health and about various illnesses, and the ways in which they treat them. Because health affects and is affected by so many aspects of a person's life, this research also takes into consideration the person's identity: for example, as a woman, as an older person, etc. What people think about the connections between the mind, body, and spirit—for example, do mental strains affect physical health—is also relevant. This part of the research is extremely important, since it will enable Ms. Sharon to understand the medical understandings that people bring with them when they immigrate to countries such as Canada.
**METHOD OF RESEARCH:** Since this research aims to understand in detail the way people feel about health and illness and the many ways in which these understandings are connected with other aspects of life and with a person's identity, the main research methodology used is the in-depth interview technique. Ms. Sharon will ask various questions which require you to speak freely on the topic she presents. There is no 'correct' or 'wrong' answer. What is most important is that you speak honestly about your feelings on this matter. If at any time, you decide you do not want to answer a particular question, or if you wish to stop the interview altogether, you are free to do so. It is important that any information you provide is done so voluntarily.

Great care will be taken to ensure that anything you tell us is not repeated. When the study is completed and a report written, your words may be quoted directly or summarised, but your name and identity nor that of any persons close to you or mentioned by you in the interview, will not be revealed. To help us to ensure that we have understood everything you say, we would like to tape record the interview(s) with you, although we will only do so with your permission. Once we have listened to the tape following the interview, you can either have the cassette to keep for yourself, or we will remove the interview from the tape—as and how you wish.

Many thanks for your participation.

Sharon Koehn
[address and phone numbers]
(C) Consent Form

CONSENT FORM FOR PARTICIPATION IN THE STUDY ENTITLED, "CONCEPTS OF HEALTH AND ILLNESS OF ELDERLY HINDU WOMEN IN PUNJAB AND BRITISH COLUMBIA, CANADA"

Researcher: Sharon D. Koehn, doctoral candidate (phone numbers)
Supervisor: Dr. Max Uhlemann, University of Victoria (phone number)

I understand that this research project is studying the connections between everyday understandings of Ayurveda (the traditional Indian medical system) and the process and effects of personal adjustment to migration to British Columbia among Hindu immigrants from northern India. I am aware that part of the research will look at elderly people in North India to see how their understandings of Ayurveda influence their daily lives. I understand that Ms. Koehn will ask me to respond to her questions in any way that makes sense to me, and that I am free to decline to answer any of these questions if I so choose. I understand that I can withdraw from the study at any time, without explanation, and that Ms. Koehn will remove from the record all or part of any information provided by me during the interview(s), providing I make this request within three months after our last interview (after which time the information may already be part of her publicly available doctoral dissertation). I understand that the anonymous information that I provide in the course of our interview(s) may be used by Ms. Koehn in future presentations or publications.

My participation in the project has been completely voluntary. I understand that my real name shall not be used and that the interview(s) conducted between the researcher, Sharon Koehn, and myself are completely confidential.

Audio-tapes used to record the interviews will be stored in a locked cupboard until they are transcribed (typed out), after which time the interview must be erased from the tape. Written or typed notes or interview results will also be kept in a locked cupboard. My name will not be directly associated with any taped or written copy of the interview(s) or with any published results of the research. Instead, such data will be identified by a coded number. The list linking my name with the code will be stored separately from the data in a secure location known only to Ms. Koehn. Once the study is complete, Ms. Koehn will keep the interview transcripts in her records under lock and key. These records will not be accessible to anyone else.

I understand that my participation in this research project will in no way (positively or negatively) effect my immigration status in Canada. Nor will it effect any benefits I am currently receiving or hope to receive.

Date: _______________ Participant's signature ____________________________
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<th>Ailments/conditions treated or prevented</th>
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<td>heating/cooling (if soaked in water)</td>
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<td>post-partum confinement</td>
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<td>desi ilaj - excess of vayu causes gas and pains throughout the body</td>
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<td>Honey, Shahad</td>
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<td>general health</td>
<td>7</td>
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<tr>
<td></td>
<td></td>
<td>cough</td>
<td>6</td>
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<td></td>
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<td>cold</td>
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<td>weight loss</td>
<td>4</td>
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<tr>
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<td>stomach ache/stomach &quot;wind&quot;/indigestion</td>
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<td></td>
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<td>blood</td>
<td>2</td>
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<td></td>
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<td>flu</td>
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<tr>
<td>Formula</td>
<td>Condition</td>
<td>Count</td>
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<tr>
<td>Lemon/Lime, &quot;Nimbu&quot;</td>
<td>counters <em>pitta</em>; avoid during monsoon season</td>
<td>5</td>
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<td></td>
<td>stomach ache/stomach &quot;wind&quot;/indigestion</td>
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<tr>
<td>Licorice, <em>Mulethi</em></td>
<td>cough</td>
<td>3</td>
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<td></td>
<td>throat (sore)</td>
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<td>stomach ache/stomach &quot;wind&quot;/indigestion</td>
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<tr>
<td>Mint, <em>Pudin</em></td>
<td>diarrhea (severe)/dehydration (young child)</td>
<td>1</td>
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<td></td>
<td>diarrhea (mild)/&quot;loose motions&quot;</td>
<td>1</td>
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<td>stomach ache/stomach &quot;wind&quot;/indigestion</td>
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<tr>
<td>Mustard (Black), <em>Rai</em></td>
<td>heating</td>
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<td>stomach ache/stomach &quot;wind&quot;/indigestion</td>
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<tr>
<td></td>
<td>affliction by ghosts <em>(bhoot pret)</em></td>
<td>1</td>
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<tr>
<td>Neem</td>
<td>bitter</td>
<td>2</td>
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<td></td>
<td>skin - eruptions, ulceration, etc.</td>
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<td></td>
<td>dental hygiene</td>
<td>2</td>
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<td></td>
<td>post-partum confinement</td>
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<td>insect repellent</td>
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<td>Ingredient</td>
<td>Condition</td>
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<tr>
<td>Kidney stones</td>
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<td>1</td>
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<tr>
<td>Eyes</td>
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<td>1</td>
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<tr>
<td>Psyllium husks, 'Isabgol'</td>
<td>diarrhea (mild); &quot;loose motions&quot;</td>
<td>3</td>
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<td></td>
<td>eyes (conditioning)</td>
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<td>constipation</td>
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<tr>
<td>Pulses, Channa, Gram...</td>
<td>give strength</td>
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<td>skin - cleanser</td>
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<td></td>
<td>general health</td>
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<td></td>
<td>flu</td>
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<td>cold</td>
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<td>post-partum confinement</td>
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<td>Raisins (big), Munaqqa</td>
<td>post-partum confinement</td>
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<td>cough</td>
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<td>eyes (conditioning)</td>
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<td>flu</td>
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<td></td>
<td>diarrhea (mild); &quot;loose motions&quot;</td>
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<tr>
<td>Rosewater, Gulab jal</td>
<td>cooling</td>
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<td>diarrhea (severe)/dehydration (young child)</td>
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<td></td>
<td>cough</td>
<td>1</td>
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<tr>
<td>Salt, Namak</td>
<td>one of six rasas (&quot;tastes&quot;); &quot;creates lethargy&quot;</td>
<td></td>
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<td></td>
<td>blood pressure (high)/&quot;heart trouble&quot;</td>
<td>9</td>
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<td></td>
<td>stomach ache/stomach &quot;wind&quot;/indigestion</td>
<td>4</td>
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<td></td>
<td>cold</td>
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<td></td>
<td>eyes (conditioning)</td>
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<td>sunstroke</td>
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<td>vomiting</td>
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<td>swelling (feet)</td>
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<td></td>
<td>illness due to excess pitta (&quot;heat&quot;)</td>
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<tr>
<td>Ingredient</td>
<td>Effect</td>
<td>Conditions</td>
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<tr>
<td>Affliction by evil eye (nazar lagna)</td>
<td>1</td>
<td>Cough</td>
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<td></td>
<td></td>
<td>Goiter</td>
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<td></td>
<td></td>
<td>Bones (cracking)</td>
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<td></td>
<td></td>
<td>General health</td>
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<tr>
<td>Turmeric, Haldi</td>
<td>Antiseptic</td>
<td>Injury (external; bruise)</td>
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<td></td>
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<td>Injury (internal)</td>
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<td>Bones (general; fracture)</td>
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<td>Blood (purification)</td>
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<td>Skin (cleanser)</td>
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<tr>
<td>Violet, Banafsha</td>
<td>Flu</td>
<td>Flu</td>
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<td>Throat (sore)</td>
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<td>Cough</td>
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<td></td>
<td></td>
<td>General health</td>
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<tr>
<td>Water, Pani</td>
<td>&quot;Purifier&quot;; avoid very cold water (stomach ache)</td>
<td>Blood pressure (high)</td>
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<td></td>
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<td>General health</td>
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<td></td>
<td></td>
<td>Constipation</td>
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<td></td>
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<td>Diabetes</td>
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<td>Pain (joints; arthritis)</td>
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<tr>
<td>Wild celery seeds, Ajwain</td>
<td>Heating; counters (wind)</td>
<td>Stomach ache (stomach ache)</td>
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<td></td>
<td></td>
<td>Post-partum confinement</td>
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<td></td>
<td>Fever</td>
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<td>Diarrhea (mild/&quot;loose motions&quot;)</td>
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<td>Menstruation</td>
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<td>Skin (eczema)</td>
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<td>Colds</td>
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<td></td>
<td></td>
<td>Cough</td>
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</tbody>
</table>
### (E) Table of Food Remedies, by ailment

<table>
<thead>
<tr>
<th>AILMENTS/CONDITIONS TREATED OR PREVENTED</th>
<th>PREPARATION/REMEDY</th>
</tr>
</thead>
</table>
| affliction by evil eye (nazar lagna)     | prevention: lemons and chilies around the house (often hung from front door)
|                                          | eradication/prevention: combine mustard seed, red chili, rock salt, + sand from place where person causing the problem has walked - all to be present when lemon is cut |
| affliction by ghosts (bhoot pret)       | prevention: lemons and chilies around the house (often hung from front door)
|                                          | prevention: place mustard seed in room of susceptible person |
| blood                                    | purification: take honey + basil (strengthens arteries)
|                                          | purification: turmeric routinely added to food during cooking
|                                          | honey increases haemoglobin |
| blood pressure (high)/"heart trouble"   | to reduce B.P.: take 6 glasses/1.26l of water every morning (before brushing the teeth, eating; wait 45 minutes before eating/drinking)
|                                          | salt is to be reduced/eradicated from diet |
| bones                                    | to prevent 'cracking': a little salt taken routinely in the diet
|                                          | to strengthen - turmeric routinely added to food during cooking
<p>|                                          | for fractures - take turmeric mixed with hot milk or ghee (clarified butter) |
| breath freshener                         | chew basil leaves, cardamom seeds, or cloves |</p>
<table>
<thead>
<tr>
<th>Symptom</th>
<th>Remedies</th>
</tr>
</thead>
</table>
| cold         | take basil with honey  
take basil with black pepper  
hot water decoction* of basil + black pepper (+ sugar)  
hot water decoction of basil (can mix with garam masala *)  
chew basil leaves (some say its bad for the teeth)  
take honey + warm milk  
soak black gram (a pulse) overnight, grind and shape into patties, deep fry in ghee, powder cooked patties into flour, mix with ghee and sugar and cook into a halwa (also good for health in general)  
gargle with salt-water  
to counter excess of kapha ('cold'): take trikatu: black pepper, ginger and fig combined with cow’s milk, boiled until milk becomes very thick, ground into a powder - ingested  
hot water decoction of wild celery seeds (ajwain)  
for fatigue, general sickness: an energizing hot water decoction of cinnamon, cloves, cardamom, fennel, etc. - similar to garam masala tea* made with cardamom (+/or fennel +/or cloves +/or ginger)  
hot water decoction of fresh ginger  
hot water decoction of dried ginger, cloves and cardamom  
take dried ginger and ghur (raw sugar)  
take juice of crushed fresh ginger root + honey (more commonly associated with cough, below)  
preventive: take chyawan prash (available as patented Ayurvedic medicine) daily, esp. during the cold season |
| constipation | take psyllium husks ('Isabgol') daily ("calms intestines")  
preventive: take 1.26l of water every morning, before brushing the teeth, eating; wait 45 minutes before eating/drinking  
take triphala (available as patented Ayurvedic medicine) |
| cough |  
|-------|---|
| dry cough: **take almond** oil with *lesuri* (?ph. 'powder')  
asthmatic: ground **almonds** with tea  
tea made with **basil**  
hot water decoction of **basil** (can mix with **garam masala**)  
hot water decoction of **cardamom**, **fennel seeds**, **wild celery seeds**, **licorice** and **borax** (*suhaga*) - esp. good for children  
hot water decoction of **fresh ginger**, **black cardamom**, and **sugar**, 3 times a day (adults - 1/2 cup; children - 2 tbsp)  
hot water decoction of **cinnamon**, **clove**, **cardamom**, **fennel**, etc. - similar to **garam masala**  
take juice of crushed **fresh ginger** root + **honey**  
strong hot water decoction of **violet** (*banafsha*), **licorice** and large **raisins** with seeds (*munaqqa*)  
chew on **licorice** stick  
hot water decoction of **dushanda** (available as a patented medicine): *banafsha* (violet), cloves, wild celery seed, licorice, rose petals etc.  
persistent cough: **black pepper**, **figs** + **honey** (+ a little **salt** - optional) - warmed together, ingested  
black pepper, lemon + **honey** - ingested |
| dental hygiene |  
|-------|---|
| neem twigs chewed and used to brush teeth ("kills germs") |
| **desi ilaj** - excess of **vayu** causes gas and pains throughout the body |  
| preventive: **take basil** + **clove** - preparation unspecified |
| diabetes |  
|-------|---|
| boil and mash 6-7 **bitter melons** (*karela*) to extract juice; take 3x daily; half an hour before 1 of these doses, ingest **almonds** + 7 **black peppercorns**; reduce karela dosage to 2x and then 1x per day over a month (or longer)  
**honey** can be used by diabetics in lieu of sugar ("doesn't contain sugar")—3 diabetics disagree  
take 1.26l of **water** every morning, before brushing the teeth, eating; wait 45 minutes before eating/drinking |
<table>
<thead>
<tr>
<th>Condition</th>
<th>Treatment</th>
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</thead>
</table>
| Diarrhea (mild)/"loose motions" | take a mixture of cinnamon, cumin, black pepper, coriander seeds, cardamom and large raisins - heated together  
  hot water infusion of mint and dried ginger  
  make tea with mint  
  take kajwan (wild celery seed concentrate in water - commercially available) with ecromycin (allopatic medicine) as prescribed by a vaid  
  swallow wild celery seeds and follow with tea  
  hot water decoction of *Isabgol* + sugar  
  eat *Isabgol* in yoghurt |
| Diarrhea (severe)/dehydration (young child) | take fenugreek, fennel seeds, mint, rosewater, + dried ginger - ground together |
| Eyes conditioning          | take basil with honey  
  take mixture of *neem* buds, ghee and sugar candy (*misri*) - esp. for children  
  to "get more light inside" the eyes: take *Isabgol* boiled in milk or fried in ghee  
  warm big raisins with a little salt; take with tea |
| Fever                     | take basil leaves (preparation unspecified)  
  take rosewater + water (also for extreme thirst); sometimes with kajwan (ajwain water)  
  take rosewater syrup (*gulakhund*); if fever is very high, take with milk  
  hot water decoction of *dushanda* (see under cough) |
| Flu                       | tea made with basil  
  for stomach flu: basil with honey  
  hot water decoction of violet, cloves, wild celery seed, licorice (sometimes big raisins)  
  hot water decoction of *dushanda* (see under cough)  
  oatmeal *dalia* (a porridge made of roasted oatmeal) + milk + honey  
  take some halwa (soft, sweet dish) made of *channa flour* + ghee + sugar |
<table>
<thead>
<tr>
<th>Condition</th>
<th>Advice</th>
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<tbody>
<tr>
<td>general health</td>
<td>take 2-3 almonds at night with dried fig and milk</td>
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<td></td>
<td>children to take 2 almonds at night</td>
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<td></td>
<td>almonds are lower in cholesterol than other nuts</td>
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<td></td>
<td>almonds - a good protein source for vegetarians; often taken for breakfast with milk, sugar and cardamom</td>
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<td></td>
<td>preventive: tea made with basil</td>
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<td>preventive (young children): grind cumin, basil leaves, black pepper, a small piece of silver + samudri jag (type of 'stone,' possibly pumice) together on a stone and give to child mixed into mother's milk or water</td>
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<tr>
<td></td>
<td>preventive: 2-3 basil leaves daily, in the morning</td>
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<td></td>
<td>black pepper, cumin, coriander and chilies routinely added to food during cooking - &quot;bodies need it&quot; in hot climates</td>
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<td></td>
<td>coriander seeds added to food during cooking together with 'heating' spices (e.g. chilies, fenugreek)</td>
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<td></td>
<td>garam masala added to vegetables after cooking</td>
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<td></td>
<td>take honey</td>
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<td></td>
<td>for energy: consume chickpea (channa) flour; the broth of black gram, etc.</td>
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<td></td>
<td>preventive: a little salt taken routinely in the diet (otherwise, &quot;feel low&quot;)</td>
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<td></td>
<td>hot water decoction of dushanda (see under cough)</td>
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<td></td>
<td>preventive/rejuvenating: drink 8 (+) glasses of water per day (esp. when hot)</td>
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<tr>
<td>goiter</td>
<td>preventive: black salt (iodine content)</td>
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<tr>
<td>harmful planetary influence</td>
<td>prevention: offerings of mustard oil to people (beggars?)</td>
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<tr>
<td>headache</td>
<td>take almonds (also &quot;good for the brain&quot;)</td>
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<td>pour almond oil on head</td>
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<tr>
<td>heart</td>
<td>take small quantities of garlic, as used routinely in cooking</td>
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<tr>
<td>illness due to excess pitta ('heat') - symptoms such as thirst, deep yellow urine...</td>
<td>nimbu pani (lemon/lime + water) with salt/pepper (optional), esp. in hot season</td>
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<td>injury - external; bruise</td>
<td>warm turmeric powder in ghee and apply to wound or bruise as a poultice</td>
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<td>rinse wound with turmeric in water</td>
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<td>take 1 spoonful turmeric in lukewarm milk decoction</td>
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<tr>
<td>injury - internal</td>
<td>take 1 spoonful turmeric in lukewarm milk decoction</td>
</tr>
<tr>
<td>Condition</td>
<td>Treatment</td>
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<td>---------------------------------------------------------------------------</td>
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<tr>
<td>insect repellent</td>
<td>dried neem leaves placed in cupboards and with stored clothes</td>
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<tr>
<td>intestinal parasites</td>
<td>eradication: <strong>black mustard seeds</strong> (<em>rai</em>) routinely added to dal and yogourt during food preparation</td>
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<tr>
<td>kidney stones</td>
<td>remedy for acute condition: burn <strong>neem</strong> leaves and ingest ashes in the morning</td>
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<tr>
<td>malaria</td>
<td>preventive and remedial: take <strong>basil</strong> - preparation unspecified</td>
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<tr>
<td>menstruation</td>
<td>take <strong>wild celery seeds</strong> - preparation unspecified</td>
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<tr>
<td>pain - joints; arthritis</td>
<td>routine addition of <strong>fenugreek, ginger</strong> to vegetables during cooking</td>
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<tr>
<td></td>
<td>take <strong>honey</strong></td>
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<td></td>
<td>take small quantities of <strong>garlic</strong> - preparation unspecified</td>
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<td></td>
<td>take <strong>guggul</strong> (resin of Indian Bedellium) prepared as a patented Ayurvedic medicine</td>
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<td></td>
<td>take 1.26 l of water every morning, before brushing the teeth, eating; wait 45 minutes before eating/drinking</td>
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<tr>
<td>post-partum confinement</td>
<td><strong>panjiri</strong>: dish made of <strong>ghur, ghee, dried ginger, cumin, wild celery seed, nuts</strong> (esp almonds), seeds, big raisins, figs, <strong>channa flour</strong>, etc.—counts coldness, constipation; for &quot;energy and strength&quot;; given to new mother for 5 days if child is male, 3 days if female</td>
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<td><strong>cumin</strong> promotes production of mother's milk</td>
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<td>to purify and disinfect the new mother's room: burn <strong>guggul</strong> as incense</td>
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<tr>
<td></td>
<td>to prevent &quot;germs&quot; from passing through door of new mother's room: place <strong>neem</strong> leaves around the door (antiseptic, &quot;kills the germs&quot;)</td>
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<td></td>
<td>take hot water decoction of <strong>wild celery seed</strong>, in the morning</td>
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<td></td>
<td>to &quot;kill germs&quot;: throw <strong>wild celery seeds</strong> onto fire, create 'antispetic' smoke</td>
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<tr>
<td>skin - cleanser</td>
<td>for smooth skin: wash face and body daily with <strong>turmeric</strong> + <strong>channa flour</strong> + <strong>milk</strong></td>
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<tr>
<td>skin - eczema, eruptions, ulceration, etc.</td>
<td>remedy prepared by burning <strong>wild celery seeds</strong> in a clay pot with human <strong>hair</strong> + a poisonous disinfectant (name unknown) to a coal, ground then mixed with human <strong>urine</strong> and applied externally</td>
</tr>
<tr>
<td></td>
<td>take juice of <strong>neem</strong> leaves - usually given to children, esp. during rainy season</td>
</tr>
<tr>
<td></td>
<td>in the early morning, take a few <strong>neem</strong> leaves, grind to a paste, add water and drink - continue for 7-10 days</td>
</tr>
</tbody>
</table>
stomach ache/stomach "wind"/indigestion
preventive - routinely add asafoetida (*hing*) to foods which are difficult to digest (e.g. lentils, potatoes, rice) during cooking

preventive: routinely add ginger during cooking - aids digestion, esp of heavier *dals* (pulses), esp. *makhi* and *urad dals*

preventive: routinely add black pepper to vegetables and *dals* (pulses) during cooking

preventive: routinely add *garam masala* to cooked vegetables after cooking, esp. with *vayu* vegetables (likely to cause wind, indigestion)

preventive: add wild celery seeds to *vayu* vegetables (e.g. carrots, cauliflower, okra) during cooking

preventive: *cumin* routinely cooked with vegetables

preventive: *cumin*, *ghee*, asafoetida + black mustard seeds added to rice to aid digestion

preventive: add *cloves* to rice to aid digestion

to counter the indigestibility of milk: add *cardamom*

crush fresh ginger with a little salt some time before eating

crush fennel seeds, esp. after meals

digestive aid: yogourt diluted with water (*lassi*) with black pepper

eat *kitcheree*: rice + mung *dal* + *cardamom* cooked in plenty of water - soft and digestive

hot water decoction of ground mint leaves, fennel seeds, black pepper, a little salt + lemon juice

tea made with black *cardamom* (+garam *masala* +/or wild celery seed)

take garlic - preparation unspecified

for gas: take mixture of asafoetida, dried *pomegranate* (*anardana*), black *cardamom* and *cumin* (or commercially prepared *churan*)

hot water decoction of cloves

tea made with *cumin*

hot water decoction of fennel, esp. during rainy season for "burning feeling"

for digestion: *triphala* (available commercially) + 1 spoonful *ghee* + 2 spoonfuls honey (= amounts of *ghee* + honey can be 'poisonous')

*nimbu pani* (+ a little salt +/or pepper) - also counters nausea, improves appetite

digestive aid: honey + lemon

hot water decoction of licorice

take salt

hot water decoction of wild celery seed + a little salt

swallow wild celery seeds with (lukewarm) water

(*asafoetida* or hing is a traditional Ayurvedic medicine with anti-flatulent properties.)
sunstroke prevention: put salt-water on the head

swelling (feet) soak feet in warm salt-water and keep elevated

teething (child) apply honey + borax to gums

throat (sore) hot water decoction of dushanda (see under cough)

hot water decoction of basil

hot water decoction of violet, cloves, wild celery seed, licorice (big raisins)

after boiling violet with other herbs (above) fry them in ghee and place on the neck around the throat as a poultice (can do same with dushanda)

toothache place clove on bad tooth and suck - reduces pain

vomiting take juice extracted from fresh ginger root with a little salt

extract juice of fresh ginger and onions, ingest

weight loss take honey + lemon juice in (hot) water early in the morning

use lime as salad dressing

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Endnotes

Chapter 1

1 Lad (1984:19) defines 'mind' and 'consciousness' as "operations of the reasoning intellect" and "the intuitive operations of the soul in direct communication with the Divine Principle and Source of all life," respectively.

2 According to Larson (1987:246), the earliest of the sacred scriptures to which Ayurvedic philosophy can be traced is the Atharva veda, dated to somewhere between 1500 and 1000 B.C.. Alternatively, Crawford (1989) bestows this honour on Rg Veda dated as far back as the middle of the second millennium B.C. He agrees, nonetheless, that the Atharva veda, "though replete with magical formulas, supplies the foundations for later medical science" (1989: 5). Written some 1000 years after the Atharva and Rg Vedas, the Caraka Samhita is deemed "the most complete and detailed text we possess on Ayurveda" (Verma 1995:7). Another important Ayurvedic treatise, thought to be contemporaneous with the Caraka Samhita, is the Susruta Samhita which "in addition to medicine, . . . contains descriptions of techniques of surgery, rhinoplasty and describes surgical instruments" (1995:8). For more detailed accounts of the origins of Ayurveda which extend into pre-history see Basham (1976) and Keswani (1974).


4 "MI [the vaid] continuously expanded and refined his comprehension of the human organism, maintaining a constant open dialogue with the data which were his patients, maintaining integration by moving from gestalt to wider gestalt, and through irony and humor, maintaining a valiant humility in the face of truly daunting challenges to his world" (Trawick 1987:1048).

5 Examples are Kakar (1982), Moreno and Marriott (1990), Nichter (1980), Nordstrom (1988, 1989), Obeyeskere (1976, 1982), Pugh (1991), Trawick (1991), Weiss et al. (1988), and Zimmerman (1988), although this list is certainly not exhaustive. I will address the contributions of these authors and others in chapter seven.

6 I draw the reader's attention at this point to influential works on the social, cultural and political construction of the body by Scheper-Hughes and Lock (1987) and Turner (1996), among others, whose assertions are central to my own paradigmatic and theoretical stance. I will elaborate on these ideas in
detail in chapter seven. In brief, the body thus conceived is a multilectic sign, at the same time broadly political and social, as well as intimately phenomenological and personal. Mind and spirituality are here co-terminous with the body.

Here and throughout the paper I use the terms 'West' and 'Western' to refer loosely to those countries in which the majority of the inhabitants have traditionally derived from European backgrounds and for which the Reformation, the Enlightenment, liberal capitalism and industrial revolutions have shaped and continue to influence social, cultural and biomedical norms (see Marriott 1990).

Researchers commenting on Ayurveda in Sri Lanka include Obeyeskere, Nordstrom, Nichter, and Waxler-Morrison. Prominent researchers speaking to the situation in South India are Marriott, Nichter, Trawick and Zimmerman, to name a few.

This population estimate from mid-1995 is provided by Johan van der Heiden at the web-site <http://ihs2.unn.ac.uk:8080/pop25.htm>.

Moore et al. (1980) write that allopathy is the most prominent of the treatment modalities which comprise the Western medical complex, is founded on the principle of contraries which states that remedy of deviance of a substance from the norm requires the application of a counteracting procedure. While initially associated with the humoural doctrine in which Ayurveda and numerous healing modalities worldwide are founded, allopathy parted ways with the discoveries of Pasteur and the subsequent development of 'germ theory' that now defines it (see Ch6, Sen 5). While biomedicine, as a more inclusive term, is undoubtedly more accurate a label for the medical model most commonly associated with the 'West,' I persist in the use of 'allopathy' as an interchangeable term, since it is more familiar to and most commonly used by my participants.

Here I allude to anthropologist/gerontologist Sharon Kaufinan's (1986) ideas regarding the importance of continuity in old age, as well as phenomenological formulations of identity and well-being put forth by psychologists such as Saari (1993) and Zika and Chamberlain (1992), among others. These concepts are explored further in chapter seven.

Chapter 2

This very basic definition is taken from Lechte (1994:121) whose book, Fifty Key Contemporary Thinkers, provides a concise yet valuable summary of the contributions of various semiotic theoreticians such as Barthes, Saussure, Todorov, and Eco, among others.

Here the interpretation of hermeneutic is very specific, taken to signify a process whereby the researcher moves from rich description to interpretation (hence developing "sensitizing concepts"), then back to the immediate world of social experience which in turn shapes or modifies the researcher's conceptual framework and so on, back and forth between the immediacy of the data and more abstract theoretical concerns (Schwandt 1994).

Simply put, "postmodernity involves a questioning of a modernist epistemology based on a clear distinction between subject and object" and holds that "no global explanation of conduct is credible in an age of purposive rationality" (Lechte 1994:231).

Kinchloe and McLaren (1994:140) identify four 'schools' of criticalist inquiry as follows: (1) neo-Marxist tradition—the Frankfurt School theorists; (2) Genealogical writings—Foucault; (3) Poststructuralist deconstruction—Derrida; and (4) Postmodernist currents—Derrida, Foucault, Lyotard, Ebert, et al..

According to Lechte, "post-structuralist thought examines writing as the paradoxical source of subjectivity and culture, whereas once it was thought to be secondary. Most importantly, post-structuralism is an investigation as to how this is so" (1994:95).

Roscoe (1995) argues that while the idea that anything can be directly empirically observed is indeed ludicrous (since even a rock would not be a rock in the absence of a web of significations that make it so), the potential damage that positivism can cause is limited by the impossibility of ever fully implementing its directives. Its persistance in anthropology can be attributed to the indeterminacy of its character from one practitioner to the next. Roscoe further warns us of the dangers inherent in the virulent criticism of positivism, foremost among them being the camouflageing of the self-same representational monopolization of which the positivists are deemed to be the sole perpetrators. The problem, he argues, is not so much a paradigmatic one, in this case, as it is a matter of democratic access (or lack thereof) to the anthropologist's research participants.
This syncretic term is in fact borrowed from Lock and Scheper-Hughes (1990) whose efforts to develop a critical-interpretive perspective in medical anthropology shape my own more specific theoretical framework which I develop chapter seven.

In his deconstruction of biomedicine which, he claims, renders the patient the 'enemy,' a nuisance, Taussig fails to account for differences among biomedical professionals and for the power inequities to which they too, are subject. Nurses, for example, are critiqued for their failure to become intimate with the patient (who is his sole subject in this study)—nowhere does he acknowledge the extent to which nurses these days are typically over-worked and under-staffed to the extent that they are barely able to keep up with the demands of providing minimal patient care and, much as they would like to do so, simply do not have the time to develop more intimate relations with their patients. My thanks to Grey Showler for bringing this inconsistency to my attention.

This notion of tacit knowledge is consistent with my theoretical position regarding the nature of culture, explicated below. The authors describe it as the taken-for-granted, 'common sense' understandings that we have of the world according to which we understand all acts and utterances made within it (Altheide and Johnson 1994).

Perhaps the only plausible way to overcome this dilemma is to engage in (truly) participatory action research (PAR) whereby participants are co-researchers engaged in a consultative process with researchers or facilitators at every stage in the process (see Rahman 1993).

Demé acknowledges both anthropological ethnopsychology ("indigenous understandings of psychological functioning") as well as the sociological quest to understand the individual's relationship to larger communities as the traditions in which his own work is rooted.

Turner credits many of these ideas to Wilhelm Dilthey (1976).

My introduction to Ayurveda was facilitated, initially, by the Indo-Canadian women in Victoria with whom I conducted research on health care utilization (Koehn and Stephenson 1991), which alerted me to the important role of humoral medicine in their lives (Koehn 1992). I did not fully appreciate at the time, however, the extensive scope of Ayurvedic medicine. The majority of women that I had interviewed were Sikhs in whose lives the more spiritual dimensions of Ayurveda—more closely affiliated with Hinduism—were not readily apparent. More important, perhaps, is that, without sensitization to the precepts of Ayurveda, I simply did not know which questions to ask.

According to Littlewood (1990), similarities in understanding between historical European notions of illness and those of non-Euro-American communities are less indicative of universality than they are the legacy of the pervasive influence of Western biomedicine in association with the spread of industrialization and modern colonialism.

This orientation is reminiscent of Rahman's (1993) advocacy of local epistemologies, which he views as the key to ensuring that Action Research is truly participatory.

Earlier known as "Untouchables" and redefined by Gandhi as Harijans, "Children of God."

The assumption that mental well-being might be influenced here arises not from dualistic notions of mind and body, but rather from an assumption that mind, body and spirit are in fact interrelated and localized within the body. Ayurveda is concerned each of these levels of the 'self' (to be elaborated in chapter seven, and in Part Three).

Translated into English by David Maybury-Lewis.

Chapter 3

All names used for research assistants as well as participants are pseudonyms. This measure is taken so as to protect the identities of participants who may otherwise be recognizable through their association with the interpreters who at times acted as gatekeepers.

Despite the reasons presented above for my failure to provide the participants in this research with the opportunity to veto my interpretations, I would like to acknowledge the critique of PAR advocate, Anisur Rahman, who says "Research on the oppressed people by external researchers with a subject-object relationship assumes and asserts the myth of incapability of the people to participate in the research as equals. This humiliates the people and alienates them from their own power of generating knowledge relevant for transforming their environment by the own initiatives. This makes them wait upon elite researchers to come and find the facts about them, to write about them and to make policy recommendations for outsiders to solve their problems. This helps perpetuation of domination of the people for which, as we have observed, not only their economic influence, but also their intellectual
dependence on privileged elites, are responsible" (1993:89). Although it is not my intention to perpetuate such domination, I must (with regret) acknowledge my role in so doing to some degree. I have only become more familiar with the precepts of PAR since my return from India and would certainly design, from the outset, a very different type of research project in line with recommendations by PAR advocates such as Rahman were I to start my research afresh.

32 Altogether I conducted eight 60 to 90 minute interviews with ten health care providers, one of which was a small group interview of three co-workers.

33 Upon marriage, a Punjabi woman must observe parda ('seclusion' or 'veiling') restrictions in the presence of all of her husband's senior relatives. Unlike Muslim women, Sikhs and Hindus are not compelled to veil themselves prior to marriage (Hershman 1981). Pettigrew (1975) maintains that while the veil is disappearing, the concept of parda remains prominent in the consciousness of Punjabi women living in India. In Canada, however, these restrictions are considerably more relaxed, if they are observed at all, a situation which an elderly Sikh man interviewed for my M.A. research viewed as positive: "relationships within the family are much more comfortable. Proficiency in the English language, familiarity with Canadian culture and the societal infrastructure and, most critically, economic control, imbue the daughter-in-law with some degree of autonomy" (Koehn 1993a:85).

34 I would not generalize this statement to women of different backgrounds in India (e.g., lower class, lower caste rural women).

35 The Punjabi suit, salwar-kameez, is comprised of baggy pants, fitted at the ankle (salwar) which are overlaid with a thigh- to knee-length loose shirt, usually with long sleeves (kameez) and a long thin scarf which can be used to cover the head, but which is usually draped loosely with the ends at the back (chunni or dupatta).

36 A Brahmin is an upper-caste Hindu who is considered optimally 'clean' and is, according to the rules of dharma or divine law, forbidden from eating or communing those of lower status.

37 For a comprehensive, but concise overview of the immigration history of Indians to Canada and its effects on the Indo-Canadian family see Basran (1993).

38 This term should not be taken to infer that I affiliate myself in any way with the tradition of sociobiology as associated with E. O. Wilson et al.; rather I am simply making the point that these experiences have a social in addition to their more obviously biological dimension.

39 Regrettably, 1996 census figures had not been tabulated into specific non-official languages at the time of writing (see the Statistics Canada website, http://www.statcan.ca/english/census96/nation.htm).

40 Both Punjab and Haryana (together with part of what is now Himachal Pradesh) formerly comprised the Indian portion of the state of Punjab earlier divided by the 1947 partition of the former British colony into the independent states of India and Pakistan. This later partition, along linguistic and religious lines took place in 1966 (Puri 1984). Chandigarh is currently an independent Union Territory which serves as the administrative centre for the two states of Haryana and Punjab.

41 While Vancouver's Sikh community is possibly "the largest and most influential Sikh community in Canada" (Dusenbery 1981:101), recent migrants have increasingly come to represent India's major religious communities.

42 Johnston (1988:2) especially emphasizes the salience of a shared Punjabi language and regional identity, particularly among overseas communities: "In East Africa, where most Indian settlers were either from Punjab or Gujarat, regional ties overlay those of religion and caste: a Punjabi Brahman was more likely to socialize with a Punjabi Sikh than with a Gujarati Brahman."

43 Although I had intended to complete this interview, with the possibility of using it for comparative purposes, the participant twice canceled our appointments to meet again at the last minute. She did not inform us of these changes of plan, but rather disconfirmed our appointments when my research assistant phoned ahead. Given her apparent reticence to go on with the interview, and her marginality to my research population, we made no further attempts to pursue the matter.

44 I use this term tentatively and for lack of a viable alternative since I do not wish to imply that all Punjabi Hindus in Greater Vancouver know one another, think and act in a cohesive manner, nor even identify themselves with one another. There is, nonetheless, some recognition of commonality apparent in their own use of the phrase, 'our community.' Among those attending the same temple, there are, naturally, stronger instrumental and emotional ties.

45 These neighborhoods, located in both the states of Punjab and Haryana, are more akin to what in Canada would constitute the suburbs of a city.
The Oxford Hindi-English dictionary defines *desh* variously as "1. place, quarter, region; province. 2. country; nation. 3. native land, or region" (McGregor 1993:511).

Although they are most likely familiar with the more popular dramatic renditions of the famous Hindu epics, the *Ramayana* and portions of the *Mahabharata*, which are frequently televised (see Mitter 1991).

"Hindus speak of their faith as *Dharma*, a complex value-laden term, translated by us as religion, law, duty, faith, and other virtues" (Wolpert 1991:71-72).

Here the reference is to *Sankhya* or *Samkhya* philosophy of creation, upon which all Ayurvedic literature is based (Lad 1984). Wolpert draws a parallel between Jainism and the *Sankhya* philosophy as "atheistic in [their] self-initiating, self-regulating, and self-perpetuating character" (1991:93-94).

So as to safeguard their anonymity, all participants' names have been changed to pseudonyms. For future reference, members of the Indian sample have been renamed as Sarala, Lakshmi, Champa, Madhu, Radha, Priti, Uma, Prem, Usha, and Tara. Participants interviewed in Canada were assigned the following pseudonyms: Sumati, Neela, Daya, Anju, Minati, Pramila, Sita, Sibani, Kali, and Shulka.

I had no good reason to press the women for their precise ages, although most did supply these voluntarily. While approximate ages were sometimes provided as a means for these women to avoid self-labeling and hence 'aging' themselves, these vague references were more often due to lack of knowledge regarding their exact birth date. Some women, in more casual conversation, have mentioned that the birthdays of girls are typically not celebrated since it is boys who are needed to continue the family name and take care of their parents in old age (see Ramanamma and Bambawale 1980). These cultural facets of Hindu women will be explicated further in chapter four.

I once asked Sunita, who has always lived in Mussoorie/Landour, a hill station in the Himalayan foothills, if she could think of ten questions she might ask were she thinking of relocating to British Columbia. She came up with eleven concerns in all: 1. Will I be able to find a nice house to live in? 2. Will my house be far from the *bazaar* (market)? 3. Will my house be far from my place of work? 4. Are there big neighborhoods, where I would fit in, or would I be lonely? 5. If I had children, would there be a school nearby? 6. Are there mountains nearby? 7. Are there bad people (drinkers and thieves) there?—these should be far away; 8. Is the hospital close by (if, for example, you needed to admit someone during the night)? 9. Will I be able to find permanent work? (without this, I would have a big problem); 10. Can I make good friends?—this is very important; 11. Will people be on top of each other?—open space is important (field-notes, May 1996).

As to the first question, I point out that while I have never seen a ghost, nor have I ever seen a virus, yet others claim to have seen both. Hence I was certainly able to entertain the possibility of their existence. With respect to the second question, I tell them (in so many words) that while I do not belong to a specific faith, I certainly believe in spirituality and submit to the idea that some things may not be reducible to empirical evidence.

The sole exception was a woman in Punjab who insisted on completing the interview in a single day. Segregated into two sessions with an interval for lunch, which the participant prepared, the interview lasted approximately four hours.

Wilson-Moore's comments on the 'problem' of audience in a Bangladeshi village are worthy of note: "Certainly the way the answers are derived is representative of a mechanism which operates on many levels throughout the village, constraining and integrating individuals within the structure of village opinion. The disadvantage of this interview format, however, is that the discreteness of individual responses is lost" (1990:23-24). Here we might replace 'village' with 'family.' To some degree this is perhaps also true among 'Western' families as well.

Chapter 4


I have found no glaring inconsistencies between my data and that presented in the aforementioned reports.
Hale reminds us that dominant cultural norms do not necessarily guide behavioural choices, as was the case with the North Indian village women who took on new roles as employees of a government-sponsored development project: “their reasons for continuing in their new roles and the reactions of other village women towards them all indicate that the norms of purdah did not weigh heavily as guiding principles in their choices” (1988:296).

In accord with Betty Anderson, coordinator of the Capital Regional District's Elder Abuse Project, I take a broad view of elder abuse as "as a social phenomena [sic] as well as (in some cases) a crime. It is a violation of a trusted relationship between a person and someone dependent upon them. It is any action or inaction which jeopardizes the health, well-being or quality of life of an elderly person" (Anderson as cited in Allington 1992:2). Allington (1992:2) reports that "elder abuse can take many forms: physical or emotional abuse or neglect, forced confinement, sexual abuse, financial manipulation, and violations of basic human and civil rights."

The five subsets of participants involved in this project were (a) elderly Punjabi Sikh women; (b) elderly Punjabi Sikh men-the husbands of such women; (c) younger Punjabi Sikh women-daughters, granddaughters, daughters-in-law; (d) South Asian service providers offering support services to Punjabi families; (e) religious and secular South Asian community leaders, most of whom were Punjabi Sikhs.

Of all the groups interviewed in the BMS study, elderly Punjabi women reported the highest rates of employment (forty-four per cent) as a source of income (Martyn 1991).

A collection of essays edited by Harlan and Courtright (1995:3) explores the “fundamental presuppositions about and experiences of marriage in South Asian culture.” These works are distinctive in their concerted efforts to avoid the more conventional functionalist approach to marriage—the view from the centre—by employing strategies such as the analysis of songs, stories and narratives “from the margins, from the places where the idealized constructions reveal their flaws and vulnerabilities as well as their enduring capacities” (1995:4).

Kakar associates the Satsang with the Rada Soami sect, although the term is evidently used more loosely among my participants.

I transcribed Tara's interview immediately while still in India and appended the following observation at that time (August 1996): "Daughter-in-law occasionally present, but she appears to be subservient to or respectful of her mother-in-law. She seems less educated, or at least she speaks less confident English. Her very young grandson occasionally interrupts us, but she fends him off gently but firmly. When I arrived the first time, I was being harassed by a persistent rickshaw-wallah who insisted that I pay him more than the usual fare to this sector. He was being very annoying, staying by the door for a long time. This woman took a very strong, confident stand against him. She gives the impression of a woman in charge, although there is a very graceful elegance about her."

If Tara's remarks sound a little less accented than most, this is because she requested that I not tape the interview, saying that she wasn't used to such "gadgets." Hence her interview, transcribed immediately from my notes, tends to lack certain grammatical constructions and vocabulary now peculiar to Indian English. The same is true for parts of Lakshmi's and Uma's interviews. In both cases, their soft voices and noisy (but necessary) air-coolers made taping impossible for large parts of the interview. Recognizing this, I took prolific notes and transcribed the interviews immediately.

This is debatable in Shulka's case since nowhere in the interview does she actually say that her husband died. Moreover, she indicates that their time together was not happy: his drinking habits and so forth did not correspond well with her own pious outlook on life. It is possible, therefore, that she simply left him behind in India or that he left her for someone else. Probing further on this issue seemed indelicate and not altogether necessary.

In accordance with the ideal of kanya dan—the perfect gift model wherein nothing is expected in return for the ultimate gift of the virgin bride—parents are expected to be donors, not recipients of a daughter's hospitality, thus few would feel comfortable accepting accommodation or support in her home (Jacobson 1977, Koehn 1993a, Vatuk 1982).

The abbreviation 'intr.' will be used throughout my thesis to denote 'interpreted by.'

The suffix '-ji' is appended to personal names and terms of address and reference as an indication of the speaker's respect for the person concerned. Typically one should use this suffix when speaking to or about anyone who is senior in age or rank.

According to McGregor (1993:637), a purana is "a class of voluminous work in Sanskrit dealing with aspects of ancient Indian history, legend, mythology, or theology."
This finding contrasts dramatically with the Punjabi Sikh sample interviewed for my M.A. thesis in which the overwhelming majority of participants in all subsets reported that most elderly Punjabi immigrants come to Canada directly from villages (Koehn 1993a:53).

Harlan and Courtright (1995:5-6) observe that the importance of caste purity resides in "the notion that social status and human capacities are embedded in the very bodily substances themselves, especially blood." Accordingly, children inherit the impurities contained in blood. Although same-caste marriages are ideal, patrilineal norms ensure that the marriage of a higher-caste man with a lower-caste woman is far less detrimental to the status of their offspring than the inverse scenario.

One of my research assistants in India, Parvati, stressed the importance, from an insider's point of view, of recognizing fairly fine gradations of class difference.

Both of my research assistants in India owned mopeds on which we usually traveled to the homes of the interviewees.

An evocative fictional account of the choices denied this generation of Indian women can be found in Anita Rau Badami's novel, *Tamarind Mem* (1997, Penguin Books).

Chapter 5

This commentary and others marked with a * are adapted into the first person from the transcribed English interpretation, often in the third person.

*Samskar:* "An inborn power or faculty; instinct [or] influence, impress (of nurture)" (McGregor 1993:970).

*Ghee* is a form of clarified butter used in Indian cooking. Ayurveda attributes innumerable medicinal properties to ghee which occupies an equally exalted position in Hindu ritual.

The goddess Durga is the personification of *Maya* which has both positive and negative connotations. On a positive note, "*Maya* may be understood as the power that enables a deity to display or embody himself or herself and therefore as the power that enables a deity to act" (Kinsley 1986:104). The more common implication invoked by *Maya* and the one that Tara is making here is more negative: "*Maya* is that which deludes individuals into thinking themselves to be the center of the world, the power that prevents individuals from seeing things as they really are. *Maya* is that which impels individuals into self-centered, egotistical actions. *Maya* is the sense of ego, personal identity, and individuality which clouds the underlying unity of reality and masks ones essential identity with brahman or some exalted being" (ibid.).

Where kin terms are ambiguous, I have provided clarification of the precise relationship using a denotation familiar to anthropologists which entails the use of specific combinations of basic relationships, indicated by capital letters as follows: M = mother, F = father, S = son, D = daughter, B = brother, Z = sister, W = wife, H = husband. In this manner, all kin relations can be succinctly summarized. Hence, MM denotes mother's mother, as opposed to father's mother, also known as 'grandmother.'

The primary ingredient of these preparations is a very pungent root, ground into a powder, known in Hindi as *hing* and in English as asafoetida. A pinch of *hing* is commonly added to pulses, especially those which are harder to digest.

Chapter 6

All of the quotes included in Pramila's account are Sumati's interpretations from Hindi or Punjabi (they tend to switch from one to the other) to English. Occasionally I have changed the tense of a word for readability—as indicated by words in square brackets—where Sumati's interpretation obviously provides the wrong tense (usually the present used to indicate what was clearly in the past).

See Pramila's quote on the preceding 'Who Are You? - Canada' interval. A description of *parda* is also included in chapter three.

Both Pramila's parents and her in-laws were adherents of the *Sanatana dharma*, although her in-laws were more 'modern' in their outlook and eschewed entirely all rituals including restrictive customs around menses, for example.

A human incarnation of Vishnu—one of the three supreme deities, with Brahma and Shiva, in the Hindu pantheon.

*Gunas* are variously defined as 'attributes' or 'qualities' (Frawley and Lad 1986), 'states of mind' (Svoboda 1989) or 'strands' (Marriott 1990).

Indriye, plural of indriya: "1. the senses; 2. the organs of sense; 3. the genitals" (McGregor 1993:102).

The majority of the interview was conducted in Punjabi and Hindi with Neena acting as an interpreter. Occasionally, however, Minati spoke to me directly in broken English. This should be apparent wherever it is the case. Otherwise all quotes attributed to Minati are Neena's interpretations.

As noted in chapter one, this theme overlaps with each of the following and hence is embedded within the chapters dedicated to those topics rather than constituting a chapter of its own. Important clues as to the contextual backdrop of the family are also provided in chapter four.

The literature review provided in the following chapter is positioned thus so as to provide the reader with a broader context into which the findings in Part Three can be situated. While this contextual literature was familiar to me prior to exploring the themes in depth, I should point out, however, that chapter seven was written after chapters eight to eleven, not before, as its order may imply.

Chapter 7

The ‘three bodies’ framework was originally laid out in Scheppe-Hughes and Lock (1987).

Here Frank (1991) is borrowing the term ‘body techniques’ from Turner’s analysis (1996 [1984]:180) wherein he, in turn cites Mauss’ (1979:97) definition of the term as “the ways in which from society to society men know how to use their bodies.” In providing the example of eating, Turner (1996:176) further defines the body technique as “an activity which has a basic physiological function, but which is heavily mediated by culture.”

According to Zito and Barlow (1994), discourse reveals the production of human beings in social practices, within which category they include linguistic phenomena.

Dosha is often translated as ‘humour,’ or more literally, ‘fault, blame, or defect’ (Desai 1989).

Continuity theory equally rejects the opposing positions of Disengagement (Cummings and Henry 1961), and Activity (e.g. Chang and Dodder 1985) theorists who associate positive well-being among the elderly with their capacity to withdraw or engage with society, respectively.

Brahman should not be confused with Brahma, the Creator, one of the three supreme deities of the Hindu pantheon.

Buddhi: “1. Intelligence, understanding; mind; sense; wisdom. 2. thought, reflection” (McGregor 1993:741).

Chapter 11

"Dharma. Virtue or duty—one of the four aims of Hindu life and as such the ground for all action, the law; literally that which holds together a person, a family, a society” (Desai 1989:135).

DiGiacomo specifically warns against generalizing North American conclusions to ‘the West’ in general. Her own research in Catalonia, Spain, reveals far more diversity in the “advanced industrial” world than Scheppe-Hughes’ and Lock’s (1987) critiques of biomedicine and social relations in late-capitalist societies would allow. “Codependency,” deemed pathological by psychologists in the United States, is valued for its implications of generosity and concern for others by at least one Catalan writer. Given the diversity of North America’s citizens, I would extend this word of caution against over-generalization to the United States and Canada as well.

DiGiacomo (1992) draws our attention to studies by LeShan (1957) who puts forth a psychosomatic hypothesis to explain Hodgkin’s disease and, later, other forms of cancer. Cancer patients, he argues, conform to a certain personality type exhibiting failure to maintain a relationship with a group which leads to anomie, despair, decreased levels of emotional and physical activity and, ultimately, cancer.

Said to be a incarnation of a great celestial serpent, Patanjali “is venerated as author of classical treatises on medicine, grammar, and Yoga. These three sciences effect the purification of the body, speech, and mind” (Mehta, Mehta, and Mehta 1995:165).

Here I am reminded of the story of a gardener’s wife known to my landlady’s servants who, returning from her husband’s natal village by train to their place of employ in Chandigarh, dallied too long at a busy station and failed to re-board before the train moved on. Nobody knew what would become of her, said my landlady, for the woman—illiterate and totally dependent upon her husband—did not even know where she lived, and had no form of identification nor any money on her person.

This term is borrowed from Khare (1992a:27) to denote the “unusual powers of symbolization and communication” with which food, particularly in South Asia, is endowed.
Atkinson's (1983:17) analysis of the manipulation by processed food manufacturers of the categories, 'natural,' 'traditional' and 'exotic' by which he highlights the "pervasively moral nature of food and eating" is one such example.

While vegetarianism is now prevalent in the West, this dietary regime stands apart as a product of individual choice from the dominant food ideology of this region in which meat-eating prevails (Twigg 1983). Hindu vegetarianism, by contrast, is "fully part of the social structure. It is a culturally normative feature" (1983:19).

Marriott (1990) denotes *vata*, *pitta* and *kapha* as 'wind,' 'bile' and 'phlegm,' respectively. Use of these glosses is in my view inappropriate, however, since they do not connote adequately the complexity of these 'humours.'

The five elements constitute another of Marriott's (1990:7) classical lists of Hindu categories. Radhika and Balasubramanian's (1990) typology is also derived from the *Caraka Samhita*. The *gunas* included in their table are indicated by bold lettering. While also noted by Caraka, the fact that these particular qualities are singled out by these authors may indicate their primacy in identifying the nature of the *dosha*. I have only included those qualities noted by Caraka which are included in Radhika and Balasubramanian's inventory of *gurvadi gunas*. There are, in fact, forty-one gunas grouped into four categories, in all. As noted previously in this chapter, the qualities of *sattva*, *rajas* and *tamas* are also known as *gunas*. So as not to lose the reader in the complexities of the dietetics of Ayurveda, I have excluded a great many intermediary concepts (e.g. *vipakas*, *malas*, *ojas*, etc.) upon which the fine-tuned art of its practice relies. In focusing on the *doshas* and *gunas*, I place the greatest emphasis, instead, on those features of the medical system most readily recognized and noted by my participants themselves.

All quotations in this column are from the *Caraka Samhita* (as cited in Krishnamurthy 1993:303). The symptoms thus listed are each introduced as "the innate (diagnosable) characteristics as [the *dosha*] gets into the several individual organs of the body."

It is with reference to the notion of *prakruti* that Langford's (1995:357, 358) critique regarding the individualistic bias of many popular works on Ayurveda is most apparent. Texts by Frawley (1989), Frawley and Lad (1986), Lad (1984), and Svoboda (1989) present "Ayurveda as a simple, elegant and well-organized system" for consumption by Western connoisseurs of holistic health, for whom they situate its tenets within a readily digestible framework of "American individualism." So as to satisfy the egocentric needs of the majority of western consumers, these texts typically place undue emphasis on the individual's constitutional characteristics at the expense of a more nuanced understanding of the multiplicity of factors which contribute to *doshic* imbalance. This said, such works in English are nonetheless valuable for the ready access they provide to some of the fundamental principles of Ayurvedic philosophy as well as the various properties of certain foods (solid and liquid), including herbs and spices used both in cooking and for medicinal purposes. The validity of this information is supported by the consistency found between each of these texts and is further corroborated by comparison with more direct interpretations into English from the Sanskrit originals (e.g. Krishnamurthy 1991).

Spring (March-May) is more *kapha* and *pitta* in nature; summer (June-August) is *pitta*; fall (Sept.-Nov.) is especially *vata*; and winter is *kapha* (Lad 1984:106). *Kapha* disorders, for example, are common in the spring due to the gradual accumulation of *kapha* in the body throughout the winter months and its subsequent movement throughout the body as the climate begins to warm (Radhika and Balasubramanian 1990:22). Those with dual *prakruti* need to adjust their diet according to the season. Hence a *vata-pitta* person, for example, should generally follow a *vata*-controlling diet in the fall and winter months and a *pitta*-controlling diet during the spring and summer (Svoboda 1989:71).

Foods deemed especially deleterious include meat, fish, eggs, buttermilk and yogourt, certain fruits, gourds, green vegetables, sweet potatoes and groundnuts (Ferro-Luzzi 1980c).

Kannada, like Telugu mentioned in the previous citation from Ramanujan (1992) is a south Indian Dravidian language.

Young's interpretation of sickness is in fact a redefinition. Kleinman employed the term to denote events involving disease and/or illness.

However, in some instances it is the family who willingly surrenders care of the elderly on the premise that they will receive better care in a medical institution. Johnson and Johnson (1983) found that in the United States, behaviorally impaired seniors were significantly more likely to experience hospitalization than their physically impaired peers. Depersonalization of the senile elder set in motion a process wherein the individual was deemed incompetent, and the problem irreversible—conclusions
generally confirmed by a physician. Thus diminishing intolerance for the disturbing behavior of the old person on the part of the family could be readily translated into the medical needs of the patient, free of the encumbrance of undue guilt. It should be noted, however, that this rather limited discussion of 'Eastern' versus 'Western' concepts of self does not attend to the diversity within each of these traditions. By the same token, it does not account for the fact that these traditions have not been recorded in a manner permitting equivalent representation (Johnson 1985). In my efforts to issue an extremely condensed statement, I regretfully give the appearance of having slipped into what Johnson calls cliché generalization. Please accept, for the sake of brevity, my assurance that I view East-West conceptions of the self in neither reductionistic nor dichotomous terms.

Chatterjee (1989) documents a parallel process of reform with respect to the conception of the Indian woman. In their efforts to counter colonialist critiques of “backward” cultural practices centred on the treatment of women, Indian Nationalists sought to reform Indian views of widow burning, child marriage, polygamy, and restrictions on the remarriage of widows and the education of women. The apparent boons thus afforded Indian women—such as the right to, even the necessity (in the case of the middle classes) of an education—were necessarily counterbalanced by restrictions which distinguished these ‘new Indian women’ from their Western counterparts. As noted earlier by Narayan (1997), the woman’s body is ever the locus of tradition-modernity debates. Social emancipation was thus paired with the assertion of her spiritual purity. Contrary to men, who were ‘necessarily’ more embedded in the ‘material’ world, women were to observe stricter rules regarding their eating, drinking and other habits (e.g. smoking); to continue their ritual observances; and to maintain the cohesiveness of family life. In sum, concludes Chatterjee (1989:629), “The new patriarchy advocated by nationalism conferred upon women the honor of a new social responsibility, and by associating the task of female emancipation with the historical goal of sovereign nationhood, bound them to a new, and yet entirely legitimate, subordination.”

Lynch (1990a:4-7) points to the Durkheim-inspired functionalist perspective in anthropology as especially influential in promoting the “physicalist” approach to the study of emotions. Shilling (1997:195) contends, however, that the little recognized “underground wing” of Durkheim’s work provides a useful resource for the development of a view of emotions as embodied—“malleable and controllable, on the one hand” while “somatic” and “intransigent,” on the other.

Kiefer et al.’s (1986) study is one such example. Given that such measures do in fact proliferate throughout the gerontological literature, Nydeggars’s (1986) guide to the multiplicity of techniques employed is of some utility.

The Natyasatra or Treatise on Dramaturgy is dated somewhere between 200 B.C. and A.D. 200 (Lynch 1990a).

Chapter 8

See endnote 111, chapter 7.
See endnote 2, chapter 1.
Excess of ‘wind’ (vayu) in the body causes pervasive gas and pains.
Diwali (the 'festival of lights') is an important Hindu festival celebrated in October.
It is interesting to note that the reverence afforded the cow in the sacred realm is not necessarily transferred to the medical context in which professional skepticism prevails. Ayurvedic physicians are thus just as likely to analyze the cow in terms of its zoological classification and medicinal properties of its flesh and other body parts as they are to worship it—one does not necessarily contradict the other (Balasubramanian and Radhika 1989:77, Zimmerman 1988).

See also Krishnamurthy (1991:257-58) for direct citations from the Caraka Samhita regarding the vitalizing qualities of milk.

Ekadashi: “the eleventh day of a lunar fortnight (traditionally kept as a fast among Hindus)” (McGregor:1993:142).
Navaratra is a nine day festival held at the time of the autumn harvest in honour of the goddess Durga and her military prowess (Kinsley 1986:111).
Sankat Chauth: “a festival in honour of Ganesh held on the fourth day of the dark half of the month Magh [January 15 - February 15]” (McGregor 1993:961).
One has only to drive around a Punjabi neighbourhood, such as those found in Surrey, B.C., on recycling collection day to witness the piles of empty four-litre plastic milk containers outside virtually every home.

Paranthas are unleavened bread rounds, similar to roti/chapatti, except they also have ghee worked into them and are often stuffed with a filling such as cauliflower, turnip, potato, etc.

According to Balasubramanian and Radhika (1989:17), Punjabis believe honey to be "good for digestion, eye sight, gums, teeth and skin, helps in curing fever, cough, tuberculosis, jaundice, renal stone" (emphasis added to highlight conditions noted by my own sample).

Radhika and Balasubramanian (1990:56) state that honey "is good for the eyes, improves voice and youth, cleanses wounds, . . . is useful in skin ailments, piles, cough, haemorrhage, urinary problem (including diabetes mellitus) caused due to kapha, fatigue and helminthiasis, obesity, thirst, nausea, difficulty in breathing, hiccups, diarrhoea, constipation, burning sensation, injury and physis" (emphasis added to highlight conditions noted by my own sample).

While other women did not make specific reference to the use of triphala, this does not necessarily indicate that they do not use it. Bear in mind that the style of interviewing used attempted to pursue more natural lines of discussion as directed by the women themselves. Since I did not have a specific question pertaining to triphala per se, this topic may have been passed over for others more central to the women's health beliefs in some interviews.

Agni is of thirteen types, of which jataraagni—"the activity of digestion of food ingested"—is the "most important, as it is responsible for the digestion and assimilation of food taken and food is essential for our existence" (Radhika and Balasubramanian 1990:15).

Dhatus are the seven body tissues—plasma, blood, muscle, fat, bone, marrow and nerve tissue, and reproductive tissue—found in animate beings as well as the seven analogous components found in plants. Ayurvedic therapy rests on the assumption that "the Dhatus of the plant work upon the corresponding Dhatus of the human body" (Frawley and Lad 1986:16).

The eight factors are as follows: "natural qualities, preparation, combination (and) quantum (of the articles of diet), (time of procurement) region and stage, (of disease, to which the diet is meant), procedure of use and the user" (Caraka Samhita, as cited in Krishnamurthy 1991:261).

Chapter 9

Arthritis is discussed in more detail under 'The energetics of milk' in chapter 8.

As we shall see in chapter ten, some believe that prana and aima are one and the same.

The wording of this question, particularly the reference to being "off-balance" was suggested by psychologist, Dr. Kishwar Ahmed-Shirali, who has considerable experience in working directly with women in Northern India who are deemed to be mentally unstable. She has found, on the contrary, that what is off-balance in many cases, is not so much a woman's mind, but rather the social arrangements which defines her life (personal communication, and see Ahmed-Shirali 1995).

"Tama dullness and withdrawal" is cited in the Caraka Samhita as one of several causes of a type of mental disorder known as nanatmaja (as cited in Krishnamurthy 1991:217).

The discrepancies in spelling here reflect the customary elimination of the final 'a' of many Sanskrit words which have transmuted into Hindi. The substitution of mana (manah) for ahamkara to denote 'pride' is consistent with my argument in chapter ten regarding the close, perhaps even duplicative, association between the two concepts.

Chapter 10

The sun, argue some scholars of the Rg Veda, is one of the manifestations of the Vedic god, Agni (Desai 1989).

The havan again centres on Agni—who pre-dates the Brahmanic rituals eschewed by the Arya Samajis—as the ritual fire which mediates between heaven and earth (Desai 1989, Eck 1983).

Fuller (1992) contends that the term, Sanatana dharma is a neologism, literally translated as "eternal religion," which does not translate into any pre-modern Hindu word. The whole notion of Sanatana dharma, he argues, is in fact a "modern reformist myth" that "does not correspond to any concept
or category that belongs to the thinking of a large proportion of the ordinary people" practicing popular Hinduism but, rather, reflects "the Hindu's own search for an identifiable, unitary system of belief and practice" (Fuller 1992:10, 261).

I suggest that the provision of readily accessible yoga instruction in the Punjabi language as well as the organization of walking groups—wherein several women living in close proximity could walk together on a regular basis—may provide the 'safe' environment necessary for the women in Canada to partake in the exercise that they already recognize as beneficial.

Lad (1984) defines the chakras as "energy centers in the body that are responsible for the different levels of consciousness; they correspond physiologically to the nerve plexus centers" (1984:165).

In a much more protracted and critical discussion of chakras, Kakar (1982) writes that chakra theory, as propounded by Gurus such as Mataji (who I suspect is the object of Sita's devotion), holds that either imbalance in the flow of energy along the right and left channels or upset or clogged chakras, between which the flow of energy is interrupted, are the root causes of physical and mental illness.

Desai (1989:17) interprets samsara as the "life course, all that happens between birth and death." Its literal interpretation, 'that which flows well/together,' invokes the metaphor of a river, "a potent symbol around which Hindu life revolves" (ibid.).

It is common in Indian English to find the adjective 'only,' meaning 'exclusively' placed after the noun which it is intended to modify. In Standard English, this shift in position is inferred to change the meaning of the adjective to 'merely' (e.g. 'Sam was the only one to hit the ball,' versus 'Sam hit the ball only'). This is not the case in Indian English, however, hence this sentence implies that only the Guru has power.

See Aziz and Maloney (1985) and Tilak (1989).

Kakar's (1982) comparison of psychoanalysis and various modes of traditional Indian mental health care provides insightful expositions of a wide range of such practitioners.

Since becoming a Radha Soami disciple, however, Minati says she no longer believes in bhoot pret, in accordance with her master's teachings. Somehow, this claim did not ring entirely true to my ears.

Kan khaä: "to vex the ears (of, ke: with noise or pestering)" (McGregor 1993:188).

Besides the popular view of tantriks as members of an orgiastic cult, they are said to possess powers of the occult and are necessarily masters of bhoot-vidya or demonology. Accordingly, they are commonly called upon to abolish possessing bhootas (Kakar 1982:188-90).

Jyotishi is derived from the word, Jyotish, meaning the 'science of light' (Frawley 1990). McGregor's (1993:385) dictionary definition of Jyotish identifies the term equally with both astrology and astronomy which, consistent with the dualistic orientation of Western cultures are rigidly demarcated in North America and Europe (etc.) as separate disciplines. In India, both astrology and astronomy are viewed as valid sciences for which post-secondary courses are available (see also Pugh 1983). Notably, both Lakshmi and Sibani's husband, who interrupted our interview at one juncture, referred to astrology as a science.

Neela's interview was less structured than most and the topic simply did not arise. Given her disavowal of religion, however, I suspect that she does not heed her janam kundli, even if she has one. Since she has been unwell of late I did not wish to trouble her to seek confirmation on this matter.

Samskar: "an inborn power or faculty; instinct" (McGregor 1993:970).

I do not intend to imply here that astrological forces cannot influence people's lives—on this matter, I take a neutral stance. I am merely pointing out how the notion of inept practice could be used to sustain a person's beliefs in astrology.

To take an example from a popular booklet on the topic (Saha 1984:7), "Mars is responsible for all types of burns, blisters, boils, wounds, etc." Red coral is one of the main gems used for Mars (Frawley 1990:245) and is thus recommended, in combination with red cloth, red thread and a copper ring as a treatment for blisters (Saha 1984). Frawley specifies that red coral should be worn on the index or ring finger of the right hand and "should be put on first on a Tuesday, when the moon is waxing, preferably when Mars is in its own sign or exalted" (1990:245).

While defined by both Tara and McGregor (1993) as 'destiny' or 'fate,' qismat is further associated with the notion of 'luck': Qismatwallah, literally translated as 'one who has qismat' is denoted by McGregor (1993:199) as 'lucky' or 'fortunate.'

Desai (1989) provides an interesting explication of the development of the two notions of self as set out in classical treatises such as the Vedas and the Upanishads.
Thus far we have seen that Anju and Champa appear to have considerably less knowledge of religio-philosophical matters than the women cited below. Here again, their confusion was visibly apparent.

Even Sibani who, given the choice, would select a vaid over a general allopathic practitioner, says she would probably elect to consult with an appropriate allopathic specialist first, should one be available.

Here I am referring only to my interpretation of Madhu’s beliefs and not to any assumption of my own that the choice of non-allopathic treatment modalities indicates any lack of intelligence or wisdom.

One lakh equals a hundred thousand, hence 1.5 lakh rupees is 150,000 rupees which, at the time of interviewing in 1996, was approximately equivalent to C$7,500.

I do not wish to imply here that these women are responsible for their own illness, nor that food itself is never responsible for illness. I am merely suggesting that when the source of illness resides primarily in family-social ruptures (which is not always the case, by any means) it is necessarily communicated indirectly, for the direct pronouncement of such problems can bring shame upon the entire family.

Neela has indicated to me on several occasions that she enjoys spending time with other Punjabi women, to hear Punjabi spoken and sung, to revel in their happiness, although her husband thinks her foolish since she is so clearly different from these women. I sense in her a longing to 'reclaim' this part of her Self—an objective which I suggest cannot be realized without a radical reconstruction of her person.

The numbers in this column indicate the number of women who associated a particular herb or food with the listed ailment that it treats or prevents.

The nimbu available in Punjab is often referred to as a lemon and has a yellowish skin, but is small in size, like a lime.

The herb/spice is boiled in water for some time - longer for hard spices, e.g. cloves, less time for 'soft' herbs, e.g. basil leaves - drunk as a tisane.

Garam masala is a mixture of mostly 'heating' spices, toasted together which are usually added to vegetables and some dals (pulses) after cooking. The exact composition varies, but often the mixture often includes black pepper, cinnamon, cloves, black cardamom, dried ginger, and cumin.

Indian tea (chai) is made by boiling milk and water (1:2 or 1:1, according to taste) together with black tea and sugar and sometimes other spices. Wherever the phrase "tea made with..." is used, the spice/herb in question is heated together with the base ingredients.