

## **Faith Healing in India: The Cultural Quotient of the Critical<sup>1</sup>**

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We have had two 'cultures of critique'. One is where critique of a culture's own principles is generated internally. The other is when critique is mounted from the outside. This paper is an attempt to shore up the two-fold nature of both culture of critique and critique of culture through a close examination of an extant and entrenched cultural practice provisionally called 'faith healing' in its interlocution with western mental health models that are incumbent upon the Indian setting. This paper will explore what critical theory may need to consider in the context of India. Would it need a cultural turn, a culturalising? What is meant by culturalising? Would 'culturalising', in turn, be premised on a bidirectional or dual critique, that is, a critique of both the West's hegemonic principles as well as principles that hegemonize the East, emanating from either the West *or* from the East? What relation would critique set up with an existing culture and cultural practice? What relation would culture set up with an existing culture of critique? In the process, this paper is also an attempt to inaugurate and locate the beginning coordinates of *a critique of critique through the turn to culture* in conditions called 'faith healing'. The paper is also about the tense and troubled dialogue between the current globalization of certain frameworks in mental health, and local (faith-based) practices of health and healing that have survived in India; survived even in mutation and transformation, through colonialism, civilizing mission, welfarism and developmentalism. How would the knowledge and practice of mental health take shape in India - a landscape crisscrossed by on the one hand, aggressively modern institutions of mental health science and on the other, extant and surviving institutions of faith-based healing practices? While we remain critically mired in faith-based practices, while we cannot but be critical of some faith-based practices, we also cannot announce the silent demise of all Other imaginations of health and healing and let One global discourse take hold of all cultures. Hence, perhaps the need for what we have called the difficult 'dual critique'. For critique also means an account of and an attention to experience and practice; an account formulated on its own terms and not on terms put in place by globalizing discourses.

**Keywords:** faith healing; spirit possession; culture studies; critical psychology; gender and psychology; feminism; critique of critique

## **Introduction**

... the times have to be adapted to our life and not our life to the times.

Krishna Chandra Bhattacharya, *Swaraj in Ideas*

Faith healing complicates the map of mental health service in India. This is a map haunted by two kinds of impulses; one marked by a 'rootless [western] universalism' and the other by a 'clinging [Indian] particularism' (Bhattacharya, 1954 [1931]:107).

The first - rootless western universalism - is marked by contemporary attempts to globalize mental health that in the process pathologizes the global south; at work here is a developmental discourse that sees the global south (or the third world) as the 'lacking/lagging other' of an always already developed West/global north. One can also read this as a *continuing* colonial discourse, as a continuing means of 'colonial subject formation' or what Ashis Nandy calls the more covert colonization of minds (Mills, 2012:59). This also alerts us to the political economy of global mental health, where 'the WHO (World Health Organization) conceptualizes mental health problems through an economic discourse, as "burden" and as loss of working-hours; while for the pharmaceutical industry, low-income countries such as India are framed as the "new promised land for drugmakers", as "the industry's future now lies in the developing world"' (Mills, 2012:60, and Mills, 2014; also see Dhar, Chakrabarti and Bannerjee, 2013).

The second - clinging Indian particularism - is an attempt to *culturalize* mental health and celebrate these processes that mark their particularity to the global south. The danger here is of 'national conceit and the unthinking glorification of everything in *our* culture and depreciation of everything in other cultures' (Bhattacharya, 1954 [1931]:107).

Faith healing further convolutes the map by introducing a form of service that is not psychiatric and is also not strictly psychological, that is not institution-centric and that is not clinical in the modern western sense. It opens up a mental health map hitherto marked by the dyad of either the institutional and the communal, or the psychiatric ward and the individual clinic. Faith healing sites also appear to be at the cusp of the institutional and the clinical; it is as if such sites are neither wholly institutional nor clinical in the private sense, which is why one needs a better description and an understanding of this cusp. In other words, faith healing offers not just to mainstream psychology a form of gendered/subaltern criticality, a criticality bordering on a passive form of resistant differing, it also offers to the existing critical psychology tradition in India a new-fangled quandary (see Dhar and Siddiqui, 2013).

Let's first examine the two approaches that conventionally determine our response to the site of faith healing. The attitude of biomedical psychiatry has treated this site as backward, as pre-modern and has wanted to re-diagnose the adherents in faith healing sites in terms of the Diagnostic and Statistical Manual of Mental Disorders (DSM) and quickly treat them so as to relieve them of their somewhat obvious mental illness. In this approach, there is un-examined admiration of western psychiatry and an equally un-examined criticism of faith healing. In contrast, the attitude of cultural psychology, has treated this site as offering a culturally rooted method/script of healing, healing that has to be understood on its own terms<sup>2</sup>; what however we mean by 'own terms' is an interesting question. In this approach, there is a critique of psychiatry and a defense of faith healing.

We would like to move beyond both these approaches - one marked by a 'critique of culture and a defense of science', the other marked by a 'critique of science and a defense of culture'. In the old approaches, science is represented by the modern clinic and culture by the faith healing site. The bio-medical model that predominates in psychiatry would consider faith healing unscientific and thus to be replaced by psychiatry itself. Thus, the 'modernist discourse on health sees mental health provision through regulated medical models as progressive. Other knowledge systems and healing practices are considered reactionary' (Kalathil, 2007:12). According to Davar and Lohokare (2009:60), a witch-hunt has been carried out against shamanic and faith healing practices since the turn of the century in India, through state and non-state agencies, and under the guise of reforming the mental health system; this could be seen as a post-colonial version of the civilizing mission<sup>3</sup>. They point out that it is paradoxical that reform only means to modernize the system and evict supposedly unscientific players from the field (what they call the indigenous healing sector), without reforming the (modern) institutional practices that have essentially remained unchanged since India's colonial past. Thus, the critique of the (recalcitrant) past does not come with a critique of the present. The problem is that in much of the global south, we 'either accept or repeat the judgments passed on us by Western culture, or we impotently resent them but have hardly any estimates of our own, wrung from an inward perception of the realities of our position' (Bhattacharya, 1954 [1931]:104). Critique, then, becomes either a kind of 'unthinking conservatism' or 'an imaginary progressiveness merely imitative of the West' (Bhattacharya, 1954 [1931]:104). This is why we think that critical theory in India is required to be premised on a bidirectional or *dual critique* of both the hegemonic Occident and the Occident's hegemonic description of the Orient. However it needs to be a critique of both: the West's hegemonic principles, and principles (emanating from either the West or the East) that hegemonize the East. This paper will explore what critical theory may need to consider in the context of India. Would it need a 'cultural turn', a culturalising? What is meant by culturalising? What relation would critique set up with an existing culture and cultural practice? What relation would culture set up with an existing culture of critique? In the

process, this paper is also an attempt to inaugurate and locate the beginning coordinates of a critique of critique through the turn to culture in conditions called 'faith healing'. How would the knowledge and practice of mental health take shape in India - a landscape crisscrossed by on the one hand, aggressively modern institutions of mental health science and on the other, extant and surviving institutions of faith-based healing practices? The paper is also about the tense and troubled dialogue between the current globalization of certain frameworks in mental health, the consequent McDonaldization of mental health (Timimi, 2010) and local (faith-based) practices of health and healing that have survived in India; survived even in mutation and transformation, through colonialism, civilizing mission, welfarism and developmentalism.

Easier said than done! All the more because, to see the psychological in terms of *corporealities*, in the public deployment of the shared dance of bodies, in a language game or in games of truth so different from the ones we are habituated to, our psychological imagination or the imagination of the psychological will have to be extended-deepened in directions hitherto unthought-of. These are directions that should not lose their way into the dreary desert sand of the endless and unthinking invocation of 'hysteria', just because here there is something bodily in the expression of woman's suffering. This paper is an attempt, through an exploration of faith healing, to develop a culture of critique that does not defensively align with the one - the global or the local - to avoid the other. Navigating through this tricky terrain of global-local requires several detours and about-turns; we are required to travel through several other moments of events in Indian and world history that make us pause and re-start, again and again.

### **The Experience of Faith Healing**

In October 2010, we travelled to Mehandipur - a small town in Rajasthan (a state in the north-west of India) on the highway connecting Jaipur and Agra. It would have been one of the many anonymous, dusty towns sprinkled around our route to get here had it not been for its most famous temple the Balaji Mandir. It is believed that the deity in this temple has divine power to cure a person possessed with evil spirits. However the Balaji Mandir is not the only stop for pilgrims coming to Mehandipur. Another must-visit is the Teen Pahādi Mandir, the Temple of Three Hills; pilgrims are required to pass hundreds of little temples of various deities as well as shrines to the ancestors (*Pitristhān*) on the way to the Teen Pahādi Mandir that lies at the peak of the highest of the three hills. A third necessary stop for pilgrims is the Samādhi where lie the mortal remnants of Ganesh Puri - the *mahant* (head priest) in whose dreams Balaji appeared and spoke of His decision to take abode in

Mehandipur. This stop consists of a very large field in the middle of which is the *samādhi* of Puri.

Those afflicted by spirits exhibit behaviors that have specific local names: in the BalajiMandir, Rajasthan it is called *peshi*, in the Mira Datar Dargah, Gujarat it has been called *hajri* (Pfliederer, 2006) and in the Shrine of St. Anthony, Tamil Nadu *pēy āttam* (Sebastia, 2007b). An equivalent word in English could be ‘trance’. In Mehandipur, the treatment of *peshi* is carried out through the divine intervention of the deities and the saints through the mediumship of priests and mystics, usually accompanied by the full-hearted participation of the family of the possessed person as well as all those who gather to witness and participate in the event that demonstrates the power of this process that is called *sankat-mochan*. The agreed upon equivalent in English is ‘faith healing’; however this is not just ‘healing by faith’, there is an element of crisis-intervention, and a kind of surgical extraction of the spirit from an ‘assumed inside’, a kind of necessary ‘dis-possession’ of the one who is ‘possessed’, which is not captured perhaps by the descriptor ‘faith healing’. To preserve the specificity of the words as used in the vernacular, we will refer to the words that were used locally<sup>4</sup>. The ones in Mehandipur who are experiencing *peshi* are referred to as *sankatwalas* or people with *sankat*. Literally ‘*sankat*’ means crisis/danger/distress but here it signifies a person who has been possessed by a spirit. Previous observations of the temple town point to the demographically-skewed gendered space with about 90 percent of the *sankatwalas* being women (Siddiqui, Lacroix & Dhar, 2012) and thus when we are talking of *sankatwalas* (of the general, masculine form), we are most often talking of *sankatwalis* (of the feminine form).

The difference marked, on the one hand by ‘crisis/danger/distress’, and on the other by ‘being possessed by an evil spirit’ is somewhat stark and cannot be wished away since it determines (a) how women respond to the healing tradition and (b) how we as researchers respond to the women's response to the healing tradition. Ram (2013) reflects on this use of terminology in the context of Tamil Nadu;

In Tamil Nadu, the Christian powers shared certain characteristics of the demonic world. [...] I learned, from the literature on this subject, to call this phenomenon spirit possession. But locally the phenomenon was not easy to capture in a single word. Among the Hindus in the agricultural community of Tamil Nadu, the meanings associated with spirit possession were fluid and ambiguous. The same goddess could both heal and afflict. Disease itself could be as much a sign of possession as could the cure from disease. Local terminology reflected this fluidity (Ram, 2013:1-2).

In Mehandipur, during the *sankat-mochan* that occurs in front of a fully participative audience in the temple (*darbar*), containing several of the family members of the *sankatwali*,

the woman is urged and incited deeper and deeper into *peshi* so that the *sankat* will present and 'name' itself to the full *darbar*. On being named, the *sankat* who is now in full view of the audience can be asked to do various things as demanded by the healer, mystic or any one from the *darbar*. The *peshi* at the main temple looks exhausting to the onlooker, the Samādhī it seems designed to punish and humiliate; again here the punishment is aimed at the *sankat*, not at the *sankatwali*. The tougher the hold of the *sankat* over the *sankatwali*, the harsher the punishment accorded to *sankat/sankatwali*. The recalcitrance of the *sankat* to leave the *sankatwali* under the force of the cajoling and threats of those set out to evict it only makes the treatment so much fiercer. At Mehandipur, the *sankatwali* must go through strenuous acts of mounting daring, from circling the Samādhī clockwise under a hot desert sun, to immersing herself in the water that collects from the drains of the Samādhī in one corner of the field, even drinking the filthy sewage water, where standing in the middle of which, the woman has become truly 'untouchable'; she is doubly unclean, once with the dirty spirit inside her, another with the dirty water outside her. People avoid coming into contact with her and she must not be touched till she has taken a bath. We need to put to the table the immense discomfort that the three of us experienced when we were witness to such a 'scene' for the first time. What sense do we make of this scene? How do we respond to it? The scene reminds us of the possible ambivalence in the brown/native response to *Sati* in the 19<sup>th</sup> century. *Sati* is a woman who burns alive on the funeral pyre of her husband in front of everyone present; however it was the discourse around it which animated a great deal of post-colonial scholarship. The *sankatwali* can become a trope that functions in the very same way today; we shall come to this presentiment later in the paper.

Pfleiderer (2006:106) has described the punishments of the spirits at the Mira Datar Dargah similarly - as *Chauz*, *Mori* and *Sulli*. *Chauz* is to be directed to lie in the water tank demarcated for this purpose 'until a snatch of dream text or a snatch of trance text advises her whether or not the *chural* will soon be able to leave her body in peace'. *Mori* is used for the dirtiest of *ballas* (usually one from the lower caste) where '[the *balla* is] exorcised by sitting, among other things, in sewage from the latrines or by drinking filthy water' (Ibid:106). *Sulli* is deemed the hardest punishment, as it involves circling the tower, both clockwise and anti-clockwise. The punishments prescribed and meted out by the faith healing centre according to the 'rank' of the spirit possessing the woman are endured by the *sankatwali* in Mehandipur to be free of her *sankat* but it is still acted out on and through her body. It is difficult to remain a passive or silent witness to the process; 'observation' remains haunted by the (ethical) doubt of when to intervene, how to intervene, and whether to intervene at all? And what would be the framework of intervention - the usual ones or must we find new ones?

The two layered-ness of the being of the woman makes things all the more difficult as it appears this woman's being has another being within; or perhaps *somebody* within, an Other body, a being that is at one and the same time spectral and agential; agential enough to affect the woman's everyday, and spectral enough to not be seen as concrete materiality. In fact, it is a kind of spectral agency of an Other within that puts to question woman's agency; or perhaps, in a more complicated double enfolding it is the spectral-agent-within that makes woman an agent. This would make us rethink the very question of 'body-being' and 'agency'. The two layered-ness of embodiment in this case - somewhat like Freud's *Mystic writing Pad* - like a two handed machine - writing-erasing, one tangible and the other spectral, one material and the other ideational-phantasmatic, the complexity of the 'crypt of an Other' with(in) the body, the nature of being-split, makes it difficult to take positions either for or against the scene.

Ram (2001:192) recounts the case of Santi, *pēykari* (demon woman) of Kanyakumari, 'By the time the spirits left Santi, she had been branded, beaten, her arm was broken and pepper had been repeatedly put in her eyes. As a result of these "ministrations", she suffers from headaches and backaches'. The cost of cleansing in certain cultures is quite high, particularly high for women; and even higher when cultures create their own cultures of cleansing. What is the relation between cleansing and healing, between spirit extraction and relief from suffering? The process of extraction-leading-to-healing seems uncannily akin to the bio-medical model in so far as surgical extraction of the 'pathological' part is seen as leading to cure or alleviation of pain.

It would seem that the legend at Mehandipur has it that a person goes into *peshi* when Balaji manifests Himself to her and the behaviours represent the battle between Balaji and the *sankat* to wrest control over the person. The behaviours seemed to be agonizing for the *sankatwala* but people assured us that it is not the person who is being punished but the *sankat* inside her who is being punished by Balaji and no harm will come to the devotee who has already placed her body in the care of Balaji. The body of the *sankatwala*, which in most cases is the body of the woman, is the vessel for Balaji and the *sankat* to stage and enact their confrontation. The pain the women bear as cure seems not to be significant in the face of this cultural canon that the site of faith healing offers.

### **The Woman, the Temple, and the Asylum**

Foucault (2007 [1961]) described the beginning of the modern treatment of the insane through the 'kind' interventions of Philippe Pinel in France and William Tuke in England, which Samuel Tuke (grandson to William Tuke) called Moral Treatment. Moral Treatment

was an approach to mental disorder, which was derived partly from psychiatry and partly from religious or moral concerns. Foucault dwells on the apparent ease with which Tuke's York Retreat looked after the mad; he is derisive of the liberating efforts of the founders of the Moral Treatment: 'the legends of Pinel and Tuke transmit mythical values, which nineteenth century psychiatry would accept as obvious in nature. But beneath the myths themselves there was an operation or rather a series of operations, which silently organized the world of the asylum, the method of cure and at the same time the concrete experience of madness' (Foucault, 2007 [1961]:230). It was not incidental that Tuke's religious convictions were conversant with a more 'humane' (or perhaps scientific) treatment of the mad.

Foucault saw that there was a continuity between a form of religious morality and the modern asylum, that the modern scientific had a theological tinge. He saw this link in the Tuke Retreat which:

would serve as an instrument of segregation: a moral and religious segregation which sought to reconstruct around madness milieu as much as possible like that of the community of Quakers. And this for two reasons: first, the sight of evil is for every sensitive soul the cause of suffering, the origin of all those strong and untoward passions such as horror, hate, and disgust which engender or perpetuate madness. [...] But the principle reason lies elsewhere: it is that *religion can play the double role of nature and of rule, since it has assumed the depth of nature in ancestral habit, in education, in everyday exercise, and since it is at the same time a constant principle of coercion.* [...] Religion safeguards the old secret of reason in the presence of madness, thus making closer, more immediate, the constraint that is already rampant in classical confinement (Foucault, 2007:231, emphasis added).

This suggests that the asylum is not just a modern phenomenon; the asylum is perhaps a secular reincarnation of religion's relation with madness; which is why a critique of the modern is not enough. One needs once again a dual critique - one needs a critique of religion and its secular reincarnation, in this case the modern asylum.

However, the critique of religion or of the theological in the modern scientific does not mean completely discounting the possibilities that non-western traditions of faith healing can offer us. To look for such possibilities, let us first explore the polyvalence of meaning inherent in the term asylum. The Latin word 'asylum' means sanctuary. Today it is used to signify:

1. To take/find asylum = seek refuge in another nation or embassy as a political refugee
2. To be placed in an asylum = be put under institutional confinement for medical reasons

The legal and medical usage of asylum are at odds. In the first, the individual is seeking sanctuary from social persecution. In the second, the social is defending itself from the insane individual, at least in the way Foucault redefined the production and function of the asylum. Nonetheless, this makes us wonder whether the legal and the medical meanings attributed to the term asylum are as exclusive as they appear to be. Could there be a link between the two conceptualizations of the term? For the legal usage of the term comes closer to the etymology of the word and also lends itself to the difficult question of agency when taken in the context of the women at Mehendipur, wherein the women seeking asylum (*sanctuary*) in the temple may also be contained in the asylum (*confinement*).

What if we are to compare the temple and the asylum<sup>5</sup>? While conducting ethnography, we were left wondering - which one is it? Are the women finding asylum in the temple, a refuge from their narrowly-defined social/familial/gender roles? Does this mean that the site of faith healing provides a space for intervention made available by a culture to and for women? Is this a space offered for redressal of the suffering of women that does not find expression in the environs of home and community? Have women managed to create this space for themselves? Or are they being cast to the side in what could be called a 'culturally sanctioned traditional asylum' - the religious healing site?

Pfleiderer (2006) feels, from her decades-long ethnographic work at the Mira Datar Dargah in Gujarat, 'that the ideology of the tomb defines the boundaries of the women analogously to the Hindu or Muslim world picture in India, while the women overstep the boundary when they enter into trance<sup>6</sup>. And they do this in public. But while they do this, voices speak from within them. Thus, the women in *peshi* undermine their social boundaries. *Peshi* performed in the public is the woman's agency in the face of society, but yet made subtle when termed '*peshi*'. Pfleiderer (2006:126) calls it the necessary cunning of women that allows them to survive in a patriarchal society for the 'Indian woman has to be very cunning because she lives in a two-fold patriarchy, the Indian and the colonial' where on one side is an 'Indian theory of society (*Dharmashastra*), which radically restricts woman's space. The other was brought to the women of India by the Europeans, above all the 19<sup>th</sup> century British who came from the Victorian era of bodily alienation'.

On the other hand, has the temple enshrined the bodies and the protests of the woman, such that the woman herself becomes the temple, housing the deities within as life goes on as before without? Here then, the temple, like the mental asylum, becomes the transcendental agency through which the immanent particularity of the individual's agency - mired in the body's convulsions in mud and muck - is controlled and rendered non-dangerous, a controlling mechanism of the excess seen in the few mad ones.

Bargen (1988:128) says, 'Spirit possession [...] leaves unfinished the liberating process that is triggered by the supernatural. It is a mere call for social change, an expression of previously repressed suffering that is to be transferred to the tormentor but never will be. A protest that is merely tolerated by society cannot blossom into reform'. We remain haunted by the possibility of the premises shared by the temple and the asylum, a sense that can well shake our faith in faith healing as the cultural Other of the European asylum, especially when looked at from the perspective of both gendered violence and the hidden theology within the secular.

However as we look back at our own experience of the temple town and of the writing of this paper, we realize a possible error we are making, that is, the homogenizing of a diverse population that comes to the temple; do we know what their reasons are? A memory of a woman assails us; she came with her family to the temple at the time of the *aarti*. Her large family, which included her very young daughter, sat peaceably while she opened the locks of her hair, and went into *peshi* for a brief quarter of an hour. She then returned to her earlier state looking refreshed, tied her hair, and laughing together, the family left. It reminds us that each person that we see engaged in *peshi* must be looked at in their particularity; for us that is to *write* narrative. That is a work we have yet to accomplish. Till then we can only disaggregate the population for ourselves to the extent that among the women, some were brought here for cure, others came here for relief. Some are required to stay on, as if in exile, others visit the shrine, as if on vacation. How are we to understand the heterogeneity between/among the *sankatwalis*, the women in *peshi* who visit Balaji? A closer look at the debates on Sati may help us look at the politics surrounding how women are conceptualized at the intersection of tradition-modernity and the religion-science dialectic.

### **Debates on Sati as Interlocutor**

If we are to look at the early debates surrounding the issue of *Sati* (widow immolation), we would be confronted by a situation that in terms of theoretical articulation has resonances with the one being discussed in this paper<sup>7</sup>. Mani<sup>8</sup> in her analysis of the 'the violent fiction of *sati* as a dutiful act of religious volition' (1998:196) in colonial India says,

within the discourse on *sati*, women are represented in two mutually exclusive ways: as heroines able to withstand the raging blaze of the funeral pyre or else as pathetic victims coerced against their will into the flames. These poles preclude the possibility of a female subjectivity that is shifting, contradictory, inconsistent. This reductive and binary view of agency is unable to capture the dynamic and complex relation of women to social and familial expectations<sup>9</sup>. In particular, the constrained notion of agency that underwrites the representation of women as victims discursively positions

women as objects to be saved - never as subjects who act, even if within overdetermined and restricted conditions. Such a representation of Indian women has been fertile ground for the elaboration of discourses of salvation, in the context of colonialism and nationalism (Mani, 1998:162).

This may serve as a warning when we open up another cultural site for debate, requiring *dual critique*; here between tradition and modernity, between an assumption of religious passion and a front of dry rationality. The debate on asylum flanked by religion and science (as demonstrated by Foucault in *History of Madness*) as well as the debate on *sati* straddled between colonialism and nationalism (as demonstrated by Mani in *Contentious Traditions*) puts us in a situation where we can neither defend, nor oppose the temple-based practice of healing. How to resolve this irreconcilable doubt?

## **Critique**

We have often asked each other: why is this site - the site of faith healing - shrouded in such opacity for us? It is not the site itself that is covered by this cloud of incomprehension. It is the analytic tools we take to the site that look dull and blunt. It is the unfamiliarity of the site that makes it difficult to comprehend. Our ordinary critical repertoire of positions and premises look awkward and bulky; just as we do, as we sit frozen and stiff in a temple where movement and noise is simply the ordinary. We are forced to ask ourselves if critique can be brought so easily to this dusty, un-theorized site that claims its antecedents in pre-modern antiquities. In our anxieties we sometimes convert a purportedly pre-modern site to a modern apparition, only to make the modern critiques, as well as the critiques of the modern, applicable. The evaluative and judgmental frame of the global mental health discourse will be all too happy if we unleash modern critiques (not critiques of the modern perhaps) to all surviving local faith-based imaginations of health and practices of healing. At other times, we make purportedly modern entities into pre-modern apparitions, only to make the critiques of the pre-modern, or the defense of it, applicable. The site of faith healing makes us pose questions *at critique*, interrogate critique itself, a privilege that has always resided with critique.

Let's examine 'critique', then<sup>10</sup>. Brown (2009:9) cites Kosellek as stating that critique 'emerges in ancient Athens as the jurisprudential term *krisis*. Nearly untranslatable from the holistic Greek context to our much more compartmentalized one, *krisis* integrates polis rupture, tribunal, knowledge, judgment, and repair, at the same time that it links subject and object in practice. *Krisis* refers to a specific work of the polis on itself - a practice of sifting, sorting, judging, and repairing what has been rent by a citizen's violation of polis, law or order. As the term winds its way into Latin and then the vernacular European languages, critique loses this many-faceted holism' (Brown, 2009:9). In the same volume, Asad making

no etymological distinction between critique and criticism, says that ‘criticism has its origin in the Greek verb *krino*, meaning “to separate”, “to decide”, “to judge”, “to fight” and “to accuse”. It seems to have been first used in the juridical sphere, where both the act of accusing and the giving of a verdict were called *krino*, and thus referred to the ability to differentiate, to ask probing questions, and to judge’ (Asad, 2009:48) and thus critique was the act of making careful distinctions between facts according to their context within a particular worldview. Taken out of its Greek context, ‘critique’ is a clear project of the Enlightenment: ‘At times today the term is taken to convey polemical rejection, at other times to signal immanent or deconstructive analytic practices, and at still others, to identify the search for a secreted truth within a tissue of mystifications. In all of its uses, however, critique would seem to carry a tacit presumption of reason’s capacity to unveil error’ (Brown, 2009:9). Critique has here the ability to be deployed against any supposedly flawed, fallacious or false argument. Here we are immediately faced with two critiques of critique.

One, what is the limit of critique? This ‘reason’s capacity to unveil error’ has been well critiqued by the Derridian deconstructive impulse itself, where the limit of critique inheres in itself; limited in the sense that it does not or cannot appropriate the whole horizon of experience; limited in the sense that experience exceeds. Also, as Spivak inaugurates in the preface to Derrida's *Of Grammatology* (1976), critique may be limited in the sense that epistemologies are fundamentally open to the deconstructive; as if, they are open to the disclosure of the ‘undecidable’ that inheres in them; as if they are open to the reversal of ‘the resident hierarchy’ (1976:lxxvii), which thus takes away the assurance of critique’s control of criticality.

Two, critique is also circumscribed epistemologically by the context and culture of its origin, by the location and situatedness of its birth, and by the fact that culture leaves insurmountable birthmarks on cultures of critique. So it is not enough to do a genealogical critique, it is as important to do a genealogy of critique. One can trace one such genealogy in and to the master genealogist himself; in his 1978 lecture *What is Critique*, where Foucault links Kant’s call to think independently, as marking the beginning of the Enlightenment (*Aufklärung*), which was preceded by the critical attitude. As Asad says, ‘It is not clear whether Foucault wishes us to understand that “the critical attitude” is a characteristic only of the modern West, or that “the critical attitude” distinctive of the modern West is quite different from what is found elsewhere’ (Asad, 2009:47). *Just like there could be other distributions of body and illness there could be Other configurations, Other frameworks of critique*<sup>11 12</sup>.

Critique is assumed to be secular and hence universally applicable. This requires an examination of not only ‘critique’ but also of the ‘secular’ (all the more in the context of *faith* healing); ‘this term, which issues etymologically from a certain notion of time, has

come to stand in commonsense fashion for post-Reformation practices and institutions in the West that formally separate private religious belief (or non-belief) from public life' (Brown, 2009:10). Secular like critique is another catch-all term that can convey contrary positions (it could suggest being unreligious, antireligious and religiously tolerant as Brown points out) but all signifying modern virtues. It would serve us well to remember this as we bring critique to another religious site, which is emotionally charged and liable to reject our advances to bring, to gift, to penetrate it with our secular notions of critique, even of 'gender' or 'power'. Nevertheless, this is not to leave the site of faith healing untouched and untheorized, and lapse into what Bhattacharya (1954:104, 107) calls 'unthinking conservatism' or 'clinging particularism'. Instead it necessitates a critical re-evaluation of the very entity 'faith healing', spanning institutional sites and individual exegeses, spanning *dargahs* and *mandirs*. It has taken us three years to comprehend our bodily sense of unease in Mehandipur, a prickling feeling of anxiety that if we stand too long among the *sankatwalas* we will be bitten by the bug of madness, we will be taken over by the spirits that reside there, we will lose our strict rational principles. As we come to the end of our present-day musing, we realize we have made many shifts in the time in-between; while 'critique' is not the only way to critique, it is also not to say 'critique' is a privilege or the prerogative of only the embodied insider; it can and may come from the outside but when it does, that critique will need to reflect on its location and situatedness, as well as the context and culture of origin, just as the site will need to reflect on the insights and the reversal of gaze, as well as its own context and culture. It is this that necessitates the move from a (global) 'critique of (local) culture' (which rarely translates into a 'critique of globalizing cultures') to a deeper appreciation of the 'culture of critique' (which could be both the cultural history of critique and the historical culture of extant forms of critique). Thus, on the one hand, one has to 'examine universalisms', particularly global mental health discourses, and examine how far the 'principles of the West are universal in their application.

...The ideals of a community spring from its past history and from the soil: they have not necessarily a universal application, and they are not always self-luminous to other communities (Bhattacharya, 1954:104-106).

On the other hand, every 'culture has its distinctive 'physiognomy' which is reflected in each vital idea and ideal presented by the culture; which is why (to end where we began) the 'times have to be adapted to our life and not our life to the times' (Bhattacharya, 1954:105).

## Notes

<sup>1</sup> This paper is written as part of a project titled ‘The Experience of Gendered Violence: Developing Psychobiographies’ funded by the Indian Council of Social Science Research. The faith healing site was proposed as a space where experiences of violence and gendering come to converge along with possibilities of healing; this enables us to question a cultural context that proposes to encompass in its everyday functioning such forms of healing. An earlier draft of the present paper was published in *Asylum: the magazine for democratic psychiatry* (Volume 19, Number 1, Spring 2012) as *The Temple and the Asylum*.

<sup>2</sup> Sudhir Kakar (1982) has called the interplay between the individual and his society and culture as ‘cultural psychology’. He says that ‘[m]any anthropologists have complemented Foucault’s account of the historical relativity of mental illness by drawing attention to the cultural relativity of psychiatric concepts’.

<sup>3</sup> Earlier targets were, for example, the *dai* or what came to be known as the ‘traditional birth attendant’ (see Forbes, 1994, Pinto, 2008, Lal, 2009, Hollen, 2003 and Ghoshal, 2011), as also traditional learning institutions.

<sup>4</sup> One will however have to see what this could lead to, because in every possible sense ‘translation is necessary but impossible’ (Spivak, 2013: 241), translation is ‘not only necessary but unavoidable. If the text speaks, there will be Echo. And yet, as the text guards its secret, it is impossible’ (Spivak, 2013: 252). We were therefore haunted by the question: is there a ‘culturally different book/text’ (Spivak, 2013: 73) before us; would a re-description of such a book/text in our accepted idioms render the description Orientalist?

<sup>5</sup> We must here keep in mind that the Hindu temple has different philosophical and historical roots, where ‘the role of the sacred is more prominent’ (Kakar, 1982), still prominent in healing traditions of India to the present day, unlike in the West that has clearly delineated the spaces of the sacred from that of scientific rationality.

<sup>6</sup> It makes us wonder whether trance is ‘public dancing’? A kind of dancing that is taboo for women in our culture?

<sup>7</sup> The ‘*devadasi*’ question could perhaps have offered us a similar kind of comparative conceptual handle; but for the purpose of this paper we shall restrict ourselves to *Sati*. The Spivakian suggestion that there is a ‘gulf fixed between the anthropologist’s object of investigation and the [mental health] activists’ interlocutor’ informs us (Spivak, 2013: 92). The fact that she, the *devadasi*, or the woman in peshi ‘slips through both cultural relativism and [scientific] capital logic’ also informs us.

<sup>8</sup> We have to mention our debt to Dr. Radhika P. for turning our attention to this history within Indian feminist thought of the debates surrounding *Sati*.

<sup>9</sup> This is also the case in faith healing sites with the layered nature of woman’s corporeal experiences.

<sup>10</sup> We bear in mind that critique(s) cannot be lumped together into some generalized practice as Judith Butler warns us: ‘Can we even ask such a question about the generalized character of critique without gesturing toward an essence of critique? And if we achieved the

generalized picture, offering something which approaches a philosophy of critique, would we then lose the very distinction between philosophy and critique that operates as part of the definition of critique itself? Critique is always a critique *of* some instituted practice, discourse, episteme, institution, and it loses its character the moment in which it is abstracted from its operation and made to stand alone as a purely generalizable practice. But if this is true, this does not mean that no generalizations are possible or that, indeed, we are mired in particularisms. On the contrary, we tread here in an area of constrained generality, one which broaches the philosophical, but must, if it is to remain critical, remain at a distance from that very achievement' (Butler, 2001). Nonetheless, we put to question if critique can abstain from philosophy as it were.

<sup>11</sup> Gandhi, Tagore and Ambedkar embody Other configurations, Other frameworks.

<sup>12</sup> Criticality mired in Western modernity but applied to all sites will see the clash of civilizations; as seen between the 'secular' 'west' and 'barbaric' 'Islam'; as seen in 2012 in the violent reaction of some Muslims over a *preview* of the film ironically called 'Innocence of Muslims'; as seen in 2005 over the caricatures of Mohammed in a Danish newspaper. This clash of civilizations was to be anticipated, but instead it took the world by surprise that modernity and the discourse of the liberated rational individual speaking subject hadn't permeated all nooks and crannies of the world.

## References

- Dictionary.com (n.d.). "asylum," in *Collins English Dictionary - Complete & Unabridged 10<sup>th</sup> Edition*. Source location: Harper Collins Publishers. [Online] Available at: <http://dictionary.reference.com/browse/asylum>. [Accessed: September 08, 2011]
- Asad, T. Brown, W. Butler, J., Mahmood, S. (2009). *Is Critique Secular? Blasphemy, Injury, and Free Speech*. UC Berkeley: Townsend Center for the Humanities. [Online]. Available at: <http://www.escholarship.org/uc/item/84q9c6ft>. [Accessed: 6 December 2011]
- Bargen, D. (1988). Spirit Possession in the Context of Dramatic Expressions of Gender Conflict: The Aoi Episode of the Genjimonogatari. *Harvard Journal of Asiatic Studies*. 48 (1), 95-130.
- Bhattacharya, K. C. (1954 [1931]). Swaraj in Ideas. *Visvabharati Quarterly*, 20, 103-114.
- Butler, J. (1988). Performative Acts and Gender Constitution: An Essay in Phenomenology and Feminist Theory. *Theatre Journal*. 40(4), 519-531.
- Butler, J. (2001). What is Critique? An Essay on Foucault's Virtue. *Transversal - EPICP multilingual web journal*. [Online]. Available at: <http://eicpc.net/transversal/0806/butler/en>. [Accessed: 11 September 2012]
- Davar, B. & Lokhare, M. (2009). Recovering from psychosocial traumas: The place of dargahs in Maharashtra. *Economic and Political Weekly*. 44(16), 60-68.

- Derrida, J. (1976 [1967]). *Of Grammatology*. Trans. G. C. Spivak. Maryland: John Hopkins University Press.
- Dhar, A. Chakrabarti, A., Bannerjee, P. (2013). Political Economy of Mental Health in India. In: S. Banerjee, and A. Chakrabarti (eds). *Development and Sustainability: India in a Global Context*. (pp. 1-34). New Delhi: Springer.
- Dhar, A. & Siddiqui, S. (2013). At the Edge of (Critical) Psychology. *Annual Review of Critical Psychology*, 10, 506-548. [Online] Available at: <http://www.discourseunit.com/annual-review/arcp-10-critical-psychology-in-a-changing-world-building%20bridges-and-expanding-the-dialogue/>. [Accessed: 1 July 2013]
- Forbes, G. (1994). Managing Midwifery in India. In D. Engels and S. Marks (Eds), *Contesting Colonial Hegemony: State and Society in Africa and India*. (pp. 152-172). London: British Academic Press.
- Foucault, M. (2007). *Madness and Civilization: A History of Insanity in the Age of Reason*. London: Routledge.
- Foucault, M. [1996 (1978)]. What Is Critique? In: Schmidt, J. (ed). *What Is Enlightenment? Eighteenth-Century Answers and Twentieth-Century Questions*. Berkeley: University of California Press.
- Foucault, M. (1965). *Madness and civilization; a history of insanity in the age of reason*. New York: Pantheon Books.
- Ghoshal, R. (2011). Reproduction: the overdetermined space of the colonial and the contemporary. In: Basu, P. (ed). *Colonial Modernity: Indian Perspectives*. Kolkata: Setu Prakashani.
- Hollen, C. V. (2003). *Birth on the Threshold*. New Delhi: Zubaan Books.
- Kakar, S. (1982). *Shamans, Mystics and Doctors. A Psychological Inquiry into India and its Healing Traditions*. New Delhi: Oxford University Press.
- Kalathil, J. (2007). After Ervadi: Faith Healing and Human Rights. *Aaina*. [Online] 7(3) (November, 2007). Available at: [http://bapucamhindia.org/aaina/aaina\\_nov07.htm#p11](http://bapucamhindia.org/aaina/aaina_nov07.htm#p11). [Accessed: April 16, 2011]
- Lal, M. (2009). The Politics of Gender and Medicine in Colonial India: The Countess of Dufferin's Fund, 1885-1888. In: Kumar, N. (ed). *Women and Science in India: A Reader*. New Delhi: Oxford University Press.
- Mani, L. (1998). *Contentious Traditions: The debate on Sati in Colonial India*. Berkeley: University of California Press
- Mills, C (2014). *Decolonizing Global Mental Health: The Psychiatrization of the Majority World*. London: Routledge.
- Mills, C. (2012). Live and Let Die: Global Mental Health and Critical Disability Studies. In: Sapey, B. Anderson, J. & Spandler, H. (eds). *Distress or Disability: Proceedings of a Symposium Held at Lancaster University*. (pp. 57-61). Centre for Disability Research (CeDR), Lancaster University.

- Pfleiderer, B. (2006). *Red thread: healing possession at a Muslim shrine in North India*. Delhi: Aakar.
- Pinto, S. (2008). *Where there is No Midwife: Birth and Loss in Rural India*. New York and Oxford: Berghahn Books
- Ram, K. (2013). *Fertile Disorder: Spirit Possession and its Provocation of the Modern*. Honolulu: University of Hawaii Press.
- Ram, K. (2001). The Female Body of Possession: A Feminist Perspective on Rural Tamil Women's Experiences. In: Davar, B. (ed). *Mental Health from a Gender Perspective*. New Delhi: Sage Publications
- Sebastia, B. (2007b). A Protective Fortress: Psychic Disorders and Therapy at the Catholic Shrine of Puliyampatti (South India). *Journal of Indian Anthropological Association*. 37 (1), 67-92.
- Siddiqui, S. Lacroix, K., Dhar, A. (2012). The Temple and the Asylum. *Asylum* [Online] 19 (1) (Spring, 2012). P. 13-14. Available at: <http://www.asylumonline.net/portfolio/19-1-spring-2012-3/> [Accessed: December 12, 2012]
- Skultans, V. (1987). The Management of Mental Illness Among Maharashtrian Families: A Case Study of a Mahanubhav Healing Temple. *Man*. 22 (4), 661-679.
- Timimi, S. (2010). The McDonaldization of Childhood: Children's Mental Health in Neo-Liberal Market Cultures. *Transcultural Psychiatry*, 47 (5), 686-706.
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