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Mental Illness, Medical Pluralism and Islamism in Sylhet, Bangladesh

Alyson Fleur Callan

2005

A thesis submitted in fulfilment of the requirements for the degree of Doctor of
Philosophy in Anthropolgy, University College London

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Abstract

This thesis examines the health seeking practices of the mentally ill in Sylhet, Bangladesh. Previous work has suggested that in the Islamic world local traditional healing is being undermined by the encroaching global forces of biomedicine and orthodox Islam. However, in Sylhet, traditional healing is thriving. Traditional healing may survive for different reasons. For local women, traditional healers may offer a space for ventilating complaints which is not available elsewhere; for affluent ex-pats the opportunity to reassert their Bengali identity. Western biomedicine poses less of a threat to traditional healing as it has become incorporated as a Bangladeshi product and perceived as ineffectual, corrupt and harmful. Conversely, the endurance of traditional healing may lie in its ability to adapt and incorporate Western biomedicine. Muslims do not see anything inconsistent in visiting Hindu healers as any healer is simply the medium through which Allah works.

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Acknowledgements

I am grateful to the Economic and Social Research Council for funding the research with a PhD studentship award.

Bangladesh is an easy place to do research because the people are so hospitable and friendly. More often than not, my visits to healers and other informants would be greeted with refreshments and invitations to stay for a meal, and they were extremely generous with their time and ideas. Obviously, without their kindness this thesis would not have been possible.

As well as my key informants, special thanks goes to Imran Chowdhury for giving up his bedroom for me in Sylhet and help with finding a village base; to Zebunessa Hoq and her husband for introducing me to my village host, Malik, and for introducing me to Shoaib Chowdhury who introduced me to Shoma, my research assistant; to Sultana Farodusi (Shugom) and Shahin for introducing me to key informants; to Debashish Bhowmik for help in finding me a second research assistant; to Steve Plattner for advice on learning the Sylheti language; to Umme Hasina (Joni) for help in preparing language aids; to Jim Wilce for his supportive correspondence during the fieldwork period; to Roland Littlewood and Mukulika Banerjee at UCL for supervising the project; to Roseanna Pollen for comments on an earlier draft. Farid Uddin Ahamed introduced me to contacts in London and Bangladesh and helped with ideas at the planning stage. I am grateful to his colleagues at the University of Chittagong's anthropology department, including Professor Ahmed Fazle Hasan Choudhury, for comments on my work-in-progress. Aleya Begum has been my main Sylheti language consultant in London.

My research assistant Tahmida Akther Chowdhury (Shoma) did more for me than any middle class Bangladeshi woman could have been expected to do: we travelled on crowded buses, crossed rivers in small boats and walked miles across muddy fields in our search for healers and patients. After I left Bangladesh, Shoma came to stay with me in London for 2 months and transcribed more of the recorded material. Laila Akhter Jahon Chowdhury (Shipa) did a great job of covering Shoma's 2 month leave period; I am particularly indebted to Shipa for her insights into Tanya's presentation (chapter 7).

Malik, Rima and their three children Tuli, Nili and Badsha (pseudonyms) welcomed me into their home to live for 2 years and behaved in what can only be described as a loving way towards me.

List of Key Informants (pseudonyms)

Ashok	British Bangladeshi whose family took him to the Noyabari Kobiraj for 'in-patient' treatment. Went 'mad' after marrying a Bangladeshi woman.
Ashon Fir	Fir practising in Sylhet town. Described both as Hindu and Muslim by his clients.
Amina	Sandni's youngest sister.
Badsha	Malik and Rima's 4 year old son.
Chonchol	Twelve year old boy who went 'mad' after brushing his toe against a saint's shrine.
Katoli Kobiraj	Healer based in the village of Katoli; practised <i>kufuri kalam</i>
Keramotnogor Fir	Famous fir. Based in a village.
Kushum	Sandni's second eldest sister. Married in 1997.
Malik	Host to author in the village of Katoli. Husband of Reema, father of Tuli, Nili and Badsha. Sandni's maternal uncle.
Mohi	Went 'mad' allegedly after a saint possessed him. Follower of Roxmotgong Fir.
Mufti Huzur	Mullah who practised with a <i>zinn</i> . Disciple of Keramotnogor Fir.
Nadira Firani	Female saint.
Noyabari Kobiraj	Hindu kobiraj. Treated Sandni and Ashok.
Nipa	Sandni's 4 th eldest sister; sitting Higher Secondary exams (roughly equivalent to A levels) at the time of the fieldwork.
Parul	Sandni's eldest sister. Married a British Bangladeshi in the 1980s.
Rima	Host to author in Katoli. Wife of Malik, mother of Tuli, Nili and Badsha.
Roxmotgong Fir	Famous fir with residences in Sylhet town and at his village <i>bari</i> . Has a publishing house in Dhaka
Sandni	Malik's sister's daughter; suffered from spirit sickness.

Shapla	Sandni's 3 rd eldest sister. Married a British Bangladeshi; joined him in Britain in 2000.
Shafiya	Suffers from pain as a result of being influenced by Kwaz Fir, the saint of rivers.
Shamsu	Sandni's eldest brother. Applied for political asylum in the UK in 1998.
Shanti Afa	Wife of Malik's father's sister's son. Sorcery victim.
Shoma	Author's research assistant.
Shipa	Author's research assistant in Shoma's absence.
Shuli Firani	Female saint.
Tanya	Simultaneously possessed by several spirits. Went 'mad' shortly after marriage.
Tuli	Eight year old daughter of Malik and Rima, hosts to author.

GLOSSARY

I have eschewed a Sanskritic transliteration system in favour of phonetic one derived from Chalmers (1996). Whilst more accurately representing what is actually spoken in Sylheti, this phonetic system may be confusing to readers familiar with the academic literature on Islam and the Indian subcontinent, so the ‘Sanskrit’ (or ‘Arabic’) spelling appears in brackets.

abba	father
abul tabal	gibberish, nonsensical speech or behaviour
afa	elder sister
afne (apni)	you (polite)
akhira	afterlife
alim	one who has religious knowledge or expertise
atakaf	religious retreat
Allah’s hukum	Allah’s command
Arabi	Qur’anic verse; Arabic language
ashon	seat, especially one prepared to receive a <i>zinn</i>
asor	shelter
azir (hajir) xora	to make appear (usually a <i>zinn</i> , in which case the <i>zinn</i> is consulted)
babi	brother’s wife
ban mara	a type of sorcery sent with the intent of causing instant death
bari	homestead, ancestral home
batash	air, breeze, wind; <i>zinn</i>
bazar	market
beshi	much, a lot
bhai	brother
bideshi	foreign

bosti	slum dwelling
Boxra Eid	see Qurbanir Eid
bhut	spirit
burkha (burqa)	black ankle-length cloak worn by women to conceal the whole body apart from the eyes or the whole face; elderly women may wear a white burkha; alternatively, an ankle length black or dark green coat worn with a headscarf
cinta dosh	anxiety, worry; may refer to mood state or illness
dak-nam	name by which a child or adult is known to their family and peers; often Bengali and therefore distinct from their official Arabic name which is used on legal documents and exam certificates
daktar	university medical graduate; less commonly, can refer to any healer
daktari bemar	doctor's illness: one which has a biomedical aetiology
deo	type of <i>zinn</i> which lurks in ponds and rivers
dhormiyo bhai	literally, religious brother: friends made into fictive kin to express depth of friendship
dulabhai	sister's husband
dua	personal prayer as opposed to the canonical <i>nomaz</i>
dush	fault
dushi	faulty, inauspicious ('spooky'); less commonly, guilty
dushtami	naughty
emne	for no reason, naturally, spontaneously
fagol (pagol)	mad
fagolami (pagolami)	madness
fani fora (pani para)	water made holy by having had <i>foo</i> performed over it
ferot	vicious type of <i>zinn</i>
fir (pir)	Islamic saint, living or dead

firaki	saintly power
firani	female <i>fir</i>
foo	words from the Quar'an uttered (usually whispered), then 'blown' on the breath
forda	curtain; purdah – seclusion of women
goibi	miraculous
ghurani	to travel around, to gallivant
gunine	exorcist, usually Hindu
Hadith	sayings of the Prophet recorded in books
hafiz	Muslim scholar able to recite the whole Qua'ran by heart
hakim	practitioner of Unani medicine
henga	sham marriage
hoz (haj)	annual pilgrimage to Mecca (the <i>hoz</i> season starts after Ramadan)
huzur	learned holy man
ingsha (hingsha)	envy, jealousy
insan	human race
ilim	religious knowledge or expertise
istikharah	investigation of an illness or a problem: a skilled practitioner prays before going to sleep and the diagnosis or solution is revealed by Allah in a dream
Jamaat-i-Islami	the main Islamist political party in Bangladesh
kobiraj	herbalist; any non- Western biomedical healer
kobor	grave
kolima (shahadah)	Islamic declaration of faith – the first of Islam's 'five pillars'

kufuri kalam	sorcery consisting of lines from the Qua'ran read backward
kooshongsha	superstition
kudroti	miracle
kukafondit	sorcery; book of magic spells
Kwaz Fir	saint of the rivers
lengta fir	religious ecstatic; a 'mad' saint whose madness does not impede his saintly power (literally, naked saint)
Liteace	people's carrier (Liteace is a Toyota model name)
London	Britain
Londoni	British; British Bangladeshi
madrassah	Islamic school/college
manoshik oshubidha	mental problem
mama	mother's brother
mami	mother's brother's wife
matha kamray	head is biting – a symptom which may be presented to a psychiatrist
Matric	a school external exam taken at the end of Class 11 (at the age of 16 if children start school at the age of 5 and continue their studies without any interruptions)
mendi	henna
meshab	mullah (Islamic cleric)
mil	similarity, harmony, common ground, good relationship
milad	prayer function; group worship celebrating the birthday of the Prophet
mogrib	4 th of the 5 daily <i>nomaz</i> starting at dusk
mondir	Hindu temple
mozuf (majzub)	see Lengta fir

mukam	tomb, shrine
muazzin	mullah who performs the call to prayer (<i>azan</i>) from the mosque
mulbari	father's or father's father's homestead (literally, root <i>bari</i>)
mullahki bemar	mullah's illness: one which has a supernatural aetiology
murid	disciple
murshid	spiritual teacher
nafak (napak)	impure
nani	mother's mother
nobi	prophet
nonori/nonhori	husband's elder sister
nomaz	Islamic canonic prayer
nozor	evil eye
oli (wali)	saint, friend of Allah
oshanti	anxiety, unease
ozifa	edited selections from the Qur'an
ozu (wadu)	ritual ablutions performed before Islamic prayer
phuphu	father's sister
punjabi	long shirt worn by men on holy days (worn every day by holy men)
Qurbanir Eid	public holiday celebrated 2 months and 10 days after the end of Ramadan; the wealthy sacrifice cows and distribute the meat to their relatives, neighbours and the poor. Marks the end of the <i>hoz</i> season.
Ruza Mas (Ramadan)	Islamic holy month of fasting
sasa	father's brother

sasi	father's brother's wife; as marriage is virilocal the sasi is a significant figure in a child's early life in extended families
salan	a malevolent magic spell
shinni	sweetmeats or other gifts given in Allah's name to gain <i>sowaib</i> (religious merit) for a sick or deceased relative
shifa (sifa)	an attribute of Allah, especially healing power
Shob-i-Borat (Shab-i-Barat)	holy night 14 days before the start of Ramadan when destinies for the coming year are decided by Allah
shorom	shameful, indecent, immodest
shoril karaf	ill health, menstruation, pregnancy
shok	hobby, interest, most favourite thing
shotruta	enmity
shotti	honest
shoytan	satan, evil spirit, evil
sikani	spasms or restlessness which accompany an illness, often a febrile one
silwar kameez	loose fitting trousers and tunic worn by girls from puberty until the age of marriage
sowaib (thawab)	religious merit; reward given by Allah for holy work
sura	chapter of the Qur'an
tabiz	an amulet; a magic spell or charm that may be good or bad
teka (taka)	money; Bangladeshi unit of currency
thana	administrative unit roughly equivalent to county
thog (thok)	cheat
todbir	healing method usually involving <i>zinn</i> or other supernatural entity
tor	your (2 nd person singular, very familiar)

tozud (tahajjud)	prayer performed by the very pious in the early hours of the morning, in addition to the five daily <i>nomaz</i>
tufi	cap worn by men for visits to mosque; may be worn all the time by holy men
tui	you (2 nd person singular, very familiar)
tumi	you (2 nd person singular, familiar)
tain	he/she (3 rd person singular, polite)
ufri	spirit sickness
usila	agent, intermediary, medium
ustad	master, guru
xala	mother's sister
xalu	mother's sister's husband
xosto	suffering, trouble, difficulty
zadu or zadutona (jadutona)	sorcery
zakat	alms tax, one of the 'five pillars of Islam'
zal	husband's brother's wife
zara	brushing or stroking a patient with material made holy by <i>foo</i>
zikir	rhythmic chanting of Allah's name
zinn (jinn)	spirit, usually malevolent
zinn-e-mumin	benign Muslim spirit
zuhor	time of the 2 nd five daily prayers (around mid-day)
zonoom fagol	violently mad

Chapter 1: Introduction: Islam, modernity and healing

Bangladesh, like other countries in South Asia and elsewhere, is medically pluralistic. Depending on financial resources, patients and their families have access to Western biomedicine as well as local traditional healing such as herbalism, counter-sorcery and Islamic healing. However, throughout the Islamic world, traditional healing is increasingly being undermined by the trend towards Islamic fundamentalism which considers the mystical elements used by traditional healers impure and anti-Islamic.

This study looks at what happens when people become mentally ill in Sylhet; it explores how mental illness is conceptualised, how it is responded to, and examines the use of Western biomedical and local healers, particularly in the context of Islamic discourses.

Before turning to the literature on Islamicization and healing, it is useful to consider what is meant by the term ‘Islamic fundamentalism’, and to appraise its relationship to modernity.

1. Islam and modernity

1. (i) Islam and religious fundamentalism

Fundamentalism is a label that has been applied to a wide range of religious and political movements, yet it is far from self-evident what the term refers to. Emic definitions emphasise the textual basis of fundamentalism, with all beliefs and practices allegedly having roots in the sacred texts. However, many practices associated with fundamentalism have no basis in the holy texts. The black Islamic *burkha*, the all-concealing cloak worn by women, is as recent in the Middle East as it

is elsewhere, and has little to do with the traditional ‘Arab’ veil (Abaza, 1991)¹.

Moreover, religious texts are open to a wide range of interpretations and several alternative fundamentalisms may emerge from a given religion (Caplan, 1987).

Thus, anthropologists, knowledgeable of the varying accounts of fundamentalisms revealed by ethnography, seek to understand how “religious symbols have been transformed into ideological tools to deal with today’s reality” (Abaza, 1991: 210). More specifically, fundamentalism is defined as the reassertion of the centrality of religion in political and social life, in opposition to secularism² which separates religion from politics. Halliday (1994) notes three contexts in which Islam may be manipulated as a political tool: firstly, in popular uprisings against a secular state, as in the case of Iran when Islam was used to challenge a centralizing, modernising state; secondly, Islam may be used by the state to legitimate and consolidate its position (I shall show that this has been the case in Bangladesh); thirdly, in situations of ethnic conflict, for example, the Balkans, where Islam has been used to articulate the interests and identity of a particular group. Thus, the manifestations of Islamist³ politics are contingent on the pre-existing context. Fundamentalism occupies no consistent position in politics - it may attempt to subvert or support the existing regime, and once established may change its stance over time (Caplan, 1987).

¹ Rippin (2001: 271) argues that “total veiling” can be regarded as an “outgrowth of various Qur’anic statements taken to their limits”. I would suggest that the Quranic injunction to women not to “display their charms, except what is apparent outwardly” (24:31) should be interpreted in the light of the pre-Islamic Arab custom of women baring their breasts at times of war to encourage their men to fight (Glasse, 1991: 413). See Stowasser (1994: 127 – 131) for a detailed discussion of interpretations of women’s dress based on the Qur’an.

² Secularism, the compartmentalization of religion, is not inevitably associated with a decrease in religiosity. On the contrary, demonopolization can lead to religious pluralism which encourages a consumer boom in the adoption of religious life-styles (Lee, 1993).

³ The terms ‘Islamism’ and ‘Islamist’ are used as the least problematic synonyms for the pejorative ‘Islamic fundamentalism’ and ‘Islamic fundamentalist’; ‘revivalism’ inaccurately implies a resurgence of pre-existing tradition.

1. (ii) Islamism as a modern phenomenon

Whilst Islamism's anti-secularism is, by definition, anti-modern, many of its influences and expressions are distinctly modern. At one level, nationalism stands in opposition to the ideal of a universal Islam which transcends nation state boundaries⁴. However, many governments use Islamism to build a national identity, particularly in the face of external aggressors, and not least to provide a legitimate post-colonial identity which evokes a mythical pure Islamic pre-colonial past, separate and independent from imperialism (Evers and Siddique, 1993; Timmerman 2000). Conversely, fundamentalists may draw upon nationalist sentiments to further fundamentalist ends (Taylor, 1987).

In the context of capitalist expansion, the State may promote Islamism to placate anxieties produced by the pressures of modernization: the invented tradition (Hobsbawm, 1989) of Islamism helps to create the appearance of continuity in situations of rapid economic and social change (Ong, 1990; Bernal, 1994). And whilst the symbolic burning of television sets in Malaysia and Egypt expresses anti-Western sentiments, much of Islamism's appeal stems from its perceived association with urbanity and material success. In Sudan, religiosity is associated with the consumption of luxury goods as Saudi Arabia, the home of Mecca and the economic and political centre of the Islamic community, has come to represent economic success and technological innovation: Islamism embraces "a vision of prosperity and civilization more compatible with their own identities and culture than the West can offer" (Bernal, 1994: 42).

⁴ And some Muslims blame their defeat in the 1967 Arab-Israeli war on nationalism. Many scholars date back modern Islamism to the crisis in confidence following the 1967 war.

Although the rationalism of scientific endeavour is philosophically at odds with Islamic principles which consider revelation as the only true knowledge, in practice modern science is welcomed as complementary to Islam (Ahady, 1992).

Technological advances have been adopted and adapted to the advantage of fundamentalists, and modern mass communications allow rapid propagation of fundamentalist views (Caplan, 1989). In Egypt, the recording of sermons on cassette tapes makes possible the transmission of traditional knowledge in an urban environment where Islamic pedagogical practices are impractical (Hirschkind, 2001).

Contrary to scholarly predictions, a Western-style mass education has not reduced the significance of religion, but has supported the growth of fundamentalism. Horvatic (1994) describes how mass education in the Philippines has furthered the Islamist cause. The heterodox teachings of the traditional, often illiterate, Islamic leaders are being questioned by a new generation of literate, college-educated students who have direct access to the religious texts. It is precisely these elements of modernity - increased literacy and urbanization - which have provided the conditions for Islamism to flourish.⁵

The condition of late modernity⁶, which, as defined by Giddens (1990) is inherently globalizing, facilitates Islamism in two ways. Firstly, global economic forces challenge the sovereignty of the nation state; the state is weakened, unable to deliver

⁵ In Afghanistan, the Taliban was an exception to this modern, urban trend, promoting instead a romanticised version of the tribal village (Dunn, 1997).

⁶ Modernity, like fundamentalism, is a contested term. Giddens' concept of modernity as characterised by a "lifting out of social relations from local contexts of interaction and their restructuring across indefinite spans of time-space" (1990: 21) is at odds with Weber's notion of modernity as rationalization with the development of autonomous, differentiated life spheres. It is paradoxical that modernity is associated both with the development of the nation state and its demise. Late modernity, as Giddens calls it, may be more usefully termed post-modernity. See Tomlinson (1999) for a discussion on the relationship between the nation state and modernity.

full employment, stable currency and interest rates to its population. The undermining of the state leaves a political vacuum that may be filled by fundamentalist groups (Onis, 1997). Secondly, “deterritorialization” (Appadurai, 1990: 301), the process by which religions, ethnicities and economies span nation states, promotes the appeal of fundamentalisms: the discourse of core elements is able to transcend national boundaries, uniting dispersed religious groups settled throughout the world.

1. (iii) Islam: the local and the global

The extent to which global forces transform local culture has been a key issue in anthropological discourse. The debate has moved on from global homogenization – a dominant centre subjugating the periphery theory, which has been criticised for ignoring the role of local culture in mediating the specific effects of global material forces - through heterogeneity as local resistance, to acknowledging the mutual transformation that takes place at the conjuncture of the local and the global.

Debates about the global spread of Islam have followed a similar trajectory. A centre-periphery paradigm underpins much of Gellner’s (1981, 1992) work on Islam. For example, in explaining the enduring strength of Islam he distinguishes between a central, scholastic high Islam and a tribal, mystical folk Islam. As modernization eroded the social base of folk Islam, the masses turned to high Islam, embracing a culture which was both local and congruent with the modern world⁷. Another global homogenisation theory has been put forward by Robinson (1983) who argues that high Islam has gradually marginalized and eroded syncretic practices over the course of history. In contrast to this ‘Islamicization of the indigenous’ is the ‘indigenization

⁷ Gellner suggests that the rationalism, egalitarianism and scripturalism of high Islam has an “elective affinity” with the period of industrialisation (1981: 61; 1992: 21).

of Islam' emphasised by Ahmad (1981) and other scholars. According to Ahmad, Muslim practice continues to be pluralistic, a syncretic mix of scripture-based and local supernatural cosmologies (see also Geertz, 1968). In this context, syncretism may be a form of resistance as hegemonic practices are not received passively, but reconstructed according to the needs of local culture (Stewart & Shaw, 1994: 20). Both global homogenization and local heterogeneity theories have been criticised for failing to question the monolithic, unchanging nature of the 'orthodox' text-based tradition. The Qur'an has been subject to continuous reinterpretation and the boundaries around what constitutes orthodoxy are constantly being redrawn (Das, 1984). The essentialist implications of syncretism have been highlighted by Gardner (1995) who contends that the notion of a syncretic Islam is misleading as it implies a fusion of 'pure' Islam with pre-existing local culture: "[s]ince it has distinctive expressions in every context, pure Islam exists only as an aspiration; there are no 'great' and 'little' Islams, only local Islams" (1995: 230).

Eaton's (1993) definitive account of the rise of Islam in Bengal eschews a syncretic theory of Islamization. In pre-modern Bengal, Hinduism and Islam were not two separate, self-contained religions: religious systems were dynamic and open-ended and religious identity was less self-conscious than in modern times. Islamicization was a slow, barely perceptible process. Islamic supernatural⁸ agencies (Allah, the Prophet Muhammad, various saints) were gradually absorbed into local cosmologies (which were themselves dynamic) through the processes of inclusion alongside, identification with, and finally displacement of existing indigenous superhuman agencies. The Mughal rule did not actively promote Islam, rather, a

⁸ I prefer the term supernatural to ultrahuman as the latter implies that they are beyond human control, when in fact, as I shall show in Chapter 4, they are usually under human control. But I accept that sorcery and spirits are often natural and common sense to Sylhetis.

majority peasant Muslim population emerged indirectly as a result of government agrarian policies which preferentially granted land to Islamic institutions for cultivation. Thus Islam's eastern frontier coincided with Bengal's agrarian one, encroaching some areas that had been barely touched by Hinduism. Islam was as much transformed by local culture as it was transforming. As Muslim holy men became associated with forest clearing, Islam became the religion of the plough. The perception of Shah Jalal, who is feted as having brought Islam to the region in the 14th century, changed during this period. The earliest known biographies, composed in the 16th century, identified the saint as a holy warrior sent to India for the purpose of waging war with the infidel. By the following century he was described as a Sufi sent from Mecca. His master gave him a clump of soil and instructed him to wander through the world until he found a place whose soil corresponded to it. It was not until he reached Sylhet did he find an exact match and founded his Sufi lodge there (1993: 212-213).

1. (iv) Islam, politics and the state in Bangladesh

The main Islamist party in Bangladesh is Jamaat-i-Islami. Unlike its counterpart in Pakistan, it does not enjoy the support of the ulama, the Islamic educated elite (R. Ahmed, 1994). Jamaat-i-Islami's support base is largely urban and middle class. It is particularly popular with students, consistently winning over 55% of student union elections since 1980 (M. Ahmad, 1991). Its leadership is dominated by those educated at secular state colleges and universities and thus forms an identity quite distinct from the predominantly rural, madrassah-educated religious leaders, the mullahs and *pirs* (living saints) attached to local mosques.

During the 1990s incidents of *fatwa*-instigated violence against women in Bangladesh were reported in the Western media. In one case, a widow was burnt at the stake after

she became pregnant by a man who reneged on his promise to marry her. In Sylhet, a woman committed suicide after she and her second husband were stoned for having 'illicit' sexual relations (it was claimed that she had not obtained a proper divorce from her first husband). Western-funded non-government organisations (NGOs) have also been the victims of *fatwas*. NGO schools have been burnt down following *fatwas* accusing them of converting girls and women to Christianity; health and work projects targeting poor rural women have also been attacked. An exemplary study by Shehabuddin (1999a & 1999b), based on interviews with 600 rural women and 300 landless men and village elites, shows that these incidents are examples of mullahs and village elites – the people responsible for issuing the *fatwas* - pursuing their own personal interests. In the cases of *fatwas* directed against individual women the issuer is usually acting out of sexual jealousy or animosity against the women's families. In the case of NGOs, village elites fear losing a source of cheap labour as the NGO work projects and low-interest loans help women to become economically independent. In other words, the spate of *fatwas* is a response to the threatened undermining of the traditional class system in Bangladesh, rather than representative of an Islamic backlash against Western imperialist forces.

Jamaat-i-Islami leaders condemn the issuing of *fatwas* as an abuse of Islam (Shehabuddin, 1999a). A *fatwa* is an opinion or clarification of a point of Islamic law issued by a legal expert – it is permissible to consult other suitably qualified experts for alternative opinions; as merely an opinion, a *fatwa* would not be legally binding even if Bangladesh was an Islamic state. Like the liberal secularists, the Islamists attribute the power of the *fatwas* to the gullibility of the rural poor for

believing that a “half-literate” village mullah is qualified to issue a *fatwa* (1999a: 1031).

Notwithstanding their reservations about *fatwas*, many Jamaat-i-Islami members have openly supported attacks on NGOs accusing them of inculcating ‘unIslamic’ values in girls and women⁹. Jamaat-i-Islami is not against women working in paid employment per se, but is critical of the free mixing of sexes and the immodest dress worn by women which they associate with NGO work projects. Their 1996 manifesto pledged to improve women’s rights, safety and work opportunities, reforms which went further than any other party’s policies (Shehabuddin, 1999b). Yet in the 1996 election Jamaat-i-Islami won only 3 seats. Shehabuddin suggests that one reason for their lack of popularity among rural women (who represent 40% of the electorate) is that despite their manifesto promises, they are perceived as anti-women: firstly, the speeches of some of the party leaders implicitly blame women for sexual violence against women by linking the failure to wear a *burkha* with inciting men to rape; secondly, by supporting attacks against NGOs they are undermining women’s opportunities to work.

Islamist policies have not been restricted to Jamaat-i-Islami and other Islamist political parties; mainstream political parties have also supported the Islamization of social and political life. Throughout the 1970s and 1980s successive governments

⁹ Jamaat-i-Islami, with the financial support of Saudi Arabia, has founded schools which integrate a secular and Islamic education, teaching English as well as Arabic. These schools are popular with parents and are perceived as providing a higher quality of education than the village, state-funded primary schools. At the Jamaat schools girls and boys are taught in separate classes after the age of 11, at which age girls are required to wear a headress which just leaves the face visible; all the female teachers wear a *burkha* and are members of the Jamaat-i-Islami party. A local Awami League politician I met saw no inconsistency in sending his daughter to one of these schools.

introduced Islamist elements into the state constitution. In order to understand this political impetus for Islamism, it is important to consider the unique identity of the Bengali Muslim from a historical perspective.

During the first phase of the British rule in Bengal, Hindus, unlike Muslims who had been discriminated against by the British, adopted a policy of co-operation with the British. After the permanent Settlement Act of 1793, wealthy Hindus managed to buy land rights from the British, transforming themselves into a dominant, land-owning class (*zaminders*) who exploited the Muslim peasant masses. The partition of British Bengal in 1905 was welcomed by Bengali Muslims who saw it as opening up opportunities for the Muslim population. The prospect of Hindu majority democratic rule in a unified post-colonial India galvanised support among the Bengali Muslims for an Islamic homeland.¹⁰ However, the ‘solution’ in the shape of Pakistan proved to be no less oppressive. West Pakistan established a colonial relationship with East Pakistan dominating the former East Bengal economically, politically and culturally. Bengali, the language spoken by the majority of East Pakistanis, was perceived as a threat to the integrity of Pakistan as it served as a reminder of the cultural links between East Pakistan and West Bengal (Murshid, 1995). In the 1960s the songs of the (Hindu) Bengali poet Rabindranath Tagore were banned from being broadcast on TV and radio (Rashiduzzaman, 1994). The attempt to impose the Urdu language on the Bengali speaking East Pakistanis was resisted by the Language Movement, a political movement which gave birth to the liberation struggle against West Pakistan (Alam, 1991). During the War of Liberation, East Pakistan was supported by India.

¹⁰ Jamaat-i-Islami initially opposed the creation of Pakistan in the belief that nationalism was opposed to the ideology of a universal Islamic community (Murshid, 1995).

The atrocities committed by the Pakistani Army in 1971 were justified by the state of Pakistan as “saving Islam” from the conspiracy of Hindu India (Alam, 1993).

It is understandable then that the first government of Bangladesh, formed by the socialist Awami League, enshrined the principle of secularism rather than Islamism into the state constitution. The subject of Religious Studies was made optional at schools and Islamic names and logos of state institutions were secularised. However, towards the latter days of his rule, President Mujib increased funding to madrassahs and the Islamic Foundation and in 1974 attended the Islamic summit held in Pakistan (Hashmi, 1994). This shift away from secularism was made partly to attract funding from the oil-rich Middle East, but also in response to strong public sentiment in favour of Islam. In 1975 President Mujib and most of his family were assassinated. Murshid (1995) makes the point that Mujib’s assassination was not the result of an Islamic backlash against the Awami League, but rather the act of some junior military officers who felt threatened by the development of a separate military force to protect the government. Nevertheless, the President’s assassination was celebrated rather than mourned in the country at large; corruption, moves towards a one-party state, the 1974 famine and poor administration all worked to reduce Mujib’s popularity.

General Zia, a freedom fighter leader in the struggle against Pakistan, continued the Islamizing trends. He lifted the ban on Islamic political groups, established an Islamic university, made Islamic Studies a compulsory school subject, introduced the *azan* (call to prayer) on public broadcasting, erected banners displaying quotations from the Qur’an and Hadith in the streets of Dhaka, and recited the Qur’an at political meetings (Alam, 1993; Hashmi, 1994). Significantly, Zia dropped the principle of secularism from the constitution and substituted “absolute trust and faith in the Almighty Allah”,

and renamed Bengali nationalism Bangladeshi nationalism. Bangladesh returned to democracy in 1979 when Zia's newly formed BNP (Bangladeshi National Party) won a parliamentary majority. In 1981 President Zia was assassinated in a military coup attempt and Bangladesh once again returned to martial law. Under the military rule of General Ershad (1982-91) the constitution was amended in 1988 to formally declare Islam as the state religion of Bangladesh. Ershad's Islamist policies were opposed by all political parties, including Jamaat-i-Islami, the biggest Islamist party, who accused the government of undermining their attempt to establish a truly Islamic state.

Islamist policies have continued under democratic rule. In 1991 after the Ershad regime was overthrown by a mass uprising, the BNP, headed by Zia's widow, Khalada, entered into a coalition with Jamaat-i-Islami in order to form a parliamentary majority. This was a controversial move as Jamaat-i-Islami's leader, Golam Azam, was accused of collaborating with the Pakistani army during the liberation struggle. A campaign to arrest Golam Azam for war crimes was launched by Awami League supporters in 1992. However, this was dropped towards the end of Khalada Zia's term in office when Jamaat-i-Islami joined forces with the Awami League to bring the BNP government down. When the Awami League returned to power in 1996 they did not repeal any of the Islamist constitutional amendments, nor did they pursue charges against Golam Azam. The Awami League remained in power for the duration of my fieldwork.

2. Globalization, mental illness and healing

The global spread of biomedicine, electricity, mass education and other aspects of modernity may transform the presentation and treatment of mental health problems, independent of the effect of Islamism. Certain diseases may be considered emblematic of modernity, mediated by, among other things, biomedical hegemony and a shift in the concept of selfhood. The Western culture bound syndrome anorexia nervosa, which has been deconstructed as a female strategy for asserting autonomy, is increasingly found among South Asian women, both in Britain and in urban South Asian settings. Littlewood (1995) suggests that this does not simply represent an appropriation of Western culture, but a reassertion of a South Asian tradition of female self-renunciation.

As modernity is characterised by a disembedding of social systems from their local contexts and their restructuring across indefinite spans of time and space (Giddens, 1990), we see that medical systems accordingly modernise, organising and controlling greater areas of social and cultural life (Janes, 1995). In the West, it can be seen that biomedicine replaces religion as a legitimating and charismatic ideology (Littlewood and Lipsedge, 1987). Elsewhere, the introduction of biomedicine does not necessarily bring about the demise of traditional healing. Biomedicine in Rajasthan is now well-established. However, it has not replaced traditional healing but has added another dimension to the pluralistic medical system. 'Physicians' illness', which requires biomedicine, is distinguished from 'deity's illness', which requires religious healing, on the basis of symptoms and treatment response (Lambert, 1997). It is argued that local healing survives despite the global dominance of Western biomedicine because the latter desocialises disease and reduces social problems to 'natural' facts

(Kleinman, 1995); local healing succeeds where biomedicine fails by recognizing the links between disease and social, moral and religious events (Last 1981; Ayora-Diaz, 1998). The survival of local healing may be interpreted as resistance in the face of incoming global forces. In Asia, indigenous healing has been promoted by the state to counter pose Western universalist tendencies (Lock, 1990; Connor, 2001). Yet local healing is seldom left untouched by global processes. Whilst Tibetan medicine serves to articulate the identity of the minority Tibetan community in China, its commercialization in response to an international market has reduced its efficacy and accessibility for local Tibetans (Janes, 2001). Global forces may be as much transformed by the local as they are transforming. Western biomedicine may be transformed by local cosmology. Local healers may draw on biomedical symbols and therapies without accepting biomedicine's naturalistic ideology (Brodwin, 1996), and incoming therapies will only flourish if the local, pre-existing cosmology can incorporate them without dissonance (Laderman, 1992).

3. Islam and healing

The Islamization of local culture may impact on local healing in several different ways:

(a) Islamism undermines local healing and paves the way for the acceptance of biomedicine.

In Africa, Islam has de-mythologised the power of indigenous healing by dismissing its mystical elements as backward and anti-Islamic (Myntti, 1988; Kirby, 1993).

Beckerleg (1994) argues that the trend towards Islamism entails a shift in how the body is perceived: the individual is reconstituted as a bounded individual who is resistant to attack from spirits. Yet the Islamic humoral tradition of Unani medicine does not seem to be promoted by Islamists as a replacement for local healing (Eade,

1997). In Egypt 'Islamic' medical clinics do not deliver Unani but Western biomedicine (Morsey, 1988). Parkin (1995) likens orthodox Islam's faith in the inerrancy of the sacred texts to biomedicine's faith in the written word.

(b) Local healing becomes devalued as 'women's/folk knowledge' and loses its potency.

Much has been written about how spirit possession and Islam reflect distinct gendered domains of religious practice: women traffic with spirits, men have access to a locally constructed 'universal' Islam (Lewis, 1971; Lambek, 1993; Boddy, 1994). Boddy (1989) argues that women's possession cults represent complementary rather than peripheral domains of knowledge. In the context of Islamism, however, women's knowledge is more likely to be regarded as 'backward' and 'irreligious'. As the divide between traditional practices and religious purism grows, women are increasingly being associated with the former and men with latter; whereas "men are seen as legitimate possessors of orthodox Islamic knowledge" women's knowledge is "being redefined as folk knowledge or simply regarded as nonsense" (Bernal, 1994: 52).

In Bangladesh, Gardner (1995) has noted that Islamism's opposition to religious heterodoxy has the effect of undermining traditional expressions of female power (Gardner, 1995). Women, barred from the mosques, are more likely to visit the shrines of Sufi mystics, and Ghor Loki, the Hindu goddess of household prosperity, is worshipped predominantly by women. In Sudan, women's traditional wailing and expressive mourning at funerals has been criticised by Islamists as unIslamic (Bernal, 1994). Wilce (1998) observes links in Bangladesh between women's vocal mourning

and rural Bengali tradition on the one hand, and silent interiorised suffering, modernity and orthodox Islam on the other.

(c) Local healing persists as resistance

In the Sudan, *zar* healing cults act as a foil to orthodox Islam; participation embodies a subordinate discourse giving women the opportunity to renegotiate their sense of self during trance, and the appeasement ritual offers a parodical commentary on local gender relations (Boddy, 1989).

(d) Local healing is recast in ‘purer’ Islamic idioms.

Sufi cults may be transformed in line with respectable orthodoxy. Rather than reject the Sufi saint, upwardly-mobile families in Sylhet may improve their status by claiming to be the official keepers of a saint’s lineage. Far from being subversive agents, these saints are stripped of mystical powers to become religious clerics who uphold the social order (Gardner, 1995).

Alternatively, local healers may adopt elements of Islam whilst continuing as a counter-hegemonic force. The *bori* cult in Niger has built mosques to accommodate their own spirits in an attempt to divert some of the wealth that flows into Islamic coffers (Masquelier, 1993). Masquelier maintains that the *bori* remain ideologically opposed to Muslim orthodoxy, the latter resonating with the neocolonial values of private property and the work ethic.

(e) Local healing is professionalised.

Zar possession cults in Sudan have distanced themselves from Islam by registering as national folk theatre groups (Hurreiz, 1991). Whilst the televised broadcasting of such folklore performance runs the risk of trivialising a former religious ritual¹¹, redefining *zar* as primarily therapeutic and forming links with local hospitals offers protection from the influence of Islamism (Last, 1990).

(f) Islamism has no effect on the treatment of mental illness.

In Nigeria the *bori* spirit possession healing cult is tolerated as an acceptable treatment for mental illness as the mentally ill are regarded as a special category (Last, 1991).

4. Medical pluralism

The study of medical pluralism examines the social and cultural organisation of healers and healing practices and health seeking behaviour: how people interpret sickness, choose between different therapies and evaluate treatment. The decision to consult a particular healer may be influenced by type of illness, previous experience and shared explanatory model between patient and practitioner (Kleinman, 1980).

Early medical anthropological studies of health seeking behaviour have been criticised for an ethnocentric focus on the doctor-patient dyad and for privileging the model of a rational, autonomous individual choosing a healing specialist from a stable medical system. Matching symptoms to a specific therapy may be a pattern identified in the West, but in India several different practitioners may be consulted simultaneously or in sequence as it is commonly assumed that illnesses arise from a

¹¹ As has happened to the *bori* cult in Nigeria (Last, 1991).

concatenation of events (Leslie, 1992), and doing the best for a sick family member entails taking them to as many different healers as possible (Nichter, 1978). Therapies do not exist as coherent, closed systems (Comaroff, 1983), compliance may be fragmentary, and patients do not always know, or want to know an explanation for their illness (Last, 1980). Beliefs may be neither fixed nor consistent, and may *follow* action: factors which are identified as influencing the choice of healer may instead be post-hoc rationalizations, presented to justify actions and to make sense of behaviour (Luhmann, 1989; Kirmayer, 1992; Block, 1998; Garro, 1998).

Health seeking behaviour may be more constrained by objective social and material conditions than by the 'rational' beliefs of an individual (Good, 1994). Cost may be a prohibitive factor, but the purchase of Western biomedicine, which is universally invested with high prestige (Leslie, 1980), may be a more potent display of conspicuous consumption than the purchase of local, traditional healing (Myntti, 1988). Conversely, the popularity and efficacy of indigenous healing has been explained by the traditional healer's manipulation of local idioms, which is more likely to redress local social conflicts than the alienating power of globalized biomedicine (Kleinman & Sung, 1979; Taussig, 1980; Comaroff, 1985). What governs treatment seeking behaviour may have less to do with conscious agency and more to do with power relations, whether they be located within the family (Wilce, 1998) or within wider social structures (Morsy, 1990). Who decides what is appropriate (and what is available) may reside with those systems and people with the most power (Myntti, 1988).

However, an overemphasis on cultural determinism risks rendering the patient passive. Whilst health seeking behaviour is embedded in social and economic

contexts, individuals do operate on the premise that they have choices to make (Garro, 1998). Health systems may be as much structured by patients as they are structuring (Bhattacharyya, 1983).

Clearly, theoretical debates in medical anthropology have followed those in the discipline as a whole: the relationship between structure and process, and individual agency and social structuring, with practice theory (Bourdieu, 1977) attempting to mediate the two poles.

Brodwin's (1996) study of medical pluralism in Haiti adopts a practice orientated approach. In Brodwin's analysis, individuals do not simply choose from a pre-existing range of therapies, but constitute, reproduce and destabilise therapies through their health seeking practices. Individuals seek out a biomedical cure as illnesses that fail to respond to biomedicine indicate that the diagnosis is *maladi Satan* (spirit affliction). As spirit affliction suggests that the patient is guilty of a previous wrong-doing, negotiation between patients and healers is not only about finding a cure, but also about asserting innocence and claiming moral authority. Healing practices are embedded in Haiti's religious pluralism. Three overlapping and competing religious discourses are identified: the official state Catholicism, a legacy of Haiti's French colonial past, Protestant denominations, funded by North American missionaries who attract foreign aid to support local schools, and Voudon, a syncretic amalgam of French Catholicism and West African religions. When healers take up a position within this pluralism they are not only authorising their own therapeutic knowledge and challenging the legitimacy of other healers, but also taking a political stance. Denouncing spirits represents a break with their ancestral lineage and echoes the

French colonialists' fears of African religious practices; Protestant conversion signals a distancing from spirits and the local Catholic hegemony, and a move towards North American ideology.

Thus, health seeking practices express and are influenced by wider ideological and material conditions. As these objective conditions change, health seeking practices transform local forms of healing: increasing rural poverty and an openness to North American material and ideological influences contribute to the growing appeal of healing through conversion to Protestant fundamentalism.

Brodwin's practice orientated approach critiques three common assumptions underpinning earlier studies of medical pluralism. Firstly, the biomedical/ traditional healing dichotomy is refuted: the idioms of biomedicine diffuse into all other therapies and traditional healers make use of biomedicine as a diagnostic tool. Secondly, the array of healers incorporate each other's idioms and cannot be placed into distinct, stable categories; they can neither be distinguished by their use of treatment (eg. psychosocial vs. techno-empirical), nor by their diagnostic style (eg. secular vs. sacred legitimating ideologies). Thirdly, the movement of patients between healers is not governed by a single cultural logic. Symptoms are not matched to their appropriate therapies, rather diagnosis is decided by the outcome of treatment. Patients make use of alternate healing/religious practices over the course of a single sickness episode, and public condemnation of spirits, as befitting the patient's religious affiliation, may co-exist with private consultations with spirit diviners. Nor is maximising health the only aim: healing power certainly connotes clinical efficacy,

but also moral authority, political coercion and opportunity, and acts as a resource for collective identity.



1. The top row of photographs feature artifacts from Madina. The postcards below are published by Jamaat-i-Islami. Shibir is its student wing.



2. When I visited Bangladesh in April 2003 the Iraq War was going on. Saddam Hussein enjoyed widespread support among ordinary Bangladeshis. Posters were hung in shops and in homes in towns and villages. The Bengali writing is attributed to Saddam: "Hey, Allah, Save the powerful *pir* Abdul Kader Jilanir and the world Muslims from the Americans and Jews."



3. A *fir*'s (*pir*) residence in Sylhet town. His sons run an internet cafe and computer training business to the front of where the *fir* sees his clients.



4. The entrance to Shah Faron's shrine complex. A nearby shop advertises *Virgin* cola.

Chapter 2: Setting and methodology

1. Fieldwork setting

1. (i) Sylhet

Between April 1999 and May 2001 I carried out 22 months of fieldwork in the Sylhet division of Bangladesh.¹²

Whilst 36% of Bangladesh's 127 million population are below the UN poverty line (Jahan, 2001), Sylhet's 7 million population is comparatively better off; the rate of literacy in Sylhet is 44.6% compared to 32.4% in Bangladesh as a whole (Bangladesh Bureau of Statistics, 1998).¹³ In Sylhet there are not enough poor to go around to work as servants in affluent households. Particularly in Sylhet town, where ties with poor relatives are often weaker, servants are recruited from outside the Sylhet division. Many servants and day labourers working on building sites and road works come from Comilla in the south of Bangladesh. Wealth is not evenly distributed throughout Sylhet's 39 *thanas* (administrative unit roughly corresponding to an county) and servants may also be recruited from poorer *thanas* within Sylhet. Those *thanas* containing the highest proportion of *Londoni* households - those who have members living in Britain - are the most affluent. The village of Katoli (pseudonym) where I worked is located in one of these affluent *thanas* and has a relatively high literacy rate of just over 50%.

¹² The fieldwork was interrupted by two breaks: I was absent for 2 months in the summer of 2000 due to ill health and 1 month in November 2000 following a bereavement.

¹³ I do not have sex specific data for Sylhet; for Sylhet town literacy rates in 2001 for male and female were 91.6% and 84.35 respectively ([http:// www. sylhetpartnership.com/downloads/project3.pdf](http://www.sylhetpartnership.com/downloads/project3.pdf)).

95% of Britain's 200,000 Bangladeshi population originate from Sylhet.¹⁴ Why Sylhet in particular became associated with migration to Britain is uncertain. The system of land tenure instituted under British colonial rule may be relevant, as well as physical geography (Gardner, 1995). At the time of the British Raj, Sylhet was part of Assam.¹⁵ Unlike Bengal, which had a system of large *zaminandar* estates managed by a small number of elite landlords, Assam adopted a system of small independent tenures which created a large number of owner-cultivators. Gardner suggests that this comparative economic independence cultivated in Sylhetis an entrepreneurial and competitive spirit and a dislike of labouring on another man's land. The lack of trade opportunities in Sylhet, coupled with surplus wealth accumulation, provided the impetus for members of wealthier households to take the risks involved in migration. In addition, many of the *Londoni* areas are near the river Kusiya which used to carry cargo boats bound for Calcutta. Having found work on board a ship at Calcutta, the would-be migrant 'jumped ship' on reaching London (1995:37–39). Economic emigration is now largely limited towards Middle Eastern countries. With no opportunities to work legally in the UK, the main route to the UK is through marrying a British citizen, although even marriage does not guarantee entry¹⁶.

Most Sylhetis believe that the only opportunity for economic advancement lies

¹⁴ House of Commons Report, 1988. The 2001 census data records roughly the same number of Bangladeshis living in the UK. Caution should be exercised in interpreting the census data as ethnicity was self-assigned – it is not known what proportion of Britons born to Bangladeshi parents described themselves as British.

¹⁵ In 1874 the British decided that Sylhet should become part of Assam. Following a public referendum in 1947 Sylhet once again became part of Bengal.

¹⁶ The applicant has to prove that (a) his or her spouse is able to financially support him or her without recourse to the British welfare state, and (b) to prove that the purpose of the marriage was not motivated by financial reasons. The British immigration authorities appear stricter in the case of Bangladeshi grooms, citing the virilocal rule of residence as a reason for denying rights of residence (Gardner, 1993).

abroad (Gardner, 1993). British Bangladeshi spouses are therefore highly prized and competition is tough: to attract a British spouse the Sylheti family needs to be affluent and to have a good reputation¹⁷; the son especially needs to be educated, and in the case of daughters beauty is required. Nevertheless, when arranging a marriage with a British Bangladeshi, parents proceed with caution fearing that their future son or daughter-in-law may have been ‘spoilt’ by British culture and that the marriage will be short lived. British Bangladeshi girls are notorious for wearing skimpy clothing (hypocritically wearing *burkhas* during their visits to Bangladesh)¹⁸, but on the whole it is thought that there are greater risks involved in giving daughters in marriage to a British Bangladeshi boy: there are “more chances for a boy to be spoiled” through the vices of alcohol and gambling. And although both British Bangladeshi boys and girls are known to abandon their Bangladeshi spouses for pre-existing British girlfriends/boyfriends, the future is less bleak for the Bangladeshi son: unlike their female counterpart they have no difficulty in remarrying and are able to find work easily in the restaurant trade.

Whilst affluent, educated families hope that their children will marry British

Bangladeshis; poorer families have their sights set more realistically on the Middle

¹⁷ My informants found it difficult to describe what constituted a ‘good’ family. Both my research assistants (who described themselves as being from ‘good’ families) denied that it was about money or education. The family name was significant, Syed and Chowdhury being among the most prestigious names (but Shoma qualified this by saying that Chowdhurys from some areas had low social status). Manners and etiquette were important: for example, a ‘good’ family would always give up the best bedroom for a guest and would always serve a glass of water on a saucer; a ‘good’ family would never eat at the same table as their driver. Having a member of the family who had worked as a driver precluded belonging to a ‘good’ family. Shipa’s mother, sensing that I found all this very baffling, cited the British Royal Family as an example of a ‘good’ family; and like ‘good’ families in Bangladesh, they had wanted their children to marry into another ‘good’ family: in searching for a wife for Prince Charles, his parents had selected Diana from a ‘good’ family.

¹⁸ Women also told me about British Bangladeshi women leaving the family home wearing *burkhas* and then changing into immodest Western clothing to go to work or to see their boyfriends. I had assumed that these stories were apocryphical until I heard Simon Beaufoy, the writer of the film *Yasmin*, describe how the film was created. The script was developed from interviews with many young British Pakistani Muslim women who admitted to changing from traditional dress to Western clothing in secret away from the family home.

East, although even in this case capital is required: about £1250 to secure a visa and work permit. Only the super-rich – those with swimming pools and who can afford shopping trips to Paris and Singapore – are content with their lot in Bangladesh.¹⁹

1. (ii) Village life

I chose to be based in a village, because the majority of Bangladeshis – 80% - live in villages. Within two weeks of arriving in Bangladesh I had found a family to live with in Katoli, a village in the Sylhet *zila* (the Sylhet division is divided into 4 *zilas*).

Katoli is located 17km from Sylhet town, about an hour's journey by public transport.

My friends in Sylhet town considered Katoli to be very remote (*bitre* – literally, inside); it was 5km from a main road that led into Sylhet town, and by Bangladeshi village standards was considered undeveloped: there were no telephone lines, no market place, and no buses that went direct to the village from Sylhet town. There were three buses in the morning that went from Kaltoli to Sylhet, but after this, getting to town involved a 10 minute walk to the *baby taxi* (tricycle scooter rickshaw) stand, a 10 minute *baby taxi* drive to the main Sylhet road where a continuous stream of buses was available for transport into Sylhet.

My host Malik's father had been one of five brothers and there were now five separate, economically independent households in the *bari* (ancestral homes²⁰). It is normal for joint households to separate after the death of both parents, although this may happen earlier if tensions between nuclear units in the same household become

¹⁹ Shoma's immediate family was an exception. Neither Shoma, her sisters nor her parents had any desire to emigrate. Shoma's father, a small businessman, explained that he would not be able to enjoy the same quality of lifestyle abroad; in Bangladesh, he lived in a spacious home, had servants and worked reasonable hours.

²⁰ A person's *bari* is traced patrilineally. So, for example, Shoma's *bari* was the birth place of her father's father.

intolerable (see Chapter 4). Malik's parents had died a few years before my arrival. Malik's household consisted of him and his wife Rima, his 8 year old twin daughters Tuli and Nila, and 4 year old son Badsha. My room was across the courtyard from where Malik's family lived, in the same building where Malik's herd boy and driver slept. Malik's two older brothers were settled in the UK and had grown-up sons of their own. There was only one other nuclear family in the *bari*; the remaining three households consisted of joint households headed by brothers who were either working in the Middle East, or running businesses from home. Malik owned a fish farm and ran a transport business comprising of two *baby taxis*, a *Liteace* (people's carrier) and a bus (all buses in Sylhet are privately run); another two cousins ran transport businesses and a third had a tailor's shop; another two were farmers.

Once settled in the UK with a nuclear family of their own, brothers do not usually continue to make a regular financial contribution to their *bari* in Bangladesh. On the other hand, workers in the Middle East very rarely settle there with their wives and children and remittances from the Middle East can become the main source of income for many households in Sylhet. Salaried employment in Bangladesh is hard to find, and anyway, as suggested above, most Sylhetis prefer to run their own business rather than work for someone else. I came across only four people in Katoli who were in salaried employment: a female solicitor; her brother, a school teacher; a (female) bank clerk and a (male) office clerk. Poor men worked as sharecroppers on their more affluent neighbours' land; poor women as household servants.

Electricity has been established in Katoli since the 1980s. Bangladesh does not

generate enough electricity to meet demand, so, like the rest of Bangladesh, Katoli experiences power cuts lasting about 2 hours per day. In addition, there are day-long interruptions in the power supply during the rainy season when heavy rain falls on the power cables. Affluent families can afford an electric water pump to pump water from the well direct to their homes. Nevertheless, most people prefer to get washed in their *bari*'s pond which doubles up as a swimming pool for the children. (In Katoli Malik and Rima were the exception – they preferred to get a shower in their own homes.) In some villages located closer to a main road piped gas is available. In Katoli all cooking is done on wood-fired stoves. Many affluent households have liquidisers and other electric kitchen accessories on display in glass cabinets, but they are rarely put to use – households find it more convenient to get a servant to grind spices and pulverise ginger and garlic. On special occasions - for example, the commemoration of a death anniversary - a male chef is hired to cook the sacrificed goat or cow outside on a temporary stove. At these events holy men are hired to recite the Qur'an in order to generate *sowaib* (religious merit – see chapter 5) for the deceased. All men go at least once a week to the village mosque for the Friday *juma* (congregational) prayer. All the men I knew in Katoli prayed the required five times a day at home if they did not attend the mosque. Women pray at home five times a day unless they have a 'problem' (menstrual period). Boys and prepubescent girls attend the mosque for tuition in the Qur'an.

The day starts with the *fozor nomaz*, the first of the five daily prayers just before sunrise. After prayer, the affluent go back to bed until 8am; farm labourers start work in the fields. At about 8am women start preparing the first of the three daily meals of *bhat* (rice) served with curries; this is eaten usually around 10am. Afterwards women

attend to general household tasks and start preparing the second meal of the day. People get washed before eating this meal between 2 and 4pm. It is common to take an hour's rest afterwards. Men most often go shopping in the market place after the *mogrib* (dusk time) prayer. In Katoli the nearest market place was a 10 minute taxi or motor bike drive away. The third meal of the day is eaten between 9pm and 10pm. A typical meal consists of rice with a fish curry, dal and sliced potatoes fried with spices, although the poor have to do without the fish unless they can catch it locally. Potatoes and other vegetables are bought from the market unless the household has a special interest in growing their own. Chicken are usually kept in courtyards ready to be slaughtered when guests arrive. Cattle are kept to draw ploughs. Very little fresh milk is produced from cows – most milk consumed is prepared from dried milk imported from Australia.

Everyone has access to television – the poor go to see it in their more affluent neighbours' houses. However, it is generally only watched by the under forties. Older people consider the singing and dancing shown unIslamic. Another form of entertainment is *beranit* (visiting). In our *bari* family outings in Malik's *Liteace* were arranged about once a month giving Rima the opportunity to visit her relatives. It was fairly common for most men in Katoli to travel out of the village once a day. These trips were usually confined to the market or elsewhere in the *thana*; Sylhet town was rarely visited. The exception was Malik, who went there about once a fortnight (he had property in the town), but, like other villagers, always said that he disliked going.

1. (iii) Town and country

The pattern of life in Sylhet town is similar to life in the villages. There is, of course, no agricultural work in the town and men are more likely to be in salaried employment. Office hours are usually kept between 11am and 1pm, unless the work is in a bank: I was told that bank clerks worked from 9am until 8pm. All households have access to a large neighbourhood pond, but only the very poor get washed in these communal bathing areas.

Most people living in Sylhet town have their *baris* located in a village.²¹ However, despite these strong links with the village, town people consider village life to be backward and are only able to tolerate living there for up to a few days at a time. When they visit relatives in their village *bari* they miss the bustle of the town and yearn for the shopping facilities.

The perception of village life as backward surprised me. I saw more ceramic tiled bathrooms and flush toilets in the villages (perhaps as a result of *bideshi* (foreign) relatives investing money in their family *bari*). To my mind, village life was more civilised than town life. In the town, servants have their meals on the kitchen floor; drivers, being of a slightly higher social status, are served food on a table, but in a different room from their employers. If a servant has to pass through a room where the masters are seated the servant will lower their head to ensure that their body is not higher than the masters' eyelevel. And if allowed to watch television with the masters, servants sit on the floor. Relationships between master and servant in the villages are

²¹ Those who have lived in Sylhet town for several generations and do not have a village *bari* have a low social status. Tanya (chapter 7) had no village *bari*.

less hierarchical.²² In Katoli, we ate together at the same table with Malik's driver and the servants. The servants – whom were introduced to me by Rima as her 'friends' – watched television with us seated in the same chairs that Malik and the rest of his family used. Katoli and other villages were much cleaner than Sylhet town and had fewer mosquitoes.

Whilst residents of Sylhet town consider village life to be uncivilised, villagers perceive the town to be dangerous. Women in particular are at risk from being *hijacked* (abducted) whilst travelling to Sylhet, and once in the town there is a high probability of being mugged. (These fears seemed to me to be wildly disproportionate to the actual risk.)

1. (iv) Sylheti as a distinct identity

Sylhetis view themselves, and are viewed, as having a distinct identity which sets them apart from other Bangladeshis. They are noted for their piety, conservative attitudes towards family life and entrepreneurship. A comment I heard said by a non-Sylheti business man at Ashon Fir's house probably sums up what the rest of the country thinks about them: "you Sylhetis, you pray a lot, but you cheat a lot". Few Sylhetis would disagree with his assessment. Whilst Sylhetis regard themselves as religious, they also describe themselves as deceitful. These, of course, are stereotypes. I elaborate further on the propensity of Bangladeshis to run themselves down in Chapter 4.

²² In the villages, servants are usually day labourers from poorer households in the same village. Thus, it is likely that master and servant have known each other since childhood. In contrast, town servants are usually resident 24 hours – their own homes may be far away in another district. They may only stay in one job for a few months at a time, returning home once they have earned some money.

Sylhetis are proud of their religious heritage. Sylhet is known as the land of the saints after Shah Jalal and his 360 *olīs* (friend of Allah, saint) settled there. Saints' shrines dotted throughout the towns and countryside are everyday reminders of this legacy. When I first arrived in Sylhet in April 1999 people were still talking about a plane that had crash-landed in a paddy field in December 1997, missing the airport's runway by 2 miles. That none of the 84 passengers were killed or seriously injured was attributed to the miraculous powers of Sylhet's holy land. Sylhetis' religiosity extends to a distaste of live music and dancing. None of the Muslim households I visited owned a musical instrument. This was in contrast to the Hindu and Muslim non-Sylheti families I knew who owned harmoniums and *tobla* (small drums) and paid for their children to have music lessons.²³

Sylhetis are also said to have a conservative attitude towards the role of women. The popularity of the Jatiya party in Sylhet is attributed to the fact that its leader is a man, the former president Ershad, while the two main rival parties, the Awami League and BNP, are both headed by women. Sylheti women, I was told, are sought after as wives, as, unlike women from other districts, they are happy to live with their in-laws and have no interest in the modern trend towards nuclear families.

Sylhetis are self-critical about their excessive interest in money-making activities and the low value that they place on education.²⁴ Sylheti males (but not females) perform poorly in school and university examinations and it is rare to find a senior civil service post that is occupied by a Sylheti. Despite their links with Britain, Sylhetis

²³ Hours of live music competitions and recitals of Bengali songs are broadcast on Bangladeshi national television each day.

²⁴ As I discussed above in section 1.(i), the Sylheti reputation for entrepreneurship may have its roots in the Assamese system of independent land tenures. Poverty of course focusses the mind on money-making activities, but poverty is not unique to Sylhet and is widespread throughout Bangladesh.

consider themselves to have unfashionable tastes in clothing compared to Dhaka residents.

1. (v) Is Sylhet modern?

The affluent households of Katoli possessed TVs, videos, CD players and microwave ovens. Yet, aside from these trappings of modernisation, there were aspects of social life in Sylhet (and in the rest of Bangladesh) which appeared distinctly ‘unmodern’. A key feature of modernity is the separation of time and space from place (Giddens, 1990): modern mass communications allow the ‘live’ simultaneous broadcasting of news across continents, delivering “the world in one’s living room” (Tomlinson, 1999: 155). In contrast, pre-modern communities are said to exist as self-contained localities. In Europe, before the widespread introduction of the mechanical clock, a natural, local marker of time, the sun, was used to tell the time (Tomlinson, 1999: 49). Today in Bangladesh, time is intrinsically connected to local place through the Muslim *azan* (call to prayer) which varies between districts according to the times of local sunrises and sunsets. Like other people in Sylhet, my daily routine was structured by the timings of the *azan*; in the late afternoon I joined the rush of traffic to get home before the *mogrib azan* (dusk-time prayer)²⁵.

Another characteristic of modernity, the nation state, is poorly developed in Bangladesh. State legislation, written perhaps in the gaze of Western funders of aid, does not get enforced. In theory, primary school education is compulsory for all, but both masters of child servants and parents who ignore the law are not penalised.

²⁵ With the sound of the *mogrib azan*, Rima always used to call me indoors from sitting outside on the veranda. I initially thought that this was because she worried about mosquitoes biting me, but I later discovered that it was spirit attack that she feared more – *zinn* are thought to be particularly prevalent at *mogrib* time. The sound of the *azans* reverberating through the town and villages are what my Bangladeshi friends living in the UK miss most.

Similarly, the minimal legal age for marriage (18 years) and the law against dowry payments are openly flouted. A corrupt police force offers no protection to the poor as the rich can, literally, get away with murder (see, for example, Blanchet, 1996). With this lack of confidence in the state police force, minor offences, disputes and grievances are taken to the *fonchait* (*panchayat*), a council of local male elites that sits to give judgement. The *fonchait* has a reputation for systematically discriminating against women. Since the return of democracy in 1991, opposition parties stay away from parliament, preferring to voice their protest through the calling of *hortals*, general strikes which can last for up to a week at a time. Except for the political party activists, the *hortals* are universally unpopular, but observed, because breaking the strike risks violent retaliation from young men who trawl the streets on motorbikes to ensure its enforcement.

Social and economic relations in Bangladesh have been noted to be semi-feudal in character (Crow, 1990). Servants, particularly women and children, may receive little remuneration in cash but work in return for food and lodging and have the expectation that their medical care will be paid in the event of illness. In the absence of a welfare state, the poor are dependent on their richer kin for support, and many household servants and farm labourers are poor relations. Gardner (1995) notes that the central role of kin in the social, economic and political structures prevents the development of class consciousness.

On the other hand, global influences have penetrated even remote villages. On my return from a short holiday in the UK I brought back gifts for my friends in Katoli. I was surprised that one of the women in the *bari* who rarely went beyond the confines

of the courtyard and never went shopping in Sylhet town guessed with astonishing accuracy the prices of the gifts that I had bought.²⁶ In Katoli the young women had no interest in learning the traditional Bengali village wedding songs. Listening to cassettes of Hindi film songs was popular however.

Yet we should not be surprised if the process of modernization in Bangladesh does not conform to a Western trajectory. The plurality of processes that constitute modernity do not unfold in a uniform way (Kaviraj, 2000). Modernity, a co-creation of East and West, is less to be taken on and adapted but is rather forged and developed locally (Osella and Osella, 2000: 259- 260). The introduction of modern technology does not diminish belief in mystical power. Shanti and her husband (Chapter 4) cited Keramotgong Fir's ability to drive from Sylhet to Dhaka without any petrol in his car as evidence of his saintly power.

1. (vi) The status of women and the virilocal rule of residence

Bangladesh is only one of five countries in the world in which women have a shorter life expectancy than men (Khan, 2001: 255). In Bangladesh residence is virilocal: when women get married they go and live in their husband's household. This virilocal rule of residence is said to underpin women's low status. As daughters leave the natal home at the time of marriage, nurturing them is regarded as a relative waste of resources, compared to nurturing sons who will stay and contribute to the wealth of the household. Daughters are regarded as a burden as great care must be taken to ensure that they do not get 'spoiled' before marriage (Kabeer, 1988).

²⁶ She was unmarried. She had a brother and a sister who lived in the UK.

In Sylhet I found that girls and boys were more or less equally loved by their families. All children are highly valued²⁷, but the birth of a son may be greeted with a greater fanfare than that of a daughter, particularly if he is the first male born after several girls. Nevertheless I would agree that in general terms, the virilocal rule of residence accounts for women's subordinate status. After marriage, a woman is an outsider in her husband's household and may be feared as a sorcerer. Her husband's household is rarely in the same village and may be some distance from her natal home.²⁸ Marriage is recognised as a stressful time for women and it is known for a new bride to go *fagol* (mad) shortly after marriage (see Chapter 7).

However, women's oppression is not experienced in a uniform way. Social class may transcend gender: middle class women oppress poor men. Older women achieve a higher status as mothers, and, as mother-in-laws may oppress their sons' wives (Kandiyoti, 1988). There may be a public-private split in the distribution of power. Village women who are wealthy enough to experience the luxury of *purdah* do not venture out alone beyond the confines of the *bari* courtyard. Their husbands and sons shop for them and this includes choosing their clothes.²⁹ These women complained to me that their men folk could not shop properly. Yet whilst women may feel deprived of power in the public space they may be powerful in the home. A village friend of mine complained that her *sasar goror bhai* (father's brother's son) no longer visited

²⁷ It would be inconceivable in Sylhet to see a sign in a restaurant saying that children are welcome, as is the case in Britain. Children are frequently made to feel the centre of attention. The negative side of the high value placed on children is that their labour is also valued (see Blanchet, 1996).

²⁸ Parents prefer to give their daughters in marriage to families that they have no previous links with, seeing marriage as an opportunity to widen their social contacts. Rarely, two close friends will make a pact to give a child in marriage to one of the friend's children in order to seal the parents' friendship. Such an arrangement may be settled shortly after the birth of the child.

²⁹ Women in Sylhet town venture out alone and can do their own shopping. However, they prefer to go with other women or accompanied by male relatives. My urban female friends complained that when alone they were subject to harassment: young men would pull their *urna* (shawl) and talk 'obscenely' (eg say 'I love you' in English). Shoma was made to feel extremely uncomfortable when we were in a cafe and a couple of men at another table started to sing a Hindi love song. At her request we left.

her house because following marriage his wife had prohibited him from doing so.

Shoma added that it was common for a man's personality to change after marriage – his wife's dominance could weaken him.³⁰

2. Methodology

My findings are based on interviews with 50 mentally ill patients and their families, seen on at least 3 occasions over a minimum period of 3 months; the mean follow-up period was 5.0 months. Once recruited into the study, where possible, I followed their visits to healers and interviewed the healer. In addition to these 50 key patients, I interviewed scores of other patients and families over a shorter follow-up period. In addition to written notes, I tape-recorded interviews when permission was granted. To date, approximately 20 hours of illness narratives, healing consultations and interviews with healers have been transcribed and translated from tape recordings. Table 1 lists the healers interviewed according to their speciality (p.66).

Initially, I recruited patients locally by word-of-mouth. It soon became apparent that in cases where the illness lasted longer than a few weeks, they would almost always visit a psychiatrist in Sylhet town, no matter how far they lived from Sylhet town or how poor they were. Once my word-of-mouth supply dried up, I spent time sitting in the psychiatrists' waiting rooms making contacts there. As other healers' names kept cropping up - Roxmotgong Fir, Ashon Fir and Keramotnogor Fir were among the most popular - I recruited patients from their chambers as well.

³⁰ I once overheard a conversation that Shoma had on the phone with Oni, her second cousin and future husband. She kept repeating '*manmu*' which intrigued me as it means 'I will obey'. I asked her about it after she put the phone down. She looked puzzled and then laughed: "I wasn't saying *manmu*, I was saying *marmu* (I will beat you)."

Criteria for entry into the study were: having a mental illness and living an hour's journey from either Sylhet town or from my base in the village³¹, and, of course, agreement to take part; I only ever had one refusal. I used emic definitions for what constituted mental illness. In most cases, my patients were described as *fagol* (*pagol* in standard Bengali): mad. However, as I did not want to exclude other *manoshik oshubidha* (mental problems) I also followed up a smaller number of patients who complained of headache, poor appetite, anxiety and other illnesses that were not regarded as *fagolami* (madness) but taken to the psychiatrist nevertheless. Thirty-four of the key patients are female. This is not necessarily indicative of an increased prevalence of mental illness among women but represents their increased accessibility to me as a female field worker. Fifteen of the patients lived in Sylhet town. I actively sought out town patients as I wanted to compare urban and rural settings; in the event I found very few differences between town and village patients. Three of the patients were Hindu, which is representative of the incidence of Hindus living in Bangladesh.³²

I know of no work published on the epidemiology of mental illness in Sylhet. A semi-clad *fagol* man wandering in the traffic was not an uncommon sight in Sylhet town, but I have no evidence to suggest that the incidence of serious, psychotic mental illness is higher in Sylhet town than elsewhere in the world. Among the 80 members of Malik's extended family (I am not including those resident abroad), two suffered from episodes of *fagolami* (but were not thought to be permanently *fagol*) during the

³¹ I sometimes underestimated the time taken to travel to places and ended up visiting patients living up to 2 ½ hours' away. This was particularly likely to happen when travel by boat was involved.

³² According to the US Bureau of the Census, Hindus represent 12% of the population (<http://blue.census.gov/cgi-bin/ipc/idbsprd>). This figure is from the 1981 census. It is likely that today the figure is much smaller as many Hindus fled Bangladesh to India in 1992 fearing a Muslim backlash after the razing of the Ayodhya mosque.

two years that I lived there; another four suffered from headache, hot head and anxiety symptoms.³³

I had initially planned to devote the first 6 months of the fieldwork to language learning. Despite the efforts of my host Malik and his wife Rima, and the patience of their three children, 4 year old Badsha and 8 year old twins Tuli and Nili, I made little progress during the first few months. I had studied an introductory course in Standard Bengali in London, but my accent was so dreadful that nobody could understand me when I spoke. Writing in Bengali did not help either as my Bengali script was equally poor. Nobody in the village spoke English of course, and there was a limit to how much I could learn by visual demonstration. Pointing to objects worked well, but learning adverbs and abstract nouns were more difficult.³⁴ I soon realised that I needed to hire a teacher who knew some English, but my attempts to find one were frustrated by local attitudes towards Sylheti. The Sylheti dialect is quite distinct from Bengali, and is regarded by some academics as a separate language; it had its own script which went into decline at the beginning of the 20th century and became obsolete when the last printing press was destroyed at the time of the Liberation War in 1971 (Chalmers, 1996). However, local people are ignorant about this history and would tell me that Sylheti could not be taught: it was slang (*kasa* – literally, raw) and had no grammar; I was advised to learn Standard Bengali. Fluency in Standard Bengali would have given me access to broadcast and print media, but it was Sylheti I needed to learn in order to do the fieldwork. Standard Bengali is spoken in the

³³ I did not do a general household survey of Katoli for fear that I might be suspected of spying for the British government. See Katy Gardner's experience (1999).

³⁴ I was badly prepared for learning the language. I have since discovered that there is a substantial literature on learning a foreign language in challenging conditions, including books of pictures illustrating every conceivable verb and adverb.

classroom and in the office³⁵; Sylheti is spoken everywhere else: in the home and in doctors' clinics in both the villages and Sylhet town.

After 4 months of living in the village, I returned to my M.P. contact Zebunessa Hoq in Sylhet town. I was reluctant to bother her and her husband again as they had already been so helpful in introducing me to Malik and Rima. Once again they helped me find exactly what I required. A friend of theirs, Shoaib Chowdhury, had lived in London for several years teaching Bengali. Whilst he understood my needs perfectly, he did not have the time to teach me Sylheti himself, but introduced me to his cousin's daughter, Shoma, an English Literature undergraduate.

Shoma was a real find. She was a gifted linguist and proved to be an empathic and sensitive field worker. When we conducted the interviews it was often necessary for her to repeat my question as my informants could not always understand my accent, yet she did so without taking over the interview. On the other hand, on the rare occasions that she did ask her own question, it always proved pertinent and I was very grateful for her insight. Her parents, although very religious, had extremely liberal attitudes towards women and did not object to their daughter travelling on public transport to remote villages with a foreign woman. She had local knowledge.

Although she had been brought up in Srimongal in the Moulvi Bazar *zila* of Sylhet, a small town 50km from Sylhet town, both her parents' *baris* were in my *thana*. And unlike Sylhetis who have lived all their life in Sylhet town, Shoma could speak pure Sylheti.³⁶ During my fieldwork, Shoma lived in Sylhet town with two of her sisters,

³⁵ I only ever heard Standard Bengali spoken in banks and at the passport office. Lawyers at a law firm I visited all spoke to each other in Sylheti. I have heard non-Bengali NGO workers complain that learning Standard Bengali was of limited use as Sylheti was spoken at their office meetings.

who, like her, were attending M. C. College. For the rest of the duration of my fieldwork I would leave Katoli at 8 in the morning (everyday barring Fridays and *horthals*) to travel to Shoma's flat (or to meet her at a fieldwork location), returning home to Katoli before dusk. Thus my research is not only contextualized by the fictive kinship relations I forged with my host's extended family in Katoli, but also informed by the urban life I experienced at Shoma's.

I had always balked at the idea of using a research assistant, believing that their presence would work to the detriment of the data collection: an intimacy would be lost, and my informants might feel inhibited in disclosing sensitive information to a local person. However, on the rare occasions that I did the fieldwork on my own, I was always disappointed with the results. For example, on one occasion I went to see Shanti (see Chapter 4) alone. Her natural speaking voice was slow and measured and I could understand everything she said; she seemed to be able to understand me. But in comparison to a second interview that I carried out jointly with Shoma, her responses were prosaic and lacked the emotional depth and contextual filling-in of family relationships present in the second. In short, Shoma, a native Sylheti Muslim³⁷, was better able to establish a rapport than I was. Our informants would often assume that I was ignorant about local cosmology. They would address Shoma and say "you'll

³⁶ There is a tendency for educated Sylhet town Sylhetis to speak a Sylheti which is slightly contaminated by Standard Bengali. For example, the 'z' consonant sound of Sylheti is substituted for the 'j' sound from Standard Bengali. Sylheti Hindus speak with a different accent with stresses on different syllables and a liberal use of Standard Bengali words. Standard Bengali spoken in Sylhet may also be used as a form of symbolic capital. I found that new acquaintances would try to speak to me in Standard Bengali, assuming that as an educated person I would not understand *ancholik basha* (regional language).

³⁷ When we visited Hindu families I found that they often assumed that Shoma was a Hindu. Shoma thought that there were two possible reasons for this. Firstly, through sharing a flat with a Hindu family, Hindu kinship terms had become second nature to her. Secondly, Shoma was slightly less conservatively dressed than the average Muslim young woman. There is a tendency for Hindu women to observe *forda* (purdah) to a lesser extent than Muslim women: Hindus never wear the *burkha* and are more likely to travel unescorted. Shoma's long finger-nails and reluctance to keep her head covered drew disapproval from our Muslim informants on two occasions.

understand this, but she won't" when mentioning *gunines* (exorcists), *zinn* (spirits) and other words relating to supernatural phenomena. My experience no doubt would have been different had my Sylheti been more fluent.

Another advantage of using a research assistant is that you get two opinions for the price of one. In addition to the informant's view, I had insight into Shoma's middle class, urban, educated perspective. In this thesis I present Shoma's opinions, in addition to those of Shipa, my second research assistant who stood in for Shoma when she took four months off to study for her BA final exams.

At this point, a brief autobiographical note is in order. I am a psychiatrist; I am unmarried and was 36 when I arrived in Katoli. Before going to Bangladesh I agonised over whether to disclose my medical background. My college supervisors advised against disclosure on the grounds that in a third world country doctors enjoy a god-like status and I would be overwhelmed with requests for medical attention. On the other hand, my Bangladeshi contacts in London thought that I should disclose as it would increase my social standing (perhaps they were worried about my status as an unmarried female). In the event, the decision was made for me. A Bangladeshi contact in London knew one of my contacts in Sylhet town who knew my host Malik... So my adopted family and friends in Katoli were aware of my medical background, but I did not disclose my medical status to informants that I met outside Katoli, with the exception of the psychiatrists.

This did not seem to make any difference to the way I was perceived. Far from being revered for my medical knowledge, I was regarded as stupid. My counters were

moved for me when we played ludo and I was led by the hand to the toilet regardless of whether or not I wanted to go. The assumption seemed to be that because my linguistic skills matched those of a 2 year old my global cognitive development was correspondingly immature. Only twice was I asked for a medical opinion, and that was for advice on cosmetic improvements to the skin. One day, when Shoma was with me in Katoli, one of Rima's servants returned from the doctor's with four different types of medication. Rima was not clear what they were all for and showed the blister strips to Shoma. My opinion was not sought.³⁸ If in the following pages I have presented Shoma as my sidekick, then this was not how she was perceived locally: she was my teacher and I her pupil.

I do not want to give the impression that people were unpleasant towards me. Far from it: I have never felt so adored. But rather than be respected as an erudite adult, my status was closer to that of a precious child.³⁹ I could do no wrong. My aberrations - for example, visiting a remote healer without having first asked Malik's permission - were always blamed on others. I had to be protected from scheming Sylhetis who would only show me their good side; I, being innocent and trusting,

³⁸ The blister strip packaging had writing in both Bengali and English. Shoma did not know either what the medication was for. On this occasion I could not resist asserting myself and asked to see the medication (and was able to explain what it was for).

³⁹ The dynamics between the fieldworker and informants are complicated. I did, of course, enjoy the status of a guest. However, child seems a more appropriate characterisation as while I was generally treated in a loving way, this was tempered with frequent references to my lack of skills and understanding (it was assumed, for example, that I was unable to do long division). Notably, British Bangladeshis (but not American) relatives are regarded as "behaving like fools" when they come to Bangladesh to visit. British Bangladeshis are notorious for their conspicuous display of wealth. The envy this instils may trigger defensive reactions; denigrating a person as a fool pre-empts their attempts to assert what they believe to be their superior sophistication. Conceptualising me as a child would also help resolve any cognitive dissonance produced by, on the one hand, the cultural stereotype that as a white British 36 year old unmarried female I would almost certainly have several boyfriends on the go, and on the other, their personal knowledge of me as a quiet, modest girl (and wanting to like me because I was a high-status guest). Note that doctors in Bangladesh are not respected but distrusted and thought of as corrupt. All these factors may have been relevant in forming attitudes towards me.

would be taken in by them. Remarkably, on only one occasion during my two year stay in Katoli did anyone show any irritation at my slowness in understanding – and even that was very mild. I *was* on the receiving end of some good-humoured mickey-taking by adolescent boys who performed excellent impersonations of my funny speech. I shared the joke. It seemed absurd to me that I had come to write a monograph about a culture of whose language I only had a rudimentary grasp.⁴⁰

Of course, my language skills improved and I reached the stage where I could understand completely articulate Sylheti when it was spoken directly to me, but I continued to have a poor understanding of the speech of the toothless elderly. The greatest handicap was not being able to follow heated arguments - I had to discretely rely on friends to explain what had gone on. However, I think I have got away with it because Shoma was such a good research assistant, and because of my methodology which involved tape recording most of my informants⁴¹. Initially, we spent one day a week in the field tape recording interviews with healers and patients; the rest of the week was spent transcribing and translating the interviews. I found that repeatedly listening to the tapes made comprehensible by the written ‘Sylheti’⁴² transcriptions was the most effective way of learning Sylheti. In this way, I also became extremely familiar with the ethnographic material. My goal of mastering Sylheti to the point where I could do the fieldwork without Shoma’s assistance was never realised and at

⁴⁰ I am in agreement with Obeyesekere’s contention that the ethnographic project is an arrogant one: “it defies ordinary common sense that a young person with imperfect language skills could go into the field and study another culture to present the native’s point of view during the period of a year, or, at most, two” (1990: 218).

⁴¹ I did not tape record Shuli and Nadira firanis (Chapter 6). Nadira’s family were a little suspicious of our motives and worried that we were journalists. I made the mistake of asking Shuli’s permission on our first meeting and she politely declined; had I waited I am sure she would have consented at a subsequent interview.

⁴² I have no knowledge of the obsolete Sylheti script so used the Roman alphabet to render Sylheti intelligible to myself. I saw no advantage in using the Bangali script as there are differences in the consonant and vowel sounds between Bengali and Sylheti. See text below.

the end of 2000, with only 5 months left in the field, we had to start collecting data on a full time basis. Of course, during this latter period there was insufficient time to transcribe every recording. Instead, Shoma took notes while the interview progressed; after each interview, we found a quiet spot – often in a rickshaw having sent the driver away for a rest – and Shoma would read out her notes in Sylheti into my tape recorder. In the evenings, having written Shoma's tape-recorded notes up, I would compare them to my own, and playback the live recording of the interview. It is testament to Shoma's observation and listening skills that she never left anything out of significance. Moreover, her notes captured the style and vocabulary of the informant's speech.

My informants tolerated the presence of the tape recorder remarkably well. Most of them seemed to forget about it and would look up in surprise when they heard the click which signalled that the tape had finished. Only two of my informants, Samad and Malika, seemed self-conscious about their performance in front of the tape recorder (see Chapter 8). Many of my informants were great story tellers and it was sufficient for my purposes simply to ask them to tell me about their illness. Like Gardner (1995) and Wilce (1998a) who had gone before me, I found that Bangladeshis did not tolerate being asked a lot of questions. When I returned for a follow-up visit I tried to ration myself to two questions – any more and they would look bored or restless. There are therefore some gaps in my data.

When I have presented my work-in-progress to groups of fellow PhD students I have been asked how I can believe anything said to me when my informants characterise themselves as liars. My response is as follows: firstly, I have backed up their

statements with my own observations;⁴³ so, for example, claims to have seen a psychiatrist, despite their abject poverty, are substantiated by the psychiatrist's *slip*: a sheet of the psychiatrist's headed note paper on which he writes the symptoms, diagnosis, and medication required. Secondly, lies contain truth. One day when I visited Sandni's house (see Chapter 5) I met a relative of her father. This woman told me that one of her daughters had married a British Bangladeshi and was living in the UK; both the daughter and husband were very religious: she wore a *burkha* all the time, and he had a beard and was a PhD student. I meet them when I return to the UK and find that the daughter smokes and wears Western clothes; the husband is clean shaven and is not studying for a PhD. These 'lies' contain a truth about the woman's desire to look good in front of Sandni's family, and about her perception of what it means to be a good Muslim. I discuss the reasons why Bangladeshis may wish to present themselves as dishonest in Chapter 4.

3. A note on the Sylheti language and the transliterations

Sylheti has been described as a regional dialect. However, the magnitude of difference between Standard Bengali and Sylheti is more akin to that between Middle and Modern English, rather than between two contemporary British regional dialects. Children born in Britain to Bangladeshis living in the UK are unable to understand Standard Bengali spoken in the streets of Dhaka or heard on the TV, despite being fluent in Sylheti.

Whilst 80% of the basic vocabulary of Sylheti shares its roots with standard Bengali, differences in consonant and vowel sounds and differences in verb endings can make

⁴³ I stopped asking people their age after realising that in the majority of cases they either (a) could not give an age because they had not kept a record of it, or (b) if they knew their correct age they lied about it. In the first case, asking how old they were roughly at the time of the Liberation War was a good way of estimating their age as everybody remembers what they were doing at this time.

it largely unintelligible to non-Sylheti Bangladeshis (Chalmers, 1996). For example, the ‘p’ sound in Standard Bengali is a ‘f’ sound in Sylheti (*pir/fir*; *pagoll/fagol*), the ‘j’ sound a ‘z’ (*jinn/ zinn*); ‘h’ sounds are dropped from Standard Bengali words: *hingsha* (jealousy/envy) becomes *ingsha* and *hajir* (appear) becomes *azir*. Vowel sounds are closer to Hindi than Standard Bengali; *rogi* (patient) in Standard Bengali is *roogi* in Sylheti. Sylheti also differs from Standard Bengali in having a subject case ending for transitive verbs.

Like Standard Bengali, verb endings specify whether the subject is first, second or third person, but not whether they are singular or plural subjects. Most of the time subject pronouns can be omitted without causing any ambiguity. In the translations I have added English subject pronouns, unless otherwise indicated by my exegesis. I have not ‘cleaned up’ the translations – false starts and repetitions are included. Some of the English may sound a bit strange because I have tried to preserve the same subject-object relations of the Sylheti: for example, spirit possession is often expressed as the subject spirit ‘catching’ the object host, rather than in English where the subject host becomes possessed by the spirit.

I have used Chalmer’s (1996) transliteration conventions, which have been derived from Radice (1994). The Standard Bengali ‘kh’ sound is heavily aspirated in Sylheti and I, like Chalmers, have reproduced it as an ‘x’.

When citing the Qur’an I have used Ali’s (1993) English translation unless otherwise stated. I indicate chapter and line number by, for example, 27: 55: this cites Chapter 27 line 55.

4. Chapter outline

Chapter 3 outlines the range of healers available, pathways of entry into psychiatric care and local concepts of mental illness, emotions and selfhood. It serves as an introduction to the remaining chapters which are largely case-study based.

Chapter 4 examines sorcery: how it is actively sought as a diagnosis by patients and their families, how it articulates with local structural conflicts and is influenced by wider global economic forces.

Chapter 5 presents another sorcery case study which further demonstrates tensions between nuclear units in the same patriline. In this instance the sorcerers have sent a spirit to send a 12 year old girl *fagol*. I discuss the site of agency in spirit possession, and the conflicts that Muslims face between personal autonomy and Allah's *hukum* (command).

Chapter 6 presents case studies of *firnaïs* (female saints). I discuss the ways in which their authority to heal is legitimized compared to that of their male counterparts (*firs*), and the extent to which their practice can be regarded as counter-hegemonic.

Chapter 7 presents case studies of women, and one man, who have gone *fagol* shortly after marriage. I discuss the extent to which madness can be regarded as resistance.

Chapter 8 examines the relationship between religiosity and going *fagol*. In certain instances madness is highly valued and bestows upon the sufferer saintly powers to heal.

Chapter 9 examines medical pluralism in Sylhet. I discuss the reasons why traditional healing has survived and why Muslims go to see Hindu healers.

Table 1 Healers interviewed by speciality

Healer	Number interviewed
1. Male	
Psychiatrist	4
<i>Fir</i> (living saint)	8
Mullah	4
Hindu kobiraj	4
Muslim kobiraj	1
Muslim <i>gunine</i> (exorcist)	1
Hakim	2
Hindu homeopath	2
2. Female	
<i>Firani</i>	7
Hindu kobiraj	1
Hakim	1
<i>Foo</i> giver	1



5. Qurbanir Eid in a village: outdoors the men cut meat from the bones of the slaughtered cattle.



6. Indoors the women cut the meat up into smaller pieces ready to be distributed among kin and the poor.



7. A saint's shrine in Sylhet town.



8. The Shah Jalal shrine complex in the centre of Sylhet town.



9. A mud and thatch village house.



10. A slum dwelling (*bosti*) in Sylhet town.

Chapter 3: An outline ethnopsychiatry of Sylhet

1. Healers

Although Bangladesh's medical system is accurately described as pluralistic, government provision of healthcare is limited to Western biomedicine. Government salaried doctors work in *thana* (county) health complexes delivering primary care⁴⁴ and in large teaching hospitals where specialist services are available.

In the private sector, primary care doctors have chambers in the *bazars* (market places). Many teaching hospital doctors have private chambers where they work in the afternoons and evenings after they have finished their government work. Pharmacies, dispensing drugs with or without a doctor's prescription, are found on every street. Pharmacists are usually not graduates but have qualified through completing a part-time diploma course.

Doctors may diagnose and prescribe treatment for women, children and elderly men in the absence of the patient, having heard a description of symptoms from husbands, fathers and sons. Less commonly, doctors may visit the patient at home.⁴⁵ For adventurous unmarried village women, going to see the doctor in the local *bazar* or at the *thana* health complex may offer one of the few opportunities for socializing beyond the confines of their *bari* (homestead).

Most consultations with doctors finish with the writing of a prescription, and most prescriptions are for four or more different types of medication; often one will be

⁴⁴ Many have in-patient facilities.

⁴⁵ When this happened in my household, it was usual for each member to receive a prescription each.

prescribed as an intramuscular injection. Tablets usually cost between 1 and 3 taka each (1 – 4 pence); injections cost around 100 taka each, including the price of administration by the pharmacist or pharmacist's assistant⁴⁶. The practice of prescribing four different types of medication when one (or none) is necessary is foreign to my own practice of biomedicine. Because I had disclosed my psychiatrist status to the doctors I interviewed, I did not feel that I could ask 'naive' questions about medication without appearing to question their competence. However, my sense is that the doctors' prescribing habits are at least partly governed by patients' expectations. None of my informants complained about the quantity prescribed (despite the cost), and some commented that their illness was of such severity that it required many different types of medication to treat it.

All medication can be bought without a doctor's prescription. Many Sylhetis buy tablets from a pharmacist without having seen a doctor when they consider the illness to be minor. Skin complaints, stomach upsets and coughs and colds are often dealt with in this way. I cannot overstate the high prevalence of biomedical 'knowledge' among literate Sylhetis. I place knowledge in inverted commas as such knowledge did not always correspond with my own doctor's knowledge of the use of pharmaceuticals. Whenever I got a cold I was urged to take anti-histamines, for diarrhoea to take *flagyl* (an antibiotic that I had seen heavily advertised), for superficial abrasions to apply medicated creams. When I protested that these conditions were self-limiting and could be made worse by taking pharmaceuticals, my friends were dismissive explaining that Bangladesh's hostile environment required stronger measures. As well as medication, pharmaceutical companies' complimentary

⁴⁶ Many lay people have completed training to give injections. For example, in my own *bari*, my host Malik and my school teacher friend gave injections that had been prescribed by doctors. Malik also set up an intravenous drip in one of his relatives.

gifts are often brought home from the pharmacist. Nearly all urban literate households have a pharmaceutical company's calendar or poster hanging on the wall; pharmaceutical company freebie notepaper is so widely available that letter writers have no need to buy notepaper from the stationer's⁴⁷. In the village, water pistols made from used syringes and empty intravenous fluid bags are some of the few toys that children have⁴⁸; condoms are sold to children by shopkeepers to be blown up as balloons.

Another ubiquitous method of healing is the *tabiz* issued by Islamic holy men, the mullahs and *firs*. This an amulet comprising of Qur'anic verse written on a small square of paper, folded or rolled up and inserted into a small metal case, after which the open end is sealed with wax. The *tabiz* is tied with cord and hung around the neck like a pendant, or tied to an arm or the waist. *Tabiz* are given for the treatment of illness, for the prevention of spirit possession and sorcery and to bring good luck in examinations. There is a definite rural/middle class urban divide in the wearing of *tabiz*. Although no good Muslim would deny their efficacy, affluent Muslims living in Sylhet town do not wear *tabiz*, or if they do so, do it discretely. On the other hand, almost every villager can be seen wearing one or more *tabiz*, with the exception perhaps of male elites who, at times of crisis, may wear them discretely under a shirt sleeve. Non- wearers cite the 'inconvenience' of wearing a *tabiz* as a deterrent, implying that a *tabiz* is not an appropriate accessory to their fashionable urban style of dress. As well as written as amulets, Quranic verse is also given in the form of *foo*

⁴⁷ All of the letters that I have received from Shoma since my return from Bangladesh have been written on pharmaceutical company note-paper.

⁴⁸ After use, needles are disposed of in a plastic sharp box, as is the practice in Britain, and returned to the pharmacist. I am not sure what happens to them then. I heard fears expressed that used needles were recycled.

where the Quran is recited and then blown on the breath in the direction of the patient. *Foo* can also be blown over water (*fani fora*) which the patient can take home and wash with. Similarly, oil (*tel fora*) and sugar (*cini fora*) treated in this way can be given for massage and ingestion respectively. It is important to understand that Islamic healing is not necessarily thought of as an alternative to biomedical healing. As Allah is supremely powerful then appealing directly to Allah through *dua* (personal prayer as distinct from the five daily *nomaz*), or indirectly via a mullah, will increase the efficacy of biomedical treatment.

Homeopathic chambers are a common sight in the town and in rural *bazaars*. Most homeopaths are Hindu. Although homeopaths have humoural models for understanding and treating mental illness, I never met any *fagol* patients who took homeopathic treatment. There are a handful of *hakims* specialising in Unani medicine in Sylhet town. Again, *fagol* patients rarely consulted a *hakim*. However, some mullahs dispense Unani medicines⁴⁹ as an adjunct to giving *foo* and *tabiz*. Healers, like other professionals in Bangladesh, are distrusted as a group (see Chapter 4). Having a certificate in Unani medicine may serve as proof that the owner is competent to practise as a healer.⁵⁰ The term *kobiraj* can mean a herbalist, but is also used more loosely to refer any non-Western biomedical practitioner. *Gunine* means exorcist and usually implies that the healer is Hindu. *Daktar* usually refers to university medical graduates, but can mean any healer; sometimes *MB BS* prefixes *daktar* to specify a Western biomedical healer.

⁴⁹ Hamdard Laboratories, manufacturers of Unani medicine, have 28 outlets in Bangladesh.

⁵⁰ *Lal Shalu*, a novella about a fake *fir*, is a set text for school students.

Tuesdays and Saturdays are the most auspicious times to visit healers. Healers who use supernatural methods find then that the “obstruction” to their work goes, and “the seats of saints are hot [powerful]”. Tuesdays and Saturdays are also the market days. Some urban patriarchs discourage their women from going out on these two days because the streets are busy with shoppers and spirits.

2. Going *fagol*

To go mad in Sylheti is expressed using the past participle of the verb to become with the third person (familiar) perfect tense of the verb to go: *fagol oi gese* (literally, mad having become gone). Like the English words crazy and mad, *fagol* implies a serious, psychotic mental illness, but is also used in a joking or affectionate way to denote eccentricity. There are several synonyms for the mental illness version. *Brain nostho oi gese* (literally, brain having become spoilt/damaged/defective went), *brain short oi gese*, *brain out oi gese* all mean *fagol* and sometimes imply that there is a permanent or physical defect in the brain that is resistant to treatment, or at least resistant to spiritual forms of healing. Families of patients often attributed these terms to what the psychiatrist had said was the problem, but I never heard any psychiatrist use these terms (or tell a patient any diagnosis for that matter). *Matha dush* (head fault), *brain defect*, *brain effect*, *matha dorilaise* ([something] has caught the head) can also mean *fagol*, or mean that the brain/ head has become affected in general (causing any other type of mental illness). *Zonoom fagol* means violently mad and *gur fagol* murderously mad.

When a person first becomes *fagol*, the local mullah is usually called upon. If the patient does not get better with his treatment within a couple of weeks or so, plans are made to take the patient to Sylhet town to see one of the psychiatrists there. Even the

very poor would visit the psychiatrist. To find money for healers, land could be sold, or if landless, money begged or borrowed from better-off relatives. In Chapter 9 I discuss the costs involved and compare them to the costs of traditional healing. Less commonly, a primary care doctor may be consulted who will prescribe medication and/or suggest that the family take the patient to see a psychiatrist. *Fagolami* differs from other illnesses in that *fagol* patients or their families, would never, in my experience, visit the pharmacist directly to buy medication, and unless the doctor knew the patient very well, family members would never consult doctors without bringing their mentally sick relative to see him (all psychiatrists in Sylhet are male). Unless the patient makes an immediate recovery after seeing the psychiatrist, it is common for patients and their families to pursue non-medical methods of healing, whether or not they return to see the psychiatrist. If the local mullah continues to be unsuccessful, they may visit another, more powerful mullah or *fir*, either on the recommendation of the local mullah or from another contact. Depending on the urgency of the situation, and the affluence of the patient's family, it is fairly common at this stage to visit different mullahs and *firs* after just a gap of a week or two if they hear that another mullah or *fir* is even more powerful than the last. If the patient remains *fagol* and all local contacts have been exhausted, then the family starts to think about going further a field, either to a powerful *fir* or Hindu kobiraj who may live a long, arduous journey away. (Hindu kobirajs are not usually consulted early on as they are thin on the ground and can be very expensive). Consulting a healer belonging to the *Xashiya* indigenous tribe (who live in the northern hills of Sylhet on the border with Assam) is considered a last resort. Their expertise in undoing sorcery is rewarded with high fees of up to 30,000 taka (£375). Mullahs and *firs* hailing from

Jafflong, situated near the Assamese border, are also recognised as especially powerful.

How do people tell if someone has gone *fagol*? (I have grouped the following signs and symptoms into three clusters, but this is not an indigenous classification that was presented to me.) Firstly, a core feature is having a reduced awareness self, others and the environment. They have no *hush* (sense, consciousness): “if you gave her in marriage ten times she wouldn’t care, she’s so mad”; “he cannot understand what is good for him and what is not; he couldn’t run his shop properly: he bought bad and rotten things to sell in his shop and gave good things away”. *Fagol* patients may have to be forced to eat and to get washed and do not go to sleep at night. Commonly, *fagol* people do not seem to be able to recognise people and hit and swear at their loved ones. They are not aware of the seasons and may wear inappropriate clothing: “whether it is raining or not she stays sitting in the courtyard. She won’t say ‘I’m getting wetter’. She stays outside all night. If it’s cold, she won’t say ‘I’m feeling cold, give me my clothes’. In the *soitro* month [hottest month of the year] she will stay sitting in her sweaters”. They may stand for hours at end without changing their position and without saying anything. Having no *shorom* (shame, modesty) they may ask to eat food that has been specially bought for guests and may dress immodestly. They may wander away from home knocking on strangers’ doors.

Secondly, head symptoms are common. Patients subjectively complain that ‘the head does something’ (*matha kita xore*), or that ‘the head does not do any work’ (*matha kuno kam xore na*), or that the head feels heavy (*matha bar*).

Thirdly, speech is disordered. Relatives frequently complain about patients speaking too much and that what they say does not make sense. Like English, there are many words and phrases in Sylheti to describe nonsensical speech. *Abul tabul*, *awol zowl* and *alum balum*⁵¹ all mean gibberish, nonsensical speech; *bok bok* tends to refer to an unceasing stream of nonsensical speech and *ulta falta* can be glossed as topsy-turvy speech. ‘Talking here and there’ (*ono ixan hono ixan mate*) and ‘there isn’t any correct address to his speech’ (*tan mat kuno thik thikana nay*) are phrases that use spatial metaphor to evoke the disordered speech of the mad. Most words and phrases referring to nonsensical speech can also be applied to the behaviour of the mad by swapping the verb to speak with the verb to do. Thus *awol zowl xoroin* means ‘he does mad things’. Relatives are less likely to remark on the specific content of the speech. Examples I collected of ‘nonsensical’ speech were: telling people to go away when there was nobody else there; a young Hindu man complaining that his Muslim colleagues were making him into a Muslim; a man boasting he had a lot of money when he had none; a woman naming dozens of men that she will marry; a pregnant woman convinced that she was carrying a snake.

3. Explanations of going *fagol*

There is usually little disagreement about whether or not a person is *fagol*. What does get debated is the underlying aetiology and this may be contested within a family. I explore this further in Chapter 8. Here, I briefly outline possible explanatory models that may be postulated when a person goes *fagol*. I have grouped them into psychological, physical and supernatural causes, but my informants would not necessarily classify them in this way.

⁵¹ *Alum balum* is also spoken by non-mentally ill people when they want to fob you off with a meaningless response without bothering to listen to your argument.

A person may go mad from worrying about, for example, passing exams or running a household, or from getting a shock (*shock* or *aghat*) following, for example, a bereavement or from witnessing a road traffic accident.

Increased blood pressure may have a permanent effect on the brain causing a *brain dush* (brain fault). Not sleeping is another physical cause cited. Eating sour and hot foods (for example, beef and duck eggs) can aggravate the illness. Pregnant and post-natal women are particularly at risk from going *fagol* if they eat hot foods or are exposed to *bhayoo* (hot air or chill). The overheating effects of eating hot foods or of *bhaiyoo sora* (riding hot air) cause *matha gorom* (hot head) which can lead to madness. Diarrhoea and vomiting during pregnancy and the post-natal period can also cause an overheating of the brain. A cold or drying chill, or touching anything cold, may cause a fault in the brain. The treatment of *bhaiyoo sora* is herbal medicine. Women are forbidden to eat hot foods during pregnancy and for 40 days after giving birth.⁵²

Supernatural causes – sorcery (*zadutona*) or spirit possession – are commonly cited. I discuss these further in Chapter 4.

These causative factors are not limited to *fagolami* (madness) and can cause other illnesses that are taken to the psychiatrist. Head complaints – headache, spinning head, biting head – can be caused by worry, spirit sickness, going in the sun and the oral contraceptive pill.

⁵² Elsewhere in Bangladesh, Kotalova (1993) notes that women's bodies after delivery are perceived as 'open' and thus vulnerable to harm

Two or more models may be held simultaneously. A nephew told me that his *sasi* (father's brother's wife) went *fagol* through worrying about her family after her husband died, and also because of spirit sickness. As well as this additive model, causal agents may be integrated into a sequential chain of events. A sixteen year old boy went mad through worrying about his studies; the excessive worrying caused his blood pressure to rise which caused a fault in the brain. Spirit sickness can also cause the brain to be damaged.

The presentation of the illness may suggest the underlying cause. In cases of spirit possession there is typically a sudden onset of very mad behaviour and speech, usually lasting for a few days or weeks. In sorcery, where the victims are under the power of another human, the illness is longer lasting and some aspects of their behaviour may appear quite normal. Differentiating between sorcery and spirit possession may not be straightforward as some sorcerers use spirits to make their victims mad. Response to treatment may be indicative. The brother of a *fagol* man criticised his mother for wasting money on visiting dozens of religious healers in pursuit of a cure for her son's spirit sickness; the brother wanted to pursue psychiatric treatment only, arguing that if the cause was a supernatural one then it would have got better by now with the mullahs' treatment.

Rarely, a person may be *emne fagol* (mad for no reason). In these cases, the brain is usually damaged (*noshoto*), but there is no specific cause for the fault.

4. The spirit world

Allah made *zinn* (*jinn* – spirits) from fire, humans from clay (55: 14 – 15). Like humans, *zinn* can be male or female and follow different religions; those that follow the Muslim faith are known as *zinn-e-mumin*.⁵³ *Zinn* are usually invisible, but may take human and animal form. Both *insan* (the human race) and *zinn* will be tried for their sins on Judgement Day. Unlike humans, *zinn* can live several hundreds of years.

Views about *bhut* differ. Some say that whereas *zinn* are ‘real’ entities created by Allah, *bhut* exist only in the imagination of children and novelists. Others use *bhut* synonymously with *zinn*; sometimes the term *zinn-bhut* is used. Hindus believe that *pretata* are ghosts of the dead who have committed heinous sins during their human life.

There are several types of *zinn* distinguishable by their behaviour. *Zinn-e-mumin*, like all good Muslims, pray five times a day and fast. They may take human form and study at madrassahs. Other *zinn* are less well behaved and can cause humans to sing and dance and to swear and hit people. A *ferot* is a particular vicious type of *zinn* that lurks in trees or around latrines. A *deo* is a *zinn* that lies in wait for its victims in ponds and rivers, pulling bathers and swimmers under water.

There are several different terms that refer to spirit possession. Most commonly the verb to catch is used, with the *zinn* being the subject: *zinne*⁵⁴ *Samadre dorse* – the *zinn* possessed Samad, literally, the *zinn* caught Samad. *Zinn* may take shelter (*asor*)

⁵³ Westermarck (1926: (i) 264) reports a similar belief in *zinn-e-mumin* in Morocco.

⁵⁴ Sylheti has a subject case ending for transitive clauses; -e is the subject case ending.

in their victims, or they may stay apart (*agla taxiya*) and influence their victims without possessing them. The verb *laga* is also commonly used to express being influenced, struck or affected by a *zinn*; *batash lage* means spirit possession where *batash* – whose literal meaning is air or breeze – refers to the spirit and *lage* means strikes, influences or affects. *Ufri* refers to spirit sickness in general, or has a more specific meaning that the spirit has become mixed up with the victim's blood because the spirit possession is chronic and resistant to treatment.

Zinn possess humans that they are attracted to, or are angry with. Defaecating, urinating or stepping on a *zinn* are common antecedents to spirit possession. Bad, non-Muslim *zinn* also like to create problems for the very pious (see Chapter 8). Beautiful people, red clothing, women who laugh loudly, long, untied hair, menstrual blood and dirt all attract *zinn*. There are certain times of the day when *zinn* are most likely to be around: two o'clock in the afternoon, at dusk at the time of the *mogrib* prayer and during the night.

Opinion is divided as to whether women are more vulnerable to spirit possession than men. When asked who is most likely to be possessed by *zinn*, most informants did not specify gender, but mentioned situational context – for example, “those who go out at *mogrib* time”. When asked specifically which gender is more likely to be possessed, about half say neither, the other half say women; only two (female) informants thought that men were more likely to be possessed on the grounds that men go out more than women. Female informants are quite blunt about why spirit possession is commoner among women citing women's dirty, impure, menstruating bodies; women who lead improper lives and “go anywhere” are particularly at risk. However, in

actual cases of sickness, spirits are just as likely to be cited as causal in the cases of men as in women.

As *zinn* are described in the Quran, it is considered unIslamic not to believe in them. Therefore, belief in *zinn* is consistent across social class, educational achievement, gender and urban-rural divides. For example, Shoma shared the same beliefs about spirits (and sorcery) as our illiterate rural informants; on hearing from me that spirits were non-existent in Britain she expressed surprise as she thought that an episode of *The X Files* she had seen had featured a *zinn*.⁵⁵ What varies is the degree to which spirits are thought capable of disturbing people's lives. Some healers, while acknowledging that *zinn* exist, play down the incidence of spirit possession. Mufti Huzur (see Chapter 6), who inherited a *zinn* from his grandfather, told me that among his clients seeking treatment for spirit possession, only 5% were genuine cases; the rest were examples of *hysteria*:

Hysteria is mainly found among women. Those that have *hysteria* pretend that a *zinn* has possessed them. When I do *azir* [seeking advice from his spirit] I can tell if they have *hysteria*. I take them aside and tell them that it is not *zinn* but *hysteria*, an illness. After that, the illness gets better. Women with *hysteria* suddenly start shouting and act abnormal and speak abnormal. They do it from *oshanti* [anxiety].

Similarly, a hakim conceded that although as a Muslim he must believe in *zinn*, spirit possession was very rare.

5. At the psychiatrist's

There is one psychiatric ward at the teaching hospital in Sylhet town providing beds for 25 male patients; 5 female beds are available on a general ward. A private

⁵⁵ The popularity of *The X Files* in Sylhet was demonstrated to me by the high prevalence of young men wearing *X Files* T shirts and carrying *X Files* A4 folders.

psychiatric hospital has recently opened. When I visited only half of the 50 beds were occupied. Several of these beds were occupied by male British Bangladeshis ‘on holiday’ from the UK. Most of these young men had been sent by their parents for treatment of heroin addiction in the secure environment of the hospital. There is no Mental Health Act in Bangladesh – no specific legislation designed to protect mentally ill patients’ rights, but I did meet lawyers who had campaigned for clients detained involuntarily in mental hospitals on general human rights grounds. In the teaching hospital patients may be detained by the use of chains; no chains are used in the private hospital, but doors are kept locked there with security guards in attendance. Only one of the private hospital beds was occupied by a female patient. Mental health professionals bemoan the poor uptake of in-patients services by female patients, blaming their male kin for denying them access on the grounds that public display of their madness could damage the honour of their family. This may be one factor, but another may be that women are easier to restrain at home than men. In-patient admission is an unpopular option for both sexes. Only two of my 50 key patients had ever had an admission to a psychiatric ward; both these male patients lived in the town. Families living in rural areas sometimes resort to tying their violent male and female relatives up with rope.⁵⁶

A free out-patient service is available at the teaching hospital, but most patients and their families prefer to pay to see a psychiatrist of their choice at his private chambers.⁵⁷ The perception that there is less *jhamela* (trouble) at the private clinic was surprising as the female waiting room could get very noisy, and occasionally

⁵⁶ I only ever heard of one case where a (male) patient was permanently shackled in this way.

⁵⁷ Patients who attended the teaching hospital out-patient clinic had either been in-patients, or lived very near to the hospital, or were referred by another department. Wealth, or lack of it, did not appear to be a determining factor.

furniture was thrown around. The most popular psychiatrist saw about 100 patients a day in his private clinic, Saturday to Thursday, starting around 2.30pm and finishing at midnight; fewer patients were seen on a Friday. Tickets to see this psychiatrist usually had to be bought 2 weeks in advance. In contrast, the out-patient clinic at the teaching hospital was conducted at a more leisurely pace with only 12 patients on average being seen in a morning. The waiting areas, although more spacious, were less secluded and sometimes occupied with mentally ill prisoners, handcuffed and tied together with rope.

Less than a third of patients attending the private psychiatric clinics were described by their families as *fagol*; the other two thirds of patients presented with complaints located mostly above the neck: *matha bedna / bish* (headache); *matha kamray* (head is biting); *matha zilkay* (head is throbbing); *matha ghuray* (head is spinning); *matha gorom* (hot head); *tension* (worry); poor appetite. The conception that the psychiatrist is a doctor who specialises in head problems is reflected in the local term for a psychiatrist, the *brain dakhtar*.^{58 59} 40% of out-patients were female. It is probable that this reflects the reduced presence of women in public space generally, rather than a lower prevalence of mental illness among women.

The psychiatrists apply Western biomedical diagnoses to patients' complaints. I asked a psychiatrist how he viewed spirit possession. He told me that he put the patient's

⁵⁸ A strong biomedical bias of Bangladeshi psychiatry (as opposed to social or psychodynamic models) is suggested by a poster that I found hanging in a psychiatrist's private waiting room. The poster, sponsored by a pharmaceutical company, read: "People's memory and intelligence etc can be increased at any time. Medical science can give a fit solution. So consult your doctor today" (Shoma translated it from the Standard Bengali).

⁵⁹ An advert in Sylhet town for a college teaching English boasted (in English) a "brain washing" service. Shoma thought that the college was trying to impress upon prospective students that by studying at their institution their brains would become sharp and clear.

beliefs to one side and used his own medical knowledge to diagnose the condition; spirit possession could be covered by psychosis or somatoform disorder; *matha gorom* psychogenic headache or a somatoform disorder.

The inappropriateness of viewing local concepts of mental illness through the prism of Western epistemological frameworks is of concern to medical anthropologists. The universal validity of Western psychiatric diagnoses is disputed; the concept of selfhood varies across cultures, local categories may not map neatly onto Western psychiatric ones and emotions do not always translate easily from one language or culture to another (Littlewood, 1990; Jadhav, 1996, 2000). To equate *matha gorom* with a Western notion of headache is misleading and distorts the experience of sufferers. The local classification has a separate term for pain in the head, *matha bish*, which is distinct from *matha gorom*. A bilingual British Bangladeshi who had lived in Sylhet until the age of 8 explained to me (in English) that *matha gorom* felt quite different from a headache: “*matha gorom* is when your mind is so full of thoughts that your head spins and makes the head feel hot”.⁶⁰

The rising incidence of anorexia nervosa in South Asian urban settings has been noted (Littlewood, 1995). I met several extremely thin girls and young women at the psychiatrists’ private clinics presenting with poor appetite. Although diagnosed as suffering from anorexia nervosa, none of their symptom clusters corresponded exactly with the Western biomedical criteria for this illness. Sami, a woman in her late twenties from an affluent family, disagreed with her psychiatrist’s diagnosis of

⁶⁰ *Matha gorom* has also another meaning referring to a quick-tempered and volatile temperament. No relationship is perceived between having a *matha gorom* temperament and being prone to episodes of *matha gorom* illness.

anorexia nervosa: “I told him I *want* to be fat. This is not *anorexia*!” I could understand how the psychiatrist had arrived at his diagnosis. She appeared dangerously underweight; for three months she had made herself vomit everyday before breakfast, had eaten only eggs and chapattis and had exercised in a gym. However, all these measures had been taken on the advice of a doctor for treatment of a *gastric* condition which the doctor believed was the cause of Sami’s weight loss. Over the last few years she had seen many different types of healers, including *firs*, a *firani* and hospital specialists in Dhaka. Six years ago after reading an advert in a newspaper she took an injection which increased her weight, but stopped the injection on the advice of a doctor who informed her that it was licensed to fatten cows only. More recently, a physician had prescribed dexamethasone, a steroid. In other words, her behaviour was consciously directed in the pursuit of fatness, rather than thinness, and there was no evidence of her having another core feature of anorexia nervosa, a distorted body image. Sami’s explanation was that she had become *mentally upset* after her mother died 12 years ago; she was concerned about her weight loss and did not understand why her appetite was so poor; she attributed her insomnia to worrying about her family. The middle of 14 children, since her mother’s death she had had the responsibility of looking after her younger brothers and sisters, including two who were disabled, and her elderly father. Under no pressure to get married from her father, I wondered if Sami felt torn between getting married and staying to look after her family; if so, Sami’s maintenance of low weight served to postpone marriage as in her current state of ill health she would be unable to attract a suitor.⁶¹

⁶¹ Overweight women also have difficulty in attracting a suitor. But note that, whilst slimness is valued, *shaisto*, meaning healthy, also means to have put on weight.

6. Emotions

As well as diagnostic categories, the universal validity of emotion terms has been questioned. Adrenaline may cause universal physiological changes, but how these physiological responses are experienced and interpreted varies across cultures and social situations. Conceptualising emotions as discourse moves away from an essentialist approach to the study of emotion. Emotion words do not directly reflect an internal state but are constituted in social interaction (Lutz & Abu-Lughod, 1990: 11). In Bangladesh, a village woman's weeping is constructed in different ways according to the audience (Wilce, 1998a). Whereas her kin label her weeping as indicative of madness, Dhaka academics label her weeping as *bilap*, theatrical tuneful weeping which is part of a tradition of Bengali folklore art genres. However, whilst an *interpretation* of the meaning of an emotion may be constructed in interpersonal space, emotion is not merely constituted in social interaction: it is experienced and interpreted by the subject as an interior feeling, "beneath the skin and under the hat" as Leavitt (1996) puts it.⁶²

There is no term for the category of emotion in Sylheti.⁶³ What follows is a brief discussion of feeling states, many of which, when occurring in excess and in combination with other symptoms, were thought of as undesirable and were presented to a psychiatrist for treatment. In subsequent chapters I contextualise these feeling

⁶² When following-up patients I struggled to find the appropriate Sylheti open question which would elicit whether they still felt the same symptoms as before. Asking 'How are you?' was too much like the standard greeting and elicited the automatic response of 'I'm well, how are you?' After some experimentation I found that '*afnar kila lage bitre?*' ('how do you feel *inside?*') always elicited the information that I was seeking, for example, *amar zane oshanti xore* (I feel anxious).

⁶³ Shoma interpreted emotion as *bhabna*, a Standard Bengali word that strictly means thought. When I used the word *bhabna* with my Sylheti informants none of them understood what I was talking about. A common Sylheti word *mezaz* refers to mood as in temperament.

states; here I make some general points to serve as an introduction to the chapters that follow.

In most clauses expressing feeling states the 'I' subject pronoun is not the subject of the verb; the body or a particular organ is. The lack of volition that this impersonal construction implies has been noted by Wilce (1998a). So, *shoril zole* which expresses the sensation of burning literally means 'body burns'; similarly, *amar shoril kafe* means 'my body trembles'. *Tumar lagi amar zane tane* means I miss you (literally, you for my heart pulls). Feeling states which I gloss as anxiety are: (*amar*) *zane oshanti xore* – (my) heart unpeace does; (*amar*) *zane ostir lage* – (my) heart uncalm strikes. When Sandni's mother (see Chapter 5) described Sandni as becoming calmer she said 'her heart is becoming a bit cooler' (*dil kissu tanda oy zay*). Shafiya (in Chapter 8) told me that her head felt wound up: *matha soli zay* – literally, head wound-up goes. A similar passive construction is used to express 'I feel well': *amar bala lage* – literally, of me good strikes.⁶⁴ The 'I' pronoun *ami* becomes the active subject in verbs referring to thinking or worry: *ami tension xori* – I tension do; *ami cinta xori* means I worry, or think in a troubled, contemplative or reflective manner where *cinta* means thought, worry or anxiety. Less commonly, *oshanti* (anxiety, literally unpeace) can be attached to a first, second or third person subject pronoun: *tai oshanti xore* – she unpeace does i.e. she feels anxious. Sleeping is usually expressed impersonally: to complain of not being able to sleep is usually expressed as *ghum oy na* (literally, sleep happening not) or *ghum ay na* (sleep comes not).

⁶⁴ Sometimes confusingly, *amar bala lage* can also mean 'I like it'.

Words that specifically refer to sadness (*dukkho* in Standard Bengal, *bezar* in Sylheti) are very rarely used⁶⁵. *Amar mon karaf lage* (literally, my mind bad strikes) means to feel down/bad/terrible as in ‘I felt terrible when they served you more food than me’, ‘I feel really bad that your father has died’ and ‘I feel down: only a week left until my exams’. Although it is a very common expression, I never came across any patients who presented this symptom to a psychiatrist or any other healer.⁶⁶

It is erroneous to think of the Sylheti terms *mon* and *zan* (heart) as reflective of a Cartesian mind-body dualism.⁶⁷ *Mon*, which translates in English as mind/heart/soul, is both the seat of reason and feeling. *Ami mono xori* means I think or I wish (literally, I in mind do); on the other hand, *tair mon taki bole* means she speaks from her heart.

The logocentricity of describing emotions has been noted by Obeyesekere (1990) who suggests that complex emotions are better represented by narratives. In Chapter 7, Tanya does not mention specifically feeling sad or guilty but conveys these emotions in her narratives documenting loss of loved ones and material objects. Emotions are also embodied. In Chapter 8, Mohi, who struggles to say anything, expresses fear and anxiety through his body language.

⁶⁵ My only patient informant who used the English word ‘depressed’ was Sami who told me that a psychiatrist had used it to describe her illness.

⁶⁶ It is often assumed by British psychiatrists that South Asians present with predominantly somatic features of depression without articulating the cognitive symptoms. Krause (1989) notes the ethnocentricity of categorizing hopelessness and other cognitions as symptoms when for her Punjabi informants the course of events is under the control of God and not the individual. That my Sylheti informants never presented symptoms of ‘feeling down’ to the psychiatrist does not suggest to me that they never experience these feelings – because I know that they do – but rather that they do not consider them to be pathological. I considered my friends in the village and town to be more emotionally articulate than myself; for example, they were always more ready and able to articulate the effect they thought my leaving Bangladesh would have on them and on their children.

⁶⁷ I am leaving the Islamic philosophical terms *nafs* and *ruh* out of the discussion as they were not in common usage in Sylhet. (*Nafs* and *ruh* roughly translate as id and ego.)

7. Selfhood

It has been argued that the concept of the self as an independent, bounded individual is peculiar to Western cultures (Geertz, 1983). Bodily boundaries of the non-Western self are conceived as more open, and greater value is placed on co-operation and social cohesiveness (Dumont, 1980). Kinship relations are forged through food sharing, marriage and parentage as substances are exchanged between persons across bodily boundaries that are described as fluid and permeable (Marriot, 1976; Daniel, 1984; Busby, 1997).⁶⁸ Individualism is devalued; autobiographies lack the deep self-reflection of Western authors (Kakar, 1981) and motivation tends to be exteriorised, projected onto supernatural agencies (Marriot, 1976). Unlike the 'egocentric' Western self, the non-Western 'sociocentric' self is less fixed and is constructed in relation to the social context (Shweder & Bourne, 1984).

This concept of the non-Western self as unreflexive and socially embedded has been critiqued by a growing body of work (Ewing, 1990, 1991; Spiro, 1993). In Islam there is a long tradition of self-reflexive personhood which predates modernity; in South Asia, this is exemplified by the Sufi saint (Ewing, 1997). On the other hand, according to postmodern theories, the Western self is neither fixed nor consistent; consciousness is fragmented and identity is a performance that only comes into being in the doing. It is possible that both egocentric and sociocentric concepts of selfhood exist universally, manifesting themselves by varying degrees in a given society.

⁶⁸ Theories of South Asian selfhood are often derived from Hindu notions of purity. As a non-Hindu, Sarah Lamb (2000) found that her West Bengali informants avoided touching her or the plate that she had eaten off. This was different from my own experience where girls and young women delighted in combing and styling my hair and applying cosmetics and henna to my face and hands; my white and (relatively) hairless arms were stroked in admiration and wonderment. Gardner (1991) also notes the tactility of her Sylheti informants towards her. Hindu Sylhetis did not seem to have the same attitudes towards purity as noted by Lamb.

Shweder & Bourne (1984) only reported a tendency: 46% abstract, context-free descriptions from North Americans compared to 20% from Indians. Otherwise, it is difficult to reconcile Geertz's (1973a) interpretation of Balinese selfhood as anonymous stereotypes with his account of the Balinese male having a deep narcissistic identification with his cock and the importance of winning a cockfight (1973b).

Another body of work argues that, while South Asian societies are indeed distinct from Western ones in placing greater value on social interdependence, this privileging of social solidarity represents more a model of how society *should* behave rather than reflecting the aspirations and lived experiences of its individual members. Where the assertion of individual needs and desires are disapproved of, there may be a tension between the desire for autonomy and the desire for belonging in situations where the individual's needs are at odds with the needs of the group (McHugh, 1989). Mines' (1988, 1994) study of Tamil personhood found that despite cultural models explaining behaviour and motivation in the logic of caste rules, kinship ideologies and supernatural agents, Tamils depict themselves as pursuing private goals and emphasise their own actions rather than cultural explanations. Nevertheless, Mine notes that without kin the individual is isolated and vulnerable; relationships are needed to accomplish personal ends. Personal and family honour are mutually reinforcing: the individual restrains the behaviour of others to protect the family name because it is in the individual's interests to do so.

During my fieldwork in Sylhet, there were times when the concept of the self seemed foreign to my own. Like, Wilce (1998a), I found that Bangladeshis have a different

attitude towards personal property. For example, a freshly bought newspaper, momentarily placed to one side, could be taken up and read without seeking permission from its owner. Political allegiances suggested to me a lack of personal autonomy: households, rather than individuals, support a particular political party.

The importance of relatedness was highlighted for me when I started working with Shoma. Whenever we found ourselves in a spot of bother – nothing more threatening than being overcharged for a taxi ride – Shoma would indignantly reel off a long list of her male relatives emphasising their high status and local connections. Kinship ideologies are so encompassing and pervasive that non-related friends and acquaintances are made into fictional relatives. Bus conductors address elderly female passengers as *sasi* (father's brother's sister), a female friend's mother is addressed as *xala* (mother's sister), a male stranger in the street is addressed as *bhai* (brother); not to use these fictive kinship terms of address is considered disrespectful.

The practice of naming friends as fictional kin (*dhormiyo bhai* – religious brother) both reinforces and undermines the sociocentric model of the self. On the one hand, it underlines the importance of relatedness, on the other hand, it may be manipulated by the individual to further their own personal ends. It is considered unIslamic for women to go 'in front of' any man who – according to kinship rules - is permitted to marry her. Accordingly, women should only mix with their father, brothers, grandfathers, uncles or husband. However, young women can socialise with boyfriends without provoking condemnation by referring to them as *bhai*, leaving observers ignorant of the true nature of the relationship. It is likely that this point is

not missed by Delawar Hussain Saidi, a Jamaat-i-Islami leader, who condemns the practice of *dhormiyo bhai*.

Real kinship relation terms can also be manipulated. The women in my *bari* addressed Shanti (see Chapter 4) as *afa* (elder sister), when she was in fact their *babi* (brother's wife). The reason for this was that they preferred to see Shanti's husband as their *dulabhai* (sister's husband), rather than as their brother, because they enjoyed a joking relationship with him which typified relations with a *dulabhai*, but not with an elder brother towards whom respect should be shown.⁶⁹

The tension between the desires of the individual and the needs of the group can be most strikingly seen at marriage. In Sylhet it is the norm for marriages to be arranged by the parents. Future spouses are selected primarily on the basis of their family background, but also on individual characteristics: in brides, beauty, educational achievement and housework skills are all valued; in grooms, education and employment. Prospective spouses and their families are visited by parents who also discretely research family background; in the case of brides, attention will be paid to her reputation to see if there are any clues that she may have been 'spoilt'. In rural Sylhet, it is rare for the bride and groom to meet each other before the wedding. In the town, it is common for university graduates to have met each other before agreeing to go ahead with the wedding. Whilst most Sylhetis are happy to let their parents find a spouse for them, trusting their judgement in finding someone who they will be able to

⁶⁹ A *dulabhai* (sister's brother) is, in theory, available as a potential husband to his wife's younger sisters, until they marry elsewhere. Typically the *dulabhai* is on the receiving end of jokes played against him by his wife's sisters. This joking relationship may serve to transcend possible sexual tensions by ridiculing the *dulabhai* as a serious suitor. In contrast, the wife's husband's younger unmarried brother is not mocked in this way; many novels and films feature the wife having an affair with the husband's younger brother in the husband's absence.

grow to love and who will fit in with the family, occasionally young people prefer to choose their own spouse. During my two years in Sylhet, I came across four cases where resistance to having an arranged marriage was expressed. In the first three, the young women involved got married secretly at a civil ceremony pre-empting their parents' choice of spouse. In the first case, a 16 year old woman married her husband with the support of his family and was warmly welcomed into his household; her own family broke off all contact with her. In the second case, while the father was in the process of making final plans for a marriage to an American citizen he had chosen for his 18 year old daughter, she married a local man after telling her parents that she had gone to visit her grandmother. The woman returned home after the ceremony, and her family were none the wiser until her new husband visited them to tell the father that he could not go ahead with the arranged marriage as his daughter was already married. The woman's family reacted with anger: the head of the *bari*, her father's cousin, hit her for bringing dishonour to the family; but it was her female unmarried cousins who expressed the most disapproval: they feared that their own marriage prospects had been severely undermined by her behaviour. After a few days, the parents' attitude softened and they agreed to let their daughter live with her husband (even if the daughter had annulled the marriage, it is unlikely that the American citizen would still want to go ahead with marrying her, nor would it be easy for her to attract another suitor). However, the parents of the husband refused to accept her on the grounds that their son had not finished his education and that they could not afford to support another member of the household. The woman remains at her parents' house, waiting for the day when her husband will be in a position to rent an apartment for them to live in. In the third case, the young couple never had to disclose their civil marriage as the bride's parents, who had expressed disapproval of the love match,

were finally persuaded by the groom's family to agree to their marriage. In the fourth case, a handsome university graduate agreed to let his parents find a *Londoni* wife for him. However, on seeing the bride for the first time a few days before the wedding, he *bhagi gese* ('did a runner'), upset and angry that his parents could choose such a fat and unattractive wife for him. His brother tracked him down and succeeded in persuading him to go through with the marriage. Eighteen months on, he believes his parents made the right choice for him: he loves his wife and prefers living in the UK to Bangladesh. Of course, even if children go along with their parents' wishes without actively resisting, this does not necessarily mean that they are content with the situation. A divorcee in his forties, a successful businessman with Canadian citizenship, complained to me that his mother, who was in her eighties (his father had died) had forced him to marry for a second time; he was dissatisfied with his second wife and blamed his mother for breaking up his first marriage. The ideology of arranged marriage is not just about maintaining group cohesiveness, but also about respecting elders, and as the last example shows, obedience of children is expected to continue until the death of the parents. Parental authority is not restricted to selecting spouses; it is common for parents to choose university courses and careers for their children.

In considering Sylheti concepts of selfhood, I find Ewing's distinction between intrapsychic and interpersonal autonomy is useful: constrained by the demands for conformity within the family, they may lack interpersonal autonomy but demonstrate intrapsychic autonomy in their ability to maintain their own perspective and to remain attuned to their own needs and to the needs of others (1991: 39)

I return to the issues of selfhood and resistance in subsequent chapters. In the next chapter, I discuss the flip side of group solidarity, sorcery, the high prevalence of which is said to be due to the jealousy and selfishness that is endemic among Bangladeshis.



11. A pharmacist's shop



12. A psychiatrist's private chambers in Sylhet town. In the background is a newly built shopping mall.



13. A young woman wearing several *tabiz* around the neck and right arm.

Chapter 4: Sorcery: ‘*What else do we Bengalis do?*’

1. Theoretical issues

Scholars of sorcery and witchcraft have frequently noted that accusations increase at times of rapid social change. In early modern Europe the craze in witch hunting occurred in the context of modernising from feudal to mass urban societies. The paradoxical rise in witchcraft accusations in post-Reformation England has been attributed to the Protestant Church encouraging its followers to demonize its papist opponents. Its decline has been attributed variously to the rationalism of modern science replacing the medieval duality of God and the Devil (Trevor-Roper, 1972), to the implementation of a national Poor Law removing from the individual the burden of guilt - which had hitherto been projected on to ‘witches’ (Thomas, 1970), or to the establishment in the modern state of a centralised judiciary (Douglas, 1991).

However, ethnographic evidence from post-colonial Africa and elsewhere has called into question the Weberian equation between modernity and disenchantment.

Modernity, far from being antithetical to sorcery, creates new inequalities conducive to its proliferation. In Cameroon modern witches turn their victims into zombies, putting them to work on invisible plantations. Witches are therefore recognised by their conspicuous consumption of electrical goods and other luxuries, their wealth accrued through the exploitation of their zombie-victims. Witchcraft articulates with the wider discourse of modernity, “addressing the mysteries of the modern market economy: the vagaries of prices and employment possibilities, the staggering enrichment of the few and the misery of the many” (de Rosny, quoted in Geschiere, 1998: 822). Thus, sorcery is understood as offering a critical commentary on

modernity, embodying its contradictions (Lattas, 1993; Comaroff and Comaroff, 1993).

Yet reducing sorcery to a metaphor of modernity risks masking the role of local culture in mediating the specific effects of global material forces (Enguld, 1996). Eves (2000) argues that the perceived increase in witchcraft in present-day Papua New Guinea is not simply a direct response to modernity; inequalities have always been present, but today the new wealth is conspicuously displayed, unlike the old wealth which was strategically displayed at mortuary feasts, a process through which envy was regulated. Similarly, in Malawi, accumulation of wealth per se is not at issue, but gift-giving, patronage and feasting is (Enguld, 1996).

Indeed, it has been argued that more significance should be given to the cosmology of sorcery: sorcery is not a passive reflection of strains in the social structure and the symbols which cluster around sorcery have their own power and influence (Knauft, 1985). On the other hand, cosmology cannot be explored independently of practice: practice is the site of the production of cosmological meaning (Kapferer, 1997) and the cosmology of sorcery needs to be situated in context (Ellen, 1993). Niehaus (2000), following Knauft (1985), suggests that the analysis of sorcery should first be framed in terms of local cosmology, then in terms of the lived experience of informants, and then in the context of social, political and economic factors; in doing so, symbolic meanings and sociological patterns are viewed in the context that the other provides (2000: 12).

In a similar vein, in this chapter I first describe local beliefs about sorcery and sorcery practices. After presenting a case study, I discuss how sorcery is often the preferred

diagnosis in mental illness and serves to ‘save face’ in situations of inequality between kin. The motivation behind sorcery is almost always attributed to *ingsha* (jealousy); I discuss how the concept of *ingsha* articulates with social and economic tensions both in the local culture and transnationally.

2. Local sorcery concepts and practices

A common reason for somebody to go *fagol* (mad) in Sylhet is because of *zadu* or *zadutona*. In other contexts *zadu* means simply magic - as in ‘a *zadukor* (magician) came to our school and gave a magic show’ - but in the context of the aetiology of mental illness I am glossing the word as sorcery: people commit *zadu* with the intent to cause harm to another person, usually to send them mad. *Nozor*, glossed as ‘evil eye’ (see Pollen 2001; Wilce, 1998), but literally meaning view (as in *ami bala nozor taxtam fari na*: I can’t stay a view well, i.e. I can’t see well) is more likely to cause physical illness⁷⁰. Only certain individuals’ *nozor* has the capacity to harm. If one of these individuals sees a person and remarks that they look beautiful, then that person may fall ill, typically erupting in spots, as their pronouncements are thought to enact the opposite, causing, in this case, an illness which will spoil the victim’s beauty. Although individuals may acquire a reputation for *nozor* they are never blamed personally: their destructive power is not believed to be under conscious control, as is common to evil eye elsewhere (Maloney, 1976).⁷¹ As beautiful people are more

⁷⁰ Not one of the mentally ill patients or their families that I interviewed cited *nozor* as a causal agent. This was explained to me as *nozor* being responsible for generally only minor illnesses and usually only physical ones at that. The *nozor* of a *zinn* (*bod nozor* - bad *nozor*) may cause the victim to act mad - laugh inappropriately and talk a lot - but this is a short lived episode lasting typically not more than a couple of days.

⁷¹ I am mindful here of Evan-Pritchard’s (1976) Africanist distinction between sorcery and witchcraft: the former consciously carried out by any knowledgeable individual, the latter the involuntary product of particular individuals who are inherently predisposed. Whilst Turner (1967) and others have refuted the usefulness of this analytic distinction, I am struck by the parallels between *zadu* and *nozor*.

likely to attract any person's gaze they are more likely to be the victims of *nozor*. Infants and young brides fall into this category, hence the practice of parents applying a black spot to the formers' foreheads in order to temporarily spoil their beauty in anticipation of *nozor*. Other victims may be those who eat in front of hungry people, typically servants and beggars, whose *nozor* may cause diarrhoea. My own episode of dysentery was blamed on the *nozor* of a young servant girl (who, I have to admit, had a very piercing gaze); I was warned never to eat in front of her again.

Zadutona may or may not be carried out with the help of a *zinn*. A *salan*'s (magic spell) action may cause direct harm to its intended victim, or may direct a *zinn* to possess the victim or cause harm in some other way. *Ban mara* (literally, to strike floods) is a type of sorcery which has immediate effects, often resulting in death, unlike a *salan* which usually causes the victim to go mad for several weeks or longer. My urban friends would compare *ban mara* to acts of voodoo which they had seen in American videos. A *tabiz* is a magic charm that can have bad or good actions depending upon the motives and techniques used by the sorcerer or healer. Nearly every villager I met wore one or more *tabiz* - amulets containing lines from the Qur'an written in Arabic on small squares of paper rolled up and inserted into a small metal cover which is then sealed with wax (see Chapter 3). These *tabiz* protect the wearer from spirit possession and sorcery, or enhance performance in a school examination. *Ya Sin sura* (chapter 36 of the Qur'an) is said to be effective in the treatment of sorcery, chapters 109 and 112 –114 for its prevention. Other *tabiz* may be planted with the aim of causing harm to the intended victim. In this case, what is written inside is not *Arabi* (lines from the Qur'an), but a non-Islamic mantra, usually

written in Hindi or Sanskrit, or, more malignant still, *kufuri kalam*, lines from the Qur'an written backwards (with the word order, not the letters being reversed).

Tabiz may be buried in the grounds of the intended victim's house, hung from a tree or secreted in a stove. Alternatively, some vehicle may be used to transport the *salan* from the sorcerer towards the direction of the victim. Having read out or written down the appropriate mantra, the sorcerer can tie a *tabiz* round a bird's neck or a fish's throat, then let the animal free. A clay pot containing a *salan* written on a small square of paper, together with cloth, hair, nails or other materials (enchanted by the appropriate mantra) may be floated on a river. Other vehicles may be salt, water, sugar or sweetmeats that are intended for consumption by the victim. Which mantra to use can be divined by calculating the victim's *serial number* (sic) from the names of the victim's parents and sometimes the name of the victim⁷². If the sorcerer works with the assistance of a *zinn*, the *zinn* can advise on what method to use, either by visiting the victim, or by deduction from the victim's name.

All the above methods can be used to treat sorcery as a *salan* is often needed to send another *salan* away. In addition, *Arabi* (lines from the Qur'an) can be used either as *foo* (whispered then blown on the breath of the healer towards the victim), *fani fora* (similar to *foo* but blown over water which is then given to the victim for drinking or washing over a specified period of time) or written down in the form of a *tabiz*.

More controversially, some practitioners claim that they can cure *zadutona* by extracting the vehicle from the victim's navel. I observed a Hindu kobiraj carry out

⁷² For this purpose, the mother's name is the most important. One explanation a mullah gave me was that the child was closer to the mother having come from her womb.

such a procedure on a young man who was complaining of abdominal pain. After applying an inverted clay basin containing oil over the patient's navel and securing it with cloth wrapped around the waist, the kobiraj massaged the patient's abdomen and gave *foo* (but with Hindi mantra, rather than Qur'anic verse). The basin was then removed revealing a mashed sweetmeat lying on the patient's navel. The kobiraj diagnosed that the patient's symptoms were due to *zadutona*, in this case caused by ingesting the extracted sweetmeat which had been spiked with a *salan*. Other vehicles which practitioners claim to extract from the navel are hair, nails and teeth.

In theory, anybody can practise sorcery, but obtaining the necessary knowledge can be difficult. A trip to Assam is necessary to buy the original instruction manuals - photocopies are less useful as copying, but not printing, weakens the efficacy of the mantras.

Methods of diagnosis often overlap with treatment. One Hindu kobiraj that I met asks his patients to stand on a clay pot while he recites *kufuri kalam*. *Zadutona* is diagnosed if the pot moves to the right when the patient steps off it; part of the treatment has already been given as the *kufuri kalam* acts as counter sorcery. My Muslim healer informants carried out variations on this theme: the patient is asked to hold out both arms straight in front of him while the practitioner reads out lines from the Qur'an; if the right arm trembles then the diagnosis is *zadutona*, if the left hand trembles spirit illness is diagnosed. Another Muslim practitioner asks his patients to hold a *tabiz* containing lines from the Qur'an in their right hand; if the patient loses consciousness *zadutona* is diagnosed.

Other diagnostic techniques are less specific for *zadutona*. Some scholarly Muslim practitioners are skilled in *istikharah*: before retiring to bed the practitioner contemplates the patient's problem and asks for guidance from Allah in the form of a *dua* (personal prayer); during sleep Allah reveals in a dream the cause of the problem and what action to take. Practitioners who work with *zinn* can get them to assist in making the diagnosis. In this situation the patient does not have to be present: if the name and address of the patient is available the *zinn* can visit him or her and appraise the nature of the illness; alternatively, the *zinn* may deduce the cause of the illness by calculating the patient's *serial number* from the letters that make up the patient's name or the patient's parents' names.⁷³ Some practitioners do this calculation themselves without the aid of a *zinn*.

Those healers who practice such divinatory methods of diagnosis seldom rely on the patient's name or patient's parents' names as their sole piece of information.

Although no further information was required for their divinatory diagnostic tool, I observed healers listening to the patient's story and enquiring about symptoms and family relationships before making a diagnosis. I agree with Wilce (2001) that 'divination' in Bangladesh is usually a dialogical process, the outcome a product of the interaction between healer and patient.

Of course, patients can contribute to the construction of their diagnosis in other ways, outside a particular healing encounter. In a medical pluralistic society such as Bangladesh, patients have a choice of healer and, in theory, are free to 'shop around' until they find a diagnosis that suits. Brodwin's (1996) study of medical pluralism in

⁷³The names are translated into Arabic; Arabic letters have a corresponding numerical value. I am not sure if this practice is related to the Hebrew tradition of gematria.

Haiti shows how patients seek out a biomedical diagnosis in preference to that of *maladi Satan*, a spirit affliction sent by another human for revenge. As *maladi Satan* suggests that the patient is guilty of a previous wrong-doing, negotiation between patients and healers is not only about finding a cure, but also about asserting innocence and claiming moral authority. In Sylhet, people distinguish between *daktari* illness and *mullahki* illness, the former a biomedical illness requiring a biomedical cure (Western, homeopathic or herbal), the latter a supernatural illness - sorcery or spirit affliction - requiring treatment by a mullah or another healer who practises non-biomedical methods. But unlike Haiti, I found that patients and their families pursued the diagnosis of a 'sent' illness - *zadutona* - in preference to other, biomedical and non-biomedical diagnostic labels that they were offered. To discuss why this may be the case, I present below the case of Shanti Afa, a relative of my host who went *fagol* (mad) during the second year of my fieldwork.

3. Shanti Afa

Shanti lives in a neighbouring village to Katoli with her husband Rohim, their three children, her father-in-law and husband's brother's wife (her *zal*). As is the norm in extended family households, Shanti and her *zal* cook together in the same kitchen. However, the *zal*'s sitting room and bedrooms are separated from Shanti's household by a corridor which divides the house in two; the *zal*'s husband, Rohim's younger brother, works in the Middle East. Rohim owns and manages a timber business locally. The spacious stone structure of the house and the quality of its furnishings (and expenditure on healers!) suggest that the family are comfortably well-off; the *zal*'s rooms are more luxuriously furnished with ornaments from the Middle East. Shanti's father-in-law sleeps in Shanti's part of the house. He was a frequent visitor to our compound in Katoli - his late wife was a sister of my host Malik's father -

although I only became conscious of his visits after Shanti became ill when his oft-repeated statement '*kuno roog faise na*' (they didn't find any illness') seemed to me like his signature tune which announced his arrival.

That Shanti, Rohim and the father-in-law would repeat the declaration *kuno roog faise na* in their interviews with me and my research assistant, Shipa, was confusing, interposed, as it was, between descriptions of visits to doctors and the diagnoses given. I learnt that when Shanti first became ill in March 2000 she had been to see an *MBBS* doctor in the local *bazar* who diagnosed her symptoms of poor appetite and nausea as *jaundice*. Not satisfied with his treatment, they consulted 6 or 7 specialists in Sylhet town: 'some said it was jaundice, others said it was a woman's problem,' Rohim told us. A psychiatrist was then consulted, although at that time Shanti had not gone *fagol* (mad). 'I myself decided to take her there', Rohim explained 'because the doctors were not able to determine what the illness was.' The psychiatrist, Shanti told me, had said that she had caught a chill which had caused a head infection. But Shanti too went on to qualify the doctors' diagnoses: 'head infection...that's the head [showing me her normal skull x-ray]. They didn't find any illness. The medicine they were giving me was just for the *menstrual problem*'.

One night in late April Shanti became 'cold, like ice', paralysed down one side and unable to speak. After a frenzied search for transport, her family took her in a mini-bus to a private clinic in Sylhet town. By the time she reached the clinic she was unconscious. She was given intravenous fluids, catheterised and tube-fed through the nose until her consciousness returned 4 days' later. 'Didn't you ask them why she was in that condition?' an incredulous Shipa asked after the father-in-law had reiterated for the third time that the doctors at the clinic had not found any illness.

‘Was there anything left to ask?’ he replied, then added ‘the doctors said “If Allah permits it will get better”’. Yet on the discharge summary from the clinic which Shanti showed me a diagnosis (Sheehan’s syndrome) had been clearly written.

On regaining consciousness ‘her *brain* was completely *out*’; she was doing ‘mad’ things: hitting anybody who approached - seemingly not being able to recognise her relatives - swearing and talking continuously. After her discharge from the clinic the psychiatrist did a home visit and advised admission to a mental hospital. Unhappy with this advice, Rohim and Shanti consulted another round of specialists in Sylhet town including another psychiatrist. By now, Shanti was a lot better but was still talking a lot, and was staying at her husband’s sister’s apartment in Sylhet town as it was conveniently situated for visits to the doctors. The second psychiatrist said she was suffering from *cinta dosh* (anxiety, worry); a gynaecologist said a hormone deficiency. Again, Rohim qualified these diagnoses by continuing:

they did so many tests ...in not one test did they find an illness: this was the problem. In between [seeing doctors] we brought a lot of *meshabs* (mullahs). One came from Jafflong. They said somebody had done *zadu*, they had done *ban mara* ... they had done this, they had done that. I said “all right, whatever you say, give the treatment accordingly”. We gave quite a lot of that sort of treatment - nearly 25,000 taka (£333) went; and more went on the clinic. At present by whose way she is well [only] Allah knows.

Did he think it was *zadutona*? Shoma⁷⁴ asked:

[*zadutona*] is normal. In our country, anybody, having been possessed with *ingsha* (jealousy), they of course could do it. This family is happy; perhaps...therefore, perhaps they could do it.

Shanti’s father-in-law spoke more incisively about Shanti being a victim of *zadutona*.

‘It is a *meshab*’s illness, isn’t it?’ he said quietly, interjecting his niece

⁷⁴ By the time I interviewed Rohim, my research assistant Shoma had returned to work with me.

who had started to say ‘*meshabs* will say it is a *meshab*’s illness, doctors will say it is a doctor’s illness’, a phrase I heard often which reflects the cynicism with which all healers are regarded. When I asked Shanti why she thought she had become ill, she first discounted the *menstrual problem* as an old problem stemming from the birth of her youngest daughter, then said ‘I can understand that it is a different fault’, implying that the ‘fault’ that had caused her recent illness was different from those that cause a doctor’s illness.

It is not surprising that Shanti and Rohim referred somewhat obliquely to the issue of *zadutona*, given that the prime suspect turned out to be the *zal*, a fact I learnt from Rohim’s mother’s brother’s daughters. Rohim and Shanti were very happily married; but in recent years they had had some troubles in their family. Shanti wished for a son; she already had three daughters, but since the birth of her youngest daughter 8 years ago her periods had stopped and she had been unable to conceive. Secondly, they had had some problems in giving their eldest daughter in marriage. On two occasions they had thought they had found a suitable *Londoni* (British Bangladeshi) bridegroom for the 16 year old daughter, but on both occasions the wedding plans had fallen through. According to the mother’s brother’s daughters, Shanti, Rohim and the father-in-law held the *zal* responsible: she had arranged for a spell to be sent to make Shanti ill and to break-up the marriage plans⁷⁵. But why would the *zal* do it, asked Shipa, after all it wasn’t as though she herself had three daughters of marriageable age. ‘She appears good, but inside there is *shotruta* (enmity)’, Rohim’s mother’s brother’s daughter told us. Another mother’s brother’s daughter continued:

From the very start of her marriage she’d stay at her parents’ house. They’re

⁷⁵ The two are not unrelated: having a *fagol* mother would deter a potential suitor.

a bit *ase tase* [la-di-da, rich]. She wants to stay there ... her husband is abroad...she is *free*. If she stays 2 months [at her husband's house] she will stay 6 months there.

The *zal*'s lack of commitment to her husband's household was a point not lost on Shanti. Expressing worries about the effect that her ill health had had on the household, she continues:

As I was gone, so many things were lost from the house; things from the inside went, things from the outside went. The *zal* is so indifferent. I came and founded [the household]. After I came this house was made; the household was arranged. I built it up little by little. It's my loss, really, isn't it? She doesn't understand that which is bringing loss or that which is bringing profit.

Shanti's sense of loss is echoed in her worries that she may not be able to have any more children, and merges with envy over other women's continuing fecundity:

Really, for 8 years I've just been seeing doctors. After having that little daughter I've been seeing the doctor. My big sister's periods are still continuing now. Mine are *bondo* (shut [down]). Only for that *cinta xortam* (would I worry). My big sister has given three daughters in marriage. She has got grandchildren now. After giving two daughters in marriage she had another son - he's younger than my youngest daughter. His mother [referring to the adult son of another sister] also has periods.

Shanti's infertility is caused by Sheehan's Syndrome: following her youngest daughter's delivery she suffered a massive haemorrhage, the ensuing lack of oxygen to the brain causing permanent damage to the pituitary gland. Shanti's description of this incident mirrored her description of the recent illness. First, her description of suddenly becoming cold in April, 2000:

My whole body went cold. They warmed two bottles of mustard oil and massaged my body. But still my body didn't become warm. They wrapped me in a blanket - it was summertime - and [my body] went cold. I couldn't keep my head on the pillow. I couldn't get up. I was restless. At three o'clock at night they brought an ambulance and took me to the clinic.

A bit later in the same interview, Shanti tells us about the delivery:

They took me like that wearing a blouse and petticoat at three o'clock at night. And after delivery there is that thing which comes, isn't that so? It stayed inside and all my blood went. Then my blood hadn't filled up ...emptied of blood. One side of the kitchen was full, I mean bedspread, blanket, mattress -

they were soaked. They put me on the bed. I was thrashing around from one side to the other.[...] My back was just burning. I saw the doctor and they took my placenta out. They took me to O. T. [operating theatre] and I lost consciousness.

Being taken to the clinic at 3am, the restlessness, and the extremes in body temperature work to intertwine the two illness narratives, linking the physical fact of her infertility with her recent illness, which, according to Shanti and Rohim, had been diagnosed as *cinta dosh* (anxiety, worry). I say according to, because my experience of observing psychiatric consultations in Sylhet suggests to me that it is highly unlikely that a psychiatrist would have given this as a diagnosis: psychiatrists rarely say anything to their patients about anything - the handing over of the prescription slip tells the patient that the consultation has finished - and *cinta dosh* is not included in the Western nosological framework within which they work. A plausible scenario - and one which I observed in other cases - is for the patient, or more usually, the relative, to say that the patient has been worried and for the psychiatrist at this point to nod tersely in acknowledgement - from this a diagnosis of *cinta dosh* is constructed. (On one of the psychiatrist's prescription slips that Shanti showed me hypomania had been written as a diagnosis.) Similarly, many of my informants would tell me that the psychiatrist had said that the problem was *brain out* or *brain noshto oi gese* (damaged/broken/spoilt brain; literally: brain having become spoilt has gone), but I never heard any of the psychiatrists use these colloquial terms.

If, as I am suggesting, patients and their families play a large part in constructing a diagnosis out of the psychiatric consultation, do they play an equally active role in their consultations with non-MBBS *daktar* healers? I discuss this in the next section, before returning to Shanti's story with some concluding comments about the case.

4. Do healers create tensions?

Conflict resolution theories (Gluckman, 1963; Marwick, 1970; Turner, 1975) about sorcery and witchcraft stress their conservative aspects: sorcery accusations express contradictions in the social order which are ventilated and resolved through the healing ritual. Yet more recent work has questioned healers' abilities and intentions to diffuse tensions. Steedley (1988) argues that the traditional anthropological view which stresses the integrative function of healing may be less relevant to complex societies such as those undergoing modernisation. In such fragmented settings it may be difficult to reintegrate the patient, let alone restore coherence to the system as a whole. Healing may even be disintegrative, incoherent and dysfunctional: 'the curing ceremony seems to be actually disruptive insofar as it pushes for further fragmenting of already tenuous social bonds' (1988: 854).

In the context of Bangladesh, Wilce (1998a, 2001) proposes that healers create tensions, finding 'a sorcerer under every bush' (2001: 194). Mufti Huzur, one of my mullah healer informants, holds a similar view:

Nowadays people have the conception that people just do *tabiz* to one another, but this is *kooshongsha* [superstition] and blind faith. It's not easy to do these things. If there is any house where a *tabiz* is found people think that it is *zadutona*. It can be seen that if people take the paper to a mullah the mullah will say 'it is a very bad *tabiz*, throw it into the water'. But actually the mullah doesn't know the meaning. If I write criss-crosses on a piece of paper then throw it into a house, then people will think it is a *tabiz*. Then when the mullah goes, they say 'yes, it is a *tabiz*; *zadutona* has been done'. Then it can be seen that in that in that house *oshanti* (restlessness, unease) is created. And at that time everybody thinks the relatives have done a *tabiz* because the mullah had said the relatives have done something. And at that time if there is any son's wife, they always doubt the son's wife that she has done something to her husband for her parent's household. And at that time, if anybody has a headache it is because of the *tabiz*; if anybody has stomach pains it is because of the *tabiz*. It is nothing. It's an act. It is a suspicion in people's minds. Because people's minds have gone like that through worrying about these things.

Mufti Huzur is not sceptical about all supernatural phenomenon - he himself works with a *zinn*. Neither does he refute the existence of sorcery; he told me that he is skilled in counter-sorcery techniques and can send back any of Ashon Fir's spells. Rather, he argues that sorcery is very rare: at 55,000 taka (£733) a go (the materials have to come from India) it is beyond the reach of most of his patients, who, he says, are poor, rural and uneducated - easy targets for mullahs who 'cheat people in the name of Islam'.⁷⁶

Yet such a view renders the patient passive and is not supported by my fieldwork. In one of Mufti Huzur's healing sessions that I sat in on I observed a client attempt to browbeat Mufti Huzur into giving her a diagnosis of sorcery. The client, a mother of 7 sons, complained that somebody was trying to get her to leave her home: at night she heard things being thrown at the house. This was her second, follow-up visit to see Mufti Huzur; in the preceding week Mufti Huzur had sent his *zinn* to investigate the house. Yet despite the *zinn*'s report that he had had a good look round and there was no malevolent *zinn* or anything else to be frightened of, the woman could not accept this and repeatedly asked if there was any fault in her house, her persistent questioning disrupting the rest of his healing session with other clients.

Some healers resist requests from clients to do sorcery. At Ashon Fir's chamber I saw a woman present the problem of her wayward son: he disobeyed her, spending money rashly, lavishing gifts on a girlfriend he wanted to marry, a woman of whom his mother disapproved. A long standing client, Ashon Fir knew her family's problems well. On this occasion, he told her that he could not give her any treatment:

⁷⁶ In making this point he is distancing himself from unscrupulous mullahs; yet I observed him diagnose *zadutona* in the case of one of his clients, a college graduate from an affluent middle class family.

spending money ‘is in your blood, I can’t get rid of that’. When she left, he told us that the woman was at fault for expecting her son to give her money from his low wages; the boyfriend and girlfriend were very good and had had a relationship for five years; if he did any *todbir* (non-biomedical treatment, but more ‘exotic’ than simply administering Qur’anic verse; usually involves a *zinn*) to ruin the relationship it would be a sin. This case demonstrates the moral ambiguity and contests for moral authority that surround sorcery. While I do not doubt Ashon Fir’s interpretation that the woman wanted him to do *todbir* with the aim of breaking up her son’s relationship, the woman would not accept that she was asking him to commit sorcery as parents believe that they always want what is best for their child; in this case she might elaborate her request for *todbir* as a request for a ‘good’ *tabiz* in order to undo the girlfriend’s malevolent charms. However, from the girlfriend’s perspective it would be seen as sorcery.

I am not suggesting that Mufti Huzur and Ashon Fir never diagnose sorcery - they do - and there are many healers who routinely make this diagnosis; indeed, it would be surprising if it were otherwise as patients and healers inhabit the same moral universe in which sorcery looms large. What I am refuting is the idea that the diagnosis of sorcery is foisted by the healer on to the patient who otherwise would not have arrived at the idea of being a sorcery victim. Such a scenario attributes too much influence to the healer; people look up to Allah, but regard mullahs and other healers with great scepticism. Patients and their families can decide to approach healers who they know are likely to make a diagnosis of sorcery; the Hindu kobiraj I described

above who extracts sorcery from the navel has a reputation for treating abdominal pain caused by sorcery; those patients who seek his opinion can do so with the expectation that their suspicion that sorcery has been committed will be confirmed.

Clients do not always, of course, accept the healer's recommendations. A woman visited a female *fir*, Surma Firani, complaining that a sum of money had gone missing. After contemplating a *tabiz* consisting of Qur'anic verse (her diagnostic technique) the *firani* said that somebody in the house had taken it and asked the patient if the person who took it was a light skinned young woman. The woman replied that there were two women in her household: one, her son's wife, the other, her daughter; her son's wife was fair, her daughter, dark. The *firani* said the culprit was a fair girl like Shoma. The *firani* gave her three *tabiz*: one to be worn around her wrist, one to be hung on the door and one to be placed under the slab on which spices are ground so that the person who stole the money would burn and die, or suffer great distress (*oshanti*), when she touched the slab. The woman started to weep and tore up the pieces of paper on which the *tabiz* had been written; she explained that she did not want to use the *tabiz* because if her daughter had taken the money her daughter would be harmed. In 'divining' the culprit as the son's wife the *firani* may be attempting to satisfy the patient. Yet the patient is not reassured or swayed by the *firani*'s pronouncements; her belief that the culprit was her own daughter, contrary to the *firani*'s opinion, suggests that her mind was already made up before she visited the *firani*. What then, was the purpose of her visit? To confirm and put at rest a nagging worry, to validate her feelings of suspicion and to give support in confronting the culprit - in these ways can the healer be said to defuse tensions, yet only at the level of the individual: intrapsychically, rather than interpersonally.

5. Patients prefer a sorcery diagnosis

Shanti and her family had a variety of diagnostic labels that were offered to them - *jaundice*, a woman's problem, head infection, *menstrual problem*, Sheehan's Syndrome, *cinta dosh*, hormone deficiency - yet they repeatedly asserted that the doctors had not found any illness; they believed instead that it was a mullah's illness, *zadutona*. In rejecting a biomedical diagnosis in preference for one of sorcery, what was at stake for them? Ashok proposed that they could be victims of sorcery because they were a happy family and people might be envious of them. Whilst it is true that people thought that the *zal* might be envious of Shanti because she had a good husband at home all the time, unlike the *zal* whose husband worked overseas, Shanti and Rohim had reasons to be envious of the *zal*. The *zal* was materially better off and had closer links to *bidesh* (a foreign country). Shanti and Rohim had no direct links to *bidesh*, and so far had been frustrated in trying to establish them by marrying their daughter to a *Londoni*. The *zal*'s husband worked in the Middle East; her family, who were more affluent than Rohim's family, were *Londonis*: both her parents and all her brothers and sisters had British citizenship and the *zal* was in the process of applying for British nationality for herself. The *zal* was younger than Shanti and therefore had greater fertility. The diagnosis of *zadutona* attributes the cause of their misfortunes on to another, protecting themselves from feelings of failure and attempts to reduce the risk of public humiliation. Malinowski (1948) argued that sorcery gives people a feeling of mastery over events that are beyond their control. That healers never name names and victims do not confront the alleged perpetrator gives the victim greater

freedom in constructing a narrative. Paradoxically, Shanti is asserting agency⁷⁷ by attributing the cause of her misfortunes to another person.

Common situations in which mental illness was attributed to *zadutona* were: young men and women studying for exams or working in a prestigious job - in these cases their poor performance was blamed on jealous relatives or colleagues who committed sorcery to spoil their brains; women who went mad shortly after marriage - the woman's family accused the husband's family of sorcery. In all these cases I am suggesting that invoking a diagnosis of sorcery serves as a face-saving mechanism.

Of course, this is not to argue that invoking sorcery is always successful in averting public humiliation. People are particularly suspicious of cases of love affairs being attributed to *zadutona*. The informant who asked rhetorically '*zadutona*: what else do we Bengalis do?', was lamenting the fact that her youngest sister had married a man against her parents' wishes because the future husband's mother had used sorcery to coerce her into it. None of my informant's neighbours believed this explanation - I am not sure even if my informant believed it herself - and there was great glee expressed that a wealthy and influential family had had a fall. In cases where women go mad shortly after their marriage, the husband's family may suspect that the bride had been 'mad all along', and that the bride's family had covered this up (see Chapter 7).

⁷⁷ To be subjected to sorcery is to be deprived of agency, to escape it (or to commit it) is to assert agency (Kapferer, 1997; Wilce, 2001).

In suggesting that Shanti and others project their own feelings of envy onto others I am not suggesting, like other commentators, that sorcery and other supernatural phenomena function as vehicles for expressing repressed emotions (Spiro, 1996). For Sylhetis, spirits and sorcery are *just there*; it is fruitless and ethnocentric to explain away their existence as psychological defence mechanisms. As Ellen asks ‘for if we accept that rational thought, modernity and *religious* belief are compatible, then why not witchcraft and sorcery?’ (Ellen, 1993: 17). In his ethnography of curing in Thailand Golomb concludes that ‘villagers have been inclined to explain illness and misfortune not in terms of their own moral shortcomings [...] but by attributing these afflictions to personified supernatural agencies in their environment’ (Golomb, 1985:275). Yet in Sylhet there is a tendency to attribute misfortune to other humans’ moral shortcomings - in the context of sorcery, spells and spirits are simply regarded as go-betweens enacting other humans’ malevolence. I was routinely told that there was a lot of sorcery (*zadutona beshi*) in Bangladesh; when I asked why, people replied that it was because there was a lot of jealousy/envy (*ingsha beshi*) among Bangladeshis: ‘if anything good ever happens to anybody, when other people see it they won’t be happy, they’ll be envious’ and ‘this is Bangladesh: nobody wants you to get on, they want to keep you down because of envy’. ⁷⁸

6. Why is there a lot of *ingsha*? Sources of conflict in Sylhet

When I asked why there was a lot of *ingsha* in Bangladesh a common response was that people in Bangladesh were bad. A village school teacher told me ‘people are *selfish* in Bangladesh. That’s why our country can’t develop (*unnoti*)’. I was frequently told that Bangladeshis lied a lot: ‘you don’t lie like us; I trust you. Among

⁷⁸ Do British Bangladeshis engage in sorcery? No, because there are no skilled practitioners available in *London*. (But British Bangladeshis complain there that *is* a lot of *zadutona* among the Bangladeshi community in Britain.)

us Bengalis...among us Muslims *beshi misa matta, suri xora, danda-banda* (there is a lot of lying, stealing, deceiving).

The discourse of corruption leaves few unsullied and extends beyond the usual suspects of police and politicians.⁷⁹ School teachers and college lecturers are accused of deliberately neglecting their salaried work in order to stimulate a need for their private tuition services. Government hospital doctors charge patients for investigations that should be free, pocketing the money themselves and are accused of neglecting their hospital duties in favour of more lucrative work at their private clinics. Cheating is endemic in school examinations. Bribery is commonplace - at the private psychiatric clinic I saw money openly being given to assistants to allow the patient to jump the queue.

I would not deny that corruption is not widespread in Bangladesh - I saw the evidence for myself - but what is worth examining is why my informants were so eager to present a picture of *themselves* as dishonest. As the last quotation suggests, my informants' depiction of their dishonesty was constructed in opposition to 'my' honesty: Westerners were characterised as having a number of undesirable traits - promiscuous and unfeeling - but Westerners *were* trustworthy. From the Western perspective, Bangladesh is characterised as the archetypal poor third world country plagued by famine and floods - 'a basket case'. This discourse gets filtered down,

⁷⁹ The perception that Bangladesh is corrupt is also held outside of Bangladesh. The Berlin-based organisation Transparency International has rated Bangladesh the most corrupt country in the world for the second year running (previously Bangladesh had been second to Nigeria).

via the politicians' rhetoric⁸⁰, to the streets and villages⁸¹. Criticising oneself is less painful than being criticised: when my informants readily told me how deceitful they were they may have been doing so with the aim of anticipating and blocking my own negative views about Bangladeshis which they believed I held - denigrating oneself is a defence against being denigrated. Running down their country - people frequently told me that Bangladesh was *rubbish* and bad - also sets up the individual who has to live there as being superior to the cosseted Westerner: a 'yes, it's tough, but I'm surviving it' mentality.⁸²

But my Muslim informants also compared themselves unfavourably to other 'others'. *Ingsha* was said to be less common among Hindus living in Bangladesh and they were thought to be better able to manage living together in a joint family than Muslims. They were also regarded as being more honest: 'Hindus don't lie like we Muslims do. Why? Because they are better educated and understand their religion better. Most Muslims in Bangladesh aren't educated and don't understand their religion properly'. A Muslim small businessmen told me that he would only ever employ Hindus to work for him because Muslim employees would almost certainly cheat him.⁸³

Bangladesh was portrayed as a more dangerous place to live than the Middle East.

Women in Bangladesh could not attend the mosque, a female college student told

⁸⁰ Blanchet (1996) notes that Bangladesh needs its poor in order to continue to attract foreign aid. See also Gardner (1993).

⁸¹ This was graphically illustrated by the scores of people (not professional beggars) who approached me saying 'our country is poor: give me money'. Foreign aid was a topic I heard discussed by the poor and the illiterate: 'foreign countries give us money but our government wastes it' was one comment I overheard at a *fir*'s chamber.

⁸² Denigrating their country was often a prelude to being asked to get them an entry visa to the UK.

⁸³ A minority community, which Hindus are in Bangladesh, may indeed have more to fear of the consequences of dishonesty (Jim Wilce, personal communication).

me, because they risked being *hijacked* (abducted), whereas in Middle Eastern countries it was safe for them to travel to mosques. Bangladesh was also seen as a less holy country than the Middle Eastern countries. I was surprised to discover that the Katoli Kobiraj, a madrassah student, practised *kufuri kalam* as a treatment for sorcery. Didn't he risk being rejected from Allah's office? He justified his practise by saying that *kufuri kalam* was acceptable in life-saving situations. However, he told me, he would not be able to practise it in Islamic countries like Iraq and Saudi Arabia - the holy power of the saints present there would render *kufuri kalam* impotent.

Lambek (1993) argues that sorcery and Islam exist harmoniously together in Mayotte because they are incommensurable. Bowen (1993a and b), making a similar point for the case of Muslims in Indonesia, suggests that by perceiving sorcery as a contest rather than a sin renders the discourse agnostic rather than moral. Neither are applicable for the case of Bangladesh. People cited the Qur'an as evidence for the existence of sorcery, and whilst my healer informants presented their healing narratives as contests with other healers, ultimately these contests were about the forces of good overpowering the forces of evil.⁸⁴ Sorcery is a sin, punishable at death by Allah (but not irredeemable as sorcery sinners can go to heaven following punishment). The paradox that powerful beings other than Allah can influence the course of events (Pugh, 1988) is solved if one considers, like the Katoli Kobiraj does, the potency of sorcery as existing in a hierarchy, with the power of Allah at the top. Why can't people appeal directly to Allah to get undo sorcery? Because sometimes

⁸⁴ Healers described spells carried by spirits sent backwards and forwards between two healers. Getting rid of sorcery in Sylhet is an example of dispersal rather than eradication (see Parkin, 1995).

people have to work hard to get a result, I was told. ‘If you pray for water Allah won’t give it to you directly, but he⁸⁵ will provide the materials to find it - you have to go and fetch it yourself’. Similarly, Allah has made the antidote to sorcery available in the material world:

Allah has written the name of *zadutona* in the world. He who made us, if he didn’t name it that name then where should Adam [humankind] find it? One person sends it to another by Satan. I don’t know [how to get rid of it]. They read the holy books and they know...very holy people...very famous...these people read the Hadith - they read holy books like that and learn it and teach it...people get the benefit and we respect them.

Another reason I was given for *insha* being *beshi* was because there was a lot of poverty in Bangladesh: poor people commit sorcery against the rich out of envy.

However, although sorcery allegations occur in all social classes, in the cases I observed the alleged perpetrator was always somebody within the victim’s own peer group.

As Mufti Huzur and my case study material suggests, the son’s wife is often the prime suspect in cases of sorcery. There are some aspects of married life that women do not look forward to and occupying the role of son’s wife is not eagerly anticipated: ‘here, at my parents’ house, I can stay in bed until 11 o’clock, I can listen to songs...my parents won’t say anything. But after marriage I will have to get up early, I will have to cook, look after the house beautifully - if I don’t my in-laws will say “she is not a good wife”’. Traditionally, the relationship between son’s wife and her mother-in-law is viewed as the most acrimonious, with, as one informant described it, a circle of ‘torture’ being set up as the mother-in-law, having been cruelly treated by her mother-in-law, in turn treats her daughter-in-law equally badly. Tensions can also arise between the son’s wife and her husband’s unmarried sisters. In the waiting room of a healer’s

⁸⁵ The third person polite pronoun used to refer to Allah is genderless in Sylheti.

chamber, I overheard one unmarried women complain about the amount of work she did at home, including looking after her ailing father; the response was ‘haven’t you got any sister-in-laws to do the work?’ She had, replied the woman, but they were away visiting their own parents’ houses. Although almost always senior in age to her husband’s unmarried sisters, the son’s wife can not necessarily expect her opinions to be respected by them. One of my informants complained that her choice of healer was governed by her husband’s unmarried sister’s wishes. Tensions are also common between *zals* (sons’ wives), as we have seen in the case of Shanti. Cooking at the same hearth, for example, the *zals* may argue about the distribution of the choicest cuts of fish.

Having a husband working abroad can increase the sense of isolation experienced by the son’s wife. Gardner (1995) argues that whilst migration can lead to widening economic differentiation between extended families in Sylhet, relationships within the extended family are strengthened; the interdependence between brothers encourages joint families to stay together: the brother who works abroad is dependent on the brother who stays at home and maintains the household; the brother at home is dependent on the foreign remittances earned by the migrant brother. My observations do not support this: the effect of migration is to increase tensions within joint households. If a husband works abroad, there is often little incentive for the wife to remain at her in-laws’ house.⁸⁶ In many cases, I observed that these wives had enrolled their children at schools local to the children’s maternal grandparents’ house, justifying their more or less permanent residence there and would only return to their

⁸⁶ I do not want to suggest that women do not normally visit and stay with their parents after marriage. The fact that there is word for it - *nayori* - highlights the degree to which *short* visits to the natal home are institutionalized. As well as visits ranging from a few days to a couple of weeks, it is the norm for women to return to their natal home a couple of months before the end of pregnancy.

husband's house for brief visits and on occasions when the husband was taking leave from work. Such a situation can magnify pre-existing tensions between brothers. A wife whose husband works abroad has an expectation that her husband will send part of his earnings directly to her; if she is spending most of her time at her parents' home, it is less likely that this money will get reabsorbed into her husband's household, as part of it would have done if she had remained at her in-laws'.

Resentment can build up on both sides - wives complain that the husband does not send her enough money - and the joint family can break up. I do not want to suggest that conflict only gets expressed between female members of households.⁸⁷ Some of the most vocal arguments I heard were between brothers who were on leave home from working abroad and brothers who had never left. Staying at home managing one's own household and working long hours in a foreign country are, rightly, not perceived as equivalents and prove fertile ground for conflict.

Finally, there is the perception that *zadutona* is more prevalent than before. Some attributed this to unemployment - people having time on their hands and a greater need to make money take up sorcery as a profession; others cited Islamic eschatology: we are heading towards the final days of this world of when chaos rules and the social order gets inverted. This doomsday scenario also accounted for kobirajs not being so good at healing as before: 'nowadays powerful kobirajs are rare; they can do bad things but they can't do good'.

Ethnographic work shows that modernisation has varying effects on the perceived incidence of sorcery. In Thailand, the high profile of sorcery reflects an increasingly

⁸⁷ In north India men may blame wives for failures of solidarity within families when actually enmity exists between brothers (Derne, 1993). See also Parry (1979).

competitive social environment (Golomb, 1985); in the Phillipines, the reduction of sorcery in urban areas is related to greater poverty - there is less landed property to argue over (Lieben, 1967). My data suggests that overseas migration, which is a modernising trend, has led to an increase in sorcery accusations in Sylhet. Inequalities have always been present between families, but migration leads to new inequalities within the joint household, reinforcing and heightening existing tensions between brothers and between in-laws.



14. The aeroplane decorations signify that the house belongs to a *Londoni* family.



15. A *showcase* displaying foreign goods in the sitting room of a family with *Londoni* connections.

Chapter 5: Spirit possession, agency and the law of Allah

In this chapter I present the case of Sandni, the 12 year old daughter of one of my host Malik's sisters, who suffered from a spirit illness. For most of the duration of my fieldwork her family believed that it was "a sent thing", i.e. sorcery. The case further highlights the tensions between nuclear units in the same patriline. Despite being Islamists, Sandni's family openly consulted Hindu sorcerers in their search for a cure. Her 'miraculous' recovery was attributed to Allah's command, and (less ostensibly) to her mother's astute handling of Sandni's attachment to her. I discuss the problem of agency in relation to spirit possession and to the practice of Islam. The case illustrates the conflicts between personal autonomy and the law of Allah, free will and predestination.

1. Sandni's spirit sickness

I first met Sandni shortly after I moved into Katoli in April 1999. Of all the children that I lived with in Katoli, Sandni was the one who got under my skin the most. She had an uncanny knack of knowing how to wind me up - closing the window shutters when I was trying to read, opening them when I was getting undressed - and on one occasion attempted to lock me out of the room when I went to the bathroom. Her interest in cleaning out a cupboard in which I kept clothes and a secret supply of tampons was unfaltering. 'But Auntie, the insects will spoil your clothes,' she would importune when I declined her spring-cleaning offer, her hand hovering dangerously close to the cupboard door knob and with a mischievous glint in her eye, evidently savouring the discomfort that she was causing me. She would repeatedly ask for gifts and explaining to her why I could not give them became a chore.

Over the next few months I noticed that there would be times when she looked unhappy. She would say she felt sad (*dukkho*) in response to my enquires about her well-being, but did not elaborate when I asked her why. I wondered if it was just that she was missing her parents. They came about once a month, arriving at breakfast time and leaving after an hour or so in a taxi back to their house, a 20 minute ride away.

Sandni's seemingly permanent residence at our house was a puzzle to me. I did not like to ask too many questions. It was common practice for the poor to send a child to a rich relative's house to work in exchange for food and clothing, but Sandni's family were not poor; I had visited their house, a substantial stone building in spacious grounds with their own bathing pond. Neither did I understand why she did not go to school. When Malik's daughter Tuli went to school she remained behind; in the evenings the two of them would sit together at the table with their school books. Sandni seemed a keen student and took pride in reciting to me her English vocabulary of fruit and animal words, which was wider than any other child's in the village.

I got my answers in October. Sandni had had enough of living at her maternal grandparent's house and wanted to go home. She waited long enough for me to return (bearing gifts) from a brief trip back to the UK, then, with my gift of a box of chocolates in hand, went home to live with her parents. A few days later we heard the news that she had gone *fagol*. Malik's *sasi* had been round to Sandni's house:

She's doing childish things. She throws herself noisily on to the floor. Sometimes her behaviour is polite, other times impolite, either way her parents indulge her. She holds on to the corner of her mother's sari and won't let her go. If her mother slaps her lightly she gets angry and immediately lies down on the floor. They can't lift her up because she is so heavy. Sometimes she rolls under the bed.

Unbeknown to me she had been ill before. ‘She should have stayed away from home - the main problem is in her house,’ Rima explained, ‘but she wanted to go home regardless of whether she lived or died’.

The next morning I went with Shoma to Sandni’s house. We found Sandi on the sofa, cuddled up against her mother. From time to time she would whimper like a frightened puppy. ‘Come and get washed,’ her mother cajoled, ‘if you get washed then eat and go to sleep. Mother will sleep with you, mother will sleep with you’. Sandni’s mother explained that if Sandni was on her own she felt as if someone was beating her. She would often go to the bathroom and start shouting ‘I can’t open the door, mother help me! Mother, they are beating, beating, beating, they are beating me!’ In fact Sandni herself had bolted the door and they were unable to get her to open it. Controversially, Sandni’s mother had taken steps to remove the bolt off the door to avoid further repetitions:

They don’t me allow me to open it. They say she will open it on her own. I say she is beating her head against the wall. Finally I brought an axe and said open it with an axe. So at last it was opened. In my heart I feel it will happen [again] if we fit the latch again.

Sandni would do these ‘pointless actions’ until around 2.30pm. ‘Then after she washes and eats she will fall asleep. Then I will get some peace.’

Sandni’s mother told us her illness first appeared at the time of Boxra Eid in April 1997, the day they had gone to discuss another daughter Kushum’s marriage with a prospective groom’s family. At twelve o’clock that night she suddenly started doing ‘pointless actions’ - running behind the house, hitting anyone who approached her. Shamsu, Sandni’s eldest brother, brought his friend Harun Bhai, a *hafiz* who had a

zinn-e-mumin as a friend. After administering *fani fora* and *foo* she ‘cooled down’

for a couple of days, but after that her symptoms got worse:

Her throat was blocked: she couldn’t speak...then lame...after that blind...she walked holding on to things like a blind person. She used to say ‘I’m not seeing anybody’. It stopped her movements from the waist down. She used to stay lying flat on the floor...then we would bring a mullah. He gave *fani fora* and got her better. So she stayed well like that for a day or two. And then it started again. In between she has been completely *zonoom fagol* (violently mad). The rainy season before last she went in the street and played with the mud. She used to go completely naked. If you said *shorom shorom* (shameful, obscene) she wouldn’t understand it.

Suspecting that Sandni’s problems were due to a spirit affliction, the Mullah had done *azir*: recitation of a passage from the Qur’an in order to summon a spirit. Sandni’s spirit was duly brought before them. It told them it had come from Sandni’s *sasi* who lived on the neighbouring plot of land next to Sandni’s house. The *sasi* had been possessed by spirits and in order to get rid of them her and her family had gone to a nearby *tifutat* (a junction where three roads meet), stripped off all their clothes and got washed in ewe’s blood. One of the spirits, a blind and lame one, was not able to get very far. The following day Sandni was returning home after going to fetch eggs from a neighbour’s house. She was wearing a red dress, and everybody commented on how nice she looked, but in fact she had felt really ill and on that night a fever rose. The following morning when she was standing under her family’s pomegranate tree she saw her *sasi* covered in blood, getting into their bathing pond. After her *sasi* had finished washing the blood off and had returned to her own house, Sandni got into the pond to take her own bath and picked up the *dush* (fault) that her *sasi* had left behind. She did not say anything to anybody at the time - the fever, which she later realised was caused by the lame spirit striking, had made her not feel like talking, nor had it allowed her to understand the significance of the *sasi*’s actions.

As Sandni's family related the above events which had happened 2 ½ years before, there was debate about the *sasi* and her family's intentions. At best, it was careless of them not to have directed the spirits along a route which bypassed Sandni's house, at worst, they had deliberately sent them with the intent of weakening Sandni's family, preventing them from getting on in life. Sandni was unequivocal about the *sasi*'s motivation: the *sasi* and her family had done sorcery out of envy of Sandni's family's superior educational achievements. Sandni's mother urged caution in interpreting what Sandni and the spirit had told them: 'if we believe everything then it will cause fighting and quarrelling in my family. That's why we don't take action'. Nevertheless, she acknowledged that the spirit had repeatedly told them that their relatives had asked it to come, and healers that they had consulted had confirmed that Sandni's illness was 'a sent thing'. That one of Sandni's first symptoms was seeing a warning hand move across her school books when she attempted to study seemed to support Sandni's theory.

Tensions between Sandni's family and her father's kin were not confined to that single *sasi*. Around 30 years ago, when Sandni's parents and their two eldest children were still living in the *mulbari*, Sandni's father had successfully applied for a visa to emigrate to the UK with his family. However, when Sandni's father's eldest brother pleaded with him not to go he was touched that they had so much affection for him; apart from missing his company, his brother had said that they would not be able to manage without him as he was the most educated and active member of the family. This eldest brother asked to see the immigration papers; Sandni's father handed them to him and to his great consternation the brother immediately tore them up into six pieces. After this incident, Sandni's father went 'a bit funny'. When the brothers met

to discuss any family matter, he would stay away and was apparently content to go along with any decision his brothers made. Around this time the brothers decided to leave the *mulbari*, forgoing living together as an extended family and splitting up into independent nuclear family units. Sandni's father, who was working in a different town as an inspector in a cement factory, was told that he should give up his job and return home, otherwise he would not get any of the land that was being distributed. In the event, the eldest brother got six shops, the other brothers two, but Sandni's father was left with only one shop. Having no surplus property to sell, Sandni's father had to rely on one of his wife's brothers (a successful businessman in the UK) to pay for the building of their present house.

In the early years of living as a nuclear family, none of her father's brothers came to visit their house. Even the eldest brother, who was now living with his family in the UK, would not visit them when he returned to Bangladesh for a holiday. But in recent years relations had thawed. All the brothers were visiting each other and the eldest had wanted one of his sons to marry one of Sandni's elder sisters. (Sandni's eldest brother had refused: he did not want any of his sisters to marry within the family).

However, relations between Sandni's family and the next door neighbour brother remained poor. This brother was now living in America, but his wife and family remained behind. Sandni complained that if she said anything good to them they would twist it into something bad and make an argument. They lied a lot and the *sasi* had a habit of stirring things up, unjustifiably getting Sandni and her sisters into trouble with their mother. If any of their chickens wandered on to the *sasi*'s property they would bind the chickens legs together and throw them into the spinach fields.

Worst of all, since her elder brother Shamsu had gone to live in the UK, they had not enquired after his well-being (in 1998 Shamsu applied for political asylum in the UK on the grounds of his Islamist political activities).

The cost of Sandni's illness to the family was not simply emotional; Kushum pointed out that they had already spent 15000 teka (£200) on Sandni through visiting various religious healers and biomedical doctors. Not all of the help and advice they received was solicited. One day while Sandni was asleep the spirit came. Its speech was barely audible, so Sandni's mother crept up quietly to Sandni to be able to hear what it was saying. It told her to send Sandni away from the house so its attachment to her would get less; after that it would go away by itself. Sandni's mother protested that she had no where to send her daughter, her parents being both dead. The spirit replied 'your brother's wife is good; send her to your brother's house'. At first the spirit demanded that Sandni should be sent away for 3 years, but after negotiating Sandni's mother got it down to a year.⁸⁸

But after 6 months Sandni refused to stay any longer. 'You don't come to see me. I miss you. I want to come home,' Sandni told her mother when she was encouraging her to stay for the full year.

When Sandni went *fagol* after returning home in October 1999 the mullah who had been treating her for 2 ½ years admitted defeat. During her illness Sandni had been possessed with several spirits: evil *zinns* that came from her *sasi*, but also three good Muslim spirits (*zinn-e-mumin*), sisters who caused Sandni to utter holy words.

⁸⁸ The timing of Sandni moving to Katoli at Boxra Eid may have been significant. Boxra Eid marks Abraham's intention to sacrifice his son.

Sandni's parents had asked the spirits if they could help Sandni and send away the bad spirits. The sister spirits, although sympathetic to Sandni's plight, said that they were unable to as the other *zinns* were more powerful than they were. In the end Sandni's eldest brother asked the sisters to go away as they were complicating her condition. Now only one spirit was remaining, but an extremely recalcitrant and malevolent one which was beyond the mullah's capacity to get rid of as it was a Hindu and did not abide by Muslim rules. The mullah advised seeing a Hindu healer. On the recommendation of a local person, Sandni's parents and Harun Bhai took Sandni to see a Hindu kobiraj who lived in Noyabari, a small town on the other side of Sylhet town, a one and a half hours' ride away by taxi and boat from Sandni's house. The Noyabari Kobiraj confirmed the diagnosis of sorcery; as the condition was an old one it would take a long time to treat - the spirit had now become 'mixed up with [Sandni's] blood'.

Sandni's family were initially satisfied with the Noyabari's Kobiraj's treatment of anti-sorcery and 'herbal' medicines (see chapter 9 for further details). He had also proscribed certain foods: beef, duck eggs, sour preparations - those very foods which the spirit was making Sandni crave for. (Since the start of her illness she had put on a lot of weight.) After the kobiraj gave her an injection she became a lot quieter; she was no longer doing 'pointless actions', she was sleeping better at night and she no longer cried out (the spirit told her not to). Moreover, she was no longer insisting that she should go with her parents on the *hoz* the following year. However she was not completely better: her body felt numb and she complained of discomfort in her neck, like biting, which got worse when she attempted to pray or read the Qur'an. These symptoms suggested to Sandni's family that the spirit was still around. Sandni's

family wanted the kobiraj to do a home visit to get rid of the spirit for once and for all, but the exorbitant fees that he was requesting made them hesitate and doubt his professionalism. A mullah had suggested that giving Sandni away in marriage would be a solution, but Sandni's mother and her eldest brother both felt very strongly that women should at least finish their schooling before marriage.⁸⁹

In December 1999 Sandni had a pair of dreams which gave Sandni's family encouragement that the illness was finally coming to an end:

Two women, like her mother, were sitting beside her leg weeping. The women then took the forms of two black snakes: a thin one and one with its tail cut off. They continued to weep but then went away. Two days later Sandni had another dream in which a single snake with its tail cut off came and sat beside her and wept. After it wept it went away towards the east direction of the house to a school where Sandni had studied. The snake said it would not return.

Two weeks later Sandni's mother reported that Sandni was having dreams that somebody was beating her. Sometimes the person took the form of Sandni's mother. Sandni's mother asserted that it was really the spirit that was beating her in her sleep. There was a *fir* who had successfully treated one of their Canadian relatives, a young man who went *fagol*, but they had no time to take Sandni to see him. Another daughter Shapla had just received an entry visa to the UK to join her British Bangladeshi husband and the family were busy buying a new wardrobe of warm clothes for her.

Around this time, Sandni suddenly went *fagol* again. The day before had been spent normally enough: after taking her bath her mother had rubbed her with oil, got her to drink *fani fora* before putting her to bed. She had slept well but when she woke up she was unable to speak. She had ran behind the bamboo bush and Sandni's mother was

⁸⁹ Sandni's eldest sister Parul married at the age of 14. Sandni's mother explained that as a good family came along who could take her to the UK, her father-in-law advised them to seize the opportunity as they would have to find a husband for her anyway in 2-4 years' time.

unable to call her to her arms. Harun Bhai was called. He gave *fani fora* and *foo*. She was no longer doing mad things but she remained dumb. Sandni's parents consulted *Kobutor Fir* who charged no fees but advised them to sacrifice a cow. Sandni's mother suspected that their relatives had sent another spell. Another possibility was that it was the work of the Noyabari Kobiraj whose interest it was to keep Sandni *fagol* so that they would continue to pay his high fees. The latter was supported by the *fir* who had told them that somebody had cheated them.

A few days later when I visited Sandni at house I found her watching the TV. Her speech had returned. Her mother reported that in the morning Sandni had been lying on her bed as if she was unconscious. She had not responded to her mother's calls to get up. However after giving her *fani fora* and massaging her with oil she had got up and a little while later had started speaking. Sandni told me that the spirit had told her not to speak. The day before her family had taken her to *Kobutor Fir*, a 2 hour journey away across rough terrain. They had taken her secretly because they were worried that if the relatives found out they might send a spell to counteract the effects of the *fir*'s treatment.

Sandni's mother wanted the *fir* to visit the house. She was convinced that there was something in the house that was making Sandni ill. The spirit that was disturbing Sandni was refusing to budge from the house. The *fir* had no objection to coming, but needed to be brought to their house and returned home, arrangements which had to be made by Sandni's family.

When I visited Sandni's house again in 3 weeks' time Sandni was not at home. She and her father had gone to the airport to meet her eldest sister Parul who had come from the UK with her husband and children to look after her younger sisters and brother whilst their parents went on the *hoz*. Sandni's mother reported that Sandni was now well; she was no longer crying at night. The *fir* had not had time to come to their house, he was too busy with the pilgrimage season, and they had been too busy with their own preparations for the *hoz* to take Sandni back to the *fir*. Sandni was simply taking *fani fora* from a local meshab. They were not going to do anymore running around after *firs* and *kobirajs*. Now it was up to Allah. They had considered taking Sandni with them on the *hoz* to get her treated in Allah's country. Initially, Shamsu, who was paying for the trip, had agreed with this plan, but later he had decided that should Sandni go with them her illness might prevent her parents from taking part in the *hoz* activities.

However, Sandni's mother worried that if Sandni was very ill they would not be able to leave her behind and go on the *hoz*. As well as praying to Allah, she tried a different tack with Sandni. She no longer allowed her to sleep with her and encouraged her to spend more time in the company of her sisters, and now that Parul had arrived, in the company of Parul's daughter who was around the same age as Sandni.

Over the next two weeks Sandni remained calm and her parents set off on the *hoz*. Indeed, she remained more or less well - free of 'madness' - for the remaining duration of my fieldwork. Yet she never returned to school. A mullah advised that if she did so the illness might return; as the original spell had been sent to stop her

studying, if she resumed schooling the spirit might return or something worse might happen. When Sandni tried to study at home she could only concentrate for half an hour at a time - perhaps this was a warning to them.

In October 2000 the *sasi* left with her family to join her husband in the States. I wondered aloud to Shoma if this might end Sandni's problems. Would it be possible to send a spell all the way from America? Shoma answered that it would be possible, but the distance would make it much more difficult.

In December Sandni's mother reported that a mullah that they were consulting at the time doubted that the cause of Sandi's problems was sorcery; the spirit had not been sent - it just happened to be in Sandni's path when she stepped on it. But he added that Sandni should remain off school as the spirit may come again of its own accord. Sandni's mother had protested that seeing that her daughters got a good education was her *shok*, but the mullah had said she would have to give up one of her daughter's education for the sake of that daughter's health.

In February 2001 Sandni went back to see a psychiatrist in Sylhet town.⁹⁰ She was complaining of *matha kamray* (literally, head is biting), but on this occasion she did not attribute it to any supernatural phenomenon; it was there for no reason, although

⁹⁰ Sandni had seen the psychiatrist before early on in her illness in 1997. He had prescribed medication, ordered a range of investigations, and advised them to see a physician as she had a kidney problem. I never saw the psychiatrist's prescription from the first consultation, but on her prescription from the second consultation in 2001 he had written MDP-D [manic depressive psychosis - depressed phase] which suggested to me that his initial diagnosis had been hypomania. In the event Sandni never took the psychiatrist's medication. They saw a physician who referred her on to a child specialist who could not find any evidence of renal disease.

another sister, Nipa, commented that Sandni was feeling bad because everybody in the family was studying apart from her. Meanwhile, the *sasi*'s mother in law and her eldest son remained in Bangladesh. He continued to disturb Sandni and her sisters. When they went to the bathroom he climbed on to the roof with a ladder and threw sand at the window. Nipa complained about his behaviour to one of her father's brothers. A family meeting was held, but their father stayed away as expected.

Discussion

Sandni seemed to have a problem with growing up. That her illness started the day her family went to discuss Kushum's marriage proposal and her awareness of her own emerging sexual attractiveness (spirits are attracted to red dresses), countered during her illness by excessive weight gain and flirtation with forbidden foods, point towards adolescent concerns. The fault in the material form of ewe's blood that the *sasi* passed on to Sandni can be read as the *sasi* initiating Sandni into the mature female's world of menstruation (menstruating women who get washed in ponds are particular vulnerable to spirit attack as the spirits that lurk in the depths of the pond are attracted to menstrual blood). Faced with adolescence the 10 year old Sandni broke down regressing to behaviour of a much younger child, clinging on to her mother and playing with mud.

How did Sandni give up her excessive attachment to her mother and continue on a more 'normal' path of development? The first separation from her mother when the spirit sent her away to her maternal grandparent's house did not succeed: the separation was too brutal and Sandni was unprepared to give up her mother. But on her return to her parents' house, and after her acute illness resolved, there were signs

that she was starting to become more independent. She had given up her wish to go with to go with her parents on the *hoz*.

In any event what followed in subsequent months was a transference of her attachment from her mother on to others: she stops sleeping with her mother and spends more time with her sisters.

The spirit itself (as distinct from any appearance it may have made in the manifest content of her dreams) in psychoanalytic terms is a split-off part of Sandni's ego - all the 'bad' (disobedient, angry, sadistic) parts of Sandi's self, disowned and projected on to a spirit object in the external environment.⁹¹ I was always struck by the difference between the Sandni I knew in Katoli and the Sandni that I was presented with when I went to visit her at her parent's home. The latter, when well, was always polite, demure and softly spoken. But at Katoli, where she never succumbed to the spirit illness, her behaviour was often rowdy and bossy. With three cousins and a child servant all junior to her living in Rima's household, she had ample scope to exert her dominance. Her bossiness was not confined to the children. When she heard that I had refused to lend a small amount of money to a poor relative she angrily confronted me and demanded that I lend the money ('You've got the money? Then give it!').

That in Katoli she was free from parental control was a point not lost on her family. Sandni's mother told me:

Naturally she is very attached to Rima. She never forbids her to do anything: she

⁹¹ For further discussion of the psychodynamics of spirit possession see Crapanzano (1977) and Lambek (2002).

does whatever she likes. [Rima] says ‘sister, she does what she wants to. When she gets up she does whatever she wants, otherwise she remains in bed. I don’t disturb her’.

This dichotomy between the Katoli Sandni and the Sandni-at-her-parents’ house was underlined for me by having to remember to call Sandni by her Arabic, legally registered name, Suhaila (Sandni was her Bengali *dak-nam*⁹²), whenever I went to her parents’ house. Sandni’s mother explained:

[Shamsu] said ‘change her name...you named her Suhaila, that is right. Call her Suhaila. Two names don’t mean anything. Which name should be called on Judgement Day? They will rise to the one name on Judgement Day’.

But in Katoli people persisted in calling her Sandni.

Sandni’s mother repeatedly said that there must be something in the house that was making Sandni ill - why else would she only become ill when she returned home? I myself often wondered what it was ‘in the house’ that did not allow Sandni’s ‘bad’ bits to be integrated into her personality, as they were in Katoli. Parental expectations to be a good student and to grow up as a good Muslim woman, tensions in her family, and having to show obedience to her eldest sisters could be cited as factors, but knowing Sandni’s family as well as I did I think it would be misleading to put forward any of them as determinant. In the case of Sandni’s family and in general, I found no simple correlation between religiosity, membership of Islamist political parties and conservative attitudes towards women. Yes, Sandni’s family supported an Islamist political party, but Sandni’s mother and Shamsu felt very strongly that girls and women should be educated;⁹³ yes, Sandni’s mother would nag her children to pray

⁹² In addition to an ‘official’ name, often Arabic, most Bangladeshis are given a *dak-nam* (literally call-name), usually Bengali. The former is reserved for documents, the latter is the name that they are known by to relatives, friends and colleagues.

⁹³ Sandni’s father did not object to the idea of his daughters marrying young, but neither did he object to them continuing their education beyond the age of 16.

first, then watch TV, but the *burkhas* that Sandni and her sisters wore permitted them to travel without a male companion. Blanchet's (1996) study of middle class children in Dhaka has rightly drawn attention to the pressures placed on children to succeed in school examinations. Whilst it is true that Sandni's family placed great value on education, I think that most of the impetus to study came from Sandni herself, rather than any overt pressures placed on her by her family.

But I do not want to reduce the significance of Sandni's spirit to a purely psychological paradigm of splitting and projection. As Kapferer states:

[W]here the experience of suffering, realized as demonic attack, is rooted objectively in physical or mental or social disturbance, its comprehension of the demonic transforms the meaning of the illness... a reduction, therefore, of the demonic to analytical terms which deny the integrity of the demonic as a phenomenon in and of itself, distorts and limits understanding (Kapferer, 1983: 88).

In Chapter 3 I discussed how sorcery accusations and spirit possession are not merely expressive of tensions but constitutive of them. Arriving in Katoli 2½ years after the accusations of sorcery were first made, I did not have first hand experience of what relations were like between the two families before the accusations were made. But as the sorcery accusation had a direct effect on Sandni's family's behaviour - taking Sandni secretly to a healer for fear that the *sasi* would interfere with the treatment, talking to me and Shoma in whispers about Sandni's illness for fear that the *sasi* was about to drop in - this suggests that a further cooling in relations had occurred between the two parties. Tensions were already present, but the diagnosis of sorcery validated Sandni's family's belief that they were the victims of Sandni's father's brothers' wrongdoing and served as an excuse - if one was needed - for a relative lack of material success.

In suggesting that a consideration of cultural factors adds to our understanding of Sandni's illness I am not suggesting that the key players were passively enacting a script pre-determined by local cosmology and socio-economic tensions. Both parties took what they wanted from local cosmology. When Nipa took me and Shoma to pay a courtesy call on the *sasi*'s family, the *sasi* told us about the difficulties she was having with her 15 year old son. Like Sandni, she explained, her son couldn't study, particularly at the time of exams; in addition he was refusing to eat and refusing to go to school. His illness was a spirit sickness, but the offending spirit resided at his school; it was not possible for an evil spirit to live in their neighbourhood as they lived opposite a very holy mosque where powerful saints were buried. Faced with similar symptoms to Sandni's, the *sasi* does not construe her son's illness as sorcery; her exposition of the cause of his illness, I would suggest, was put forward as proof of their innocence in the genesis of Sandni's illness.

Sandni's family's preferred diagnosis changed over time. After the *sasi* and her family left for America, Sandni's family began to doubt that the spirit was 'a sent thing'. This has perhaps less to do with the opinions of the mullah that they were consulting at the time - over the course of Sandni's illness they had consulted scores of healers from whose opinions they could quote - but more to do with explaining why Sandni could no longer concentrate on studying when the alleged perpetrators had left the country. The other factor was that their affluence had increased since Shamsu had been granted political asylum in the UK. As well as paying for his parents to go on the *hoz*, Shamsu had paid for a phone to be installed and a wall to be built around the house. With a male member of the household working abroad, Sandni's family had achieved a degree of economic parity with the *sasi*'s family and

had less of a need to validate their feelings of victimization. They recognised Shamsu's entry to the UK as a stroke of great fortune: as Sandni's mother put it, it was only by Allah's miracle that Shamsu had been allowed to stay in the UK.

Although reducing an account of suffering to any single analytic paradigm is impoverishing, it may be fruitful to consider the site of agency. In the genesis and course of Sandni's illness where did the locus of agency lie? In Sandni herself, within the family or within wider cultural structures? Could Sandni's spirit illness be read as an embodiment of group conflict - both within her immediate nuclear family and between families - offering a socio-economic commentary on tensions created by capitalism and international migration? Or was Sandni consciously manipulating tensions within her extended family for her own ends? Did Sandni use the spirit as a ruse to engineer her own time out from her parental home as an angry rebuff to the mother and with the expectation that her mother would frequently visit her at Katoli and lavish her undivided attention on her? Of course spirit possession is polysemic; Sandni's spirit illness can be interpreted as simultaneously meeting her own needs, that of her family and the wider social structures. Obeyesekere's (1981, 1990) concept of personal and cultural poles of symbols is useful here: collective symbols are internalised and reworked by the individual giving them personal meanings (see also Turner, 1967; Littlewood, 1980).

The relationship between spirit possession and personal agency is paradoxical. Being taken over by a spirit entails a displacement of the host's consciousness. Yet it has been observed that through the process of being subjected to by the spirit, the host is empowered to become a subject, their self-awareness heightened (Boddy, 1989;

Lambek, 2000). Spirits legitimate their hosts' voices (Lambek, 1993). When Sandni went *fagol* after she returned home from Katoli in October 1999, I was instructed by Rima to give Sandni a bar of *Lux* toilet soap⁹⁴ as this was what the spirit was demanding. The point is not that becoming possessed allowed her to articulate desires that she could not have done otherwise - she had already (unsuccessfully) asked me for the soap before leaving Katoli - but that the spirit legitimated her request. Similarly, it is unlikely that Sandni's family and her maternal kin in Katoli would have agreed to her staying there for 6 months had the request not come via the spirit. Like Lambek's (2000) spirit possessed host, Sandni's spirit, in legitimating her autonomy, expanded her personal agency.

None of this explains why Sandni in particular, rather than one of her sisters, went *fagol*. It is here that the existence of spirits makes sound logical sense: Sandni's and her family's explanation is that Sandni just happened to be in the path of the spirit - in the wrong place at the wrong time. My explanation is somewhat woollier. I think that her birth order among her siblings may have made it more difficult for her to grow up. It is a cultural norm in Bangladesh to favour the youngest child. Whilst to my Western eyes it seemed like excessive indulgence - 'spoiling' - it is a fair practice in the sense that every child has a period of being the youngest. (It also gives adults an opportunity to be generous - with large families only the very wealthy can afford to distribute treats equally.) Given that Sandni was the second youngest, and that there were only 18 months that separated her birth and that of her younger sister Amina, could it be that renouncing the role of the youngest was more difficult for Sandni as she had enjoyed it for a much shorter time than Amina?

⁹⁴ I was not surprised to read that the spirit of one of Boddy's (1989) informants also demanded this brand of soap. *Lux* soap is perceived as *bideshi* (foreign), and therefore highly valued.

2. The mother in symbolic opposition to Allah

I have suggested above that it was Sandni's mother's active role in reducing Sandni's pathological attachment to her that finally got Sandni better. Sandni's family's explanation was that it was only a miracle of Allah that had got Sandni better. Yet, in putting forward Allah's omnipotent role, Sandni's mother also acknowledges the part that she herself played in Sandni's recovery. Shortly before I left Bangladesh in 2001, I spoke to Sandni's parents about their daughter's recovery, reminding them that they had attributed it to Allah's miraculous power:

Sandni's mother: And what a miracle of Allah. Perhaps from 15 days before going on the *hoz* she became calm. I also stayed apart. She used to stay in my arms. I made her stay her away. [I] thought, let's see, let her stay with this person and that person. Let's see what she does. Then her sister came and by mixing with them and staying with them she got better gradually. And still now Allah is managing it.

Sandni's father: [overlapping with last sentence] And meanwhile spiritual treatment was going on or whatever.

Sandni's mother: Yes, meanwhile or whatever, sometimes, just sometimes, a tiny little bit of holy water and holy oil were being administered.

Framed by short statements which attend to Allah's authority, Sandni's mother's speech elaborates on the active role she played in Sandni's recovery. Sandni's mother's agency is also drawn attention to by her use of first person pronouns, which, in Sylheti, as in standard Bengali, are rendered grammatically redundant by verb endings which specify the subject (Wilce, 1998).

This competitive juxtaposing of Allah and Sandni's mother as the *de facto* healer may be reflective of a tension evident in Bengali culture between the law of the father and the law of the mother. The popular Indian conception of the mother as self-sacrificing overlies an unconscious fantasy of the phallic, castrating mother (Nandy, 1990).

Bagchi (1990) suggests that Bengali culture is particularly prone to employing this threatening aspect of the mother. The powerful and murderous Kali, who dances on the corpse of her consort Shiva, is a goddess who enjoys greatest popularity amongst Bengalis (Fuller, 1992). Wilce (1998) argues that in Bangladesh mothers are feared and placed in symbolic opposition to Allah. He cites this famous passage from the Hadith:

In answer to the question, “To whom do I owe the most respect?” the Prophet replied, “Your mother.” His answer remained the same when pressed to declare the second and third persons deserving respect. “Father” was listed fourth. [1998: 108]

Another quotation commonly recited in Sylhet is “Heaven is under the mother’s feet”, meaning that obedience to the mother is the path to heaven. Yet whilst the mother-in-law in Sylhet is feared, conscious representations of the mother portray her to be loving and all-forgiving, if not to say indulgent. This latter attribute seems to me to be diametrically opposed to Allah who takes a meticulous account of his subjects’ good and bad works, doling out punishment and rewards as appropriate on Judgement Day. That the mother is revered on a par with Allah is demonstrated by the prevalence of ‘Ma’ iconography (*ma* is short for *amma* - mother). (Muslim) lorry drivers have ‘Ma’ painted on the front of their trucks; posters are sold reproducing poems and pictures celebrating the mother. Most strikingly of all, ‘Ma’ embroidery samplers and other ‘Ma’ icons are hung up on the wall next to Islamic icons – Allah’s name in Arabic, Qur’anic verse, pictures of Mecca (see photographs 16-18). I saw these ‘Ma’ icons in every rural household that had grown-up children present; it was explained that “we have *maya* (love) for Allah and *amma* above everything else; for *amma* because she has suffered greatly for us”.⁹⁵

⁹⁵ In most cases, the ‘Ma’ icons had been bought or made by the children. Sandni’s household was an exception: Sandni’s mother had bought a lacquered ‘Mother, pray for us’ placard on the day that she went to Sylhet town to take Sandni to see the psychiatrist. Interestingly, I did not see these ‘Ma’ wall icons in households in Sylhet town.

3. Personal agency versus Allah's command

In the story of Sandni's illness, the tension between Sandni's mother's authority and Allah's miracle is reflective of the tension between personal agency and Allah's *hukum* (command) that runs throughout Islam. This can be seen most clearly in debates about free-will and predetermination. Whilst Allah has power over all things including an individual's destiny, Allah has also given free-will to humans (and *zinn*); the distribution of rewards and punishment on Judgement Day presupposes human responsibility and agency (Hashim, 1967). Theologians reconcile the contradictory concepts of preordination of events and individual free-will by distinguishing between predestination and predetermination, the former referring to the determination of fate in this world, the latter to the determination of fate in the after-life (Huff and Schluchter, 1999).⁹⁶ Many of my Sylheti informants explained that while they had no control over their fate in this life - Allah had decided at their birth how their life would unfold - they did have the power to influence their fate in the *akhira* (after-life) by doing good or bad work. An alternative viewpoint was that Allah had determined their fate in this world, but it was up to the individual to fulfil

this fate⁹⁷ by observing the five pillars of Islam: *kolima* (declaration of faith), *nomaz* (prayer), *ruza* (fasting), and, for the affluent, *hoz* (pilgrimage to Mecca) and *zakat* (donating 2.5% of their wealth to the poor). As well as observing these five pillars of faith, *sowaib* (merit) can be accumulated by reading the Quran a lot and giving money

⁹⁶ The Qur'an is ambiguous on this point having both passages that emphasise free-will and Allah's preordination of events (Rippin, 2001). Glasse points out that *qadar*, the Arabic word that is glossed as free-will, is polysemic and encompasses the contradiction between free-will and destiny: "*qadar* means 'capacity' [to choose] and implies limitation, and thus destiny; that is, the word will and destiny is in fact one and the same." (1999: 320).

⁹⁷ In this context, fate is obviously only referring to fortunate events that can occur. I wondered if part of my confusion in understanding the concepts of free-will and predetermination lay in the fact that the Bengali word for fate, *bhaggo*, also means fortune (*bhaggoban* means fortunate). However, substituting *bhaggo* with the phrase 'that which has been written on your forehead' - a common way of expressing fate - elicited the same responses.

to the poor, fasting and praying above and beyond the minimum requirements set out in the five pillars. It is also possible to accrue *sowaib* on behalf of a dead relative by, for example, donating a copy of the Quran to a mosque in the deceased's name; in this way, relatives can improve the deceased's chances of going to heaven.

When talking about Sandni's cure, Sandni's mother stressed that "nothing happens without Allah's *hukum*". However, whilst Sandni's mother and other relatives of the sick believe that Allah has the ultimate power to heal, Allah does not give much guidance on the specifics: it is left to the individual to decide which healer to approach. This lack of prescriptive guidelines is productive of what Lambek terms the "discursive possibilities" (1993: 190) that lie within Islam. The Qur'an and Hadith, being finite texts, cannot give guidance on every situation. Lambek suggests that this gap between textual prescriptions and lived experience is indicative of a tension between text and personal authority that is intrinsic to Islam. Of course, the holy texts are open to interpretation, and in the Sylheti context - and in other local Islams outside the Middle East - where knowledge of Arabic is low, the tension is better conceptualised as one between a locally constructed 'orthodox' Islam and personal authority. This is frequently seen enacted in local gender relations. As often as I heard the proverb "Heaven is under the mother's feet", I heard the alternative version "Heaven is under the husband's feet". While local Islam constructs an ideal of feminine submissiveness (which may have no basis in the holy texts), women find that their everyday experience requires behaviour that is at odds with this ideal. For example, Sandni's mother feels that she has to order her husband out of bed; after doing so she always asks for Allah's forgiveness, although she thinks that Allah will be understanding as prolonged bed-rest will make her husband's rheumatism worse.

Another example: local Islam decrees that it is a sin for women to vocalise Qur'anic verse. On hearing Malik's uncle's daughter recite Qur'anic verse in front of her two sons I reminded her of this rule. She was aghast at my pedantry: as her husband was absent working abroad, how else would her sons learn to pray without her teaching them?

This tension between 'orthodox' Islam and personal authority is not one that is necessarily experienced as a struggle. As the above two examples have shown, people frequently make pragmatic choices that contradict 'orthodox' ideals with little conscious deliberation and soul searching. A more accurate representation may be that people have access to different and sometimes competing models that they draw upon selectively according to context.⁹⁸ The question what it means to be a good Muslim elicited differing responses according to the personal situation of the respondent. As well as the standard responses relating to prayer and not to speak ill of anyone, men and women who had jobs stressed hard work and the ability to provide for one's family, while rural women without work outside the home stressed observance to *forda* (purdah). Attitudes to predestination also varied according to the individual's situation. The poor said that they were powerless to change their fortune in this life; Allah was merciful, though: this life was so short compared to the afterlife at which time everyone would be equal before Allah; they had been put on this earth as a test for the rich people, who, if they fulfilled their *zakat* obligations, would go to heaven. On the other hand, the affluent told me that if the poor, like them, worked hard and worshipped Allah a lot then they would be rewarded by Allah in *this* life (see also Gardner, 1995). Sandni's family subscribed to this latter view; an embroidery

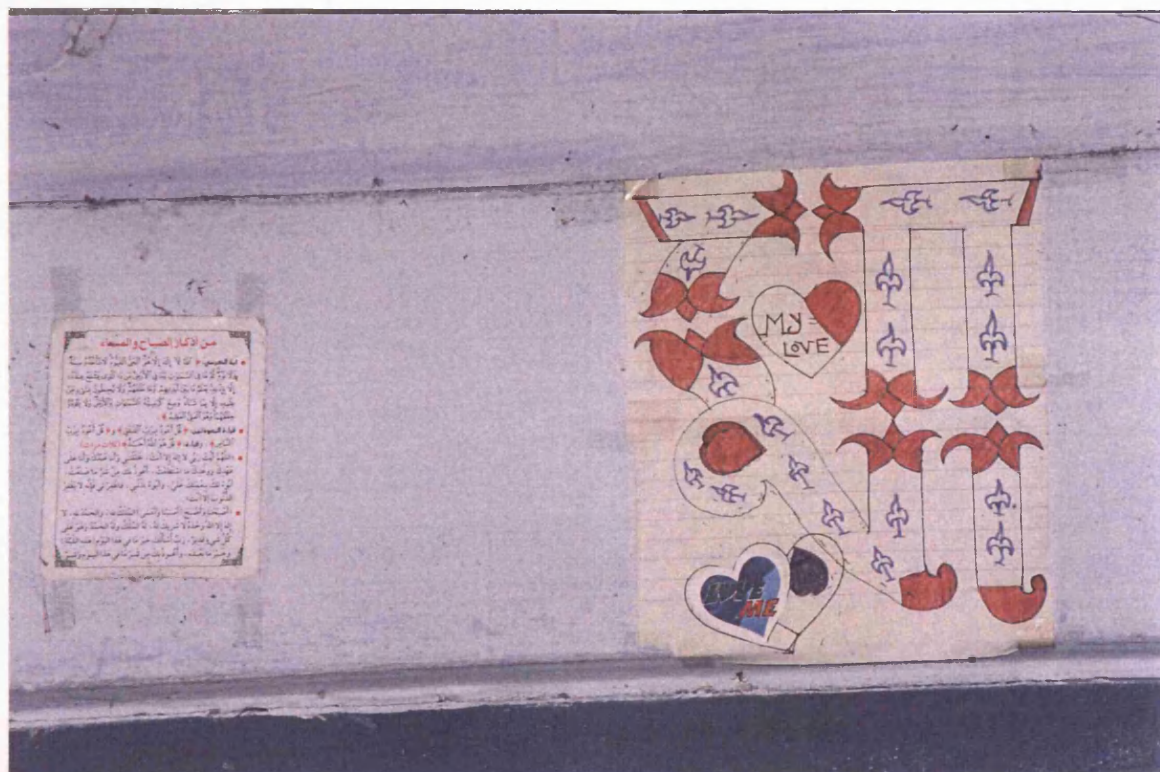
⁹⁸ Torab (1996) notes that agency includes the capacity to reinterpret received gender models contextually.

sampler was hung up which read “those who sleep and eat a lot are the enemies of Allah”. When I returned to Bangladesh in 2003 I posed my predestination/ free-will conundrum to a relative of Sandni’s father: “yes, of course you can change your fate; look at all this,” she said, gesturing to the new house that was being built for Sandni’s family, a three-storey palatial mansion with luxury fittings, three tiled bathrooms and two kitchens.

I return to the issue of personal agency and Allah’s preordination of events when I discuss suffering in Chapter 8 and finding a healer in Chapter 9.



16. A 'Ma' embroidery sampler is hung to the right of Allah's name in Arabic.



17. Lines from the Qur'an on the left; handwritten 'Ma' decoration on the right.



18. Left: 'Ma' icon commemorating the date of death of the household's mother; the Arabic reads: "Allah, we came from you and we will return to you." Right: the mosque at Madina with lines from the Qur'an.

Chapter 6: Female saints

During my fieldwork I came across a handful of female healers known locally as *firanis* (female saints - *fir* is Sylheti for *pir*). I was surprised by the discovery: I had read that although women may practise healing on an informal basis - giving *foo* (holy words whispered then ‘blown’ in the direction of the patient) and bone-setting - there were no female healers operating on a professional basis in Bangladesh (Gardner, 1995; Wilce, 1998).⁹⁹

There is nothing informal about Nadira Firani’s practice. Like the specialist doctors in Sylhet town, she operates a ticket system for consultations which take place at her home in a village 15km from the town. The purchase of a ticket guarantees a place in the queue (but not necessarily a consultation as Nadira’s spiritual power may leave at any time). Such is her popularity that we were advised to get there before 9am to secure an early place in the queue. Nadira starts seeing clients at 10am and finishes before *zuhor nomaz* (mid-day prayer, around 12.30 - 1.30) having seen up to 50 clients. I observed equal numbers of men and women waiting to see her¹⁰⁰. As occurs in other professional healers’ waiting areas, the men’s area is segregated from the women’s, with men sitting on benches outside her small consulting chamber, women sitting inside a separate wooden building. Refreshments are available for purchase and a stall sells bottles of oil and rosewater, the basic materials for Nadira’s treatment methods.

⁹⁹ As well as the 7 *firanis*, I met two other female professional healers: one Hindu *kobiraj* and one (Muslim) *hakim* (practitioner of Unani medicine). The latter was married to another *hakim*; she worked in her consulting rooms at home either alone or with her husband.

¹⁰⁰ Some of the men may have been accompanying their wives, rather than coming with their own problems. If the former was more frequent, nevertheless it suggested that they sanctioned their wife’s visit to see her.

About a kilometre down the road from Nadira's house and on the same bus route to Sylhet is the home of Shuli Firani. At 24, Shuli is a few years older than Nadira and is slightly longer established¹⁰¹. Like Nadira, Shuli sees patients in the mornings until *zuhor nomaz* when her spiritual power leaves her. Unlike Nadira's, Shuli's visitors are predominantly female; Shuli forbids men, unless accompanied by a woman, from visiting her. Shuli sees roughly the same number of patients as Nadira does, around 40 a day. In terms of reputation, Nadira may have a slight edge over Shuli: when we told the bus conductor where we were heading for on our visits to see these two *firanis*, a couple of times the comment was made that Nadira was the better one; but none of our (predominantly male) fellow passengers ever discouraged us from visiting either or had any criticism to make of them. It seemed testament to their standing that both their homes had become official stopping points for the bus.

In this chapter I explore the phenomenon of female saints in Bangladesh.¹⁰² Given women's subordinate position in Bangladesh and their polluted status within contemporary Islamic practices, I address how it is possible that they are not only tolerated but actively patronized. After briefly considering the role of the *fir*, I outline the status of the female saint in the history of Islam. I then discuss the ways in which the contemporary Sylheti *firanis*' authority is legitimized compared to that of their male counterparts. Lastly, I discuss the extent to which their practice represents a woman's space, either for themselves or for their female clients.

¹⁰¹ Nadira's mother told me that her daughter had been seeing patients for 8 years. This seemed to be an overestimate as everybody was clear that Shuli had started first, perhaps 1 -2 years before Nadira.

¹⁰² Living female saints may be a phenomenon restricted to the Sylhet district. In Chittagong, the shrine of a woman raped and murdered by a police officer is visited by women for infertility problems. Sainthood was not attributed to the woman, a cook who worked for the police, until the man who murdered her died the year after the incident took place, 50-60 years ago (Farid Ahamed: personal communication). The poetry of a 19th century Sylheti female saint survives today (James Lloyd-Williams: personal communication).

This chapter presents data about two *firanis* who lived and worked in a village about 7km from my own. Although I met and interviewed another 5 women attracting the appellation of *firanai*, I have chosen to concentrate on Nadira and Shuli because they were by far the most popular. Unlike the scores of people who came to see Nadira and Shuli every day¹⁰³, my two town *firanis* had a small but steady stream of clients two days a week; the three remaining rural *firanis* had very few clients indeed and included one who was semi-retired due to ill-health. Nadira and Shuli were much younger than the other *firanis* who were in their fifties or older, yet despite their youth, narratives mythologizing their power were to be collected throughout the *thana* and beyond.

1. Can women be saints in Islam?

The term *pir* has been used synonymously with Sufi saints¹⁰⁴, but few of the religious specialists in Sylhet who were called *firs* claimed to have any connection with Sufism¹⁰⁵. Rather, the term *fir* refers to a diverse body of holy men who are Islamic teachers, healers and spiritual guides, whose spiritual power places them above mullahs, but below *olis* (a saint or friend of Allah) in a continuum of superhuman potencies possessed by mortal beings;¹⁰⁶ many of the *firs* that I met were renowned for performing miracles. Those that were called *fir* ranged from religious leaders who had their own publishing houses and madrassahs to *Lengta Firs* (literally, naked *fir*): ‘mad’ men, intoxicated by their divine love for Allah. Partly because of this

¹⁰³ Nadira, unlike Shuli, took Fridays off.

¹⁰⁴ See for example Landell-Mills and other contributions to Werbner and Basu (1998).

¹⁰⁵ Roy (1983) notes that the term Sufism was not used in early Bengal Islam.

¹⁰⁶ The complete continuum reads as follows: mullah, *fir*, *oli*, *nobi* (prophet), *rasul* (divine messenger), and finally the Prophet Muhammad. See also Eaton (1993: 303).

diversity, the concept of *pir* has been seen as a marker for Bengali Muslim identity, drawing and redrawing “the fluctuating line between what is considered acceptable for Bengali Muslims and what is not” (Landell Mills, 1992: 401).

Does this line stretch to include women *firs*? Not in present day Bangladesh, according to Landell-Mills:

The Pir role is explicitly male¹⁰⁷, and in many ways Pir serve as masculine emblems of a spiritual order which is reproduced by the transmission between men. The power granted by initiation passes down through perfected souls in male bodies [...] Women do not have the capacity to become Pir. This may be ascribed to an all-pervasive pollution ideology which designates women as inherently different to men and as physically trapped within the biological entity, which is also seen as the emotional entity (1992: 315).

Whilst Nadira and Shuli Firanis’ client group covered a wide range of social classes, there were a few dissenting voices to be heard among local people. Some mullahs and lay people doubted their authenticity, saying that female saints were not mentioned in the Qur’an. Yet these same informants would also doubt the authenticity of some of the male *firs*: ‘their pupils call them *fir*, that’s all. Real *firs* do exist but they are very rare in Bangladesh. They have miraculous powers and can vanish and reappear instantly in another part of the country’.

Historically, theologians have argued about whether or not women could be prophets, with some proposing that the Virgin Mary, Sara (Abraham’s wife) and the mother of Moses attained the status of prophet because the angels spoke to them (Stowasser, 1994). One of my informants, a female college student, told me that women could not be prophets because being a prophet was a life-long calling and

¹⁰⁷ Landell-Mills points out that *pir* is Persian for old man.

during the years that a women menstruated they could not perform their religious duties fully. In Islam, it is menstruation which makes women ritually impure or *nafak*, preventing them from performing *nomaz* (canonical prayer) and rendering fasting void whilst menstruating ¹⁰⁸. The other Islamic prohibition which might mitigate against women taking a full part in religious activities is *forda* (purdah). This has been interpreted widely, ranging from a requirement of men and women to dress modestly when mixing with each other, to a strict spatial segregation of the sexes. Feminist commentators on Islam have stressed the extent to which purdah has been shaped by social, economic and historical conditions and cite women's high profile in early Islam as evidence that Islam originally carried a feminist message. During the time of the Prophet and shortly after his death, women attended the mosque, acted as Imams and religious teachers, were respected as reliable transmitters of the Hadith (the Prophet's sayings) and Aysha, one of the Prophet's wives, gave political speeches at the mosque and led her followers into battle (Mernissi, 1991; Ahmed, 1992; Roded, 1994). Rabia al-Adawiyya and other prominent Sufi women were revered as saints and their shrines are still visited today in North Africa, the Middle East and India (Fernea and Bezirgan, 1977; Schimmel, 1997). Nevertheless, over the centuries women's position in Islam has been eroded (according to Ahmed (1992), as Islam widened its influence it incorporated the patriarchal gender norms of pre-Islamic cultures).

¹⁰⁸ All body fluids including blood, semen and sputum are regarded as polluting. Hence men may also be impure, the difference being that men have control over their sources of impurity whereas women do not (Marcus, 1984). Note that female ascetics who become amenorrhoeic through fasting (Elias, 1988) also have control. According to a judgement based on the Hadith, menstruation that never ceases, or a chronic vaginal discharge, does not preclude women from taking part in Islamic rituals (Glasse, 1991: 267).

How, then, do the *firanis* get their legitimacy? To explore this, I compare the stories of how the *firanis* got their *firaki* (saintly power) with those of the male *firs*.

2.Legitimacy of saintly authority within Islam

The saint in Islam occupies a somewhat contradictory position. Whilst Islam's monotheism and egalitarian ethos mitigates against worship of mortal beings, it has been argued that the saint's role is necessary in bridging the gap between the people and the sacred. In the absence of a formal system of ordination within Islam, the saint plays a vital intermediary role, serving as the human embodiment of a faceless god (Landell-Mills, 1998), and providing exegesis of the Qur'an, the textual embodiment of Allah's message, which like all holy texts cannot be fully comprehensive (Lindholm, 1998). One of my *fir* informants explained the *fir*'s intermediary role in the following way: 'if people have a problem in this world, they can't talk directly to the judge in the court, they have to go through a lawyer. The *fir* is like a lawyer in the spiritual world: first people go to a *fir* and then the *fir* prays to Allah.'

Legitimation of saintly authority occurs both at the level of the individual and at the level of a wider power base. Attribution of supernatural powers to the individual emphasises the uniqueness of the saint, yet the paradigmatic nature of the stories narrating how that power was achieved derives the saint's authority from globally shared esoteric knowledge (Werbner, 1995). As well as possession of supernatural powers, followers also stress the saint's connection to an existing saintly lineage, usually with the claim to blood ties; often spiritual genealogies are traced back to Muhammad. By passing power from father to son, or from teacher to disciple, the saint's charisma is routinized (Brinner, 1987).

Of all the *firs* that I met in Sylhet, Roxmotgong Fir appeared to have the most resources: he and his sons own a publishing house in Dhaka which publishes a monthly magazine; the Fir runs an orphanage and has established over a hundred madrassahs. He has two wives: one who reportedly prays to Allah all day and all night, the other one, presumably, attends to the Fir's earthly needs. His followers stressed that he is a *boro alim* (*alim* means a person who has religious knowledge). His followers reported that he got his spiritual power from his father-in-law who one day called him aside and said to him 'a little *ilim* will become a big one'. This transformation did not occur instantaneously, but was achieved through years of diligent studying (this is echoed in the advice given in a pamphlet published by Roxmotgong: 'people don't find Allah's power quickly; you need to be a *murid* (follower, disciple). One *murid* teaches another one'.) The Roxmotgong literature traces his spiritual genealogy back to Ali bin Talib, son-in-law of Muhammad, via the famous Sufi saint of Ajmer in India. His followers told me that he is such a *boro* (important, powerful) saint that he has a direct connection with Allah - 'like a telephone line'. The miracles that he has performed are related to healing: making the paralysed walk again, curing *fagol* people who had been tied up.

3. Legitimacy of the *firanis*

In contrast to the male *firs*, the spiritual power of the *firanis* is not attributed to the *firani* herself, but rather to some supernatural entity that is temporarily affiliated with her. One of my mullah informants who dismissed the possibility that women could possess saintly power - 'there are no *firanis* in the Qur'an' - went on to add:

but there are many women upon whom *zinn* have taken shelter or they have *ufri dush* [spirit sickness] ...at that time when they are possessed they are able to say a lot about the future which turns out to be true. These they call *firanis*.

Here the mullah is limiting women's supernatural power to clairvoyancy; yet, the *firanis* in my locality were visited for a range of problems similar to that which male *firs* were consulted for. Still, like the mullah, local lay people located their power as residing not within the *firani* herself, but outside. Here is the story of how Nadira Firani got her power, as told by a female college student who lives in a village approximately 10km from Nadira's house:

Her father dreamt that somebody wanted to stay with his son. At that time the son was going abroad. So her father said in his dream 'no, don't stay with my son, stay with my daughter'. So after that the *zinn* came to stay with his daughter for five years. In the meantime she gives *tabiz* and *fani fora*. They [the *zinn*] said it will be for the good of her family. You have to go between 8am and 2pm, because outside those hours she is not able to say anything - between those hours the *zinn-e-mumin* [a spirit who follows the Muslim faith] stays with her.

When the *zinn* leave her Nadira has no special ability; as Nadira herself told us 'Allah has given this power; [he¹⁰⁹] has made me the *usila* (medium, instrument). I have no power; I have no *ilim*. Those¹¹⁰ that are with me ...it is their *ilim*'. Her mother added: 'during her childhood she didn't go to a proper madrassah and she didn't study properly, but when she is possessed she can read and write all the prayers and *tabiz*.'

Similarly, people attributed Shuli's saintly power to her affiliation with a supernatural being. Here is the story of how Shuli Firani got her power, as related by Nazima, a women living in a village about 10km away (two bus rides) from Shuli's house:

One day, she suddenly went missing. Her mother and father searched for her, but they were unable to find her. Actually, these parents with whom she lived were not her real parents, but her adoptive ones. When they could not find her they did *azir* (summoned a *zinn*) and asked the *zinn* where she was. They found out from the *zinn* that she was under water. So they got a fishing net and cast it in the pond but were unable to pull her out. They did *azir* again and asked the *zinn* what they should do. The *zinn* replied that the earth next to the pond steps should be covered with a thick layer of soil, and that her mother should not go there. Despite doing this, many days later she still had not emerged so they did *azir*

¹⁰⁹ When referring to Allah, the third person polite pronoun is used which in Sylheti is genderless.

¹¹⁰ I wondered if Aysha and her mother's reluctance to use the term *zinn*, to always substitute pronouns, was out of deference to the *zinn*.

again and asked the *zinn* what they should do now. This time the *zinn* told them that a lot of fruit should be laid next to the pond steps every day. Every day her father left fruit next to the pond steps and every day all the fruit disappeared, but who ate it nobody saw. After 14 days had passed like that a large stone appeared next to the pond steps. Her parents did *azir* again and asked the *zinn* what they should they do now. The *zinn* told them that a candle should be lit next to the stone. The father lit a candle next to the stone every day for 14 days. After 14 days had passed the *firani* came out of the pond. She had survived under water for 14 days; for the following 14 days she had stayed on the pond steps. She asked her parents to build her a *mondir* (temple¹¹¹) for her on the pond steps. Her father built the *mondir*; the stone, which had been placed inside a casket, is kept in the *mondir*. Nowadays, the *firani* goes daily to the *mondir* and speaks to the stone and prays there, and for the rest of the time she stays inside her house. The police arrested her once, but she was able to walk out of her locked prison cell so now everyone, including the police, believes that she is genuine.¹¹²

This narrative shares two of the three features that Werbner (1995) considers as paradigmatic to *pir* biographies: initiation through overcoming a physical ordeal (surviving under water for 14 days) and a triumphant encounter with a temporal authority (escaping from police custody).¹¹³ Her religiosity is also signalled by her lack of interest in the material world and attention to purdah: according to Nazima's account, when she is not praying at the *mondir*, she stays indoors, keeping herself apart from unrelated male kin; Nazima's paternal aunt who had consulted Shuli about chest and back pain¹¹⁴ emphasised the fact that Shuli always wore white clothes and no jewellery (the customary attire of widows) which is further evidence of Shuli's piety. But like Nadira, Shuli's power is located within a superhuman entity which is temporarily affiliated with her. Sandni (see Chapter 4) told me that people

¹¹¹ Nazima was the only informant who used the term *mondir* when referring to Shuli's *mukam* (shrine). *Mondir* always implies a *Hindu* temple.

¹¹² There is no definitive mythic story; oral narratives are reconstructed anew each time. Bhatkin viewed each articulation of a myth as a rejoinder in an unfinalised dialogue, reflecting the "heteroglossia of ideological possibilities" (quoted in Werbner, 1990: 7). I wondered if Nazima's detail about the *firani* being adopted reflected her own situation. At the time of telling the story she was staying at her employer's house, seeking sanctuary from her parents after her father had been seen searching for her wielding an axe. She had angered him after she had taken a property case against him to the local village council.

¹¹³ Werbner's third feature is instantaneous achievement of esoteric knowledge. That Nadira and Shuli could write *Arabi* (Qur'anic verse) as *firanis* but had not been able to before was taken as evidence of their saintly power.

¹¹⁴ Which improved with the *foo*, *tabiz* and *tel fora* (oil for massage which has been made holy through *foo* being done over it) that Shuli gave her, but not with treatment from a MBBS doctor.

said that if Shuli gets married all her *firaki* will go - she has a *zinn-e-mumin* or a *fir* or an *oli* [saint] with her. (In Nazima's account, the reference to a lot of fruit being eaten by something unseen is clearly pointing to a *zinn* as *zinn* are notorious for having huge appetites for food, and are invisible. Nazima later confirmed that Shuli consulted a *zinn* which told her how to manage her patients.)

4. Spirit possession: a gendered domain of religious practice?

Is this data simply reiterating the commonly stated anthropological observation that in the Islamic world spirit possession and knowledge of the holy scriptures reflect two distinct gendered domains of religious practice? In Islamic Africa, women traffic with spirits, men have access to a 'universal' Islam based on the holy scriptures (Lewis, 1971, Lambek, 1993, Boddy, 1994). Whilst men do not deny the existence of spirits, in the context of Islamism they are likely to regard women appeasing spirits as unIslamic - proper Muslims appeal directly to Allah (Masquelier, 2001).

Correspondingly, women's participation in spirit cults can be regarded as counter-hegemonic to mainstream Islam; the appeasement rituals of the *zar* spirits offer a parodical commentary on local gender relations (Boddy, 1989) and the displays of immodesty observed at the *bori* spirit ceremony invert the usual Islamic norms of feminine decorum (Masquelier, 2001). Whilst men may be victims of spirit possession, in the Sudan they refrain from joining in the *zar* spirit ceremonies for fear of ridicule (Boddy, 1989).¹¹⁵

The situation in Sylhet is rather different. Many of the male healers I met worked with the assistance of one or more *zinn*, practising *azir xora*: making the *zinn* appear, who -

¹¹⁵ Men's private attitudes towards spirit possession may differ from their public pronouncements. Men may enjoy a vicarious participation in spirit cults, paying for their wives to take part (Lewis, 1996; Nisula, 1999).

usually after a discussion with the healer - would give advice on treatment. At first glance this may suggest that the male healers had control over their *zinns*, being able to summon this supernatural power whenever they required it. Recalcitrant *zinns* guilty of disturbing humans are summarily brought to heel by a competent practitioner: a Muslim *gunine* (exorcist) told me, 'having got down on the floor and touched your feet he [the *zinn*] will call you master, he will call you father; having asked for permission he will leave and he won't return'. Yet closer inspection reveals a more complex relationship than a master-servant one. The healer has to make careful preparations for the *zinn*'s arrival: an *ashon* (seat) may have to be prepared, decked with inducements such as scented candles and enchanted pieces of cloth. The above *gunine* is subject to certain restrictions on when he can practise: his *zinn*, like most, are frightened of the light and he has to wait until midnight before he can call his *zinn*. Bar a loin cloth, he has to sit naked so that his body is open to receiving the *zinn*. He does not like to practise with others present: he cannot be held responsible for the actions of his *zinn*; and his *zinn*, being a good Muslim one, could strike a person dead if he heard them swear. (A *fir* told me that he did not practise with a *zinn* because there were children in the house.) Many of Mufti Huzur's healing sessions ended in disappointment as the Huzur's *mufti* (*mufti* is the term that the Huzur used for his *zinn*; *mufti* is Arabic for a legal scholar empowered to issue a fatwa) did not always come when the Huzur called him: sometimes he was busy with work elsewhere or was ill with a fever. The Huzur inherited his *mufti* from his paternal grandfather during his childhood. He went *fagol* for a few days: he could not concentrate on his school work and saw a tree turn into gold. His father took him to see Roxmotgong Fir who said that a *zinn-e-mumin* had taken shelter in him. His *mufti*, upset and angry that they had consulted another spiritual power, whisked him away in

his sleep to a madrassah in another county where he remained undiscovered by his worried parents for several months.

Previous commentators have argued that for Sylhetis, practising with *zinn* is representative of unorthodox Islam and is frowned upon by orthodox Muslims who advocate control rather than accommodation of *zinn* (Gardner, 1995; Pollen, 2001). Delineating what constitutes Islamic orthodoxy and what does not is tricky and runs the risk of reaching tautological conclusions: practising with *zinn* is unorthodox Islamic practice when orthodoxy is defined as refraining from practising with *zinn*. If, for the purposes of this chapter, orthodox Islam is defined by a close affiliation with the holy scriptures then Roxmotgong Fir and Keramotnogor Fir were the most orthodox of the *firs* that I came across in Sylhet: both teach at madrassahs and their expansive rooms are lined with holy books. I once saw Keramotnogor Fir treat a spirit possessed young woman by beating her with his stick¹¹⁶, a practice which constitutes orthodox Islamic exorcism (Gardner, 1995). I did not have the opportunity to speak directly to Keramotnogor Fir about his views on *zinn*, but his followers did not give me any evidence to suggest that the Fir believed that trafficking with *zinn* was evil and unIslamic. Mufti Huzur, a disciple of Keramotnogor Fir, told me that whilst the Fir did not practise *azir xora*, *zinn* were among his disciples and came to be taught by him at his madrassah. But Keramotnogor Fir's relationship with *zinn* did not seem to be simply a teacher-pupil one. Mufti Huzur told me about a case in which a boy had become ill after catching and eating a fish containing a *zinn*. The offended

¹¹⁶ Neither Shoma nor I had ever seen this practice before, although we had heard about it from Taniya's family (Chapter 7); Shoma thought that perhaps the Fir had caught sight of the *zinn* and was trying to beat the *zinn* out of the patient. The treatment 'worked': the woman, who had been causing a nuisance by rolling around on the floor of the Fir's waiting room all morning, her hair dishevelled and singing rowdily and incessantly about procuring a *Londoni* husband, curled up in a ball after the beating and remained quiet until her husband and father came to reclaim her. Sandni (Chapter 2), who had been to see the Fir, confirmed that his usual treatment for spirit possession was to touch the sufferer lightly on both shoulders with his stick.

zinn had led a delegation of fellow *zinn* who hung out in the same pond and told Keramotnogor Fir not to interfere; when the boy's family went to see the Fir they were told by his daughter that he could not make the boy better (Mufti Huzur's *mufti* successfully treated him instead). Roxmotgong Fir's son told me that his father did not practise *azir xora*, it was forbidden by his *fir*. However, the son recognised that sorcery and spirit sickness existed and came close to acknowledging that a healer more powerful than his father was required to treat them: '*alims* can give *fani fora* [water made holy through having *foo* blown over it], but if it is old [chronic] they need to go to somebody else for *todbir* [treatment involving *azir xora*]'.

5. *Firani*: a woman's space?

As well as participating in spirit cults, women's attendance at saints' shrines has been regarded as a female expression of Islamic religious practice. Women in Arab countries, marginalised at or excluded from the mosque, strive for agency and sacralize their own space at the shrine complex, sharing grievances and a sense of community with other women (Mernissi, 1975; Doumato, 2000). Before discussing how far this is applicable for the case of Bangladesh, I consider the extent to which being a *firani* led to personal fulfilment and empowerment for the two individuals concerned.

5. (i) Nadira Firani

Nadira is the third eldest of six children. She has an older sister who is married, and an older brother who drives a *baby* taxi; her two younger brothers and younger sister are still at school. Her mother thought that since early childhood Nadira had always been a bit poorly; at school she sometimes went into a *fit* (loss of consciousness) and

her brother would have to bring her home. In retrospect her mother thinks that this was the *zinn* that had started to disturb her, but the *zinn* did not formally announce their arrival until Nadira had completed the final year of her primary school and was about to be admitted to high school (ie around the age of 11). Nadira explained:

When they first came they used to teach me in my dreams that there was some prayers that if I read them they would become [my] *ashik* (lover, fan)... When they first possessed [me], my body was burning a lot and I couldn't bear to see anybody, not even my mother. When I used to be possessed, it used to happen suddenly, I used to go into a *fit*.

It is not uncommon to use the word *ashik* when referring to spiritual love: in a case of spirit possession which the *gunine* treated, the offending *zinn* came because they had become an *ashik* of the (female) victim's religious scholarship. Nevertheless, I was curious about Nadira's use of the word *ashik*, especially as she was an unmarried young woman of marriageable age. Nadira would not be drawn into confirming whether or not there was more than one *zinn* that visited her, but she did admit that it or they were male. What would happen if Nadira got married? Would the *zinn* be jealous? Sensing her daughter's embarrassment at my prurient line of questioning, her mother answered:

At first, I didn't want those that were with her [the *zinn*] to stay - I wanted to give a *shian furi* (grown-up girl/daughter) in marriage. Next Bokra Eid we will try to free her. Now, I want to see if there is any way that they can help us to send our son abroad.

Her maternal aunt thought that if the family wanted, they could say goodbye to the *zinn* at any time, or they could keep them with her, but her mother was less confident:

If marriage happens perhaps they will go...if she is given in marriage we will need to give her with their [the *zinn*'s] permission. If they say no, we can't give her in marriage - she will be harmed.

Marriage is more or less compulsory for women (and men) in Bangladesh: Nadira and Shuli were the only two cases I heard of that had a reason for not getting married

which was understandable and acceptable to local people. Apart from avoiding the wrath of the *zinn*, staying unmarried, and therefore asexual, preserved Aysha's holy status. In Sylhet town, love marriages are rare but may be possible, contingent on the parents' liberal outlook. In rural Sylhet, however, love marriages carry great shame. Parents *give* their daughters in marriage to another family, virilocal residence being the rule. This process can make the daughter feel that a suitable groom has been lovingly and carefully selected for her by her parents, or, at the other end of the spectrum, she can be made to feel like a pawn in her parents' bid to achieve wealth and status. Whatever, for a woman from Nadira's low social class, it is the norm to be given in marriage around the age of 15. To suggest that Nadira welcomed postponing the responsibilities of marriage may be ethnocentric. Moreover, I wondered if she felt under pressure to remain a *firani*, used by her family until she had earned enough money to send her brother abroad. Common to the narratives mythologizing Nadira's power was the feature that the *zinn*'s presence would enable her brother to go abroad. Nadira told me that the *zinn* would not fly him there, but that the family would have to approach a middle man - somebody who procured immigration papers, I imagined - and the *zinn* would try to make the middle man effective. I wondered if the family were relying less on the *zinn*'s supernatural power and more on the cash that Nadira was earning through working as a *firani*. Although Nadira did not charge very much - 3 taka for a ticket, 10 taka a problem, plus profits from the sale of oil and rosewater - I calculated that she could earn up to 1000 taka (£12) a day. There was no visible evidence that this money was being spent: Nadira and her family continued to live in wooden and thatched roof buildings typical of a poor village family, unlike Shuli whose advancement from such dwellings to a large stone house was taken as evidence of her popularity and therefore belief in her saintly power.

Yet Nadira has some control. The story I quoted above about how Nadira got her spiritual power credits her father as doing a deal with the *zinn*, but Nadira's own story gives herself greater agency. When the *zinn* first came Nadira's father had been *fagol* (mad) for 7 years:

We used to have another homestead, a bit further away. After selling that house [my father] went *fagol* - his body used to burn. They [the *zinn*] said to me that if I allowed them to take shelter in me, they would make my father better and would make all the people in this world better.

Her mother continued:

He has been well since then. After they first possessed her we went to a Fir and she became a *murid* [follower]. [The *zinn*] told her to go to that Fir so she could become a *murid* and he could make her body *bondo* [closed] so they could get proper shelter from her. After that, they wanted an *ashon* [seat] from her. When they took her as their *ashon*, she became numb, she couldn't speak or move her arms; patients came and got better.

Nadira's relationship with her *zinn* is a reciprocal and emeshed one, rather than one of dominance and submission. She can call them when she wants to, provided she has followed their instructions. As I mentioned above the time when she stops seeing patients is not fixed - the *zinn* leave at no set time, but how many patients she sees - how long she can give the *zinn* shelter, Nadira told me, depends on her *shoril* (body, health)¹¹⁷, how *shokti* (strong) it is. Like the Prophet Muhammad experienced, possessing a spirit is uncomfortable for Nadira. Even talking about the *zinn* made her suffer, Nadira told us, explaining her reticence to discuss any more about the details of her spirit possession. Unlike Mufti Huzur and other healers who practised with *zinn*, Nadira did not fully retain her own identity when being possessed. During her 'clinic' time I observed a subtle change in her physiognomy and mannerisms: she became slightly more animated and robotic. Every day the *zinn* left dramatically, with

¹¹⁷ When a woman has a bad (*karaf*) *shoril* it usually means that she is menstruating. I did not get the opportunity to ask Nadira how menstruation affected her spiritual power.

Nadira emitting throaty sounds, her arms making jerky movements before leaving her slumped in her chair, apparently unconscious.

5. (ii) Shuli Firani

It may have been this dramatic exit of the *zinn* that made Nadira perhaps the more convincing of the two *firanis*. As the departure of Nadira's spiritual power was unambiguous, she did not have the problem of refusing to see patients that Shuli had. It was not uncommon for patients who had been unsuccessful in seeing Nadira to get on the bus and head for Shuli's. By this time it was often after *zuhor nomaz* and Shuli's power had also left her. After repeatedly explaining this to patients to no avail, an exasperated Shuli, her voice hoarse from a heavy morning's work (and feeling perhaps insulted as she suspected that she was their second choice) would give in with the caveat that the treatment she would give would not be as effective.

What follows is Shuli's story of how she started seeing patients, with some details added by her mother. The material was obtained from several interviews with Shuli, carried out over a few weeks. I have pieced it together to read in chronological order, but have tried to preserve Shuli's style and vocabulary.

Shuli's father, a tailor, died in 1978 when Shuli was less than 2 years old. He had been ill for some time with a swollen abdomen and was vomiting blood, but the family were very poor and could not afford proper medical attention. In the same year that he died, her mother married her husband's brother¹¹⁸. She has one older sister

¹¹⁸ Marrying one's brother's widow is fairly common, but not compulsory.

who has been given in marriage, and 3 half-brothers and 3 half-sisters. The eldest brother lives in Dubai.¹¹⁹

Shuli had been a very good student. Every day after *mogrib* prayer (4th of the 5 daily prayers performed at dusk) she studied her school books until midnight when she read *ozifa* (a condensed version of the Qur'an) until the early hours of the morning. When she went *fagol* around the time of taking her *Matric* (school leaving exams taken roughly around the age of 16), everybody said it was because of studying so hard.

Going fagol

Shuli went *fagol* on *Shob-i-Borat*¹²⁰ night in 1993. As usual, she went to the local bathing pond to perform *ozu* (ritual ablutions performed before prayer) before the *mogrib* prayer. However, she did not return to the house and was missing for several hours. It was not until 3 o' clock in the morning that her family found her, still in the pond. Having stepped into the pond, she had been unable to get out and had gone completely under. It was the winter time; she was so cold that after they had pulled her out of the water they dressed her in three sets of *silwar kameez*. They could not understand what she was saying: she spoke in Hindi and *Arabi* (Qur'anic verse, or - more likely in this context - Arabic).

She remained *fagol* for 6 months: every day she stayed in the pond; at night, people forced her to come into the house, but if she could open the doors she would return to

¹¹⁹ Shuli added that it cost over 100,000 taka (£1250) to send him there. It is probable that all of the money came from Shuli's earnings as a *firani*. Shuli does not explicitly make a charge for her services, but all of her clients seemed to leave a gift, usually in the form of money, but sometimes biscuits or cakes.

¹²⁰ Marks the sighting of the full moon 14 days before the start of Ramadan. As it is the night when destinies are fixed for the coming year, many Muslims pray all day in the hope of being blessed by Allah.

the pond and swim and submerge herself completely under water. During the time under water she saw many beautiful things that she had never before seen in this (mortal) world including Kwaz Fir, the saint of water. She fasted every day, just taking water and refused to eat *bhat* (rice, a meal). She would lay in the sun for hours and did not dress modestly. When she was very *fagol* she would sweep the whole house until the early hours of the morning; on one occasion she swept up 7 grains of rice and told her mother that she would eat them if her mother cooked them for her. On another occasion, after sweeping up some leaves, she set fire to them; remarkably, the leaves remained burning. One day she climbed a thorny tree and fell without hurting herself.

During the first few weeks of being *fagol*, her family tried to get her illness treated. They first approached a local doctor who prescribed sleeping tablets and an injection, yet although Shuli took the medication it did not make her sleep. Next, they brought a mullah to see her, but she kicked him. At this point they were going to take her to see a *boro daktar* (literally, big doctor - a specialist) but her mother's *sasa* (paternal uncle) recommended a *fir* who lived the other side of Sylhet town, a one and a half hour journey away by two buses. The *fir*, a *lengta fir*, at first said that nothing had happened to her. But when her family protested that she was doing a lot of mad things, he said that she would get better and that 'those things that are with her are bigger than me', implying that there was a spiritual power that was with her that was more powerful than his own.

After that, they looked after her at home.¹²¹ At times she was so *fagol* that she had to be tied up. She hit people; she knocked out two of her mother's front teeth and her mother still has the scar from where Shuli bit her on her arm. When she was tied up she saw all the fish at the Shah Jalal shrine go over her head and all of Shah Jalal's *olis* came to see her and told her to pray a lot.

Finding her miraculous things

One night at 3 or 4am when Shuli was sweeping round the back of the house she felt that a stone was pressing inside her belly. Then she noticed that a large black stone, about a foot high, was standing in front of her. While she was *fagol* she often heard the prophets talk to her at night; now it seemed that they were telling her to put the stone into her belly; it felt like the stone was pressing on her belly. She did not know how the stone came to be next to her, but remembered that it had been in the pond with her on Shob-i-Borat night.

One day, shortly after finding the stone, she ran and fetched her father's large scissors and told her mother that she would cut off all her hair. She twisted the hair round four matches and left them on a betel nut tray. A few days' later she called her mother to look at the hair. The hair had increased in volume and had become matted. Her mother, incredulous, thought that Shuli had added other people's hair to her own. However, Shuli asked her mother to comb her hair and to keep the hair from the comb in a polythene bag. A few days later, her mother saw that, like before, the hair had increased in volume and had matted. On seeing the hair, Shuli cried out in joy 'I've

¹²¹ The family remained in contact with the *fir*. The *fir* proposed marriage to Shuli, but Shuli declined, saying that he had become like a brother to her; she said she would pray for him. He subsequently got married and now has a son.

found good [spiritual] things'. From then on, her mother realised that Shuli indeed had found something good.

Then Shuli dreamt that she should bury the hair three hands deep and put the stone on top of it. She also felt she heard the prophets telling her to cut her *mendi* (henna) dyed fingernails¹²² and to place them next to the stone. She buried her *goibi* (miraculous) things - the hair and the nails - three hands deep under the stone and planted a coconut tree on top of the stone. By this time, a lot of people were coming to their house leaving money and other gifts next to where the stone lay. Shuli found peace in her heart whenever she went near the stone; when people lit candles and made a wish in front of the stone their wishes were fulfilled. However, some of the local people were jealous and said it was *thogani* (cheating, deception). Out of *shotruta* (enmity) they dug the stone up (they were unable to find the hair) and threw it back into the pond where Shuli had bathed on Shob-i-Borat night. A lot of people searched for the stone but were unable to find it. She had a dream that if she was *shoti* (honest, genuine) she would find the stone. Shuli prayed a lot and read the Qur'an; once when she was reading the Qur'an in the early hours of the morning, she felt that there were a lot of white stones around her, but when she finished reading she looked up and saw only her black stone; she understood then that the stone was charmed. A few days later, her *nana* (maternal grandfather) found the stone, having knocked his foot against it whilst he was doing *ozu* in the pond. He had broken a toenail, and, not wanting anyone else to injure themselves, fished the stone out and told Shuli's mother that he had left it on the bank. Shuli's mother fetched it and brought it back to the house.

¹²² It was Ramadan and on the 26th and 27th days it is customary to apply henna to the fingernails.

Shuli's mukam (shrine)

Shuli dreamt that the stone should be kept in a beautiful place: a clean and tidy place where people could pray, fast and recite the Qur'an. She dreamt that she should build a *mukam* (tomb, shrine)¹²³ and place the stone and other miraculous things inside it (see photograph 21). Accordingly, her mother had the shrine built for her on the original site where she had planted the coconut tree.¹²⁴ (Shuli found the nails and hair where she had buried them, but they had gone another 8-9 hands deeper.)

Shuli's healing powers

When Shuli was *fagol* she told her family to look after other *fagol* people. At first, they had *fagol* people to stay with them, and Shuli instructed her mother to do everything for them, including clearing up their urine and faeces, but this proved to be too arduous and Shuli now no longer has patients living in her house. When she was *fagol* people visited her and found that her prophecies came true. From that beginning more people came; some people took leaves and bark from Shuli's grapefruit tree and found it to be beneficial.¹²⁵

¹²³ Shoma asked Shuli why she called it a *mukam* - was there a body buried there? Shuli replied that there wasn't, it was just where she kept her miraculous things. She would be buried there only if she if she had dream that indicated that she should.

¹²⁴ She learnt from the dream the shape and colour of the shrine; originally, it was white. Later, one of her clients painted the colours and the flowers on after he had a dream. Recently, she has had another dream in which the *mukam* (shrine) was taller and her miraculous things were buried in the corner, her stone placed on the ground above them and a shelf, on which sat the Qur'an, was fixed above the stone. She plans to rebuild the *mukam* accordingly.

¹²⁵ The story behind Shuli's grapefruit tree is as follows: when Shuli was still at school she fasted for 18 days. Instead of breaking her fast at sunset with the usual *ifta* food, she gave the food to her cat. Her mother was very angry, took off her sandal and hit her with it. A few days later the cat fell in the pond and died. Shuli fished the cat's swollen corpse out of the pond and threw it in the sand. A few days later she saw the cat's body on the steps of the pond. Again she threw it in the sand, but again the cat's body reappeared on the steps of the pond. After this happened for the third time she told her family that they should make a *kobor* (grave) for the cat and perform *zaniza* (funeral service). A few days' later Shuli's mother found her washing the cat's severed head on the pond's steps with *Lux* soap. She said that she had found 'some very good things'. They made a grave for the cat's head under the grapefruit tree.

Her goibi (miraculous) flower

In 1997 Shuli noticed a rice-like plant growing up the wall of the *mukam*.

Miraculously, it was growing from the stone floor. Her *xala* (maternal aunt) wanted to pluck it out and throw it away, but she was unable to. Neither could she stub it out with a smouldering incense stick. Day-by-day the flower got bigger and by the 18th day it was completely in flower. It first flowered on the first day of the lunar month. At night a light shone from the flower that was so bright that no other light was necessary to light the *mukam* until midnight. During the day water fell from the flower, but if anybody wanted, the water would stop. The night before the plant flowered Shuli dreamt somebody saying to her the following poem: Having seen the prophets/ Having kept the light inside/ I write a hundred prayers/ You gave them to Golden Modina. Later, Shuli dreamt that she was the flower; in that dream she learnt that she should not practice healing after *zuhor nomaz* (the mid-day prayer). Shuli had the flower photographed and keeps an enlarged framed copy hung on the wall of her *mukam* (see photograph).

Discussion

Unlike the mythological narratives told by local people, Shuli and her close associates did not attribute Shuli's power to a *zinn* which had become temporarily affiliated to her. Her mother explained:

She has no *zinn* or *deo* (type of *zinn* which frequents ponds) with her. There is nothing bigheaded about her. She is not proud. She has no greed for food. We took her to Dhaka to shop but she had no interest and she didn't buy anything. During the day she is for people; at night she is for Allah. Women can't get *firaki* (saintly power), but those that Allah loves (*maya*) he gives *kudroti* (miraculous) power to.

Denying that her daughter has a *zinn*, Shuli's mother goes on to imply that Shuli has a more direct connection with Allah: Allah has specially chosen her because of her religiosity; Allah has given the miraculous power directly to her, not sent it via a *zinn*.

A male friend of the family, a local high school teacher, who had become Shuli's 'guardian' after her father died, had his own explanation. Like her mother, the guardian was quick to emphasise that she had no *firaki* or *zinn* with her. Instead she had become *fagol* when she had gone to his house and stepped on his family's *mukam* - his forefather's were *firs* and one of his in-laws is related to Roxmotgong Fir¹²⁶.

When I saw Shuli alone, I reminded her of her guardian's explanation, but she dismissed it ('if people want to think that, let them think it'). I wondered if she believed that there *was* a *zinn* with her. Once, she spent the night in her *mukam*, awaking to find that the skin of her fingers had been 'eaten'. She never slept again in the *mukam*. She left food in the *mukam* - a banana, bread - but they remained untouched. I asked her what she thought it was that had eaten her fingers: she smiled enigmatically, nodding thoughtfully, playing for time as she tried to think of a reply that was both polite and unrevealing. She answered finally 'it was another thing, a miraculous thing'.

Most intriguing of all in Shuli's account is the discovery of the 'miraculous' stone. Shuli's stone reminded me of the famous Black Stone which is kept in the Ka'ba in Mecca, the black cubic structure towards which all Muslims pray.¹²⁷ Part of the *hoz*

¹²⁶ Accidentally stepping on a saint's shrine is commonly given as a reason for going *fagol*: the offended saint punishes the culprit by sending them *fagol*. That Shuli recovered to find herself in possession of healing powers demonstrates the ultimately good natured power of the saint. In putting forward this explanation, the guardian is making a claim for his personal involvement in her success.

¹²⁷ Shuli's stone is roughly the same dimensions and colour of the Meccan Black Stone.

rituals involve circumambulating the Ka'ba and kissing the stone, or blowing a kiss towards the stone. According to the Hadith, the Black Stone had been a white jewel in paradise (cf Shuli seeing white stones which then appeared to turn into her black one); when it fell to earth together with Adam it became black with human sin. Adam placed it in the original Ka'ba. When Abraham rebuilt the Ka'ba, the Angel Gabriel retrieved the Black Stone from the Meccan mountains where it had been hidden at the time of the Flood:

Just as the Black Stone is material symbol of God's covenant with man, so also is the Ka'ba the "navel", the center of the foundation of the world; it stands on the seventh earth in a direct line below God's throne in seventh heaven, and as angels circumambulate God's throne, so do humans circumambulate the Ka'ba. (Stowasser, 1994: 48).

I wondered to what extent Shuli felt that by acquiring the stone and building a shrine around it she was establishing a second sacred centre away from Mecca.¹²⁸ But Shuli does more than simply discover the stone: she feels it pressing inside her belly - she gives birth to it. And it is a sacred centre which excludes men.

Shuli forbids men from entering her *mukam*. Nowadays, she told us, men in Bangladesh were not good; she did not trust them. If she allowed them into her room they might be impolite or want to spoil her (rape her). She would not be able to escape because there is only one door. If men touched her, she wouldn't like it - she would become impure¹²⁹. She used to walk to school because if she got on the bus men could pull and push her.

¹²⁸ When I asked Shuli if there was any connection between her black stone and the one at Mecca she nodded and said that she had dreamt that the Prophet had given her the stone (she had had this dream before finding the stone).

¹²⁹ When I asked Shuli about her marriage plans she said it was up to Allah.

Neither do any of her male relatives enter the *mukam*. Once, a *dulabhai* (brother-in-law, or cousin's husband) slept in the *mukam* because they had many guests to accommodate in the house. He dreamt that somebody threw him out of the *mukam* by his hair and has been too frightened to go in since. Shuli had asked him if he had made himself impure by getting up to urinate in the night and not performing *ozu* (ritual ablutions) properly - he confirmed that this had been the case.¹³⁰

Shuli does not generally receive clients in her *mukam*; consultations are carried out in her family's house, after which she may send the client to pray at the *mukam*, a few yards away from her house. Nevertheless, Shuli refuses to see men in her house who have come alone unaccompanied by a female relative.¹³¹ Women sometimes attend on behalf of their male relatives. When this happens, Shuli encourages them to bring the male relative with them the next time, as she prefers to treat the patient in person. When men did attend, accompanied by a female relative, they seemed to require a more complex plan of treatment than the female patients did. It was common for Shuli to ask her female patients to bring with them water, sugar, or another commonly available substance (usually from their own home) on the next visit so Shuli could make them holy by doing *foo*. But in the case of a middle-aged man presenting with chronic pain in his whole body, she asked him to bring water from the Surma River, black pepper, ewe's and sheep's blood ('if it's not available at present, wait for the next Boxra Eid'), a scented candle, materials to make a *tabiz* (metallic cover and

¹³⁰ Shuli does not enter the *mukam* herself when she is menstruating. She dreams when her period will start; it only lasts for 1-2 days.

¹³¹ I was present when a young man turned up, unaccompanied, who was complaining of breathing problems. 'Bring your mother,' Shuli told him. 'I've got no mother or elder sister,' he replied 'I'm the eldest'. 'Bring a *sasi* (paternal uncle's wife) or a *xala* (mother's sister)'. After he had said he had nobody to bring, Shuli gave him the following advice: 'after breathing, break a leaf in two; throw one piece in the east direction, one piece in the west direction. Now, off you go. I don't want to speak with you about the problem, only with your relative'.

string), 7 types of plant leaf and 3 types of root. In addition she instructed him to read passages from the holy scriptures every day ('if it's very long I won't be able to do it, give me a short piece,' he pleaded). Her diagnosis was that his ribcage had become *nafak* (impure): 'you urinated in a place and became impure'. The man retorted that it was not his fault, it was by Allah's command that this illness had happened and when his consciousness went he didn't understand anything - it happened like that when he went to the mosque and urinated.

2003 Postscript

In April 2003 I returned to Bangladesh for a 1 month visit. I found Shuli to be much the same as before: she was still living in the same place and practising as a *firani*.

From her appearance I could tell that she had lost a lot of weight. I was astonished to learn that she had got married a few months before.¹³² Her husband is a mullah and madrassah teacher in another *thana*, and a member of the Jamaat-i-Islami party.¹³³ Shuli's account of her marriage is as follows. Her husband had been working in Saudi Arabia. He was at Mecca performing the *hoz* rituals when he had a dream that he would marry an honest and very pious woman. On returning home he asked around and finally found Shuli. Meanwhile, Shuli had also had a dream about him. She saw his face at Mecca and was told not to refuse him. On getting Shuli's agreement to marriage, her future husband approached Shuli's mother and stepfather with a formal proposal. The marriage was settled. A *kabin* (Muslim marriage contract) was drawn up. According to Shuli's wishes it specified that for the first 12 years of marriage Shuli could remain at her parents' house. (This arrangement had been revealed to Shuli in a dream). For forty days before the wedding Shuli prayed a lot.

¹³² Shoma was not surprised: "she's a Bangladeshi girl." Shoma had always told me that although marriage was a scary prospect for a woman, not getting married was even scarier.

¹³³ Shuli is not herself a member. A Jamaat-i-Islami calender which hangs in her room belongs to her brother.

The wedding was a low-key affair: only immediate members of their family were invited and Shuli was simply dressed. Shuli had wanted it this way as she believes that she is liable to go *fagol* at big events. She cried all day until *mogrib* time when she lost consciousness. According to the usual wedding program, she was taken to her husband's house. She remained unconscious for 4 hours with her teeth tightly clenched. A learned mullah was called. He gave her honey and advised that she should always stay at her parents' house. Shuli remained for 3 days at her husband's house before returning home. During her stay at her husband's house she lost a lot of blood vaginally and for this reason Shuli believes she lost a lot of weight. Out of politeness, Shuli had visited her in-laws' again Boxra Eid, but did not stay very long because she started to feel ill again. Shuli told me that her in-laws do not mind the fact that she does not live with them – they are young and understanding. Her husband visits her once a month and stays for a day or two. We had the pleasure of meeting him. He arrived on his motorbike on the second of the two days that we visited Shuli (see photographs).

(iii) A counter-hegemonic practice?

Mernissi (1975) likens the role of the saint in Morocco to that of the psychiatrist in a capitalist society “channelling discontent into the therapeutic process and thus depriving it of its potential to combat the formal power structure” (1975: 112). Whilst the saints' shrines offer an arena for women's grievances to be aired, their investment in a superhuman force does not affect the formal power structure: in offering the hope of a solution the saints help women adjust to the oppression of the system.

A similar situation exists in Bangladesh. The *fir*'s consulting chamber and waiting room gives women a space to articulate problems outside the confines of the family that she may not have been able to do otherwise. Aysha is a regular client of Ashon Fir. Unhappily married, she felt tricked into marrying her husband whom she later discovered already had another wife. Her husband now works abroad. One of her complaints is that her husband does not send any money to her, only to the co-wife. (Aysha lives with the co-wife in the same *bari* (homestead), but has separate rooms.) The *fir*'s diagnosis is that it is not her husband's fault, but the co-wife's who has done *zadutona* (sorcery) to spoil his brain. This may have been the opinion Aysha wanted to hear and offers short-term comfort, but blaming the co-wife avoids the issue of gender inequalities. On the other hand, we have seen how becoming a *firani* offers personal fulfilment to the individual. Shuli's *firani* status legitimates her manipulation of the virilocal rule of residence. It is likely that the only reason her husband's parents are understanding about her desire to remain in her natal home is because she practises as a *firani*.

Are the *firanis* better placed to offer healing which is counter-hegemonic to prevailing patriarchal structures? Shuli's rule prohibiting men from entering her *mukam* reverses the practice of prohibiting post-pubertal girls and women from attending the mosque in Bangladesh.¹³⁴ However, Nadira's and Shuli's approach to their patients' problems did not differ greatly from that of the male *firs*. Chonchol's mother (see Chapter 8) complained to Nadira that her husband stayed out for most of the time, and when he

¹³⁴ I once arrived at Shuli's to hear Shuli reciting loudly – almost shouting – the *zuhor* prayer. After finishing praying she emerged from her *mukam* with three other women who lived in Sylhet town (judging from their attire they were very wealthy). I expressed my surprise to Shoma – wasn't it a sin for woman to vocalise prayer? Shoma thought that Shuli was demonstrating her piety to me and making the assumption that I was ignorant about Islamic rules. This explanation didn't ring true for me.

did return home they quarrelled all the time: could Nadira give her something for it? Nadira obliged, writing a *tabiz*, instructing her to place it under her husband's pillow.

Shuli told us that one of the commonest problems that people consult her for is when there is no *mil* (harmony) between husband and wife – the husband's family does a *tabiz* (in this context, bad magic spell) to get the husband to divorce her and the wife comes to her for treatment. In blaming the husband's family Shuli is reversing the commoner perception in Sylheti culture that it is the son's wife who is to blame for family problems. In doing so she is flagging up a structural problem for women - the virilocal rule of residence – which is a cause of gender inequalities, but shifting the blame to another party does not challenge the overall social structure.

I discuss at greater length the extent to which healing is counter-hegemonic in Chapter 9.



19. Mufti Huzur's healing chamber. The chair to the far left is where the Huzur sits when he communicates with Mufti, his *zinn*. The three larger chairs to the right are Mufti's *ashon*.



20. Shuli Firani's *mukam* from the outside. The woman crouching at the door is described locally as *fagol*. Shuli has not attempted to give her treatment because she thinks her brain is irreversibly damaged.



21. A photograph hung in Shuli's *mukam* of her goibi flower.



22. Shuli's *mukam*. Her stone and other goibi things are kept behind the brown door.



23. By 2003 Shuli had extended her *mukam* according to a dream. The Bengali writing on the archway refers to the holy fish at the Shah Jalal shrine. Shuli dreamt that people with matted hair should cut it off and place it in her *mukam*. It would then vanish, having been transported to the Shah Jalal shrine.



24. Shuli in 2003 with her husband. Shuli usually wears white or pale coloured saris, but changed into this one for the purposes of the photograph. Shuli had no objection to her photograph being taken for academic purposes.

Chapter 7: Going ‘mad’ as resistance? A case of multiple spirit possession.

Of the 50 mentally ill patients I followed up over the course of my fieldwork, 6 of them were young women who had gone *fagol* (mad) shortly after marriage. In this chapter I present the case of one such woman, Tanya. Although her presentation of multiple spirit possession was unusual, the cultural context, particularly her husband’s family’s response to her illness, was typical. I discuss the extent to which madness can be regarded as resistance, either by offering a way out of an intolerable situation, or by challenging the naturalness of the social order.

1. Gramsci and resistance

Anthropologists studying power and resistance have drawn upon Gramsci’s theory of hegemony which emphasises the pervasive and everyday nature of social control. According to Gramsci, one class achieves control over another through ideological as well as material domination; ideas and practices supportive of the dominant order become internalised and regarded as ‘common sense’. Oppression is less an act of physical coercion and more a process of engendering consent. Gramsci anticipates Foucault in highlighting both the diffuse and productive (as opposed to prohibitive) qualities of power relations. To ensure compliance the ruling class has to make economic sacrifices and grant concessions to subordinate groups - the oppressed must feel that they have a stake in the prevailing order (Scott, 1985: 337).

If power is so diffuse and pervasive then the question is raised as to how resistance can ever be possible. Scott (1985) cites mocking ‘off-stage’ comments made by the oppressed about the ruling classes as evidence of their ability to demystify the

prevailing ideology. Such 'hidden transcripts' get made outside the hegemonic discourse in social safe spaces that are free of vertical power relations.

Scott's work has been criticised not least for privileging an autonomous, unitary subject. In distinguishing between the subordinates' outward behaviour and inner consciousness - the former which is controlled by the elites, the latter which is not - Scott ignores the contribution that political domination makes in shaping what is thought and said (Mitchell, 1990). Moreover, consciousness may be fragmented when the individual is part of more than one social group; the subaltern is divided by age and gender, and subordinate groups have their own internal politics (Ortner, 1995; Ewing, 1997).

Putting aside the problem of a lack of unitary consciousness in the postmodern self, questions remain of what constitutes resistance. Does the intention to resist have to be present? Whilst the term resistance implies intention and conscious agency (Keesing, 1992), it is possible for actions intended to resist hegemonic forces to have unforeseen consequences that result in the reinforcement of oppression (Gledhill, 2000).

Resistance may not be directed at the oppressors. Ong's (1987) study of spirit possession in Malay factories shows that the female production line workers do not directly challenge male authority on the factory floor. When possessed they damage the machines and the products that they themselves have made. Possession – whether or not this gets medicalised as hysteria - reinforces the notion that women are weak and maladjusted. Nevertheless, in the idiom of spirit possession Ong detects the beginnings of an unconscious protest against labour discipline and male control in the modern industrial context.

2. Medical anthropology and power and resistance

Gramsci's notion of hegemony has been usefully applied to the study of medical systems. Scheper-Hughes (1992) reveals how hunger has been medicalised in Brazil. People present symptoms of hunger to doctors not because they have been forced to do so but because they have come to share the same 'common sense' ideology, an ideology which mystifies the political economy of starvation, transforming the symptoms of hunger into the emotions anxiety and 'nerves'. Here, biomedicine is hegemonic: "doctors occupy the pivotal role of "traditional" intellectuals whose function, in part, is to misidentify, to fail to see the secret indignation of the sick poor expressed in the inchoate folk idiom *nervos*" (171).

In the other contexts, illness may be interpreted as embodied resistance to the dominant order. By disturbing the unquestioned harmony between physical, social and moral worlds, the sick body challenges the validity of the existing conceptual order (Comaroff, 1982). Wilce suggests that illness complaints index a resistance to the enculturation of suffering: "[t]he troubles teller seems to be asking, "If your theology is valid, why am I experiencing this?" (1998: 18). Pain and other somatic symptoms can become a means of resisting oppression by legitimating the demands of the weak; a diagnosis of chronic fatigue syndrome may sanction changes in jobs and relationships (Kleinman, 1992). However, Kleinman questions the extent of the effectiveness of these forms of resistance. The symptoms of chronic fatigue, weakness, pain and dizziness experienced by survivors of China's Cultural Revolution could be interpreted as a veiled protest against the brutalities of the regime. Yet as Kleinman points out, as resistance it is (macro)politically ineffective and can be self-destructive for the individual, worsening personal and family

relationships. Moreover, reducing illness to a cultural interpretation marginalises the individual's experience of suffering – a cultural reductionism is no more superior than a psycho-biomedical one (Kleinman & Kleinman, 1991). Similarly, Abu-Lughod (1990) warns against a reductionist romanticization of resistance that disguises and delegitimizes the literal claims of the individual. The ethnographer is faced with the task of recognising that oppressed groups do resist domination in creative ways, without attributing to them a political consciousness that is not part of their experience. And the problem remains of how to account for practices which support their own domination “without resorting to analytical concepts like false consciousness, which dismisses their own understanding of their situation” (1990: 47).

These dilemmas of ethnographic representation are highlighted in the study of spirit possession. Where open protest risks retaliation from the power holders, spirit possession allows the oppressed to voice complaints by shifting responsibility onto the spirit (Lewis, 1989; Scott, 1990). In the context of gender inequalities, spirit possession has been interpreted as embodied resistance to the patriarchal dominant order. During possession, a woman inverts feminine norms of decorum and makes demands on her husband and other male relatives, demands which are met through appeasement rituals that are held to cure the woman of the spirit affliction. Spirit possession has also been interpreted as offering an embodied critique against colonial (Stoller, 1994) and, as mentioned above, capitalist hegemonies (Ong, 1987).

However, gender and other social groups are not homogenous, and an over-emphasis on cultural meaning risks denying agency to the possessed individual. The experience of spirit possession gets reduced to an epiphenomenon of something else, addressing

the anthropologist's own academic and political concerns, rather than the concerns of the possessed individual (Placido, 2001). On the other hand, portraying the possessed as active agents may be at odds with their reported experience of passively submitting to the spirit (Nourse, 1996).¹³⁵

3. Tanya goes *fagol*

I was introduced to Tanya through Manik, an acquaintance of Shipa. Knowing about my interest in mental illness, he told me about his mother's brother's daughter, Tanya, who had gone mad a few days after getting married and was possessed with spirits. After becoming ill, Tanya had returned to live with her mother in Sylhet town. Their house was a few minutes' walk away from the main shopping area with its newly built multi-storey malls. Her extended family - her father's brothers' families - lived in neighbouring houses. Tanya's family was not rich; her father, a clerk in a solicitor's office, died when Tanya was twelve. The only income the household now had came from the profits of a small shop owned by Tanya's brother, Shahi. Nevertheless, their house had electricity and Shahi had recently bought a TV set allowing Tanya to indulge her favourite pastime of watching films.

I first met Tanya 2 ½ years after her marriage. Neither Tanya nor her mother had kept a record of Tanya's age, but we worked out that she had been about 32 at the time of marriage, extremely late for a Bangladeshi woman. It was perhaps for this reason that Tanya's mother had agreed to give her in marriage to a family who lived in a *bosti* (slum), fearing that if they waited any longer in the hope of a better proposal coming along then Tanya would be too old to attract any suitor.

¹³⁵ Note that the concepts agency and consciousness are themselves locally constructed (Ortner, 1995; Littlewood (2002: 52-53).

Marriage is more or less compulsory in Bangladesh and parents feel under pressure to arrange marriage for their daughters as soon as they have finished their formal education. The reasons for this are two-fold: firstly, youth in brides is highly valued - the older a woman gets the harder it is for her to attract a good groom; secondly, the longer a post-pubescent girl remains single, the higher are the chances of her honour being spoiled, greatly devaluing her worth on the marriage market; even being seen talking to an unrelated male can start gossip and put off potential suitors. Some parents are so anxious about this happening that they severely curtail their daughters' movements once they start menstruating, not allowing them to leave the house without an adult member of the family as chaperone.

There are several reasons why families may find it difficult to arrange a marriage for their daughter. As suggested above, suspicion of a previous sexual relationship - whether consensual or not - makes it extremely difficult to find a groom.¹³⁶ Illness or disability also reduces a woman's marketability. So, for example, a realistic match for a woman with asthma would be another asthma sufferer. Severe disability, such as blindness, usually precludes marriage. In the case of mental illness and marriage, Sylhetis have an ambivalent attitude. On the one hand, there is a belief that marriage can be a cure for mental illness. On the other hand, a history of mental illness deters potential suitors for after all, how can a man or woman perform their marital duties if they are mentally sick? I met several families who had successfully found marriage

¹³⁶ In the rare case of pregnancy outside of wedlock, attempts will be made to get the progenitor to marry the woman, even in cases of rape. Affluent families may attempt to conceal the pregnancy and send the daughter to Calcutta for a termination. Another option is to send her away to live with relatives in another part of the country, passing her off as a widow; many women who were raped by Pakistani soldiers at the time of the Liberation War suffered this fate, despite state attempts to rehabilitate them as *birangona* (heroines). Pre-marital pregnancy is a recognised antecedent to suicide in women, as it is to the murder of female kin that gets passed off as suicide.

partners for their mentally ill sons and daughters (the mullah who had four *fagol* brothers had found a healthy wife for each of them¹³⁷); significantly, these were affluent families who had status and wealth to offer as compensation. A lack of adult males in the family may delay marriage for a woman. This is particularly a problem in families who have sons working abroad. If the father is no longer alive, and the eldest brother is working abroad, then the only opportunity for marriages to be arranged may be during the eldest brother's leave period, which may occur only for a few months every few years. This is not conducive to early marriage and women may feel obliged to start lying about their age.¹³⁸

The reasons why Tanya had been so late in getting married were not clear. When Shipa asked Manik why such a pretty girl like Tanya had waited so long for marriage, Manik replied that the older Tanya had got the more difficult it had been to arrange a marriage for her; it had been "Allah's *hukum*" (Allah's command) that Tanya had not got married in her teens after she had finished her education. She had had a liking for a boy when she was about 15, but as the two sets of parents could not come to an agreement, nothing came of it.¹³⁹ The family of Rifat, Tanya's husband, had alleged that Tanya's family had covered up the fact that Tanya had been *fagol* before marriage; they may have wondered if this was the reason that Tanya's family had been so generous in their donation of wedding gifts, luxury furniture items that would

¹³⁷ However, it is likely that their marriages were arranged at the time when their illnesses were in remission.

¹³⁸ Finding a bride for sons is perceived as less of a problem for families. Whilst parents of daughters have to wait for proposals to arrive, having discretely put the word out that they are looking for a groom, parents of sons have more control as they are expected to actively seek out a suitable bride. In addition, youth in males is less valued so parents feel under less pressure to find a good match, and ideally, men should be established in a career before marriage. However, if a man is not married by his mid-thirties, great pressure will be placed on him by his parents to do so.

¹³⁹ Tanya's spirits reported that Tanya had been having a baby, but this seemed to refer to a post-marital conception, as it was said in the context of them disagreeing with Tanya's mother about how long Tanya had stayed at her husband's house.

look out of place in their *bosti* (slum dwelling). Manik pointed out that if Tanya had been *fagol* before marriage then Rifat's family would have picked up any signs of madness during the 10 visits they had paid Tanya before the marriage. If Rifat's family were correct in their assertion that Tanya had been "mad all along" then this would explain why Tanya's family had had difficulty in arranging a marriage for her. However, I think the most likely reason why the family delayed in giving Tanya in marriage was simply a practical one: for most of her adolescence and adulthood there had been no adult male to arrange a marriage for her; her brother was much younger than Tanya - perhaps by ten years or more, and her father had died in her childhood.¹⁴⁰

Tanya's mother's account of her daughter's illness was a dramatic one. On the last night of *dorzgon*, the period when newly weds spend three days at the bride's parents' house after spending the first few days of married life at the groom's parents' house, Rifat had had an ominous dream. In the morning Rifat woke up in a feverish state and called out for Tanya's mother: 'Oh mother! I saw a huge black cow and a white one. I looked up and saw that they wanted to kill me. I threw them on the ground. My heart was racing. I screamed and woke up, opened the door and went back to sleep. I didn't call you as it was night.' Not wanting the wedding programme to be disrupted, Tanya's mother got Shahi to fetch some medicine for Rifat's fever to allow him to be well enough for the 15 minute rikshaw ride back to his home with Tanya. A few days' later Tanya's family got ready to visit the groom's house. To save her daughter's in-laws from embarrassment, Tanya's mother sent her son to

¹⁴⁰ Another factor may have been the very close relationship between Tanya and her mother: Tanya's mother may have been very unhappy at the prospect of losing her daughter to another family.

warn them of their impending arrival, giving them time to buy tea and sugar - commodities which poor families would not usually keep in stock. Dressed in her best clothes, Tanya's mother's anxiety mounted as she waited for her son to return. Finally, at dusk, Shahi came back: 'oh mother, don't cry. Elder sister's condition is bad like this: she's been throwing water about; she's hit her mother-in-law and sister-in-law and she's hit her husband'. Without sparing the time to change her clothes, Tanya's mother rushed round to Rifat's house. There was water everywhere - even the mattress was soaked - and Tanya was clinging on to her husband, digging her fingers into him. She did not seem to be aware of what she was doing; as they bundled her into the *baby* taxi to bring her home she also hit her mother.

Back home she continued to do *fagolami* (madness). She spoke nonsense, chattering incessantly to herself until the early hours of the morning. Sometimes she shouted all night keeping the rest of the family awake. Manik told us that when she swore her language could be so bad that it was not possible for anybody to stand next to her. She required continual *checking* as she could stray outside the house and did not want to keep her clothes on. She did not always recognise people and continued to hit her mother, as well as her brother and, when he married 18 months later, his wife.

One day, shortly after she returned to her mother's house, Tanya's *nonori* (Rifat's elder sister) came to visit. The *nonori* had been in possession of *firaki* (saintly power) since childhood when the *saiya* (shade) of a saint, whose shrine was near to her home, had fallen on her. She offered to treat Tanya's illness: she could save her if her family sacrificed a chicken, otherwise Tanya would almost certainly die that night. After eating the chicken, the *nonori* started to administer *zara* (gentle flagellation with

material, eg cloth, made holy by reciting the Qur'an over it) to Tanya with a sweep. 'Look how frightened she is! It has seen its master' the *nonori* exclaimed, claiming success in bringing the offending spirit under control. But Tanya's family thought that Tanya was fearing death, so violent was the *nonori*'s beating with the sweep. Concerned that the *nonori* wanted to kill Tanya, Tanya's family did not accept any further treatment from her; after all, hadn't Tanya started to feel unwell on her wedding night after the *nonori* had got Tanya to change into the *nonori*'s clothes? If the *nonori* had genuinely been affected by the saint's shade, then it had only brought her misfortune: all three of her pregnancies had ended in stillbirths and her husband was now seeking another wife.

So Tanya's family sought treatment elsewhere. Initially, they consulted several different mullahs, bringing one from as far as Jafflong on the Indian border. But none of their treatments worked. After a few weeks, they took Tanya to see a psychiatrist who prescribed an injection and ordered a lot of investigations, but the only illness found was anaemia. By this time, Tanya had lost a lot of weight; there were days when she would sit for hours at end, motionless and expressionless, with her head in her hands. She did not seem to want to talk to anybody; when her mother asked her why she did not want to go out visiting she replied 'I'm not feeling well. If I go to anybody's house and say one word there will be fighting and trouble. It's better if I stay sat here.'

All in all, Tanya's mother reckoned they had spent 10,000 taka (£125) on doctors and mullahs. The strength-building syrup had improved the doctor's illness (the anaemia) and she had put on weight, but the *ufri* (spirit sickness) remained and she continued to

talk *ulta-falta* (topsy-turvy speech). When her behaviour was very *usringkol* (uncivilised) and she did not sleep for several nights at a stretch the sleeping tablets helped a bit, but Tanya's mother thought that the only hope for a definitive cure lay in finding an effective *mullahki* (mullah's) treatment, especially since the spirits had now become 'mixed up with her blood'.

If a new wife or husband becomes mentally ill shortly after the marriage there is great suspicion that they had been mentally ill before marriage and the parents had covered it up. It is not surprising therefore that Tanya's mother emphasised that Tanya had been normal until her marriage. She had been "very good in her childhood – nothing could be recognised", and as a young woman she had been able to sew and knit beautifully, and to do all sorts of housework – skills that would be highly valued by a future mother-in-law. She had read the Qur'an beautifully, and on the holy night of Shob-i-Borat used to stay up all night praying. However there was a subplot to Tanya's mother's narrative which struck a slightly discordant note. Tanya and a daughter of one of her father's brothers used to go to school together, and to go to the mosque where they received tuition on the Qur'an from a meshab. When this cousin reached puberty her parents stopped her going to school. Tanya's parents did not think there was any reason why Tanya should not continue to go to school, but Tanya, who was then in Class 4 (aged 9 or older), refused to go on her own. As the cousin had reached the menarche she was barred from attending the mosque and her parents employed a female Qur'anic tutor to teach their daughter at home; Tanya attended the lessons as well. However, although Tanya had read the Qur'an beautifully with the meshab at the mosque, she now immediately forgot everything she was taught and spent a lot of the lesson gazing into space. Alarmed at her daughter's lack of progress,

Tanya's mother entreated her husband to engage a tutor who would give Tanya individual tuition in her own home. Her father duly employed a tutor from a shortlist of four. But when the tutor came to their house, Tanya hid behind the door: she refused to be taught by a male tutor.¹⁴¹ Tanya went back to having lessons with her cousin's tutor and "somehow she learnt something from that woman". This story alluded to a determination and independence of spirit in Tanya which had not hitherto been suggested by Tanya's mother's account of her daughter's development.¹⁴² On the other hand, the story did resonate with Tanya's mother description of the family doing all they could to get Tanya the best treatment.

Another notable feature of Tanya's mother's account was the lack of blame she apportioned to others. It is usual for the parents of young women who go *fagol* shortly after marriage to blame the husband's family for causing the illness by means of sorcery, but Tanya's mother, although she had doubted the *nonori*'s intentions, refuted the possibility that *zadutona* (sorcery) had been involved when we asked her directly.¹⁴³ However, she was critical of Rifat's behaviour after Tanya went *fagol*. During the last two and a half years that Tanya had been living back home with her mother, Rifat had never visited once, even though Tanya's mother had sent him a message requesting him to do so ("if he visited then maybe her madness would get better but that son-of-a-servant never comes"). Perhaps the person that Tanya's

¹⁴¹ When we asked Tanya about this she said it was because she had felt *shorom* (embarrassed) to be taught by a man.

¹⁴² She later mentioned that Tanya had always had a strong interest in watching TV. In the days before the family owned a TV set, Tanya's brother used to take her to watch TV in a neighbour's house. Every Friday afternoon a Bengali film is shown on Bangladeshi national television. At the time of *asor nomaz* (late afternoon prayer) when there is an advert break to allow people to pray, Tanya's mother used to call Tanya home to pray, but Tanya continued to watch TV.

¹⁴³ This was characteristic of Tanya's family's generosity, lack of guile and undemanding nature. Despite my status as a privileged foreigner, they never asked me to pay for treatment for Tanya, nor made any other requests.

mother blamed most was herself: she regretted giving her daughter in marriage “to that strange place”.

Unlike Tanya’s mother’s account which told of a consequential chain of events, Tanya’s speech during our first meeting seemed desultory. When we asked her a question about herself, she told us what her mother did, and she kept talking about her father, that he never came to visit. I could understand why Tanya’s speech had been dismissed by Manik as *ulta falta* (topsy-turvy/ upside down) and *box box* (ceaseless prattle). After 15 minutes of conversation with Tanya in which she had treated us to poems (see appendix 1) and songs, we gave up trying to get a coherent account from her, and invited her mother, who had been busying herself preparing trays of biscuits and coca cola for us, her guests, to sit down in front of the cassette recorder and to tell us her recollection of events.

It was only after we transcribed the tapes that the coherence of Tanya’s speech was revealed to me; it had an internal logic that was easy to miss as her speech could be rapid and sometimes it was barely audible. Yet Tanya’s family understood what was going on. Her mother explained that there were two baby spirits in Tanya’s belly. When she spoke in a *barik* (thin, high-pitched) voice it was the spirits talking through her. They had adopted Tanya as their mother so that when Tanya spoke it seemed that she was referring to herself in the third person as mother, but it was really the spirits talking about Tanya. Her mother continued to explain: ‘she calls me *nani* (mother’s mother), her brother *mama* (mother’s brother), her brother’s wife *mami* (mother’s brother’s wife), her husband *abba* (father), her *nonori* (husband’s elder sister) *phuphu* (father’s sister).’

Like Tanya's family, I recognised that Tanya's speech was heteroglossic, once I had scrutinised the transcriptions. It was possible to identify 4 different speech registers: Tanya; little sister spirit; big sister spirit; Tanya Mother spirit.¹⁴⁴ The spirits' speech registers were higher in pitch than the Tanya speech register, which was an adult, mature voice. The Tanya Mother spirit seemed to have the same biographical details as Tanya. It was not always possible to differentiate between the spirit voices, or indeed between Tanya and the spirits when whispering was involved, and where there is any doubt I have put a ? in the transcript extract. However, identification was usually possible through pronouns and verb endings: the two sister spirits addressed each other as *tui* (the very informal second person singular pronoun), used *tumi* (informal second person singular) to address Tanya Mother spirit, but when speaking about her in the third person used the formal *tain* (she); Tanya Mother spirit addressed the sister spirits as *tumi*. The spirits used the formal *afne* (you) when addressing me and my research assistants, but used *tumi* when addressing Tanya's mother. In addition, I became familiar with the different personalities: the Little Sister spirit was more boistrous; she used childish speech forms - *amba* instead of *amra* for 'we' - giggled a lot and used the honorific *afa* (elder sister) when addressing the Big Sister spirit. The Big Sister spirit was more sober and her voice was slightly lower in pitch; sometimes her speech was reduced to just agreeing with the Little Sister spirit or encouraging her to speak.

¹⁴⁴Wilce (2000) notes that rapid shifts in code (ie language or dialect), style and topic can characterise the speech of those described as 'mad'. Wilce cites an informant, Shefali, who, although not labelled 'mad' but known as a spirit medium, has her spirit talk about her in the third person. That Tanya spoke in multiple voices was understandable to her family - according to them she was, after all, possessed by multiple spirits - but what designated Tanya's speech as *abal tabal* (nonsense, gibberish) was perhaps the rapidity with which she shifted subject positions (ie spirit voice) and genre (poem, song, Qur'anic verse). The rapid shifts in speaking spirit and human subjects left our heads spinning, confused and thrown off centre, as we struggled to relate to a consistent speaking subject.

The day before we first met Tanya she had visited an uncle's house and had heard that her husband had married for a second time, and had had a baby with this wife. On her return home, Tanya had sat and cried about it for half an hour; when her brother asked her what the matter was she, or rather one of the sister spirits, replied 'my father has got married'. Her brother had tried to console her by saying that it wasn't true, that they were just joking with her. This extract is from our first interview with her:

Shipa: You are well now, aren't you?

Tanya: [**Little Sister spirit**] Mother [ie Tanya] hasn't got better. She will. [inaudible] medicine.

Shipa: Are you taking medicine?

Tanya: [**Little Sister spirit**] No, she's not taking it now.

Shipa: You took it before.

Tanya : [**Little Sister spirit**] Hey, why doesn't my father come? Why don't you say? [**Big Sister spirit or Tanya Mother spirit**] I don't know, *ma go*. [affectionate way of addressing a very young person] [**Little Sister spirit**] [addressing Shipa and Alyson] No, haven't you understood?

Shipa: No.

Tanya : [**Little Sister spirit**] My mother's husband, my father, has got married.

Shipa: In which place?

Tanya: [**Little Sister spirit**] [names area of Sylhet town].

Shipa: Oh...do you go to your father's?

Tanya: [**Little Sister spirit**] Mother doesn't go at all to her husband's; my father doesn't come at all.

Shipa: So, do *you* go?

Tanya: [**Little Sister spirit**] No, I haven't been there. Whatever... I've been saying I wanted to go. I haven't been. After all, he hasn't come to take me. Whether he comes or not, shouldn't I go? [**Big Sister spirit**] Don't go. Mother also doesn't go. She says she will go, she will go. She does that. [**Little Sister or Big Sister spirit**] Mother, why don't you speak? [**Tanya Mother spirit**] They won't hear me. [**Little Sister spirit**] Hey, my father has got married, hasn't he?

Throughout our 9 month acquaintance, Tanya remained preoccupied with her husband's second marriage.

4. Going 'mad' after marriage: an act of resistance?

4. (i) Challenges the naturalness of the social order

To what extent can Tanya's mental illness be regarded as resistance to getting married? If we accept that being given in marriage to a filthy *bosti*¹⁴⁵ was an intolerable situation for Tanya, then going 'mad' made sense: it offered the only way out. Resuming her life as a healthy single woman was not possible; divorce, which in itself is highly stigmatising, was not an option: there were no grounds, and even if there were – for example, physical ill treatment – Tanya would have been expected to persevere for longer than a few days. Putting aside debate about the relevance of conscious motivation in Tanya's actions,¹⁴⁶ Tanya's situation arguably fits the description of resistance as defined by Ortner's minimal requirement of a refusal to occupy a subject position foisted upon them (1995: 184). Going *fagol* after marriage challenges the naturalness of marriage. Whilst spirit possession and other 'rituals of rebellion' can have paradoxically stabilising effects by showing that solutions are available within the established order (Lewis, 1989), Tanya's challenge is strengthened by remaining in a *fagol*, liminal state and by not being reincorporated into the normal social order.

Yet such 'resistance' is potentially self-destructive. Tanya's long term future is precarious: after her mother's death, she will be dependent on the good will of her

¹⁴⁵ The *bostis* I visited were generally clean. Tanya's mother reported that the smell of Rifat's *bosti* was intolerable and the surfaces so dirty that they did not want to sit down.

¹⁴⁶ See Abu-Lughod (1990:45) for an example of a woman who invited spirits to possess her in the hope that she would go mad and thus avoid marriage. I am not suggesting that this happened in Tanya's case, or in any other of my informants'. I did hear that urban, middle class women may attempt to sabotage an undesired marriage arrangement by spreading rumours that they have a boyfriend.

brother and his wife for support. Should her brother struggle to support his own wife and children, Tanya may become destitute. Her agency is undermined. After going *fagol*, Tanya's husband's family's reaction to her illness had been typical: 'you get her better and we'll take her back'. If Tanya should recover and return to her husband's household then the situation she faces is less congenial than before: she will have to compete with a co-wife for support and resources. Newly wed women who remain in their husband's households have the status of mother to look forward to, and, in the longer term, can look forward to wielding power over daughter-in-laws, provided they bear sons.

4. (ii) Madness as social critique

For defiance to be regarded as resistance it is not necessary for structural change to be brought about. Acts that are conscious raising, that bring social contradictions to light without directly impacting upon the social structure have been interpreted as resistance (Comaroff, 1985). What follows are transcriptions of speech of informants labelled as *fagol* who, like Wilce's (2000) 'mad' informants, delivered incisive social commentary.

Ashok

We met Ashok, a young man in his twenties, in the Noyabari Kobiraj's consulting rooms (see Chapter 9). I did not get the opportunity to speak to his family, but from what I gathered from the kobiraj, he had returned *fagol* from *London*. In Bangladesh, he had broken windows and furniture in a hotel, and had hit out at people when they attempted to restrain him. His family had brought him to the kobiraj for 'in-patient' treatment. Ashok had lived and worked in the UK for several years and his English was fluent. On spotting me, an English woman, he immediately came over and started

chatting with me, switching between Sylheti and English while I persisted in speaking in Sylheti. His manner struck me as over-familiar; he embarrassed me in front of Shoma by asking me if I was a virgin, and instructed me to cover my head with my *urna* (shawl) (I was after all sitting in the men's waiting room). His mood was expansive and he boasted that he would blow up the world and kill his father. He explained that he had been suffering from "stress" after he had been forced to give up his English girlfriend, Emma:

I cried for Emma on my wedding day, wedding night after night, night and night cried for her. My wife said, "What is wrong?" I said, "Give me cigarette and let me cry for one night for one week. I showed Emma's photo to her. She showed [it] to her mother father. "I don't care," she said to me, "I don't want you. I don't want you to marry me." ¹⁴⁷ *I don't want you to marry me. It's as you please. I am in agreement to go to a poor person's house."* Her parents taught her to say that for *London*. Do you understand? For *London* the parents do whatever they can. Then the mother put the knife in by doing *zadu* [sorcery] – that *kuka fondit* [method of sorcery; book of magic spells] ...*ufri-tufri* [spirit sickness] - those things. Would the mother be able to do that? She is, after all, capable of sinning [...]
My *bari* [homestead; family lineage] has no honour at all. When I got married I said, "I just want the bride and I don't want anybody or anything else. I just want the bride." They gave furniture. If I had wanted a motorcycle they would have given one, wouldn't they? They would have given whatever. My parents now are blaming themselves. Why they should need another house when they have their own... Now they are crying. Now they are saying I should divorce her. I don't want to divorce her. I will do it like this, like this: I will spoil her life. I'll never divorce her in my whole life. If I marry seven times, so what? I won't divorce her. *Never!*

Ashok is lucid in his criticism of Sylheti arranged marriages suggesting that British Bangladeshi parents are in effect selling their children to the highest bidder.¹⁴⁸ The dowry system has been theoretically outlawed in Bangladesh, but it persists particularly among the poor who are more dependent on the sums of cash transferred at times of marriage. At the other end of the social spectrum it is recognised that a form of dowry exists when children - daughters or sons - are given in marriage to the families of British Bangladeshis. Such is the value placed on British citizenship that

¹⁴⁷ In keeping with the convention of italicising speech that is left untranslated, Ashok's English passages are reproduced in italics.

¹⁴⁸ I am presenting Ashok's view here. Those Bangladeshi parents who want their children to marry British citizens argue that they are acting in the best interests of their children.

parents of children marrying British citizens will give the in-laws gold, property, cash, and, if their child is male, *kabins* of up to £12,500 (*kabin* is the Islamic marriage contract which outlines the cash settlement the wife will receive in the event of divorce). Ashok's "I just want the bride" is a phrase I heard often from Sylhetis who wanted to distance themselves from the practice of dowry giving.

Unlike my 6 female key informants who went *fagol* after getting married, Ashok does not remain in a *fagol*, liminal state of being married but separated from his spouse. When I attempted to visit him at his home a year later, we were told by a neighbour that he had 'recovered' and gone back to the UK with his Bangladeshi bride. It is likely that his British citizenship, as well as his male gender, made it easier for him to be reincorporated into the social order.

Lila

Lila, the eldest child of a fairly prosperous farmer, had gone *fagol* 15 – 20 days after getting married. She had recovered after returning to her father's house, but had fallen ill again when she went back to her husband's house. We first met her at her *xalu*'s (mother's sister's husband) house, 5 months after her marriage. She had recently come back from her husband's house; a few days after returning there, she had gone *fagol* again for the third time. It did not surprise me that her mother suspected the in-laws of "doing something" (sorcery). Now, she was waiting to receive treatment from a mullah that her *xalu* (mother's sister's husband) had arranged to come to his house.

Lila: I got married at the age of 18. They didn't allow me to sit the *Matric* [external school exam, taken roughly at the age of 16]. They give you in marriage when you are young. Did they want to go to America? *Card* [visa?]. I burnt father's *card*. I do that. I wind people up [*kizaloti xori*]. They have become rich. If they do that I burn the house and tin roof down. If anybody teases me it will serve them right.

Xalu: She says whatever she pleases.

Lila: I told the husband, having killed him by kicking...if I get one husband...if I go to *London* I will get another husband. I wind people up. What would I do with a husband? If my mother dies [incomprehensible]. What would you do with a husband?

Xalu: She does whatever she wants.

Lila follows Ashok's line of criticism in suggesting that parents give their children in marriage in order to obtain citizenship of a Western country. But her more pressing concern is the plight of girls who have their education prematurely cut short by the parents' decision to give them in marriage. For Lila, education is of greater functional value than a husband.

Discussion

The point is not that these issues do not get discussed in Bangladesh, because they do¹⁴⁹, but that they are personalised here and given a public airing. In Lila's case, discussion of these issues with a female friend would be unremarkable, voicing them in front of family elders is daring. In other words, Lila's social criticism derives its power from the context of the audience she addresses.

I cannot rule out the possibility that Lila's critique was voiced for my Western ears, believing that I would be receptive, and, perhaps, influential. Yet, it was not solely for my ears. After questioning us about our own educational achievements, Lila uses the information to directly address and criticise her elders:

Lila: How much have you [*afne* – formal 2nd person pronoun] studied?

Shoma: I've sat the honours final exam.

¹⁴⁹ But note that a TV film broadcast on Bangladeshi national TV presenting a fictionalised account of a Sylheti *Londoni* marriage provoked outrage from some quarters. The concern was that such a negative portrayal would give ammunition to British immigration authorities making it even more difficult for the Bangladeshi spouses of British citizens to get their entry visas processed smoothly.

Lila: Look, their mothers are not like that. You [*tumi* - familiar 2nd person pronoun] do it [restrict her studying] more with me.

Xalu: You've said it. You [*tui* – very familiar 2nd person context] shouldn't have. You've said it, off you go. You shouldn't have.

Alyson: How much have you studied?

Lila: They didn't let me study.

Xalu: Fine.

Shoma: They didn't let you study?

Xalu: It [the spirit/sorcery] caused her to go mad, haven't you understood? What she does or what she doesn't do, she can't say.

Xala: Now she speaks whatever comes into her mind.

Because of her madness, her aunt and uncle argue, she is not in control of her speech and we, her audience, should pay little attention to it. The effectiveness of Lila's protest and the speech of others who are called 'mad' are undermined by the *fagol* label. A young Bangladeshi woman in Wilce's ethnography makes this very point: "by calling me "mad" they prevented me from speaking!" (1998a: 214). Lila's mother, no doubt embarrassed not only by her sister's husband's family's presence, but also by the presence of a foreign guest, attributes Lila's outburst to spirit possession:

It [the spirit] is a *kobiz* [bad person]. When it leaves her shelter she will speak very well. She will address you '*afne*' [polite 2nd person pronoun] and '*gi*' [polite form of yes]. And when it possesses her she doesn't realise that she is speaking to her *moua* [mother's sister's husband], her *moi* [mother's sister], her brother, or her sister.

Lila's explanation for her illness is different. Aware that other people have described her behaviour as *fagol*, Lila dismisses this claim, insisting that she became ill only because she cried a lot when she had to give up her school studies. She continues:

Lila: The sorrow [*dukkh*] is because of my parents. They gave me in marriage at such a young age, that's why I feel sorrow, sister. They didn't let me study.

They say if I study up to *Class Nine* I will do *line* [have a love affair¹⁵⁰].

Xalu: Fine.

Lila: I have done it. Not from the *Matric*, nor did I sit the *Matric* exam. So I do this. I do it for my sorrow. The people of my husband's house are not bad. They are saying, "we have never seen such a mad woman in the whole of our lives".

Xalu: Fine.

Lila: And so mad...

Xalu: Fine. That's all right.¹⁵¹

Ashok shows a similar self-reflexive awareness that other people may label him as 'mad'. He demonstrates how the lack of responsibility that this entails can be used to his own advantage:

I am wanted by the government of England because I stole £20,000 credit card loans. I said to them they were looking for...I said to them if they telephone say, "He's gone mad. We don't know where he is." Don't say, "he's in Bangladesh;" say, "he's gone mad." So that's why I'm going to stay. I don't know. Maybe I'll go with you and come back again. They won't know [...] As soon as I step on the plane I'll be all right. I talk too much. That's why people think I'm crazy. I'm not crazy. I can talk 24 hours, 36 hours – no problem.

Ashok spoke in both Sylheti and English which suggested to me that I was not his only intended audience. The only time his speech provoked disapproval was when he used the semi-obscene word *henga* (see footnote 156): another man seated in the waiting room told him not to talk like that in front of ladies. Unlike in Lila's case, the direct targets of his attack, his parents and his wife's family, were not present; if they

¹⁵⁰ In the context of healing *line* refers to method or way of treatment (ie 'line' of treatment).

¹⁵¹ Lila's family's irritation with her is not concealed. Their anger stems from (a) Lila's suggestion that she is in control of her behaviour and is therefore wilfully wasting her father's money by sabotaging the marriage; and (b) embarrassing them in front of guests by speaking indecently and blaming her parents for curtailing her education. On the surface, Lila's speech did not make sense: as she did not get married until the age of 18 she had the opportunity to sit the *Matric* exam which is usually sat at the age of 16. Her family's irritation with her is understandable: it is unlikely that they consciously stopped her studies. Lila may have felt subjected to more subtle and covert pressures in the wider society. Whilst government policy is to encourage the education of girls – parents who send their post-pubescent daughters to school receive small amounts of cash – some Bangladeshis still believe that education is wasted on girls. That Lila's account may be not be a strictly accurate representation of events does not, I believe, diminish its strength as social criticism.

had been, it is likely that they would have attempted to check his complaints (assuming he would have still had the courage to voice his criticisms).

It is not simply that the spirit possession and *fagol* labels delegitimizes their critique, but that the critique constitutes the *fagol* label: that is to say that Lila is ‘mad’ *because* she “speaks whatever she wants to” and Ashok is ‘crazy’ *because* he speaks “too much”.

Tanya

Unlike Ashok and Lila, Tanya did not explicitly criticize her society. However, in the same way that spirit possession cults are said to deliver parodical commentary on gender relations (Boddy, 1994), Tanya’s behaviour could be interpreted as critiquing Islamic and patriarchal hegemonies.

I think that the social constructionist perspective which equates the defining features of madness in South Asia with transgressing or inverting local gender norms (for example, violating purdah) has been overstated. Tanya’s symptoms of shouting, swearing, hitting people and wandering outside the home immodestly dressed would be equally unacceptable - and attributed to the mental illness - in the behaviour of a mentally ill man (see chapter 8 for discussion of how individuals come to be labelled as mad). However, two symptoms were observed which were defined specifically in relation to her female gender. Firstly, Tanya *did not cry at her wedding*. In Bangladesh the bride is expected to adopt a modest demeanour, to sit with her head covered and bowed and not to speak at all, even if she is spoken to. When the time comes to take her to her husband’s house she will start crying; sometimes she will resist getting into the car and will have to be carried into it. But in Tanya’s case, there

was none of this behaviour; when the car arrived she smiled and laughed with people. Tanya's mother found this behaviour extraordinary: some girls would cry even when a wedding proposal came; but laughing at your wedding? Was it a laughing matter?¹⁵²

Secondly, on my first visit to Tanya's house she started to loudly recite the Qur'an (from memory) while her mother was telling me about her illness. In Bangladesh it is considered sinful for women, but not for men, to vocalise Qur'anic verse. Tanya's mother did not explicitly state that Tanya's vocalization of the Qur'an was symptomatic of her mental illness, but was dismayed that she had got the lines muddled up and took this as further evidence that she was influenced by spirits.¹⁵³ Neither did the spirits allow her to do *nomaz* (the five daily prayers) properly. The spirits also caused Tanya to talk unashamedly about menstruation. Tanya's mother is concluding the story of Tanya's illness:

Tanya's mother: [...] Now the *ufrita* (spirit sickness) has made her forget Allah, the Messengers and everything. [whispering] The moon's illness...

Shipa: Yes?

Tanya's mother: The moon's illness... the blood that flows...

Shipa: Oh.

Tanya's mother: [whispering] It can't be removed from clothing. It's black!

Tanya: [piping up in a loud, high-pitched spirit voice: ? **Little Sister spirit**] No, no! Now it's right. It's got better. Now it's clean.

Tanya's mother: Do you see that? Do you see the way she's talking? She's forgotten Allah completely.

¹⁵² This is not to suggest that Bangladeshi weddings are gloomy affairs - far from it - but the bride is not expected to look as if she is having fun; sadness is expected as she is leaving her family. Shoma agreed that Tanya's behaviour had been highly unusual, particularly taking her social class into account. It would be peculiar for Shoma not to cry at her wedding, but people would be less concerned and put it down to fashion, given Shoma's education and her affluent family background. My own impression was that the lower the social status of the bride's family the greater the tears shed by the bride.

¹⁵³ Tanya's recitation was highly melodic. Wilce (2000) notes that tuneful prayer is regarded as unorthodox and evidence of a deviant egocentricity.

Shipa: If it stains clothing it can't be removed?

Tanya's mother: It can't be removed.

Tanya: [**Little Sister spirit**] No, now it can be removed.

Tanya's mother views the spirits, and therefore her daughter's mental illness, as being oppositional to Allah.¹⁵⁴

Yet, the spirits seemed aware of Tanya's religious obligations. Shipa has asked

Tanya why she gets up so late:

Tanya: [**Tanya Mother spirit**] Now I am late. If I wake up I don't get up. I get up and go back to bed. I do that. [**Little Sister spirit**] My father....[pause] Now you don't get up early. You get up and you don't pray at all. You don't recite anything from the Qur'an. Say a *sura* [chapter from the Qur'an]. [**Tanya Mother spirit**] No, [inaudible]. [**Little Sister spirit**] It won't matter if you say it from memory. [**Big sister spirit**] [addressing Little Sister spirit] No, I'll hit you. [**Little Sister spirit**] Say it, mother, say the Al-Qalam [a chapter from the Qur'an]. [giggles] Say the Ya Sin *sura*. If you say it from memory, what will happen? Say it.

Shipa: [inaudible] Ya Sin *sura*?

Tanya: [**Little Sister spirit**] My mother can't. She can't do it, can she? Why can't she? She says she can't. In a few days time she will be able to after making her body pure.

This last line is referring to the ritual ablutions that women carry out after every menstrual period. As women are regarded as impure during menstruation, they are forbidden to recite the Qur'an during this time. That Tanya went on to recite the Qur'an a few minutes later, still in her impure menstruating condition, supports Tanya's mother's view that the spirits had made her forget Allah.

In the sense that as a *fagol* patient Tanya confronts and inverts expected Islamic and gendered codes of behaviour, Tanya's illness could be regarded as counter-

¹⁵⁴ Tanya's mother had once overheard Tanya/the spirits saying 'Am I Hindu? Are you (*tui*) a Hindu? You (*tui*) are a Hindu'. Tanya's mother said only Allah knew whether they were Hindu or Muslim spirits; neither did she know where the spirits had come from.

hegemonic. Yet there is ambivalence in this resistance. Tanya embraces the capitalist values embodied in the gifts from her family that accompany a new bride to her husband's house, values which implicitly include the bride as material goods. Here she/ the spirits list those gifts:

Tanya: [**Little Sister spirit**] My father does not come. [**Big Sister Spirit**] I don't know. They made him forget or something. Mother [inaudible - ? felt regret]. They got married. Mother came and left everything there. Her clothes are left there...her wedding sari...[inaudible] [**Little Sister Spirit**] Please speak. [**Big Sister spirit**] What's that? [**Little Sister spirit**] It's that. [**Tanya**] There is a bed [inaudible], a bed, mirror, steel *showcase*, steel, steel *showcase*, *dining table*, there are utensils - six were left: cups, saucers; there are glasses, two - those - two... thingy...two little dishes, two big dishes [inaudible]. There is more - I can't say. [inaudible]. I can't say. [**? Big Sister spirit**] There are six aren't they? [**? Little Sister spirit**] Hush, she lies. There are four... four... four...[**Tanya**] One was *cream coloured*, a pink border, green flowers in the folding portion [of the sari]. It was thingy - *georgette*, polka dots or something - it was pink and white. One was a *cream colour*, red [incomprehensible]. Suddenly I woke up.

This written transcription does not do justice to the gravity with which she reeled off items of furniture and crockery, nor to the sensuousness with which she recalled her collection of saris. We should not be surprised at Tanya's ambivalence: the oppressed get something in return for their low status. To simultaneously resist and conform to the dominant order is predictable given Gramsci's observation that the dominant order partly exerts its power through its ability to give concessions to the oppressed.

The 'suddenly I woke up' jolts the listener out of Tanya's reverie, not just because of the change in topic, but also because of the change to a louder, mundane tone of voice. This starts a section where Tanya tells of how she woke up to find her husband arranging her things in a suitcase before he took her back to her mother's house. She continues with 'they want to give him in marriage to another place'. Like Shanti in Chapter 4, Tanya links the loss of status and loved ones to material losses.

From the perspective of the social scientist, a case could be made for portraying Tanya's illness as an embodied critique of Islamic and patriarchal values. However, from Tanya's perspective, what may be most 'at stake' (Kleinman & Kleinman, 1991) for her is coming to terms with loss.

5. Multiple spirits as compensation for loss

Tanya was the eldest of 5 children, but only Tanya and her brother Shahi survived beyond childhood. The second eldest, Ruksana, was the first to die. We asked Tanya when she died:

Tanya: [Tanya] A long time ago. In my father's death [correcting herself] day. [Pause] In my father's [voice increasing in pitch] day. [high pitched spirit voice: ? Little Sister spirit] Oh, in my grandfather's day, mother. [? Big Sister spirit] Yes..[inaudible whisper]. [Little Sister spirit] And then my father won't come. [Big Sister spirit] No..[inaudible whisper] [Tanya] [inaudible] Ill people survive. She had typhoid. If they had done treatment she would have got better. She would have got better. [? Little sister spirit] They *did*! My father, grandfather [did]. [Big Sister spirit] Hush, don't speak. [whispering ? Big Sister spirit] She had typhoid.

Shoma: Whose...your father had typhoid?

Tanya: [Tanya] No. My sister died.

Shoma: Oh...

Tanya: [whispering. ?] She had typhoid. [Pause. Tanya] I regretted giving up studying [...]

It was tempting to think of the two sister spirits as somehow representing Tanya and Ruksana, but in fact the sister spirits' identities were distinct: they said that they were the children of Tanya's husband Rifat and that their father had not named them.

Tanya had fond memories of Ruksana, her *lokkhi* [good child]:

Tanya: [Tanya] There was a little sister. We were two sisters ...a little one... [Tanya Mother spirit] We were two sisters. That sister ...I used to talk...I used to say 'what are you doing father? Have patience and eat'. Father didn't find it. [inaudible] And my *lokkhi* has come. My *lokkhi* has come.

She ...prayer...[voice getting lower in pitch] she used to go running to the gate and waited there. [Pause. **Tanya**] Ruksana. She used to make me understand.

The third eldest, a boy, died at birth shortly after Ruksana's death. Tanya's brother Shahi was the next to be born. The youngest, Rahi, died in early childhood. He had never been able to walk and for that *dush* (fault) they took him to see a *firani* (female saint). On the way back from the *firani*'s house he developed a fever. A mullah was called who diagnosed *ufri* (spirit sickness), but the next day Rahi went into *sikani* (spasms) and died. Lastly, Tanya's father died when Tanya was still wearing dresses - - probably around the age of twelve. I asked Tanya how her father died:

Tanya: [**Tanya Mother spirit**] My father died because of taking that medicine. [**Big Sister spirit**] Yes, yes. [**Little Sister spirit**] Oh mother, say it. Say it. Grandmother has said it. You say it. [**Big Sister spirit**] She will. [**Tanya Mother spirit**] Oh, wasn't it a leech that bit him or a snake that bit him, wasn't it? Made a mark in the leg. There was a doctor in that house. I went and brought medicine, didn't I? [voice getting lower in pitch] And after all I didn't know [that it would cause his death]. [The doctor] said give the medicine after he has had a meal. I gave it: one was a syrup, one was a thingy or whatever - a pill. [**Big Sister spirit**] Yes. [**Tanya**] I mixed it with warm water - not with cold. And I gave him it. With giving it he said 'my heart is doing something, it is racing'. It went on like that. Finally, I called a doctor. The doctor came and said he had died. [inaudible] I really...will a daughter kill her father? I really didn't know that if I gave that medicine that that would have happened. A snake bit him and because of that medicine.... For many days I cried like that. If I remember I cry. I didn't realise - I did nothing; if I had got something sour and given in to him he would have been all right, isn't that so? [**Little Sister spirit**] And in dreams my grandfather called out. [**Big sister spirit**] Hmm. [He] said it. [**Little Sister spirit**] 'Oh, mother!' He called out and said 'mother'[affectionate way for a father to address a daughter]. [Pause. **Tanya Mother spirit**] I prayed. I did two *reka* (prayer cycle). [Pause] My father said like that...my little brother, he who died...that place...they took him to the *firani*'s (female saint) house. They came back home, didn't they? A fever rose. Then the next day he went into spasms and died.

Tanya narrated this story in the absence of her mother, while she was away at the hospital getting an injury to her arm checked. On a subsequent visit we asked Tanya's mother about her husband's death. Her account did not mention Tanya specifically:

they as a family had given him the medicine which caused the snake poison to go to his head. A sympathetic cousin's wife added that Tanya worried a lot that she was responsible for his death and that this excessive worrying had affected her brain. According to the cousin's wife, she had been completely well at the time of her marriage. Three days after her wedding her mother-in-law gave her a tablet to take for a fever. After taking the tablet she started to have bad, troubling thoughts. She repeatedly questioned her husband: who had given her the tablet? Was it his own mother or his step-mother? Was it *zadu* (sorcery)? She started to think about her father. It was from worrying like that that Tanya went mad.

The form which Tanya's madness takes serves to partly compensate for the losses. Rejected by her husband and his family, the childless Tanya has acquired with the illness a ready made family of a mother spirit and two daughter spirits. Tanya's spirits, like the 'alters' of the Western psychiatric diagnosis multiple personality disorder, with which spirit possession has been compared (Kenny, 1981; Krippner, 1987; Boddy, 1994; Castillo, 1994; Littlewood, 1996), are protective towards their host (Hacking, 1995); alternative personalities may be less an existing part of the host which is then split off, 'but rather new potentials, ambitions, strategems, perversities and imagined identities, which [are tried] on to see how they fit, whether aspiring to adopt them permanently, or just in game-playing masquerade or private fantasy' (Littlewood, 1996: 16).

It was the Little Sister spirit who seemed to be the most protective and aggressive. Repeating that her father had got married, she continued that she had been round to his house and had had words with his new wife:

I went there and beat [Rifat's second wife]. I told her to get out. 'My mother's things shall remain. Everything. If anything happens to my mother's things ...[you will be responsible] to Allah. [Allah] will see.' My mother's furniture is there – everything.

She also threatened to punish Rifat for not visiting Tanya:

[**Little Sister spirit**] My father doesn't come so I'll get him caught by the police.
[**Big Sister spirit**] Yes, yes. [**Little Sister spirit**] I've said it! [**Big Sister spirit**] Hey! Hey, don't talk anymore. [**Little Sister spirit**] My father has said, hasn't he? He has *henga xori laiso*n [got married]. [**Big Sister spirit**] Hush.

And to report him to his elder sister, Tanya's *nonori*:

He doesn't come to visit my mother. He doesn't come here. I will see my *phuphu* [father's sister] about why my father got married!

She also defended Tanya's reputation as a good house-wife:

What people say is that mother won't be able to run a household. Why won't my mother be able to? She will be able to clean utensils, she will be able to wash clothes, she will also be able to cook. Mother will be able to do all work.

6. Spirit possession as heightened self-awareness

Boddy's (1989) study of *zar* cults in Sudan goes beyond an instrumental interpretation of spirit possession. Earlier studies of spirit possession have viewed possession as a means by which women attempt to redress their inferior social status. In doing so, Boddy argues, they are not seeking the same status as men. Women in the Sudan do not consider themselves to be inferior or peripheral, but rather complementary to men. In order to promote their social value, women emphasise their difference from men. This is seen, for example, in the practice of female circumcision, which women enthusiastically endorse despite growing disapproval from orthodox Islam. Boddy contends that the women in this society are 'culturally overdetermined', that is to say that the whole of their self-worth and self-identity is tied up with their procreative ability: the bearing of sons – through which they earn respect - and cultural reproduction of village values. Correspondingly, infertility contradicts this self-image.

In such instances, and in other cases where a contravention of the feminine ideal is experienced, possession is therapeutic. The possessing spirit derives its therapeutic effectiveness from its otherness. Like Littlewood (1996), Boddy does not view the possessing spirit as a split-off part of possessed woman's self. In contradistinction to Western psychotherapy for hysteria, *zar* therapy works not by encouraging her to see the spirits as part of herself, but by convincing her that they are separate and distinct from herself. The possessed woman is not absent during trance but actively engaged with the spirits. Through seeing herself through the eyes of the possessing spirits – whether they be Ethiopian prostitutes or Europeans – her perception of everyday reality is rendered less unquestionable and less natural; it opens up the possibility of ambiguity and multiple realities. Possession allows for a growth in self-awareness as she recognises the social values constraining her for what they are: as cultural constructs.

I would agree that, at least in Tanya's case, spirit possession is less an example of displaced consciousness, more an example of heightened self-awareness with the spirits providing a reflexive metacommentary; self-awareness, after all, arises when the ego views itself from the vantage point of the other (Crapanzano, 1990). Firstly, it was Tanya's spirits who raised the problematic issue of her not crying at her own wedding. In reply to our query about the diagnosis, Tanya's mother denies that anybody sent a *salan* (magic spell), but confirms that her daughter's illness is *ufri* (spirit sickness). The Big Sister spirit continues: 'what should I say? On her wedding day mother....People say that the bride cries. Mother didn't cry'. Secondly, as I showed above, the Little Sister spirit goads Tanya/ Tanya Mother spirit to break the taboo on reciting the Qur'an during the menstrual period, a taboo which equates

menstrual blood with impurity. In doing so, the spirit highlights the social constructedness of this taboo; the Little Sister spirit's promise that nothing will happen if Tanya recites the Qur'an is fulfilled when Tanya goes on to recite the Qur'an a few minutes later. Thirdly, the spirits play out different scenarios. One of the Little Sister spirits' commoner refrains was an apparently contradictory statement about Rifat's second marriage: 'hey, father said he won't get married (*bia xorta nay*), he will get married (*shadi xorba*)'.¹⁵⁵ They reflect on what will happen if Tanya goes back to her husband's house: 'if she [Tanya] herself stays well, will they give her affection? They will' and 'for what did my father get married? He left my mother. Mother's health is not good. For what did he get married? The *hotin* [co-wife] will hit her. Do you know that? There will be fighting and quarrelling'.

The spirits are supportive of Tanya, and, as we have seen above, attempt to bolster her self-esteem by insisting that Tanya can do all sorts of housework. Yet there are times when their support works to reduce Tanya's self-awareness, for example, when they attempt to protect Tanya from sadness. The two sister spirits display a censorious attitude to talking about death. Whilst we were talking to Tanya and her mother about Tanya's deceased siblings, the Little Sister spirit chimed in 'you should not speak about death', to which the Big Sister spirit added 'it is not necessary to speak [about death]'. Tanya's voice both emerges and is submerged when the issue of death is raised. When talking about Tanya's father's death, the Little Sister spirit's voice gets

¹⁵⁵ Both *bia* and the much less common *shadi* mean the same: marriage or wedding; *bia* is a Sylheti version of the standard Bengali *biye*, *shadi* is a Hindu/Urdu word. It is possible that Tanya became familiar with the word *shadi* through watching Bollywood films. The term *bia-shadi* refers to wedding arrangements that have become too complicated. A third term for marriage that she used, *henga* - 'my father has *henga xori liaison* (got married)' - has universal derogatory connotations. It is difficult to translate the word *henga* into English; the closest I came to it was 'shacked-up'. *Henga* means marriage, but is often reserved for second marriages and beyond (when the husband has more than one wife); it implies a sham marriage, is extremely derogatory, and its utterance borders on the obscene.

lower in pitch, merging with Tanya's mature, adult voice, as Tanya faces up to the fact of her father's death. The other place where one voice glides into another is when Tanya answers our question about Ruksana's death: Tanya's adult voice starts, but gets higher in pitch before the Little Sister spirit takes over, referring to Tanya's father as grandfather.

As well as this slippage between speaking subjects, there is also an instance when the spirits express some confusion as to their own identity as they discuss family relationships. I have just asked Tanya if I can speak to her mother:

Tanya: **[Little Sister spirit]** Yes, you can. [calling Tanya's mother] Oh *nani* [mother's mother]! Oh *nani*! Come over here. We call mother *nani*. **[Big Sister spirit]** No! Mother, after all, calls our *nani* mother. We call her *nani*. **[Little Sister spirit]** No, mother's grandchildren, isn't that so? She... We are mother's grandchildren, isn't that so? **[Big Sister spirit]** Yes, yes.

To be one's mother's grandchildren appears an oxymoron; but it also hints at the contradiction, if not to say falsehood, inherent in the 'Tanya plus spirits' person: Tanya as Tanya is the daughter of Tanya's mother; Tanya as the sister spirits is the granddaughter of Tanya's mother.

Tanya seemed aware of the confusion caused by the multiple identities of her self and the spirits. Once, when we visited to find her sitting alone, she told us that 'Mother has a fever'. Registering our confusion as we glanced around the house looking for Tanya's mother, not knowing which mother had the fever, she pointed to herself saying '*this* mother', a mischievous, knowing glint in her eyes.

7. Conclusion

In this chapter I have discussed the extent to which going *fagol* can be regarded as resistance. Attempts to formulate general conclusions falter on the question of resistance to what: even within the specific context of going *fagol* following marriage, the three case studies presented here demonstrated resistance to different things. Tanya was less resistant to marriage per se, more to being married to a *bosti* family; Ashok wanted to marry his English girlfriend, not to be ‘sold’ by his parents to a Bangladeshi family; Lila was protesting at being married at an early age. Nevertheless I have argued that whilst going *fagol* is ultimately self-destructive and does not bring about structural change, it does have the potential to raise consciousness about structural contradictions. Yet, whilst the sufferer (and the anthropologist) experiences this conscious-raising, the *fagol* label prevents their protest from being heard locally. Alternatively, in drawing attention to uncomfortable issues the mad do indeed raise awareness of social conflict, hence the need to silence their voices.



25. A village wedding: the groom arrives at the bride's house.



26. The groom returns home with his new bride. The bride, who was reluctant to get out of the car, is being carried by a village elder.

Chapter 8: The relationship between madness and religiosity

In this chapter I explore the relationship between religiosity and mental illness in Sylhet. Whilst violating religious taboos is cited as causal in cases of *fagolami* (madness), correct religious observance is also a risk factor as this may attract the wrath of malevolent, non-believing *zinn*. In these cases, moral authority may be contested. Madness is not always viewed negatively: being close to Allah can cause divine madness where the individual's *firaki* (saintly power) is integral to, and not thought to be diminished by, their ongoing madness. After presenting the case of one such divinely mad 'naked saint', I present other examples of *fagol* (mad) individuals where the label of *firaki* has been mooted but has not been recognised beyond their own families. *Firaki*, like the label *fagol* and other diagnoses, is historically and culturally contingent and can be contested within a family.

1. Illness and morality

Brodwin's (1996) study of medical pluralism in Haiti highlights the moral issues integral to health seeking practices. There, patients seek a biomedical cure as illnesses which fail to respond to biomedicine suggest that the diagnosis is *maladi Satan*, a spirit affliction. As the sending of *maladi Satan* is viewed as punishment for a previous wrong-doing, negotiation between patients and healers is not only about finding a cure, but also about asserting innocence and claiming moral authority. Similarly, in Uganda, a diagnosis of cursing involves recognition of morality: an appraisal of the motivations of the protagonist, but also investigating if the victim has attended to his or her obligations, such as the correct distribution of bridewealth (Whyte, 1997).

Wilce's work (1998a, 1998b) provides the most comprehensive discussion to date on the relationship between morality and mental illness in Bangladesh. *Pagalami* (*fagolami* - madness) is described in 'moral terms - as a failure of moral discernment entailing neglect of one's duty, the responsibilities accompanying one's gendered social role' (1998b: 28). Madness is constructed as a form of deviant egocentricity and self-assertiveness; for women this may manifest itself as melodic weeping and autonomous wandering (both types of behaviour could be construed as violation of *purdah*¹⁵⁶), for men, manifested as tuneless prayer - all regarded to some extent as being under conscious control and responsible for making the head hotter. Even when attributed to an outside influence - spirit sickness - this too may imply moral censure as 'spirits attack women who violate *parda* [*purdah*]' (1998a: 186).

How does my fieldwork data compare to the above findings? In Chapter 4 I showed that in contradistinction to the case in Haiti, my Sylheti informants preferred a diagnosis of a 'sent' illness (ie sorcery) to a biomedical one; the diagnosis of sorcery provided proof of victimhood, justifying pre-existing grievances and also served as a face-saving mechanism in situations of misfortune and material inequality. In this section I present data on illnesses that were not 'sent' - not under the conscious control of jealous humans as in sorcery - but caused directly by supernatural entities (spirits and (mortally) dead saints) with no human intermediary involved. Whilst madness may be regarded as punishment for violating a religious taboo, the victim has the opportunity to manipulate the moral implications of the diagnosis, such is the multiplicity of reasons given for spirits to attack humans. In chapters 6 and 7 I

¹⁵⁶ The rationale that I was given for the rule prohibiting women from reciting out loud the Qur'an or singing (anything) was that such activities could attract men other than their husbands thereby risking the viability of marriage. See discussion on nakedness in text.

discussed the relationship between gender and spirit possession and argued that for the case of Sylhet, it is simplistic to equate spirit possession with a female domain of religious knowledge, and to equate its manifestation as madness with the inversion of gendered social codes of behaviour.

In presenting the case studies in this section I have preserved the original transcript form and have adopted a narrative analytical approach (Riessman, 1993) for my exegesis. Considering the material as narrative is particularly appropriate in discussions pertaining to suffering and morality. Illness narratives, it is argued, are inherently moralizing (Good, 1994); they are rhetorical devices which seek to persuade the listener of a particular world view, and, in turn, are shaped by audience expectations and desires (Mattingly, 1998; Mattingly & Garro, 2000).

2. Going *fagol* as punishment for violating sacred space

2. (i) Samad offends the spirits at prayer

Zinn-e-mumin, *zinn* who believe in the Muslim faith, can strike people who violate sacred acts and spaces. I met one such victim, Samad, a young man in his twenties, at Kobiraj Babul's house. He was not actually a patient; he owned and ran a small jewellery shop in the town and had come to the kobiraj's house to see a friend. While we were waiting for the kobiraj to arrive he struck up a conversation with us. On hearing about my interest in *zinn* and *manoshik oshubida* (mental illness) he told us that he had gone *fagol* (mad) after being *lagse* (struck, influenced, affected) by spirits. We asked him what had happened:

Being influenced ...it means... there was a pond...I was very beautiful¹⁵⁷ before and

¹⁵⁷ The Sylheti word he used was '*shundor*'. As well as meaning beautiful it also can be translated as 'nice' and 'fine' (the shop keepers would encourage me to buy their *shundor* bananas). In Sylheti there is no separate word for handsome.

I used to play football. At the time I was playing I was wearing short pants. Having gone and played there I jumped into the pond. Then I fainted. While I was unconscious I covered half of the pond. And there was a bush, wasn't there? I went to the bush, grabbed hold of it, couldn't return and fainted. Meanwhile, my sister's husband's brother and sister carried me and brought me home. After they brought me home they questioned [the spirits]. "Where have you come from?" And they said "we are *zinn*". "As you influenced him, what fault [*dush*] has he done?" "He was naughty [*dushtami*]. We went to pray at midday. At that time he jumped over us in the pond". Then they [his relatives] said "please go away now". "You have to give two goats of the same value and two cocks." We gave the goats and cocks but they didn't go away. I stayed *fagol* [mad] for 3 months. I can't remember anything...only doing *zikir* [rhythmic chanting of Allah's name]. I just used to do *zikir* and pray. Do you know *atakaf* [religious retreat]? I did *atakaf* for one month inside the house. Then some people, a lot of people came, and a lot of people got better. Then suddenly they [the *zinn*] left.

Fourteen months later the spirits came back and took shelter in Samad. We asked him why they possessed him again:

Now, I can't say. They said "we are staying with him as we love [*maya*] him. We won't harm him. We are with him as we love him. We won't harm him." That's why they want [to come]. Now I sit on Thursdays on my seat [*ashon*] and utter the *kolima* [declaration of faith for Muslims]. I uttered the *kolima*, didn't I? They always used to come at about 11 o'clock.

Like Nadira Firani's spirits in Chapter 3, Samad's spirits have taught him to summon them by uttering holy words; Samad has also learnt to prepare an *ashon* with incense, candles and rose water. And like Nadira, despite the spirits' love, Samad is also suffering. We asked Samad if the spirits were doing him any harm:

Yes, they are doing some harm. I'm just getting thinner. Day by day just getting thinner. They fed me *shinni* [food and other gifts ritually distributed to earn *sowaib* (religious merit)] and again sweets and *shinni*. They brought and gave me everything. We ate. They affected me and are spoiling my life. Now if I sit and say the holy words on Saturday and Sunday they come and speak to me. If they come they have a good chat with me or talk about religion and tell me to pray.

And also like Nadira Firani, Samad has gained a degree of expertise in reciting the Qur'an since the spirits came. I wanted to clarify in whose voice the Qur'an was uttered - Samad's or the spirits'?:

Shoma: You mean they were speaking with your own mouth?

Samad: I didn't use to read the Qur'an. They were reciting the whole Qur'an without

seeing it. [Pause] I fell. They did *ozu* [ritual ablutions] and then went to pray. They had done *ozu* and were waiting to pray. At that time I went over them and jumped into the pond. When I went over them I offended [*beadobi*] them. [end of interview]

As I first listened to Samad's account I remember feeling slightly frustrated: I wanted to know more about his madness - I wanted to know the symptoms. But Samad could not remember anything about that. What features in Samad's narrative is the cause of his illness and the results in terms of his status within his family and as a Muslim. The last three lines of the interview summarise the chain of causal events leading up to going *fagol*. It assumes the cultural knowledge that Muslims believe that when they prepare for prayer by getting washed (*ozu*) they are accompanied by *firista* (angels) and to disturb the angels is a sin. So Samad is possessed by the *zinn* - who must be good Muslim ones as they pray, salaam his relatives and recite the Qur'an - as punishment for disturbing their *ozu*. But this is not the whole story: the spirits' use of the word *dushtami* (naughty) to describe his sin suggests that they do not view his behaviour to be that reprehensible, more the mischievous behaviour of a child; they also are attracted to his beauty (another taken-for-granted cultural 'fact' is that spirits possess beautiful people), and return because of their *maya* (love, affection, attachment) for him. Samad emerges as the object of their love, and with their help, becomes a better Muslim and one who has the power to heal.¹⁵⁸ His account also persuades us of the love his family have for him, enough to spend money on the goats and cocks. Yet all this is not without a price: like Nadira Firani in Chapter 6, he is suffering as a result of the spirits' attachment - he loses weight and is no longer

¹⁵⁸ Shoma commented that he seemed to be very excited at the thought that a tape recording of his voice was going to be taken back to the UK. I did not take down his contact details and was not able to follow him up and interview his family. When we tried to trace him over a year later nobody in the town recognised the description. This suggests to me that he was not a well known healer. The 'facts' he recounted may not have been verifiable, but I would agree with Mattingly's (1998) contention that narrative 'straightening' may actually uncover a deeper truth.

beautiful. The intertextuality of Samad's narrative is significant here. The suffering caused by spirit possession is often compared to the story of Angel Gabriel possessing Muhammad when he came to reveal Allah's message: Muhammad, I was told, found it extremely uncomfortable - his whole body sweated and felt very heavy. In some respects, to suffer is to be a good Muslim (Parkin, 1999); I discuss this further in the concluding section of this chapter.

2 (ii) Chonchol steps on the saint's shrine

Mortally dead saints can affect people's behaviour in several ways. The shade of the saint from the saint's tomb can fall on a person: in Chapter 7 we saw how Tanya's sister-in-law claimed to possess saintly power as a result of this happening to her, although Tanya's family maintained that the shade had only brought her misfortune. Trespassing on a saint's shrine can also get you into trouble: in Chapter 6 Shuli Firani's guardian claims that Shuli went mad as a result of accidentally stepping on a saint's shrine. Rarely, a saint can possess a person, often bestowing the possessed with spiritual power.

In this section I present the case of Chonchol, a 12 year old boy whose mother takes him to see a *firani* (female saint) because of his disobedient behaviour including *ghuray*. *Ghuray* means to travel around; in other contexts it means to spin, as in the common complaint *matha ghuray* (the head spins). The travelling that people do when they *ghuray* often is for no other purpose than for the pleasure in leaving the house - it can be associated with feelings of guilty self-indulgence and may be marked in the behaviour of young unmarried men, and, at least in the town, in their female counterparts as well; its nearest equivalent in English is probably 'to gallivant'.

Chonchol lives with his mother, police officer father and 15 year old and 8 year old sisters in a house in the *bari* (homestead, compound) of one of Shoma's aunts. Shoma has known Chonchol's family, who originally came from outside of the Sylhet district, since her childhood. Shoma's uncle has accommodation to spare as his brother is more or less permanently living abroad. They charge a peppercorn rent and give them gifts - an unwanted sewing machine, for example. Lately, Shoma's aunt has felt that they have taken advantage of her kindness, not respecting her position as the owner. Chonchol is also suspected of stealing a small amount of money from Shoma's aunt.

Hearing that Chonchol was taken to see the local village *firani*, we went to interview her about her management of Chonchol's case and her work in general. The *firani*, a woman of around fifty, lives with her husband and daughter in a single-roomed wooden building; it is fairly spartanly furnished, but there are chairs for us all to sit on and a table to place my notebook and tape recorder on. There is another small building on her land which is in ruins. On the three occasions that we visit her we never see any of her clients. She tells us there are two *foris* (*pori* - female *zinn*) and several *olis* (saints) that are with her; she inherited them from her paternal grandmother and they stay with her because they love (*maya*) her. Her method of diagnosis is to bring an *oli* before her in her glass; sometimes the *zinn* which is responsible for the illness appears in the glass. We asked her what she thought Chonchol's problem was:

Firani: That shrine which is at your [Shoma's] uncle's house. He was near it, carrying firewood, and he stepped on it. That's why he did *fagolami* (madness), going out and travelling about (*ghuray*).

Shoma: Do you think he was possessed with a *zinn* or something?

Firani: No, a *zinn* didn't possess him. At the shrine he committed a crime. If he stepped on the shrine why didn't he do a salaam? He accidentally touched the step - why didn't he do a salaam? That's why he was punished a bit. Then we solved the problem by asking the saint for forgiveness and by writing a *tabiz* (amulet). We made a request to that saint; we begged him 'that little child didn't understand that he had stepped on it'.

The *firani*'s account is an authoritative one, as one would expect from a professional healer: what he did was bad and amounted to the criminal, but she was powerful enough to be able to appeal to the saint and as a result his madness was cured.

Back at Chonchol's house, we speak to Chonchol alone while we wait for his mother to finish her house work. Chonchol is equivocal about whether or not he stepped on the shrine. He was once possessed by a reddish-coloured *zinn* and remembers that he was wearing a red shirt at the time. Soon, he is telling us about the different types of *zinns* which he has encountered: the headless one, the legless one, the one wearing a white punjabi, the female one with long hair, the one that takes the form of a fox, the one with eyes in its chest¹⁵⁹. After a while of listening to Chonchol's tales of his own heroism, we try to get Chonchol to talk about his *fagolami*:

Shoma: Can you remember before you were taken to the *firani* what you were doing?

Chonchol: No, not exactly. I used to go out at night. I was not frightened if anything happened.

Shoma: How long ago?

Chonchol: It will be one or two months. At that time it [the *zinn*] possessed me from the *chrisnagas* tree. After that I'm not frightened any more. Now in whichever direction I walk I feel that there is somebody behind therefore I'm not frightened any more.

Shoma: Are there *zinn* behind you?

¹⁵⁹ At that early stage in my fieldwork I was puzzled by Chonchol's account of *zinn* as I had thought that *zinn* were supposed to be invisible. I later learnt that some *zinn* can appear in human form. However, Chonchol's account may be derived more from a childhood, secular Bengali folklore culture than an adult Islamic one.

Chonchol: I can't say but I think there is somebody behind me. Somebody is walking behind me. It says 'there is not any danger for you [*tor* - very familiar possessive pronoun].' If it is night I walk in that direction. If I go to the shop I will walk. Five *zinn*...they stood in front of me...above the dog – that big. At 12 o'clock at night I came back at night after watching the film. The film was Indian. And I came in front of the police station and three dogs – one inside the police station and one inside the *BDR* [Bangladeshi Rifles – armed guard] camp - and I came in between them. I saw two, five dogs. They fenced me in. It was barking at me. And being frightened I shouted. Then father came and took me back. There were five *zinn*, very tall.

Shoma: Five dogs? Were they dogs?

Chonchol: They stood above five dogs. [Pause] She gave me a *tabiz*. After she rubbed the paper against my body she burnt it. She rubbed it with oil and then burnt it.

Shoma: Did you see in the [*firani*'s] glass clearly?

Chonchol: It was possible to see in the glass a branch on my shoulder. It wasn't seen clearly. The glass is near her. There is water, isn't there? It could be understood that there were people in the water. But I don't think I stepped [on the shrine]. The woman showed me that I had stepped on it.

Shoma: Did you see in the glass that you were stepping like that?

Chonchol: No, I just saw a bent branch. If it was a branch - or the light of the glass in the water. The woman is possessed. Doli Afa was more possessed than that woman [...]

Chonchol plays down the suggestion that he has done wrong or has behaved in a deviant way. His going out is normalised in the context of seeing films, and (mentioned elsewhere) watching Hercules on the TV and going to the village theatre, as well as put forward as evidence of his fearlessness. His vulnerability breaks through when he is fenced in by the five *zinn*s when he has to call his policeman father from the police station.

Chonchol's doubts about the veracity of the *firani*'s diagnosis vanish when we talk to his mother:

Mother: He doesn't study. He does naughty [*dushtami*] things. He does evil [*shoytani*]. He goes out at night...during the day...he just *ghuray* [goes out].

He goes out whenever he wants to. And he receives so many blows - his father beats him. I thought that 'let's see what she says; let's take him to the *firani*. If [the *firani*'s] *zinn* lets my son study, can I make my son study?' I took him. Afterwards I said he is evil [*shoytani*] to do these evil things - completely. When I bought the *tabiz*...for what? It doesn't work.

Chonchol: A spirit did it to me for no reason.

Mother: He doesn't obey at all. I have never seen any spirits. I went to that woman's [the *firani*'s] house. I got there and the woman put water in the glass. After she put water in the glass she asked me to look at the water. I looked and I saw your [Shoma's] aunt's shrine there, didn't I? She showed me that shrine there. And she said his foot had touched the shrine.

Chonchol: It's not true!

Mother: That's what she said.

Chonchol: I didn't see it. What can I say? [leaves in disgust]

Shoma: You took him...what did you take him for? What did you think had happened to him?

Mother: I wondered whether a *zinn-bhut* had possessed him or not. If a *zinn* had possessed him then for that reason he's not studying and he doesn't obey. His father beats him a lot though he's not afraid. He's not afraid, why is he not? At night he *ghuray* [goes out] alone until the midnight. He stays out until 1 or 2 o'clock. For that we took him to ask what had happened, if a spirit had influenced him. The [*firani*'s] *zinn* said he touched the shrine with his foot. If the foot touched it, it wasn't a lot, it was a little. When he went to bring firewood... as he was bringing firewood he touched the shrine with the tip of his toe. Because [the shrine] touched his toes the saint caused him to *ghuray*. He wouldn't obey. He went bad. Why did he do it? He is insolent [*beadobi*] [...]

Chonchol lays the blame for his 'insolent' behaviour on a spirit which possessed him for 'no reason' - he attempts to dismiss any accusation that he is guilty, that any deviant behaviour might have attracted the wrath of spirits, and certainly he was not responsible for offending the saint by stepping on his shrine. We see a softening of attitude on his mother's part, shifting from portraying Chonchol as having an active to a passive role in the cause of his illness, from victim to protagonist. He moves from being the subject of doing evil, to the object of a spirit which possesses him; from touching the shrine with his foot, to the shrine touching his toe. This may be partly in

response to Chonchol's earnest pleas that he is innocent, but also because the audience changes. When Chonchol leaves her narrative no longer serves as a tool to metaphorically beat him with, he is out of earshot and the only listeners left are me and Shoma.

When Shoma's aunt hears about Chonchol's claim that a *zinn* from one of her trees had possessed him, she laughs at it, but is also, I suspect slightly offended that her marital home could be in any way regarded as a *dushi* (faulty, inauspicious, spooky) place - her husband's family members are, after all, keepers of the saint's shrine and because of the shrine 'satan never enters here; there is always a light in this house'. She is also dismissive of the *firani*'s opinion and her claims to be connected to the saint of their shrine and other *olis*: 'she hasn't prayed in her whole life. What kind of *fir* is she? OK, so maybe a *zinn* possessed her...'

Chonchol does not get any better with the local *firani*'s treatment. When Chonchol's mother has enough money they go to see Nadira Firani, whom Chonchol's mother has heard is a very powerful healer. With me and Shoma in tow, curious on-lookers ask where we are going as we walk through the village to the bus-stop: 'I'm taking my little *shoytan* (satan) to see the *firani*,' Chonchol's mother replies. When it is Chonchol's turn, Nadaira Firani does not ask him or his mother any questions about his illness. She tells us that there is a *shoytan* (in this context malevolent *zinn*¹⁶⁰) present in his body; he does not want to study, he just wants to do evil (*shoytan*) things and he has chest pain (which Chonchol's mother later confirmed was correct).

¹⁶⁰ *Shoytan* means satan but is also used synonymously with *zinn*. According to the holy scriptures, these *shoytan* are headed by Satan (Dols, 1992: 213).

After the *firani* has given Chonchol *foo* and a *tabiz*, Chonchol's mother asks if she can also give something for her husband as he spends a lot of the time outside and when he does come home they just quarrel. Nadira obliges by giving a *tabiz* to be put under his pillow. On our way to the bus stop home, Chonchol punches the air and says that she is the 'real thing'.

Chonchol and his family move out of Shoma's aunt's *bari* to live in a cramped apartment in the local small town, about a 10 minute rickshaw ride away. Sixteen months later we visit them there. Chonchol is at school. We speak to his mother who tells us that Chonchol has made a complete recovery. Was Nadira Firani's treatment effective? She says she couldn't tell as Chonchol never kept her *tabiz* on. She puts forward a non-spiritual explanation for his recovery: since they moved house he no longer has the opportunity to mix with bad company.

3. Zinn disturb those who are pious

Zinn are attracted to dirt, the wild, the night, menstrual blood and women who wear red dresses and laugh loudly. They are also more likely to possess the pious. Under Satan's command, they like to create problems for those whose religious habits are good, typically disturbing them on their way to the mosque. Shotif is an elderly man who had been *fagol* for several years. Before going *fagol* he was known in his village for his piety. In addition to the five daily prayers, every night he performed *tozud* (*tahajjud*), the optional prayer recited in the early hours of the morning when Allah 'descends close to the earth to hear prayers' (Glasse, 1991: 393). One day at 3 o'clock in the morning as he was climbing a hill on his way to the mosque, a *ferot* (a particularly vicious type of *zinn*) possessed him. Since then his *brain* has been *out*: he

neither prays nor fasts and if he sees anybody else praying he gets angry and hits them and talks about ‘the things under the clothes’. Treatment so far has been unsuccessful; the last meshab his family brought was seen off by Shotif with a stick.

4. Being close to Allah can send you *fagol*

4. (i) Divine madness

Like the English word ‘mad’, *fagol* can refer to having a passion and enthusiasm for something so great that it borders on the irrational. So, young men can be *fagol* for football and, in the case of a man who wanted me to marry his son solely to get British citizenship, *fagol* for the UK. One can also be *fagol* for Allah, but in such cases people are literally driven mad by their desire for Allah. In Sylhet these people are referred to as *lengta fir* (naked saint) or *mozuf* (from the Arabic *majzub* meaning religious ecstatic) and are thought to possess *firaki* (saintly power).

Such divine madness has also been recognised by Muslims in Pakistan (Ewing, 1998; Frembgen, 1998), Morocco (Westermarck, 1926) and the Middle East (Dols, 1992); among Bengali Hindus (Morinis, 1985; McDaniel, 1989) and Buddhist monks in Tibet (Ardussi and Epstein, 1975) and in Christian Europe (Screech, 1985). The Arabic term *majzub* is derived from the verb to be drawn to. A *majzub* is one who has been drawn close to Allah, whose mind has been deranged in a benign way, either from an “overpowering perception of Divine Reality” (Glasse, 1991: 248), or whose mind has been burnt by an extreme proximity to Allah (Ewing, 1998). Similarly, enraptured Christians are deprived of their minds. Displaced outside themselves (*ekstasis*) and away from the material world, the divinely mad are freed from polluting contact with the human body (Screech, 1985); they are attracted to solitude and the

wilderness (Frembgen, 1998). Their reason is thought not to reside in this world but in heaven; as such, their behaviour is exempt from normal religious laws by God.

Westermarck (1926) observed a *majzub* breaking the fast during Ramadan; people forgivingly said ‘the poor fool does not know what he is doing, his mind is with God’ (1926: (i) 49). Other antinomian acts, such as wandering naked, are tolerated in this context, but also as evidence of heightened consciousness: the ‘wise fool’ who urinates on an idol does so knowing that true deity resides beyond concrete form (Morinis, 1985). As well as antinomian behaviour and possessing a perfect body free from human decay, mad saints are also characterised by their modesty, their power of prophecy, having lucid as well as incoherent episodes and ‘passive healing’ - transmitting healing power through touch (Frembgen, 1998).

The divinely mad may not differ in their behaviour from the ordinarily mad. Local people differentiate by exploration of the cause: divine madness may follow extraordinary religious experience such as seeing visions; alternatively, contextual clues - living near holy sites - may be more significant (Morinis, 1985).

Pragmatically, those that fail to respond to treatment may be judged by a religious authority as possessing divine madness (McDaniel, 1989).

4. (ii) The *Lengta Fir* of Shingogong

Although I heard about several *lengta fir* (naked saints) during the course of my fieldwork, I only had the opportunity to meet one. Khalid, who came to be known as the *Lengta Fir* of the village of Shingogong, was born in 1937. His mother died 6 months after his birth; his father remarried 4 years later and died when he was 11. According to his half-brother, with whom he has lived for most of his life, Khalid was normal as a child. He attended the local madrassah until the age of 14. In 1968 he

went *fagol* and walked around naked for a few days. It was Ramadan. One day he came home and said he wanted a meal. He was served some food, but left home without eating. He was not heard of until three years later when his brother, who at that time was a senior police officer, was contacted by a prison in India. Khalid had gone to the police to report that he had broken a bridge: the police arrested him and placed him in custody for breaking a curfew. In fact, the police suspected that he was really a Pakistani spy, so Khalid's brother had to take testimonials from the local MP and chairman of the local council to get him released. In India he had been known as a *goibi* (miraculous) saint.

Khalid has never been married. Although he has been 'completely mad' since 1968, people have been coming to see him to receive his blessings since his return from India in 1971. Sometimes if he likes, his family told me, he gives patients *tabiz* (amulets) and *fani fora* (holy water), sometimes not. It was difficult for us to track down the Fir and observe him at work. He saw patients whenever he was at home, but as he left his home at unpredictable times of the day these sessions were irregular. We first saw him one morning when he was still asleep in his room. With permission from his family, we waited for him to wake up. He cut a striking figure. He was well built, bearded, with long, thick greying hair. He was not naked - he wore a *longi* (a knee-length sarong type garment) and shirt - but when he woke up and swung his legs over the side of the bed Shoma exclaimed 'Allah!' as we caught sight of his genitals. After we introduced ourselves, he lay back on his bed without speaking; he seemed indifferent to our presence. We waited and eventually patients started to arrive. I would describe the Fir as a passive healer. A woman brought the cord of a *tabiz* to be made holy. She stroked his arms with it, which the Fir did not seem to like. He roared

- I thought he was going to hit her, but instead of appearing frightened the woman beamed lovingly and made soothing noises as if she was calming a fractious infant. Two young men arrived smartly dressed in Western clothes. Could the Fir say if their business venture was going to be a success? He did not respond immediately, but when he eventually uttered a grunt they appeared delighted and left. When there was a lull in the stream of patients, the Fir turned to us and mused:

not them...Sylhet...ah...foreigner...the west part of Fulbag [placename]...your[plural] [inaudible] mother. His mother...yes, his mother. [Pause] *Lakhola* [neologism]... *kobiz* [bad person - mild swear word]. [Pause] *La ilaha illalla* [part of the *kolima* – Islamic declaration of faith]. Mother [inaudible]. The boil has become full of pus. The boil has ripened. [fixing his gaze on me] Your husband has died.

Not having a husband that could have died, I was not at all disconcerted by his last comment, but I could see how, said to the right person, it could be construed as forming the basis of a prophecy.

On what grounds did his family and local people regard him as divinely mad, rather than ordinarily mad? Firstly, like Shuli Firani in Chapter 6, his holy power had been sanctioned by a religious authority figure. When he first became ill, his family took him to see a *boro alim* (religious expert - most likely a *fir* in this case), who told them that he didn't have *ufri* (spirit sickness) and should stay the way he was - they should not try to get him treated by a doctor or mullah.

Secondly, he did not seem to live in the material world. 'A lot of *firs* are hypocrites,' a local mullah, a graduate of a Suadi university, told me, 'but he is pure *mozuf*. He resides in a different world. Therefore he is a bit mad and is always thinking about other things - he meditates on Allah.' This other-worldliness was exemplified for his family by his indifference to money and other worldly matters. If patients gave him

money, sometimes he took it, sometimes he gave it away to somebody else, and sometimes he threw it away. He did not know what would harm or benefit him. He never asked for food, but when served a meal he would eat it. They had to change his clothes for him - on a hot day he could wear 4 or 5 shirts and not care. He never washed or cleaned his teeth, but despite not washing for 40 years he did not smell. A few days ago, he had returned to the house with his shirt on fire. He did not say anything about it, neither did he try to take his shirt off. They put out the fire with a bucket of water and were surprised to find that his back was not burned at all. On one occasion a mad man attacked him with a knife inflicting a 3 inch deep wound to the scalp. He would not let anybody suture it, and lost a lot of blood, but the wound healed spontaneously. His other-worldliness extended to prayer. When the *azan* (call to prayer) is heard, the Fir does not do *nomaz* (canonic prayer) normally like other people, but walks around saying a *dua* (personal prayer).

Thirdly, he is believed to be in possession of miraculous powers. He had appeared in holy places abroad whilst remaining at home: there had been sightings of him in Iraq and at Ajmer in India, and an uncle had prayed with him at Mecca on the *hoz* (pilgrimage). In Sylhet, he can get from one place to another in an impossibly short space of time. Passengers in a car can see him in a town 10 kilometres away; when they arrive in Shingogong, the Fir has already got there having walked faster than the speed of the car. Lamps can remain burning in rooms when he is present without any oil, and become spontaneously lit again once snuffed out. He has the power to foretell the future. A rikshaw driver told me that sometimes his pronouncements are very clear, sometimes he speaks in *Arabi* (Qur'anic verse or Arabic). A few days ago a man came to see him before embarking on a car journey. The Fir said: 'if you go you

will fall in danger'. The man was grateful for the advice as the vehicle that he had intended to travel in was subsequently involved in a road accident.

5.Diagnostic labelling is historically and socially contingent

As Wilce notes, 'for madness to be able to speak to sanity is a historical contingency' (2000: 9) - before the Renaissance madness was not differentiated from reason (Foucault, 1965). Nevertheless, in post-Enlightenment times there have been examples of statements of the mad being accepted as valid. The plausibility of the content is, of course, culturally determined; it may resonate with pressing issues of the day and may depend on the audience being open to coded communications (Littlewood, 1993).

In Khalid's case, I would argue that the attribution of saintly wisdom and power was fairly random and arbitrary: I met many other people who displayed the same indifference to self and the environment that were labelled as just plain *fagol*. As for his holiness being legitimised by a religious authority, I met others whose *firaki* (saintly power) was similarly legitimised but did not gain a following (see examples below). The perception that he had miraculous power seemed to me to be more contingent on the audience, rather than on what Khalid had actually done. Yet there was nothing that differentiated his locality from other parts of Sylhet, and he enjoyed a widespread following which transcended class and gender. I wondered if there was something about the Fir - that his speech was so disordered, that he was so out of this world - that made local people think that he was *so* mad there had to be a very powerful underlying aetiology, that is to say, a close connection with Allah.

At one of Mufti Huzur's healing sessions I met a *fagol* woman, Ruchi, whose speech was equally disordered and who was equally detached from her social environment, but was not revered as a *mozuf*. According to her mother's brother's wife, she went *fagol* five years ago after her parents declined a marriage proposal. At that time her skin had erupted in boils. She went to seek treatment from a mullah, but the treatment he gave sent her *fagol*. The spurned family arranged for *zadu* (sorcery) to be done against Ruchi as revenge. When her mother died three years ago she was brought to the corpse but she did not seem to understand that her mother had died and stood there talking to herself. Since her mother's death, she has been living at her mother's brother's *bari* (homestead) and mother's sister's house; two years ago she got married but did not like the husband and did not stay with him for very long. Her father is still alive but there is nobody at his house to look after her, to tell her to eat and wash. She talks nonsense (*abul tabul matt*) all day and night. In one of her more coherent spells, Ruchi told us that somebody had done a *salan* (magic spell) and destroyed her 'good things'; she used to be possessed by a *firani* (female saint). Angels had attached them (? 'good things' / *firaki*) to her and another had caused the angels to take them away. She could hear the sorcerer talking to her now. Her mother's brother's wife told us that although Ruchi had never gone to school, she could read the Qua'ran and used to pray a lot; she had been very intelligent and had wanted to study at BRAC (an NGO which offers educational programmes). The sorcery had taken her intelligence away and destroyed all that. Her mother's sister was uncertain about whether or not Salaka had ever been in possession of *firaki* (saintly power): at Mufti Huzur's she had told us that Ruchi had been a *firani*, but when we later asked her about this she said she wasn't sure; others had said that there was a *nur*, a (holy) light, that had shone from a

bamboo bush near Ruchi's house - presumably local people had taken this as evidence that Ruchi had a connection with *firaki*.

It may have been Ruchi's gender that precluded her from being revered as a *mozuf*. Although in Chapter 6 I described the practices of female saints, the idea of a *naked* female saint is probably unthinkable in Sylhet. In Islam, sex outside marriage is prohibited. As men and women are 'naturally' going to be attracted to one another it is beholden for them to dress modestly so as not to stimulate the opposite sex's passion. In practice, these dress codes of conduct are more relaxed for men than for women. Even in the mud, a woman's sari hem or silwar kameez trouser leg should not be hitched up to for fear that a portion of leg above the ankle may be displayed. For men, it is quite proper to display leg from the knee down. In the village, the rules for men are relaxed further with herd boys displaying bare chests. Nevertheless, Shoma was made to feel extremely uncomfortable when a young man rubbed oil into his naked chest at his friend's house in Sylhet town.

6.Diagnosis is contested within a given culture

It is unlikely that gender was the only factor that militated against Ruchi becoming a saint. I met *fagol* men who had had the *fir* label mooted, but were not recognised beyond their family as possessing *firaki*. Ashraf is a young man of about eighteen who lives in Sylhet town. According to his family, he has been ill with a physical problem since birth. He was not able to walk until the age of six and has never been able to go to the toilet on his own or wash himself. He understands everything but is unable to express himself in speech. He has a *brain dush* (brain fault); the doctors said his brain got smaller instead of getting bigger. In addition, over the last few years he has developed a mental problem: his sleep is poor and he is *oshanti* (restless, anxious,

not at ease). His family took him to see a psychiatrist, but the doctor could not find any illness. He has taken all types of medicine, but nothing has helped. His family believes he has *firaki* but it is of *onno line* (another line or method) - he does not give *tabiz*. When he jumps into a pond he does not sink but floats and does not swallow any water. If he sees anybody behaving badly he hits them. He never hits children even if they hit him. A mullah confirmed that he has *firaki*. The mullah could not give any treatment and said that Ashraf was more powerful than himself. However, Ashraf is not revered as a *fir* in his neighbourhood or beyond.

Diagnosis can be contested within a family. Yusuf is a 12 year old boy who lives with his parents and two older sisters in a *bosti* (slum) in Sylhet town. On the several visits that we made to his house, I sat on the only chair, whilst Shoma sat on the bed and his mother and Yusuf squatted on the ground - there was barely room for us all in their cramped one-roomed *bosti*; a flimsy bamboo screen partition offered the only privacy. Sometimes we found his father squatting in the corner, at work making paper bags which he would later sell to shopkeepers.

Despite his mother's pleas to speak *shundor xoriya* (nicely) to us, Yusuf rarely spoke to us. He presented as a serious, earnest boy; occasionally his thin body trembled and he would ejaculate: 'there's something going on in my chest; there's betel nut, there's ginger.' It was left to his mother to tell the story of his illness to us. A year ago he fell ill with a fever, was not able to sleep and kept saying 'something is going on in my chest; something is going on in my head'. He was admitted to Osmani Hospital, the local government hospital and regional medical school, for a few days. Following advice from the hospital doctors, his parents took him to see a psychiatrist who said

that he had a *manoshik roog* (mental illness), prescribed medication and recommended that he should stay off school for a year. The medication helps to make him sleep, but otherwise he is not any better. He returned to school the week before our first meeting but only stayed for 3 days - being at school seemed to make him worse. On returning home from school he complained about pain in his face and said that he was frightened; there was 'something going on' in his chest. He told everybody to read Ya Sin *sura* (chapter from the Qur'an). Now, his body trembles and he is *oshanti* (anxious, restless, not at ease). He does not eat properly and gets thinner by the day. His eyes appear red all the time. Sometimes he talks *abal tabal* (nonsense), for example, when he was sitting alone he said somebody was strangling him. He had also said that his eldest sister is *fagol* and has a *zinn-e-mumin* with her. His mother added that his illness gets worse when he sees his sister's *shoril karaf* (menstruation).

His mother's opinion is that Yusuf is suffering from *ufri* (spirit sickness). They saw a mullah who said that a *batash* (literally, wind, but in this context spirit) had affected him after going to a new born baby's house or dead person's house.¹⁶¹ When he was first ill he read the Qur'an all the time and said he wanted to be a *sabi* (dedicated follower of Mohammed); he stayed clean to read the Qur'an and couldn't stand being dirty. Now he says he wants to be a *murid* (disciple) of Ful Toli Fir; he wants to leave school and enter a madrassah. If he does that, he tells his mother with some satisfaction, she won't be able to see him. His parents took him to Ashon Fir who did *zara* (being stroked with a piece of cloth made holy by reciting Qur'anic verse over it) and removed a *tabiz* that Anwar was wearing at that time, a *tabiz* he had got from

¹⁶¹ Those two places are thought to be inauspicious places where *zinn* like to frequent.

Roxmotgong Fir. Since seeing Ashon Fir, Yusuf's illness has got worse. Yusuf says that Ashon Fir destroyed the 'good things' that were with him by doing a *salan* (magic spell); he took away his *nur* (holy light).

According to his mother, Yusuf can't stand his father and is frightened of him. His father used to beat him a lot. He has asked his son for forgiveness, but Yusuf won't forgive him. Yusuf thinks that the *dush* (fault, in this context spiritual entity or influence) that is with him came from his father who brought it home with him from the saint's shrine. Yusuf's father goes there to pray and read the Qur'an everyday; sometimes staying as late as 11pm. Once Yusuf went missing and was later found at the shrine. On another occasion, he tried to go to the shrine at 3 o'clock in the morning, but a security guard in the neighbourhood, who knew that Yusuf was not well, spotted him and brought him back home. Yusuf tells his father not to go there anymore. His mother says 'Yusuf is a child. What does he understand about *firaki*?', yet she agrees with Yusuf that a *dush* from the shrine has affected him because one night she dreamt about the shrine. His father does not believe their theory, preferring a medical over a supernatural diagnosis: 'it's not a mullah's illness, it's a fault of the brain (*brainor dush*),' he tells us.

I never felt I had gained an adequate understanding of Yusuf's illness or his family's circumstances - for example, I never learnt how they came to be living in a *bosti* - but the account does highlight the issue that different parties with different priorities at stake can contest a diagnosis. Whereas Yusuf prefers a diagnosis which lays the blame at his father, perhaps seizing it as a weapon in his battles against him, his father

prefers a biomedical one - if he accepted that the *dush* came from the shrine, then the logical outcome would be to have his visits to the shrine curtailed.

We visit Yusuf's school. His class teacher reports that Yusuf was an average student; his concentration was good and he never misbehaved. The teacher does not know why he became ill, but the head teacher offers a third explanation: there may be a family problem, an hereditary illness that Yusuf is suffering from.

In the next section I present a case where the family members agree on a diagnosis, but their preferred diagnosis changes over time.

7. Diagnosis changes across time: Mohi Uddin

I met Mohi Uddin and his wife at Roxmotgong Fir's town residence where they had gone to take part in the Friday prayer meeting. Dressed smartly in traditional dress, as befitting the Friday *juma* prayer, Mohi sat motionless and speechless for the whole morning, tears streaming down his cheeks, his face fixed in the same agonised expression. His wife explained that an *oli* (saint, friend of Allah) had possessed him.

A few days later we visited him at his home, a simple wooden building in a village about 20 kilometres from Sylhet town. I began by asking him about his family, were his parents still alive? He started to cry and left the room, but returned a few minutes later. By this time my tape recorder was running. Egged on by his wife, Malika, he spoke clearly but very slowly and haltingly:

Mohi: In the beginning, my father was a *lengta fir*, from *Dokkingas* (place name).
[Pause]

Malika: Speak, go on, speak. They have a cassette; they want to record.

Mohi: When my mother got married with my father, within twelve years¹⁶², after twelve years of marriage I - [Pause]

Malika: - was born.

Mohi: Yes, after twelve years I was born. At that time my father used to work in *Ansar* (para-military force). [Pause]

Malika: You're not able to? Shall I speak?

Mohi: Uh...

At this point, Mohi pointed to the ceiling. '[Allah] has taken his voice,' Malika explained, 'by his [Allah's] command it goes, by his command it returns. For one and a half months [Allah] has stopped his voice.'

Mohi first started to behave like a mad person 9 years ago, shortly after his parents' death. At that time Mohi was 25 and had been married to his present, second wife for three and a half years. He had been married previously to a British citizen. It had been a love marriage, and as Mohi's parents' had opposed it they had had a 'civil wedding'¹⁶³. Mohi's mother, known in the village for her healing powers (her father was a *fir*), did a *tabiz* to stop Mohi going with his wife to *London*¹⁶⁴. The *tabiz* worked and his first wife returned alone to have their son in the UK. Shortly after she left, his parents brought Malika for Mohi. They now have four young children. Mohi subsequently divorced his first wife. Malika's father had been ill for a year with *paralysis* before he died. The following day his mother suddenly lost consciousness

¹⁶² Malika told us that there were no pregnancies during the first 11 years of his parents' marriage. One night when his father was walking in the street he met a *lengta fir*. Mohi's father told the *fir* that he had no children, could he give him something that would give him children? The *fir* gave Mohi's father a betel nut to give to his wife to eat - 'after eating it you will have children.' Less than a year later Mohi was born.

¹⁶³ Akin to getting married in a registry office, but the bride does not have to be present - she can sign the papers at home.

¹⁶⁴ It is unusual for a parent to try to stop their children from living in the UK. If Mohi had been the only son then this would have been more understandable. Mohi had two younger brothers; one died a few years before their parents' death after being ill with stomach pain. I omitted to ask about the surviving brother, but he did not live in the same village with Mohi. Mohi had no sisters.

and died. Fifteen days later, Mohi went *fagol*. He used to visit the local saint's shrine a lot and would go to the jungle and stay there for two days at a time. As he did not want to come out, he had to be forcefully removed and kept at home in chains. Everybody in the village said it was a case of *oli dora* (saint possession): the saint had become attached to Mohi because they shared the same name. I never understood how people became ill as a result of being influenced by a saint, as surely saints exemplified goodness¹⁶⁵, but Malika explained that Mohi had been too young to understand that the *oli* had wanted to help him; the *oli* had given him a *goibi* (miraculous) thing, a round ball with the numbers one and three written on opposite sides. Mohi had initially given it to her, but took it back a few days later and threw it in a pond as he didn't have *hush* (sense, awareness). It was for that reason that Mohi was harmed. Another reason why he became ill, Malika told me, was that originally he had been nobody's disciple and was therefore unable to tolerate the spirit possession (this reminded me of Nadira Firani becoming a *fir*'s disciple at the request of her spirits so that her body would become *bondo* (closed) and the spirits could take shelter in her).

Mohi has studied and passed examinations in pharmacy, but he has not worked as a pharmacist since his parents' death. Over the last 8 years, Mohi has been *fagol* on three occasions: the first episode lasted for a year, the second for nine months; the present episode started 5 months ago. In between episodes he has managed his small grocery shop in the village. Malika has taken him to see a variety of healers. He is under a psychiatrist who prescribed an injection. Anybody else would have slept for

¹⁶⁵ But note that not all saints are *thanda* (mild) like Shah Jalal. Some are *gorom* (hot, powerful, angry) like his nephew Shah Faron. An actor who visited the latter's shrine and refused to take his shoes off when praying there was later involved in a car accident which destroyed his feet.

a week after taking the injection, but it had no effect on Mohi, a fact which Malika cited as evidence for saint possession. I wondered how they thought the medicine could have helped with saint possession. Malika explained that when his parents died his *brain* went *noshto* (spoiled, broken-down) and the medicine was for that.

Although it does not have any effect, they continue with the monthly injections.

Malika distinguished between the doctor's diagnosis, *brain noshto oi gese*, and *Allar bemar* (Allah's illness¹⁶⁶) when the *oli* possesses him. When this happens he prays a lot and lights candles; the *oli* says 'please grant my friend's prayer, otherwise I will get up from prayer (stop praying),' and a bit later Mohi says 'my prayer has been granted'. He does *zikir* (rhythmic chanting of Allah's name) so loudly that everybody in the village can hear. Sometimes, he can't do anything - the *oli* takes away the use of his legs, arms and voice. Malika once took him to see a Hindu kobiraj but Mohi got angry. The mullahs they have seen have said a *zinn* or *zinn-e-mumin* is possessing him. They have only been going to see Roxmotgong Fir for a couple of weeks; since becoming disciples, Iman's voice has started to come back.

What came across during our first interview with Malika was her frustration at not being able to capitalize on the power that the *oli* was offering them:

[Through the people in the village] they [the *olis*] have shown a little: 'let a mosque be built and then make him [Mohi] sit in the mosque. If you make him sit in that seat the *batoni* [esoteric knowledge] will be revealed to him. Whatever he will want, whatever Allah has done thingy to them [the *olis*]...whatever he wants he will get.' Now I am not able to do those things. There are no men, I have no money at hand.

The *oli* may be looking after them, but as Mohi was ill and unable to use his wealth of 10 lakh taka (£12,500) they were continuing to suffer:

By the grace of that *oli* ...[the *oli* does] something or other to us...he has kept us

¹⁶⁶ Malika was my only informant who distinguished between doctors' illnesses and Allah's illnesses; everyone else quoted the doctor/ mullah distinction. The later dichotomy appeared more logical to me as all illnesses, including doctors' ones, are thought to be under the control of Allah.

under his shade¹⁶⁷, and like that we are running along *xosto* [suffering, hardship], running along in great *xosto*. He [Mohi] has property and wealth, he has; he has everything, he has some. Though he has, there is nobody to manage it, do you understand?

Understandably then, Malika expressed ambivalence about her husband having a close connection with a saint. Like a good Muslim she declares that she will embrace the misfortune that Allah has dropped her in:

My Allah has kept everything [for me]. I am not dependent upon anybody. Why? As [Allah] has caused me to fall in the drain, I am staying here depending upon Allah. Why? We are ten sisters. Though there are ten sisters...I told my parents, I said 'so you have after all another nine daughters. Give me, give one daughter, up.' Why? I am under the shade of one *oli*. I will live for the afterlife. Allah, it is Allah who knows what he will do on that side. In this [material] world I am like this: let me have sorrow, let me have suffering.

But at the end of the interview, Malika tells us that she wants the *oli* to leave: 'we don't need this *firaki* (saintly power)! But it hasn't gone, it wants to stay. They've got the same names. They've become friends. It doesn't want to go.' Like the mother of the *majzub* described by Ewing (1998), Malika may not feel that she can relate to Mohi as an idealised other; close relatives of saints do not always benefit from their saintly status.

When we next visited their home almost two months later, Mohi was not at home. He was slowly getting better and had gone with his brother to Dhaka. Malika's attitude to the *oli* possession appeared to be hardening. These days, when the *oli* took shelter in Mohi she told him that she had a child, that is, she had work to do. The *oli* had asked her if she wanted money, but she had replied that she did not want wealth.

According to Malika, Mohi also appeared to be having second thoughts. When his mother was alive Mohi was always asking her if anybody in the house was going to

¹⁶⁷ Shoma translated this as 'kind consideration', but I have retained the literal meaning of shade.

be an *oli*; would the *batoni* (batin - esoteric knowledge) be revealed to one of them? His mother replied ‘after our death’. Both parents were *firs* of sorts - his father a *lengta fir* and his mother had a close connection with an *oli* - and it is common for *firaki* to be passed down the line of inheritance. So it was not surprising that Mohi should be possessed with his mother’s *oli* shortly after her death. Now, Mohi was saying that he would never give treatment as his mother had done. His mother used to get rid of *zinns* and Mohi wondered if one of them had killed her.

On our third visit, three weeks after the last, Mohi seemed to have made a complete recovery. The transformation in Mohi’s appearance was quite striking: relaxed and self-confident in his demeanour, I was able to see that he was a tall, well-built man. He had stopped the medication - it made his body numb, his teeth wobbly and his vision blurred. However, he was still wearing Roxmotgong Fir’s *tabiz* and was going to go and see him again. Both Mohi and Malika appeared to want to play down the *oli* possession. I asked him what he thought happens when his voice goes: ‘Allah only knows what happens. When my voice was *bondo* (closed, shut-down) I was just frightened and I couldn’t go out’ he said, placing his arms across his chest to demonstrate a hunched-up, fearful posture. He did not know why he became ill, now he just worries about his children. I asked if the *oli* was still with him. Malika answered: ‘when he is *fagol* people in the village say it is from the shade of an *oli*’.

What can account for this change in attitude? Shuli Firani and Mufti Huzur in Chapter 6 retained their spiritual power to heal long after recovering from being *fagol*. Mohi, no longer *fagol*, may have not felt he had the ability to access the *firaki*. Unlike other healers, he was not able to control the appearance of the *oli*. Perhaps the suffering

which accompanied the possession outweighed the benefits of having *firaki*; without the *oli* possessing him Mohi could attend to his duties as the man of the house.

8.Suffering and Islam

Shafiya has been disturbed (*satani*) by Kwaz Fir, the saint of water,¹⁶⁸ for 12 to 14 years. She has pain in her body, her head feels *solī zay* (agitated, wound up) and she is unable to sleep. Sometimes she is so inconvenienced that she feels unable to leave the house. I wondered if Shafiya had done anything to offend ‘the most powerful *fir*’, but no, Shafiya claimed that he was disturbing her because he liked her. Why, I asked, if saints were good was Kwaz Fir disturbing her? Yes, she replied, he had caused her to ‘fall in *xosto* (suffering, hardship)’, he had given her pain and suffering (*xosto*) in her heart, but he had also given her peace from the pain.

To understand Shafiya’s perspective it is necessary to appreciate the Islamic position on suffering. Suffering, notes Conrad (1999), is problematic for Muslims. Unlike Christianity, there is no concept of original sin; there is no broken relationship between Allah and humankind (Allah forgave Adam). As Allah is omnipotent, Allah is responsible for all affliction and for making available every cure. But if Allah is merciful, why should suffering exist in the first place? Suffering is part of Allah’s plan. It serves as either punishment for the unbeliever or martyrdom for the Muslim, granting immediate admission to Paradise on death (1999: 225). Muslims should be patient in the face of illness, they should view it as a trial from Allah, a test of their faith (Sachedina, 1999).

¹⁶⁸ Blanchet (1984) questions the orthodox origins of this *fir* and notes that his role as guardian of the rivers is not one which is attributed to him in the Muslim world outside Bengal.

In practice though, many Muslims do seek relief from suffering. I discuss Muslim responses to suffering further in the next chapter in the context of going to see healers.

Chapter 9: Medical Pluralism

In her ethnography of Sylhet, Gardner (1995) contrasts local kobiraj healing to orthodox Islamic exorcism. The former is pluralistic, drawing upon herbalism, magic, Islamic and non-Islamic mantras and the appeasement of deities which may be propitiated with food, dance and ganja-induced trance states; the latter relies solely on the Qur'an and other Islamic sacred texts. Whilst the former transcends bodily boundaries in an attempt to invoke the healing power of the spiritual world, the latter appeals solely to the authority of Allah to reassert bodily boundaries which have been transgressed by spirits. The two types of healing embody ideological difference:

rather than co-existing in a state of equilibrium, these different discourses are hierarchically ranked, and at times oppositional. Indeed, I suggest that local methods of healing are increasingly undermined, both by the presence of Western medicine, which is perceived as more 'advanced', and by purist [Islamic] assertions that its methods are anti-Islamic. (1995: 249).

Going to the field 10 years after Katy Gardner had left, I was half expecting to find that local, 'traditional' healing had all but died out (I am placing traditional in inverted commas for reasons which will become apparent later on in the chapter). Yet this was far from the case: whilst Western biomedicine was widely available, 'traditional' healing seemed to be flourishing. Of my 50 patient case studies, only 4 had received treatment from Western biomedical practitioners only; of the remaining Muslim patients, nearly half of these reported receiving treatment from either a (non-biomedical) Hindu healer, or from a Muslim who used Hindu methods of treatment (Hindu mantra or *kufuri kalam*). In this chapter I discuss why 'traditional' healing thrives, despite Islamizing and other modernizing trends in Bangladesh.

1.Traditional healing as resistance

It has been argued that the persistence of traditional healing represents examples of local resistance in the face of Western biomedicine, Islamism and other incoming, globalizing forces. Gardner (1995) argues that the endurance of lower classes' belief in magic and Sufi mysticism in Sylhet represents a counter-hegemonic response to Islamic purism. In contrast to the land-owning class's faith in economic transformation through hard work, the belief in miraculous transformations which defy material hierarchies has greater appeal for the dispossessed. Moreover, the poor cannot afford to approach Allah directly - going on the *hoz*, keeping women in *purdah* and other trappings of religious purism cost money - and the *firs* offer an intermediary link with Allah.

In Chapter 6 I discussed how visiting a *firani* or a *fir* (most of which, in Gardner's terms, would be placed at the mystical, non-purist, end of the spectrum) can not usually be regarded as a counter-hegemonic practice. Whilst these healers' clinics offer a space for women to ventilate complaints that is not available elsewhere, and offers short-term comfort, ultimately the healing given strengthens existing patriarchal and other social structures, and does nothing to raise consciousness. The same arguments hold true for visits to other 'traditional' healers.

Neither does my fieldwork data show that women and the poor are disproportionately represented among the patients of 'traditional' healers: the social class and gender mix of the clientele I met at the psychiatrists' private clinics in Sylhet town did not substantially differ from that of the rural or urban 'traditional' healers' clinics. Many poor women visited Ashon Fir, as did wealthy ex-patriots and business men in suits

carrying briefcases. As well as British Bangladeshis, I met a hospital doctor at Mufti Huzur's healing sessions. Many of the women who visited Nadira Firani had husbands who worked in the Middle East (representing the sociodemographics of the local area). Whilst most of these women were not wealthy, they could not be described as the dispossessed. Nadira Firani's clientele also included a (male) pharmacist. In terms of religious outlook, being of an orthodox Islamic disposition did not preclude a visit to an 'unorthodox' healer. We have already seen in Chapter 5 that Sandni's family, who support Jamaat-I-Islami, an Islamist political party, took Sandni to see a wide range of healers including the Noyabari Kobiraj and another non-allopathic Hindu practitioner (Sandni told me that her family would have taken her to see a *firani* had she not got better). One of my informants, a *muazzin* who lives in Sylhet town (a *muazzin* is a mullah who performs the *azan*, the call to prayer), has four brothers and one sister who are *fagol* (mad); he had organised for his youngest brother to receive treatment from a Hindu *gunine* (exorcist) and a Hindu kobiraj (the *muazzin* tries all new treatment out on the youngest brother, the last to have gone *fagol*, and if it works, will pay for his other siblings to receive the treatment). When we first met the *muazzin*, the Hindu kobiraj had visited their home the night before: he had found three *tabiz* (in this context, a bad magic spell) buried in the grounds of their house; the kobiraj later sacrificed chickens, then, sitting naked, put a *salan* (magic spell) in three clay pots; the pots were then floated on a river, sent in the opposite direction to which the current was running.¹⁶⁹

¹⁶⁹ The kobiraj had told them that the fact that the pots had continued to float in a direction opposite to the current was a good sign that the treatment would work; the purpose of the *salan* was to reverse the *zadutona* (sorcery) which had been done to send the brother *fagol* (the *muazzin* believed that his family were victims of sorcery; I later learnt from a friend of the family that they were involved in a long-running property dispute with a neighbour).

It is often assumed by medical anthropologists that local, ‘traditional’ healers represent the cheapest option for the poor; conversely, indulging in Western biomedicine by the elite is regarded as an example of conspicuous consumption (Myntti, 1988; Lambert 1997). The psychiatrists in Sylhet town charge 300 taka (£3.75) a consultation for a new patient, 180 (£2.25) taka if the patient returns within three months of having last been seen; add on the costs of a month’s supply of the four different types of medication which the psychiatrist will almost certainly prescribe, then the cost comes to around 700 taka (£8.75), plus travelling expenses. Whilst much more expensive than visiting the local mullah who may charge 50 taka (63p) for writing a *tabiz*, the psychiatrists’ fees compare favourably with many of the ‘traditional’ healers. For example, the *muazzin*’s Hindu *gunine* (exorcist) charged 7000 taka (£87.50) for a course of treatment, the Hindu kobiraj took 5000 taka (£62.50).

Is it that Muslim patients and their families visiting Hindu healers are a case of desperate situations requiring desperate remedies (and having four *fagol* brothers out of five is grantedly a desperate situation)? Whereas Gardner’s study examined trends within a single village, my study was based both at the local, village level and in healers’ consulting rooms distributed throughout the Sylhet district. Do our different findings reflect this difference in methodology - that correlates between social status and healer do exist, but break down at times of crisis? Gardner cites the case of a woman who told her that she had no time for the local *firs*, but promptly visited a local *fir* when her daughter’s marriage was in danger (1995: 244). Although the focus of my fieldwork was mental illness, I gathered enough general ethnographic data during my 2 years of living in Katoli to make conclusions about issues that do not

directly pertain to mental illness. Unlike Gardner, I did not find an association between affluence and religious purism on the one hand, and low social status and Islamic ‘unorthodoxy’ on the other. My host Malik and his wife were disdainful of the local *firanis* and sceptical of the *firs* - they said they only worshipped Allah; the local mullah came to the house twice a day for meals. But the Katoli Kobiraj, who practised with *zinn* and used *kufuri kalan*, was a regular visitor to Malik’s *sasa*’s (paternal uncle) house, next door but one, and in the same *bari*. Although not as conspicuously affluent as Malik’s household - they only sacrifice one cow at Boxra Eid compared to Malik’s two - they own land, run a *baby* taxi business, and are in receipt of remittances from the Middle East; one of the *sasa*’s sons has a high status job working for a British company in Saudi Arabia. Another of Malik’s relatives, the son-in-law of another *sasa*, visited Nadira Firani. An educated man and a return migrant, he visited Nadira to find out whether or not his visa application to enter another country would be successful or not. Her prophecy, that he would get the visa, turned out to be true, so, he told me, he therefore believes that she has power.

2. ‘Traditional’ healing is not traditional

It has been suggested by several commentators that paradoxically traditional healing survives by virtue of its adaptability (Last, 1986; McGrath, 1999; Rekdal, 1999). Traditional healers may adopt elements of Islam as a strategy to survive Islamist trends. Although western pharmaceuticals may be incorporated into a traditional healer’s repertoire (van der Geest, 1996), Western biomedical’s naturalistic ideology is not necessarily absorbed wholesale and may be transformed in the process (Brodwin, 1996).

What follows is an account of the practice of the Noyabari Kobiraj whose methods of healing include both biomedical and supernatural therapies.

The Noyabari Kobiraj

I first heard of the Noyabari Kobiraj during my first year of fieldwork when Sandni's family consulted him (see Chapter 5). Sandni's mother, who had already been the previous week, warned us about the journey: the kobiraj, being of *Xashiya* tribal origin, lived in a remote village, a 200 taka (£2.50) taxi journey away on the other side of Sylhet town; once we reached the village we would need to cross a river by boat to get to his house. It would not be safe for two women like ourselves to travel unaccompanied without a male: the road from Sylhet which led to the village was notorious for *dacoity* - only the other week had a bus been ambushed and a passenger abducted.

Following Sandni's mother's advice Shoma asked a male relative to accompany us and the three of us met Sandni, her mother and her elder brother's friend, a *hafiz* (a person who has memorised the Qur'an) at the kobiraj's home. The kobiraj lives in a large two-storey stone building with his wife and children. The front of the house comprises of the kobiraj's consulting room and a male and female waiting room on the ground floor, with facilities for patients to stay overnight (and for longer periods) upstairs; there is a bed in the consulting room for examining patients; in the male waiting room is another examination couch. Outside a wooden board is fixed on which details of his practice hours and speciality - Assamese medicine - are written. It was obvious from his appearance that he is a Bengali Hindu rather than an indigenous

tribal person; he was clean shaven and wore Western style shirt and trousers as well as the traditional Bengali *longi*. He spoke Sylheti.

We asked him about his treatment methods. He showed us his therapeutic handbook, *Kukafondit*, from which he copied *kufuri kalam* magic spells; these appeared as diagrams with spirits pictorially represented as, for example, a bull; I could see that the accompanying text was written in a non-Bengali script. He explained that it had been illustrated and written in hand because at that time there was no printing press; the scholars, who were poets, wrote it in *Nagri basha* (a Hindi script). He showed us his certificate in Assamese medicine; he had been a student at a college in the Indian state of Nagaland (formerly part of the Assam province) from 1969 to 1976. Although the course was only four years' long, it took him seven years to complete because the Liberation War interrupted his studies. Surprisingly perhaps, he did not mention that his father had been a kobiraj and had worked on the same premises until retiring. We learnt this from his clients, some of whom who had been patients of his father.

We then asked him about Sandni's problem. He had done *istikharah* (literally, asking for the best choice [from Allah]). Shoma, perhaps surprised that he had used an axiomatically Islamic investigation, asked whether this had been Hindu or Muslim *istikharah*. He had done it using the Sanskrit language, adding that "Muslim language calls it *istikharah*, we call it *arzi* (Bengali for investigation)". Having done *kufuri kalam* and a *salan* (magic spell) he had seen where the *zinn* lived. The *zinn* would take many different forms in Sandni's imagination and dreams; she would see shadows of old people, dogs, cats and horses and would be scared. The solution was to block the *salans* that were being done against her. By doing *kufuri kalam* he was

giving her preventative treatment. She was given normal treatment before; by his method, she would be better within two weeks. She was being influenced by seven spirits, some Hindu, some Muslim. At this point, Sandni's elder brother's *hafiz* friend interjected and suggested that the Muslim *zinn* wasn't within his remit, but the kobiraj disagreed: he was giving her 'total' treatment which would be effective for both Hindu and Muslim spirits.

After the kobiraj had written the spells for Sandni in red ink on small squares of paper, we waited until 1.10pm when the kobiraj said the spells would be most effective. At this time the kobiraj put one of the squares of paper into a clay dish containing coconut milk. He then got Sandni to hold the pot while he gave *foo* - blowing on the coconut milk, sitting at his desk and yawning in between mantras. After finishing the *foo*, he wiped Sandni's hair with the coconut milk. Then, taking an iron rod and daubing it with the coconut milk, he did *zara*, rubbing the rod vigorously against Sandni's torso and scalp. Finally, he got Sandni to drink the remaining coconut juice. The kobiraj advised that she should have further treatment at midnight that day. We were unable to stay, but got the details from Sandni's mother two days' later: he wrote some more magic spells, this time also writing down Sandni's and her mother's names on the squares of paper. After placing these spells in a clay dish, he put the dish on her head and uttered some mantra. He then removed the dish from her head, lit a candle and stood it in the dish. With a needle and syringe he took a blood sample from Sandni and put a few drops of blood into the dish. The dish was then ready to be floated on the river, sending the spell with the river's current.¹⁷⁰ Finally, with the syringe and needle he injected a medicine into Sandni's back. Sandni's

¹⁷⁰ From talking to other healers learnt that there was no consensus about whether spells should be sent with or against the current.

family had not asked what the medicine was, but the kobiraj later told me that he had prepared it himself from a deer's navel (*kostoori*) which he had obtained from India.

We went to Sandni's house again the following week. Since that visit to the kobiraj Sandni had been getting quieter and quieter, sleeping a lot, and hadn't been eating. A few days ago they had been so concerned about her health that they called an MBBS doctor who diagnosed jaundice and prescribed a course of antibiotics¹⁷¹. The spirits were not disturbing her so much - Sandni was no longer complaining that the spirit was beating her - and she was no longer doing 'pointless' actions, but her body felt numb and was trembling; when she attempted to pray and read the Qur'an the trembling got worse. When I saw Sandni she looked stiff and had a lack of spontaneous movements - the same side-effects which are observed in patients who take anti-psychotic medication. I wondered if the injection that the kobiraj had given had been a long-acting anti-psychotic drug, rather than the deer's navel preparation which he claimed to have given.

My suspicions were confirmed when Sandni next visited the kobiraj two weeks' later and returned with some white tablets; he had instructed her to take them three times a day after food. I had a look at the blister strip packaging: from the writing on the foil backing I could see that they were 5mg tablets of procyclidine, a drug which is used as an antidote to the side effects of anti-psychotic medication. Two days' after starting the medication Sandni's mother reported that the kobiraj's treatment was very good: Sandni was feeling better and the trembling had stopped.

¹⁷¹ In the same way that British doctors use the diagnosis of a viral infection when they cannot find a cause for the illness, Bangladeshi doctors use the diagnosis of jaundice.

Sandni was not the only patient whom I suspected Kobiraj Babul of prescribing anti-psychotic medication to. Walking up the sandy river bank one day heading for the kobiraj's house, I saw a young woman who looked to me like a chronic psychiatric patient - she had the 'mask like' facial appearance typical of those patients who take anti-psychotic medication. Seeing me, she struck up a conversation in English. She was a British Bangladeshi who had been born and brought up in the UK; when she married her Bangladeshi husband at the age of 16 she had spent many months in Bangladesh waiting for her husband's visa application to be processed. Now 22, Asha and her husband had returned to Bangladesh 10 months ago to visit relatives. As we spoke I was forced to re-evaluate my initial assessment of her: she seemed 'normal' - she had none of the impaired social skills that I might have expected to find in somebody with a long-standing psychotic illness. But I was not surprised when it transpired that we were both heading for the kobiraj's house. Every time she comes to Bangladesh she gets ill: her body trembles, her head spins, there is no peace in her heart (*zane oshanti xore*), she feels tired but she can't sleep. She started seeing the kobiraj after she saw a *fagol* patient from her husband's village who used to throw plates around get better with his treatment. This was her fifth visit to see the kobiraj; she had already paid 8000 taka (£100) and was not sure whether or not she would have to pay any more today. Her illness, she thought, was due to *zadutona* (sorcery); the kobiraj had also said so; she wondered if she could send a *salan* (magic spell) back against the person who had done it. The treatment that the kobiraj was giving her was *zara* and a white powder, a type of *bonazi oshud* (herbal medicine) which came from India. The white powder, which she swallowed with water, made her feel a lot better.

How do we understand the Noyabari Kobiraj's practice of prescribing psychiatric drugs to his clients? His incorporation of Western pharmaceuticals into his treatment methods was not always by stealth. Here he explains the treatment of one of his 'in-patients', Roshid, a man who is paralysed and has difficulty speaking:

Now you have to give an injection. Now, that means, *oopostit*, what you should give, you should give *proofonergic*, *London stick*. Otherwise, you should give thingy... With *proofonergic* you will cause a *stroke*. That means, a *stroke* does not occur...so the *stroke* has to be caused to happen. *Largactil injection* and *proofonergic* ...having given the two...having given the two, having given the four, he will be made *senseless*. In fact, how much sleep and *blood* is heated...how much *blood* we have to bring under control...it is really the *pressure*...*blood pressure*. In fact, if the *blood* suddenly gets hot then the artery will tear, it will *leak*. Otherwise he will die and his children will be in trouble. Then we just need to control it with *stemetil*, *stemetil*. And for the heart what will I give? *Endobat* or otherwise the belly will literally swell up. You have to give *endobat* or otherwise *tenolat*...*tenolat* if you want to bring the *pressure* under control. OK then, let's see the patient. How much is [his] *pressure*...how much [his] *heart* [beats]...that's all.¹⁷²

With pharmaceutical (Bangladeshi) brand names and the liberal use of English words for medical terms, the kobiraj seems to be putting forward a Western biomedical explanatory model. No one would have ever described the above patient as *fagol*. But the kobiraj also used biomedical models with *fagol* patients. Here he is answering our question about what is wrong with one of his 'in-patients', Ashok (see Chapter 7), a young man who is married to a British Bangladeshi and who has recently 'come back *fagol* from the UK':

It is a *manoshik protibondi* [mental disability] - because of his *mentally effect*. A bit of *zadutona* is going on here - you can call it *kufuri kalam*. [Kobiraj breaks off to speak to one of his assistants about a new patient who has just arrived]. I mean - I am giving you a *short cut* [brief explanation] - then his *brain* caught something and *blood*, a *blood collection* formed. That means...it is called a *gesh form* [gas formation] or whatever. Poisonous bacteria made a *gesh form* in his *body* and head. In this way your *pressure* rises and falls...*blood pressure*: we don't say *high* or *low*. In this way or whatever.

I was never sure whether or not the kobiraj integrated biomedical and supernatural models, held both simultaneously, or privately favoured a biomedical model but put

¹⁷² Shoma commented that the Kobiraj's speech did not always make sense.

forward a supernatural explanation when he thought that this was what his clients wanted to hear. Here he is talking with a British Bangladeshi family; they have brought to him for treatment their 8 year old daughter who (from my Western biomedical perspective) suffers from cerebral palsy:

Uncle: We went to your doctor here [MBBS doctor in Bangladesh] and they gave an injection. Then the doctor said on one side the blood doesn't work.

Kobiraj: What they say is true. They have the right idea.

Uncle: Nothing else. All parts of her body are all right.

Kobiraj: It means the *blood circular* isn't occurring properly. Such as her *blood circular*, it should have been *limited*. It is *unlimited* such that sometimes it works. The blood works.

Mother: It works. It works a bit. Otherwise how would the child function? How would she eat?

Uncle: Otherwise [the muscles] would have shrunk.

Mother: They would have shrunk.

Kobiraj: If the *blood collection* had got cut off then they would have shrunk.

Mother: [in agreement] Hmmm.

A bit later, the child's mother's brother asks about the cause:

Uncle: Is there *ufri* [spirit sickness] present?

Kobiraj: Hmm?

Uncle: Is there any *ufri* or not? Is it from that?

Kobiraj: [pauses to cough] It is from *ufri*.

Uncle: From *ufri*.

Kobiraj: Its name is *paralysis*.

Uncle: *Paralysis*. Then what is she frightened for?

Kobiraj: She is frightened. There is a reason for being frightened. The *blood circular* is blocked...after that...Actually, the thing is...now, you...whatever I say or not...there won't be any benefit in saying it. If I like I can say a *bhut-ferot* [type of spirit] has affected her, 14 *ferots* have affected her. So

from the sky a spirit has come ...or I could say it thundered. There would be no benefit. On the other hand, after she gets better, whatever I had said at the time, that will be seen as true.

The uncle, who has lived in the UK for 15 years, picks up on the kobiraj's use of the English word *paralysis*, assuming it to exclude the possibility of *ufri* as the underlying cause. As with the case of Ashok, it sometimes seemed that his explanations would irresistibly drift towards a biomedical interpretation. Even in Sandni's case he concludes by apparently contradicting his earlier assessment that she is influenced by spirits:

Today I will see for certain how much madness there is. Science says what is a spirit? Science can't support it. [Science says] because of the *mental shock* they do pointless things.

At this point Sandni's elder brother's friend mentions taking one of his relatives to see a psychiatrist. The kobiraj continues:

What would he [the psychiatrist] give? Either *x or y injection*. Because he is a mental patient he has to use medicine. They have to understand the patient by *medical treatment* ...It is the department of medicine and science. Now medicine from the trees is gradually being abolished. No medicine comes from the sky.

Of course, the kobiraj may have been encouraged to use biomedical and English words for my benefit. However, the evidence suggests that, regardless of any influence that my presence may have exerted, the kobiraj preferred model was a biomedical one. In fact, judging from his demeanour and his sniggering responses to my earnest questions about spirits, I gained the impression that he thought that I was rather stupid. When I paid an unexpected visit to the kobiraj's house after a gap of one year I found that his consulting rooms had undergone refurbishment: as well as the walls being repainted, the bathroom had been tiled and kitted out with Western style fixtures, and an intercom had been installed allowing him to summon his assistants from different rooms. He had also acquired a stethoscope with which he examined

clients' chests. However, his plan to build his own hospital in Sylhet town specialising in the treatment of mental patients had not yet come to fruition.

Was the kobiraj a frustrated biomedical practitioner? Perhaps. In Bangladesh there are no pharmaceutical drugs that need a doctor's prescription before they can be dispensed, so in issuing his clients with pharmaceuticals the kobiraj was not acting illegally. However, his claims to have biomedical expertise infuriated Shoma. We once heard him tell a client and her husband that she had no need to see a psychiatrist as he (the kobiraj) was 'the father of the brain doctors': he was above the psychiatrists who worked at the medical college in Sylhet - he was the professor and they were assistant professors, and without his signature patients could not get admitted to hospital. On the day that the kobiraj had explained his treatment strategy for Roshid, an anxious relative later reappeared from upstairs relaying Roshid's request to be transferred to a (Western biomedical) clinic:

Kobiraj: No.

Relative: Huh?

Kobiraj: There is no point in sending him to a doctor. If we send him the doctor won't be able to tell what I've given him. Because his illness which he is suffering from...they give treatment. It would just be a waste of money.

Relative: [inaudible]

Kobiraj: I really won't allow him to leave here. If necessary I will lock the gate. Otherwise, he will go there and the treatment will be ruined. The matter has occurred...oh, your...I won't release him today. [inaudible] as he has taken something which is saving his life. Really, otherwise he would become very sick. So if you admit him to a clinic just now he will need oxygen. In fact, his children... thingy or whatever... are making him better [Allah is making him better]. Yesterday at lunch-time he was after all possessed by a spirit.

Relative: Then please do whatever is good. [to another relative] Go upstairs and tell Roshid that there is no need [to be transferred to a clinic].

His exaggerated, if not to say fraudulent, claims to possess medical authority underlined for Shoma (what she perceived as) his dangerous incompetence. However, I could not fail to be impressed by his non-pharmaceutical healing skills. The speed with which he managed to calm *fagol* patients who were victims of sorcery or spirit possession was dramatic. One day we were present when a family brought in a young woman whom her relatives believed was a victim of *zadutona* (sorcery). After taking a brief history from her relatives, the kobiraj attended to the young woman who was now lying on the examination couch hyperventilating, rocking from side to side with increasing vigour, her limbs coarsely shaking. Within seconds of tying a knot in her hair and pressing his finger firmly on her forehead the woman relaxed and laid still.

On another occasion a woman was brought in by her parents struggling, repeatedly shouting out that she was frightened, that her mother was ‘doing something’, that her mother wanted to hit her. The parents reported that she had been *fagol* like this for six months.¹⁷³ At first the woman seemed inconsolable; with physical force her parents attempted to get her to sit down, but to no avail. The kobiraj told the parents not to hit her; grinning, he threateningly raised a sabre at her, then touched her head lightly with the blunt edge of the blade. He told her to be quiet and to cover her head (to make herself modest). Then, in marked contrast to the kobiraj’s apparently

¹⁷³ Eighteen months ago, a year after marriage, an incident occurred and her husband divorced her against her wishes (I did not get all the details; for reasons that I did not understand the woman had never actually lived with her husband). Now she stayed outside all the time searching for her husband; she goes up to strangers and says ‘bring me my husband; I want to see him at once’; before, her parents kept her indoors all the time, not allowing her to go out to get washed, but she started to smell. A few days ago her husband passed by where they were living. She grabbed hold of him and tore his shirt in attempting to keep him there. Other people had to hit her to get her to release him. The kobiraj’s assessment was that because of torture (the way she had been treated by her husband) and *kufuri kalan* her *brain defect oi gese* (brain had gone defective). In addition, fear had entered into her because her parents had been hitting her. He could get her better within 24 hours but would need 15 - 20, 000 taka (£187.50 - £250). The family worked as labourers on a bridge and were temporarily living on the building site. They were obviously very poor, but had attended the kobiraj’s accompanied by the foreman. It was to him that the kobiraj addressed his assessment of the cost of treatment.

threatening manner, the kobiraj's assistant sat down beside her and gently told her that she was sick but would get better. The kobiraj again raised his knife at the woman, but the assistant physically intervened. He then told her that the kobiraj would not hit her and offered her some water. Knowing the hierarchical relationship which the kobiraj had with his assistants, the different roles that the kobiraj and his assistant had taken struck me as false and stereotyped; I wondered if they had been deliberately adopted to facilitate a therapeutic alliance to develop between (at least) the assistant and the woman. If so, their strategy worked: the woman calmed down and answered the questions put to her by the kobiraj and his assistant.

Part of the attraction of visiting the Noyabari Kobiraj was his alterity, the 'lure of the exotic' (Rekdal, 1999) which led patients to believe that by seeking his healing they were tapping into a power which was not available from the MBBS doctors or the local mullahs. His power was thought to have malign as well as beneficial effects. The mother of the cerebral palsy patient confessed that she feared that the kobiraj could 'do something', ie commit sorcery, against her family if she refused to pay his fees. The kobiraj did nothing to dispel his patients' fears: after requesting payment from one he added 'otherwise I will have to do some disturbing'.

It is probably not a coincidence that I met the greatest number of British Bangladeshis at the Noyabari Kobiraj's chambers and at other Hindu healers' clinics. Mufti Huzur, a Muslim healer who had conversations with his *zinn* in front of his clients¹⁷⁴, was also popular amongst British Bangladeshis. Whilst *tabiz*-writing mullahs are readily available in the UK, it is likely that these charismatic types of healers are not. Ex-pats

¹⁷⁴ We sat behind a curtain and the lights were dimmed.

visiting traditional healers could be seen as an attempt to articulate their Bengali identity. In discussing the endurance of indigenous healing, Connor (2001) suggests that in a world of rapid change, ‘tradition’ provides a grounding of authenticity, legitimacy and identity.

3. Traditional healing is not perceived as oppositional to Islamic orthodoxy

As I noted above, several commentators have reported that the global shift towards Islamism is undermining local traditional healing by dismissing it as impure and anti-Islamic. In this section I suggest that one reason why ‘traditional’ healing in Sylhet is thriving, despite Islamist trends, is because it is not perceived by local people to be in opposition to mainstream Islam.

If part of the attraction of visiting Hindu healers is their alterity, it is an alterity that is ultimately sanctioned by Allah. When I asked patients and their families why they, as Muslims, went to see Hindu healers their replies stressed the fact that the treatment administered was given “in the name of Allah”, even though the *tabiz* the healers gave were often *kufuri kalan* or “written in Hindi”. At the Noyabari Kobiraj’s clinic Sandni, like other patients, was asked to recite the *kolima* (*shahadah* - Islamic declaration of faith) at the start of her treatment. One of the diagnostic/treatment procedure that the kobiraj routinely used manipulated Islamic idioms: he asked patients to make a fist with each hand and to imagine having Shah Jalal in one hand and Suleyman (Solomon) in another; then, after reading a Bengali mantra out of a book (such as “From 13 bad luck happened/ An enemy is trying to ruin her/ After doing *kufuri kalam*”) would confidently declare that “in the right hand is Shah Jalal, in the left Suleyman”; most of the time the patients confirmed that the kobiraj’s

premonition was correct.¹⁷⁵ And Sandni's "deer's navel" injection and other medicines were prepared, according to the kobiraj, using the system of "Hakim" Luqman, a prophet renowned in the Qu'ran (31: 11) for his wisdom.¹⁷⁶

The perception that healers gave treatment "in the name of Allah" was not confined to those healers who had access to supernatural powers. A woman who visited a Hindu homeopathic doctor for treatment of a skin complaint reported that he had said: "I am giving you this medicine, but it doesn't depend upon me, it depends upon Allah".

One of the problems in conceptualizing traditional healing as being in ideological opposition to orthodox Islam is that what constitutes orthodoxy is contestable. Whilst Sufi saint cults have been criticised as representing polytheism by Muslims who claim to be orthodox, the members of such cults deny this accusation and cite their saint's genealogical origins in early Islam as evidence of their own orthodoxy (van der Veer, 1994; Fusfield, 1987). The religious identity of Shah Jalal and other *firs* may be interpreted by different people in different ways; the caretakers of the Shah Jalal shrine dismiss stories about his miracles which most other Sylhetis believe, stressing that although he was close to Allah he was a mortal being (Gardner, 1995). Beliefs may vary between individuals within a community, and an individual's stance may vary according to the situation. During my fieldwork in 1999-2000, political demonstrations were held over the renaming of the student Halls of Residence at the

¹⁷⁵ Shoma was not impressed with his powers of prediction: she thought that as Muslims favoured the right side over the left it was obvious that they would place Shah Jalal (a benign saint) in their right hand and the sinner Suleyman (who was forced to wander as a beggar to atone for his wife's sin of idolatry) in their left.

¹⁷⁶ Sandni's father elaborated: "Allah has given Hazrat Luqman special powers to understand every language and know what medicine should be given for every disease. He is the best hakim. If any kobiraj reads the Qu'ran then Allah can have pity on him and show him which trees have which medicinal properties. For example, mint leaf for the teeth. From that the whole kobiraj system came."

Shah Jalal Science and Technology University in Sylhet town. The university authorities, backed by the Awami League government, wanted to rename the Halls after feted national figures, the most controversial of which was the late Jahanara Imam, a feminist humanist supporter of the Awami League, and mother of a ‘Freedom Fighter’ who died during the Liberation War against Pakistan. The Jaamat-e-Islami party, along with other Islamist groups and the BNP party, opposed the proposals, campaigning instead for the Halls to be renamed after some of the 360 Sufi saints who accompanied Shah Jalal to Sylhet.¹⁷⁷ In this context, mobilising political action against gestures which could be conceived as support for feminism and atheism over-rode any misgivings that an Islamist group may have about venerating Sufi saints.

An extreme example of ascribing different religious identities is seen in the case of Ashon Fir whose patients’ opinions varied about whether he was a Hindu or a Muslim. Ashon Fir’s home with its attached consulting chambers is situated in a less than salubrious part of Sylhet town. The rather seedy location did not seem to put off the many well heeled clients whom I met at his house. His popularity with British Bangladeshis was evident from the sackful of mail he showed me sent from the UK with cheques for 2000 - 3000 taka (£25 - £37.50). His treatment methods include writing *tabiz* with lines from the Qur’an, and *zara*. The *zara*, which I only ever saw his assistants give, was administered with a piece of cloth which was attached to a bone, a femur. The patient would lie on a bed to receive the *zara*, and underneath the pillow another bone, a scapula, had been placed, with cloth wound around it. As well as the relaxing *zara*, it was evident that his clients also appreciated his listening skills

¹⁷⁷ Significantly, the local Awami League branch was split on this issue: some supported the national Awami League’s stance, other members wanted the halls’ names to remain the same.

and his warmth, empathy and sincerity. Despite his getting angry with some of his long-standing clients for (what I would term as) the petty and vindictive nature of their complaints, they left smiling and were not deterred from returning.

On my first visit to the Fir's house something struck me about the furnishings of his consulting room that made me wonder if he was a Hindu. Unlike others fir's houses that I had visited which were spartanly decorated, the walls of Ashon Fir's consulting room were covered with colourful posters featuring drawings of prophets and mosques, particularly *Maizbandar* (Maishbandar, near Chittagong - a famous mosque complex where Sufi saints are buried) where his *murshid* (spiritual master) was based. In one corner was something which looked to me like an altar; this was covered in colourful cloth and tinsel; I later learnt that this was his *ashon* (seat). He also burned candles which I knew was controversial for orthodox Muslims. His physical appearance was rather different from other *firs* and mullahs I had met: he was without a beard but sported a moustache and, although he wore the traditional *punjabi* dress I never saw him wearing a *tufi* (cap worn by men in deference to Allah). After our first visit I asked Shati, Shoma's sister who had accompanied me in place of Shoma, if he was indeed a Muslim: 'yes, of course he is,' she replied, 'he's a *fir*'.

After further visits my doubts resurfaced. His wife's family, I discovered, was Hindu. Perhaps the Fir was a Hindu convert to Islam, but if that was the case then should not his wife have also converted? I realised that Shoma was having the same thoughts when she asked one of his assistants what the Fir's name was: the assistant seemed reluctant to answer and only revealed his Bengali *dak-nam* which happened to be a name that can be given to both Muslim and Hindu boys. (One of the requirements of

converting to Islam is to adopt an Arabic name.) We finally came to the conclusion that the Fir must still be a Hindu when we saw him take tablets for a stomach ulcer during *ruza mas* (Ramadan), disregarding the requirement to fast.¹⁷⁸

How did his clients understand his religious identity? One afternoon while we were sitting in the female waiting room watching Popeye on the television, the Fir's mother-in-law started to pray, chanting and ringing bells at her Hindu altar in the corner. A (Muslim) client turned to me and said smiling "the two [religions] are going on: one on this side and one on that side [gesturing towards the Fir's consulting room]". To some, there was no contradiction in the Fir being a Muslim, despite the knowledge that his wife's family remained Hindu. Yes, the Fir's wife and her family were Hindu, the father of a patient told me, but if the Fir wasn't a Muslim, then why did he get people to recite the Qur'an and do *milad* (worship celebrating the birthday of the prophet Muhammad)? Others told me that the Fir obeyed both religions; one man added that "he eats beef, does Qurbanir Eid at his home; recitation of the Qur'an and *milad* is always going on". Those who thought that he was still a Hindu stressed that his healing techniques followed Islamic methods. Finally, there were those who vacillated in ascribing a particular religious identity. A regular client, the wife of an affluent businessman, told me "he's still a Hindu, but his *way of treatment* ...everything is Muslim. He goes to Maizbandar. Perhaps he has become a Muslim. Otherwise he wouldn't be able to know so much. His family are still completely Hindu. Slowly, slowly he is making them into Muslims. He doesn't put pressure on them. Slowly, slowly, let them understand. In this way Ashon really is becoming a Muslim."

¹⁷⁸ Ill health does not exempt one from fasting in Sylhet. The ill take their medication after the fast has finished for the day. As well as oral medication, injections are prohibited, as is the swallowing of one's own saliva, cigarette smoking, and rubbing the skin with oil.

I never had the opportunity to ask the Fir directly which religion he followed - Shoma advised me that it would be rude to do so - but by asking him about the bones and how he came to be a healer we did glean the following biographical details: 14 years ago whilst staying at Maizbandar he had a dream in which the saints of Maizbandar told him to come to Sylhet and to make people better; he discussed the dream with his *murshid* who confirmed that it would be a good thing for him to do. Before that, for 11 years he had treated thousands of patients in Sunamgong, in the north of Sylhet district; people used to say that he was a miraculous doctor. He was already married by the time he came to Sylhet. The bones were given to him by his *ustad* (guru), who was of *Xashiya* tribal origin; the bones were the remains of a Hindu whose low caste occupation was to assist in setting fire to funeral pyres. His *ustad* had also given him the bone of a bird which he had used to treat victims of sorcery. Ashon Fir distinguished between the treatment methods which he had learnt from his *ustad* and the work that he did to serve his Maizbandar *murshid* through which he would find Allah and the after-life. The *ashon* was for his *murshid*: by meditating and worshipping he could bring his *murshid* and the Maizbandar saints before him; it was for them that food was left in the *ashon* (one of his Muslim patients had lovingly stroked the *ashon* and told me that the food was left for the prophet Muhammad; I had looked under the drapes and seen bananas and sweetmeats). He did not practice with *zinn*, but through meditation asked his *murshid* and the saints what was wrong with the patient, and what treatment should be administered.

4. Bangladeshi biomedicine perceived to be inferior vis-à-vis other biomedicines

Another reason given for the persistence of traditional healing is because the quality of Western biomedical care implemented in developing countries is very poor (Whyte, 1997). In Sylhet, lay people had a low opinion of Bangladeshi biomedicine and had little faith that the doctors were capable of recognising the correct illness. For families who could afford intensive medical treatment, relatives suffering from a serious illness were taken abroad, usually to Calcutta. As doctors' fees in Bangladesh were higher than their Indian counterparts ("they call themselves *daktars*, but we call them *dacoits*") the cost of treatment in India was not judged to be more expensive, even when travel and hotel expenses were taken into consideration.

As well as doctors' skills, Bangladeshi pharmaceuticals, like other home-produced goods (Gardner, 1993), were considered to be inferior to *bideshi* (foreign) products. During the first few months of my stay in Katoli, interest in my stock of medicines waned when it was discovered that they were not *bideshi* but had been bought in Sylhet. On my return to Bangladesh after recuperating in the UK from dysentery I brought back a supply of paracetamol - after reading local newspaper reports about deaths from ingesting contaminated pharmaceuticals I too had learnt to perceive Bangladeshi pharmaceuticals as inferior.

Incoming global biomedicine, purportedly a Western imperialist project (Cunningham and Andrews, 1997), has been transformed locally and reappropriated as having Bangladeshi characteristics: corrupt and at best of little benefit, at worst, dangerous.

Did the perception that Bangladeshi biomedicine was of poor quality lead to a greater uptake in foreign biomedicines? For the case of mental illness, probably not. I only came across one case - that of the *muazzin* and his five *fagol* siblings - in which seeking treatment abroad had been contemplated. This low uptake may have been partly because the biomedical doctor who saw the most mentally sick patients, one of the psychiatrists in Sylhet town, was, according to Shoma, held in (unusually) high esteem by local people. More significant is that local understandings about the aetiology of mental illness do not usually lead to biomedicine being considered as a curative option. Although people's brains can become *emne noshto oi gese* (spoilt/damaged/broken down for no reason), in which case treatment from the psychiatrist is indicated, sorcery or spirit possession is more likely to be given as the underlying cause. However, a psychiatrist was consulted early on in the illness in nearly all cases that lasted longer than a couple of weeks. This was partly because people were not always certain what the cause was, but also because sorcery and spirit possession can cause illnesses (eg *brain noshto oi gese*) which the psychiatrist can treat. Dissatisfaction with the psychiatrist's treatment arose when the patient did not seem to be definitively cured, or, less commonly, when it seemed to make the patient madder. The anti-psychotic drug *largactil*, understood by lay people to be a sleeping tablet, was criticised for just making the patient sleep all day, masking their mental illness. Even when the medication prescribed by the psychiatrist seemed to make the patient better without causing excessive sedation, disappointment was expressed that on stopping the medication the patient reverted to their previous state of *fagolami* (madness).

5. Allah has the most power; the doctor is the *usila* (intermediary)

As I noted above, *mullahki* illnesses (see chapter 3) could be taken to biomedical doctors if it was thought that they had caused a *daktari* illness. *Daktari* illnesses could be taken to a mullah or *fir*, not because physical illnesses can cause superhuman ones, but because Allah is supremely powerful and an Islamic specialist could appeal to Allah on the patient's behalf. *Firs*, *kobiraj*, biomedical doctors - any healer - were simply Allah's *usila* (intermediary, agent, medium) in the healing process: the responsibility for well-being ultimately lay with Allah.

Notably, when I asked my Muslim informants why they had gone to see a Hindu healer they regarded the question as rather daft. Why did it matter what the religion of the doctor was so long as he got the patient better? Sometimes it was necessary to receive non-Islamic healing when the cause of the illness had been sent by non-Islamic methods; Bengali Hindus and *Xashiya* tribal people possessed specialist knowledge for practising *zadutona* (sorcery) so it followed that they had expertise in undoing it. As Allah had made us all, there was nothing inconsistent in going to see a Hindu healer - the knowledge had been put there by Allah. Sandni's sister, Kushum, explained: "doctors, *kobirajs* - Allah gave them, isn't that so? Allah gave them wisdom and experience, and Allah also gave the illness...Allah made [Sandni's illness] better through the *usila* of [the doctors and *kobirajs*]". And Sandni's mother, elaborating upon Allah's supremely powerful role told us: "everything to make medicine in this material world Allah has given; everything in his subjects' brains Allah has given: which trees, which tree's leaves are needed, which tree's bark is needed, which tree's root is needed".

So, if Allah is the most powerful, I asked, why didn't people go straight to Allah instead of doing the rounds of doctors, mullahs and kobirajs? They did: they always prayed to Allah, but sometimes [he]¹⁷⁹ placed *shifa* (sifah - an attribute of Allah, in this context, (healing) power) in another's hand - that is why they "went running" to doctors and kobirajs: "I begged Allah as much as my heart would bear," the mother of a *fagol* patient told me, "as much as my body allowed, as much as my mouth allowed. So I went like that [to the Hindu kobiraj]". Nothing happens without Allah's *hukum* (command), Sandni's mother explained, but Allah tests his subjects by giving them problems one after another; Allah never gives anything to anyone directly, we have to labour to get a result.

To paraphrase Shaw and Stewart (1994: 22), Sylheti Muslims visiting Hindu healers is a case of hierarchical encompassment rather than tolerance. Of course, there is a difference between what people do and say and think, and the models elicited may have more to do with how things should be rather than how things actually operate (Caws, 1974).

6. Post-hoc rationalizations?

It is possible that my Muslim informants' explanations that their visits to Hindu healers were in accordance with Allah's plan were post-hoc rationalizations. In their search for meaning and cognitive consistency, they may have been applying a post-hoc Islamic gloss in order to legitimate practices which to my mind were un-Islamic.

¹⁷⁹ The third person polite pronoun is used which in Sylheti is genderless.

In the case of Sandni's spirit illness (see Chapter 5) there is evidence that the healing paths that her family followed were influenced by practical as well as spiritual considerations. During the few weeks that preceded the *hoz*, Sandni's mother and the rest of the family mulled over the healing options available. (To recap, there was an urgent need to get Sandni better – improved, if not cured – so that her parents would be able to leave her in the care of her elder sisters and go on the *hoz* as planned.) I summarise the healing options here, along with their cost:

Hoz: 80000 taka (£1000)
Kobiraj: 8000 taka (£100)
Fir: 4000 taka (£50)
Local mullah: 50 taka (63p)

Sandni herself wanted her parents to take her with them on the *hoz*. Sandni's eldest brother, who was funding the trip, had initially agreed that this could provide the definitive treatment for Sandni's illness – what could be more therapeutic than consuming holy water from Allah's house? – but he had since had second thoughts: he was concerned that Sandni's *fagolami* (mad) behaviour might distract his parents from performing their *hoz* rituals to the full. As for the Noyabari Kobiraj, the family were divided on whether or not they should continue with his treatment. They had not had the time and energy during Ramadan to travel the arduous journey to see him, and the 8000 taka he was requesting to do a home visit seemed excessive. It was true that Sandni had initially improved with his treatment, but, on the other hand, now that she had relapsed, did that not confirm their father's worse fears that the kobiraj was a cheat who had ensorcelled her to ensure that the illness continued requiring further fees to be paid? A *fir* had been recommended to them, but his house was even more difficult than the kobiraj's to get to, and Sandni's family were very busy at this time, preparing to go on the *hoz* and getting another daughter Shapla ready to join her husband in the UK. When Sandni's condition deteriorated a week later, her family

did take her to see the *fir*. The *fir* did not demand any fees for himself, but the treatment that he was recommending, the sacrifice of a cow, would take at least 4000 taka, and, as Sandni's mother pointed out, there was no guarantee that it would work. What Sandni's mother thought was really required, a home visit, depended on the availability of transport to bring him to their house.

Fifteen days before they were due to leave for the *hoz*, Sandni became calmer.

Talking about this over a year later, Sandni's mother said that it had been only Allah's miracle that had made her better allowing them to go on the *hoz* as planned – nothing happened without Allah's command: “before that time we had been just running after doctors and in my heart I was just asking Allah, ‘Ya, Allah! How will we go?’” As much as she called Allah, that much Sandni got better:

So, I cried to Allah or whatever. All the time, day and night cried to Allah. All the time cried. In my heart/mind [*mon*] cried. Inside me, with my heart, I got in touch with Allah through crying. I said to Allah, “Give my child peace. No *tabiz* is working. No mullah's treatment is working. No *fir*'s treatment is working.” So what a miracle of Allah! In the last moment it could be seen that Allah gave her peace for no particular reason [ie no particular healing method]. At the time of going on the *hoz* [I said] let's see, a mullah gave a drop of *fani fora*. He said, “Let her drink the *fani fora* and sprinkle it in the house. Let us see if she becomes peaceful.” He said, “And it will just go away.” He said that they [the spirits] would go.

However, it does not follow that Sandni's mother's explanation of her daughter's recovery, that it was a “miracle of Allah”, is an example of post-hoc rationalizing.

Whilst the family's deliberations included consideration of material and practical factors, they were simultaneously appealing to Allah, as this next extract from the transcript shows, recorded before Sandni's recovery:

Nobody is able to get her completely better. Now let's see. It's up to Allah. I will go on the *hoz* if she stays like this and the beating [in Sandni's head] doesn't happen. And on our return we will do whatever needs to be done. In the meantime we will go and see if Shapla's [Sandni's sister] husband's elder brother will take us – younger brother. He said he will take us in the car. If we want, the *fir* can be brought by car to the house. But I understand that first people have to go [to him].

All along I have said that whether they be a *gunine* or a *meshab*, let them come to the house and give treatment here[...] Whatever, it is up to Allah. Now Allah will make it better. And let us see if I find a good healer.

Thus, when Sandni's mother claimed, retrospectively, that it was all down to Allah, there is no cognitive revising going on. From their perspective, Allah was in control of the overall master plan, but the details were somewhat mysterious and left for Allah's subjects to work out for themselves; it was up to them to decide which healing method to follow.

So far, the level of my analysis has not gone beyond the reported statements of my informants. Yet, as we know, there is a difference between what people say and think and what they do (Bourdieu, 1977; Bloch, 1998). Was Sandni's mother's references to Allah in the last extract little more than a stylised way of talking?¹⁸⁰ Were my Muslim informants rationalizing their trips to Hindu healers as Allah's command, less after the fact but *as they went along*, consciously or otherwise?

There is little evidence to suggest that my Muslim informants were consciously covering up the fact that they had gone to Hindu healers. My informants openly told us about it and looked puzzled when I questioned the consistency of them as Muslims going to see Hindu healers. They did not attempt to hide their visits from pious relatives or their local mullahs (in Sandni's case, it was, after all, her brother, an Islamist party activist, who endorsed the Noyabari Kobiraj's treatment, and their local mullah who had initially suggested it). That Sandni's mother did not experience any

¹⁸⁰ There is another possibility to account for my Muslim informants' frequent citing of Allah as guiding their healing choices and providing the cure: they were using their illness narratives to teach me, a non-Muslim, about Allah's supremely powerful role. I think this explanation is unlikely. Whilst some of my conversations with Sandni's mother had a didactic feel to them, many of my Muslim informants addressed Shoma more than myself, believing that I would not understand the esoteric aspects of their trips to healers.

cognitive dissonance between being a good Muslim and visiting the Noyabari Kobiraj was highlighted for me when she got out her prayer mat and prayed as usual in his female waiting room.

As for unconscious motives, then the problem boils down to one of ethnographic representation. In arguing a case for post-hoc rationalization, the literal claims of the informants are being dismissed and the ethnographer's view is privileged. Addressing this issue Good asks: "[h]ow can we recognize the presence of the social and historical within human consciousness, recognise forms of self-deception and distortion, without devaluing local claims to knowledge?" (1994: 62).

7. Pragmatic versus symbolic methods of healing

Even though all healers have been put on this earth by Allah there is variation in levels of competence between individual healers. Like other families with sick relatives, Sandni's family's choice of healer was influenced by the reputation of the healer, as well as cost and accessibility, and the willingness and availability of family members to help them. Does this prominence given to practical factors suggest that my informants took a pragmatic stance to finding a healer, that they were just interested in finding a cure rather than asserting a moral or ideological position?

My data suggests that Sylhetis are both seeking a cure and asserting a moral position. In the case of Sandni, finding a cure was of vital importance: as Sandni's mother stated, "as she is a girl, we cannot stay sitting", referring to the difficulties they would face in giving Sandni in marriage if she were to remain *fagol*. However, simultaneously, Sandni's illness was used as evidence that they were the victims of

sorcery committed by envious relatives. As we saw in Chapter 4, the diagnosis of sorcery is actively sought by the family of the sick relative; it is not foisted upon them by the healer. Shanti and her family repeatedly dismissed biomedical evidence of a disease process in favour of a diagnosis of sorcery. As I have already argued, the diagnosis of sorcery serves to 'save face' in situations of material and social inequality between kin in the same patriline.

From the perspective of a temporal sequence of events, do my findings lend support to Malinowski's (Dein, 2002) assertion that 'symbolic' measures come into play only after pragmatic actions have failed? Stressing the role of pragmatic factors amongst Hasidic Jews' health seeking practices, Dein states "even though they hold strong religious models of sickness, in practice they may appeal to biomedical healers" (2000: 306). Dein cites lancing a boil as an example of healing without recourse to ideological or symbolic measures.¹⁸¹ My data suggests that patients would simultaneously use both symbolic and pragmatic measures. In the case of mental illness, Sylhetis would usually visit the local mullah in the first instance for *fani fora* and a *tabiz*. The consumption of *fani fora* in the belief that they would be ingesting Allah's words can be regarded as an attempt at healing through the manipulation of symbols. However, visiting the local mullah was also a pragmatic act: they were seeking a cure to their illness from a healer who was inexpensive and conveniently located. In the case of physical illness, whilst an MBBS doctor would be consulted, patients simultaneously would appeal to Allah to help Allah's *usila* – the doctor's treatment – to work. Sometimes, however, the supernatural was relegated to explaining the inexplicable. When Malik's 4 year old son fell ill with *fox* (chicken

¹⁸¹ It could be argued that the action of lancing a boil is rich in symbolic referents, evoking Western theories of science, Evans-Pritchard's 'second spear' theories of causality, and folk models of pollution and the social body (for example, Douglas's model (1970) of dirt being matter which is out of place).

pox) and then subsequently developed abdominal pain both the doctor and the mullah were called. Malik did not disagree with the doctors' diagnosis of septicaemia secondary to the chicken pox, but believed that the mullah's diagnosis of *ufri* (spirit sickness) was also correct: the ultrasound scan of his son's abdomen showed no abnormality so *ufri* had to account for the abdominal pain.

It is difficult to tease out the pragmatic from the symbolic. The existence of 'supernatural' *zinn* is common sense for Sylhetis, part of their everyday, 'natural' world (see also Evans-Pritchard, 1937). When Sandni's family made the diagnosis of spirit possession, it was on the basis of empirical grounds: they observed that every time Sandni returned to their house she fell ill; therefore, it made sound, logical sense that there must be something in the house – a spirit - that was making her ill. Biomedicine cannot be reduced to the pragmatic. If Bangladeshi MBBS doctors were just seeking a cure, they would not prescribe drugs which worsen the patient's condition (according to the Western scientific framework within which they work, and to my informants' observations).¹⁸² Neither would they recommend unnecessary investigations which put a strain on their patients' already limited finances. Ironically, the Noyabari Kobiraj's pharmaceutical treatment of Sandni was a more intelligent application of Western scientific knowledge than the Sylheti psychiatrists' usual practice.¹⁸³ There are, of course, other pragmatic factors at stake apart from finding a

¹⁸² Some of the combinations of drugs I saw prescribed were irrational. If I came across such a prescription in Britain I would conclude that the doctor was a bogus one. A common story I heard was doctors giving physically unwell patients injections which rendered them unconscious for a week or two (see, for example, Shanti in Chapter 4). Shoma suffered this fate when a doctor attended her for treatment of a severe headache. She later discovered that the doctor had given her a large intramuscular dose of a sedative medication. I was alarmed to read in Gardner (2002) that Bangladeshis living in Britain make the same complaint about British doctors.

¹⁸³ I am referring specifically here to the psychiatrists' practice of routinely prescribing anticholinergics (the antidote medication) concurrently with antipsychotic drugs which is against WHO guidelines. In dispensing the anticholinergics only once the side-effects had appeared the kobiraj was acting in accordance with textbook psychiatry.

cure. The doctors' practice may also be influenced by the financial rewards brought about by ensuring patient satisfaction, meeting patients' expectations of polypharmacy and multiple investigations despite the cost. However, I would suggest that in their practice Bangladeshi doctors are also making a statement about their status as a third world doctor: that, despite the impossibly large caseload, they can make diagnoses quickly¹⁸⁴ and, despite their country's poverty, they do have access to investigations; the polypharmacy and unnecessary investigations can be interpreted as a defensive reaction, an overcompensation in the face of limited resources.

In the next and final chapter I make some concluding comments about the persistence of traditional healing and the influence of Islam on health seeking practices.

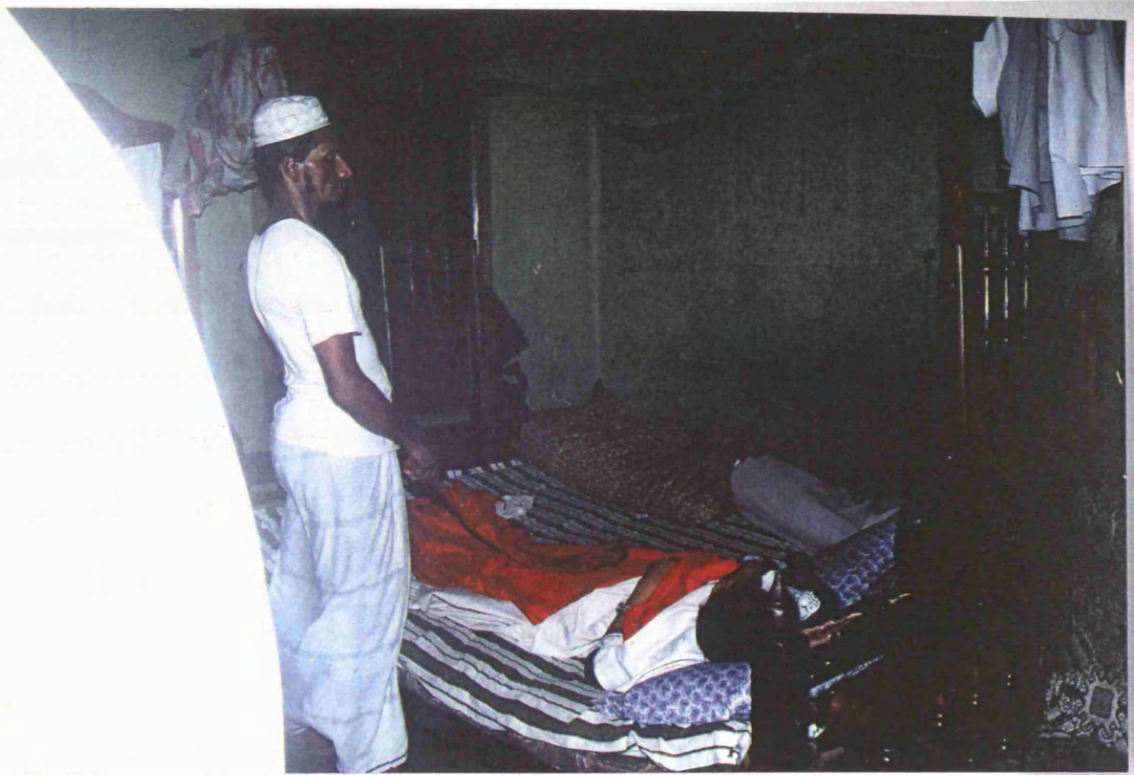
¹⁸⁴ See also the Sri Lankan setting (Sachs and Tomson, 1992).



27. A Hindu temple.
Muslim patients visit the
priest there for healing.



28. The home of a female Hindu kobiraj visited by Muslim patients. The kobiraj
specialises in extracting ingested sorcery vehicles (eg hair, nails, sweetmeats) via the
navel.



29. An assistant of Ashon Fir giving *zara*.



30. Ashon Fir's chamber. Bananas and sweetmeats lie behind the white cloth of the *ashon* in the corner. Shoma is seated.

Conclusion

Female pir, naked pir, a Hindu pir, a black magic kobiraj administering Western pharmaceuticals, orthodox Muslims using Hindu sorcery, Islamists lobbying for Sufi saints - what can be made of these apparent contradictions? In the first section I discuss two main findings which would not have been predicted from the literature on Bangladesh and the effects of globalization, modernization and Islamization. In the second section I make some concluding remarks on the relationship between Islam and health seeking practices.

1. (i) Why do people still believe in spirits?

Belief in the spirit world is thriving, despite the widespread introduction of modern technology. Spirits do not simply function to mop up the inexplicable; they have lives which carry on alongside and independent of a human world. Spirits are both ordinary and extraordinary, common sense and mystical. They are created by Allah, and like humans, may or may not be followers of the Muslim faith.

For the sceptical few who believe that spirit possession is too readily given as an excuse for mental illness and love affairs, *zinn* may be recast as ‘hysteria’; nevertheless, their Muslim faith compels them to acknowledge the existence of *zinn*. The Qur’an does more than give *zinn* legitimacy; for Sylhetis, it is unIslamic not to believe in *zinn*.

Like that of witchcraft, the persistence of spirit beliefs is only unexpected if we consider the master narrative of modernization to be a natural, universal truth. In reality, modernities are multiple; modernization has not resulted in the erosion of cultural differences (Comaroff & Comaroff, 1993; Moore & Saunders, 2001).

Modernization does not unfold according to some pre-determined logic and its effects may be piecemeal and contradictory (Ong, 1987; Ewing, 1997).

1. (ii) Why does traditional healing survive?

Local traditional healing, it is argued, is under threat from the twin global forces of Western biomedicine and orthodox Islam. In addition, orthodox Islam mediates the expansion of biomedicine by sharing its text-based ethos (Parkin, 1995) and by offering a ‘Trojan horse’ Islamic gloss (Morsey, 1988).

Yet we have seen that traditional healing is thriving in Sylhet. Elsewhere when traditional healing has survived it has been interpreted as resistance, either to the increasing medicalization of social life, or to an Islamization of local culture. However, my findings question the assumption that biomedicine is hegemonic. In Bangladesh it has become devalued as a local product: ineffective, corrupt and potentially harmful. Nevertheless, its motifs have become widespread – children using syringes as water pistols - and biomedical knowledge has become taken-for-granted ‘common sense’. Yet, if biomedicine is hegemonic in Bangladesh, then it is a hegemony that sits alongside the hegemonies of sorcery and Islam. The second assumption, that traditional healing, which may have greatest appeal for women, acts as a foil to a male-dominated orthodox Islam, is equally problematic. In Chapter 6 I suggested that the line between orthodox and non-orthodox Islam in Sylhet is difficult to draw. Spirits and sorcery, the main ingredients of traditional healing, are practised by madrassah students and ‘orthodox’ pirs. Secondly, sorcery, by frequently casting the son’s wife in the role of the villain, reinforces an Islamic view (which is both locally constructed and has resonances universally in Islam) that women are dangerous and polluting. In this context, the ideologies of Islam and sorcery coalesce.

Resistance is a matter of perspective. In Chapter 9 the Hindu kobiraj's use of Western pharmaceuticals could be interpreted as a traditional healer capitulating to the dominance of biomedicine. Yet his popularity with his clients, the majority of whom are Muslims, is not based on this. People go to see him because of his reputation for dramatically curing patients (through the idioms of Hindu sorcery, not biomedicine). Moreover, it is a reputation that has been partly established through his father's *kobiraji* practice.

Traditional healing persists for different reasons. Traditional healing means different things to different people. For some women, traditional healers may offer a space for worship and complaint that is not available elsewhere. For some affluent ex-pats, visiting Bangladesh on holiday, a trip to the traditional healer may represent a return to their roots, even though the tradition that they are tapping into may be an invented one. Traditional healing is known to survive by virtue of its adaptability; its ability to innovate and reinvent itself is its tradition.

2. Islam, practice and agency

Unlike Brodwin's (1996) study of medical pluralism in Haiti, I did not find patients and their families asserting a religious affiliation through their health seeking practices. Muslims visiting Hindu healers experience no cognitive dissonance in doing so. They judge the doctor by his or her technical competence. But their health seeking practices are governed not only by pragmatism. They are both seeking a cure and attempting to assert their moral authority. We saw in Chapter 4 how Shanti pursued a diagnosis of sorcery as a face-saving mechanism in the context of material inequalities. Muslims visiting Hindu healers is both pragmatic and ideological;

ideological because it supports the view of Allah's supremely powerful and all-encompassing role: Allah has put the healer on this earth and given them their knowledge; the healer is simply the medium through which Allah works. But Allah has also given humans free-will, and with this free-will patients make pragmatic choices in their search for a cure.

Meaning is context dependent and revised through practice. The status of women varies according to the role they occupy: the mother-in-law is feared and respected; the son's wife is denigrated and made a scapegoat; the mother is revered on a par with Allah. Spirit possession is not uniform. Spirit possession may heighten or displace consciousness. Just as traditional healing can be both hegemonic and counter-hegemonic, spirit possession both conforms with and resists the dominant order. Parents who practice magic in order to break-up a child's love affair are not committing sorcery because parents always want the best for their children; however, from the perspective of the child's lover, they have become the victims of sorcery.

Patients have agency. They visit healers who they know will give them the diagnosis they are seeking. In Chapter 9, Ashon Fir's religious identity was variously constructed by his clients as Muslim, Hindu, or something in between. Patients take what they want from local cosmology. In Chapter 5, Sandni and her aunt's son suffered from virtually the same symptoms. Whilst Sandni's family believed that Sandni's illness was caused by sorcery committed by the aunt, the aunt interpreted her son's illness as caused by a spirit at his school, which she used as evidence to support her innocence in the genesis of Sandni's illness.

Patients act, but do so within an existing framework of local cosmology and healers; their health seeking practices are influenced by material, objective conditions. Global capitalism has given rise to new inequalities locally. Economic migration produces and increases material inequalities between nuclear units within a patriline, giving rise to tensions which constitute the perceived increase in sorcery. The vulnerability of the son's wife may increase if her husband is working abroad and she may return to her natal family, which in turn creates more tensions between her and her husband's family and increases the risk of sorcery accusations. Diagnosis changes over time in response to material conditions. As Sandni's family's wealth increased vis-à-vis the aunt's family they dropped the sorcery accusations as they no longer had a need to save face.

The meaning of Islam is context dependent. Islam may be put to both reactionary and radical ends. The *fatwa* has been used to oppress women. Yet it is not surprising that Islamic idioms are drawn upon in this context as local culture is seeped in Islam. In Chapter 6 we saw how Islam gave Shuli Firani a career as a female saint. She drew upon Islam to invert the virilocal rule of residence which underpins women's subordination in Bangladesh. For her, a poor village woman, the Islamic framework is more accessible than a secular university education. But Islam is never neutral because it does not exist outside its point of application; it only has meaning through practice. The holy texts have no a priori meaning - the reader brings meaning to the text. The Qur'an that sits on the shelf above my desk is very different from a Qur'an found in a Muslim's house in Sylhet.

My findings add further weight to the proposition that modern Islam refutes the false

dichotomization of modernity and tradition (Lee, 1997).

Appendix 1

One of the poems that Tanya recited was this poem, *Kazla Didi* by Jotindro Mahon Bajchee. It a set text studied by school children in class 4 (roughly around the age of 9) and most children learn to recite it from memory. Children are told the context, that the child's sister has died, by their teachers. I reproduce it here as spoken by Tanya; it is possible that the order of a couple of the lines are muddled.

The moon has risen over the head of the bamboo bush,
Oh mother, where is my narrator [*sholokbola*] *Kazla Didi* [elder sister (Hindu term)]?
From that day, mother, why doesn't she come any more?
Besides the pond, under the lemon tree, swarms of insects are humming,
I can't sleep for the scent of the flowers; I'm alone sleepless.
Oh mother, where is my narrator *Kazla Didi*?
From that day, mother, why doesn't she come any more?
When I ask about *Didi* you keep quiet.
Say mother, where has *Didi* gone? Will she come again?
Tomorrow my doll will be married in a new home,
If I hid myself secretly as *Didi* did how will you stay alone?
Me not here! *Didi* not here! How fun it will be!

The poem may have had special significance for Tanya, given that her own, albeit younger, sister died during childhood. Strikingly, the poem expresses the child's anger towards the mother and depicts their coming to terms with the loss through fantasies of power and control as they experiment with ideas of death and absence.

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