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## ARTICLES

- An Introduction to Ernesto de Martino's Relevance  
for the Study of Folklore DOROTHY LOUISE ZINN 3
- Other-Hegemony in de Martino: The Figure of the Gramscian  
Fieldworker between Lucania and London EMILIO G. BERROCAL 18
- "Illness Is Nothing But Injustice": The Revolutionary Element  
in Bengali Folk Healing Fabrizio M. Ferrari 46
- If the Mother of God Does Not Listen: Women's Contested Agency  
and the Lived Meaning of the Orthodox Religion  
in North Karelia MARJA-LIISA HONKASALO 65

## BOOK REVIEWS

- City Folk: English Country Dance and the Politics of the Folk  
in Modern America* (Walkowitz) GREGORY N. REISH 93
- River Music: An Atchafalaya Story* (McCutchan) PATRICIA GAITELY 94
- Still, the Small Voice: Narrative, Personal Revelation,  
and the Mormon Folk Tradition* (Mould) ANNE F. HATCH 96
- The Types of the Swedish Folk Legend* (Klintberg) JAN LUFFER 97
- Russian Folk Art* (Hilton) JEANMARIE ROUHIER-WILLOUGHBY 99
- Just Folklore: Analysis, Interpretation, Critique* (Oring) MICHAEL EVANS 100
- Contemporary Sephardic Identity in the Americas:  
An Interdisciplinary Approach* (Bejarano and Aizenberg, eds.) ANNETTE B. FROMM 102
- Blind but Now I See: The Biography of Music Legend  
Doc Watson* (Gustavson) JAMES J. MIKSCH 104
- Frontier Figures: American Music and the Mythology  
of the American West* (Levy) CARL RAHKONEN 106
- Ecomusicology: Rock, Folk, and the Environment* (Pedelty) CASEY R. SCHMITT 107
- Dreaming and Historical Consciousness in Island Greece* (Stewart) ELIZABETH TUCKER 109
- Why We Left: Untold Stories and Songs of America's First Immigrants* (Brooks) CLAIRE MANES 110
- The Oxford Handbook of Children's Musical Cultures* (Campbell and Wiggins, eds.) JAN ROSENBERG 112
- The Artistry of Afro-Cuban Batá Drumming: Aesthetics, Transmission,  
Bonding, and Creativity* (Schweitzer) UMI VAUGHAN 113
- Voices of Play: Miskitu Children's Speech and Song on the Atlantic Coast  
of Nicaragua* (Minks) MELANY M. BOWMAN 115

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## “Illness Is Nothing But Injustice”: The Revolutionary Element in Bengali Folk Healing

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*This article seeks to reflect on how concepts such as “ritual,” “illness,” and “health” are intertwined in the practice of Bengali healers and their customers. By objecting to past and present logics that ascribe to folk healing an innate subalternity because of context (e.g., the village), mode of transmission (e.g., orality), gender and social background of votaries (e.g., low-caste, working-class sectors), my analysis discusses health-seeking rituals as an arena for revolutionary negotiations. This character is determined by the willingness of healers, health-seekers, and other-than-human entities (deities, spirits, demons, ghosts, etc.) to counter relative injustice, negotiate power, and actualize redemption by means of a radical, though often temporary, subversion of or challenge to an established order. This reading, which I derive from Ernesto de Martino’s “progressive folklore,” wishes to contribute to discourses on religious folklore as a way of expressing, and perpetuating acceptable solutions to individual and social imbalance, including the perception of illness as uneven development. Folk healing is one of the liveliest forms of people’s knowledge; the actualization of ancestral needs; and one of the most easily available and culturally understandable form of creativity, reflexivity, and education. While critically addressing the limits of using de Martino’s theories in the frame of post-colonial ethnography, I go back to his definition of culture as the result of the “victorious struggle of health over the pitfalls of disease” ([1958] 2000:25) and discuss illness and its treatment among Bengali folk healers and their clients as ways to experience what de Martino called the expansion of self-consciousness.*

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### Keywords

AFS ETHNOGRAPHIC THESAURUS: Health belief systems, illness, post-colonialism, healing, folk medicine

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### *Illness and Healing in Bengali Folklore<sup>1</sup>*

AS EARLY AS 1924, BRITISH NEUROLOGIST AND anthropologist William H. R. Rivers identified in his *Medicine, Magic and Religion* three causes of disease: “(1) human

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agency, in which it is believed that disease is directly due to action on the part of some human being; (2) the action of some spiritual or supernatural being or, more exactly, the action of some agent who is not human, but is yet more or less definitely personified; and (3) what we ordinarily call natural causes" ([1924] 2001:7). The work of Rivers bears witness to an acute awareness of cultural understandings of disease, and the existence of diversified healing patterns. Rivers anticipated several aspects of postcolonial medical anthropology. In particular, he emphasized the importance of possession (malignant and therapeutic) and ritual healing in societies where the relation between health-seeking techniques and religion did not suffer the impact of empiricism and the de-legitimation of ancestral forms of knowledge.

Health is not a universal concept. There are different degrees of perceiving one's own (and the other's) condition. Medicine in India, with its scientific, cultural, and religious pluralism (Nichter and Nichter 2002:206; Sujatha 2007:172–4), offers an interesting perspective on simultaneous yet diversified notions of health.

According to ("Western") biomedicine, which is nowadays dominant in the Subcontinent, health-seekers are "patients" reporting symptoms and showing a series of "abnormalities." Conversely, Indic medical systems—chiefly *Āyurveda*—have elaborated alternative etiologies.<sup>2</sup> Disease (*roga*, *vyādhi*) in medical compendia is examined as a situation of imbalance, often resulting from actions in breach of right conduct (*sadvṛtti*) and therefore opposite to the order (*dharma*) governing both microcosm (body) and macrocosm (universe) (cf. Wujastyk 2003b:394). But the imbalances that threaten every aspect of life are variously experienced and expressed. While biomedical approaches and indigenous medical traditions are built on the diagnosis and treatment of pathological disorders, one should consider the meaning given to "disorder," and its implications, by those who experience it (Cerulli 2012:13–48). This sends us back to the distinction between disease, "a biomedically measurable lesion or anatomical or physiological irregularity" (Ember and Ember 2004:xxviii) and illness, "the culturally structured, personal experience of being unwell which entails the experience of suffering. 'Illness' can refer to a variety of conditions cross-culturally. In some cultures, it is limited to somatic experiences; in others it includes mental dysfunction; in others it includes suffering due to misfortune, too" (Ember and Ember 2004:xxxiii) (cf. also Hahn 1984:2; Wilce 1997:353; Lock and Nguyen 2010:71–5).

As a comprehensive discourse on Indian or even Bengali folklore in general is simply not possible, I will limit myself to an analysis of material gathered from participant observation in the areas of West Bengal shown in table 1.

In 2004, during a moment of rest from a complex healing session, one of my informants told me: "Illness [*rog*] is nothing but injustice [*abīcār*]. The greatest injustice of all. Do you understand?" A young man in his early thirties, he was engaged in a ritual vow,<sup>3</sup> to free his wife from the personal and social tragedy that is barrenness. Although not particularly "religious,"<sup>4</sup> he believed in what he was being told to do, and in what he was doing. At the same time, he expressed his sincere sadness for a condition neither he nor his wife deserved. His words made me reflect on how the concept of injustice is experienced and countered, and how—in contrast with much Marxian critique—ritual and its manipulation can be tools to achieve self-consciousness and emancipation.

Table 1. Areas of west Bengal where the ethnographic research was conducted (2001–2010)\*

<i>Thānā</i> (police station)	Administrative subdivision	District
Bishnupur, Jaypur, Kotalpur, and Indas	Bishnupur	Bankura
Ketugram, Katoya, Maṅgalkot	Katoya	Barddhaman
Ausgram	Uttar Sadhar	Barddhaman
Faridpur, Kanksa	Durgapur	Barddhaman
Asansol, Ranigānj	Asansol	Barddhaman
Ilam Bajar, Bolpur, Nanur	Bolpur	Birbhum
Sainthya, Siuri, Khayrasole, Rajnagar	Sadar	Birbhum
Mayureshwar	Rampurhat	Birbhum
Bangaon	Bangaon	North 24-Pargānas
Swarupnagar	Basirhat	North 24-Pargānas
Itahar	Raigānj	Uttar Dinajpur
Kolkata		Kolkata

\*Each *thānā* comprises several towns and villages. Fieldwork was conducted mostly in rural areas. However, where significant shrines/temples or places of pilgrimage exist, I investigated medium/large urban centers (e.g., Kolkata, Bishnupur, Asansol, Bolpur, Siuri).

Stories of *rog* or *asukh* (literally, unhappiness, broadly speaking, any form of suffering)<sup>5</sup> are extremely popular in Bengali myths and folk narratives. Illness is generally presented as a form of divine punishment resulting from perpetrating actions (*karma*) contrary to the social norm (*dharma*). Wrongdoing inevitably leads to an accumulation of demerits (*pāp*). This, in turn, determines suffering. A number of conditions,<sup>6</sup> especially those that have permanent marks or present obvious disability (poxes, leprosy, vitiligo, dimorphism, or impairment of sight, speech, or hearing), those that humiliate the patient (cholera and dysenteric diseases, dementia, epilepsy, “madness”), those that cause social stigma (male and female genital malformations, STDs, HIV/AIDS, barrenness, homosexuality, addiction), or that bear witness to inauspiciousness/impurity (e.g., interruptions of pregnancy) are indicators of the conduct of the patient, and publicly advertise a state of pollution that is often reputed to be contagious.

In Bengal, Āyurvedic physicians (*baidya*) are authoritative figures, and “Western” biomedicine has secured its presence since colonial times (Arnold 1993; Bose 2006; Pande 2010). But for marginal strata of the population (working classes, peasants, tribal populations, impoverished laborers, migrants, and those living in rural or isolated areas),<sup>7</sup> the main resource for health-related issues is still a heterogeneous body of indigenous remedies, ritual practices, and devotional performances generally referred to as “folk healing.” Central to this knowledge is the belief that health and illness are “controlled” by gods, goddesses, and other non-human entities (e.g., ghosts, spirits, and different classes of demons). Alternatively, misfortune and the pain deriving from it are attributed to the evil eye. Healing is administered by ritual specialists such as Brahmans, but also by low-caste priests (*deṃyāsīs*), midwives (*dhāi-mās*) and oracles/mediums (*ojhās, gunins*).<sup>8</sup> Healers can be male, female, or non-gender-specific,<sup>9</sup> celibate, householders, or renouncers. Also, they may belong to non-Hindu religious communities (e.g., Muslim fakirs, Buddhist lamas, tribal shamans, etc.). Although their practices differ a great deal, some patterns seem to be recurrent.

First and foremost, when harm, discomfort, or other symptoms are reported, the healer tries to establish a communication with the deity/spirit that is supposed to be at the origin of imbalance. During such encounters (facilitated by meditation and practices aiming at vision)—often of a very dramatic nature (healers may be hurt during their work, especially in the case of malignant possession)—the ritualist establishes the identity of the harming entity. (Addressing the wrong deity or spirit can be extremely dangerous in that it fosters jealousy among gods prone to wrath.) Upon successful identification, the healer must understand why harm is being perpetrated, and what to do in order to placate the rage of the deity/spirit.

If illness is caused by the presence of a god or a goddess, the usual pattern entails worship (*pūjo*) and presentation of tangible donations (*dān*)—mostly cooling items such as cold milk, yogurt, water, *naibedyā* (raw fruits and vegetables mixed with uncooked rice, milk, and curd), selected leaves and branches, flowers and vegetables (white, green, or yellow—red, the color associated with heat, is usually avoided), and incense.<sup>10</sup> Promises can be made to the deity in the form of vows. Broadly known as *lok brata* ("popular vow") or *mānasik*, they are promises that bind the health-seeker to a deity, in this case, through the negotiation of the healer. The terms of the vow are agreed to when the votary has provided an etiology of the disease—that is, what has caused offense (hence the heating rage of the deity/spirit). The vow can be performed after recovery or while still experiencing the symptoms of illness. (Occasionally, if the health-seeker is too ill, relatives or semi-professional performers are recruited, and paid, to act on behalf of the sufferer.) Unlike the *meḍeder bratas* (women's scheduled votive fasts), there are no specific manuals for *lok bratas*. Healers borrow information for crafting ritual therapy from predecessors (e.g., family members or teachers), local narratives, a variety of ritual manuals (*paddahti*), the observation of other specialists (e.g., Brahmans, ascetics, physicians), and, lately, TV programs and the Internet. Alternatively, the gods are "cooled" by re-enacting the heroic deeds, the penances, and the acts of devotion attributed to the human heroes whose lives have contributed to their glory. It is so that the foundation myth of a shrine or place of pilgrimage, the celebration of a deity, a miraculous tale, and so forth become sites where knowledge is appropriated, manipulated, and transmitted.

If the cause of illness is malignant, the first task of the ritual specialist is to ascertain the class of being he or she is facing (e.g., god, ghost, spirit, demon, etc.). While gods and goddesses tend to immediately reveal themselves, other entities are more deceitful. The most common are ghosts (*bhūt*), evil spirits (*piśāc*), and the spirits of the dead (*pret*).<sup>11</sup> The spirits of stillborn children or of those who died violently are reputed to be particularly dangerous. Illness may also result from evil eye (*najar*), an event often associated to human external agency, for example, a witch or a sorcerer who summons malignant spirits or forces and binds them to a victim. Although one may employ a witch to counter the effects of evil eye, the "knot" is supposed to be untied by a healer, an exorcist, or a specialized Brahman (e.g., *jyotiṣī* or *grahācārya*; astrologers). Experts in removing spells and evil eye are often recruited from specific occupational classes, but this varies from region to region. In Bengal, members from the blacksmith community (*lohār*)—but also

tanners (*cāmār*) and *ḍoms* (undertakers and menial workers)—act as *deḡāśīs* and, among their other skills, know how to ward off the evil eye.<sup>12</sup>

Once the origin of illness has been identified, a therapeutic strategy is to be agreed on. The healer acts as a medium between the deity/spirit and the patient and negotiates the terms of the deal. But the healing process is seldom a conciliatory consultation. Although there may be consensus on a diagnosis, other etiologies converge in what can be explained as a competitive diagnostic process where the most successful healer (and therefore deity) gains social prestige and validation of his/her method.

### *Illness as Relative Injustice: The Crisis of the Presence*

The manipulation of myth and ritual for healing purposes suggests that the production and transmission of recovering strategies—including the modification, confirmation, and obliteration of selected practices—are core to the renovation and transmission of folklore and its contrasting logics (see Raj and Harman 2006; Dempsey and Raj 2008; Ferrari 2010b). The convergence of (oft-conflicting) rules<sup>13</sup> in defining community, class, personhood, and gender is of particular interest to this study in that it is precisely from such overlaps that moments of crisis emerge that my informants perceive as relative (or personal) injustice. While some of these crises are resolved in mundane ways, others may escalate and give origin to forms of sufferance that—in order to limit pollution, social blaming, and further sufferance<sup>14</sup>—require resolution in a ritual context. For instance, debt, poverty, marginalization, unemployment, grief, arranged marriage, barrenness, history of mental illness, homosexuality, drug addiction, and so on have been often labeled by my informants or their kin as “injustice” for their dramatic impact on themselves and/or others.

Such perception of imbalance reminds me of the “crises of the presence” (*crisi della presenza*) theorized in the 1950s by Italian philosopher, historian of religion, and ethnographer Ernesto de Martino. This is discussed as a state generated by a set of actions triggered by a *physical* perception of the negative (de Martino 1956).<sup>15</sup> Borrowing from Heidegger and moving from the concept of presence, and particularly its negative, de Martino explored a human shared anxiety that “underlines the threat of losing the distinction between subject and object, between thought and action, between representation and judgment, between vitality and morality: it is the cry of one who is wobbling on the edge of the abyss” (de Martino, quoted in Saunders 1995:332). This condition, which I interpret as the imbalance (illness) suffered by my informants and variously explained as *abicār* or *adharmā* (injustice, disorder), manifests according to vernacular patterns (language, kinship, aesthetics, politics, etc.) and is believed to escalate if not treated (cf. Crapanzano 2004:82–3).<sup>16</sup> Ritual healing tries to re-establish lost order, or an acceptable alternative to it.

Healers (*deḡāśīs*, *ojhās*, *gunins* from various classes) enact one or more sacred narratives and try to counter illness by negotiating a solution with their customers and other-than-human beings. De Martino called this process “cultural redemption” (*riscatto culturale*). When individuals experience a dramatic change or a crisis in their history (the perception of the negative, i.e., illness), they resort to the religious institute of dehistoricification (*l'istituto religioso della destorificazione*), which aims at with-

drawing "[critical] moments from human initiative and resolves them in the iteration of the identical, where the erasure or the masking of distressing history takes place" (Massenzio 1986:23). The repetition (*iterazione*) of symbolic rituals and myths provides a defensive mechanism and a culturally acceptable solution to the crisis of presence, or an escape to the immanent drama of an "unfair" personal history (cf. de Martino 1995:76–7). But, as de Martino further elaborated, the crisis of the presence is featured by a temporary loss of subjectivity or, in other words, the incapability to discriminate. De Martino, who seems to agree with Marx's proposition that "a non-objective being is a *non-being*" ([1959] 2002:85), suggests that presence is a concept featured by the capacity to be *physically* the object of external action (de Martino [1977] 2002:425). In fact, presence expresses critical power (Ferrari 2012:89). The capacity to acknowledge, manage, and overcome the crisis of the presence (the loss of power of discrimination, and therefore, labor) is necessary to regain power of affirmation. In an interesting reading of the Book of Job, Antonio Negri has discussed the revolutionary aspect of the intrinsic power of the subaltern in situations of personal and social distress: "Job is the power of man on earth: social, constructive power—he is *production, collective labor that becomes value*" (2009:83). De Martino's reading does not examine ritual as labor, but the ritual activity performed to overcome the crisis of presence is indeed a way to be conscious of one's own labor (de Martino [1959] 2002:89). It thus appears that the crisis of the presence is the *perception* of the negative, but not necessarily a negative experience (Ferrari 2012:48–52).

During my sojourns in Bengali villages, I witnessed this on several occasions. Illness is not always acknowledged as deleterious, even when it culminates in death (Ferrari 2010b; Harman 2011). It is not unusual for those stricken by a particular disease to be associated with local deities and, in some cases, to become healers. Similar processes have been discussed by de Martino as events related to the perception of the "negative" but ultimately essential to overcome a personal or social catastrophe ([1959] 2002, 2008). As Marx noted: "This alienation of consciousness has not only a *negative* but also a *positive* significance, and . . . it has this positive significance not only *for us* or in itself, but for consciousness itself" (2002:85). For de Martino (who borrowed from Gramsci's notes on folklore), the acknowledgment of the negative, be it economic disparity, social injustice, or physical imbalance, contributes to the definition of self-consciousness. It sets in motion a process where rituals (civil and religious alike) empower symbols that open the dimension of myth. Eventually this illustrates how personal narratives of disease (pathographies) give meaning to the individual by making his/her history part of a shared meta-history. Conversely, when an individual is not in charge of labor, alienation takes place. Imbalance is not acknowledged, and consequently the crisis cannot be overcome.

Moving from the consideration that ritual health-seeking is part of a complex process of negotiation ultimately aimed at regaining power after a more-or-less temporary situation of power deficiency (i.e., regaining control), in the following section, I will discuss healing rituals in Bengal as means for voluntary social redemption, and interpret them as a performance leading to diversified forms of awareness and liberation. In so doing, I will try to problematize de Martino's theory of progressive folklore and will reflect on the actual manifestation of willpower in healing rituals.

### *Health-Seeking, Coercion, and Confrontation in Bengali Folklore*

A crucial aspect of ritual healing, in South Asia and elsewhere, is its coercive character and its tendency to aggressively counter relative injustice. In this section, I reflect on willpower and consciousness in relation to ritual health-seeking in West Bengal. I will examine performances where votaries (whether healers or health-seekers) are more likely to actively lose self-consciousness by means of penances and mortification of the flesh. This includes an analysis of the worship of two extremely popular vernacular deities: the goddess Śītalā and the god Dharmarāj. Both deities do not belong to the Sanskrit pan-Indic tradition and are celebrated by means of offerings (*pūjo*), animal sacrifice (*balidān*), oral narratives (*kathā*), pageants (*yātrās*), and devotional songs (*bhakti gān*). Further, they are the protagonists of pre-modern epics known as *Śītalā-* and *Dharma-maṅgalkābya*.<sup>17</sup> Śītalā and Dharmarāj—who in several villages are related (either married or Dharmarāj is considered Śītalā's father)—are looked upon as benevolent deities. However, Bengali *maṅgal* texts suggest they can inflict terrible diseases as forms of punishment. On the one hand, Śītalā, who is customarily worshipped and summoned for protection against poxes (*sphoṭak*), malaria, and fevers of all kinds (*jvar*), cholera (*olāuṭhā*), barrenness (*bandha*), and blood infections, is represented as an aggressive “pox goddess.”<sup>18</sup> On the other hand, Dharmarāj, a solar and fertility god, causes eye disorders (*timīr rog*), leprosy (*kuṣṭha*), and skin diseases (most notably, vitiligo, *sbetirog*),<sup>19</sup> but also barrenness, droughts, famines, and cattle epidemics. The two gods are celebrated on a daily basis, but their apotheosis is during the month of Caitra (March/April). The *gājan* festival,<sup>20</sup> on the vernal equinox, coincides with the apex of such celebrations.

Simply called *mā* (mother), Śītalā (literally, the “Cool One”) is widely worshipped across northern India and in various districts of the Pakistani Punjab, in Nepal, and in western Bangladesh.<sup>21</sup> She controls all sorts of illnesses, protects children and mothers, and brings good fortune to her devotees. Oral and written sources agree in describing Śītalā as a fair-complexioned naked (*digambara*) lady who holds a vessel (*kalsa/kalsi*) in the crook of her left arm and a broom (*jhāru*) with her right hand. She is crowned with a winnowing fan/basket (*śūrpa*) and rides an ass (*gādhā*).<sup>22</sup> Though her distinctive tools indicate her power to cool down the heat of fevers and to remove impurity, the Bengali *maṅgal* tradition, particularly theatrical renditions of their sections (Mangal poems are divided into *pālā*, narrative sections—or substrings of the main story), has emphasized their ambivalence. The vessel contains the seeds of disease but also cold healing water. With the broom, the goddess spreads contagion, but she also sweeps it away. The winnowing fan is used to throw poxes and to cool the victims with fresh air. (The movement of the winnow is also a ritual tool used by folk healers to become possessed by the goddess and negotiate health.) In Bengali narratives, Śītalā is accompanied by dangerous assistants such as Jbarāsur, the fever demon, Basanta Ray, the Lord of the Spring (Pox) Season, Gheṅṭu, the itch demon, and Raktābatī, the goddess of blood infections. Low-class priests (basket makers, gardeners, tanners, and ironsmiths) and Brahmans, men and women alike, take care of her ritual worship. Offerings to the goddess include fruits, sweets, veg-



etables, perfumes, and incense. The blood and flesh of sacrificed animals (usually goats) are also presented to Śītalā, but the ritual must be carefully conducted, as such offerings are reputed to excite the goddess, who might "heat up." Bengali narratives from the *Śītalāmaṅgalkābyas* offer an insight into the goddess's specialism and powers. Although there are several variations, and the stories have been fictionalized by authors and performers, the most popular versions borrow principally from Nityānanda Cakravartī's *Śītalāmaṅgalkābya*. In the *Janmapālā*, Śītalā is born from the cold ashes of the sacrificial fire (hence her name). She is denied proper recognition by the gods. Offended, Śītalā moves away. Accompanied by her marshal, Jbarāsūr, she descends to Earth and demands that powerful humans worship her. This is denied, and Śītalā is ridiculed. The goddess then sends all kinds of diseases, for example, the plague, smallpox, fevers, cholera, and so on. These are vividly described as an army of horrible demons and ogres (e.g., Nicholas and Sarkar's translation from Mānikrām Gaṅguli's *Śītalāmaṅgalkābya* in Nicholas 2003:152–3). After destruction has been inflicted, the survivors learn that Śītalā must be worshipped (cf. *Madanadāsapālā* 52, 56, in Kṛṣṇarām Dās' *Śītalā Maṅgal*). Upon successful installation of her image (*pratimā*), the goddess is publicly acknowledged as a powerful mother. She heals everybody and resuscitates those who previously died, especially children.

Dharmarāj (or Dharma Thākūr, literally, Dharma King or the Lord Righteousness) is a fertility god and a protecting god whose worship is scattered throughout lower West Bengal and in some western districts of Bangladesh. The origins of this deity remain unclear. Unlike Śītalā, who sporadically appears in late Purāṇic literature (*Skandapurāṇa* 2.8.8:21–3, 5.1.13:1–5, 7.1.135:1–7; *Nārādapurāṇa* 1.117:94–8, 2.78:12; *Bhaviṣyapurāṇa* 4.3:54), *dharmānibandhas* (*Vratārka* 1937:217–23; Śrīvratārāja 2011:310–3), Tantras (*Picchilātāntra*;<sup>23</sup> *Devīnāmavilāsa* 8:92; *Merutāntra* 32:285–91; *Śrītattvanidhi* 1908:24; *Puraścaryārṇava* 12:80–91; *Dīkṣāprakāśa* 1935:26), and Āyurvedic compendia (*Bhāvaprakāśa*, *Madhyakhaṇḍa* 60:70–82; *Bhaiṣajya Ratnāvalī* 59:45–50) (Ferrari 2014:8–23), the Bengali Dharmarāj is unacknowledged in Sanskrit sources. The god—who is not a celestial ruler but the controller of a rather mundane order—is identified with a number of characters from the Bengali folk Śaiva tradition: the *kṛṣak* Śīb (ploughman Śiva), Nīleśbar (the Blue Lord), Ādyapati (the Primordial Lord), Banēśbar (the Lord of the Arrows), and Kṣetrapāl (the Custodian of the Fields). Dharmarāj is also called Nirañjan (the Pure One), Sūrya (the Sun god), Jamrāj (i.e., Yamarāja, the Lord of the Dead), and Nārāyaṇ (a solar aspect of Viṣṇu).<sup>24</sup> The apex of Dharmarāj worship is the *gājan*, when the god marries the earth and grants fertility. Such union is enacted by the community in two ways: the representation of the god's matrimony and the union of the community with the power that sustains the village. This is carried out on a symbolic level by the agents of the village: the *dharmar sannyāsīs* and the *mahilā bhaktyās* (male and female consecrated votaries, respectively). While female devotees become "vessels," the ritual performance of male devotees is more dramatic. They endure severe penances as a manifestation of their devotion, for example, piercing of cheeks, tongue, and limbs; jumping on thorny branches; lying on studded boards; hanging or stepping on fire; and swinging from heights attached to iron hooks fixed on the back. The majority of my informants

refer to self-harming as a way to surrender to the gods<sup>25</sup> or to expiate guilt. Others, especially youngsters, do it as a form bravado (or fun!). More often, they want to emulate the myth of Dharmarāj's heroic warriors and devotees.

Here follows a summary of the Dharmarāj myth according to Mānikrām Gāngulī's *Dharmamañgalkābya*. After being defeated in battle by Ichāi Ghosh, a low-caste chief, Karṇasen—a vassal king of the Mahārāja of Gauṛ—loses his power, his wife, and all his six sons. He then marries the young Rañjābatī and settles in Maynāgāṛh. But due to Karṇasen's old age, all efforts to conceive a son are in vain. So, following her old *ḍom* nurse's advice, Queen Rañjābatī begins to worship Dharmarāj. On the banks of the river Dvārakeśvara, the queen meets Rāmai Paṇḍit, the chief votary of the god. Supervised by Rāmai, she worships Dharma and performs various physical austerities. But failing in her purpose to receive her favor, she decides to end her life by practicing *kāṭā jhāpā*, that is, throwing herself on a plank studded with nails. Rañjābatī dies, but, due to her absolute devotion, she is brought back to life by Dharmarāj and granted the favor of a son—Lāusen. Prince Lāusen, who will continue the royal lineage of Karṇasen, is destined to a life of struggle and sacrifice. He is trained as a warrior from a young age and has to fight evil opponents to protect his kingdom. At the head of an army of *ḍom* warriors, Lāusen eventually meets on the battlefield his own uncle, Mahāmada. After a fierce battle, Lāusen is defeated, but to show his utter loyalty to Dharmarāj—for whom he was fighting—he makes a vow. Lāusen asks the god to let the sun rise in the West and to resuscitate his soldiers. In exchange, he promises to perform *nabakhaṇḍa* (to cut his body into “nine parts”). He does so, and when his head finally falls down severed, Dharmarāj grants the favor. Not only are the *ḍom* warriors ready to fight again, but Lāusen, too, is brought back to life. With his victory, the worship of Dharmarāj is established on Rāṛh.<sup>26</sup>

While there is no doubt that the *gājan* is the arena to celebrate and transmit the exemplary code of conduct of Rañjābatī, her son Lāusen, and the heroic *ḍom* warriors,<sup>27</sup> to some, the festival represents the occasion to thank the gods for restoring good health. Self-inflicted wounds are a form of offering. Alternatively, they can be medicine.

Like other *sannyāsīs*, health-seekers engage themselves in prolonged periods of fasting and acts leading to tissue damage. Their performance aims at replicating the sacrifice of Dharmarāj's champion, Prince Lāusen, and his mother, Queen Rañjābatī (who impaled herself on a studded plank). Different implements (arrows, hooks, thorns, and tridents), both natural and artificially fashioned, are used for such purposes. The most revered is the *baṇeśbar* (“Lord of the Arrows”), a wooden plank covered with iron nails. This impalement tool is considered an image of the royal body of the deity. Besides lying or jumping on the nails of the studded plank, devotees pierce their tongues, limbs, and sides of their bodies with long arrows and dance to the frantic rhythm of loud drums. The second most popular performance is “hook-swinging,” in Bengali, *caṛak pūjo*. During such a ritual, the devotee's back is pierced with large iron hooks. These are then tied with ropes to a plank suspended on a tall stake in order to allow the devotee to oscillate or rotate for a variable period of time.<sup>28</sup> While the majority of devotees swing in meditation, and some fall into trance-like

states, others are given newborns or toddlers who—at some point—are thrown to the crowd and passed around as an auspicious sign.

After enduring piercing and hook-swinging, health-seeking devotees interpret the response of the gods. One way to do this is an evaluation of tissue damage. If they feel no pain and there is limited scarring and bloodletting, then Dharmarāj/Śiva is believed to be satisfied. Alternatively, at the end of the celebrations, they will consult the village healer. In what often becomes an articulate (and expensive) session, the healer tries to understand the reasons for failure. Like in local myths, such a process involves struggle and close confrontation with negative presences (gods and spirits), which may result in further (self-)harming.

In this case, the votary abandons the community of *sannyāsīs* and, along with relatives and friends, joins in consultation with the healer. The consumption of intoxicants, generally toddy and *gāñja*, is not unusual—and occasionally encouraged—but in my experience, this is quite limited. More often, ritual preparation involves isolation, fasting, prolonged dancing, or the repetition of and/or concentration on invocations borrowed from local narratives. These have been explained to me as powerful and meaningful tools that express the health-seeker's willpower. By using the words pronounced by the heroes of local myths, the votary overcomes his/her dramatic history and identifies with a narrative of success. Sanskrit invocations are occasionally used in a mantric fashion. *Cālīsā* (literally, 40 [verses] in honor of a particular deity) are extremely popular, along with a number of *paddhatis* (short ritual tracts) and *stotras* (hymns).

Besides solitary performances, another way to deal with the gods is communal singing. An assembly of devotees (usually relatives or close friends of the health-seeker) is arranged. The gathering takes place indoors, after the evening *ārti* (fire ceremony concluding the evening session of the *gājan*) in front of the image (*pratimā*) of the deity. The healer—who may be assisted by his wife (*deṃśāśīni*) or other trained relatives<sup>29</sup>—acts like a director. Communal singing may last several hours. It entails drumming sessions and the recitations of myths, riddles, and pedagogical stories. While the audience is singing, the healer observes who is about to become possessed and provides the necessary space for what is referred to as a "dance" (*nāch*), a display of pain and sorrow (*dukkha*), repentance (*nirbed*), but also love (*bhālabāsā*). In fact, more than dancing, the possessed person strolls and rolls on the ground while shrieking, panting, and twisting the head to and fro. The healer, in this case, is not possessed but tries to communicate with the deities/spirits by "playing" (*khelā*) with their human mount(s). In such circumstances, the votary and the health-seeker engage in close confrontations with the gods. There is threatening behavior, abusive language, and the use of epithets aimed at diminishing the prestige of aggressive deities. The response of the gods may be equally violent. The possessed person often "reveals" embarrassing secrets about one or more persons, who then become scapegoats. Alternatively, he or she may self-hurt or harm others in the audience. As soon as the situation becomes too inflamed, the healer intervenes. His voice or touch placates the deity (i.e., the possessed person). Auspicious songs (*maṅgal gān*) are often used to ease the tension.

A variety of rituals, not originally intended for healing purposes, can be found in these and similar sessions. One such example is a set of rituals performed on occasion of the “auspicious song of the husking pedal” (*ḍheñkimaṅgal*), a traditional motif sung by Bengali peasant women on occasions such as marriages (*bibāh*), the first giving of rice to a child (*annaprāśan*), or investiture with the sacred thread (*upanayana*). Alternatively, the worship of the *ḍheñki* takes place on occasion of harvest festivals such as *nabānna melā* (during the month of Agraḥāyana/Mārgaśīrṣa, ca. November 22 to December 21), and on *makar saṅkrānti* (corresponding to the Winter Solstice). The husking pedal (*ḍheñki*) is a well-known symbol of fertility in rural Bengal. It is either worshipped along with other agricultural tools (spades, ploughs, etc.) or as the mount (*bāhan*) of sage Nārada. I heard various versions of the *ḍheñkimaṅgal*, whose existence is attested in *Śunṣapurāṇa* 26 (Basu 1314 BS:77–9), but never during a healing session. On this instance,<sup>30</sup> a healer advised to a childless couple to worship the husking pedal so as to summon the protective power of Dharmarāj and Śītālā via a powerful messenger, Nārada. During the ritual, auspicious items were arranged around it: terracotta animals (horses, elephants, frogs, and tortoises),<sup>31</sup> fruits, flowers, water pots, and *kumkum* (saffron or turmeric) powder. Women usually accompany such preparation with loud ululations (*uludhbani*), but not on this occasion. The rite, which—I have been told—is now becoming obsolete, reached its apex when pieces of cloths with the menstrual blood of the “barren” (*bandha*) woman were presented. After being offered to the *ḍheñki*, the cloths were returned to health-seekers as a form of *prasād* (literally, “grace,” a term that designates leftovers) and were conserved as protection against the illness afflicting the woman (the husband is rarely indicated as the source of the problem in cases of infertility).<sup>32</sup>

In this and other healing performances, I observed how folk narratives and related healing rituals are consciously enacted as a way to achieve not only liberation from illness but a form of redemption that—if successful—is expressed physically (the passage from impurity/illness to purity/health) and socially (the transformation from marginal body to functional/productive body). In other words, health is not the only issue at stake. The whole healing process can be explained as a way of contrasting the crisis caused by one’s temporary loss of social, cultural, and historical belonging. Ritual healing allows access to a sacred narrative, which is also a powerful pedagogical tool, and provides a defense strategy for inclusion. Mythological tales are thus used as a frame for validating the personal story of the healer’s clients. Macro-history is reflected in micro-history so as to integrate ordinary experiences into the foundation myths of the gods on whose presence the community depends on, and to provide an arena for justice and redemption.

### *Coping with Illness and Resisting Injustice*

Unlike medical traditions such as *Āyurveda*, which predominantly interprets disease as a situation of imbalance between three bodily humors,<sup>33</sup> in Indian folklore, illness is often explained as a form of divine punishment for sinful actions, or transgressions (*pāp*). Alternatively, disease may result from the action of deities and spirits, who ride, heat, restrain, and play with humans. This is variously referred to in the academic literature as “possession” or “embodiment.”

During my fieldwork, I observed how the power derived from possession and its manipulation is often at the origin of a variety of inclusion and exclusion processes. Not only are such processes directly linked to the production of economic (e.g., fees) and social (e.g., prestige, charisma) capital, but also they contribute to rupture, or the formation of self-awareness. This interpretation—in line with de Martino (Ferrari 2012:50, 91)—allows a critical reading of the degree of consciousness involved in the production of healing strategies, and responses to it. It so appears that the commodification of strategic rituals is a precious resource within a community and has the potential to expand knowledge via an actualization of capital (cf. Gencarella 2011:261).

Healers are expected to interpret ritual outcomes in a way that satisfies all parts involved (ritual specialists, health-seekers, gods, spirits, etc.). If the negotiation is not successful, alternative solutions must be found. This process bears witness to the flexibility of ritual and the intrinsic pedagogical nature of the narratives that validate it. Managing, manipulating, and even exploiting myth and ritual suggest that folk healing is also a way to transform labor into capital. The problem is that the acquisition of capital (recovery of health, purity, social status, wealth, etc.) requires creativity and knowledge (Goody 2010:64–9). These discourses are not new.

In 1951, Ernesto de Martino published one of his most important essays: "Il folklore progressivo" (Progressive Folklore). The idea of a "progressive folklore" was inspired by Soviet anthropology, a school that developed a methodology polemically constructed against the colonial, capitalist, and bourgeois stances of Western Europe and the United States, and revolving around the Leninist interpretation of "nation" as subordinate to the Socialist state (cf. Cannarsa 1992; Gencarella 2009:185). While in Italian academic and political circles, folklore was discussed in line with the theories of Antonio Gramsci,<sup>34</sup> de Martino was attracted to the possibility of studying folklife as a dynamic and active product resulting from the interaction of ancient traditions with modern constructions (de Martino 1951:3; see also Gencarella 2010; and Primiano 1995). Progressive folklore is thus defined as a *conscious* proposal of the people against their own subaltern condition, and a way to comment or express in cultural terms the struggle for emancipation.

This definition captured my attention and made me reconsider various aspects of my own fieldwork. In particular, if illness is determined by what my informants consider injustice, healing may be seen as a struggle for emancipation, that is, a way to restore relative *dharma*. But how conscious in fact is this struggle? In other words, is folk healing truly *progressive*? While re-reading de Martino's southern trilogy (*Morte e pianto rituale*, *Sud e magia*, *La terra del rimorso*) in West Bengal (and even discussing it with my hosts, who were sincerely impressed by the rich photographic documentation and the analogies to their rituals), I found that several aspects of de Martino's research, including his own perplexities, could be applied to my experience.

The folklore of the Southern Italian peasantry was examined by de Martino as a typical example of the expression of the subaltern, and discussed in opposition to the hegemony exerted by the state and the Roman Catholic Church, which—it is posited—in South Italy represent the actualization of oppressive myths (cf. Kapchan and Turner Strong 1999; Ponniah 2011:5–6). While maintaining his historicist premises, de Martino reflects on the ability of the "subaltern" to create and modify culture "from

nature.” At the same time, he acknowledges that culture itself serves to define the relativity of worldly categories. Folklore is thus performed knowledge culturally enforced and locally validated. Even more, folk culture is the actualization of myth within a contingent history (de Martino 2008:262).<sup>35</sup> Progressive folklore and the analysis of the dynamics between new and old historical frameworks in subaltern landscapes respond to an interpretation of culture as a collective drama, and an attempt to struggle in order to obtain emancipation while maintaining identity (hence the revolutionary—progressive—kernel of folk healing). The analysis of folklore as a progressive product of culture convinced de Martino, but eventually its application is highly problematic. Although he was able to witness some examples of “progressive folklore” (e.g., songs and poems of organized protest composed by peasants in Lucania), de Martino remains ambivalent regarding the actual consciousness of the subaltern Other.

### Conclusion

As de Martino noted, the perception of folklore as the place of the subaltern results from a displacement of power due to hegemonic forces that operate in society to project and disseminate convenient truths (cf. Foucault 1980:131). The performances I observed in West Bengal can be interpreted as the production and transmission of specialized knowledge intended to counter a system that is perceived as contrary to individual and social expectations (i.e., relative justice). Healing is a way to resist what an individual, a family, a community, or a village perceives as unfair. The defense strategies developed and enacted by healers and health-seekers, and expressed through sacred narratives and rituals, contribute to the formation of sites of power (or redemption) where the superstructure, that is, the origin of “imbalance,” is not overcome but controlled. In more radical terms, folk healing appears to challenge a higher form of authority that is considered the origin of “uneven development,” a condition of producing persistent differences in levels and rates of health and recovery between different sectors of the populace.

The body of the health-seeker finds itself competing with different entities, human and otherwise, and responds to injustice by enacting resistance, often in very graphic ways. Such response is a way to express underground, often unacknowledged, power, and to define the crisis as inequality. As Foucault observed in *The Birth of the Clinic*,

the human body defines, by natural right, the space of origin and of distribution of disease: a space whose lines, volumes, surfaces, and routes are laid down, in accordance with a now familiar geometry, by the anatomical atlas. But this order of the solid, visible body is only one way—in all likelihood neither the first, nor the most fundamental—in which one spatializes disease. There have been, and will be, other distributions of illness. (Foucault [1973] 2010:1)

These blurred “distributions of illness” make it possible to further reflect on the idea of consciousness and willpower in folk healing.

De Martino's study of Southern Italian folklore and its relation to the official religious institution convinced me that, in contrast with much Marxian anthropology, healing rituals should not be discussed as a form of coercion and social exploitation. In fact, they may function as a revolutionary tool of liberation, and a way to understand, express, and fight in culturally acceptable terms the hermeneutical circle of exclusion generated by the superstructure.

In conclusion, what de Martino teaches is—quite paradoxically—a critical re-reading of the Marxian axiom that sees in religious rituals an exploitative imposition. While some elements of de Martino's research seem irreducibly at odds with contemporary anthropological research, the theorization of progressive folklore—including its problematicization—proves to be a precious tool for further reflections on the interpretation of illness as relative injustice (or uneven development) and folk healing as a manifestation of dissent aiming at creatively countering the injustice perpetrated at all levels by a (human or otherwise) superstructure.

### Notes

1. Throughout this article, I use a modified version of the standard transliteration system for Sanskrit. This has been done to privilege Bengali phonetics.

2. For an introduction to *Āyurveda*, see Wujastyk (2003a, 2003b). For reasons of space, I will not discuss medical systems such as *Siddha* medicine (Weiss 2009), Tantric healing (White 1996; Fields 2002; Barrett 2008), Unani medicine (Attewell 2007; Alavi 2008), or Tibetan and Chinese medicine, among others.

3. The words *brat* and *mānasik* are often used interchangeably. In fact, they are not the same thing. The former generally refers to a codified set of scheduled ritual obligations (chiefly, fasting) for women. The latter is a mental resolution by which one promises something to a deity in exchange for his or her intervention. This can be conducted either in a ritual fashion or following a more personal approach.

4. The English word "religious" was used in the original conversation in Bengali.

5. Other words to indicate "illness" are *asubidhā* (discomfort), *dukkha* (pain), *daśā* (infirmity), and *jarā* or *byādhi* (ailment).

6. The use of the term "condition" reflects the views of informants.

7. One should also consider those who are, or have been, traditionally denied basic education, including women.

8. The *deśāsī* (possibly a corruption of Sanskrit *deva-aṅga*, literally, "limb of god") is often a low-class ritual specialist (i.e., non-Brahman). Those addressed as *ojhā* or *gunin* might have oracular powers and/or the capacity to undergo trance-like states. Their performance is similar to that of *ādibāsī* ("tribal," indigenous) shamans.

9. I found *hijras* (a class that includes eunuchs, transgender, and intersex people) acting like healers. Their blessing is especially required when a woman cannot conceive, after delivery, or when children are ill.

10. Healing is a process aimed at lowering the body temperature of the health-seeker, whereas illness manifests itself through a dramatic rise in the body temperature.

11. This form of possession is not necessarily malignant, although it may be dangerous. In the case of sick infants, the ancestor is believed to enter the bodies of newborns. Such visitations correspond to the diagnosis of fever, stomachache, and minor pediatric ailments. According to some of my informants, ancestors just want to meet their descendants and bless them.

12. In the case of the evil eye, the ritual strategy may require the individuation of a scapegoat, a living being selected to divert the blame. This scapegoat can be sacrificed or led astray. On sorcery as a "face-saving" mechanism, see Callan (2007); Nichter and Nichter (2002:119). On blame, marginalization, and social ostracism, see Barrett (2008).

13. A discourse on the presence and interplay of different cultural substrata in Indian society is extremely complex and goes beyond the scope of this study. It is, however, worth noting that norms and social prescriptions are—in my experience—more flexible than expected. Although there exist social dogmas validated by authoritative texts and acknowledged more or less unanimously, the immensely variegated Hindu religious traditions, the multiculturalism of the Subcontinent, the impact of colonialism and, more recently, globalization are contributing to a process of re-negotiation and re-definition of a number of rules and customs.

14. Not only do shame and social marginalization result from disease, but they can also stem from neglecting ancestral customs, such as in the case where minority faith communities (e.g., Muslims, but more often, Christians) refuse to participate/contribute to ritual offerings to powerful vernacular gods (Hiebert 1987), or they resort to “Western medicine” rather than worshipping specific deities. On the latter case, see Arnold (1993); Coutinho and Banerjee (2000); Brimnes (2004); Bhattacharya, Harrison, and Wordboys (2005); Mull (2005); Ferrari (2010b).

15. The crisis of the presence is examined in de Martino’s “Southern Trilogy,” that is, *Morte e pianto rituale. Dal lamento funebre antico al pianto di Maria* (1958; *Death and Ritual Mourning: From Ancient Funeral Lamentation to the Cry of Mary*), *Sud e magia* (1959; *South and Magic*), and *La terra del rimorso. Contributo a una storia religiosa del Sud* ([1961] 2005; *The Land of Remorse: A Study of Southern Italian Tarantism*).

16. Symptoms include loss of consciousness, rashes or skin eruptions, catalepsy, anorexia, self-harming, depression, loss of sleep, appetite, and so on.

17. The *maṅgalkābya* (literally, auspicious poems) is a very popular Bengali genre that flourished between the fifteenth and the eighteenth centuries (Curley 2008b:6). For an introduction to *maṅgal* literature, see Bhaṭṭācārya ([1939] 1998); Zbavitel (1976:156–69).

18. See, for instance, Mānikrām Gaṅguli’s *Śitalāmaṅgalkābya* (1966, 35:72–4). All *Śitalāmaṅgalkābyas* agree in describing the goddess as disease-inflicting.

19. See *Śūnya Purāna* (1314 BS:21) (*dhūnājvāla*), and (1314 BS:37) (*muktisnāna*).

20. The word *gājan* may be a corruption of *garjan*, meaning “roar” or “rumble.” Another origin has been suggested in the word *grāmjan*, meaning “folk people” or “villagers” (Bhattacharyya 1976:332–3). On the *gājan* and Bengali folklore, see Korom (1999); Nicholas (2008); Ferrari (2010a).

21. The literature of Śitalā is vast. See, for instance, Wadley (1980); Caudhuri (2000:235–48); Stewart (1995); Mukhopadhyay (1994); Nicholas (2003); Ferrari (2014).

22. *śvetāṅgīm rāsabasthām karayugalavilasammārjanī pūrṇakumbham / mārjanyā pūrṇakumbhādamaṅ tamayajalam tāpaśāntaiḥ kṣipantiṁ // dig vastrām mūrdhniśūrpām kanakamaṅgaṅairbhūṣitāṅgīm trinetrām / viśphoṭakādugratāpa praśamanakarī śitalām tvām bhajāmi // Śitalāśṭakastotra*, from *Bhāvaprakāśa (Madhyakhaṇḍa 60:71–4); Śitalādhyānāmantra in Picchilātāntra* (see note 23).

23. See *Śitalāpūjāpaddhati of Picchilātāntra* in Ferrari (2014:185–7).

24. Cf. the long series of eulogies in *Dharmapūjābidhāna* ([1323 BS] 1916:91–134).

25. Hook-swinging is performed mostly in honor of Śiva, who is currently dominant, and Kālī. As for Śitalā, it is not infrequent to find devotees offering themselves to the goddess through this practice (Ferrari 2014:110n40).

26. An ancient administrative division of Bengal around the river Ajay. For an analysis of the Lāusen saga, see Bhattacharya (1994); and Curley (2008a).

27. The role of the *ḍoms* in Bengali folklore if not in line with their traditional occupation, that is, undertakers. They are not only celebrated as warriors. Especially in the mythology of Dharmarāj, the *ḍoms* play key roles as advisors, ritual specialists, and counselors. For instance, a *ḍom* woman leads Queen Rañjābati to Rāmai’s shrine in order to worship Dharmarāj and be blessed with a child; Rāmai Paṇḍit is said in many legends to be a *ḍom* priest; the votaries of Dharmarāj used to be *ḍom* paṇḍits; Lāusen’s army is made of *ḍom* warriors; Kālu-*ḍom*, a *ḍom* chief, is Lāusen’s general; Lakhe, Kālu-*ḍom*’s wife, is described as the most valiant warrior; and Sāmulyā, a *ḍom* woman, gives Lāusen instructions to perform the “nine parts” sacrifice in order to summon Dharmarāj.

28. Hook-swinging is a very popular practice in West Bengal and Bangladesh, and it has slowly acquired a festive connotation. It is not unusual to see hook-swingers at fairs and other gatherings.

29. Ritual healing is often a family business. The patronage of a healing site is associated with a particular family, as well as its foundation myth. This may generate conflicts with other healers. Such con-



troversies are reflected in folk narratives where different deities fight each other to be recognized as the most powerful.

30. Domestic shrine, Khayrasole *thānā*, Birbhum District, April 2003.

31. All these animals are believed to remove illness and bring fertility.

32. Although several among my informants are familiar with such rituals, to my knowledge, the only academic reference to this form of offering can be found in Bhattacharyya ([1975] 1996:166, 236).

33. *Tridoṣa*, in Sanskrit. These are wind (*vāta*), bile (*pitta*), and phlegm (*śleṣman* or *kapha*). The humoral theory (*tridoṣavidyā*), however, is not the only approach to health issues. Āyurvedic compendia discuss disease as resulting from heredity (*ādibala*), congenital fault (*janambala*), failure of the seven bodily supports (*saptadhātu*), contact (*upasarga*), the ruler's immorality (*rājayakṣmana*), offense against wisdom (*prajñāparādha*), and divine wrath (*daivaroga*).

34. See Gramsci's *Letteratura e vita nazionale* (Literature and National Life), published posthumously in 1950 (Gramsci [1950] 1996). In particular, see chap. 6, "Osservazioni sul folklore" (Observations on Folklore). The text is entirely available online at <http://www.intratext.com/IXT/ITA3066/> (accessed September 20, 2013). Folklore is a rather ambiguous concept in Gramsci, who defined it as "the reflection on the cultural level of the economic and political dependency of those [subaltern] classes; it is the servile culture of the politically servile" (quoted in Di Nola 1998:166).

35. See the use of therapeutic "emplotment" (i.e., "the configuration in time" and the "creation of a whole out of a succession of events") as "a way to examine the social construction (and reconstruction) of illness and healing as a fluid, shifting process influenced not only by molecular conditions, institutional structures and cultural meanings but also the exigencies of the concrete situation" (Mattingly 2010:134).

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Publication dates for references in Bengali are given according to the Bengali calendar (BS, i.e., *bāṅglā sān*). This is 594/593 years less than the Gregorian calendar, depending on if it is calculated as starting from *paṣṭā baiśākh* (April 14) or the day after.

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