

Review

Aghor Medicine: Pollution, Death, and Healing in Northern India, by Ron Barrett. Berkeley, Los Angeles, London: University of California Press, 2008. xxii + 216 pp., £39.95 (hb), £15.95 (pb). ISBN 978-0-520-25218-9 (hb), ISBN 978-0-520-25219-6 (pb).

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The book is a welcome contribution to social, cultural and medical anthropology, religious studies, subaltern studies and South Asian studies. Ron Barrett sheds new revealing light on the Aghoris of Varanasi, an order whose reputation has gained mythical connotations. Almost invariably linked to cremation grounds, necrophagy, illicit sexual practices (including necrophilia), ingestion of polluted substances and anti-social behaviour, the Aghoris have always attracted attention for the wrong reasons. If colonialism, with its prudery and Christian moralism, contributed to emphasize the 'horrific practices' of a savage Other, early ethnographies failed to provide a fair holistic portrait of Aghorpanthis. While disengagement from lurid allegations is still a long way off (especially due to sensationalistic media coverage and Internet resources), Barrett has been able to re-read the myth of the Aghori and to contextualize it through accurate ethnographic research. Validating Obeyesekere's observations on how unquestioned (or unquestionable, I would add) practices too often lack empirical data and even first-hand witnesses (Gananath Obeyesekere, *Cannibal Talk: The Man-Eating Myth and Human Sacrifice in the South Seas* (Chicago and London: University of California Press), pp. 265–66), Barrett explores three key-issues: (1) the consolidated myth of the Aghori vis-à-vis the post-reform Aghoris (and ways they deal with their reputation); (2) Aghor practice as medicine and a philosophy of liberation; (3) Aghoris as catalysts of social reform.

Baba Kina Ram's Aghor lineage is introduced and discussed in the context of the sacred geography of Varanasi. The focus is directed towards a comparative analysis of Gaṅgā's powers and Aghor powers. Barrett develops a model for the analysis of pollution—a major concern in Hindu societies—drawing from both Sanskrit scriptures (especially Purāṇic lore) and local traditions. Pollution is a flexible concept which generates 'zones of attribution', areas 'in which a coded substance may bring negative social consequences to a person or a group of people' (p. 42). Barrett's scheme is particularly efficacious in that it suggests that what is signified by pollution is in fact the object of a cultural process which responds to a perceived threat (disease) and generates social stigma. This externalization process is embodied by the Aghoris who, like the Gaṅgā, absorb pollution and sins and carry them away or, according to locals, outside (*bāhar*). It would have been interest-

ing to know more about the concept of 'outside'. By suggesting that 'the destination of ritual pollution is not important so long as its general direction is *other*, moving toward someone or somewhere else' (p. 25), Barrett restricts the 'outside' to a semantic limbo. As purity and pollution are 'interchangeable states' (p. 45), so are destinations. People stigmatized for diseases are extremely anxious to get rid of the pollution at the origin of their symptoms, but they are also concerned about the outcomes of ritual, which is not meant to be a resetting action but a restoring one. Especially in the case of diseases, health-seekers and their relatives are firm in suggesting that the restoration process must secure (or transform) pollution, so as not to offend deities or spirits.

In Varanasi, Aghor philosophy and practice, which Barrett calls 'Aghor medicine', has undergone a profound reform. The book reports on the dramatic changes from the stereotyped Orientalist Aghori (on the actuality of whose practices Barrett himself seems unconvinced) to the Kina Rami Aghor *bābās* and their *āśrams* in India and the USA (Sonoma, CA). Barrett rejects the imposed boundaries that still afflict the study of Indic medical systems and refers to Nichter's formulation of Indic medicine as 'masala medicine' (pp. 19–20). Medical practice in South Asia is a melting pot where not only are medical systems (Ayurveda, Unani, Tibetan, etc.) interchangeable, but they borrow from each other. Aghor medicine is examined as a way to successfully remove, if not the symptoms, the stigma generated by disease. Health-seekers, while approaching post-reform Aghoris, are more concerned about the social impact of non-life threatening conditions such as vitiligo, leprosy, barrenness, rather than biomedical implications. Barrett shows how the Aghori non-discriminating philosophy looks forward to change current dynamics of purity/pollution and therefore 'heal' the patient's life-style. Aghoris are like Gaṅgā-mā. By managing both the transportive and the transformative, they are receptacles of filth (illness, pollution) but they return purity. The work of the Kina Ramis is thus a therapy for the reintegration of the patient in the society. But while health-seekers are socially legitimized by the power (*śakti*) of post-reform Aghoris, social stigma and bias cannot be easily erased. Aghor medicine, eventually, is dispensed to the wrong recipient.

Barrett's methodology is accurately explained (pp. 13–19), problematized and contextualized. The author acknowledges problems in working in Varanasi, a trans-city, the difficulty of selecting informants and research assistants and, ultimately, the need to overcome the linguistic barrier through learning as accurately as possible the language of the other (in this case the *Vārāṇasī-bolī*, the Hindi spoken in Benares). At this regard, I would like to point out several inaccuracies and inconsistencies in transliterating Hindi words, e.g. *śakti* (not *śaktī*), *bhakti* (not *bhaktī*), *akhaṇḍ* (not *akhand*), *vāmamārg* (not *vamamarg*), *daṅṣiṇamārg* (not *dakṣiṇamarg*), *pūjā* (not *puja*), *mahāprasād* (not *mahaprasād*), *jāp* (not *jav*), *bīj* (not *bij*), *laṅgoṭ* (not *langot*), *sukhaṇḍī* (not *sukandī*), and so on.

The ethnographic material draws largely from personal narrative. Barrett apparently radicalizes Malinowski's participant observation method. He worked as a volunteer nurse in leprosy clinics across Northern India, became increasingly close to an Aghor disciple and members of his family and eventually received initiation from an Aghori guru. The author critically self-assesses his active engagement and—although suspicious—I eventually was convinced. Well aware of the risks of adopting a multi-participatory approach where personal experiences, feelings, spiritual quest and ritual activities often collide with validity and objectivity, Barrett has produced

a well-balanced ethnography which combines great scholarship with personal narrative. Participant observation is not a self-defining method and its limits, practical and emotional, should be defined case by case. In this, as well as in other outcomes, Barrett is successful.